NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**14th January 2026**
Title:	**Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer, HHSCP (Highland Health and Social Care Partnership)**
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 across the HSCP to be managed within a performance framework.
- To accept **limited** assurance and to **note** the continued and sustained stressors facing both NHS and commissioned care services.
- **Consider** any further indicators that are required to support the assurance for the Highland Health and Social Care Partnership

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.

Progress to Date

Significant steps have been taken to advance the KPI development and implementation process within the HHSCP. At the time of writing these are:

- **Mapping and Review:** The mapping of current KPIs to the draft HHSCP Performance Framework commenced in September 2025. A performance review focusing on current metrics and urgent and unscheduled care (U&USC) was conducted in early October.
- **Engagement and Agreement:** Sub-group meetings with Primary Care (PC), Mental Health & Learning Disabilities (MH&LD), and Community teams were held in October to ensure broad engagement. Performance clinics were established to agree strategic and tactical KPIs, including setting targets and trajectories. Further meetings are being held with services in December / January 2025.

- **Data and Reporting:** By early December, a review of data for currently-reported strategic KPIs was undertaken as part of the preparation for the January HSCC IPQR
- **Operationalisation**: A HHSCP Performance Review was held in November to consider the latest data and move to this performance framework. Reporting of these KPIs into the HHSCP Senior Leadership Team (SLT) was initiated to support whole system awareness of this.
- **Ongoing Actions:** Service-level meetings have been taking place to define strategic and develop tactical KPIs, confirming targets and trajectories with key leaders. The next steps include ongoing service-level discussions through December 2025 to January 2026.
- **Key milestones are scheduled as follows:**
    - A full data pack at the end of February,
    - updating reporting into the next HSCC IPQR in February 2026,
    - finalising the performance framework for reporting to the next HHSCP Performance Review on 19th March 2026.

Framework Structure

The performance framework is structured around three tiers of KPIs:

- Strategic: For assurance reporting to committee.
- Tactical: For oversight through performance reviews.
- Operational: Monitored at the service level.

All KPIs are being developed in line with the SMART principles (Specific, Measurable, Achievable, Relevant, Time-bound) to ensure clarity and accountability.

Vision and Next Steps

The vision is for a quarterly performance pack on all KPIs to be circulated to the HHSCP SLT, with internal performance reviews focusing on tactical KPIs and narrative feeding into the IPQR for assurance to committee members. Service-level meetings and ongoing conversations will continue into January, with a target to have all KPIs confirmed by the next reporting period.

The next major milestones are the HHSCP IPQR on 24th February, a data pack by the end of February, and the HHSCP Performance Review on 19th March, followed by the HSCC IPQR on 28th April.

Meetings with each Highland HSCP Performance and Delivery Oversight Groups are planned to agree KPIs for reporting, and setting of targets and trajectories where appropriate. This includes looking out to other HSCPs to understand what KPIs are reported elsewhere.

2.2 Background

The IPQR for HHSCP has been discussed at previous development sessions where the format of the report and indicators were agreed**.**

2.3 Assessment

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 across the HSCP to be managed within a performance framework.
- To accept limited assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.
- Consider any further indicators that are required to support the assurance for the Highland Health and Social Care Partnership

4.1 List of appendices

The following appendices are included with this report:

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

Highland Health and Social Care Partnership

Integrated Performance and Quality Report

14 January 2026

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

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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)	89.5% (Jun 25)	91.6% (Mar 25)	↓	N/A	95%	
1.	Stay Well	Vaccination Uptake (MenB)	90.2% (Jun 25)	91.2% (Mar 25)	↓	N/A	95%	
1.	Stay Well	Vaccination Uptake (PCV)	93.7% (Jun 25)	94.0% (Mar 25)	↓	N/A	95%	
1.	Stay Well	Vaccination Uptake (Rotavirus)	90.5% (Jun 25)	89.6% (Mar 25)	↑	N/A	95%	
1.	Stay Well	Vaccination Uptake (Flu)	47.4% (Winter 25 to date)	52.5% (Winter 24 - full)	→	N/A	N/A	
1.	Stay Well	Vaccination Uptake (Covid 19)	53.4% (Winter 25 to date)	47.7% (Winter 24 - full)	→	N/A	N/A	
2.	Care Well	Long Stay Care Homes (Number of Older Adults)	1462 (Oct 25)	1464 (Sept 25)	↓	N/A	N/A	
2.	Care Well	Long Stay are Homes (Number of Younger Adults)	180 (Oct 25)	181 (Sept 25)	↓	N/A	N/A	
2.	Care Well	Care At Home: Unmet Needs (Total Number of Critical)	13 (Nov 25)	13 (Oct 25)	→	N/A	N/A	
2.	Care Well	Care At Home: Unmet Needs (Total Number of Substantial)	94 (Nov 25)	92 (Oct 25)	↑	N/A	N/A	

Guide to Performance Rating

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

Note: for most HHSCP KPIs, there are no national targets. Work continues to set Highland-specific targets that will then be performance rated.

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	878 (Oct 25)	850 (Sept 25)	↑	N/A	N/A	
2.	Care Well	Self Directed Support Option 2	339 (Oct 25)	330 (Sept 25)	↑	N/A	N/A	
2.	Care Well	Self Directed Support Option 3 (Support at Home)	1295 (Oct 25)	1293 (Sept 25)	↑	N/A	N/A	
2.	Care Well	Self Directed Support Option 3 (External CAH)	977 (Oct 25)	960 (Sept 25)	↑	N/A	N/A	
1.	Stay Well	Drug & Alcohol Waiting Times	84.1% (Jun 25)	90.0% (Mar 25)	↓	N/A	90%	
2.	Live Well	Mental Health – CMHT Waiting List	1433 (Oct 25)	1425 (Sept 25)	↑	N/A	N/A	
3.	Live Well	Psychological Therapies – Waiting List	87.9% (Oct 25)	89.1% (Sept 25)	↓	N/A	90%	
7.	Care Well	Adult Protection Activity – Referrals Opened	84 (Oct 25)	64 (Jul 25)	↑	N/A	N/A	
7.	Care Well	Adult Protection Activity – Investigations Opened	15 (Oct 25)	12 (Jul 25)	↑	N/A	N/A	
9.	Care Well	Community Hospital – Length of Stay	8.4 days (Q2, 2025/26)	9.7 days (Q1, 2025/26)	↓	N/A	7.9 days (by March 2026)	
9.	Respond Well	Delayed Discharges (% of beds occupied by delays)	29.03% (Aug 25)	28.08% (Jul 25)	↑	N/A	N/A	
All	All Wells	Overview of HSCP Waiting Lists	8502 (Nov 25)	8495 (Oct 25)	↑	N/A	N/A	

Guide to Performance Rating

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

Note: for most HHSCP KPIs, there are no national targets. Work continues to set Highland-specific targets that will then be performance rated.

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Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 1

Vaccination Uptake

Slide 1 of 2

Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
Meet the 95% national target for children's vaccinations		In child vaccinations we continue to see variability in achievement with a recent decline under the national target. There has been improvement in Rotavirus but we await the next quarter of data to assess before taking further corrective action. The current winter flu and covid vaccination campaign remains under way and uptake is slightly below national average. Short term staff sickness in the North, and isolated weather issues have affected some clinics.	•Redirection of Scottish Ambulance Service support in January to the North area for capacity increase (opportunity cost associated with the Cameron Barracks requirements). •Enable drop ins at clinics where vaccine is available to support. •Communicate with local Community pharmacies to look for further clinical availability (good uptake and support from those in the north area). •More information to comms for social media support. •Administrative support from SDC to the North team. •Engage previous bank staff in the north for further potential clinical staff. •Reallocate empty clinic slots to free up staff for care home vaccinations in the North.
Meet the 95% national targets and increase vaccination uptake for COVID-19 and Flu vaccination			

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

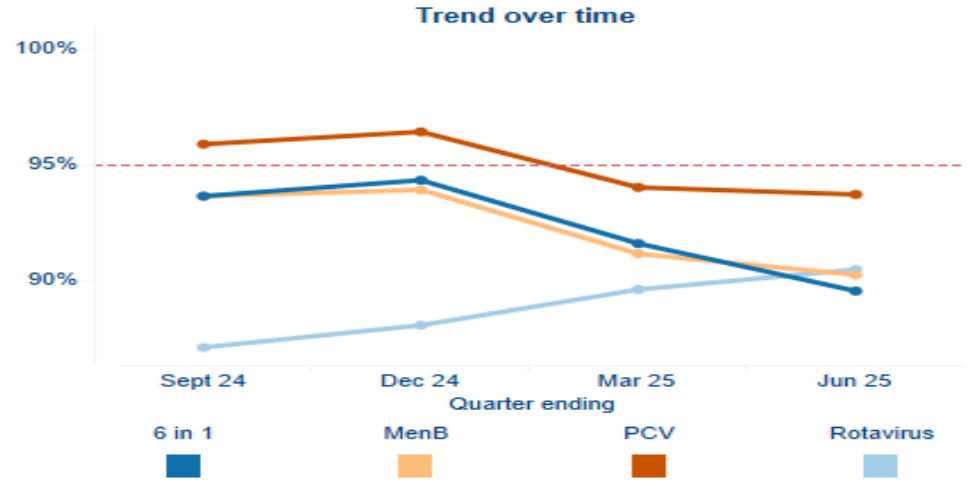
Health Board of Residence data are only available from Quarter ending June 2022.

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

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

View by: Local Authority / Intermediate Zone

Location: Highland Age: 12 months
SIMD: All



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

Vaccination Uptake

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: 14-Dec-2025

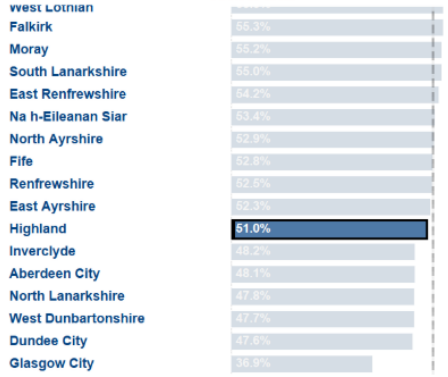
Season: Winter 2025
Programme: Influenza - Adult (18+)

Programme: Influenza - Adult (18+)
Selected Location: Highland
Priority Group: Total
Methodology: Performance
View: Health & Social Care Partnership

View: Health & Social Care Partnership
JCVI Priority Group: Total
Methodology: Performance

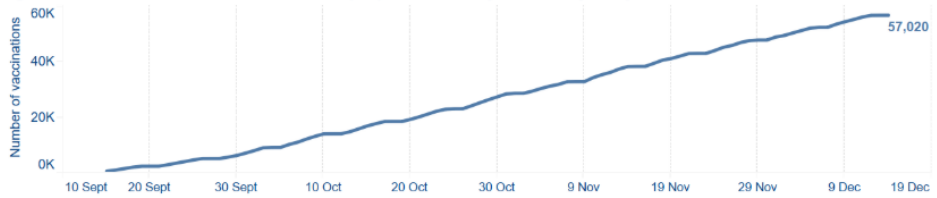
Percentage Uptake by Health & Social Care Partnership

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	1,252,694	2,367,511	52.9%	2.4%	30.9%	13.7%
Highland	57,014	111,758	51.0%	2.4%	41.2%	5.4%

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.
The denominator is based on the eligible populations that Public Health Scotland hold accurate data for. For some populations such as unpaid carers there is no national data source available. Therefore, the denominator used in estimating uptake % will not match the overall total administered vaccines.

