NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**1st July 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**

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.

As has been intended, this report has been developing 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, building and expanding on existing Key Performance Indicators.

2.3 Assessment

Following further KPI identification in the areas of Primary Care and Community Services reported in the previous report, updated experience of GP services, an annual measure, has been included. Minor Injury Unit performance is also included for the first time.

In the last report key areas of work ongoing in identifying KPIs included delay. The re-established Discharge without Delay group has set targets, now included in this report.

At the last committee, it was requested that unmet need be represented as a trend graph, this has been included in this report. The Adult Social care data presented is now restricted to the key performance metrics, as identified by the Adult Social Care Performance, Delivery and Oversight Group.

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, July 2026**

Highland Health and Social Care Partnership

Integrated Performance and Quality Report

1 July 2026

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

NHS Highland
na Gàidhealtachd

The Highland Council
Comhairle na Gàidhealtachd

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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 3

Service Area	Key Performance Indicator (Highland HSCP only)	Current Performance (Date)	Previous Performance (Date)	Trend Indicator (Last 6 data points)	Local Target	National Target	Performance Rating (to local target)
Adult Social Care							
Care Homes	Maintain the number of new long stay care home placements for Older Adults (OA) to at least 50 per month	60 (Apr 26)	44 (Feb 26)	⓪⓪⓪⓪⓪⓪	50 (month)	NONE	Target Met
Care Homes	Monitor the number of new long stay care home placements for Younger Adults (YA)	1 (Apr 26)	1 (Feb 26)	⓪⓪⓪⓪⓪⓪	TBC	NONE	
Care At Home	Reduce unmet assessed critical care needs to zero (measured by hours and people)	24 people / 269 hours per week (Apr 26)	33 people / 333 hrs pw (Feb 26)	⓪⓪⓪⓪⓪⓪	0 for critical	NONE	Reduced, but off target
Care at Home	Increase the percentage of people actively using SDS1 (Direct Payments) to 30% of total by March 2027	27% (Apr 26)	26% (Feb 26)	⓪⓪⓪⓪⓪⓪	30%	NONE	3% off target
Care at Home	Increase the percentage of people actively using SDS2 (Individual Service Funds) to 11% of total by March 2027	10% (Apr 26)	10% (Feb 26)	⓪⓪⓪⓪⓪⓪	11%	NONE	1% off target
Care at Home	Decrease the combined percentage of people actively using SDS3 to 59% by March 2027	64% (Apr 26)	64% (Feb 26)	⓪⓪⓪⓪⓪⓪	59%	NONE	5% off target
Care at Home	Reduce the total number of people receiving a service via SDS1-3 (no target set)	3512 (Apr 26)	3476 (Feb 26)	⓪⓪⓪⓪⓪⓪	TBC	NONE	
Adult Protection	Adult Protection Activity: Number of Referrals Opened per month	76 (Apr 26)	75 (Mar 26)	⓪⓪⓪⓪⓪⓪	TBC	NONE	
Adult Protection	Adult Protection Activity: Number of Investigations Opened per month	13 (Apr 26)	22 (Mar 26)	⓪⓪⓪⓪⓪⓪	TBC	NONE	
Adult Protection	Adult Protection Activity – ASP1-2s completed within 7 days per month	34% (Apr 26)	36% (Mar 26)	⓪⓪⓪⓪⓪⓪	TBC	NONE	

Key to Performance Rating Meeting Target <5% off target >5% off target >10% off target

Note: Performance ratings assessed vs. local targets

Executive Summary of HHSCP Performance Indicators: 2 of 3

Service Area	Key Performance Indicator (Highland HSCP only)	Current Performance (Date)	Previous Performance (Date)	Trend Indicator (Last 6 data points)	Local Target	National Target	Performance Rating (to local target)
Community Services							
Vaccinations	Vaccination Uptake (6:1)	92.6% (Dec 25)	91.6% (Sep 25)	⓪⓪⓪⓪⓪⓪	95%	95%	2.4% off target
Vaccinations	Vaccination Uptake (MenB)	92.4% (Dec 25)	91.4% (Sep 25)	⓪⓪⓪⓪⓪⓪	95%	95%	2.6% off target
Vaccinations	Vaccination Uptake (PCV)	94.4% (Dec 25)	92.9% (Sep 25)	⓪⓪⓪⓪⓪⓪	95%	95%	0.6% off target
Vaccinations	Vaccination Uptake (Rotavirus)	89.0% (Dec 25)	86.2% (Sep 25)	⓪⓪⓪⓪⓪⓪	95%	95%	6% off target
Vaccinations	Vaccination Uptake (Flu)	55.1% (Mar 26)	55.6% (Nov 25)	⓪⓪⓪⓪⓪⓪	60%	N/A	4.9% off target
Vaccinations	Vaccination Uptake (Covid 19)	62.3% (Winter 25 complete)	63.1% (Nov 25)	⓪⓪⓪⓪⓪⓪	60%	N/A	Target Met
MIU	Minor Injuries Unit (Increase numbers of attendances)	1380 (Jan-Apr 2026)	1080 (Jan-Apr 2025)	⓪⓪⓪⓪⓪⓪	Increase on same period last year	N/A	Target Met
MIU	Minor Injuries Unit (Patients seen within 4-hour target)	100% (Jan-Mar 2026)	100% (Jan-Mar 2025)	⓪⓪⓪⓪⓪⓪	100%	N/A	Target Met
Primary Care							
Pharmacy	Antibiotic Prescribing across Highland HSCP GP clusters per 1000 population	636.0 (Feb 25 – Jan 26)	701.8 (Feb 24 – Jan 25)	⓪⓪⓪⓪⓪⓪	TBC	N/A	
GP	Patient Experience: Overall Experience of General Practice (HHSCP)	81.3% (2023/24)	-	⓪⓪⓪⓪⓪⓪	TBC	N/A	

Key to Performance Rating Meeting Target <5% off target >5% off target >10% off target

Note: Performance ratings assessed vs. local targets

Executive Summary of HHSCP Performance Indicators: 3 of 3

Service Area	Key Performance Indicator (Highland HSCP only)	Current Performance (Date)	Previous Performance (Date)	Trend Indicator (Last 6 data points)	Local Target	National Target	Performance Rating (to local target)
Mental Health and Learning Disabilities							
DARS	Drug & Alcohol Waiting Times < 3 weeks from referral	82.2% (Dec 25)	88.4% (Sep 25)	0 0 0 0 0 0	90%	90%	7.8% off target
Community	Mental Health – CMHT Waiting List: Reduction in total waiting list	1226 (Apr 26)	1351 (Mar 26)	0 0 0 0 0 0	Reduce	NONE	List has reduce
Community	Mental Health – CMHT Waiting List: % Patients Seen <18 weeks	89.0% (Apr 26)	48.8% (Dec 25)	0 0 0 0 0 0	90%	NONE	1% off target
Community	Mental Health – Delayed Discharges	19 (May 26)	26 (Mar 26)	0 0 0 0 0 0	Reduce	NONE	List has reduce
Community	Mental Health – Length of Stay	60.0 days (Apr 26)	51.6 days (Mar 26)	0 0 0 0 0 0	Maintain	NONE	List has maintain
Community	Mental Health – 28 day Re-admission	6.3% (Apr 26)	0.0% (Mar 26)	0 0 0 0 0 0	TBC	NONE	
PT	Psychological Therapies: % Patients Seen <18 weeks	90.3% (Mar 26)	83.8% (Feb 26)	0 0 0 0 0 0	90%	90%	Target Met``
Unscheduled Care							
Delayed Discharges	No of standard delays (HHSCP)	178 (May 26)	163 (Mar 26)	0 0 0 0 0 0	Reduce by 20%	186 Total Delays	
Delayed Discharges	No of AWI delays (NHS Highland-wide metric)	30 (Apr 26)	37 (Mar 26)	0 0 0 0 0 0	Reduce by 20%	186 Total Delays	
Length of Stay	Community Hospital: Mean Length of Stay	27.8 days (Q4, 2025/26)	25.6 days (Q3, 2025/26)	0 0 0 0 0 0	TBC	N/A	
Discharge Without Delay	Community Hospital: Discharge without Delay Rate	97.4% (Apr 26)	87.4% (Mar26)	0 0 0 0 0 0	90%	N/A	Target Met
Discharge Without Delay	Community Hospital: Weekend Discharge without Delay Rate	12.59% (Mar 26)	15.6% (Feb 26)	0 0 0 0 0 0	10%	N/A	2.59% off target

BM1

Key to Performance Rating Meeting Target <5% off target >5% off target >10% off target

Note: Performance ratings assessed vs. local targets

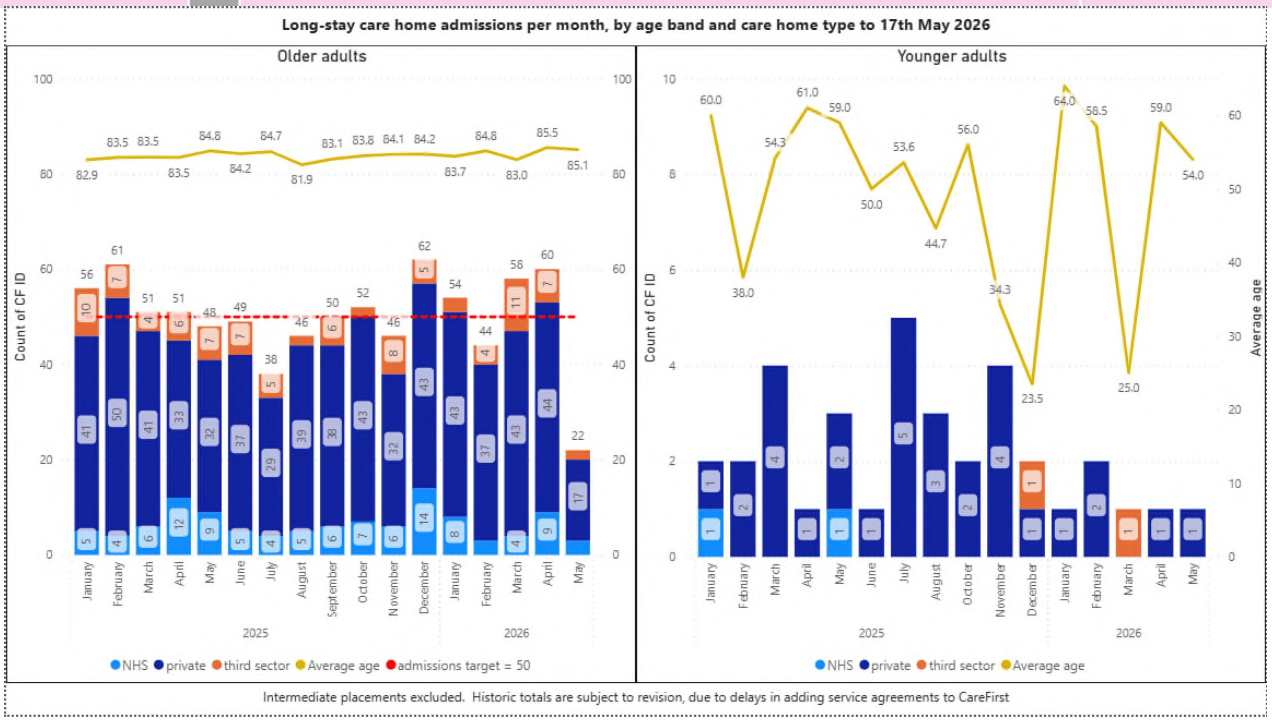
Highland HSCP – Adult Social Care – Care Homes

