Agenda Item 3.1

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**2nd September 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 and internal targets across the HSCP to be managed within a performance framework.
- Note the ongoing target setting and KPI development in some areas.
- To accept limited assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:
Annual Delivery Plan

This report will align to the following NHSScotland 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		**All** Well Themes			

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, KPIs for the dental service are now included in this report. There is also an additional measure for the Community Mental Health teams of “Follow up within 72 hours of Discharge”.

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

2.4 Proposed level of Assurance

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

Substantial		Moderate	
Limited	x	None	

Comment on the level of assurance

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.

4.1 List of appendices

The following appendices are included with this report:

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

Appendix 1

Highland Health and Social Care Partnership

Integrated Performance and Quality Report

2 September 2026

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

Together We Care
With you, for you

Highland HSCP Integrated Performance and Quality Report (HHSCP IPQR)

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

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

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

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

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	43 (Jun 26)	61 (Apr 26)	0 0 0 0 0 0	50 (month)	N/A	Target Met
Care Homes	Monitor the number of new long stay care home placements for Younger Adults (YA)	2 (Jun 26)	1 (Apr 26)	0 0 0 0 0 0	TBC	N/A	
Care At Home	Reduce unmet assessed critical care needs to zero (measured by hours and people)	21 people / 191 hrs pw (Jun 26)	24 people / 269 hrs pw (Apr 26)	0 0 0 0 0 0	0 for critical	N/A	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% (Jun 26)	27% (Apr 26)	0 0 0 0 0 0	30%	N/A	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% (Jun 26)	10% (Apr 26)	0 0 0 0 0 0	11%	N/A	1% off target
Care at Home	Decrease the combined percentage of people actively using SDS3 to 59% by March 2027	63% (Jun 26)	64% (Apr 26)	0 0 0 0 0 0	59%	N/A	5% off target
Care at Home	Reduce the total number of people receiving a service via SDS1-3 (no target set)	3532 (Jun 26)	3512 (Apr 26)	0 0 0 0 0 0	TBC	N/A	
Adult Protection	Adult Protection Activity: Number of Referrals Opened per month	97 (Jun 26)	76 (Apr 26)	0 0 0 0 0 0	TBC	N/A	
Adult Protection	Adult Protection Activity: Number of Investigations Opened per month	21 (Jun 26)	13 (Apr 26)	0 0 0 0 0 0	TBC	N/A	
Adult Protection	Adult Protection Activity – ASP1-2s completed within 7 days per month	52% (Jun 26)	26% (Apr 26)	0 0 0 0 0 0	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: 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)	92.5% (Mar 26)	92.6% (Dec 25)	⓪⓪⓪⓪⓪⓪	95%	95%	2.5% off target
Vaccinations	Vaccination Uptake (MenB)	93.5% (Mar 26)	92.4% (Dec 25)	⓪⓪⓪⓪⓪⓪	95%	95%	1.5% off target
Vaccinations	Vaccination Uptake (PCV)	94.4% (Mar 26)	94.4% (Dec 25)	⓪⓪⓪⓪⓪⓪	95%	95%	0.6% off target
Vaccinations	Vaccination Uptake (Rotavirus)	90.9% (Mar 26)	89.0% (Dec 25)	⓪⓪⓪⓪⓪⓪	95%	95%	4.1% off target
Vaccinations	Vaccination Uptake (Flu)	-	55.6% (Nov 25)	⓪⓪⓪⓪⓪⓪	60%	N/A	
Vaccinations	Vaccination Uptake (Covid 19)	55.6% (Spring 26)	62.3% (Winter 25 complete)	⓪⓪⓪⓪⓪⓪	60%	N/A	4.4% off target
MIU	Minor Injuries Unit (Increase numbers of attendances)	1357 (Jun 26)	1233 (May 26)	⓪⓪⓪⓪⓪⓪	Increase on same period last year	N/A	Target Met
MIU	Minor Injuries Unit (Patients seen within 4-hour target)	100% (Jun 26)	100% (May 26)	⓪⓪⓪⓪⓪⓪	100%	N/A	Target Met
Primary Care							
Pharmacy	Antibiotic Prescribing across Highland HSCP GP clusters per 1000 population	627.6 (May 25 – Apr 26)	636.0 (Feb 25 – Jan 26)	⓪⓪⓪⓪⓪⓪	TBC	N/A	
GP	Patient Experience: Overall Experience of General Practice (HHSCP)	81.2% (2025/26)	81.3% (2023/24)	⓪⓪⓪⓪⓪⓪	TBC	N/A	
Dental	Improve TTG Performance for Patients treated within 12 weeks by Paediatric Dental GA Service	25% (June 26)	-	⓪⓪⓪⓪⓪⓪	TBC	TBC	

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	91.5% (Mar 26)	82.2% (Dec 25)	0 0 0 0 0 0	90%	90%	Target Met
Community	Mental Health – CMHT Waiting List: Reduction in total waiting list	910 (Jun 26)	1226 (Apr 26)	0 0 0 0 0 0	Reduce	N/A	List has reduce
Community	Mental Health – CMHT Waiting List: % Patients Seen <18 weeks	92.6% (Jun 26)	89.0% (Apr 26)	0 0 0 0 0 0	90%	N/A	Target Met
Community	Mental Health – Delayed Discharges	21 (Jun 26)	19 (May 26)	0 0 0 0 0 0	Reduce	N/A	Increase
Community	Mental Health – Length of Stay	60.4 days (Jun 26)	60.0 days (Apr 26)	0 0 0 0 0 0	Maintain	N/A	Target Met
Community	Mental Health – 28 day Re-admission	6.7% (May 26)	6.3% (Apr 26)	0 0 0 0 0 0	TBC	N/A	
PT	Psychological Therapies: % Patients Seen <18 weeks	85.5% (Jun 26)	78.6% (May 26)	0 0 0 0 0 0	90%	90%	4.5% off target
Unscheduled Care							
Delayed Discharges	No of standard delays (HHSCP)	174 (July 26)	178 (May 26)	0 0 0 0 0 0	Reduce by 20%	186 Total Delays	
Delayed Discharges	No of AWI delays (NHS Highland-wide metric)	69 (July 26)	30 (Apr 26)	0 0 0 0 0 0	Reduce by 20%	186 Total Delays	
Length of Stay	Community Hospital: Mean Length of Stay	13.44 days (Jun 26)	27.8 days (Q4, 2025/26)	0 0 0 0 0 0	TBC	N/A	
Discharge Without Delay	Community Hospital: Discharge without Delay Rate	91% (Jul 26)	97.4% (Apr 26)	0 0 0 0 0 0	90%	N/A	Target Met
Discharge Without Delay	Community Hospital: Weekend Discharge without Delay Rate	12.4% (Jul 26)	12.59% (Mar 26)	0 0 0 0 0 0	10%	N/A	2.4% off target