Discovery Level 1 SVIP COVID-19 & Flu Programme

Uptake: Winter 2025
Latest Data: 14-Dec-2025

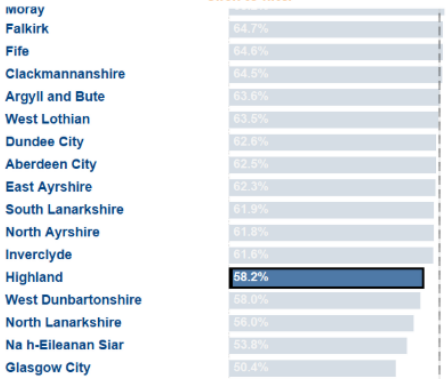
Season: Winter 2025
Programme: COVID-19

Programme: COVID-19
Selected Location: Highland
Priority Group: Total
Methodology: Performance
View: Health & Social Care Partnership

View: Health & Social Care Partnership
JCVI Priority Group: Total
Methodology: Performance

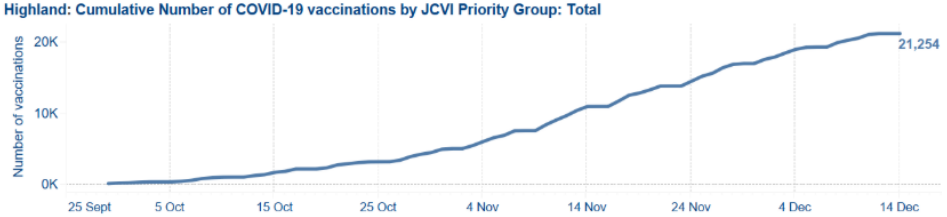
Percentage Uptake by Health & Social Care Partnership

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	462,134	726,433	63.6%	1.8%	12.3%	22.4%
Highland	21,171	36,395	58.2%	3.5%	21.7%	16.7%

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



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Highland HSCP – Adult Social Care – Care Homes

Slide 1 of 4

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Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 2

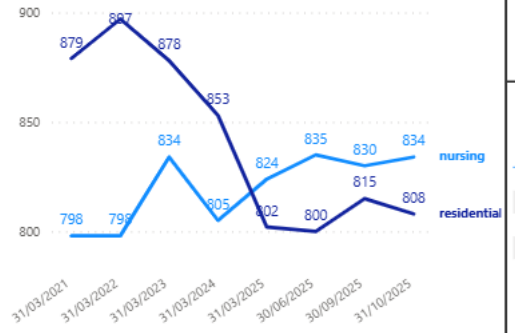
Key Performance Indicator	Reasons for current performance	Plans, Mitigations and Actions
Monitor the number of new long stay care home placements - Older Adults (measured by age on admission and Length of Stay) Monitor the number of new long stay care home placements – Younger Adults (measured by age on admission and Length of Stay)	• Demand for a care home placement remains our most common reason for delayed hospital discharges. • There continues to be turbulence in the market related to operating on a smaller scale, and the challenges with rural operation – recruiting and retaining staff. • There has been recent sustained bed unavailability, primarily in an Inverness Care Home due to quality concerns. • Pittyvaich Care Home in Inverness has opened in June 2025. • 98.9% of all available care beds are occupied as per previous slide. • 66 delayed hospital discharges.	• The National Care Home Contract continues to be insufficient for Highland purposes and continues to be raised at SG and ministerial level. • Placements continue to be made to care homes when available • A commissioning strategy is required to clarify future commissioning actions in this area. • The Chief Officer has requested delivery of the first stage in developing a co-produced commissioning strategy by the end of December 2025.

Oct-25 | **Long-stay Care Homes**

Delayed discharges (care homes)

Mid	North	Other	Raigmore	South	West	Total
3	14	2	32	10	5	**66**

Placement type



Residents by care home location

age band / location	OA count	OA %	YA count	YA %
North Highland	1336	93%	157	87%
Scotland	90	6%	17	9%
other UK	16	1%	6	3%
Total	**1442**	**100%**	**180**	**100%**

North Highland residents by area

age band / NHS area 2	OA count	OA %	YA count	YA %
South	640	48%	91	58%
Mid	320	24%	53	34%
North	219	16%	10	6%
West	157	12%	3	2%
Total	**1336**	**100%**	**157**	**100%**

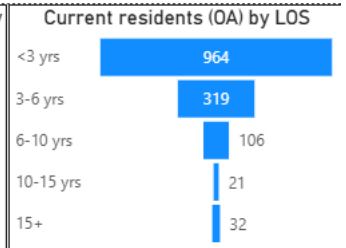
Current residents by length of stay (years, average)

Area	18-64	65-74	75-84	85+
Mid	7.1	3.7	3.1	2.8
North	2.4	5.7	3.1	3.0
OOA	8.6	3.8	2.9	2.4
South	10.2	4.3	3.0	2.7
West	1.5	2.7	1.8	2.9
Total	**8.5**	**4.2**	**2.9**	**2.7**

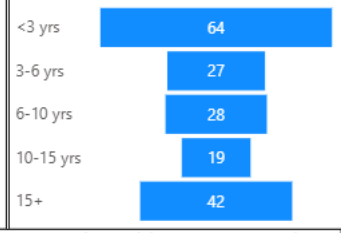
Current residents by length of stay (years, maximum)

Area	18-64	65-74	75-84	85+
Mid	23.7	23.6	26.3	13.8
North	14.4	23.6	18.6	21.0
OOA	29.5	23.6	17.3	10.6
South	29.8	29.7	23.6	26.2
West	1.9	9.1	15.7	10.2
Total	**29.8**	**29.7**	**26.3**	**26.2**

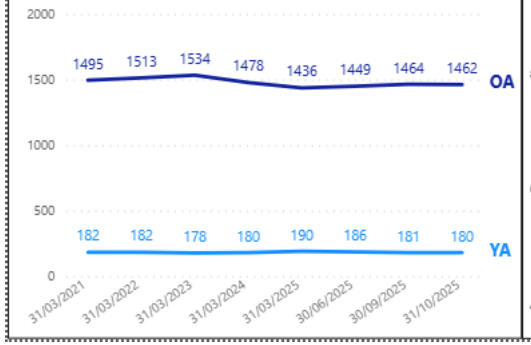
Current residents (OA) by LOS



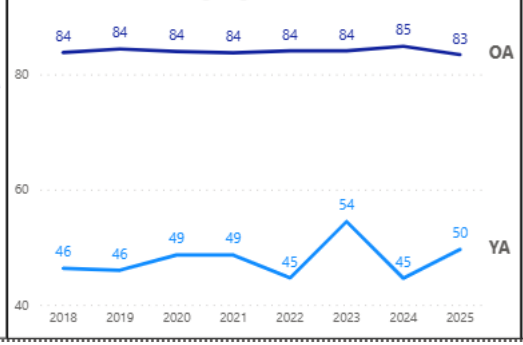
Current residents (YA) by LOS



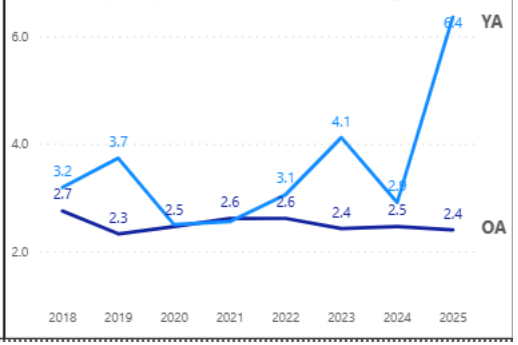
No. residents



average age at admission



average length of stay (years) (discharges only)



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 / substantial care needs	• 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. • 50 delayed hospital discharges.	• Short term stabilisation actions remain under consideration. • A commissioning strategy is required to clarify future commissioning actions in this area.

Oct-25 | **Care at Home**

Delayed discharges (care at home)

Mid	North	Other	Raigmore	South	West	Total
10	10	1	17	8	4	**50**

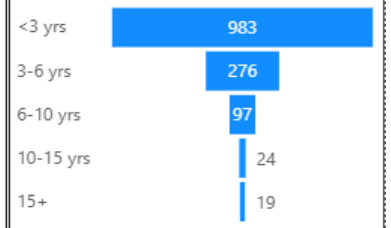
Clients by area & age band

age band	OA		YA	
area	count	%	count	%
Mid	241	17%	36	19%
North	314	22%	40	21%
South	572	41%	81	43%
West	272	19%	31	16%
Total	**1399**	**100%**	**188**	**100%**

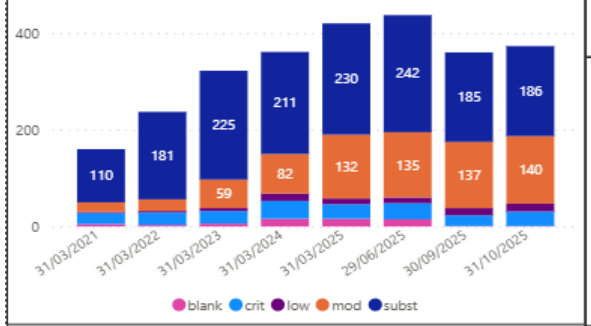
Current clients by length of service (years, average)

area	18-64	65-74	75-84	85+
Mid	4.2	3.4	1.9	1.6
North	4.4	3.6	2.4	3.0
South	4.3	3.5	2.4	2.3
West	4.9	3.7	3.6	3.3
Total	**4.4**	**3.5**	**2.6**	**2.6**