Slide 1 of 4

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 2

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 • Highland providers continue to face significant operational challenges due to difficulties in staff retention and in delivering to the NCHC and on a smaller scale • During April 2026, there were 60 older adult admission to care homes • Phased admission process in Inverness care home due to supporting quality improvement • 75 delayed hospital discharges • 20 long term bed vacancies with no current public health restriction	• The National Care Home Contract (NCHC) continues to be insufficient for Highland purposes, and this continues to be raised at both SG and ministerial level. • Providers have accepted the 2026-27 NCHC rates, and the agreed funded uplifts have been passed onto to providers • A commissioning strategy and a market facilitation plan have been prepared and are available in a draft form as per 31/3/26 deadline. • Sustaining current overall bed capacity is the priority and we continue to work collaboratively with independent providers to sustain services.
Monitor the number of new long stay care home placements for Younger Adults (YA)			



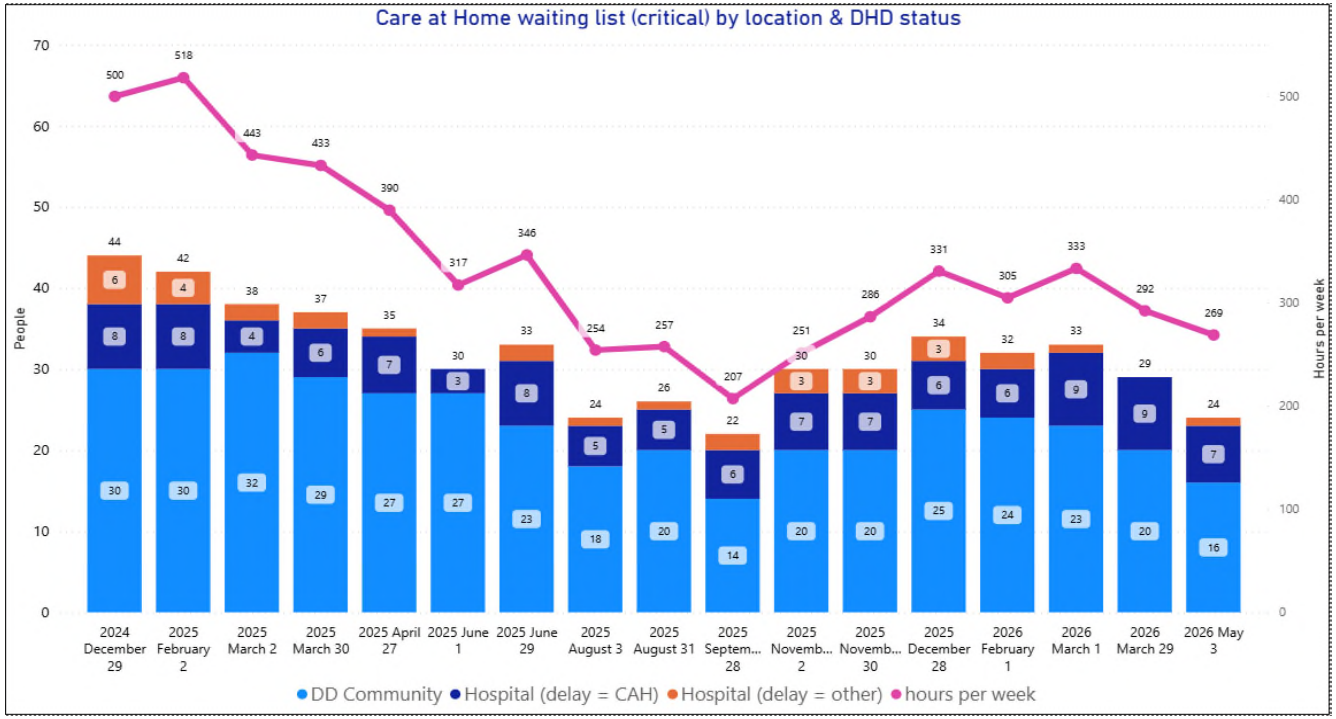
Highland HSCP – Adult Social Care - Care at Home

Slide 2 of 4

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 sustainability pressures in the market, and 6 providers have exited the market since 2023 with the hours picked up by the sector and NHSH. • Sustaining and growing service delivery levels for care at home a priority. • Fuel costs impact on our providers organisationally and on carers delivering services - sustainability concerns have been raised to NHS Highland by some providers • Reduction in the overall number of people waiting for a care at home service assessed as critical • 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	• Short term stabilisation actions remain under consideration • A commissioning strategy and a market facilitation plan have been prepared and are available in a draft form as per 31/3/26 deadline. • Operational colleagues and our partner providers continue to work collaboratively to deliver services and support innovative models of care provision.



Highland HSCP – Adult Social Care – Self Directed Support

Slide 3 of 4

Executive Lead
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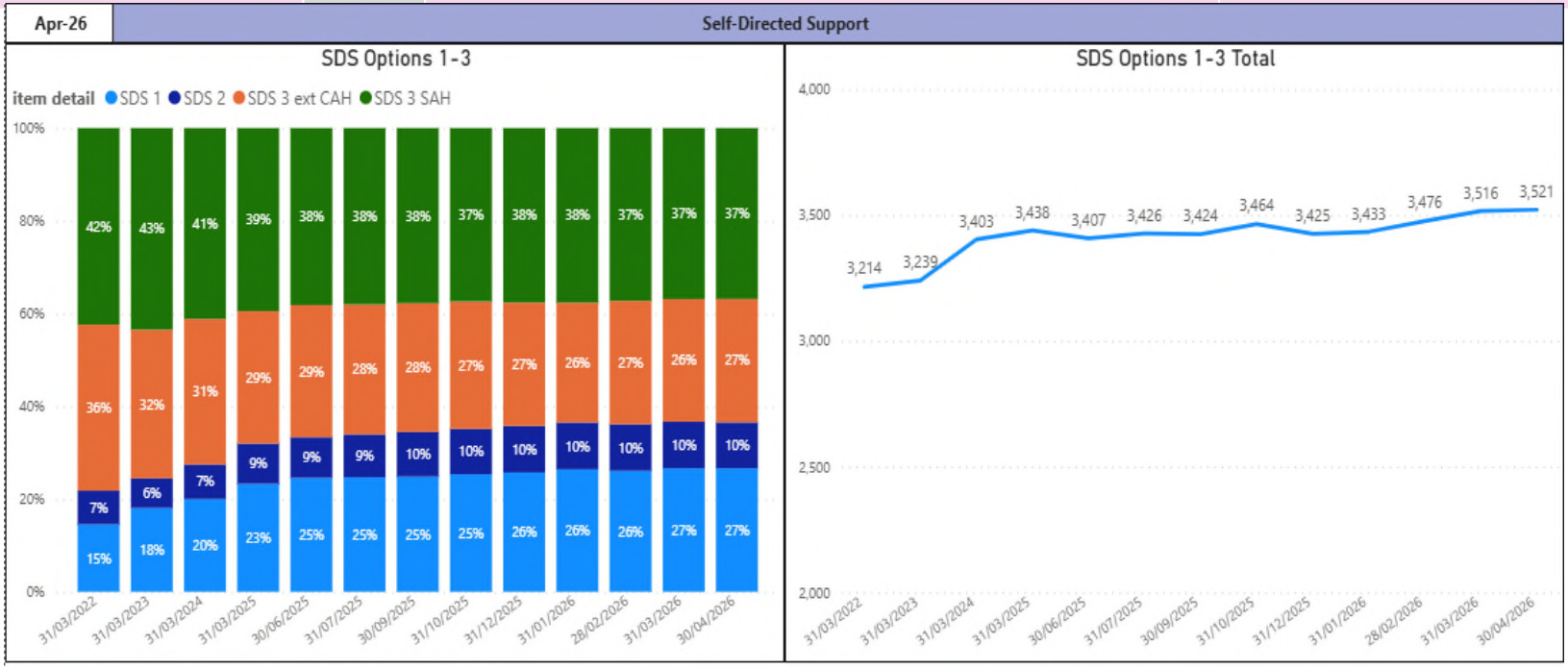
Chief Officer, HHSCP

NHWO 1

Key Performance Indicator		Reasons for current performance	Plans, Mitigations and Actions
Increase the percentage of people actively using SDS1 (Direct Payments) to 30% of total		• For Option 1s we have seen a sustained increase • For Option 2s we have also seen an increase in service provision • For Option 3s we continue to see a reduction in the total number of people supported • Despite these welcome increases in Options 1 & 2, this highlights the unavailability of other care options, and our increasing difficulties in the 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 providers. • To continue to proactively support all Option 3 providers. • A commissioning strategy and a market facilitation plan have been prepared and are available in a draft form as per 31/3/26 deadline.
Increase the percentage of people actively using SDS2 (Individual Service Funds) to 11% of total			
Decrease the combined percentage of people actively using SDS3 to 50%			
Reduce the total number of people receiving a service via SDS1-3 (no target set)			



