NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**4th March 2026**
Title:	**Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer, HHSCP**
Report Author:	**Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP**

Report Recommendation:

The Health and Social Care Committee and committee are asked to:

- Consider the progress made with the development of KPIs and internal targets across the HSCP to be managed within a performance framework.
- Note the ongoing target setting and KPI development in some areas.
- To accept **limited** assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.

1 Purpose

This is presented to the Committee for:

Assurance

This report relates to a:

Annual Delivery Plan

This aligns to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well	X	Live Well	X	Respond Well	X	Treat Well	X
Journey Well		Age Well		End Well		Value Well	

Perform Well		Progress Well					

2 Report summary

The HHSCP Integrated Performance & Quality Report (IPQR) is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that HHSCP provides aligned to the Annual Delivery Plan.

A subset of these indicators will then be incorporated in the Board IPQR.

2.1 Situation

To standardise the production and interpretation, a common format is presented to committee which has been aligned to the Clinical and Care Governance Committee and the Finance, Resources and Performance Committee.

It is intended for this developing report to be more inclusive of the wider Health and Social Care Partnership requirements, and progress has been made in developing key performance indicators (KPIs) and an associated performance framework for the Highland HSCP.

2.2 Background

A process of mapping and identifying KPIs across all directorates and service areas of the HSCP has been undertaken since September 2025.

Significant steps have been taken to advance the KPI development and implementation process within the HHSCP since the last report.

2.3 Assessment

Following a process mapping and review of and identification of KPIs, overseen by the HSCP Performance and Delivery Oversight Groups, confirmed KPIs are included within the current IPQR.

Further mapping and KPI identification is ongoing in the areas of Primary Care and Community Services in particular, with further inclusion expected in the next IPQR.

Internal targets have been set, and are included in the Executive Summary slides, for the majority of KPIs and for KPIs where targets are identified as To Be Confirmed active discussion is ongoing with regard developing improvement work and modelling of outcomes associated with that.

Areas with developed targets include vaccinations, adult social care, mental health, DARS and Psychology.

Further development is ongoing in the areas of Primary Care and Community.

Unscheduled care has Board targets set. Current rapid improvement work on the unscheduled care pathways includes revised target setting for reducing delays in hospital in the Highland HSCP area. It is expected that this will be defined in the next IPQR.

Assessment of current performance as per **Appendix 1**.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

Given the ongoing challenges with the access to social care, delayed discharges and access for our population limited assurance is offered today.

3 Impact Analysis

3.1 Quality / Patient Care

IPQR provides a summary of agreed performance indicators across the Health and Social Care system.

3.2 Workforce

IPQR gives a summary of our related performance indicators affecting staff employed by NHS Highland and our external care providers.

3.3 Financial

The financial summary is not included in this report.

3.4 Risk Assessment/Management

The information contained in this IPQR is managed operationally and overseen through the appropriate groups and Governance Committees

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement, and consultation

This is a publicly available document.

3.9 Route to the Meeting

This report has been considered at the HHSCP previously and is now a standing agenda item.

4 Recommendation

The Health and Social Care Committee and committee are asked to:

- Consider the progress made with the development of KPIs and internal targets across the HSCP to be managed within a performance framework.
- Note the ongoing target setting and KPI development in some areas.
- To accept limited assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.

4.1 List of appendices

The following appendices are included with this report:

- **HHSCP IPQR Performance Report, March 2026**

Highland Health and Social Care Partnership

Integrated Performance and Quality Report

4 March 2026

Assuring the HHSCP Committee on the delivery of the well outcome themes aligned to the Annual Delivery Plan

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With you, for you

Highland HSCP Integrated Performance and Quality Report (HHSCP IPQR)

- The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Highland Health and Social Care Partnership committee a bi-monthly update on performance and quality based on the latest information available.

- The development of Key Performance Indicators for the Highland Health and Social Care Partnership is underway, drawing from best practice in other partnerships and engagement with services on performance metrics that give insight to the delivery of health and care services in Highland. As for all partnerships, this will be bespoke to assess the services delivered within Highland HSCP and be aligned to the National Health and Wellbeing Outcomes listed on slide 3.

- A dashboard of key indicators is provided in slides 4 and 5, while each slide has some narrative to summarise the current performance trends, and actions, mitigations and plans in place to improve performance.

- A performance rating has been assigned in relevant areas to provide an indication of the current level of performance in each area based on available information including national benchmarking. For Highland HSCP KPIs,

National Health and Wellbeing Outcomes (NHWO)

	There are nine national health and wellbeing outcomes which apply to integrated health and social care. Health Boards, Local Authorities and the new Integration Authorities will work together to ensure that these outcomes are meaningful to people in their area. These are referenced throughout the IPQR AS NHWO.
1.	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2.	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.
3.	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5.	Health and social care services contribute to reducing health inequalities.
6.	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.
7.	People who use health and social care services are safe from harm.
8.	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.
9.	Resources are used effectively and efficiently in the provision of health and social care services.

Executive Summary of HHSCP Performance Indicators: 1 of 2

NHWO No.	Wells	Area	Current Performance	Previous Performance (Date)	Performance Trajectory	Local Target	National Target	Performance Rating
1.	Stay Well	Vaccination Uptake (6:1)	91.6% (Sep 25)	89.5% (Jun 25)	↑	95%	95%	
1.	Stay Well	Vaccination Uptake (MenB)	91.4% (Sep 25)	90.2% (Jun 25)	↑	95%	95%	
1.	Stay Well	Vaccination Uptake (PCV)	92.9% (Sep 25)	93.7% (Jun 25)	↓	95%	95%	
1.	Stay Well	Vaccination Uptake (Rotavirus)	86.2% (Sep 25)	90.5% (Jun 25)	↓	95%	95%	
1.	Stay Well	Vaccination Uptake (Flu)	55.6% (Winter 25 to date)	52.5% (Winter 24 - full)	↑	60%	N/A	
1.	Stay Well	Vaccination Uptake (Covid 19)	63.1% (Winter 25 to date)	47.7% (Winter 24 - full)	↑	60%	N/A	
2.	Care Well	Number of new Long Stay Care Home placements per month (Older Adults)	43 (Jan 26)	55 (Dec 25)	↓	50 (month)	N/A	
2.	Care Well	Long Stay Care Home Placements (Number of Younger Adults)	183 (Dec 25)	180 (Oct 25)	→	TBC	N/A	
2.	Care Well	Care At Home: Unmet Needs (Total Number of Critical, 6+ months wait)	14 (Dec 25)	13 (Oct 25)	↑	0 for critical	N/A	

Guide to Performance Rating

- Meeting Target
- <5% off target
- >5% off target
- >10% off target

Executive Summary of HHSCP Performance Indicators: Page 2 of 2

NHWO No.	Wells	Area	Current Performance	Previous Performance (Date)	Performance Trajectory	Local Target	National Target	Performance Rating
2.	Care Well	Self Directed Support Option 1	881 (Dec 25)	878 (Oct 25)	↑	1000 people	N/A	
2.	Care Well	Self Directed Support Option 2	344 (Dec 25)	339 (Oct 25)	↑	390 people	N/A	
2.	Care Well	Self Directed Support Option 3 (Support at Home)	1288 (Dec 25)	1295 (Oct 25)	→	Maintain	N/A	
2.	Care Well	Self Directed Support Option 3 (External CAH)	912 (Dec 25)	952 (Oct 25)	↓	747 people	N/A	
1.	Stay Well	Drug & Alcohol Waiting Times	88.4% (Sep 25)	84.1% (Jun 25)	↑	90%	90%	
2.	Live Well	Mental Health – CMHT Waiting List – % Patients Seen <18 weeks	To be added for next report	To be added for next report	↓	90%	N/A	
3.	Live Well	Psychological Therapies – % Patients Seen <18 weeks	93.1% (Dec 25)	87.6% (Oct 25)	↑	90%	90%	
7.	Care Well	Adult Protection Activity – Referrals Opened	56 (Dec 25)	87 (Oct 25)	↓	TBC	N/A	
7.	Care Well	Adult Protection Activity – Investigations Opened	12 (Dec 25)	16 (Oct 25)	↓	TBC	N/A	
9.	Respond Well	Community Hospital – Mean Length of Stay	25.6 days (Q3, 2025/26)	21.3 days (Q2, 2025/26)	↓	TBC	7.9 days (by March 2026)(Board Target)	
9.	Respond Well	Delayed Discharges – No of standard delays	172 (Dec 25)	174 (Oct 25)	↓	TBC	151 (by March 2026)(Board target)	
9.	Resond Well	Delayed Discharges – No of AWI delays	37 (Dec 25)	37 (Oct 25)	→	TBC	35 (by March 2026)(Board Target)	

Guide to Performance Rating

- Meeting Target
- <5% off target
- >5% off target
- >10% off target

Highland HSCP Vaccination Uptake – Children's

Slide 1 of 2

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 1

Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
Meet the 95% national target for the four children's vaccinations (6:1, MenB, PCV, Rotavirus)		A review of historical seasonality trends has not provided insight into the decrease in Rotavirus and PCV uptake between June and September 2025. Nor have there been any significant service issues: e.g. capacity during this period which help to explain the decrease.	Failsafe activity is planned between May and August, specifically targeted in deprived areas, where vaccination uptake is lowest. This should drive improved performance over the summer months.
Increase vaccination uptake for COVID-19 and Flu uptake in Highland HSCP to 60% of eligible population across seasonal campaigns		From 1 July 2025 changes in vaccination appointment guidance may have impacted opportunities to pick up unvaccinated children within the expected time frame (failsafe.) Rotavirus remains unchanged, but has a short vaccination window (8, then 12 weeks.) The timeliness of 6-in-1 (8, 12, 16 weeks) remains the same with the Men B window increasing from 8 and 12 weeks to 8 and 16 weeks. The second dose for PCV remains at one year, offering more opportunities for improved uptake. COVID-19 vaccination % uptake performance at 4 February was 62.3% v Scottish average of 65.4%. Flu vaccination % uptake performance was 55.0% v Scottish average of 55.5%. While uptake is just below the Scottish average, uptake numbers exceeded last year: 61,127 v 57,179 for the 2024/25 flu programme. Adverse weather and some sickness absence due to flu resulted in some clinic cancellations in November and December, most of which were quickly rescheduled. Cancellations and a focus on increasing the update of staff vaccinations might have negatively impacted % uptake rates for this reporting period.	The COVID-19 campaign is now closed. The Winter Flu campaign continues until March.