Current clients (OA) by duration



Waiting list



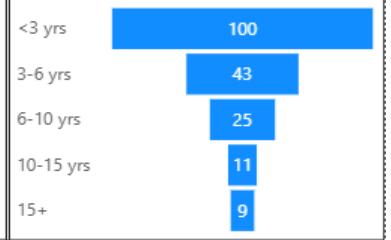
Clients by area & provider

area	clients	NHS hrs	%	ext hrs	%
Mid	277	244	6%	2,104	24%
North	354	1,232	33%	932	11%
South	653	877	23%	5,170	59%
West	303	1,417	38%	545	6%
Total	**1587**	**3,771**	**100%**	**8,751**	**100%**

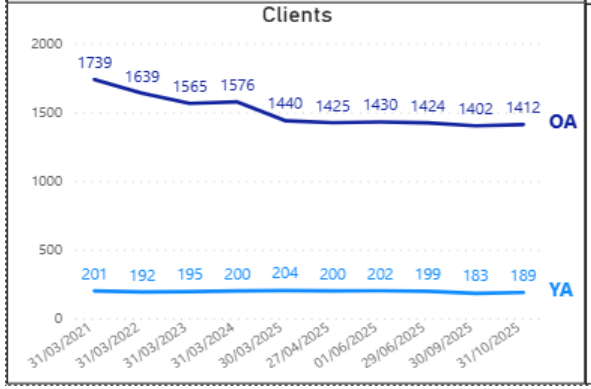
Current clients by length of service (years, maximum)

area	18-64	65-74	75-84	85+
Mid	17.0	26.2	9.9	8.5
North	22.9	23.0	11.6	17.9
South	31.0	31.4	20.7	19.6
West	20.2	12.5	31.9	19.5
Total	**31.0**	**31.4**	**31.9**	**19.6**

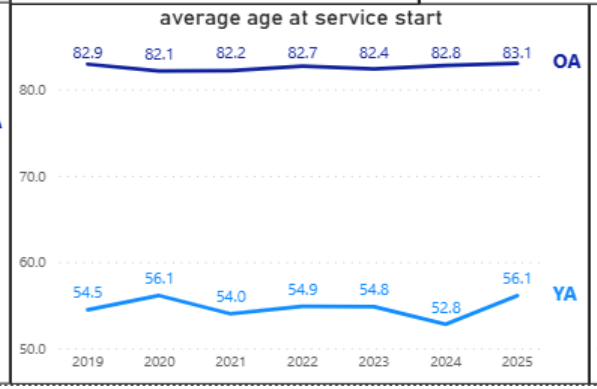
Current clients (YA) by duration



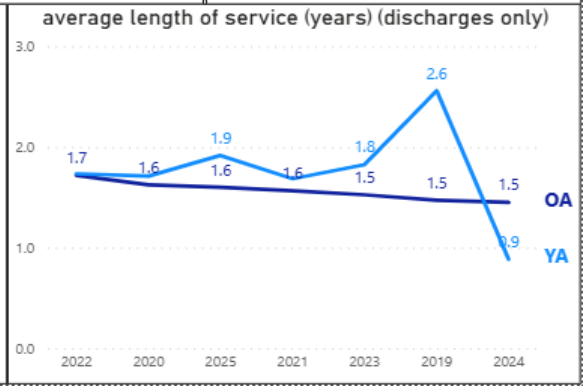
Clients



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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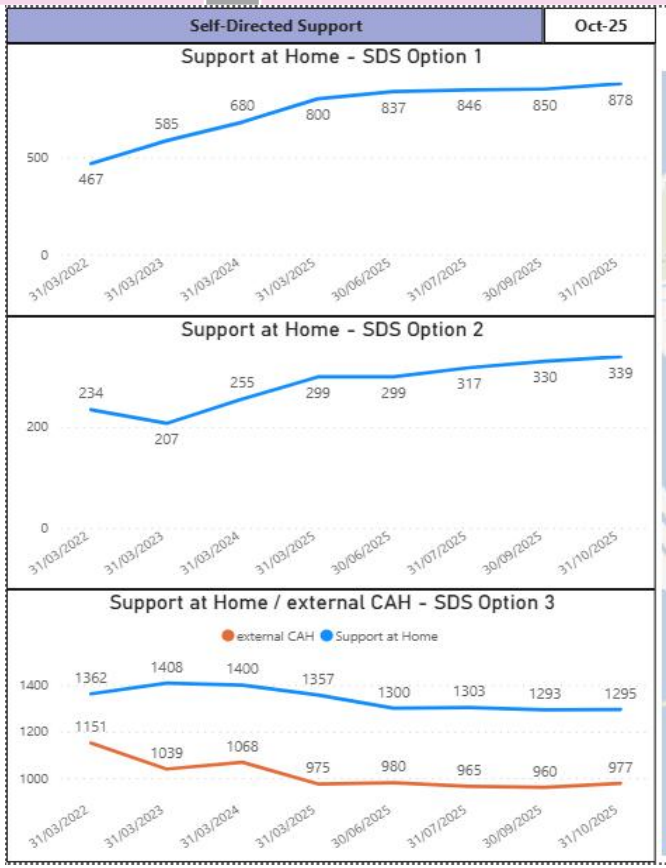
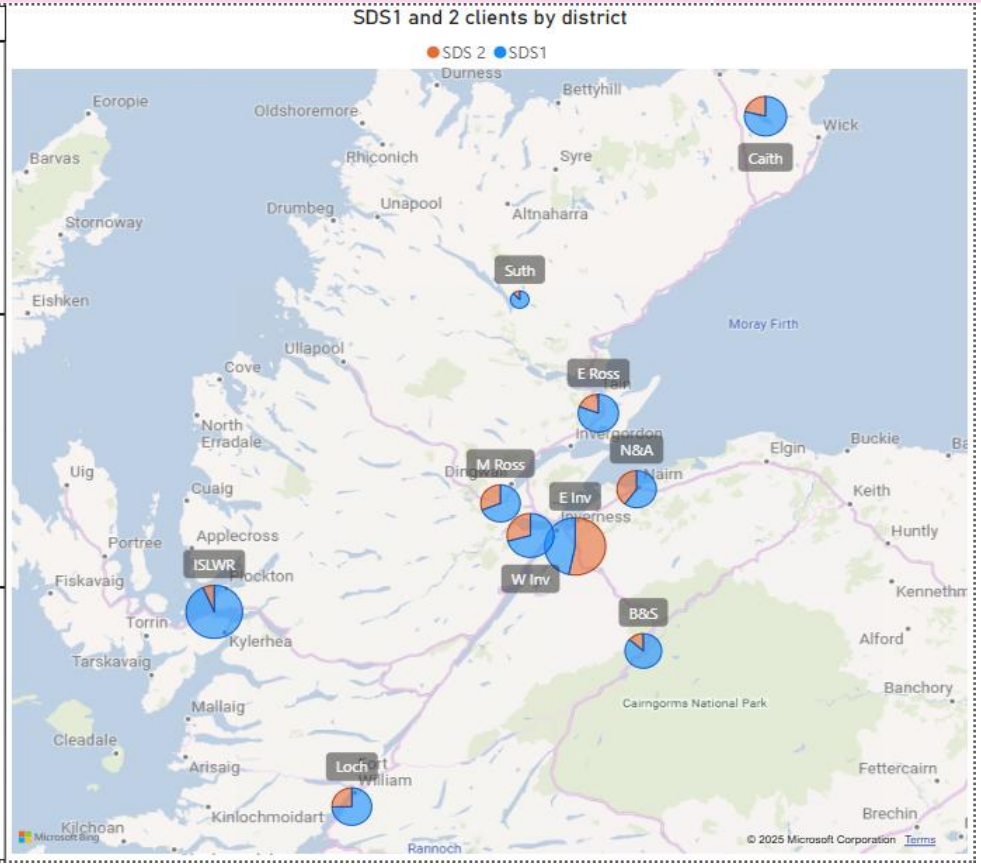
Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 1

Key Performance Indicator		Reasons for current performance	Plans, Mitigations and Actions
Increase the combined number of people actively using SDS1 (Direct Payments) and SDS2 (Individual Service Funds) Decrease the number of people actively using SDS Maintain the total number of people receiving a service via SDS1-4		• 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 3's, 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.





Highland HSCP – Adult Social Care – Unmet Needs

Slide 4 of 4

Executive Lead
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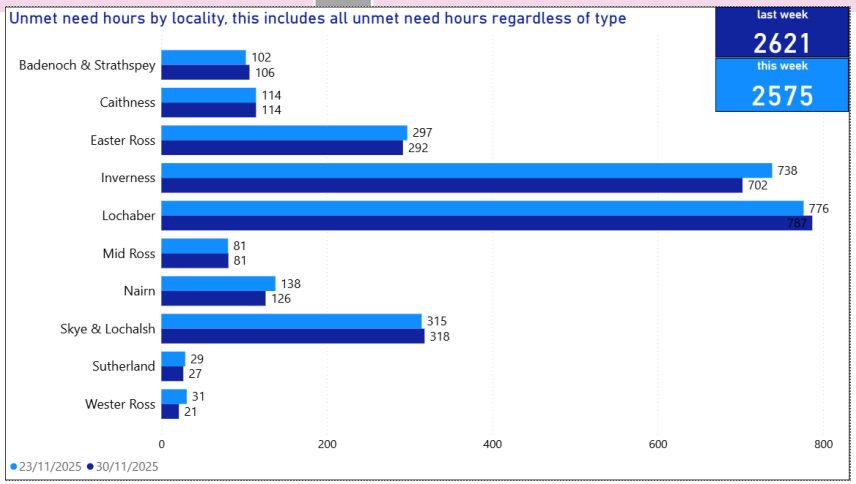
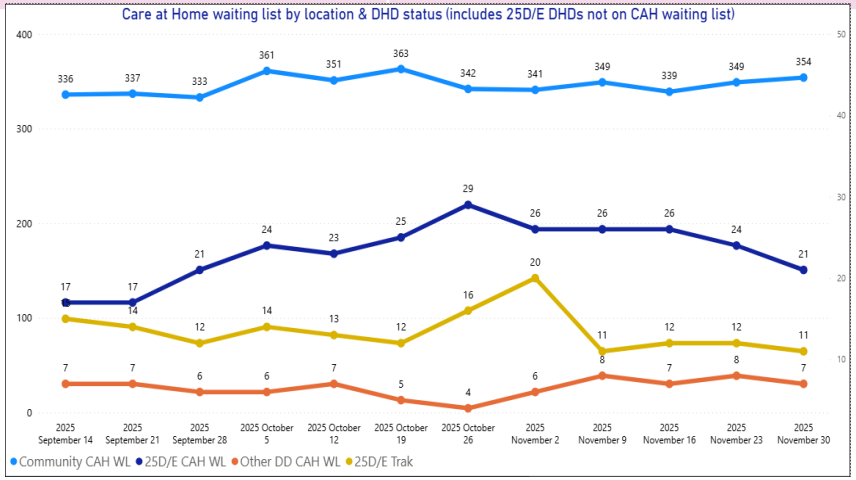
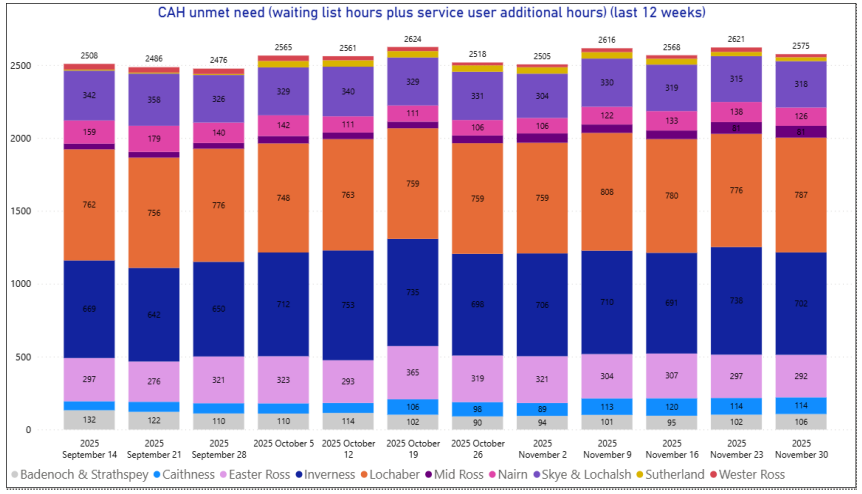
Chief Officer, HHSCP