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

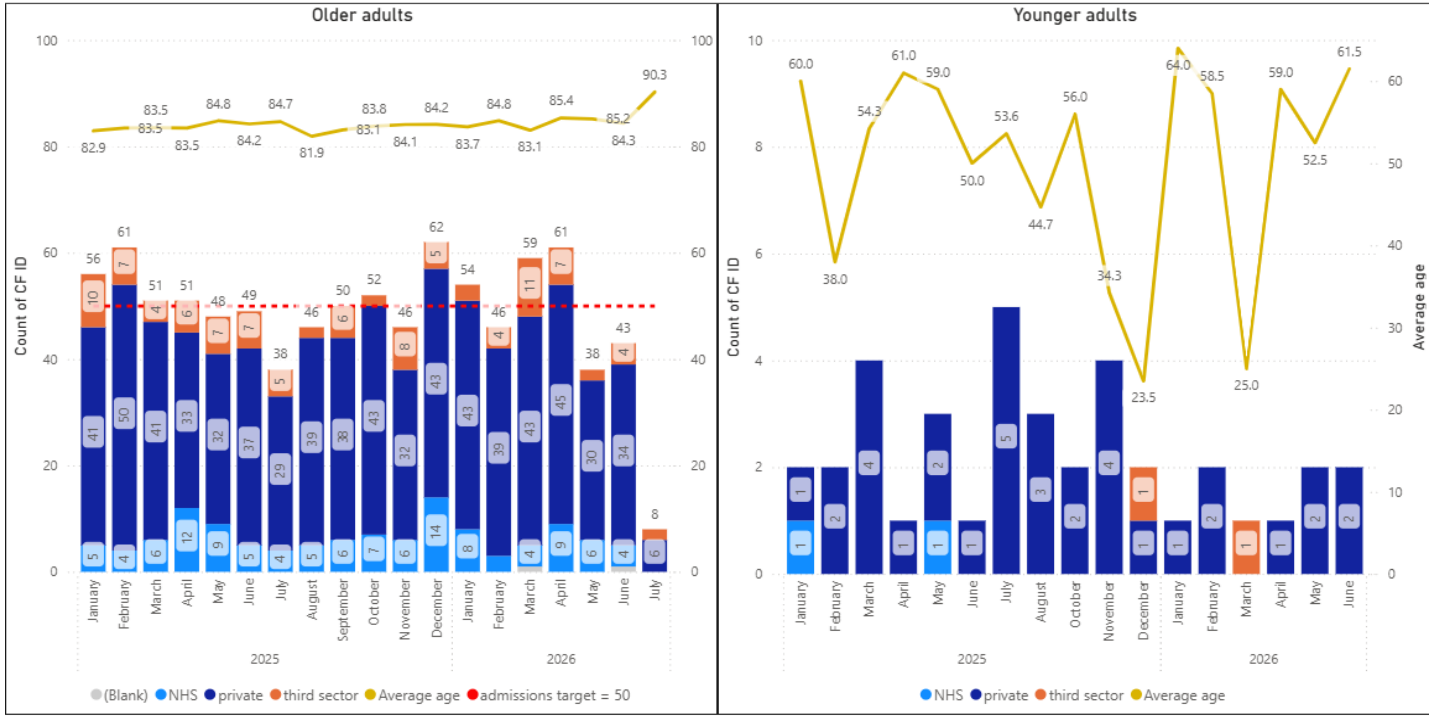
Slide 1 of 3

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 May and June, there was a reduction in the number of older adult admissions to care homes which correlates with an increase in the number of delayed hospital discharges over the same period • Phased admission process in Inverness care home due to supporting quality improvement • 16 long term bed vacancies with no current public health restriction • 94 delayed hospital discharges	• 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. • A commissioning strategy and intentions for 2026-2029 is developed and due to be presented to Joint Monitoring Committee in Sept 26 for endorsement. • The market facilitation plan remains in development. • 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)			

Long-stay care home admissions per month, by age band and care home type to 12th July 2026



Intermediate placements excluded. Historic totals are subject to revision, due to delays in adding service agreements to CareFirst

Highland HSCP – Adult Social Care - Care at Home

Slide 2 of 3

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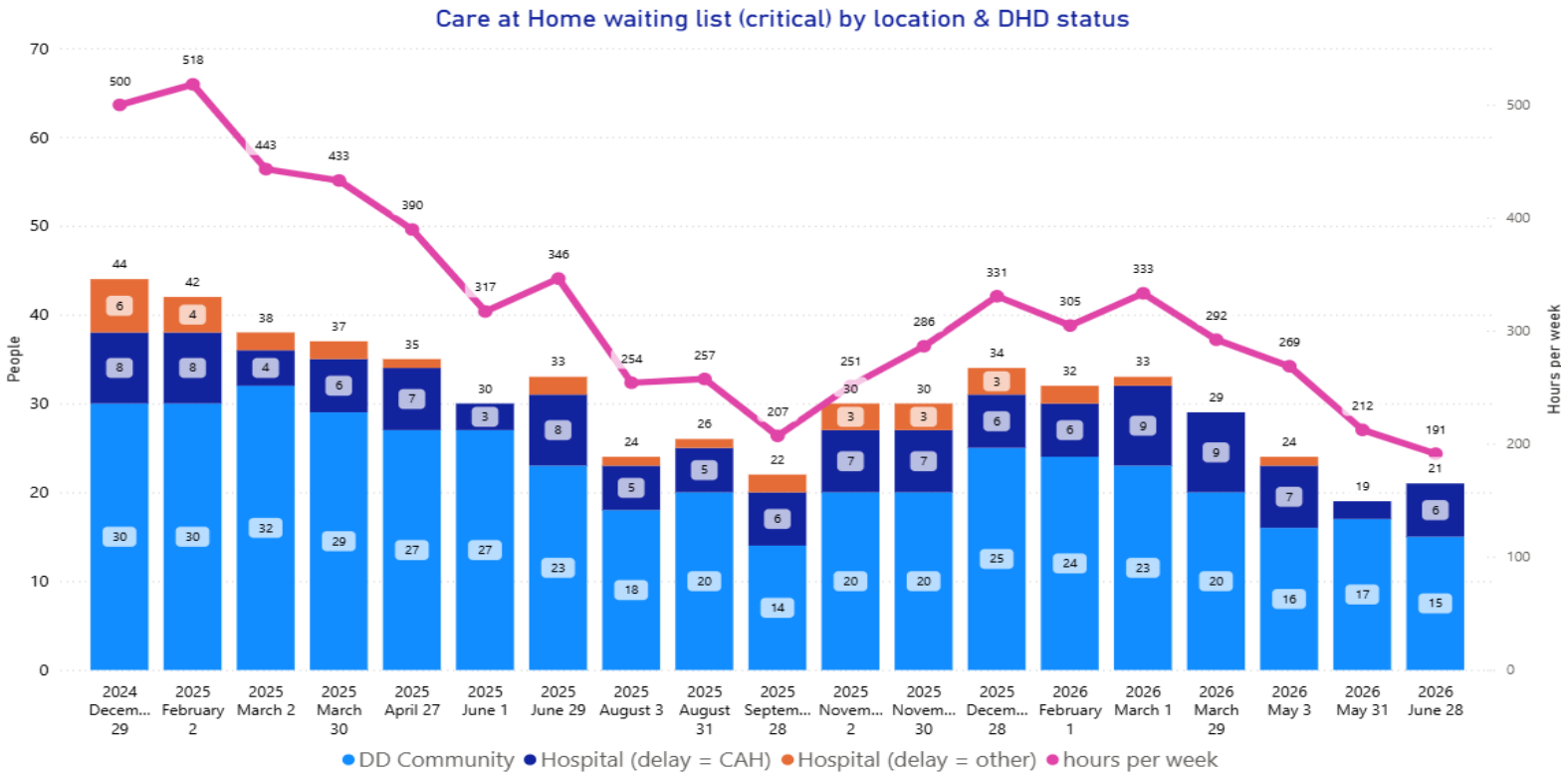
Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 2

Key Performance Indicator	Reasons for current performance	Plans, Mitigations and Actions
Reduce unmet assessed critical care needs to zero (measured by hours and people)	• There are 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 intentions for 2026-2029 is developed and due to be presented to Joint Monitoring Committee in Sep 26 for endorsement. • The market facilitation plan remains in development • 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 3

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Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 1

Key Performance Indicator	
Increase the percentage of people actively using SDS1 (Direct Payments) to 30% of total	
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)	