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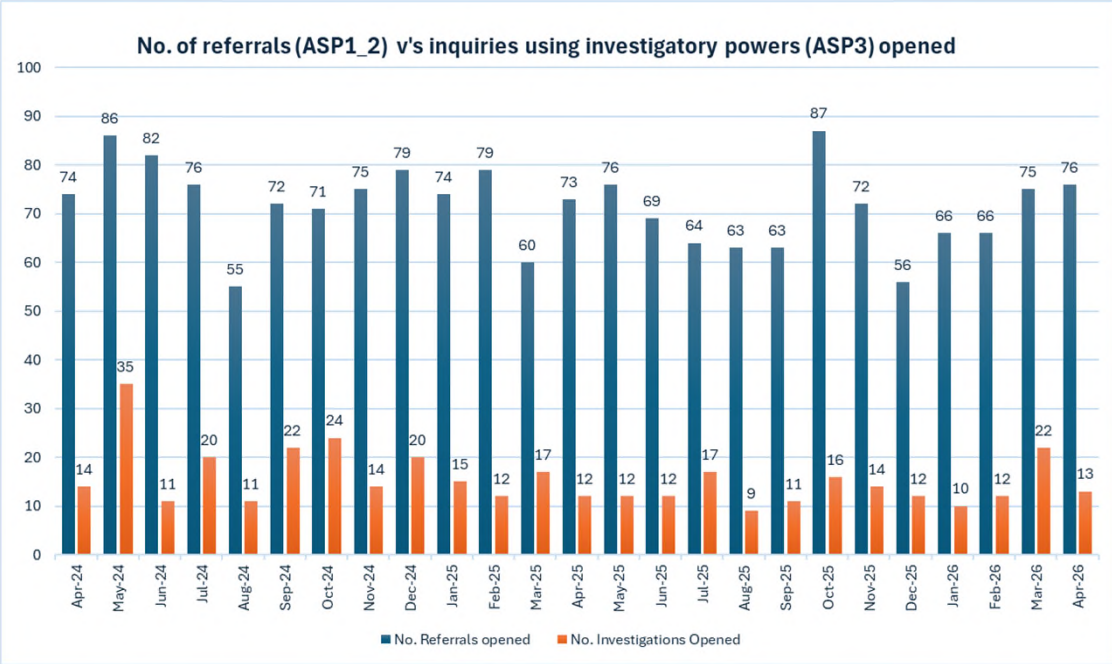
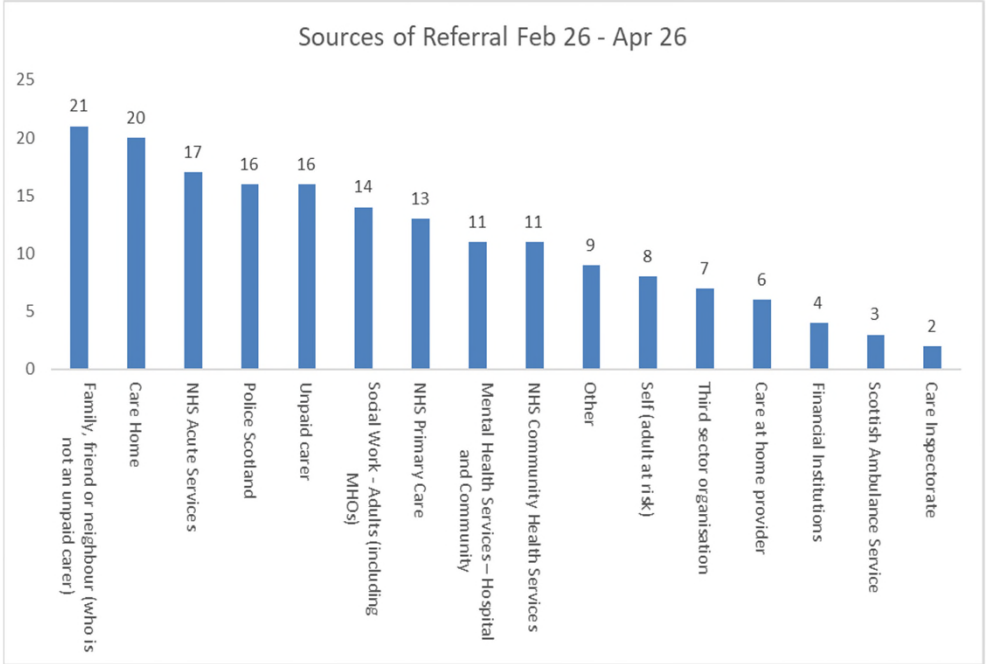
NHWO 7

Highland HSCP Adult Social Care - Adult Protection

Slide 1 of 2

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		The data shows a sustained level of referral activity alongside a consistent application of investigatory powers, indicating stable demand and increasing confidence across partner agencies in recognising and reporting harm. Variation within reporting periods reflects the complexity of cases and operational pressures, particularly in progressing inquiries within expected timescales. The ongoing use of the national minimum dataset and benchmarking supports a clearer understanding of trends, with Quality Assurance activity highlighting themes around threshold application, recording, and timeliness.	The Adult Protection Committee continues to progress a coordinated programme of improvement informed by ongoing analysis of performance data, audit activity, a procedural review and the findings from Learning Reviews. A revised Adult Support and Protection procedures proposal is being taken forward to strengthen clarity and consistency across the adult protection pathway, including referrals, triage, inquiry and the use of investigatory powers. Work is being progressed through sub-groups to deliver targeted actions, with audit activity aligned to identified areas of variation in the data. Learning from audits is informing changes to practice, recording and guidance, alongside a programme of multi-agency training aligned to the new national framework for ASP to support more consistent threshold application and earlier, proportionate and well evidenced decision-making.
Number of Adult Protection investigations (ASP3) opened per month			





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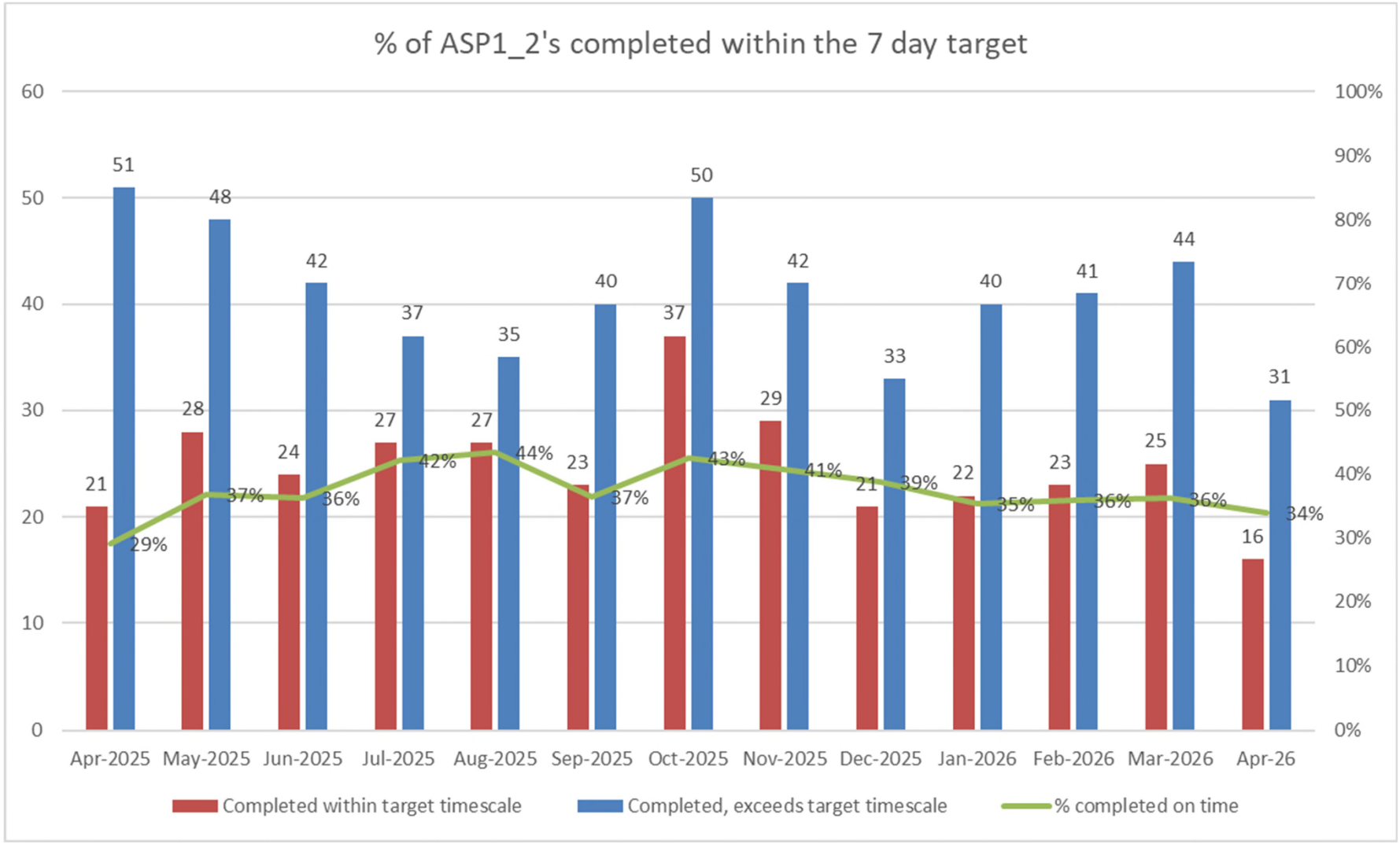
Chief Officer, HHSCP

NHWO 7

Highland HSCP Adult Social Care - Adult Protection

Slide 1 of 1



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Chief Officer, HHSCP

NHWO 1

Highland HSCP Community Services – Children's Vaccinations

Slide 1 of 2

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)		Between September and December 2025, 6 in 1, Men B, PCV and Rotavirus percentage uptake increased, with PCV just shy of the 95% national target. Failsafe activity has supported an improved performance. COVID-19 vaccination % uptake performance at 29 March 2026 was 62.3% v Scottish average of 65.4%. Flu vaccination % uptake performance was 55.1% 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.	Failsafe activity is planned between May and August 2026, specifically targeted in deprived areas, where vaccination uptake is lowest. This should drive improved performance over the summer months. The place-based approach of the hybrid model for Childhood Vaccinations aims to reduce inequality through increased vaccination uptake.