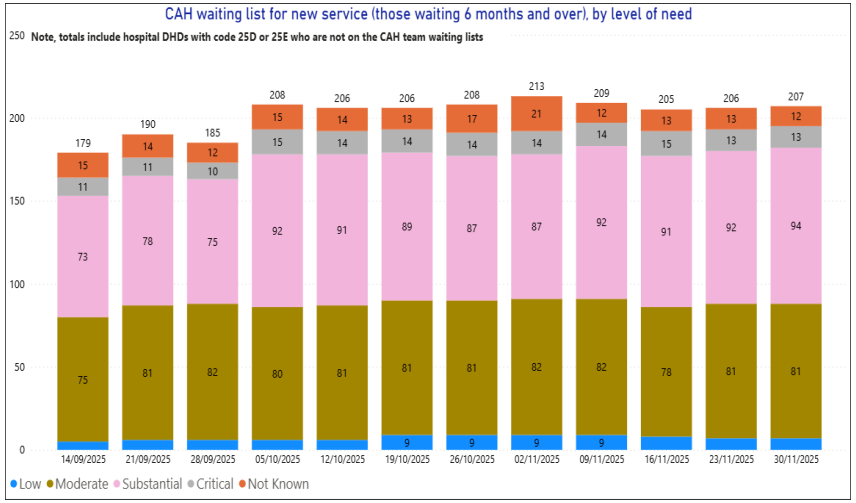
NHWO 1

Key Performance Indicator	Reasons for current performance	Plans, Mitigations and Actions
Reduce unmet assessed critical / substantial care needs – by people – broken down by District	High levels of unmet need continue to be a challenge for both the organisation and our care providers. Unmet need has reduced from a peak of 2950hrs in May to 2575hrs but there is still 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 the highest commissioned care at home rate in Scotland yet still has significant challenges with unmet need with a reducing number of providers Providers are dealing with multifaceted issues, and available capacity is impacted by workforce stressors and rising business costs.
Reduce unmet assessed critical / substantial care needs - by hours - broken down by District		









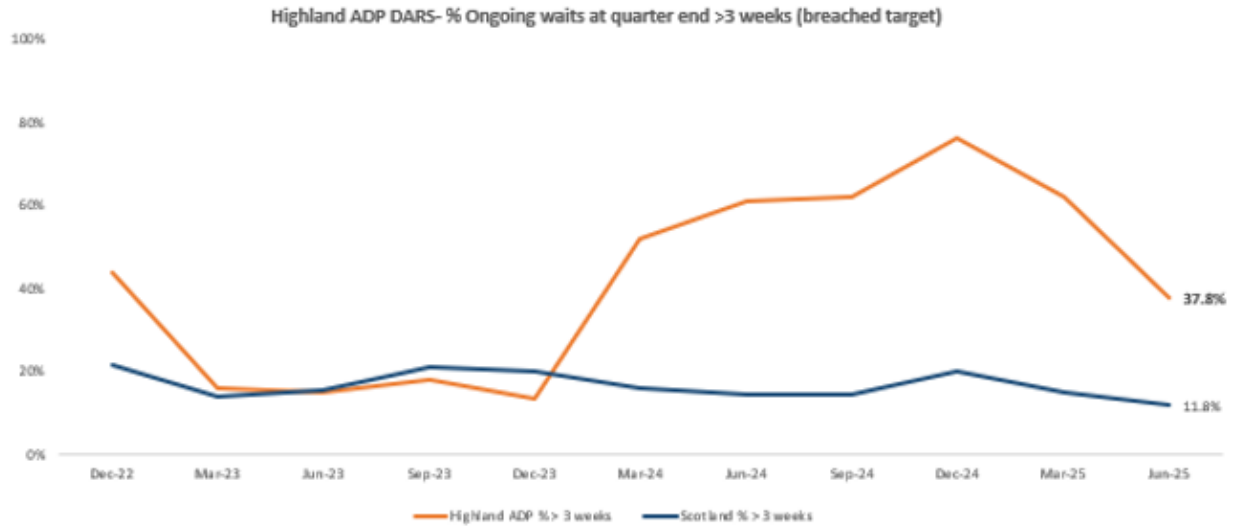
Drug & Alcohol Recovery Services (DARS)

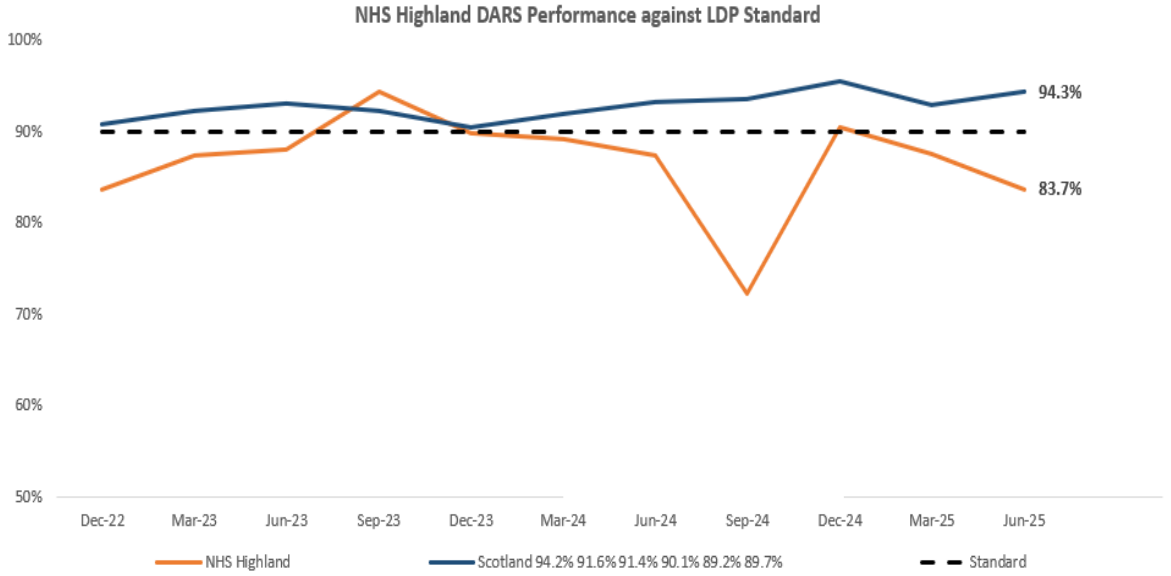
Slide 1 of 1

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
DARS – Length of wait - bands		• Performance is related to staffing challenges, in particular vacancies and other absences through the service.	• Data sharing arrangements are in the process of being confirmed which will support movement of patients between NHS and Third Sector, increasing capacity within existing service. • There are early plans to explore Quality Improvement approaches within the individual service areas with the aim of reducing missed appointments (DNAs) which will increase capacity.
DARS % commenced treatment within 3 weeks of referral			

NHWO 1





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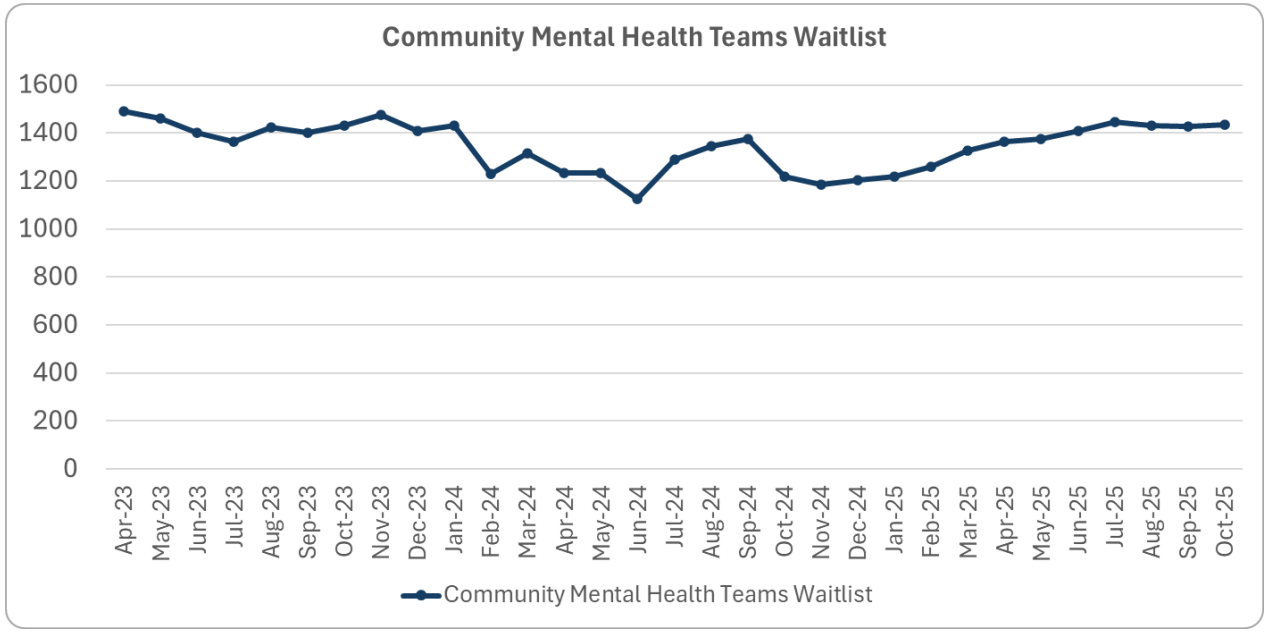
NHWO2