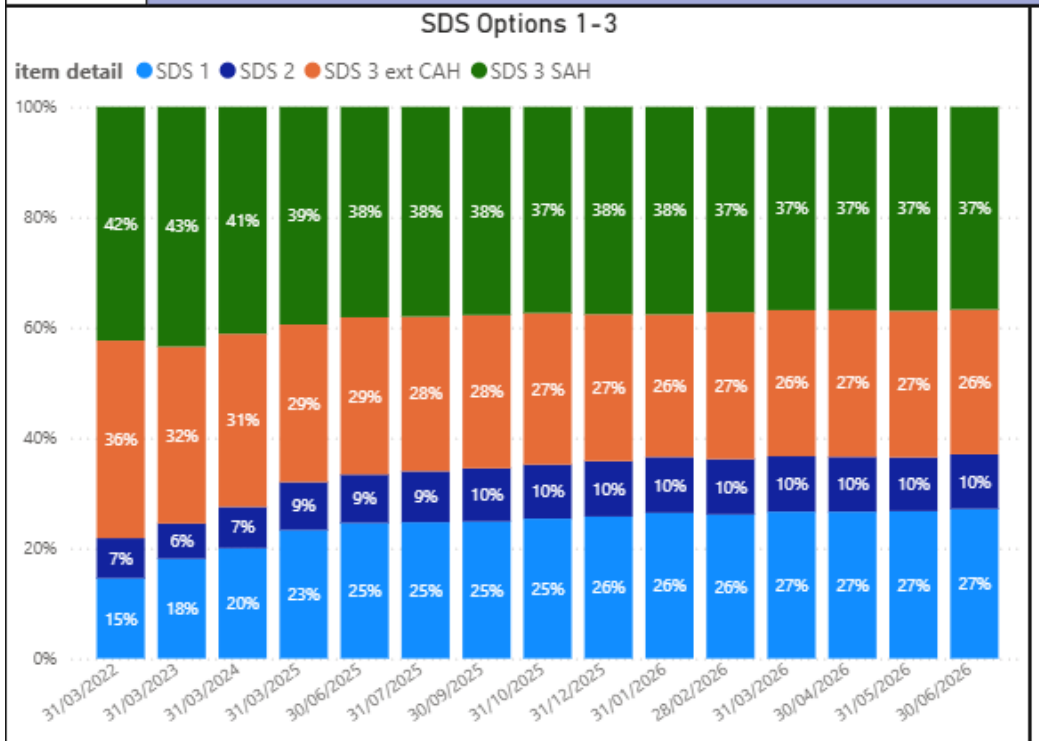
Reasons for current performance

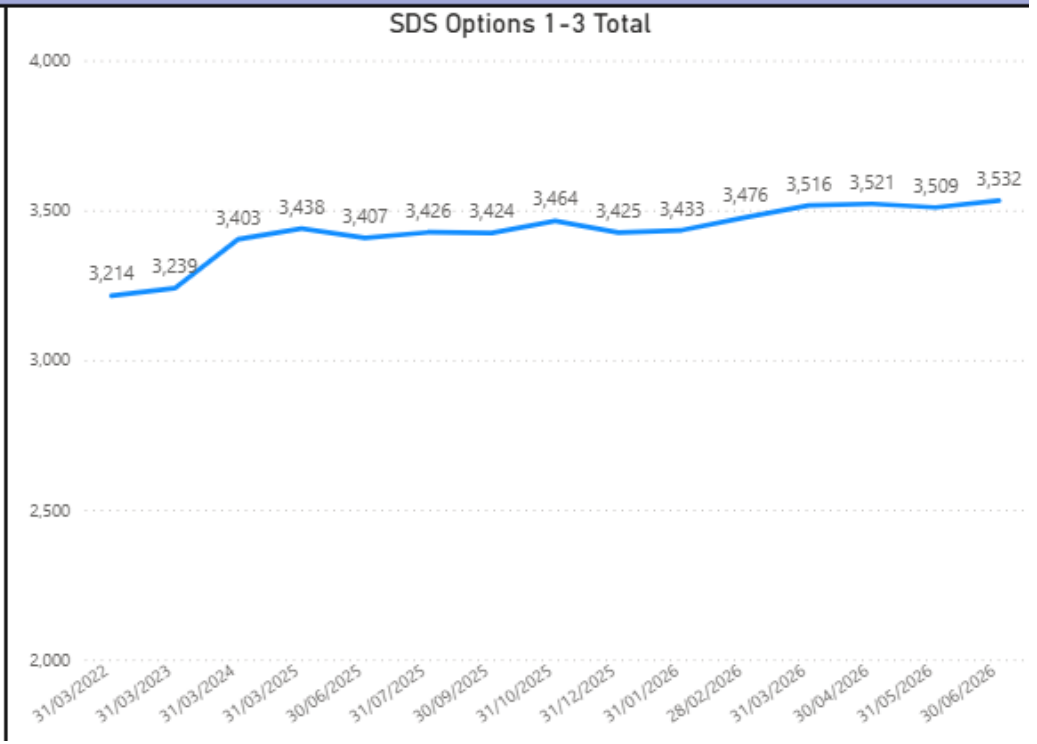
- For Option 1s we have seen a sustained increase
- For Option 2s we have also seen an increase in service provision
- For Option 3s we continue to see a reduction in the total number of people supported
- Despite these welcome increases in Options 1 & 2, this does highlight the unavailability of other care options, and our increasing difficulties when commissioning a range of other care services, suggesting a significant market shift in Adult Social Care service provision.

Plans, Mitigations and Actions

- NHSH is committed to increasing the level of independent support across all service delivery options.
- NHSH want to sustain and grow Option 1 and 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 intentions for 2026-2029 is developed and due to be presented to Joint Monitoring Committee in Sept 26 for endorsement.
- The market facilitation plan remains in development

Jun-26 | Self-Directed Support





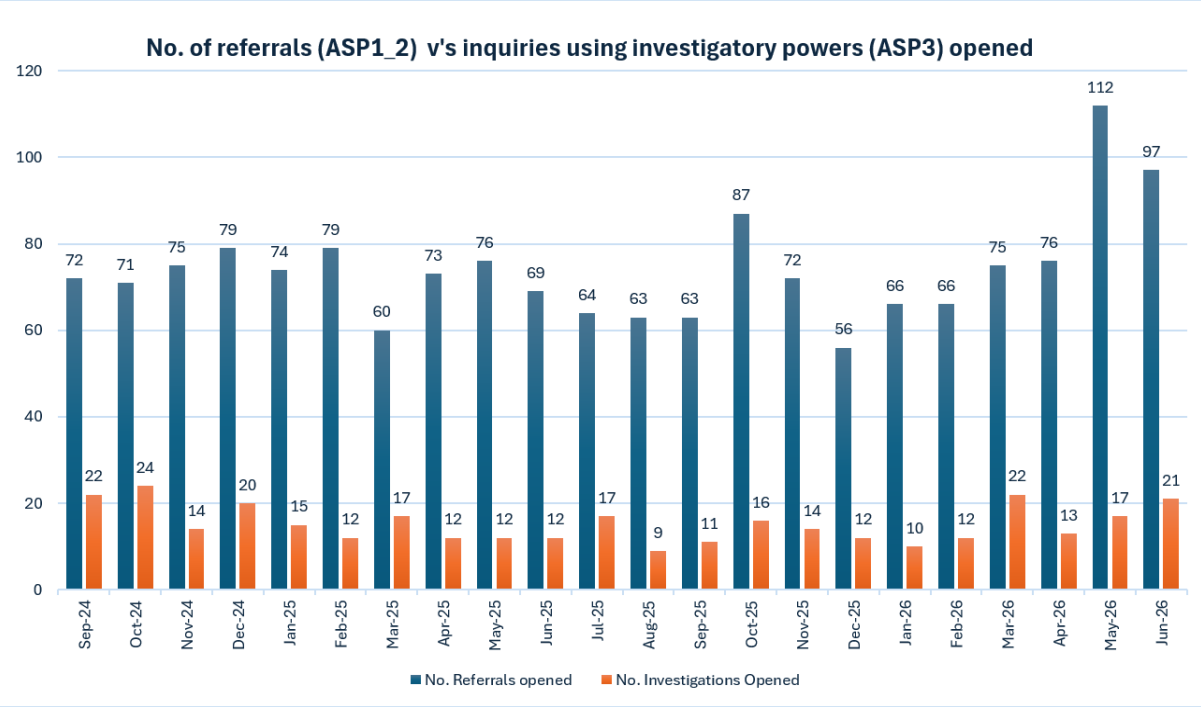
Highland HSCP Adult Social Care - Adult Protection