Level 2 Childhood Immunisations Residence
Health Board/Local Authority of Residence

Date From: Quarter ending Dec 24 | Date To: Quarter ending Sept 25

Health Board of Residence data are only available from Quarter ending June 2022.

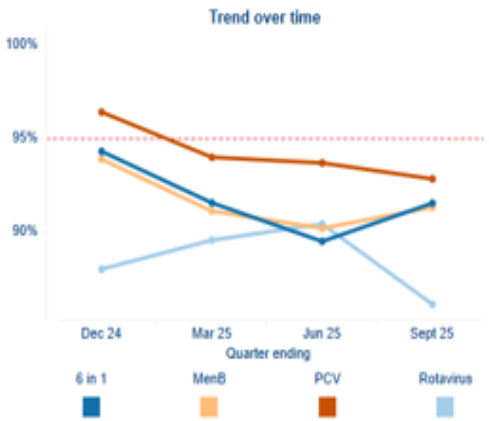
Board: NHS Highland | Location: Highland | SIMD: All | Age: 12 months

View by: (•) Local Authority ( ) Intermediate Zone

Location: Highland Age: 12 months
SIMD: All

Table

Quarter Ending	Location	Immunisation	Uptake	No. Vaccinated	No. Unvaccinated	Peer Uptake	Peer No. Vaccinated	Peer No. Unvaccinated
Jun 25	Highland	6 in 1	89.5%	385	45	93.6%	2,869	195
		MenB	90.2%	388	42	93.9%	2,877	187
		PCV	93.7%	403	27	95.4%	2,924	140
		Rotavirus	90.5%	389	41	92.6%	2,837	227
Sept 25	Highland	6 in 1	91.6%	1,272	117	94.5%	9,210	531
		MenB	91.4%	1,269	120	94.3%	9,189	552
		PCV	92.9%	1,290	99	95.7%	9,318	423
		Rotavirus	86.2%	1,197	192	91.4%	8,904	837



Highland HSCP Vaccination Uptake – COVID-19 & Flu

Slide 2 of 2

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Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 1

Discovery Level 1 SVIP COVID-19 & Flu Programme

Uptake: Winter 2025
Latest Data: 01-Feb-2026

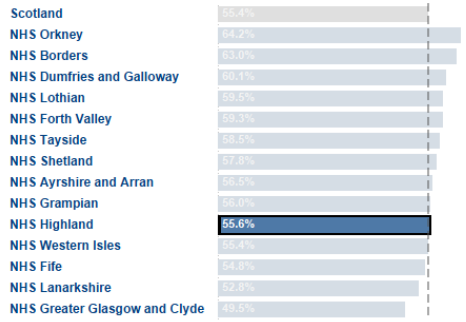
Season: Winter 2025 | Programme: Influenza - Adult (18+)

Programme: Influenza - Adult (18+)
Selected Location: NHS Highland
Priority Group: Total
Methodology: Performance
View: Health Board

View: Health Board | JCVI Priority Group: Total | Methodology: Performance

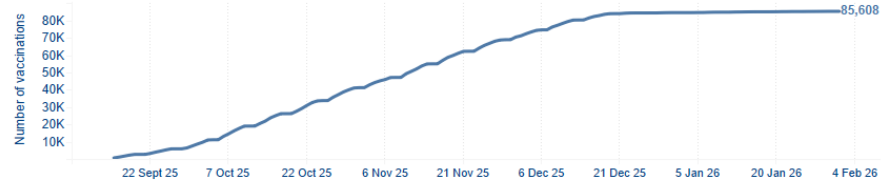
Percentage Uptake by Health Board

Click to filter



	Vaccinated	Eligible Population	% Uptake	% of Future Appointments	Percentage unvaccinated with no future appointment: Never had an Appointment	Percentage unvaccinated with no future appointment: Incomplete Appointment
Scotland	1,306,259	2,356,803	55.4%	0.1%	30.4%	14.1%
NHS Highland	85,608	153,876	55.6%	0.0%	39.6%	4.8%

NHS Highland: Cumulative Number of Influenza - Adult (18+) vaccinations by JCVI Priority Group: Total



Notes
For seasonal methodology and cohort sources please see the *supporting metadata*
Vaccination data are extracted from the National Clinical Data Store (NCDS). Vaccination uptake is based on the current living Scottish population.
Health Board breakdowns are based on the individual's residential address, not where the vaccination was delivered.

Discovery Level 1 SVIP COVID-19 & Flu Programme

Uptake: Winter 2025
Latest Data: 01-Feb-2026

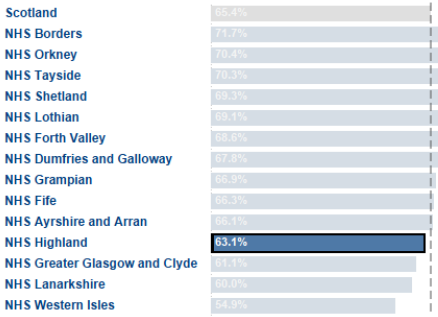
Season: Winter 2025 | Programme: COVID-19

Programme: COVID-19
Selected Location: NHS Highland
Priority Group: Total
Methodology: Performance
View: Health Board

View: Health Board | JCVI Priority Group: Total | Methodology: Performance

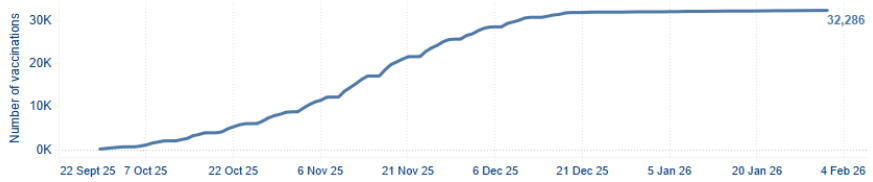
Percentage Uptake by Health Board

Click to filter



	Vaccinated	Eligible Population	% Uptake	% of Future Appointments	Percentage unvaccinated with no future appointment: Never had an Appointment	Percentage unvaccinated with no future appointment: Incomplete Appointment
Scotland	470,305	718,749	65.4%	0.0%	11.8%	22.7%
NHS Highland	32,286	51,157	63.1%	0.0%	21.1%	15.7%

NHS Highland: Cumulative Number of COVID-19 vaccinations by JCVI Priority Group: Total



Notes
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Health Board breakdowns are based on the individual's residential address, not where the vaccination was delivered.

Highland HSCP – Adult Social Care – Care Homes

Slide 1 of 4

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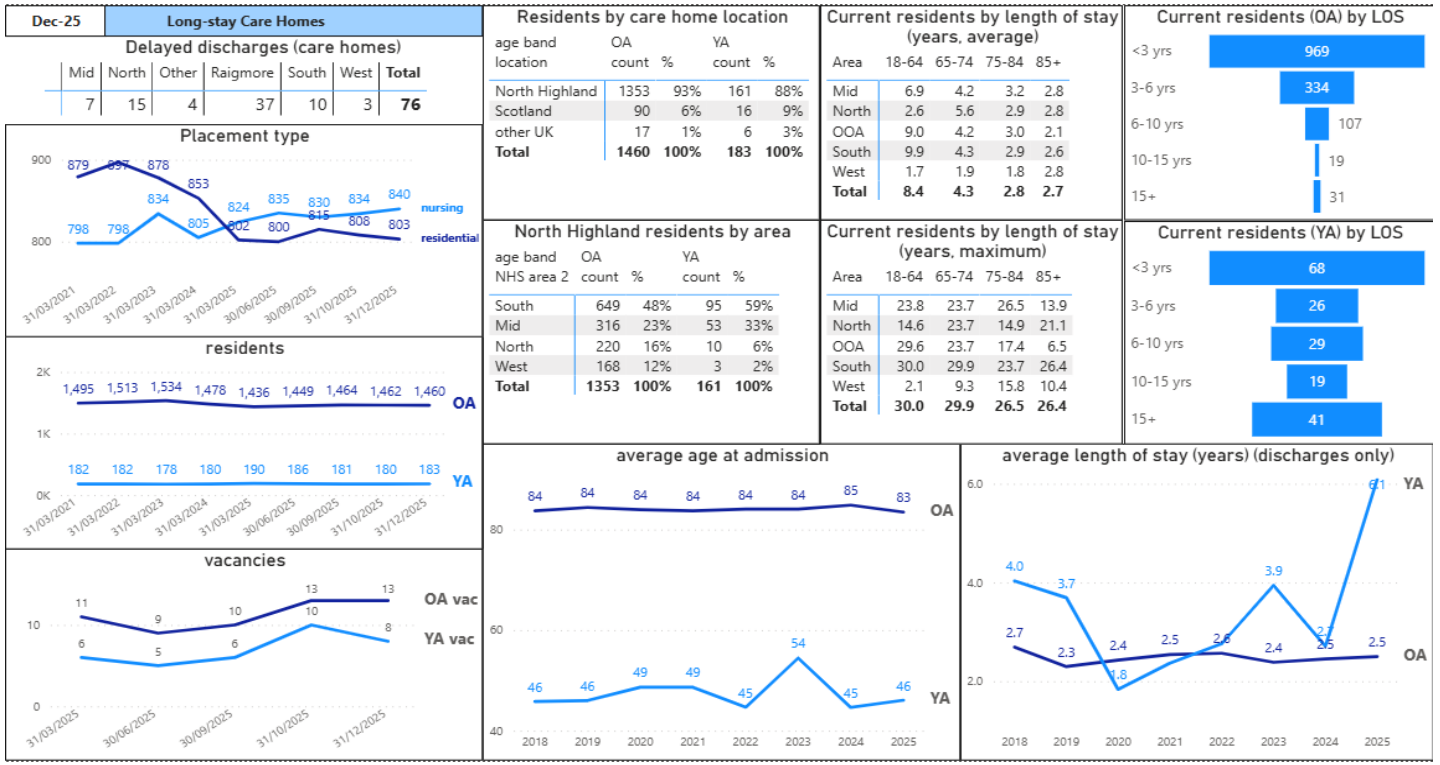
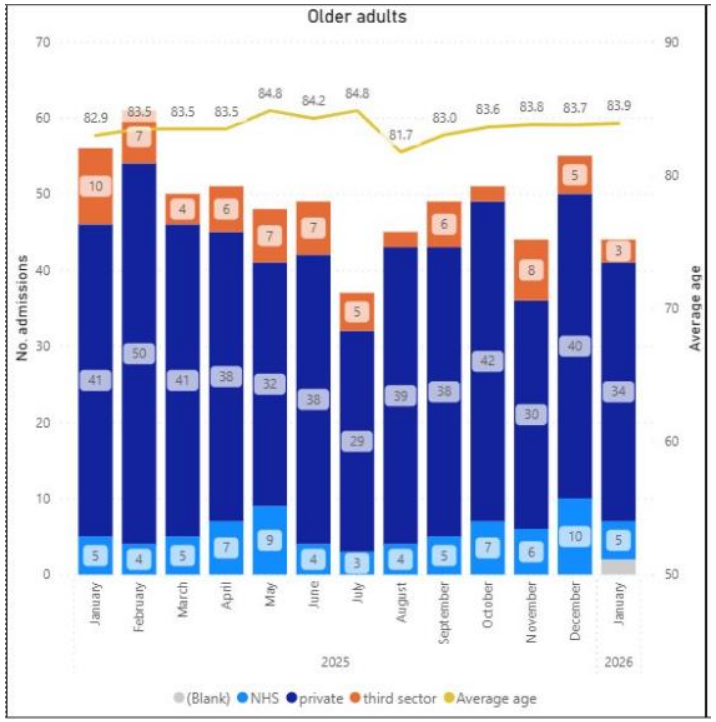
Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