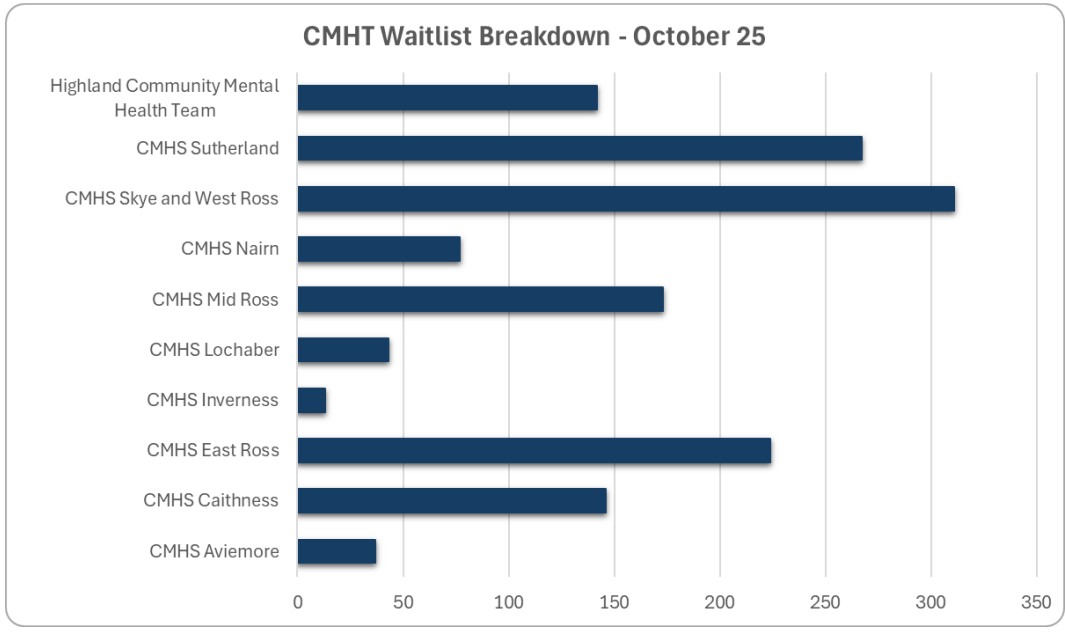
HHSCP Community Mental Health Teams

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	• Ongoing validation of waiting list underway. Previously reported high level of confidence that reported waits are not true waits. Cascade of Standard Operating Procedures and training to date have demonstrated value of validation exercise with significant improvement in reported waits to date in Aviemore CMHS and Inverness CMHS.	• Planned waiting list management training to be delivered to CMHS in Caithness, Skye and Wester Ross, and Sutherland over November and December 2025. • Appointment of Administrative Support to East Ross CMHS due to commence January 2026.

Community Mental Health Teams Waitlist	Oct-25	
	1433	
0-18 weeks	654	46%
19-35 weeks	228	16%
36-52 weeks	141	10%
53-77 weeks	138	10%
78-104 weeks	142	10%
105+ weeks	130	9%





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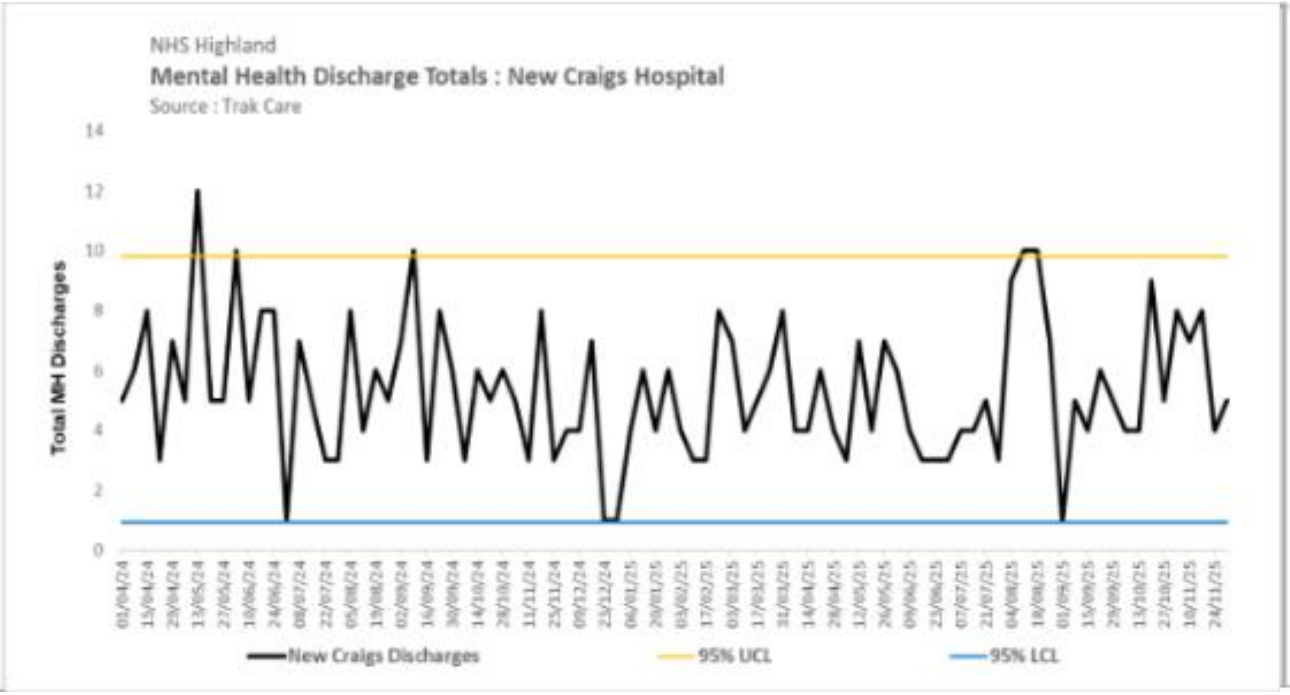
Chief Officer, HHSCP

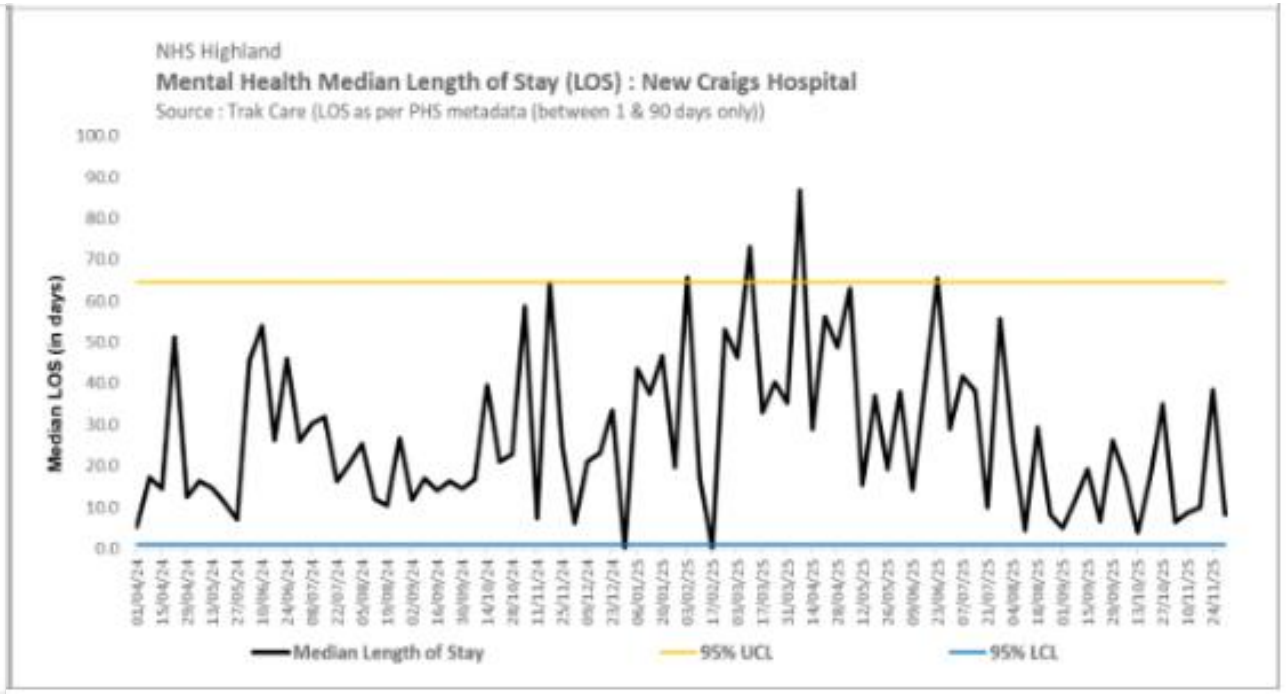
NHWO 2

HHSCP Community Mental Health Teams

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

Key Performance Indicator		Reasons for current performance	Plans, Mitigations and Actions
NCH Length of Stay – delayed and non-delayed IN DEVELOPMENT		• The reduced length of stay in New Craigs Hospital is a positive trajectory allowing patients to leave the hospital as soon as they are medically optimised for discharge, and continuing their recovery at home or in other supported living environment.	• In the future IPQR, analysis of readmission within 28 days will be presented to provide assurance that discharge planning is both safe and effective.
NCH Delayed Hospital Discharges – by category IN DEVELOPMENT			
% readmission to MH hospital within 28 days of discharge IN DEVELOPMENT			
% followed up within 72 hours discharge IN DEVELOPMENT			
Community / Outpatient MH Length of wait – across bands IN DEVELOPMENT			