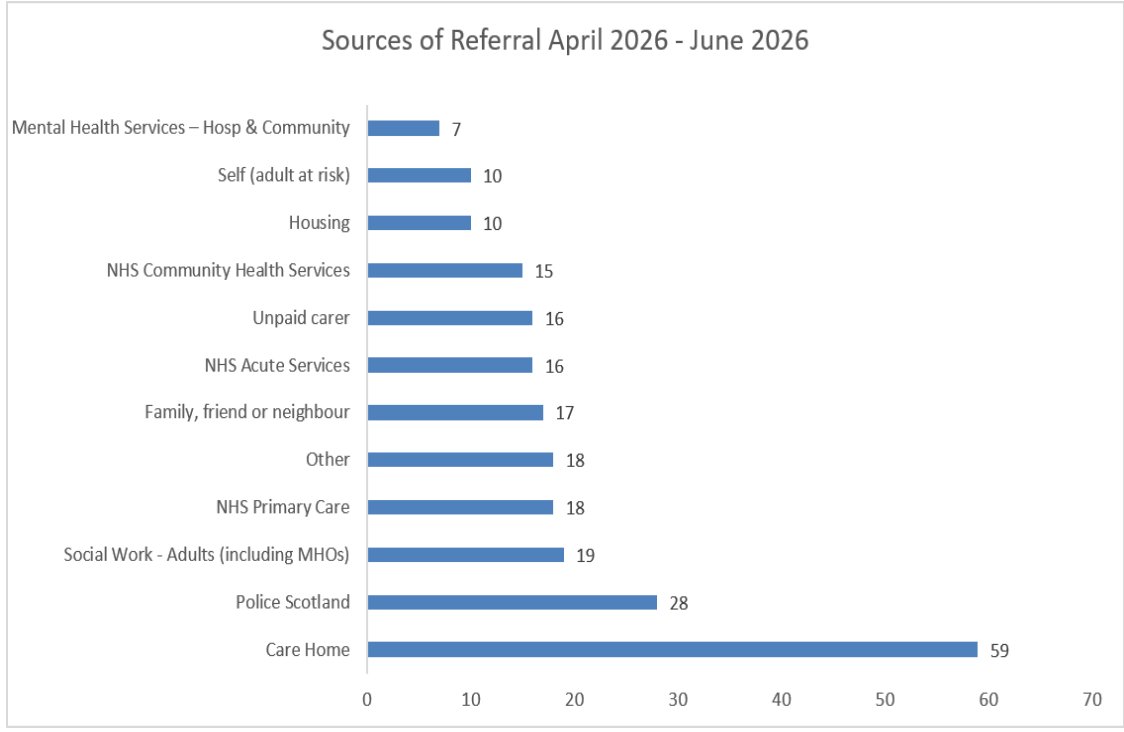
Slide 1 of 2

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 7

Key Performance Indicators	Reasons for current performance	Plans, Mitigations and Actions
Number of Adult Protection referrals (ASP1 and ASP2) per month and referral source per quarter Number of Adult Protection investigations (ASP3) opened per month	The national minimum dataset is now in place and Highland have been placed in a family grouping for benchmarking in 2025. The QA sub-group reviews this quarterly to determine trends and areas of thematic focus for auditing. The triaging of referrals, combined with the application of the 3-point criteria, has allowed for timely and accurate identification of adults at risk of harm. Local ASP processes ensured that referrals were efficiently screened - reducing the likelihood of harm and increasing protection for adults who were identified as meeting the 3-point criteria.	An integrated action plan remains in place for the Highland Adult Protection Committee, bringing together improvement activity arising from learning reviews, quality assurance activity and ongoing self-evaluation. Actions are being progressed through Committee sub-groups and monitored against performance, audit findings and emerging priorities. Three key areas of focus have been identified: • Consistency of Adult Protection Practice and Recording: Revised procedures have been agreed to strengthen governance, decision-making, recording standards, National Minimum Dataset compliance and alignment with national guidance, whilst supporting implementation of Mosaic. • Quality Assurance and Practice Improvement: Findings from the recent multi-agency audit are informing targeted improvement activity, with a focus on strengthening risk analysis, recording quality, information sharing and workforce development. • Service Redesign: Work is underway to support the transition of Adult Protection Case Conferences and Reviews to locality social work teams, alongside strengthening adult involvement and ensuring views and outcomes are better reflected.





Highland HSCP Adult Social Care - Adult Protection

Slide 2 of 2

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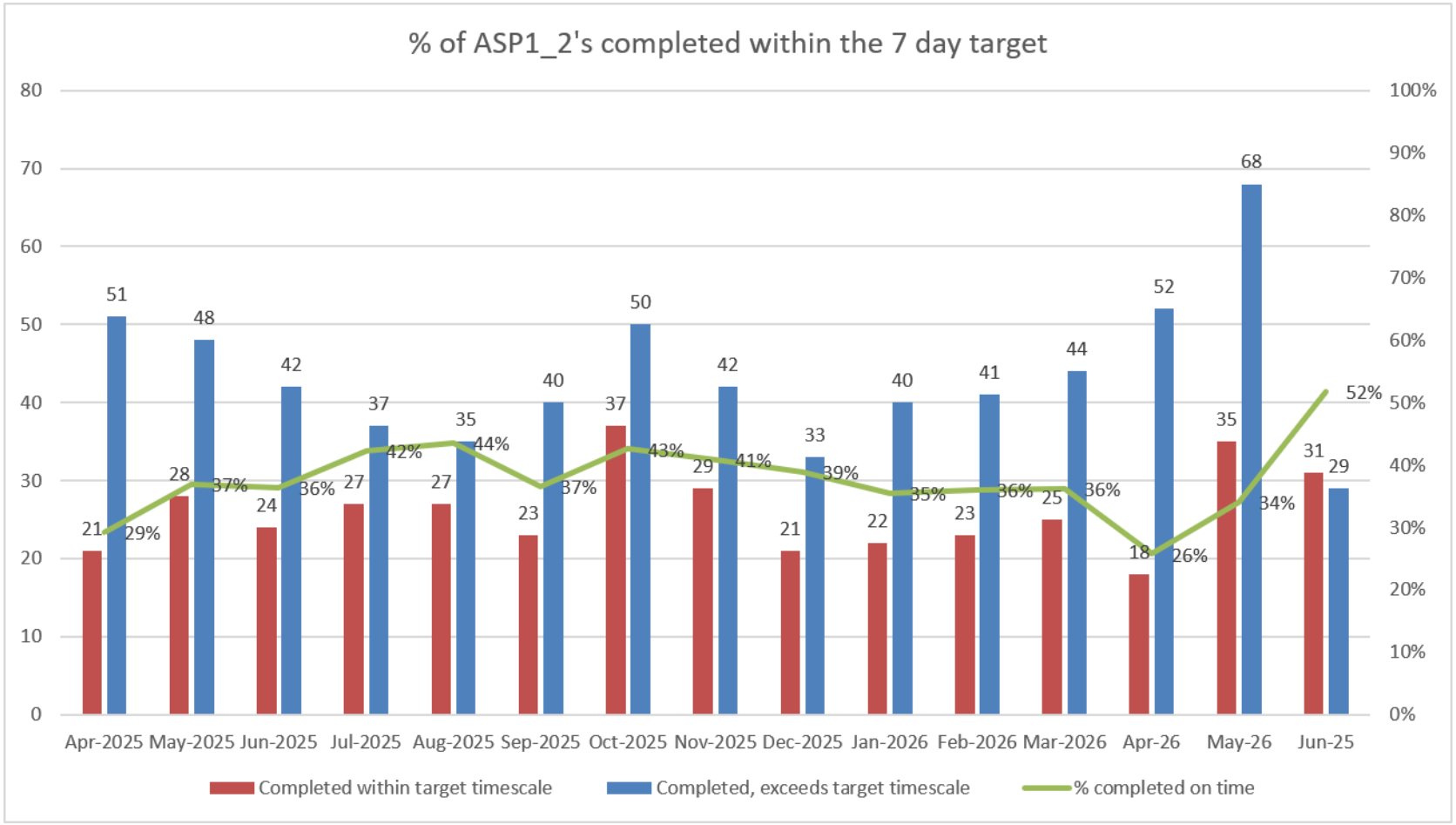
Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 7



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Executive Lead
Arlene Johnstone
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)		April 2025 to March 2026 has seen steady increases in 3 of the 4 key Childhood Immunisation indicators at 12 months (6 in 1 at 91.6%, Men B at 91.9% and PCV at 93.8%). These uptake rates are still below the 95% target, but are a significant improvement from the quarter ending December 2023, when 6 in 1 rates were as low as 86.9%. In the last available quarter (to March 2026) rates for Men B and PCV were better than the Scottish average. The fourth indicator (Rotavirus) dropped slightly in summer 2025, before returning to a higher level by March 2026. Rotavirus historically has lower uptake rates as it is time dependent (first dose has to be given before 15 weeks). This is an indicator that while we are becoming better at catching up with missed vaccinations; we have improvements to make with delivering primary vaccinations as early as possible. Overall performance in this period is much improved, which is due to the bedding in of the failsafe process (for identifying and contacting the parents of children who are overdue for primary vaccinations).	The Failsafe approach is now standard for primary immunisation and is supporting delivery of primary vaccinations at the optimal time. Follow up appointments for 12 and 16 weeks are made at point of contact at 8 and 12 weeks. 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