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

Date From: Quarter ending Mar 25 | Date To: Quarter ending Dec 25

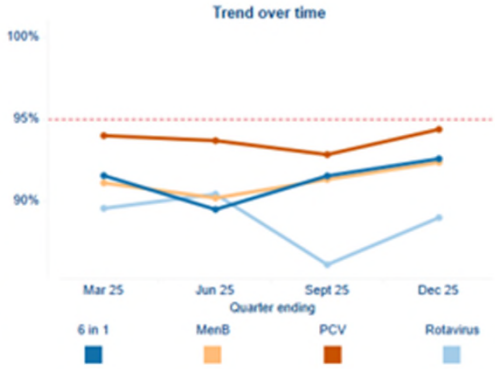
Health Board of Residence data are only available from Quarter ending June 2022.

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

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

Location: Highland Age: 12 months
SIMD: All

Quarter Ending	Location	Immunisation	Uptake	No. Vaccinated	No. Unvaccinated	Peer Uptake	Peer No. Vaccinated	Peer No. Unvaccinated
Mar 25	Highland	6 in 1	91.6%	414	38	94.9%	2,838	152
		MenB	91.2%	412	40	94.7%	2,831	159
		PCV	94.0%	425	27	95.9%	2,866	124
		Rotavirus	89.6%	405	47	92.6%	2,770	220
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%	424	39	94.5%	3,070	177
		MenB	91.4%	423	40	94.3%	3,063	184
		PCV	92.9%	430	33	95.7%	3,106	141
		Rotavirus	86.2%	399	64	91.4%	2,968	279
Dec 25	Highland	6 in 1	92.6%	414	33	93.9%	2,695	174
		MenB	92.4%	413	34	93.9%	2,693	176
		PCV	94.4%	422	25	95.0%	2,725	144
		Rotavirus	89.0%	398	49	91.0%	2,612	257



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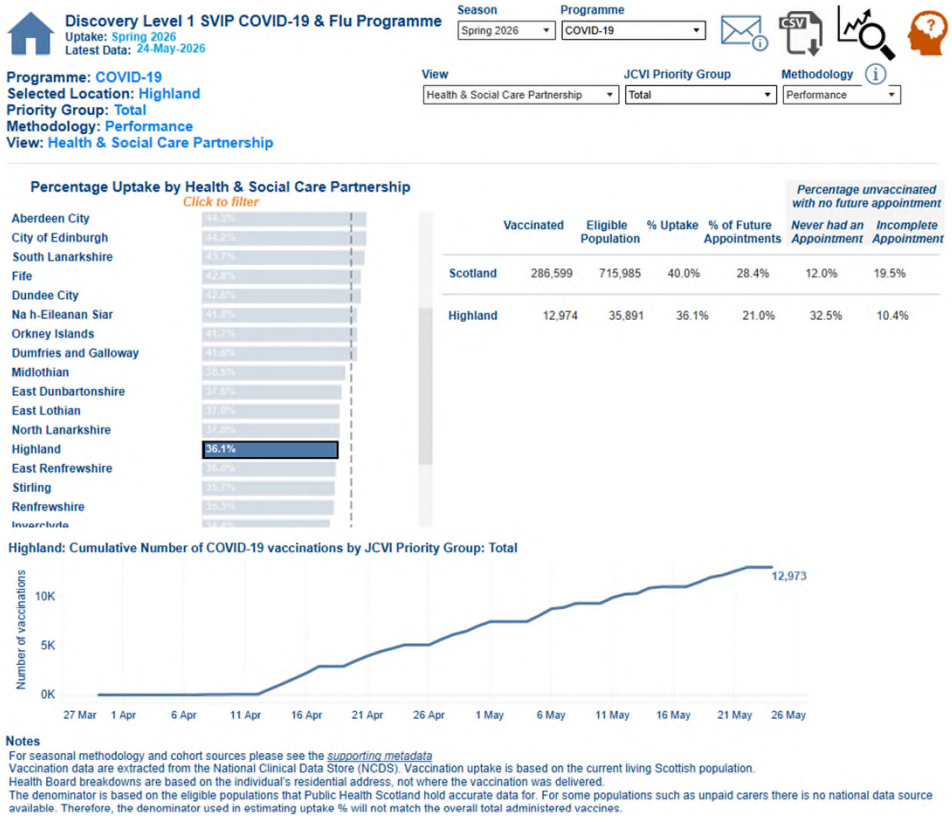
Chief Officer, HHSCP

NHWO 1

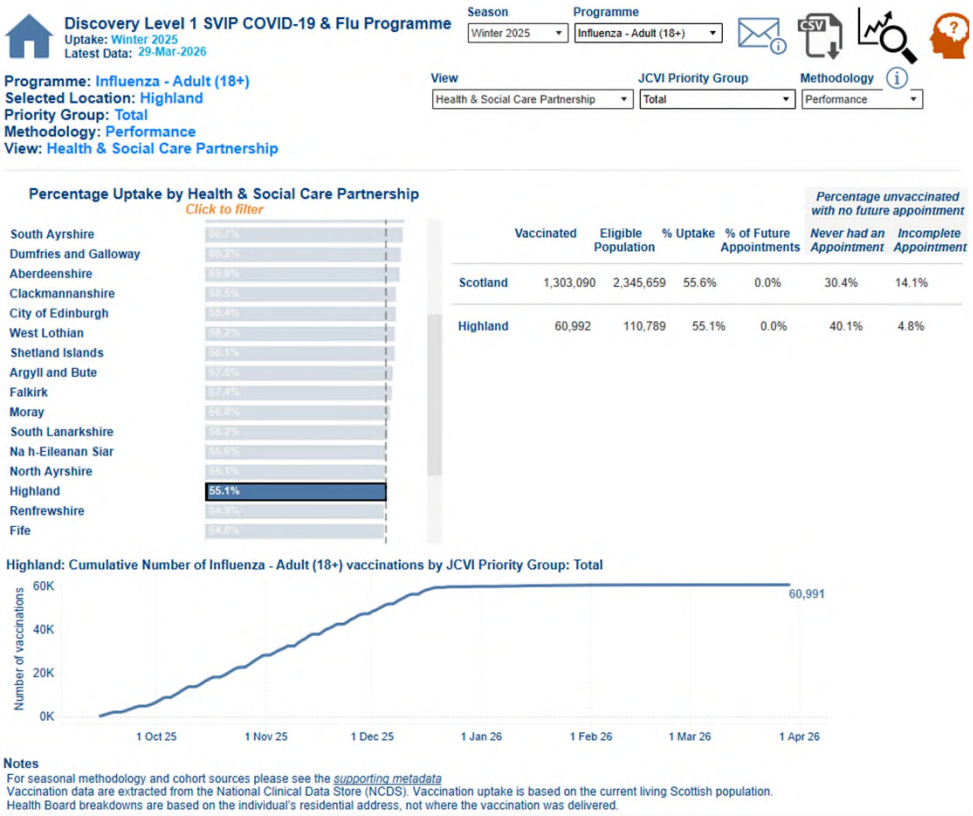
Highland HSCP – Community Services – COVID-19 & Flu Vaccinations

Slide 2 of 2

Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
Increase vaccination uptake for COVID-19 and Flu uptake in Highland HSCP to 60% of eligible population across seasonal campaigns		COVID-19 vaccination % uptake performance at 29 March 2026 was 62.3% v Scottish average of 65.4%. Flu vaccination % uptake performance was 55.1% 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 closed on 31 January 2026. The Winter Flu campaign closed on 31 March 2026.



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.



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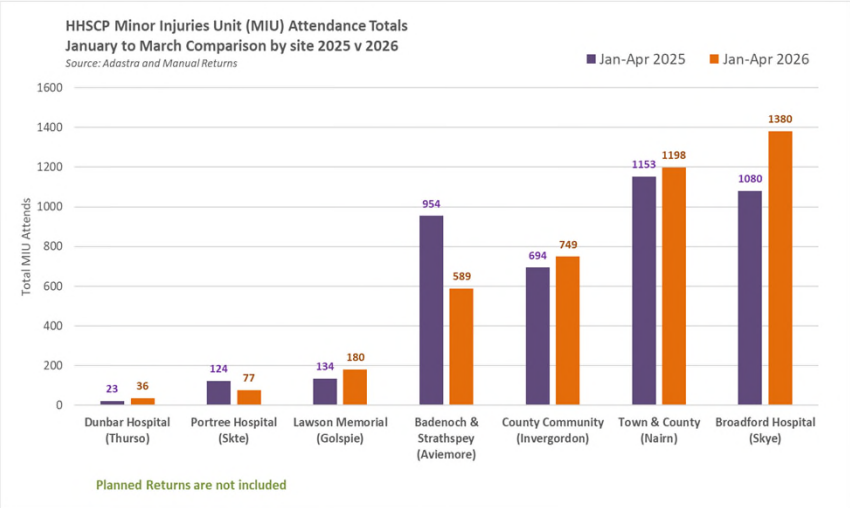
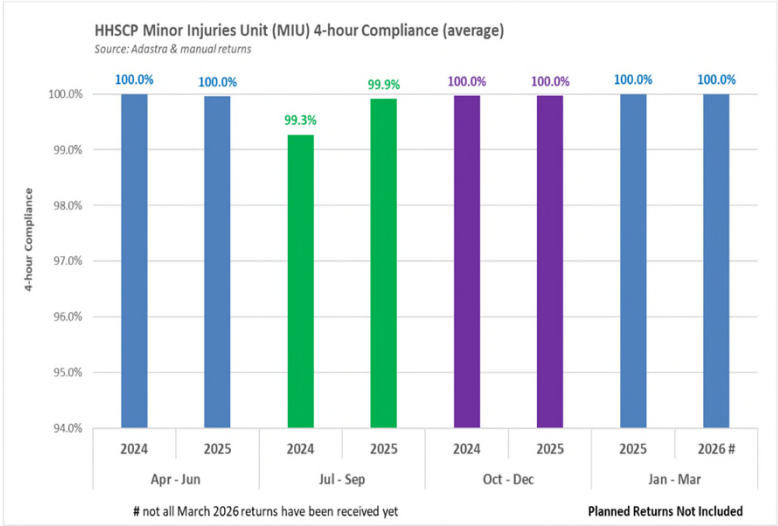
Chief Officer, HHSCP

NHWO 1

Highland HSCP – Community Services – Minor Injuries Units

Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
Increase the number of attendances at MIUs in HHSCP		. The data shows an increasing number of attendances which is in line with improvement work undertaken in improving referral routes through the Flow Navigation Centre to refer people requiring unscheduled care to the most appropriate place.	Improvement work continues in pathways through the Flow Navigation Centre and monitoring of impact on MIU capacity.
Ensure 100% of patients being treated through an MIU are seen within the 4 hour target		The data shows that current MIUs have adequate capacity to ensure people attending are seen within the 4 hour target.	