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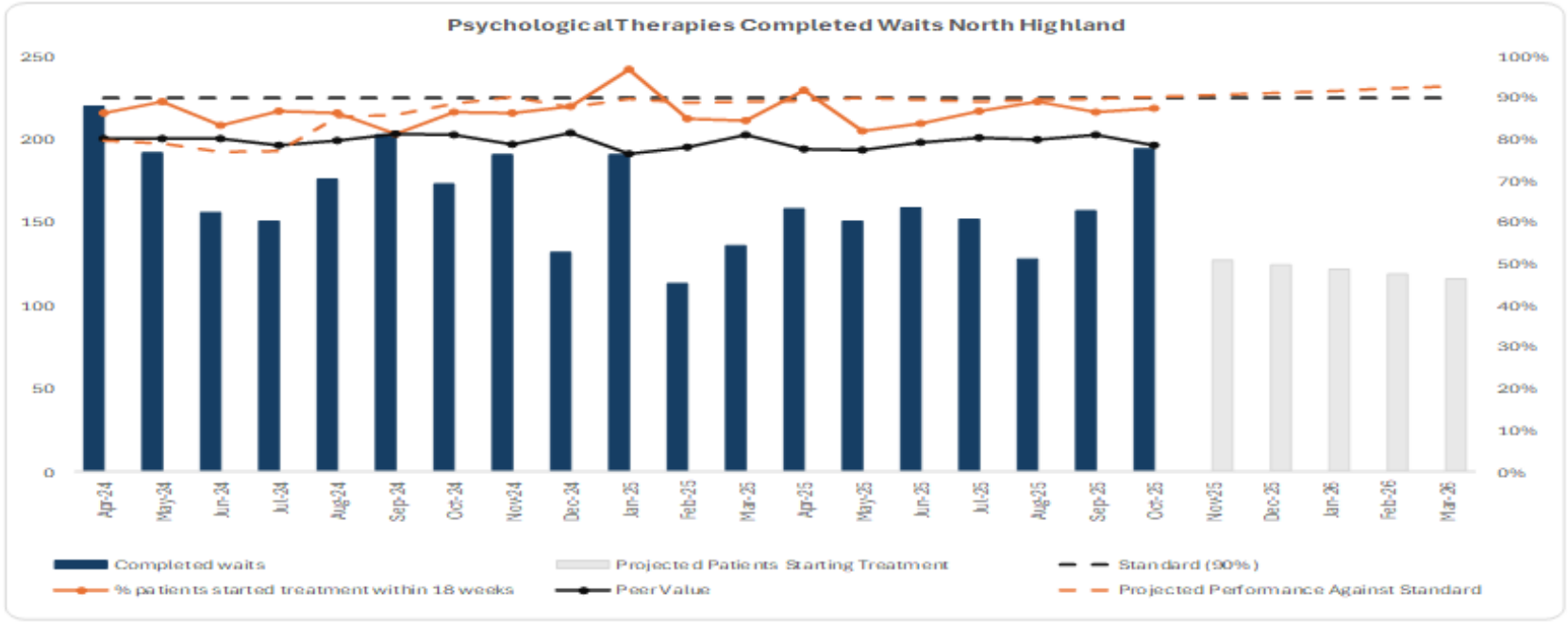
NHWO 3

Psychological Therapies Waiting Times

Slide 1 of 1

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. Increase the number of completed Psychological Therapies waits.		**NHS Highland** The national performance target is for Scottish boards is to see 90% of patients referred to the service within 18 weeks of referral. Psychology Services has made some stepped improvements in patient referral to treatment times (as can be seen by the peaks in the line-graph below), but the overall 12-month trend shows a flattening off and anticipated decline in future. The latest data available for the month of October 2025 shows that 87.9% of patients referred to the service received treatment within the national performance timescale of 18 weeks, compared to the national average of 78.5% for the same month.	**NHS Highland -** Attempts continue to alleviate staffing reduction (and therefore increase capacity), however there are delays in the recruitment process which impact on performance. The team are highlighting this and proactively working with HR and leadership colleagues to look to streamline recruitment processes and reduce delays. There is also concern about the extent of data quality assurance able to be provided. The department has sought to rectify this through a joint initiative with Scottish Government. However, competing priorities within NHS Highland eHealth and digital approval groups has prevented the project from continuing at this point. There is a new process about to be established within the board for prioritising digital projects.



Psychological Therapies WL	Oct-25	
0-18 weeks	370	56%
19-35 weeks	163	25%
36-52 weeks	37	6%
53-104 weeks	59	9%
105-156 weeks	25	4%
157-208 weeks	1	0%
> 208 weeks	0	0%

Highland HSCP Adult Protection

Slide 1 of 1

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Executive Lead
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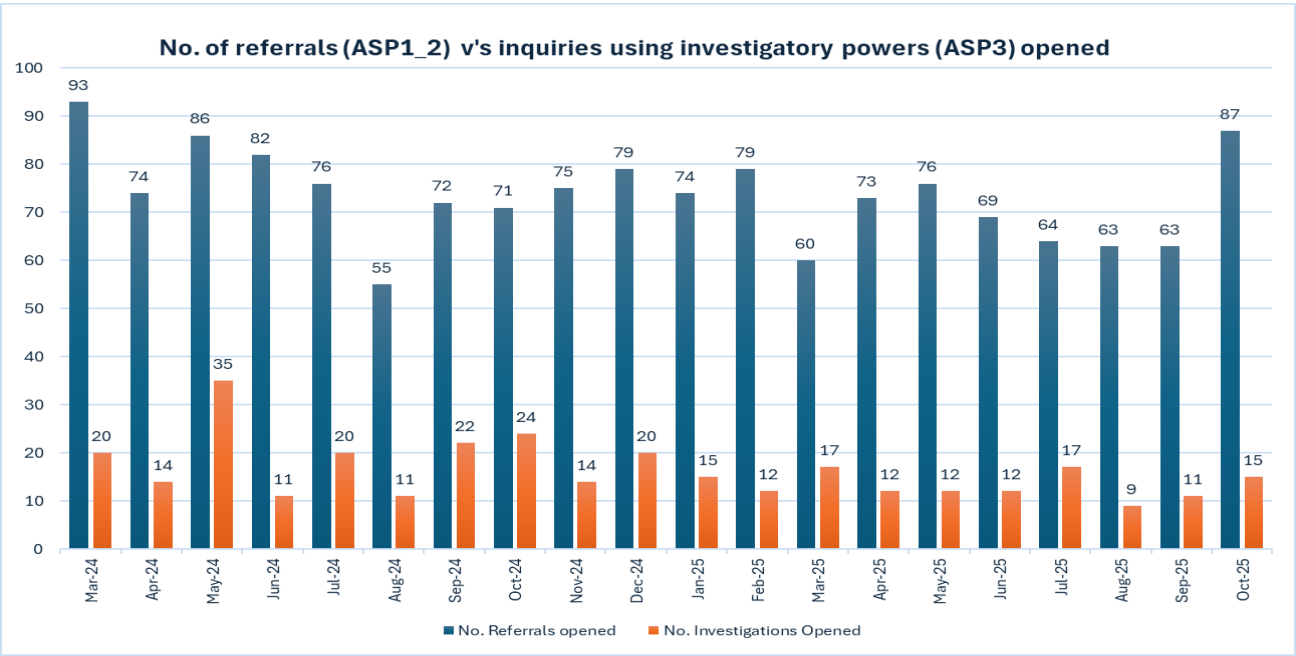
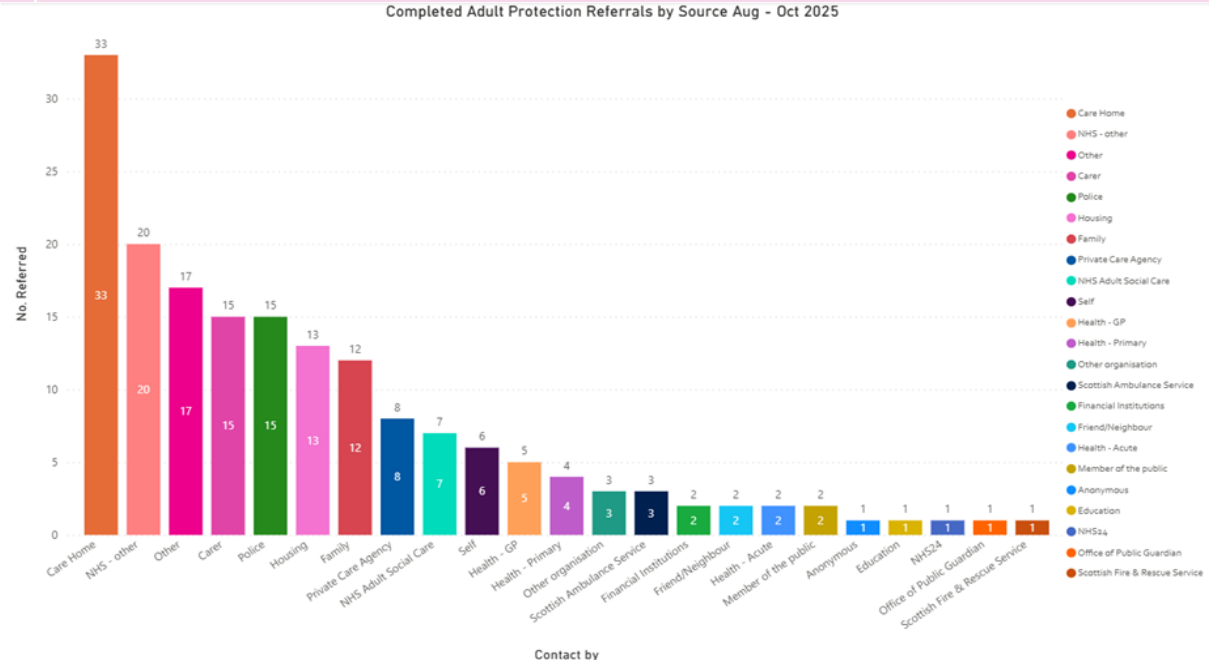
Chief Officer, HHSCP

NHWO 7

Key Performance Indicators	Reasons for current performance	Plans, Mitigations and Actions
Number of Adult Protection referrals (ASP1 and ASP2) by month and referral source	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.
Number of Adult Protection investigations (ASP3) by month		