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

Date From: Quarter ending Jun 25 | Date To: Quarter ending Mar 26

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

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

Location: Highland Age: 12 months
SIMD: All

Table

Quarter Ending	Location	Immunisation	Uptake	No. Vaccinated	No. Unvaccinated	Peer Uptake	Peer No. Vaccinated	Peer No. Unvaccinated
Jun 25	Highland	6 in 1	89.5%	385	45	93.6%	2,869	195
		MenB	90.2%	388	42	93.9%	2,877	187
		PCV	93.7%	403	27	95.4%	2,924	140
		Rotavirus	90.5%	389	41	92.6%	2,837	227
Sept 25	Highland	6 in 1	91.6%	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
Mar 26	Highland	6 in 1	92.5%	396	32	93.0%	2,638	198
		MenB	93.5%	400	28	93.6%	2,655	181
		PCV	94.4%	404	24	94.3%	2,673	163
		Rotavirus	90.9%	389	39	91.2%	2,586	250

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

Slide 2 of 2

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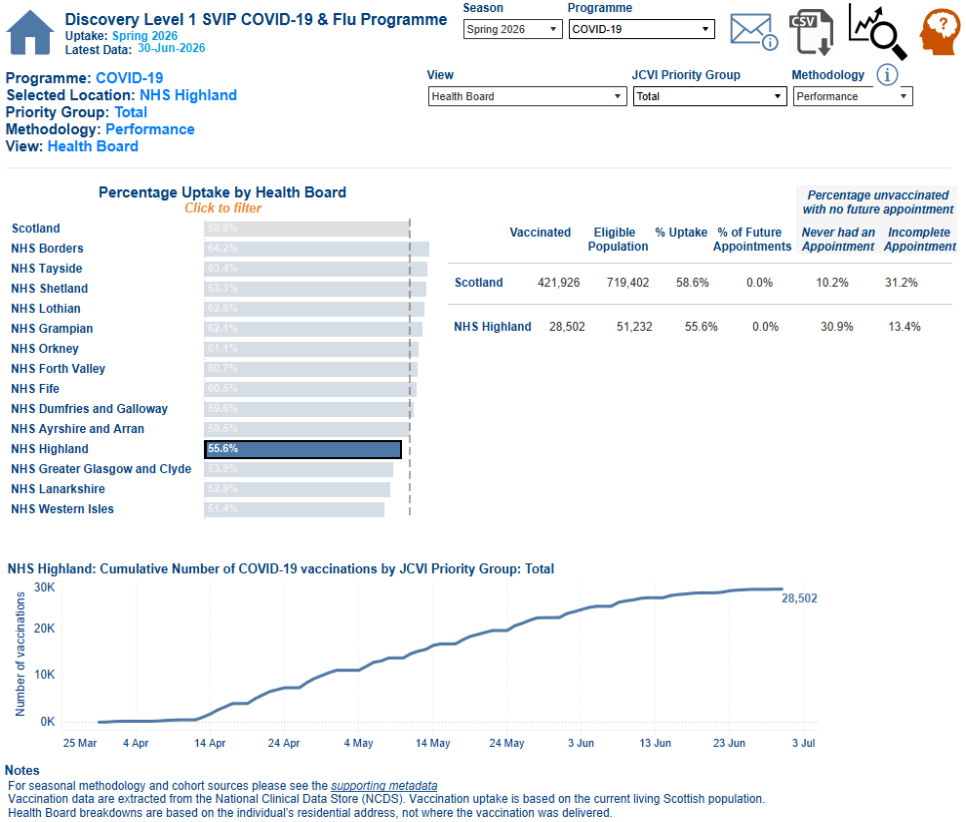
Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 1

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		Autumn Winter COVID-19 vaccination % uptake performance was 62.3% v Scottish average of 65.4%. Flu vaccination % uptake performance was 55.1% v Scottish average of 55.5%. While flu uptake was just below the Scottish average, we delivered more vaccines than the previous year: 60,956 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 rescheduled, but due to available capacity for rescheduled clinics the time period between some rescheduled clinics and original appointment date was longer than desired. Spring COVID-19 uptake was 36.1% v Scottish average of 40.0%. Uptake appears lower across all cohorts, and is consistent with previous years, when we have been 3-4% behind the average.	The COVID-19 Winter campaign closed on 31 January 2026. The Winter Flu campaign closed on 31 March 2026. The COVID-19 Spring campaign finished on 30th June 26. Planning is now being finalised for Autumn Winter 26, including the potential for an interim arrangement with GPs to help to increase vaccination uptake. We are applying the lessons learned from the Winter 25 programme, including redistributed capacity across the campaign, enabling a more responsive approach to scheduling and rescheduling appointments.



Highland HSCP – Community Services – Minor Injuries Units

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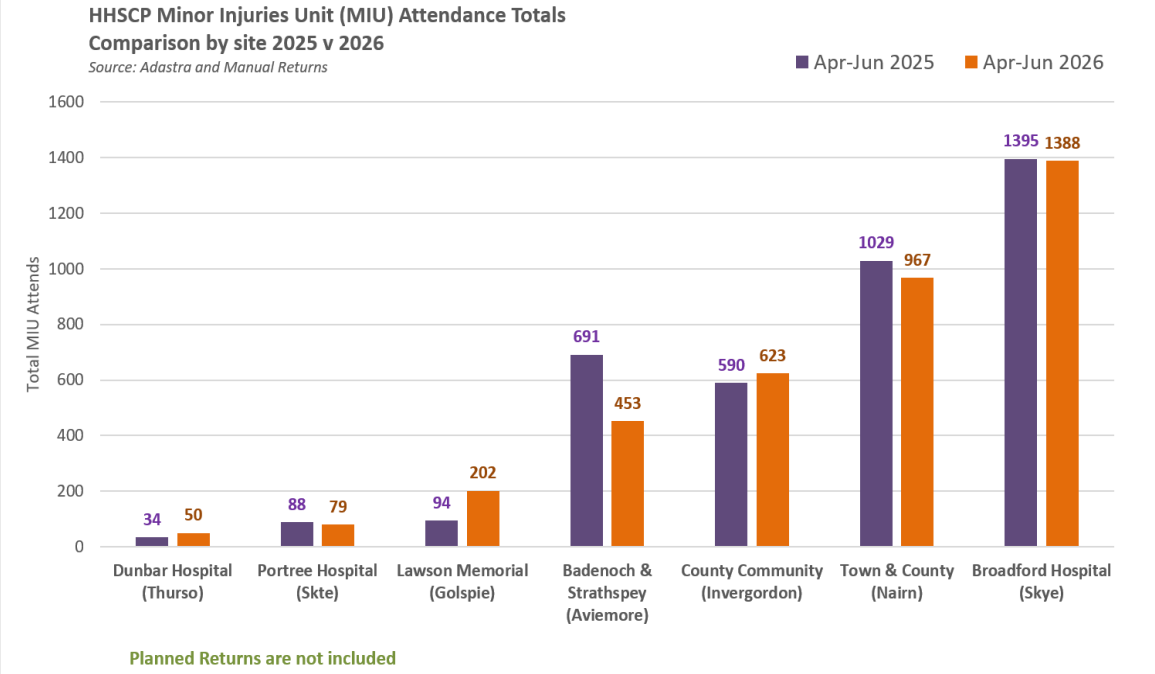
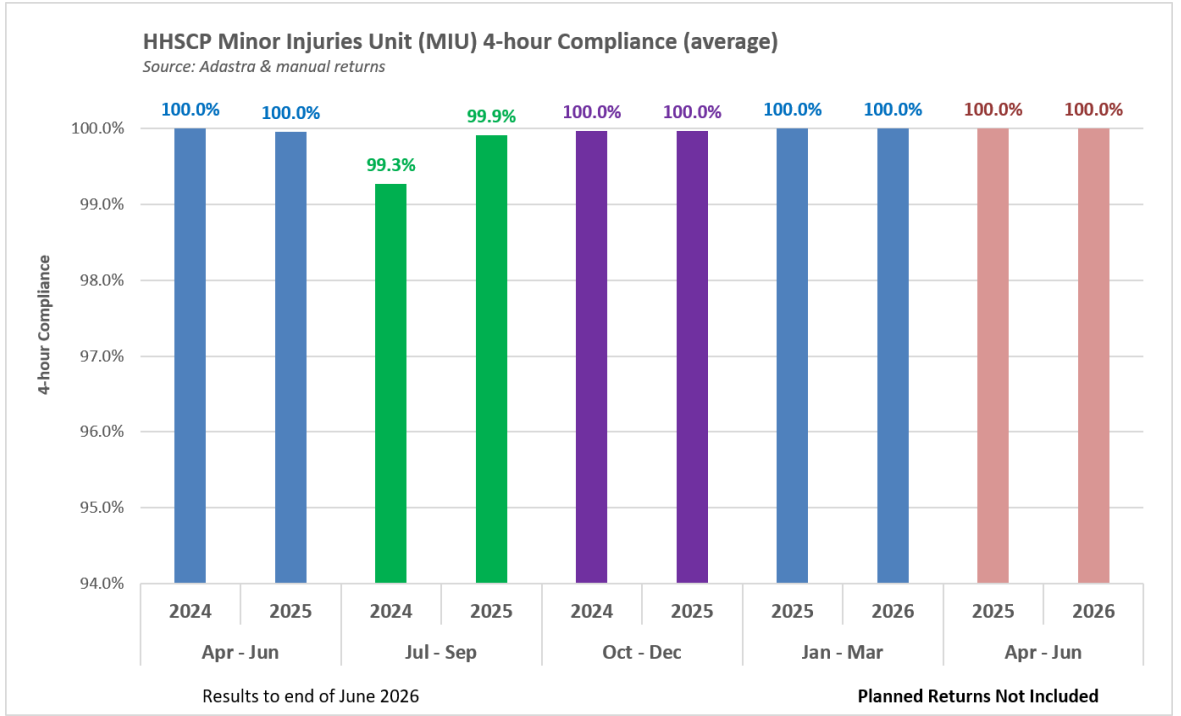
Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 1