Key Performance Indicator		Reasons for current performance	Plans, Mitigations and Actions
Maintain the number of new long stay care home placements - Older Adults (OA) to = 50 per month		• Demand for placement is the most common reason for being delayed in hospital • There continues to be turbulence in the market related to operating on a smaller scale, and the challenges with rural operation • Since March 2022, 6 homes have closed, and the partnership acquired Moss Park in April 2025 to prevent further loss of bed provision. • Phased admission process in Inverness care home due to supporting quality improvement • Pittyvaich opened in Inverness in June 25 with most available beds now occupied • 76 delayed hospital discharges • 13 older adult bed vacancies	• The National Care Home Contract continues to be insufficient for Highland purposes, and this continues to be raised at both SG and ministerial level. • A commissioning strategy is available in a draft form as presented to January 26 HHSCP. • Sustaining current overall bed capacity is the priority.
Monitor the number of new long stay care home placements for Younger Adults (YA)			

NHWO 2



Number of Long Stay Older Adults Placements per month



Highland HSCP – Adult Social Care - Care at Home

Slide 2 of 4

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Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 2

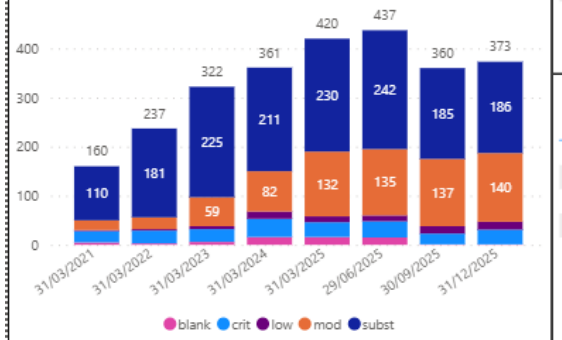
Key Performance Indicator		Reasons for current performance	Plans, Mitigations and Actions
Reduce unmet assessed critical care needs to zero (measured by hours and people)		• There are sustainable pressures in the market, and 6 providers have exited the market with the hours picked up by the sector and NHSH. • Sustaining service delivery levels for care at home a priority. • Operational colleagues and our partner providers continue to work collaboratively to deliver services however the complexity of care at home provision, along with ongoing acute recruitment and retention, and major competition from other / more desirable employment sectors, is resulting in a reduction of activity across this area • 373 people waiting for a CAH service, including 44 delayed hospital discharges	• Short term stabilisation actions remain under consideration • A commissioning strategy is required to clarify future commissioning actions in this area.

Dec-25 | **Care at Home**

Delayed discharges (care at home)

Mid	North	Other	Raigmore	South	West	Total
7	11	0	12	11	3	44

Waiting list



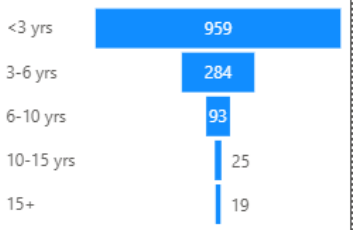
Clients by area & age band

age band / area	OA count	OA %	YA count	YA %
Mid	245	18%	35	18%
North	304	22%	44	23%
South	576	42%	81	42%
West	255	18%	31	16%
Total	**1380**	**100%**	**191**	**100%**

Current clients by length of service (years, average)

area	18-64	65-74	75-84	85+
Mid	4.3	3.2	2.0	1.6
North	4.2	3.6	2.5	3.1
South	4.4	3.4	2.4	2.4
West	5.1	3.9	3.8	3.5
Total	**4.4**	**3.5**	**2.6**	**2.6**

Current clients (OA) by duration



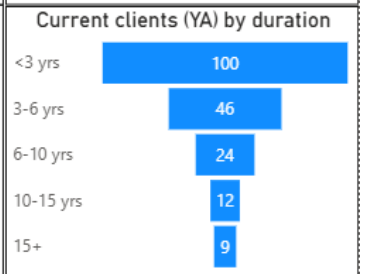
Clients by area & provider

area	clients	NHS hrs	%	ext hrs	%
Mid	280	293	8%	2,102	24%
North	348	1,223	32%	969	11%
South	657	986	26%	5,053	58%
West	286	1,343	35%	525	6%
Total	**1571**	**3,846**	**100%**	**8,649**	**100%**

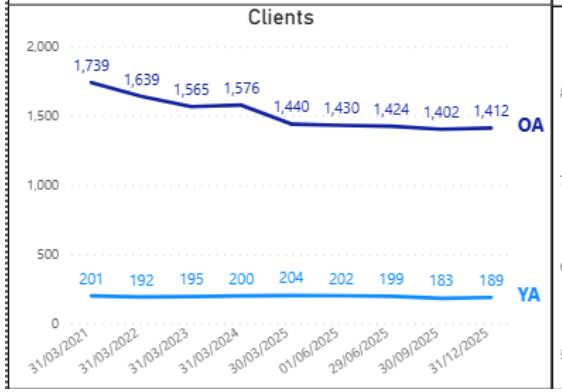
Current clients by length of service (years, maximum)

area	18-64	65-74	75-84	85+
Mid	17.2	26.3	10.1	8.6
North	23.1	23.1	11.8	17.5
South	31.2	31.6	17.3	20.9
West	20.3	12.7	32.0	19.6
Total	**31.2**	**31.6**	**32.0**	**20.9**

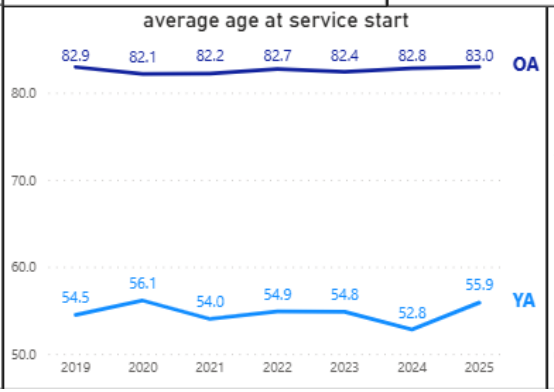
Current clients (YA) by duration



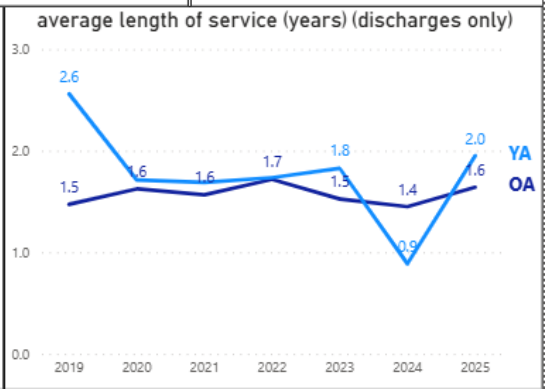
Clients



average age at service start



average length of service (years) (discharges only)



Highland HSCP – Adult Social Care – Self Directed Support

Slide 3 of 4

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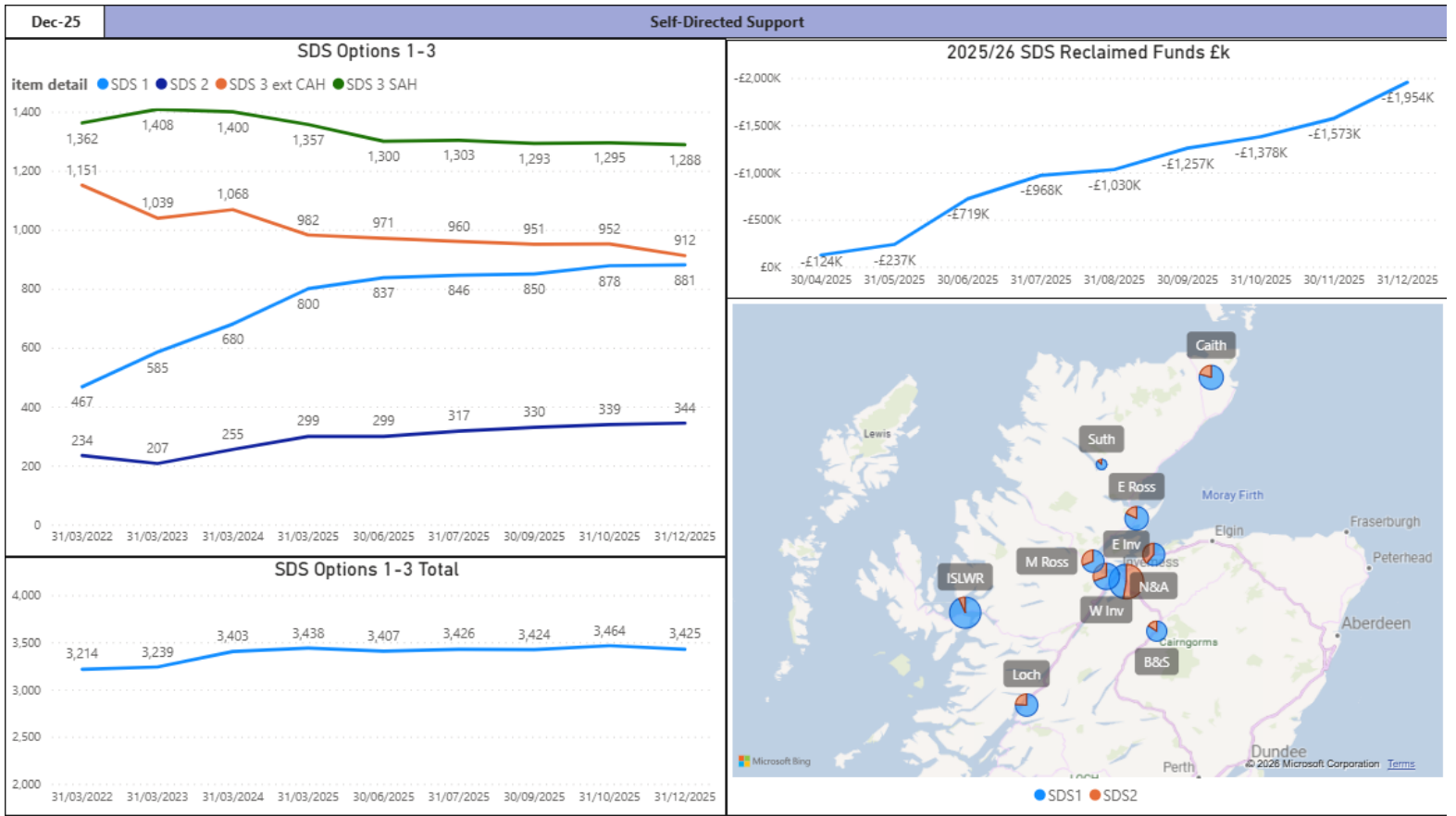
Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 1