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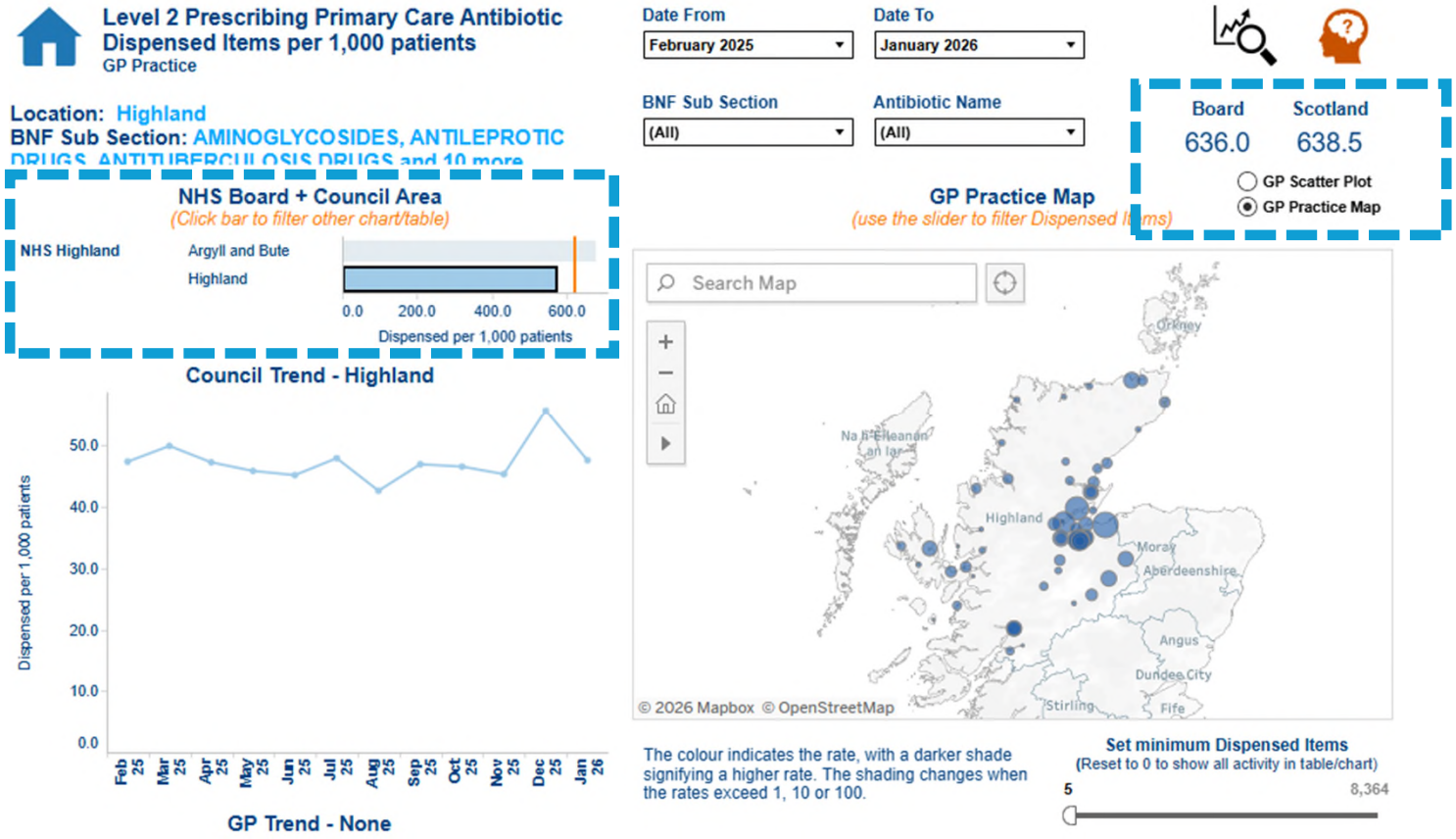
NHWO 9

Highland HSCP - Primary Care – Antibiotic Prescribed Across Highland HSCP GP Clusters

Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
Monitor the rate of antibiotic prescribing across Highland HSCP GP clusters per 1000 population against national averages		• Recent (Oct – Dec 25) National Therapeutic Indicator (NTI) data for total antibiotic items per 1000 list size per day show HHSCP with a higher rate than Scotland but a lower rate than NHSH. • Specific NTIs related to Infections include: total antibiotic scripts; duration of antibiotic courses; co-amoxiclav and ciprofloxacin prescribing; people prescribed > 4 antibiotics per annum.	• Prescribing data dashboards have been developed to support the best use of medicines in primary care. • Data can be compared for Scotland, NHSH, HSCP, GP Cluster, or individual practice. • The dashboards have been shared with GP Cluster Leads and practices with encouragement that review of antimicrobial prescribing should be a focus for all practices.



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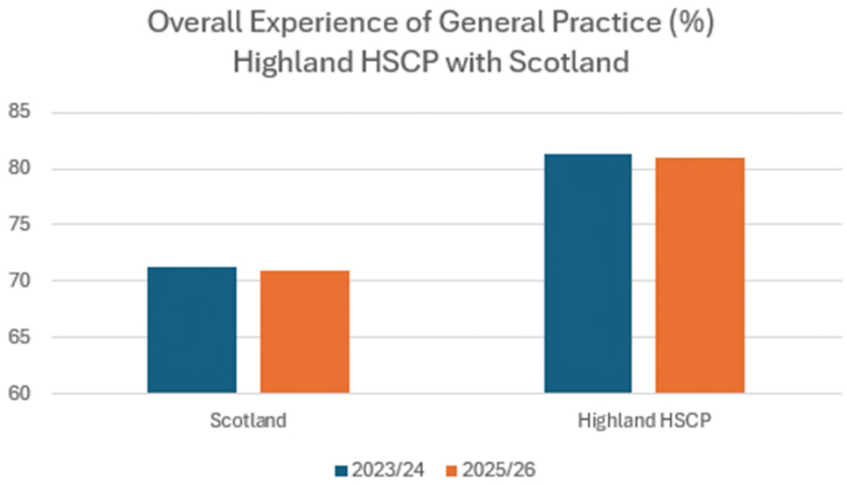
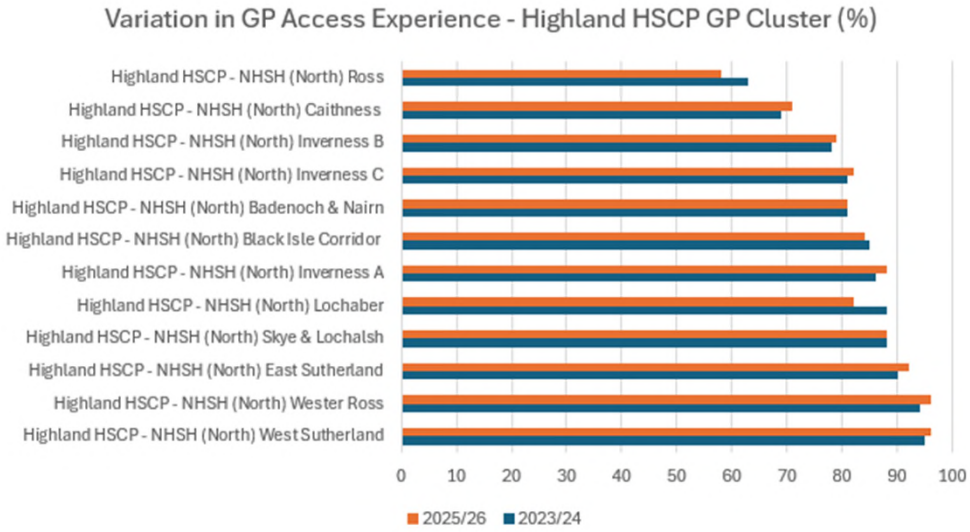
NHWO 9

Highland HSCP - Primary Care – Patient Experience (Health and Care Experience Survey)

Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
Patient experience of General Practice services, measured through the national Health and Care Experience Survey, including comparison to national results and variation across Highland localities.		• Patient satisfaction across HHSCP is above the Scotland average. • Data has been collated into Clusters and shared with Cluster leads.	• Review the cohort of Board-managed Practices to identify areas for improvement.