Key Performance Indicators	Reasons for current performance	Plans, Mitigations and Actions
Increase the number of attendances at MIUs in HHSCP	The data shows that current MIUs have adequate capacity to ensure people attending are seen within the 4 hour target. The number of attendances is dependent on the pathways of referral into MIUs, which are in the process of redesign. The current data compared to this time last year shows inconsistency in improvement across sites.	There is a programme of review and redesign of MIUs in progress to standardise the service model, systems and processes across all sites.
Ensure 100% of patients being treated through an MIU 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

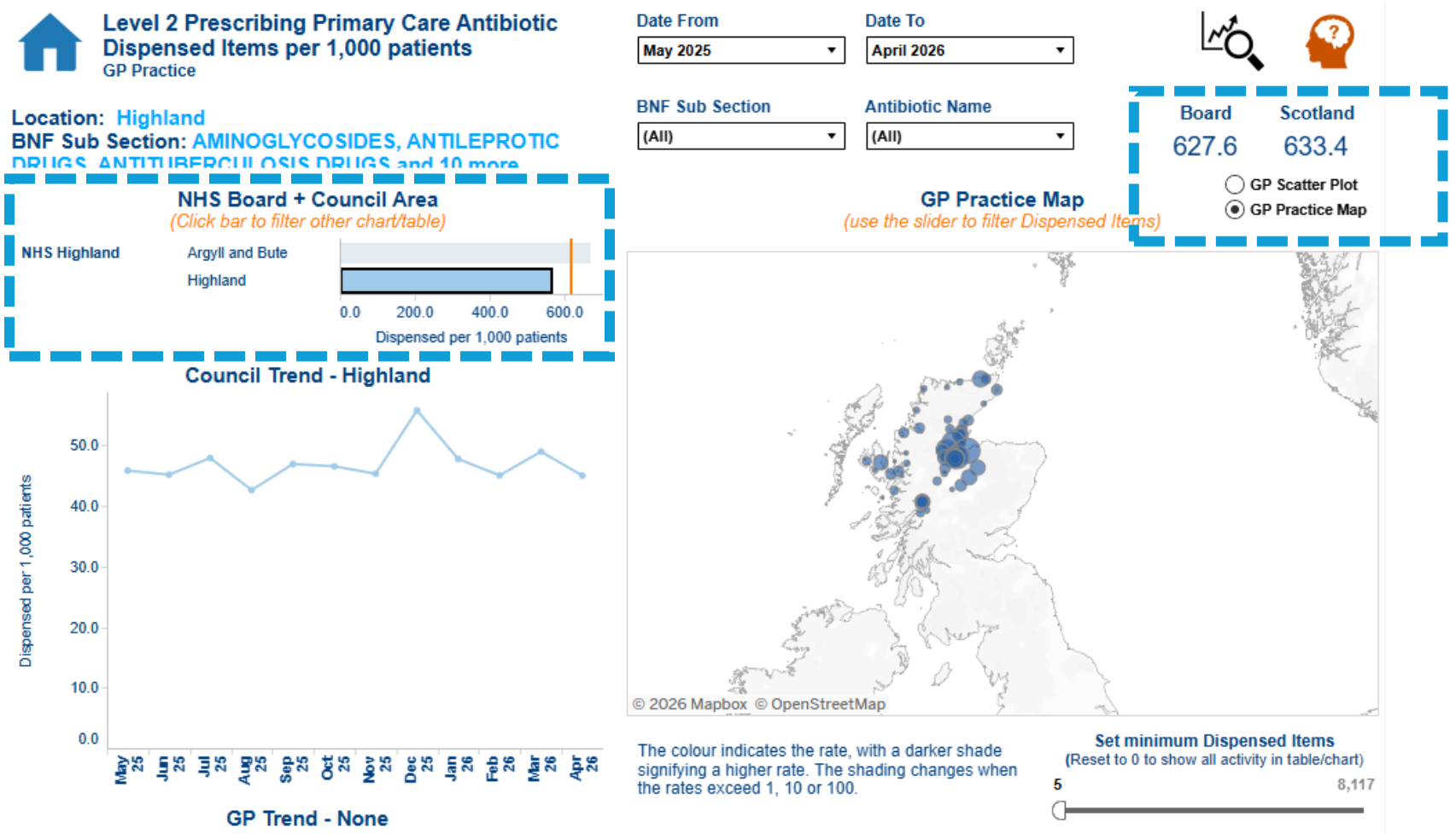
Monitor the rate of antibiotic prescribing across Highland HSCP GP clusters per 1000 population against national averages

Reasons for current performance

- 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.
- NHSH is currently behind the 2029 targets to reduce antibiotic use by 5% despite annual reports from PHS being sent directly to practices since 2022.

Plans, Mitigations and Actions

- Prescribing data dashboards have been developed to support th best use of medicines in primary care.
- The dashboards have been shared with GP Cluster Leads and practices with encouragement that antimicrobial prescribing review should be a focus for all practices.
- Improve adherence to prescribing standards using prescribing system defaults and engage with teams to understand variation.
- Support rollout of Scottish Reduction in Antimicrobial Prescribing (ScRAP) educational toolkit.