Key Performance Indicator		Reasons for current performance	Plans, Mitigations and Actions
Increase the number of people actively using SDS1 (Direct Payments) and SDS2 (Individual Service Funds) – • SDS1 from 881 to 1000 • SDS2 from 344 to 390		• For Option 1s we have seen sustained levels of growth in our urban, remote and rural areas. • For Option 2s we have seen a sustained increase in service provision continuing during 2025. • For Option 3s we continue to see a reduction in the total number of people supported, reflecting the significant market challenges and financial stressors impacting the whole care sector. • Despite these welcome increases in both Options 1&2, this does highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services, suggesting a significant market shift in Adult Social Care service provision.	• NHSH is committed to increasing the level of independent support across all service delivery options. • NHSH want to sustain and grow Option 2s, including exploring brokerage opportunities to support service users using a wide range of possible providers. • To continue to proactively support all Option 3 providers. • A commissioning strategy is required to clarify future commissioning actions in this area.
Decrease the number of people actively using SDS from 912 to 747			
Maintain the total number of people receiving a service via SDS1-4 = 3425			



Highland HSCP – Adult Social Care – Unmet Needs

Slide 4 of 4

Key Performance Indicator		Reasons for Current Performance	Plans, Mitigations and Actions
Reduce unmet assessed critical care needs to zero		•High levels of critical/substantial unmet need continues to be a challenge for both the organisation and our care providers. •Overall, unmet need has slightly reduced but there is significant work to do. •Priority is given to those on our waiting list with a critical/substantial care need although this is dependent on provider availability.	•NHS Highland currently pays one of the highest care at home rates in Scotland, yet it still has significant challenges with unmet need with a reducing number of providers. •Providers are dealing with multifaceted issues, and capacity is impacted by workforce stressors/rising business costs.

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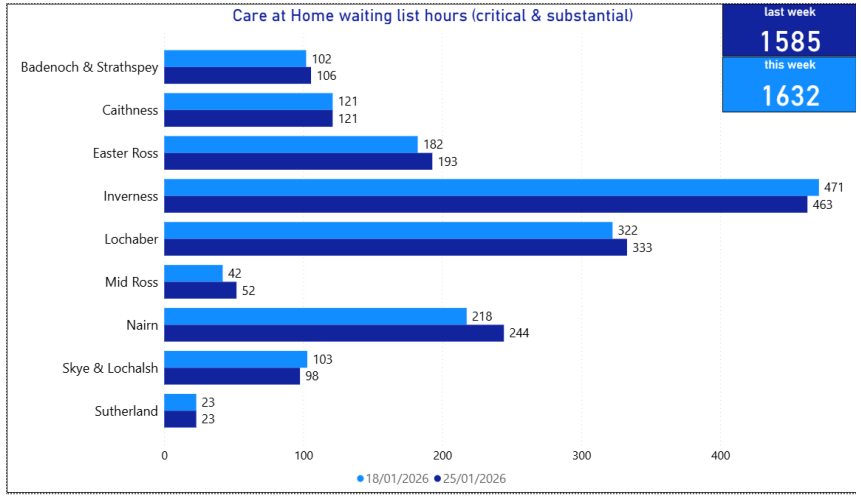
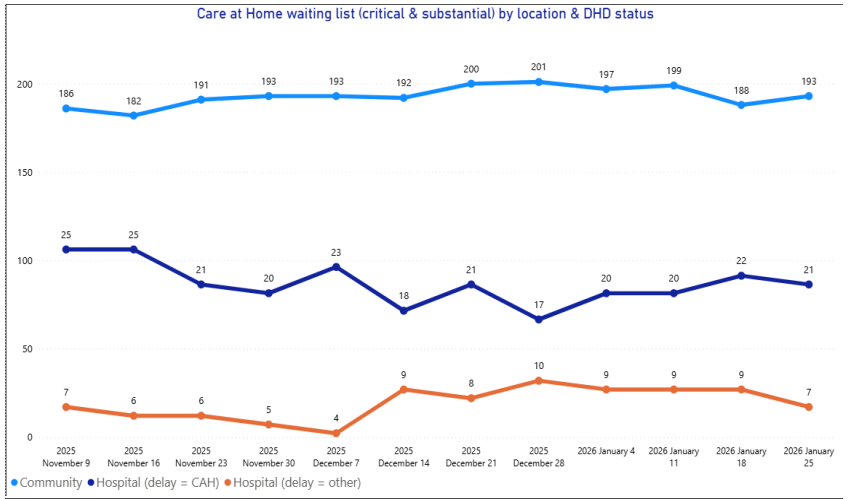
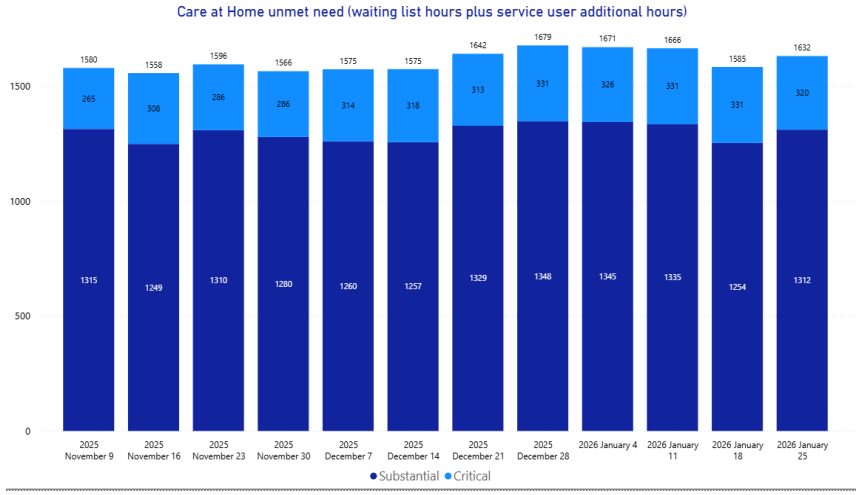
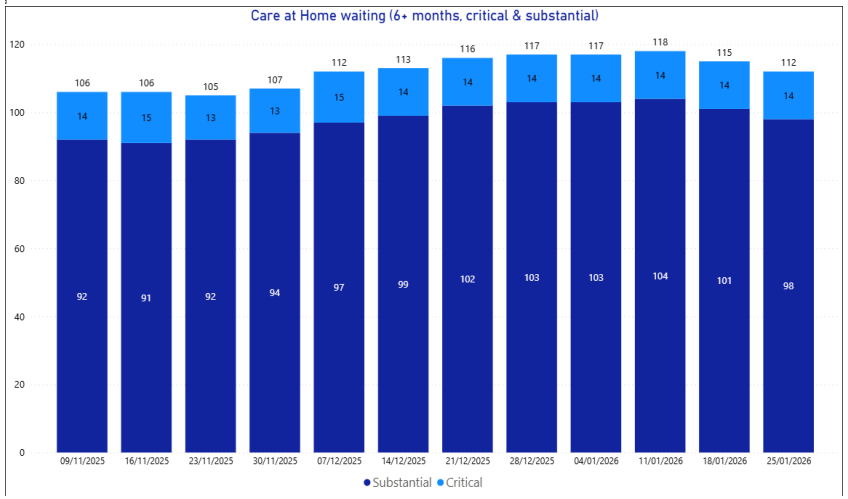
Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 1