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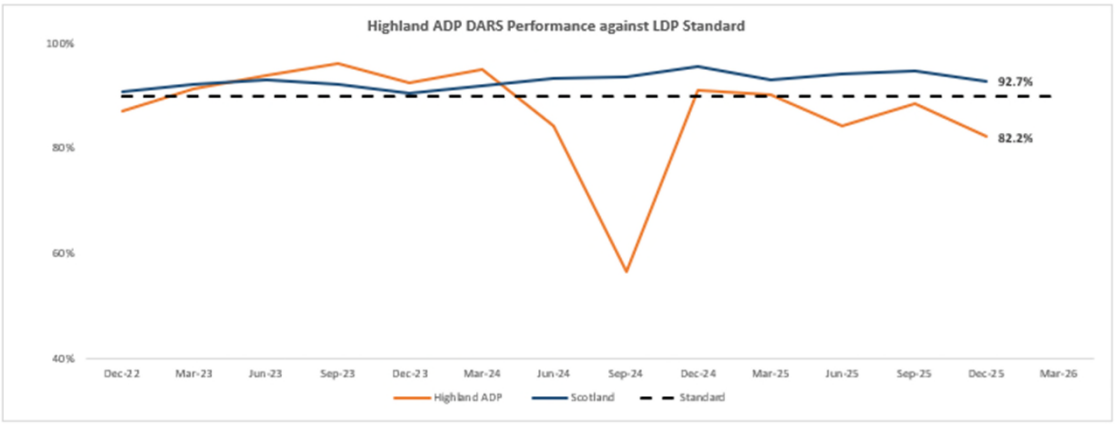
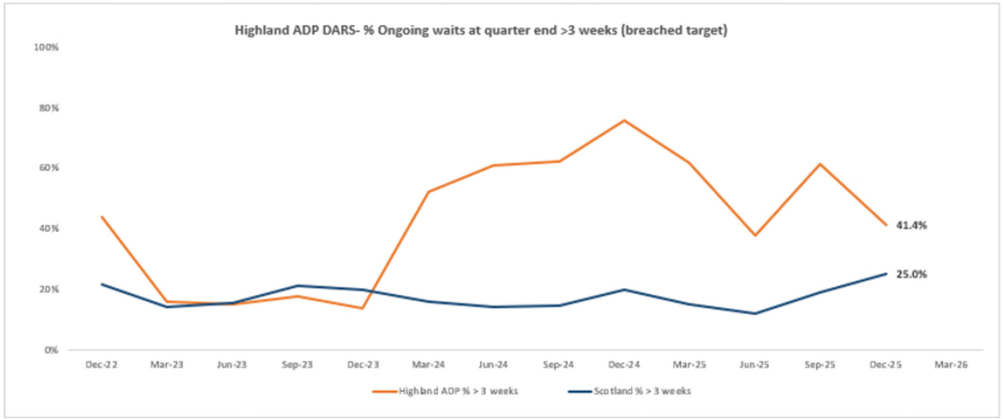
Highland HSCP – MH&LD - Drug & Alcohol Recovery Services (DARS)

Slide 1 of 1

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)		Quarter end performance shows decrease in percentage of people waiting > 3weeks to commence treatment (slide 2). Focus on longest waiting has impacted overall RTT performance with month quarter end performance of 82.2% (slide 1) **Subject to data quality check by Public Health Scotland – expected performance end March 2026 will be 91.6%**	Real-time performance dashboards are being developed to support earlier identification and escalation of emerging pressures with DARS. Progress in this area is less advanced than for the MHLD divisional 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 DARS 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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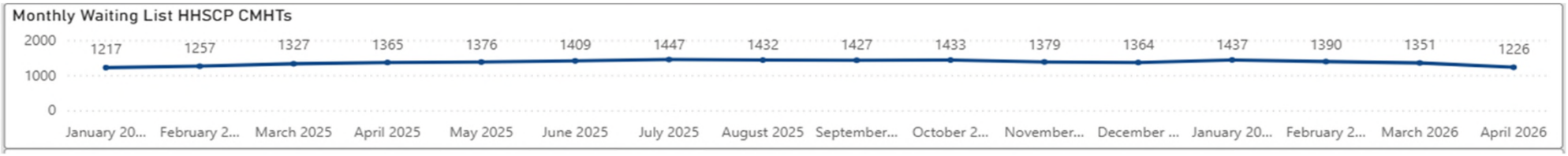
HHSCP Community Mental Health Teams

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		Recent performance shows a sustained reduction in the total number of people waiting since January 2026 – 14.7% reduction achieved. This reflects early impact from targeted actions focused on the longest waits and improved operational grip through enhanced performance monitoring. **At month end April 2026 – 88.6% of CMHT referrals were seen within 18 weeks RTT benchmark.**	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 Caithness and Sutherland. Further targeted work to be undertaken in Wester Ross, Skye and Lochalsh over Q2 2026/27

NHWO2



MonthYear	CMHS Aviemore	CMHS Caithness	CMHS East Ross	CMHS Inverness	CMHS Lochaber	CMHS Mid Ross	CMHS Nairn	CMHS Skye & West Ross	CMHS Sutherland	Highland Community Mental Health
April 2025	35	164	229	4	42	145	84	281	224	157
May 2025	30	174	239	3	30	112	77	279	245	187
June 2025	27	175	236	3	40	138	78	279	250	183
July 2025	28	170	230	11	53	154	90	276	264	171
August 2025	33	171	146	9	36	180	80	265	267	245
September 2025	40	142	238	14	38	162	88	301	270	134
October 2025	37	146	224	13	43	173	77	311	267	142
November 2025	35	144	234	9	33	188	65	334	213	124
December 2025	26	88	263	14	54	170	65	350	224	110
January 2026	27	82	295	9	66	174	66	370	236	112
February 2026	27	89	280	3	89	188	73	272	242	127
March 2026	26	88	277	5	68	165	75	281	241	125
April 2026	25	84	305	3	96	155	73	313	47	125

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HHSCP Community Mental Health Teams

Completed and Ongoing Waits

Key Performance Indicator		Reasons for current performance	Plans, Mitigations and Actions
Community / Outpatient MH Length of wait – across band		**At month end April 2026 – 88.6% of CMHT referrals were seen within 18 weeks RTT benchmark.** **At month end April 2026 – 86.3.6% of AMH&LD outpatient referrals were seen within 18 weeks RTT benchmark.** Targeted actions focused on the longest waits and improved operational grip through enhanced performance monitoring will demonstrate improved performance in next committee report with forecast 90% RTT within 18 weeks expected to be reported across CMHT and AMH&LD outpatient waiting lists	Early development work has already identified targeted actions to address the longest waits Caithness and Sutherland with good results to reduce longest waits. Further targeted work to be undertaken in Wester Ross, Skye and Lochalsh over Q2 2026/27. To address extended waiting times within Learning Disability services—particularly for autism assessments—agreement has been reached with Autism Initiatives to continue the provision of diagnostic assessment capacity for a further 12-month period, supporting sustained waiting list reduction and improved access to timely assessment.

SPECIALTY_LOOKUP	0-18 weeks	19-35 weeks	36-52 weeks	53-77 weeks	78-104 weeks	>104 Weeks
CMHS Aviemore	32	3			1	
CMHS Caithness	66	17	2			
CMHS East Ross	164	54	28	23	18	
CMHS Inverness	4					
CMHS Lochaber	78	1	3	1		
CMHS Mid Ross	107	25	6	5		
CMHS Nairn	52	11	6	3		
CMHS Skye and West Ross	70	55	30	54	30	61
CMHS Sutherland	34	7	4	1	2	2
Highland Community Mental Health Team	86	14	8	6	3	2

SPECIALTY_LOOKUP	0-18 weeks	19-35 weeks	36-52 weeks	53-77 weeks	78-104 weeks	>104 Weeks
General Psychiatry	449	185	96	70	53	54
Learning Disability	61	40	64	88	111	293
Learning Disability Nursing	5	2	5	1	15	
Perinatal Infant Mental Health Service	14					
Psychiatry Of Old Age	247	30	6	5	2	

Outpatient Waitling List figures as at 18/05/2026

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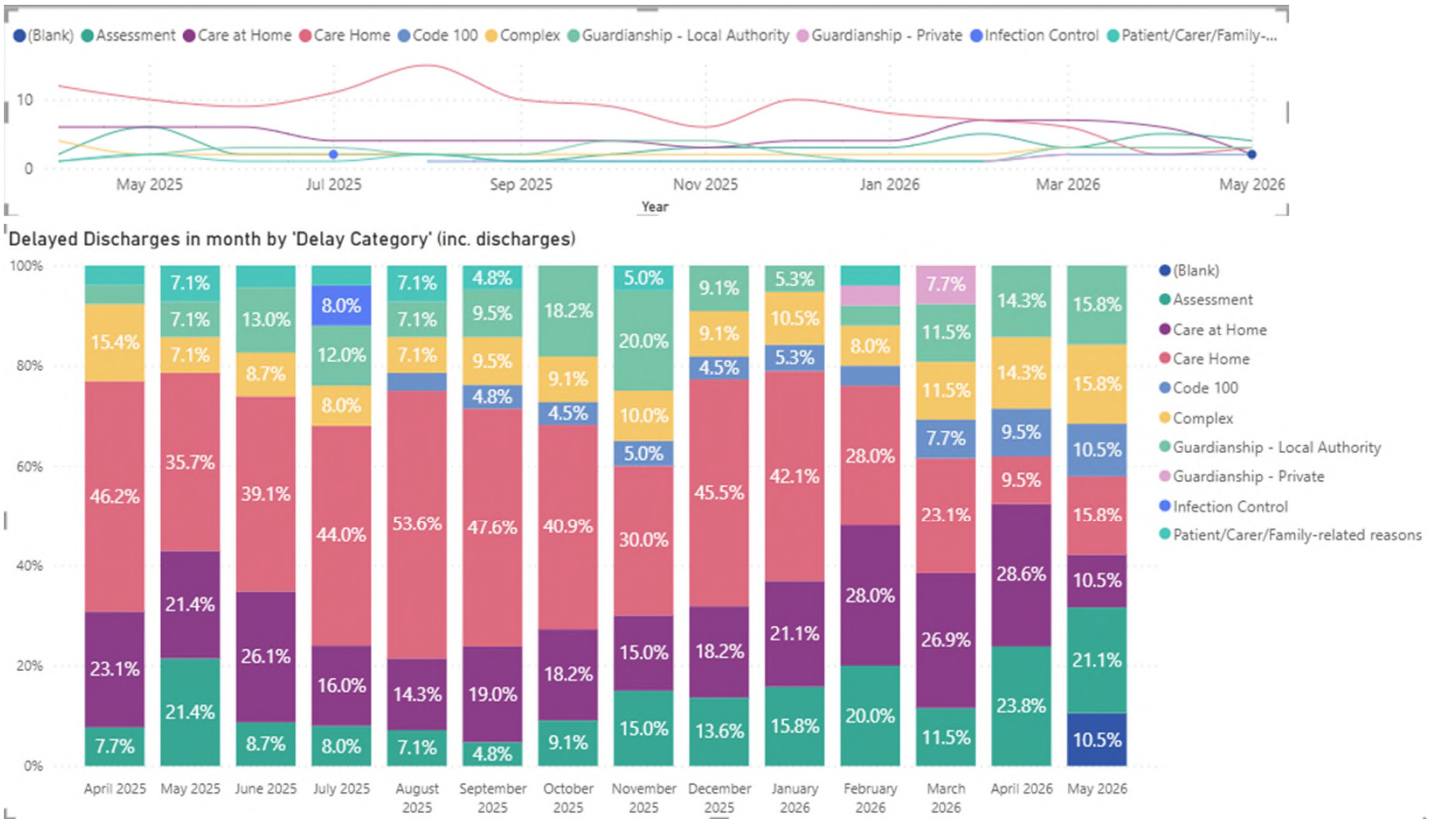
NHWO2