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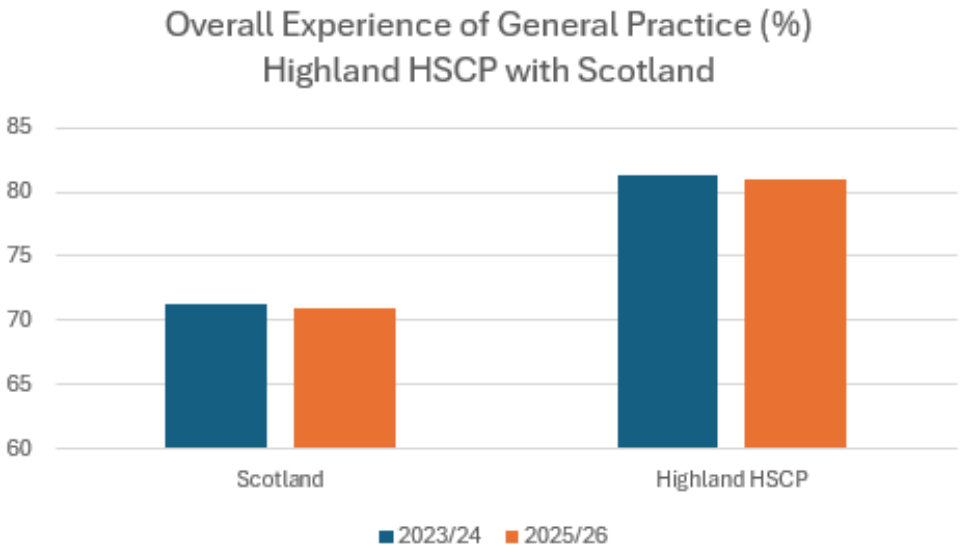
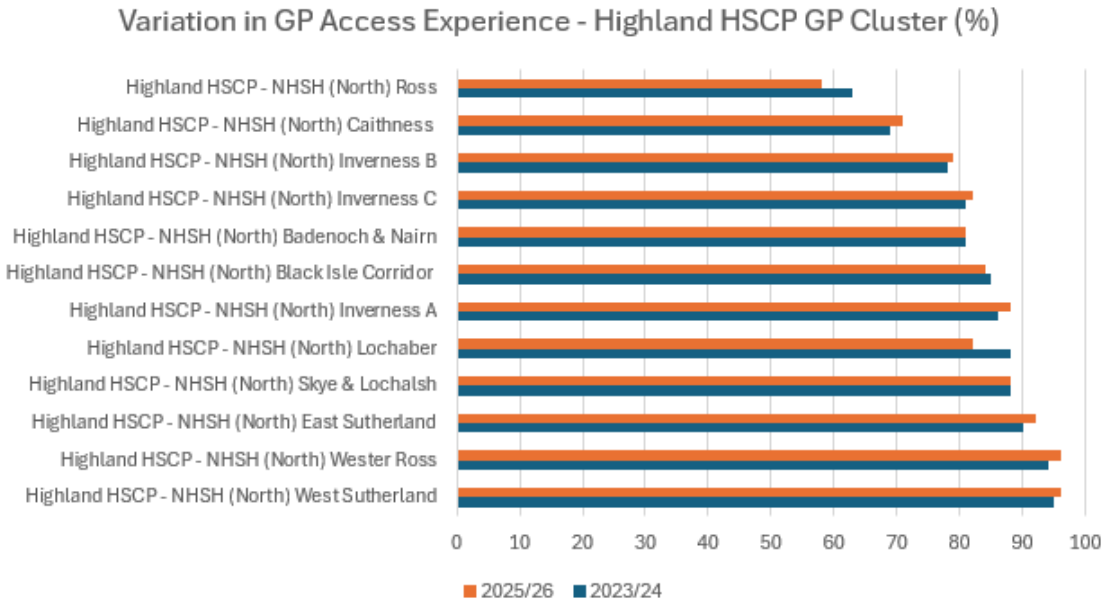
NHWO 9

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. **THIS SLIDE HAS NOT BEEN UPDATED. DATA IS AS JULY 2026, NEW DATA IS NOT AVAILABLE AT THIS TIME.**		• 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.





Highland HSCP – Primary Care – Dental Services

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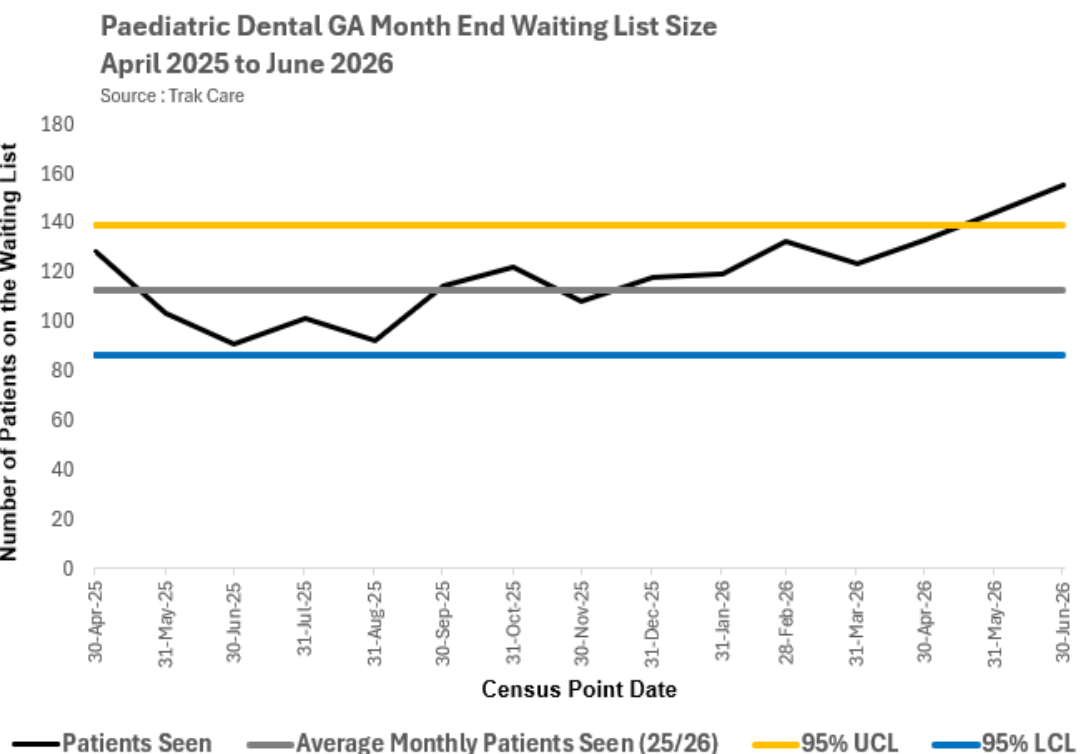
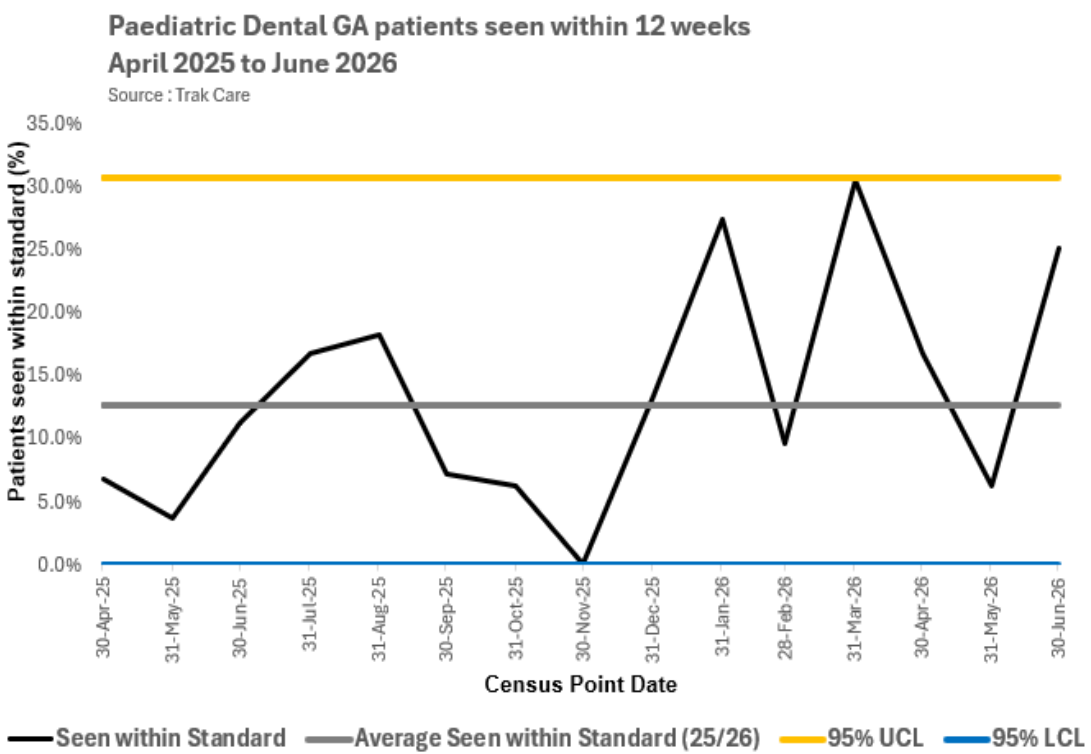
NHWO 9