Highland HSCP Adult Protection

Slide 1 of 1

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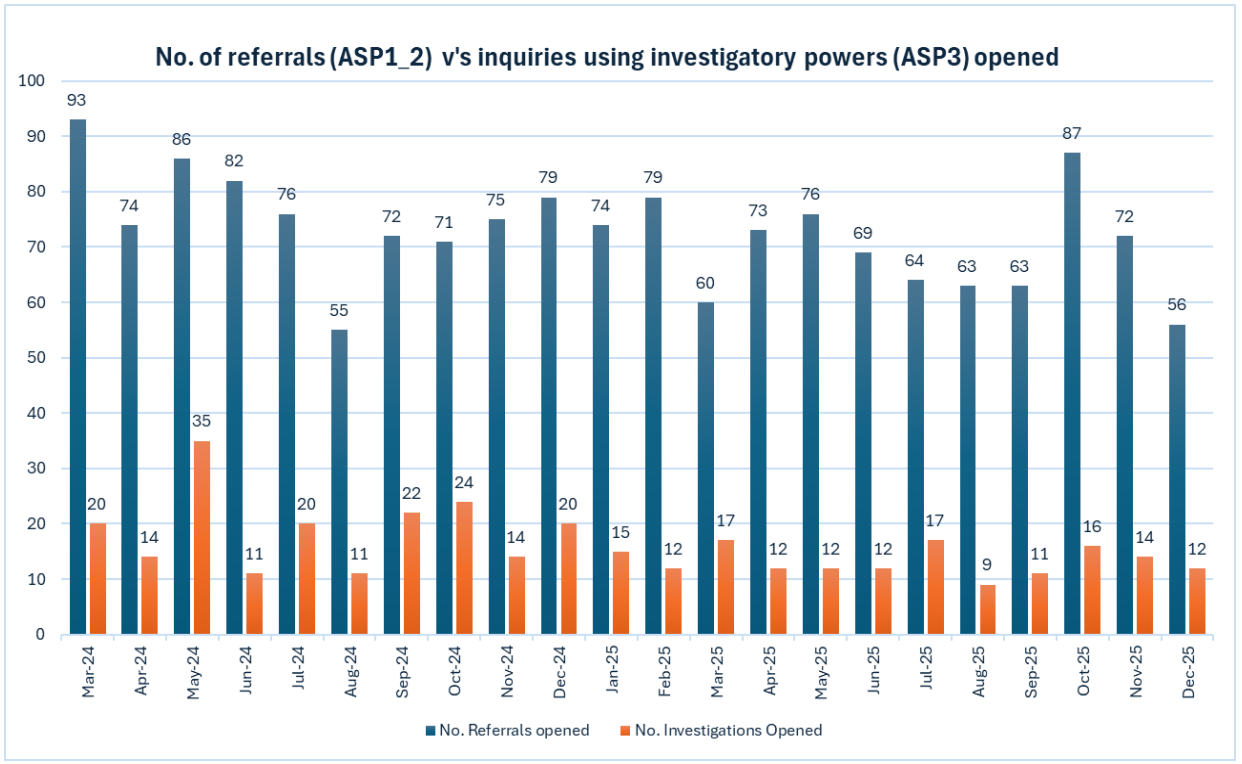
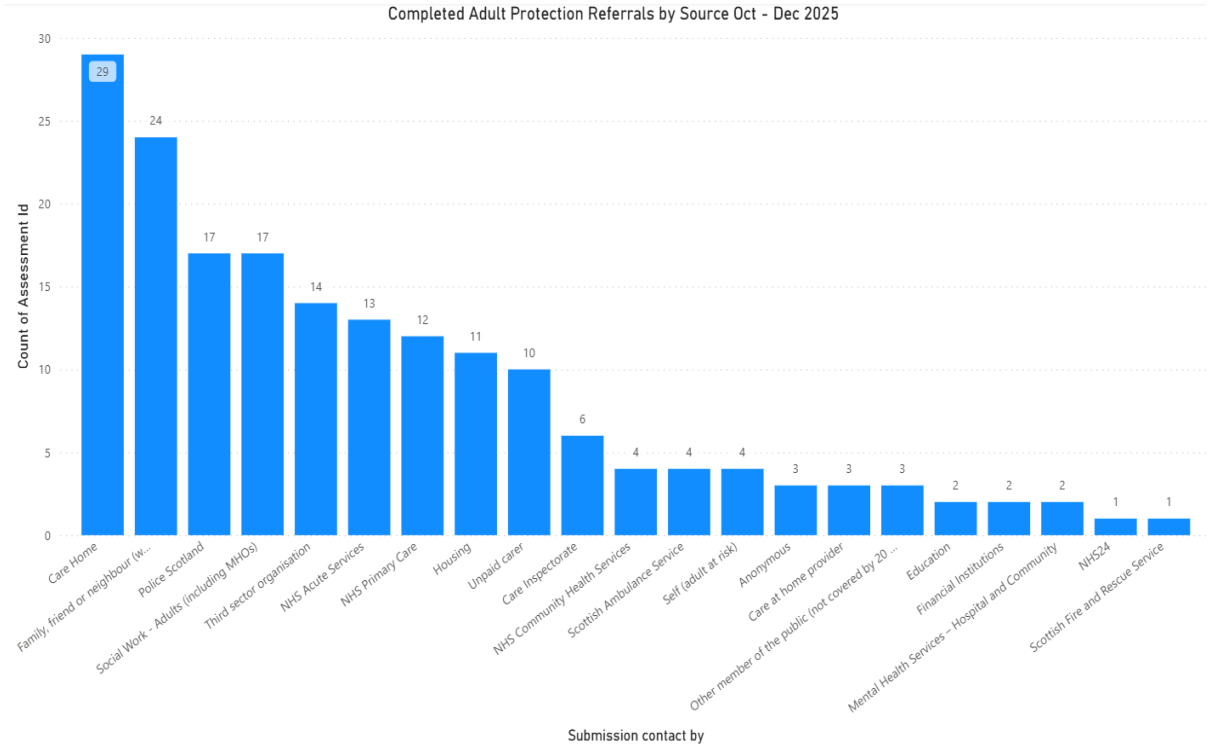
NHWO 7

Key Performance Indicators	Reasons for current performance	Plans, Mitigations and Actions
Number of Adult Protection referrals (ASP1 and ASP2) per month and referral source per quarter Number of Adult Protection investigations (ASP3) opened per month	The national minimum dataset is now in place and Highland have been placed in a family grouping for benchmarking in 2025. The QA sub-group reviews this quarterly to determine trends and areas of thematic focus for auditing. The triaging of referrals, combined with the application of the 3-point criteria, has allowed for timely and accurate identification of adults at risk of harm. Local ASP processes ensured that referrals were efficiently screened - reducing the likelihood of harm and increasing protection for adults who were identified as meeting the 3-point criteria.	An integrated action plan was developed for the Highland Adult Protection Committee following the Joint Inspection in early 2024 and the conclusion of two external learning reviews and one joint learning review with the Child Protection Committee. This is being worked on by respective sub-groups to address identified actions, in response to an analysis of current performance. Three key areas and their expected impact have been identified: •**Enhanced Focus on Financial Harm Prevention:** Given the high proportion of cases involving financial exploitation, there is a need for preventative initiatives targeted at older adults. •**Community-Based Safeguarding:** Strengthening community networks and providing more robust support to informal caregivers can help mitigate cases of neglect and harm within the home. •**Qualitative Data Collection:** Gathering qualitative data from adults at risk will help create a fuller picture of the effectiveness of adult protection processes.





Highland HSCP Drug & Alcohol Recovery Services (DARS)

Slide 1 of 1

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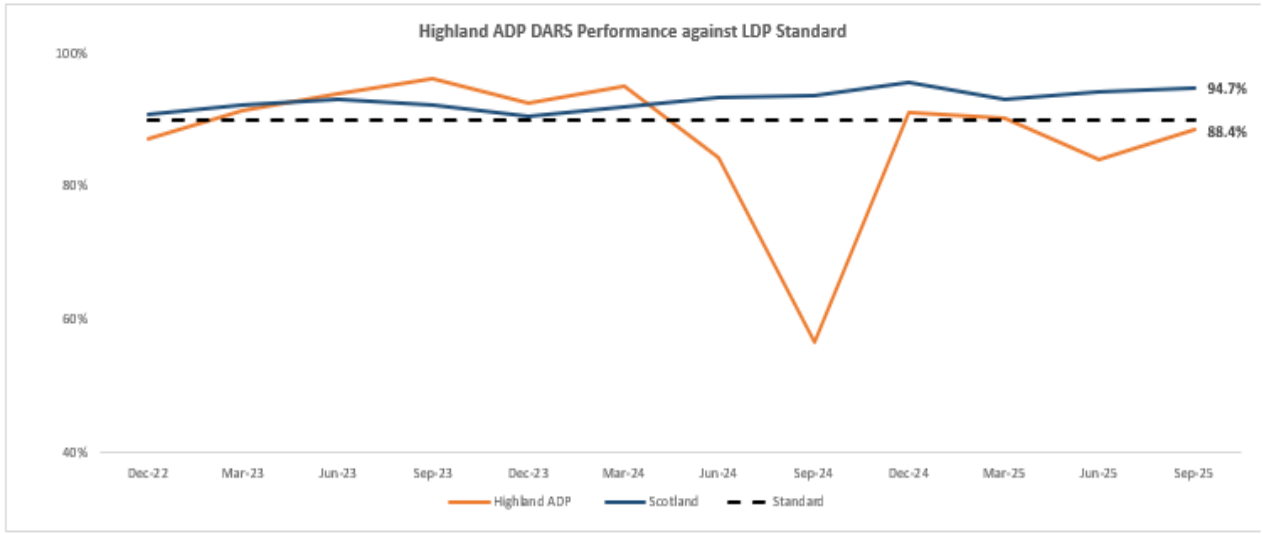
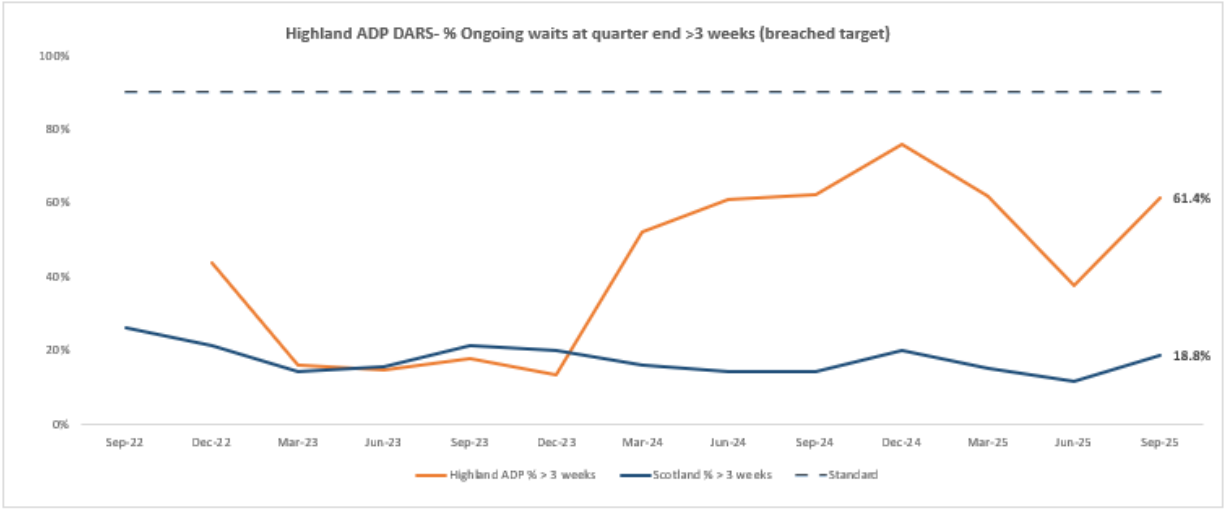
Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
Increase the percentage of DARS patients commenced treatment within 3 weeks of referral to 90% per quarter (LDP standard)		Month-end performance shows a moderate improvement against the LDP standard, with the Partnership now narrowly below the 90% target for treatment commencing within three weeks of referral.	Real-time performance dashboards are being developed to support earlier identification and escalation of emerging pressures. Progress in this area is less advanced than for the Mental Health and Learning Disability performance dashboard, as the underlying data system is nationally hosted and subject to a quarterly reporting lag. The Partnerships are actively engaging with Public Health Scotland to enable the routine provision of robust management information on a monthly basis.
Reduce the length of time of DARs patients waiting > 3 weeks to commence treatment per quarter (breached target)			