HHSCP Community Mental Health Teams

Delayed Discharges

Key Performance Indicator		Reasons for current performance	Plans, Mitigations and Actions
NCH Delayed Hospital Discharges – by category		New Craigs averages 1 Discharge in Delay per week, normally from the Care Home category. The hospital does not have a large number of delays relatively, but some have been delayed for a very long time and delay flow is relatively low.	Targeted work delayed discharges +100 days to be undertaken



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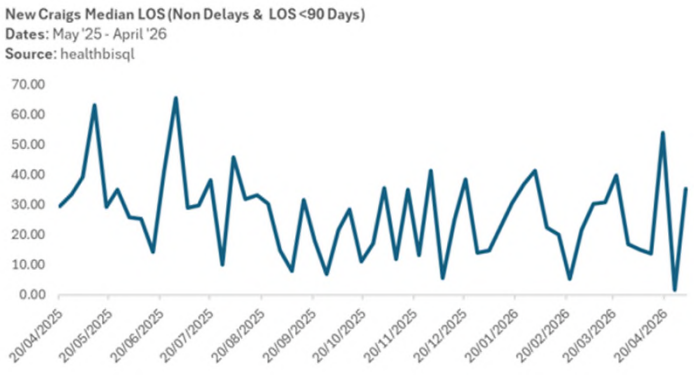
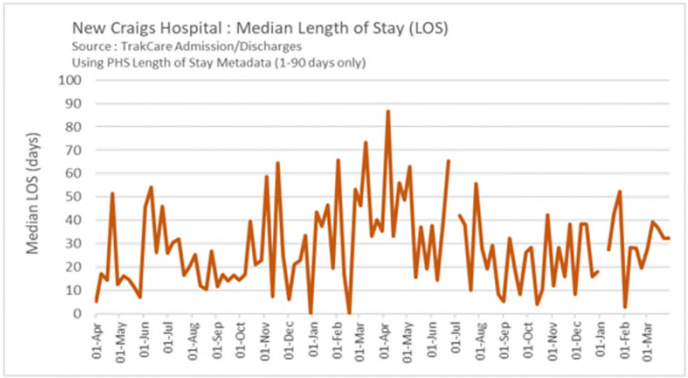
NHWO 2

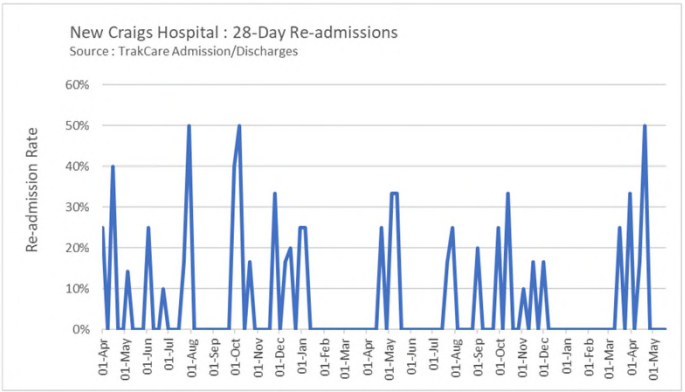
HHSCP Community Mental Health Teams

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		Trend performance demonstrates ongoing 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 during 2026/27, the IPQR will incorporate key metric of follow-up within 72 hours of discharge. The inclusion of this measure will provide the Committee and Board with strengthened assurance regarding safety, quality, and performance within Mental Health and Learning Disability services.
NCH Delayed Hospital Discharges – by category			
% readmission to MH hospital within 28 days of discharge			
% followed up within 72 hours discharge IN DEVELOPMENT			







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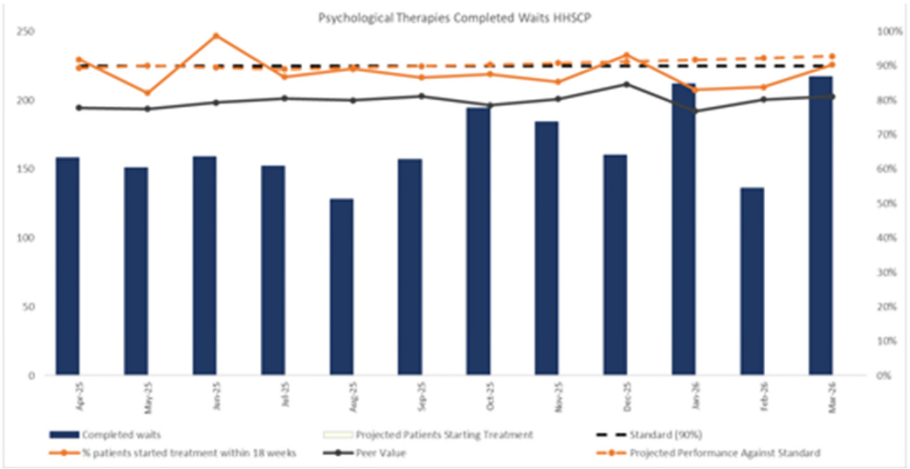
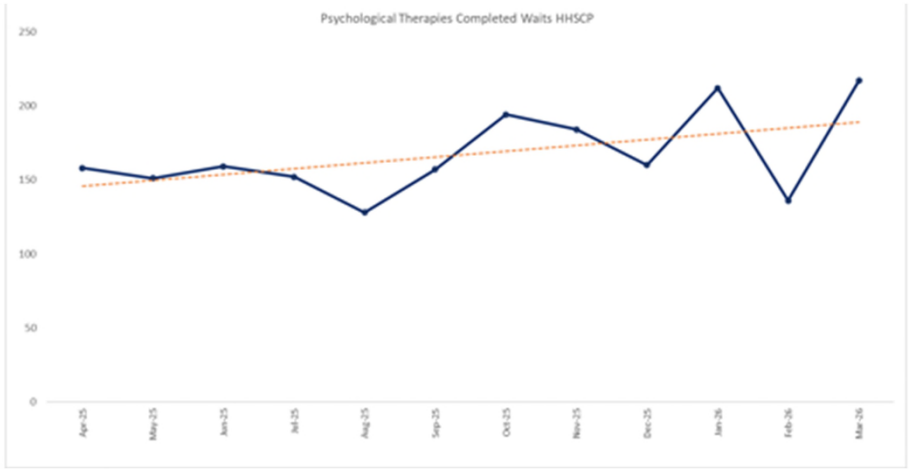
NHWO 3

Highland HSCP – MH&LD - 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.		Psychology Services continues to make positive improvements in patient referral to treatment times and overall patients seen. The national target standard remains at 90%. In May 2026, 90.6% of patients referred to the service received treatment within the national performance timescale of 18 weeks, compared to the national average of 81.4% for the same period. There are monthly fluctuations on performance due to instability and fragility of the service due to vacancies and sickness. However, NHS Highland remains in the top 4 highest performing mainland boards in Scotland with one of the lowest wte. workforce per 100,000 of population. Overall good progress continues, to be made due to the psychology senior leadership roles which have embedded better processes, systems, governance and performance.	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 continuing to work with eHealth regarding the work to TrakCare PMS to configure implementation of sub-specialty codes for adult Psychology, and development work to produce a DCAQ and forecasting tool. This work is currently scheduled to begin in July. Development of a Psychology specific integrated staff bank is on-going and we are starting to recruit to these gaps. 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 with the psychology senior leadership team due to low workforce per 100,000 population.
Increase the number of completed Psychological Therapies waits.			





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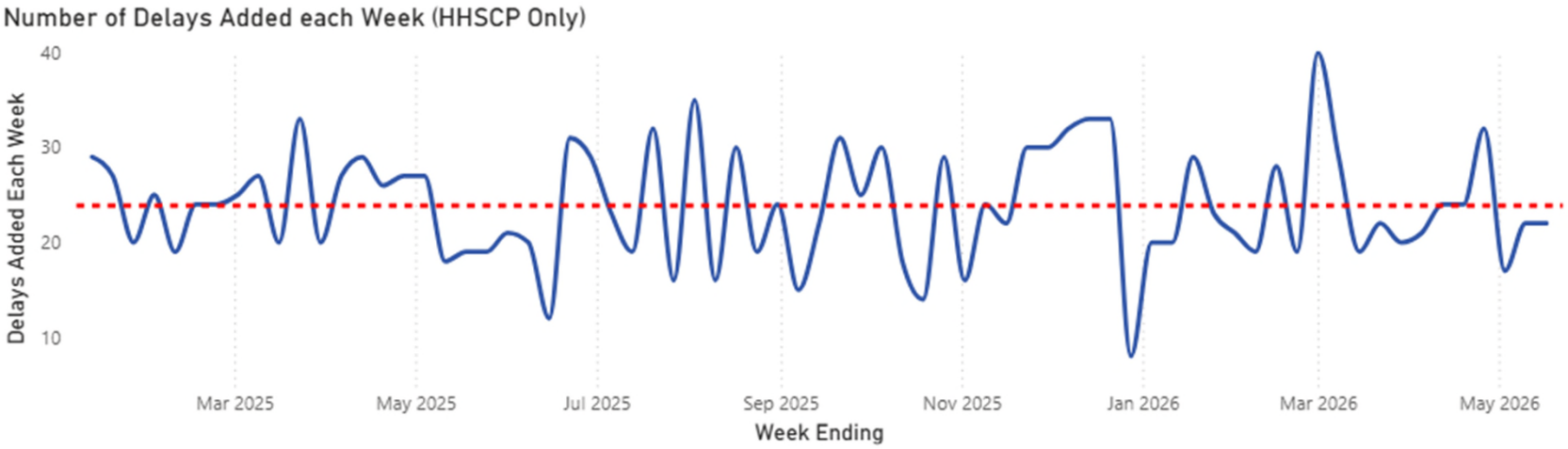
NHWO 9