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Executive Lead
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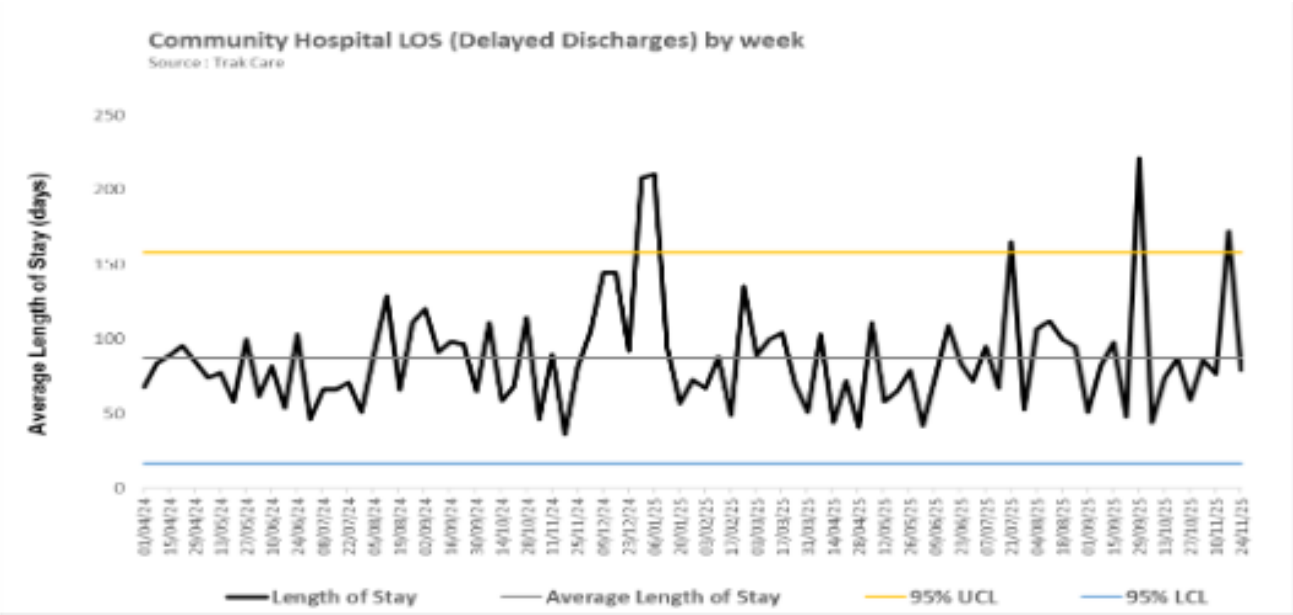
Chief Officer, HHSCP

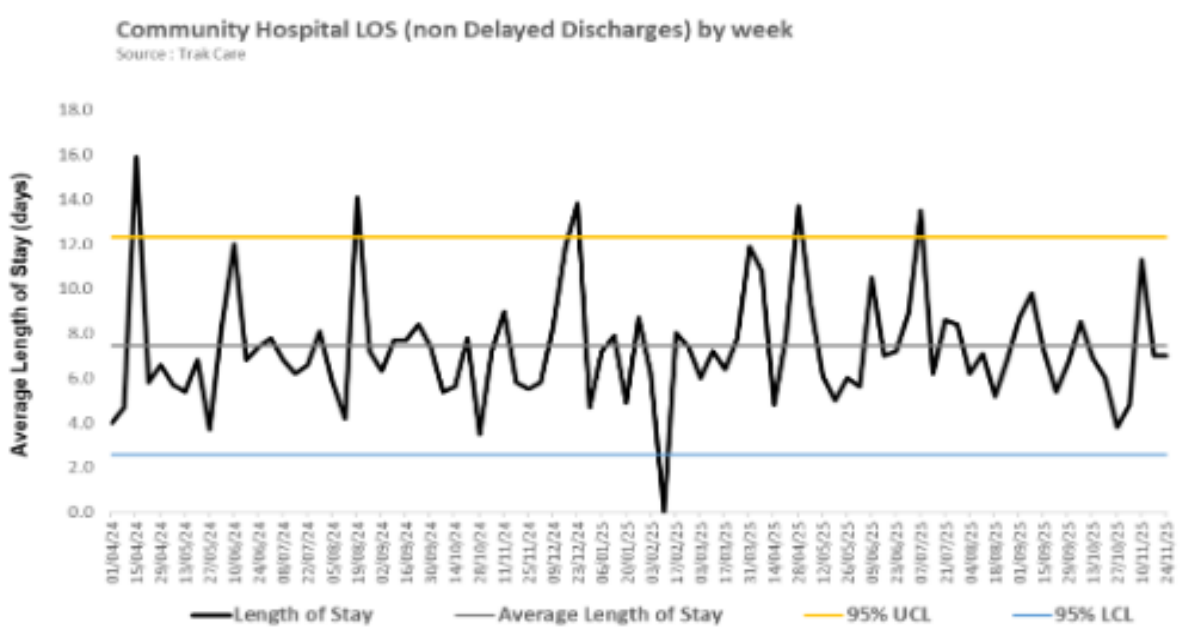
Community Hospital Length of Stay (LOS)

Slide 1 of 1

Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
To reduce the average number of patients in Community hospital beds with a LOS > 14 days.		The increase in Length of Stay is as a result of the transfer in of patients capturing the whole patient journey, with the average for no delays being 6 days.	Work continues to focus on the Discharge To Assess programme focussed within East Ross, Mid Ross, Inverness and Nairn districts.
To reduce the average number of non-delayed patients in Community hospital beds with a LOS > 14 days.			

NHWO 9





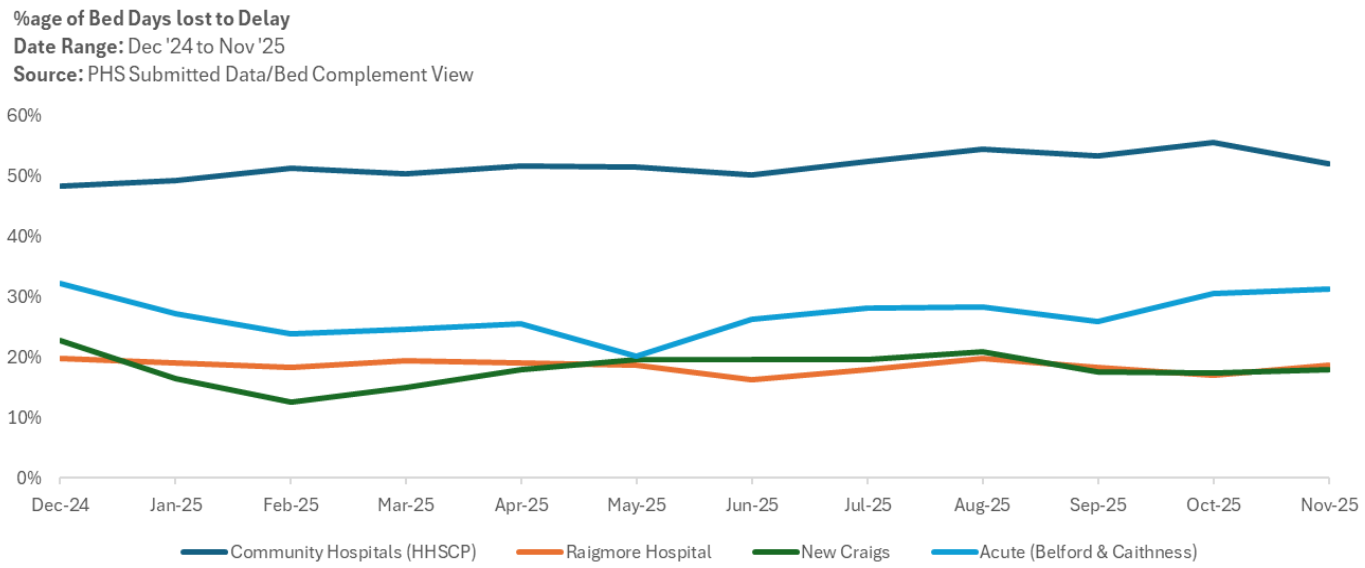
Highland HSCP Delayed Discharges

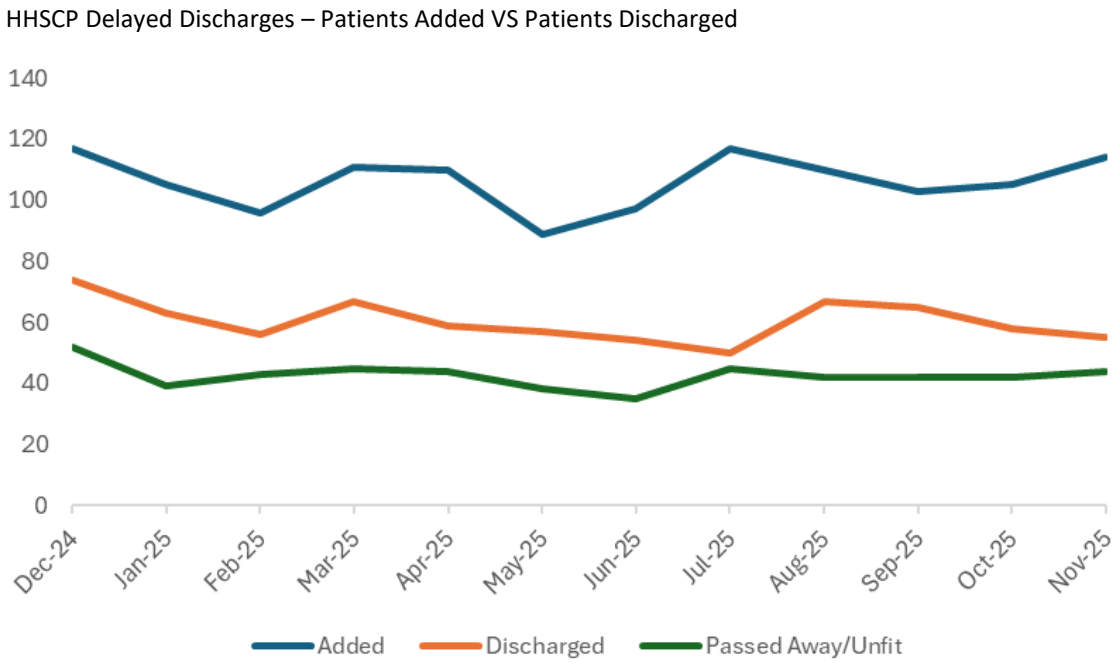
Slide 1 of 3

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

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. To reduce the average number of patients in Community hospital beds affected by standard delays		• Delayed discharges remain consistently high with over 50% of the beds within the community Hospitals having delays within them • There are pressures within social work teams across the majority of the districts which is impacting on assessment allocation and completion also delays in SDS allocation • LOS for no delays is average 6 days • The increase in LOS for delays which has increased is due to transfer in of patient capturing the whole patient journey.	• Continue with daily dynamic discharge and phased flow • Review of the DMTs and discharge APP • Review of daily huddles on the wards • Focus on D2A within East Ross, Mid Ross, Inverness and Nairn