NHWO 1





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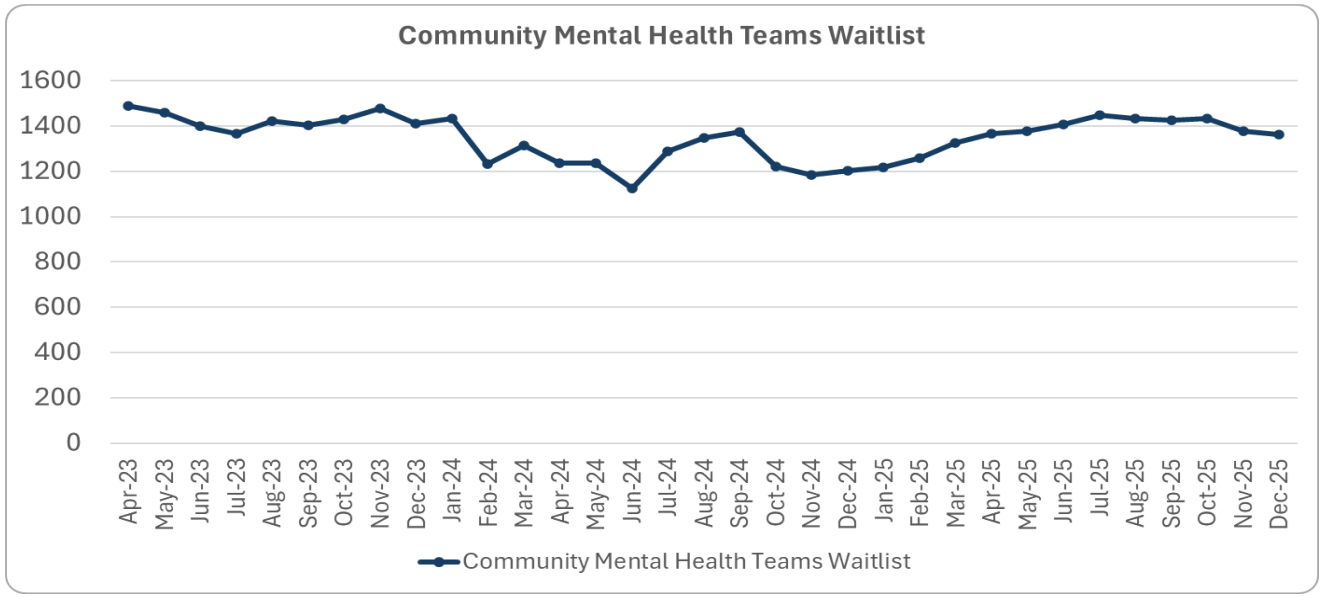
NHWO2

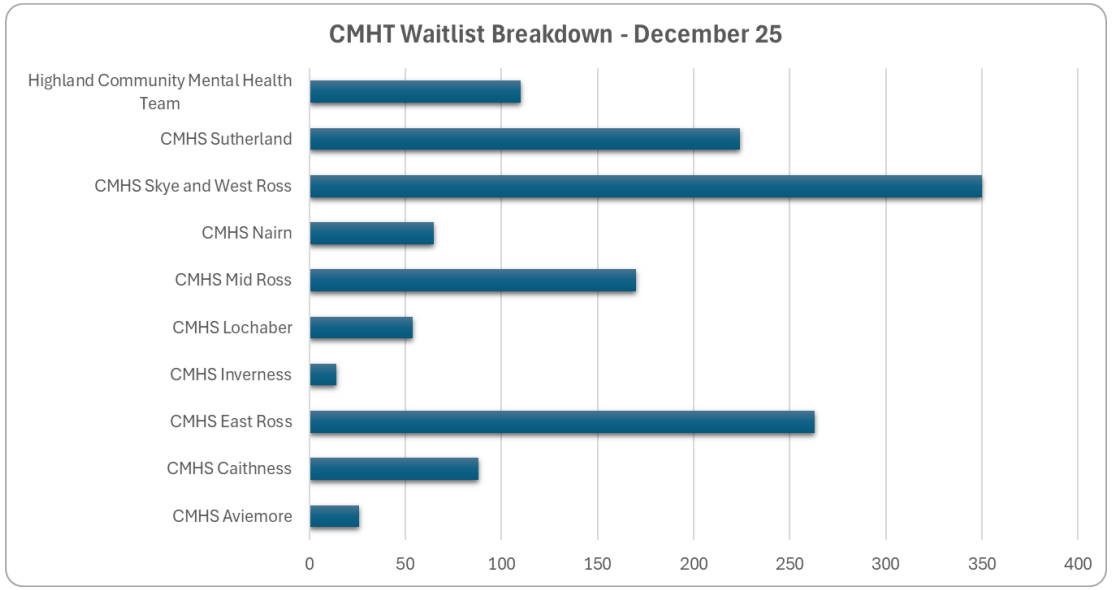
Highland HSCP Community Mental Health Teams

Completed and Ongoing Waits

Key Performance Indicator	Reasons for current performance	Plans, Mitigations and Actions
Reduction in total waiting list for Community Mental Health Services	Recent performance shows a small but sustained reduction in the total number of people waiting since October 2025. This reflects early impact from targeted actions focused on the longest waits and improved operational grip through enhanced performance monitoring.	Mental Health and Learning Disability Services, working in collaboration with Strategy and Performance Data Analysts, have developed a real-time dashboard to provide oversight of waiting time performance. Early development work has already identified targeted actions to address the longest waits, with an initial reduction achieved during Q3 2025/26.

Community Mental Health Teams Waitlist	Dec-25	
	1364	
0-18 weeks	665	48.8%
19-35 weeks	211	15.5%
36-52 weeks	143	10.5%
53-77 weeks	115	8.4%
78-104 weeks	93	6.8%
105+ weeks	137	10.0%





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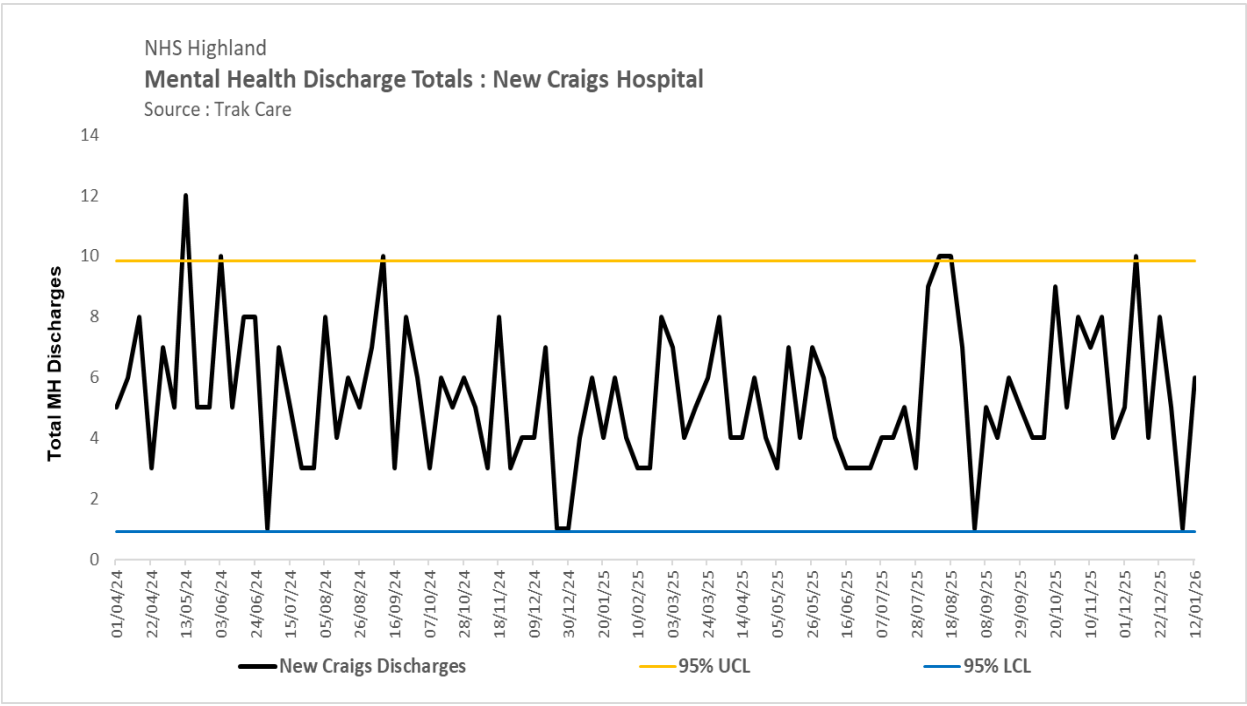
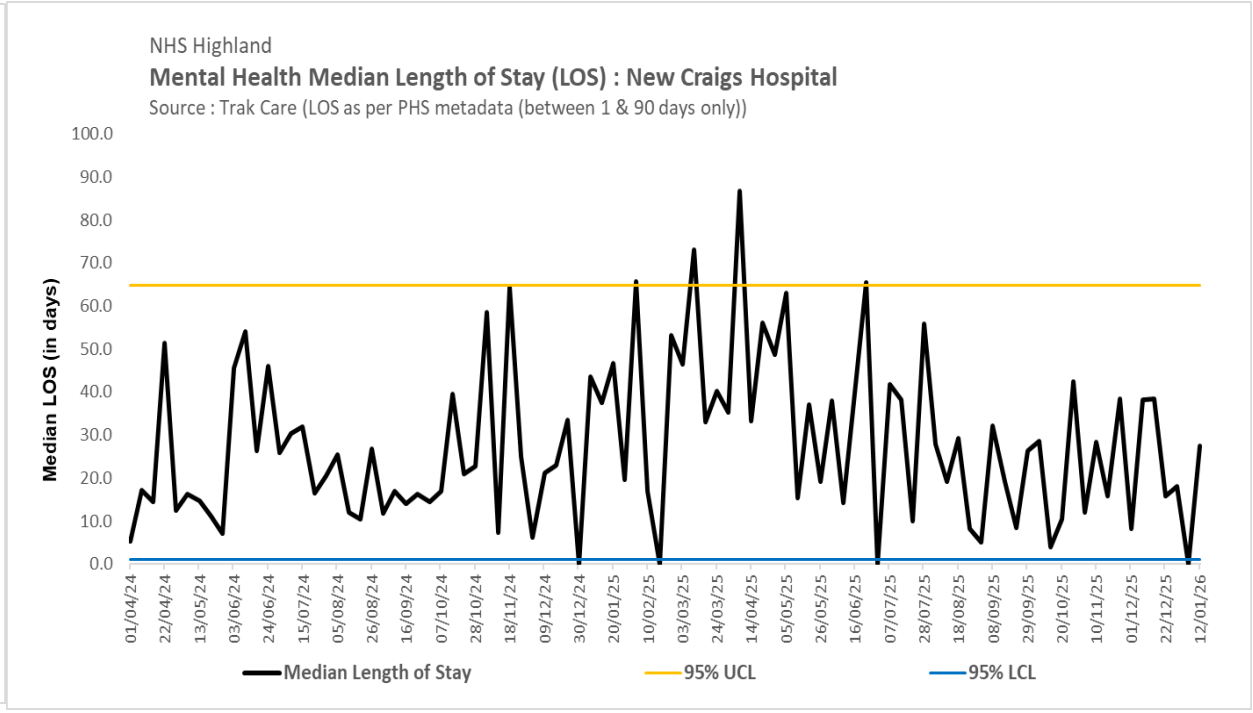
NHWO 2