Highland HSCP Delayed Discharges

Slide 1 of 2

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. • Current top three reasons for people being in delay are awaiting Care Home , Care at home and assessment	Discharge Without Delay (DWD) Programme refreshed with focus on Integrated Discharge Team implementation and Discharge to Assess ensure Home First principles applied to all people being discharged to prevent delay. Weekly Interface meeting to review progress against trajectory DMT escalation meetings carried out daily to review barriers. Review of availability, visibility of capacity and access of independent care homes being led by the HSCP
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			



Highland HSCP – Unscheduled Care – Delayed Discharges

Slide 1 of 2

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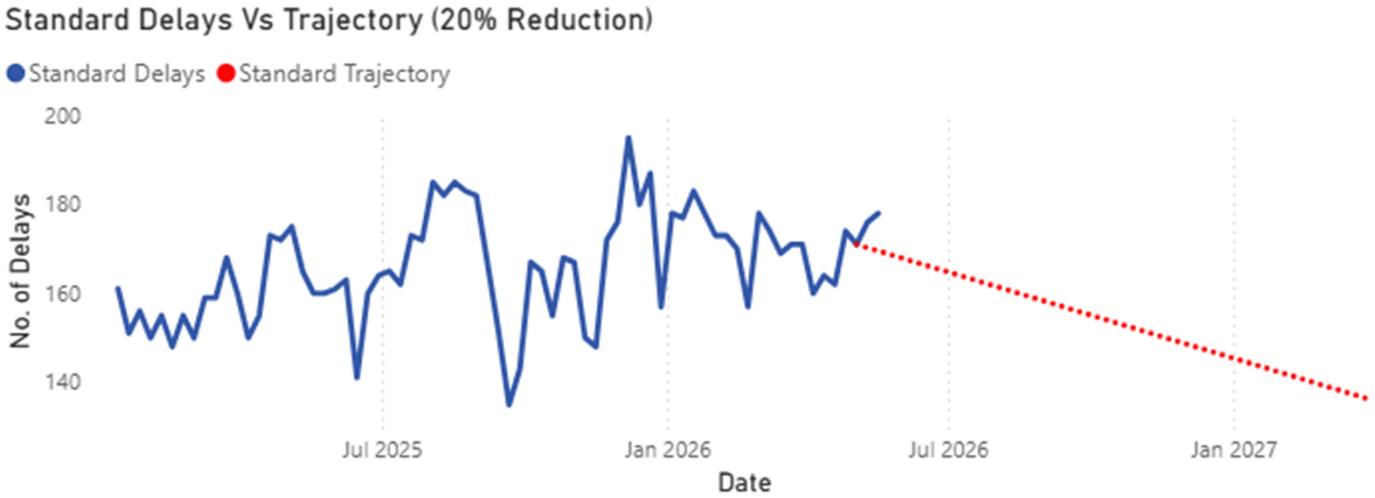

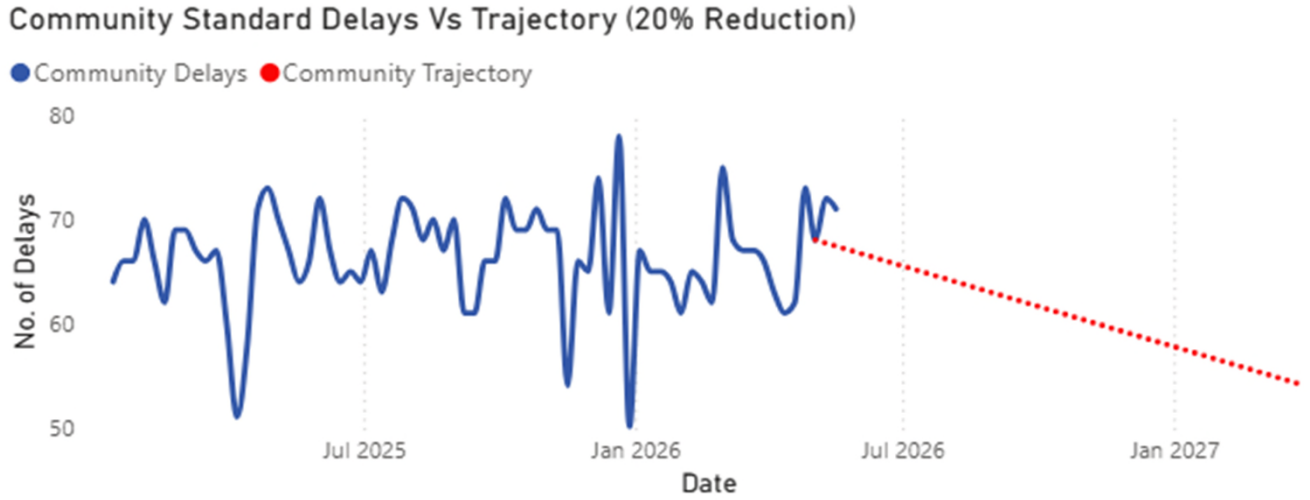

Highland HSCP – Unscheduled Care – Community Hospital Length of Stay (LOS)

Slide 1 of 2

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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 specialist 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. Day of care audit within community hospitals
To reduce the average number of non-delayed patients in Community hospital beds with a LOS > 14 days.			

	Bed Days	Hospital Spells	Mean Hospital LOS	% Discharges <= 2 days	% Discharges <= 3 days
Scotland	4,178,621	625,685	6.7	55.3%	62.5%
NHS Highland	215,745	29,626	7.3	61.9%	68.4%
Badenoch And Strathspey Community H	3,642	95	**38.3**	7.4%	8.4%
Broadford Hospital	5,499	602	9.1	50.5%	58.6%
Campbeltow n Hospital	2,662	368	7.2	58.4%	66.0%
County Community Hospital Invergordor	8,375	138	**60.7**	3.6%	5.8%
Cow al Community Hospital	4,289	757	5.7	81.2%	83.2%
Dunbar Hospital	2,419	32	**75.6**	0.0%	6.3%
Islay Hospital	1,202	178	6.8	57.9%	62.9%
Law son Memorial Hospital	3,741	65	**57.6**	3.1%	9.2%
Mid-Argyll Community Hospital And Inte	3,348	562	6.0	58.5%	67.8%
Migdale Hospital	4,450	82	**54.3**	6.1%	8.5%
Mull And Iona Community Hospital	804	96	8.4	69.8%	70.8%
Nairn Tow n And County Hospital	4,050	158	**25.6**	24.1%	25.9%
Portree Hospital	27	2	13.5	0.0%	0.0%
Rni Community Hospital	1,142	25	**45.7**	0.0%	0.0%
Ross Memorial Hospital	484	7	**69.1**	0.0%	0.0%
Victoria Hospital (Highland)	1,855	344	5.4	63.1%	68.6%
Wick Tow n And County Hospital	2,967	24	**123.6**	8.3%	8.3%

Note: Hospital comparisons against NHSH
NHS Highland includes Acute/NTC sites

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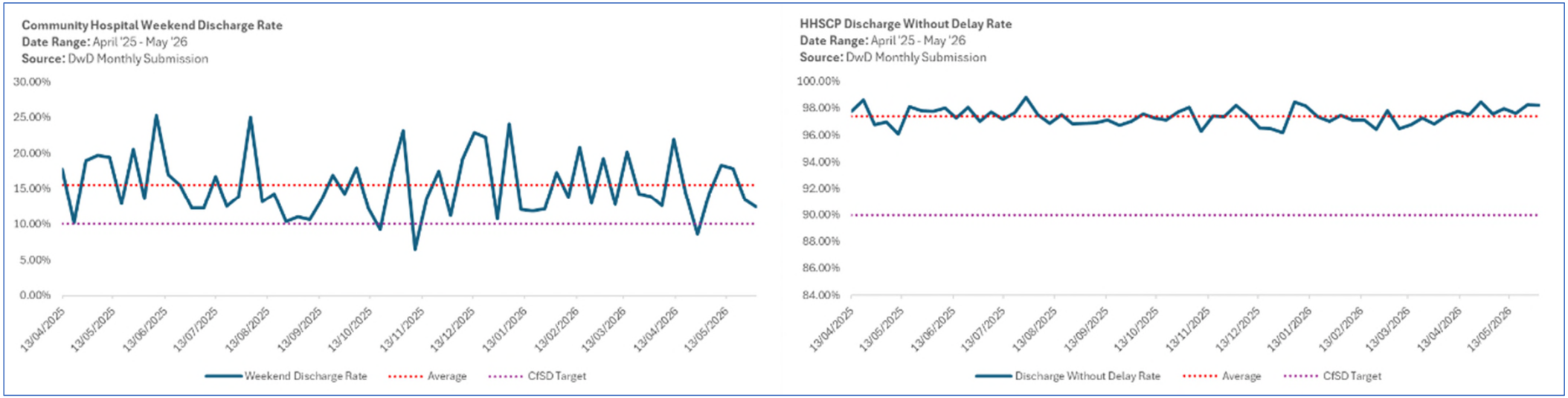
Highland HSCP – Unscheduled Care – Discharge without Delay

Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
To ensure Highland HSCP Community Hospitals maintain a Discharge without Delay rate of >90%		Variation is associated with an inconsistent process and variation in community resource availablitiy.	• Focussed DWD group established to implement the national DWD pathway in full, supported by DWD national leads. • Planned pilot of Integrated Discharge Team for Raigmore Hospital across South and Mid Districts with phased plan to implement across all Districts and inpatient areas to improve discharging
To ensure Highland HSCP Community Hospitals maintain a Weekend Discharge rate of >10%			



- Current Weekend Community Discharge rate is 12.4%, below average, but above the CfSD Target of 10%. Since April last year, we have only dipped below 10% on 3 occasions.
- Community Discharge without Delay rate is 98.22% and above the CfSD Target of 90%. We have never dipped below 90%, the lowest being 96% in May '25