Highland HSCP Delayed Discharges

Slide 2 of 3

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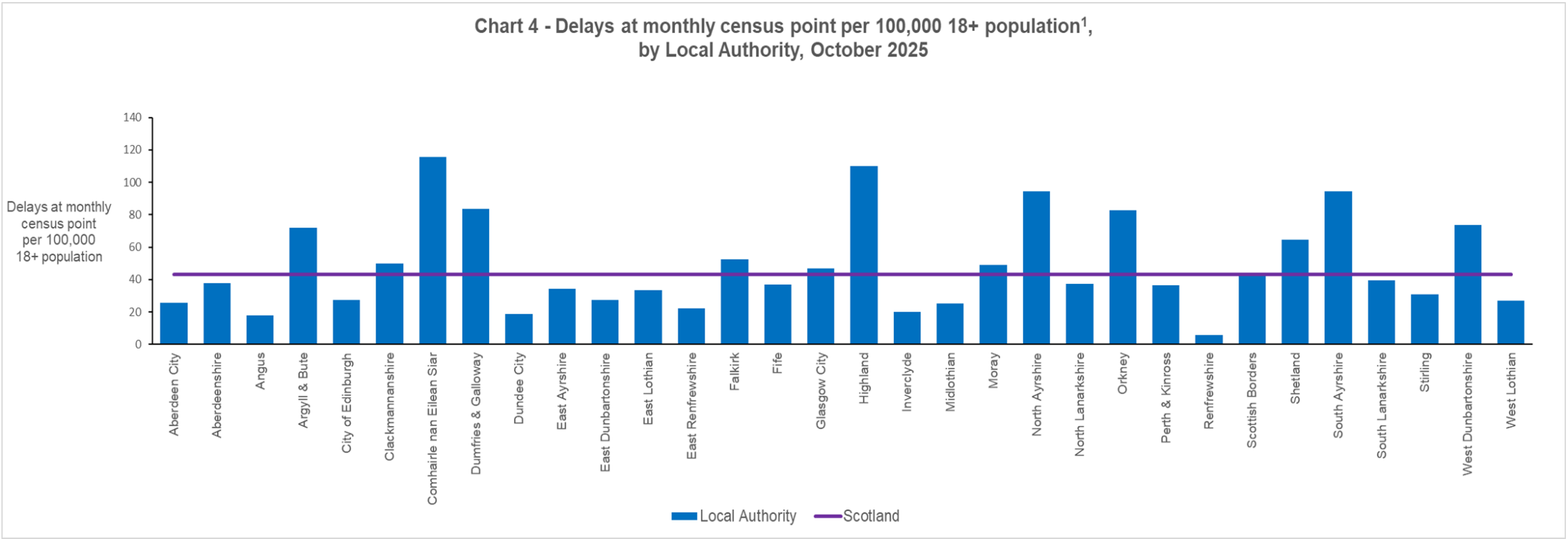
Chief Officer, HHSCP

NHWO 9



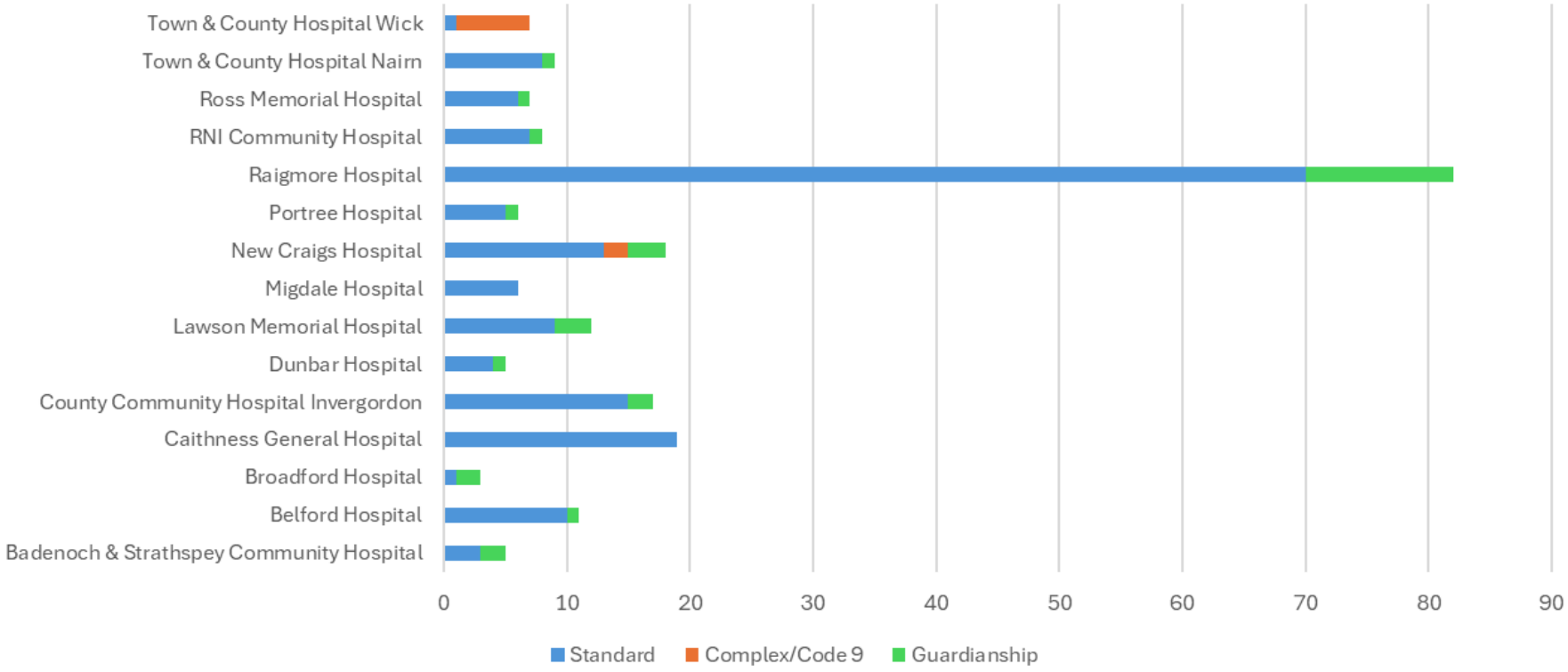
Highland HSCP Delayed Discharges

Slide 3 of 3

Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 9

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



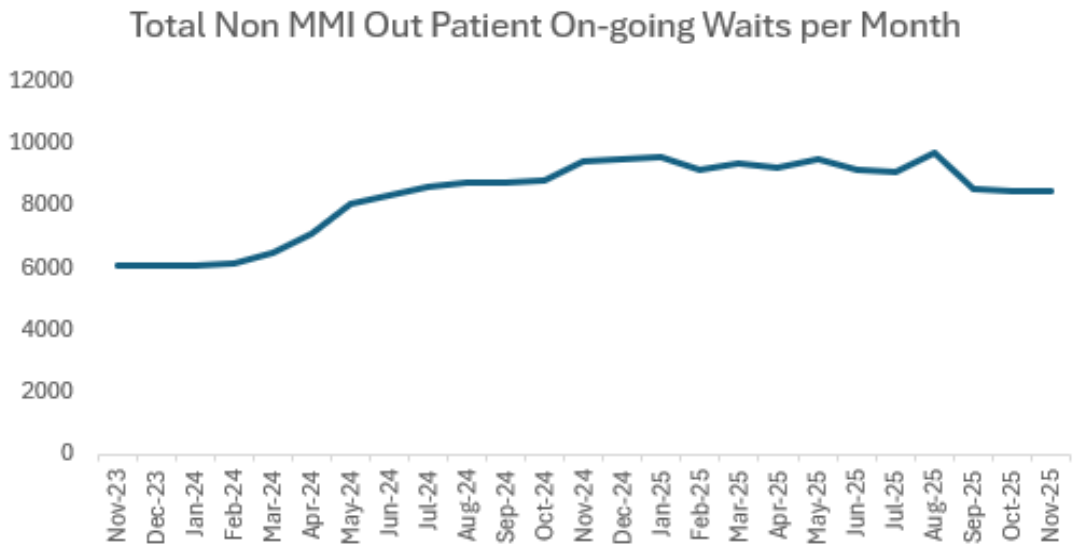
Overview of Other HHSCP Waiting Lists

Data provided 26th November 2025

Please note: this data is incomplete and provides only an indication of waiting lists sources from TrakCare PMS. Other data for individual specialities will be available on Morse once individual teams have moved over to this system; this data is provided as indication for non-reportable waits only. **The specialties will be split out during the next reporting cycle.**

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

Key Performance Indicators	Reasons for current performance	Plans, Mitigations and Actions
N/A	• MHLD Division report that since June 2025, extensive waiting list review and validation has been undertaken to improve confidence on reported waits. • As demonstrated from November 2025, this exercise has delivered improved confidence in waiting list position with reduction of 85.66% in General Psychiatry, 99.00% in Psychiatry of Old Age and 65.07% in Learning Disability.	• There is high confidence that waiting times position for Learning Disability Nursing is not accurate. A waiting list review and validation exercise being undertaken and improved performance end December 2025 is expected to be demonstrated.



Data Source: Trakcare

Count of CHI MAIN SPECIALTY	LONGEST WAIT >52 wks	>78 wks	>104 wks	>130 wks	>156 wks	>182 wks	>208 wks	>234 wks	>260 wks	>286 wks	>312 wks	>338 wks	>390 wks	>520 wks	Total
Chiropody	4	2													6
Clinical Psychology					1										1
Community Dental	3	1		1											5
Dietetics	51	21	3		1	1								1	78
General Psychiatry	92	68	41	18	1			1							221
GP Acute	7				2							1	1		11
Investigations and Treatment Room			3	1	1										5
Learning Disability	110	100	100	76	73	41	16	9	8	7	7	3			550
Learning Disability Nursing	105	1													106
Occupational Therapy								1		1					2
Physiotherapy	319	217	148				1		1						686
Psychiatry of Old Age	3	1													4
Psychotherapy	1														1
Social Work					1			1	1						3
Total	**695**	**411**	**295**	**96**	**80**	**42**	**17**	**12**	**10**	**8**	**7**	**4**	**1**	**1**	**1679**

Note: in future reporting it is proposed these waiting lists will be displayed through a service lens (mental health, community services, adult social care) alongside KPIs for each service.