Highland HSCP Mental Health Inpatients

New Craigs Hospital (NCH) - Length of Stay – delayed and non-delayed

Key Performance Indicator		Reasons for current performance	Plans, Mitigations and Actions
Maintain the average Length of Stay for NCH inpatients – delayed and non-delayed – to the Scotland average		Recent performance demonstrates a reduction in average length of stay across Mental Health and Learning Disability inpatient episodes of care, reflecting improved patient flow and more timely discharge planning.	The real-time Mental Health and Learning Disability performance dashboard is currently in the testing phase. It is anticipated that, from 2026/27, the IPQR will incorporate key metrics including delayed discharges, length of stay, follow-up within 72 hours of discharge, and readmission within 28 days. The inclusion of these measures will provide the Committee and Board with strengthened assurance regarding safety, quality, and performance within Mental Health services.
Reduce the number of people affected by standard delay to discharge from NCH			
Reduce the percentage of readmission to MH hospital within 28 days of discharge			
Ensure 95% of NCH inpatients are followed up within 72 hours of discharge			





Highland HSCP Psychological Therapies Waiting Times

Slide 1 of 1

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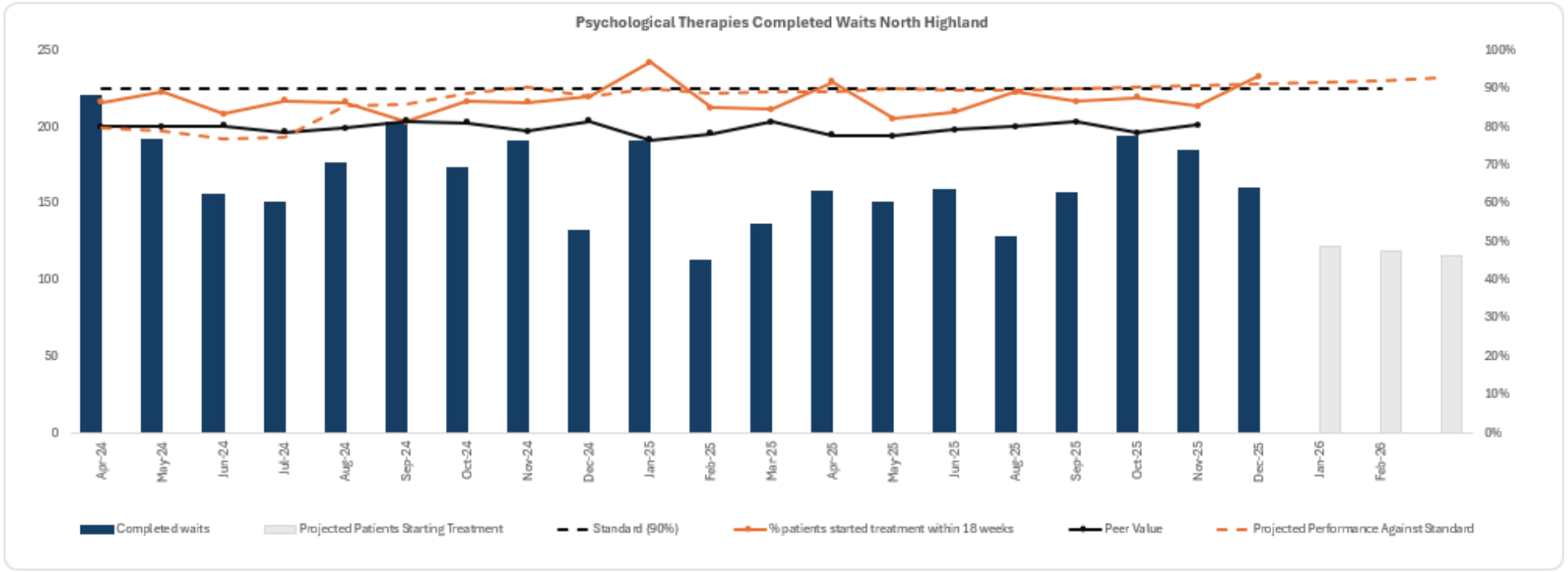
NHWO 3

Key Performance Indicators		Reasons for Current Performance	Plans, Mitigations and Actions
Ensure that at least 90% of patients referred to Psychological Therapy services are seen for their first appointment within 18 weeks of referral by March 2026.		Psychology Services continues to make positive improvements in patient referral to treatment times. The national target standard remains at 90%. In December 2025, 93.1% of patients referred to the service received treatment within the national performance timescale of 18 weeks, compared to the national average of 80% for the same period. NHS Highland remains in the top 3 highest performing mainland boards in Scotland with one of the lowest wte. workforce per 100,000 of population.	We are continuing to work with SG and PHS to improve NHS Highland adult psychology data quality and forecasting through the implementation of DCAQ modelling trajectories and measures . These measures will help improve data assurance in management information and planning, reporting, and forecasting to better align services and service provision with quantified demand. We still require work to TrakCare PMS to configure implementation of sub-specialty codes for adult Psychology, and development work to produce a DCAQ and forecasting tool. Development of a Psychology specific integrated staff bank is ongoing. This will help alleviate short-term pinch points in supply due to illness, recruitment gaps, and leave, to meet demand more responsively Currently undertaking work on service resilience due to low workforce per 100,000 population.
Increase the number of completed Psychological Therapies waits.			



Psychological Therapies WL	Dec-25	
0-18 weeks	400	57%
19-35 weeks	164	23%
36-52 weeks	55	8%
53-104 weeks	49	7%
105-156 weeks	31	4%
157-208 weeks	2	0%
> 208 weeks	0	0%

Highland HSCP Delayed Discharges

Slide 1 of 2

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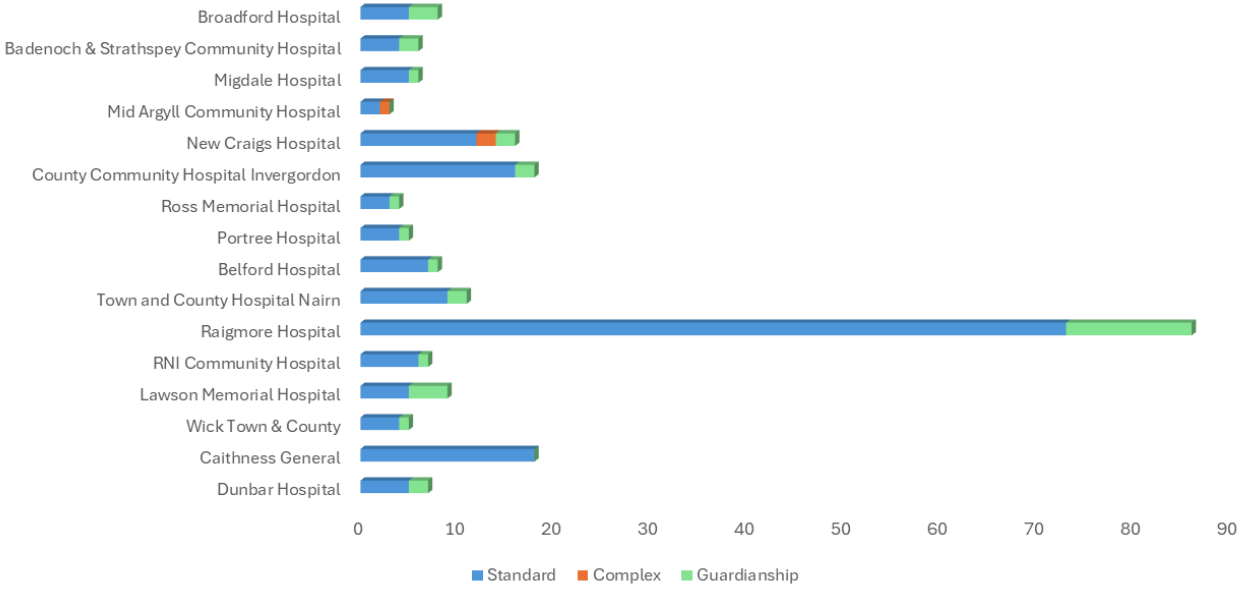
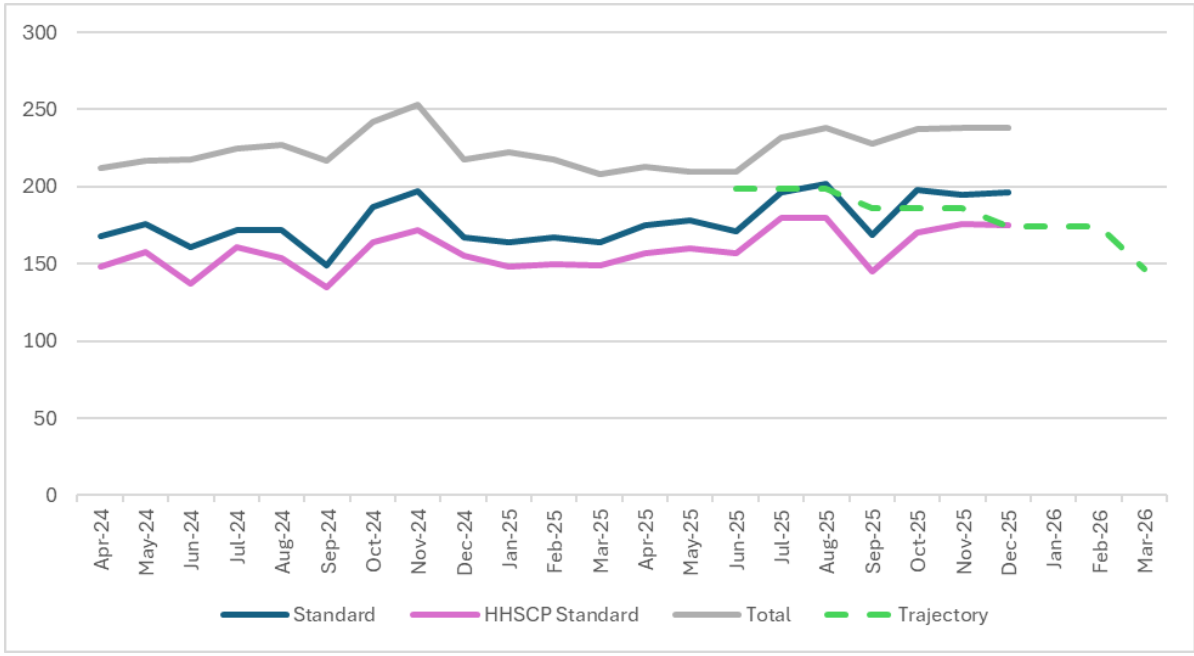
NHWO 9

Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
Reduce the total number of patients experiencing a standard delay in discharge from hospital across NHS Highland to agreed targets and trajectories.		• Delays in hospital across the HSCP area have multifactorial causes related to availability of care, complexity related to Adults with Incapacity legislation and process and coordination issues.	Joint workstreams across acute and communtiy to reduce the length of time in hospital and enable discharge home for assessment of needs, Links to the Adult Social Care Transformation Programme to provide alternatives for those with a lower need Apooinment of an interface Manager to improve process and coordination issues in the discharge pathway.
To reduce the average number of patients in Community hospital beds affected by standard delays			
To reduce the number of new delays in Highland HSCP			

HHSCP Delays at Month End
Date: December '25
Source: PHS Submitted Data



Number of people delayed from hospital discharge at monthly census point



Highland HSCP Delayed Discharges

Slide 2 of 2

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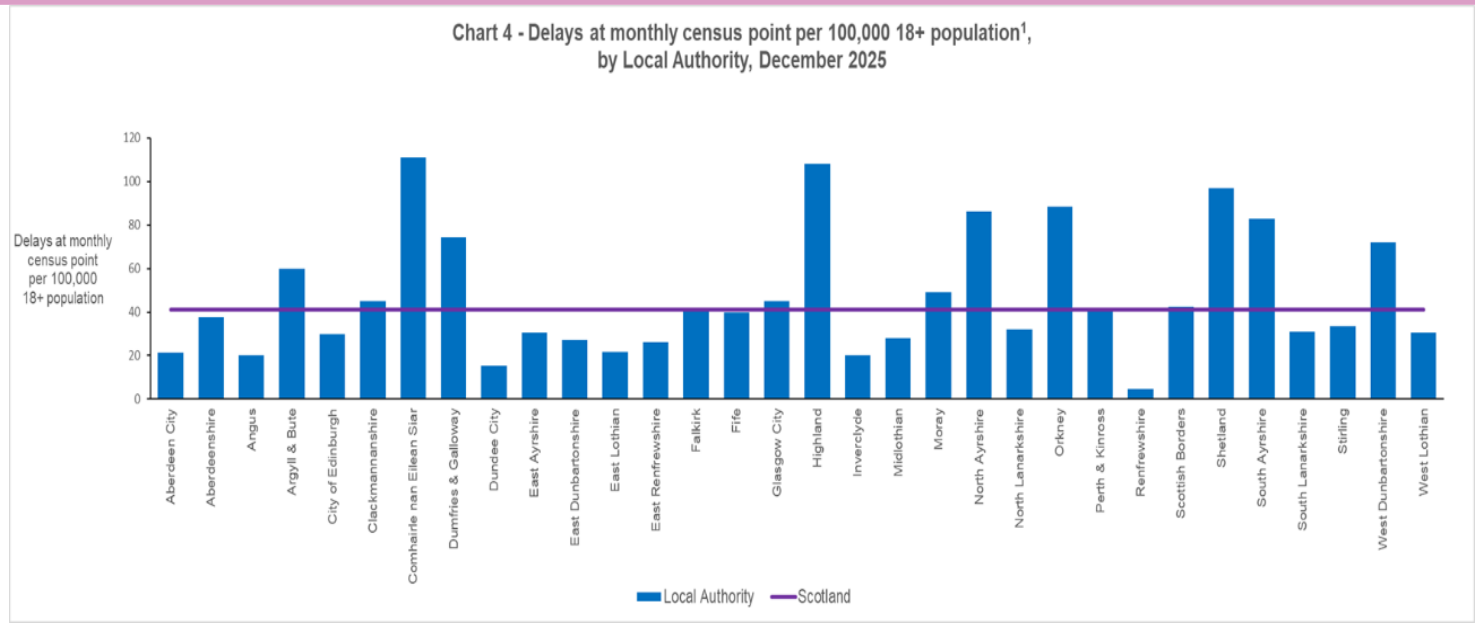
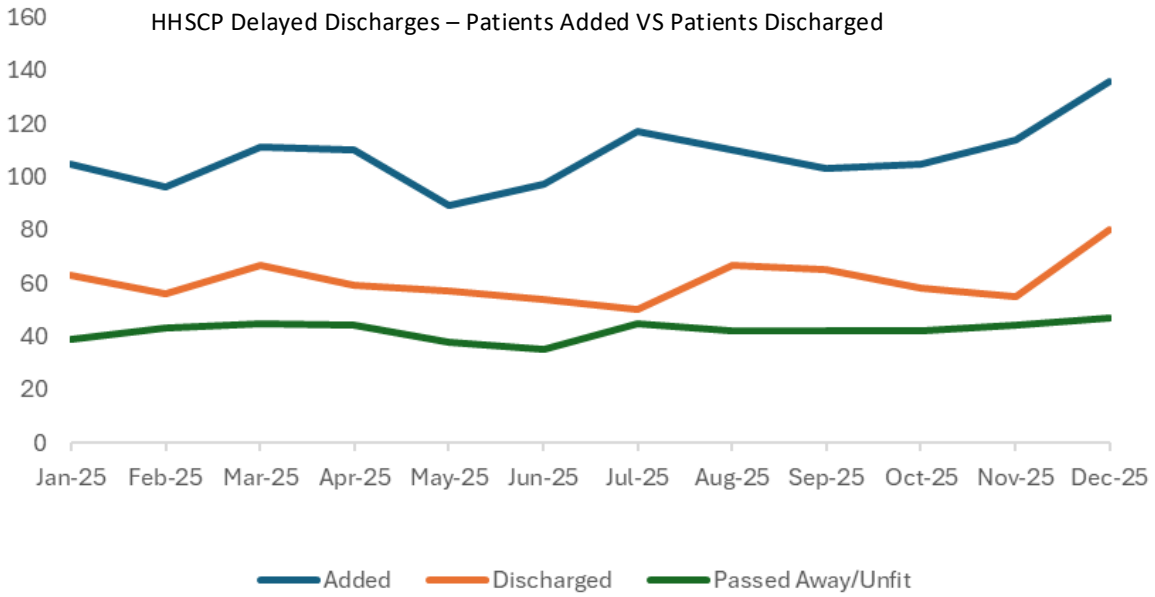
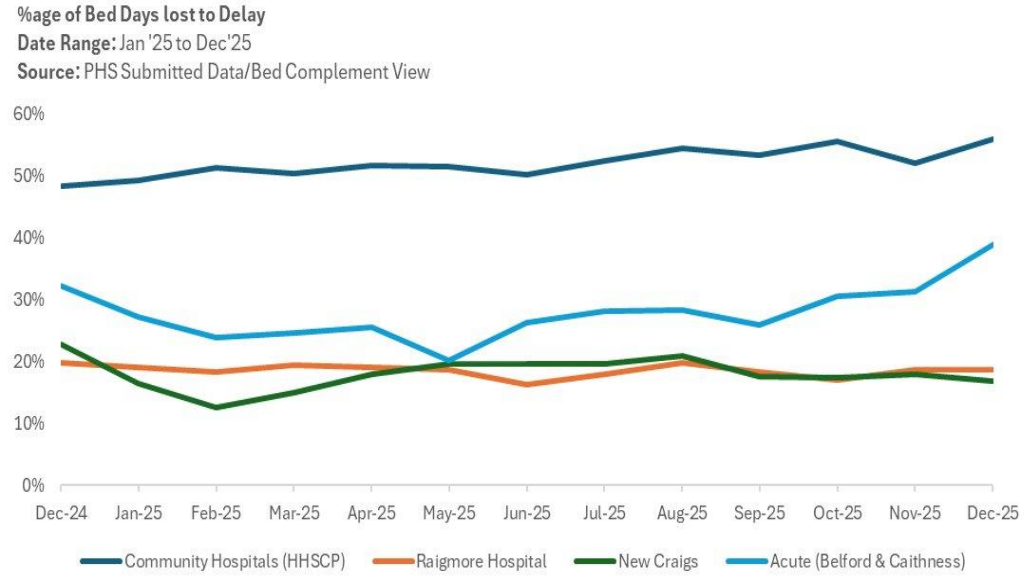
NHWO 9







Highland HSCP Community Hospital Length of Stay (LOS)

Slide 1 of 1

Executive Lead
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Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
To reduce the average number of delayed patients in Community hospital beds with a LOS > 14 days		Delays for those in delay reflect the causes of delay in the system (see slide 19) Length of stay for those not in delay is influenced by process issues including waits for tests, transport, MDT and specilalist input if required	See slide 19 for those in delay. Discharge without Delay principles being applied including the setting of Planned Discharge dates, early MDT assessment and the implementation of frailty pathways.
To reduce the average number of non-delayed patients in Community hospital beds with a LOS > 14 days.			

NHWO 9