Key Performance Indicators		Reasons for Current Performance	Plans, Mitigations and Actions
Improve TTG performance for patients treated within 12 weeks by Paediatric Dental GA service (NHSH compliance – 65.7%)		Only 1 day operating list per month in Raigmore Modular Theatre, with maximum 15 children listed per day (9 in the morning session and 6 in the afternoon session), however due fail to attends or cooperation/medical reasons the average number of children on a day is 12. Based on current numbers of referrals to achieve target KPI, would require a minimum weekly Theatre list with current capacity (15 patients).	Review waiting list every 6 months, however this does not significantly reduce the numbers waiting. Dental staff will consider alternative treatment modalities to avoid GA listing. PDS Senior Dental Officer appointed to lead Paediatric Dental Service provision. Dental staff contact parents/guardians to ensure attendance at GA appointments and children are fit for planned procedures. Dental services will utilise any additional Theatre sessions offered as a priority; however, this could be limited by availability of Paediatric Nurses, Paediatric trained Anaesthetists. Work ongoing nationally, with NHSH input, to scope potential upskilling of General Dental Practitioners to provide enhanced Paediatric dental care.
Maintain no long waiting TTG patients > 52 weeks for Paediatric Dental GA treatment			



Number of Patients on Waiting List at 30 June 2026

Week Band	Patients on List	%
<9 weeks	66	43%
9-12 weeks	11	7%
12-16 weeks	14	9%
16-18 weeks	0	0%
18-26 weeks	36	23%
>26 weeks	23	15%
>52 weeks	5	3%
Total	**155**	



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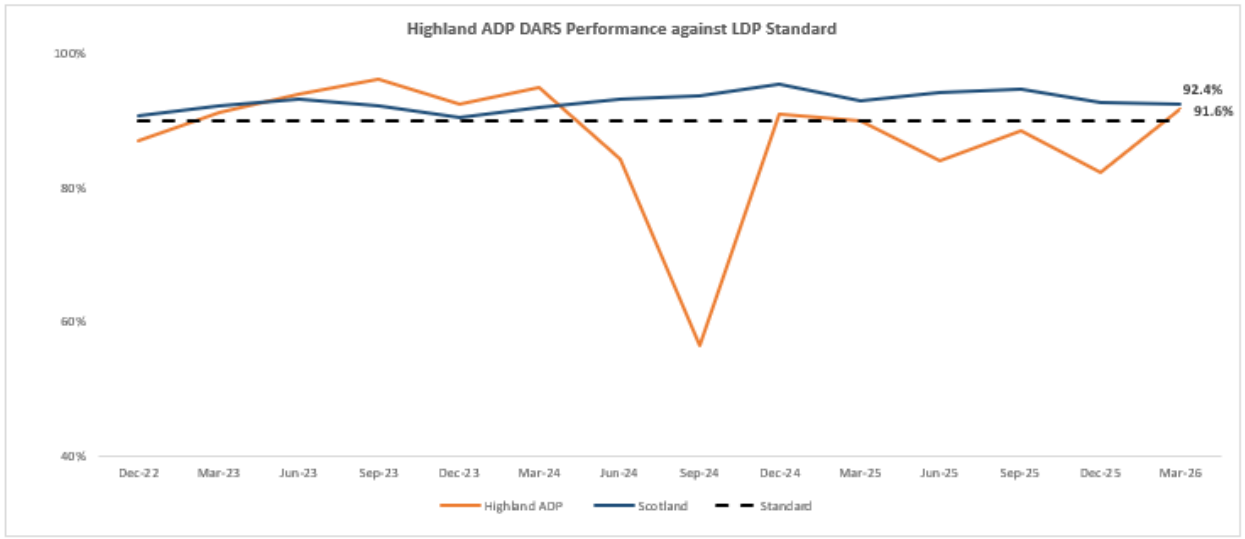
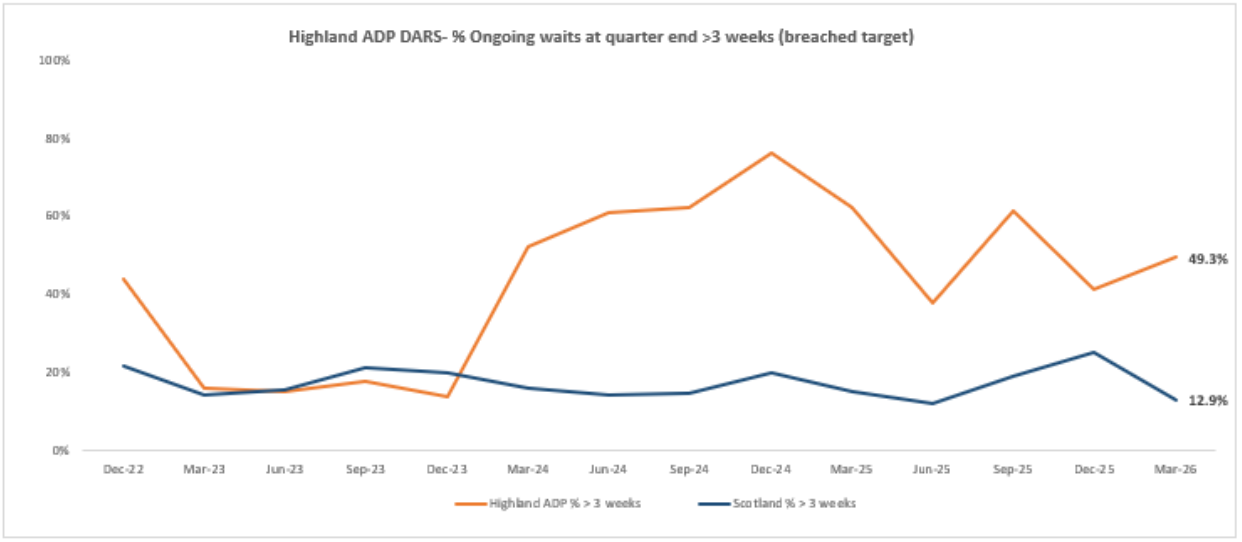
NHWO
1

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)		DARS performance has demonstrated significant variation. Performance was strong during 2023 and early 2024, sitting above the LDP standard, but deteriorated markedly during 2024, reaching a low point around September 2024. This was followed by a rapid recovery by December 2024, although performance remained variable through 2025 and was below the standard at several points. **The latest reported position of 91.6% in March 2026 is above the LDP providing current assurance that the standard is being met.**	Ongoing focus within the service will be directed towards maintaining performance above the 90% standard and reducing variation to achieve consistent long-term delivery.
Reduce the length of time of DARs patients waiting > 3 weeks to commence treatment per quarter (breached target)			





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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		Recent performance shows a sustained reduction in the total number of people waiting since January 2026 – **36.7% reduction achieved.** This reflects early impact from targeted actions focused on the longest waits and improved operational grip through enhanced performance monitoring. **At June 2026 – 92.6% 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.

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
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
May 2026	25	84	275	3	77	138	63	306	47	117
June 2026	38	95	238	3	91	131	61	264	34	109
July 2026	34	95	222	0	89	124	65	150	41	90

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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
Community / Outpatient MH Length of wait – across band		**At month end June 2026 – 92.6% of CMHT referrals were seen within 18 weeks RTT benchmark.** **At month end April 2026 – 82.1% 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 has provided sustained performance in CMHT waiting lists.	Targeted actions focused on the longest waits and improved operational grip through enhanced performance monitoring has provided sustained performance in CMHT waiting lists. Over the summer/autumn 2026, the service will undertake focussed review of AMH&LD waiting lists to attempt to replicate this performance improvement on these waiting lists.

SPECIALTY_LOOKUP	0-18 weeks	19-35 weeks	36-52 weeks	53-77 weeks	78-104 weeks	>104 Weeks
CMHS Aviemore	31	2				
CMHS Caithness	83	21	1	1		
CMHS East Ross	140	44	35	9	2	
CMHS Inverness	4					
CMHS Lochaber	82	4	1	3		
CMHS Mid Ross	111	8	5	3		
CMHS Nairn	48	22	4	3	1	
CMHS Skye and West Ross	50	51	34	5	1	7
CMHS Sutherland	36	1	4	3	1	1
Highland Community Mental Health Team	76	9	9	5	1	2

SPECIALTY_LOOKUP	0-18 weeks	19-35 weeks	36-52 weeks	53-77 weeks	78-104 weeks	>104 Weeks
General Psychiatry	435	145	100	75	34	56
Learning Disability	29	70	36	100	94	352
Learning Disability Nursing	3	4	4	3		11
Perinatal Infant Mental Health Service	7					
Psychiatry Of Old Age	243	53	10	3	1	

Outpatient Waiting List figures as at 08/07/2026

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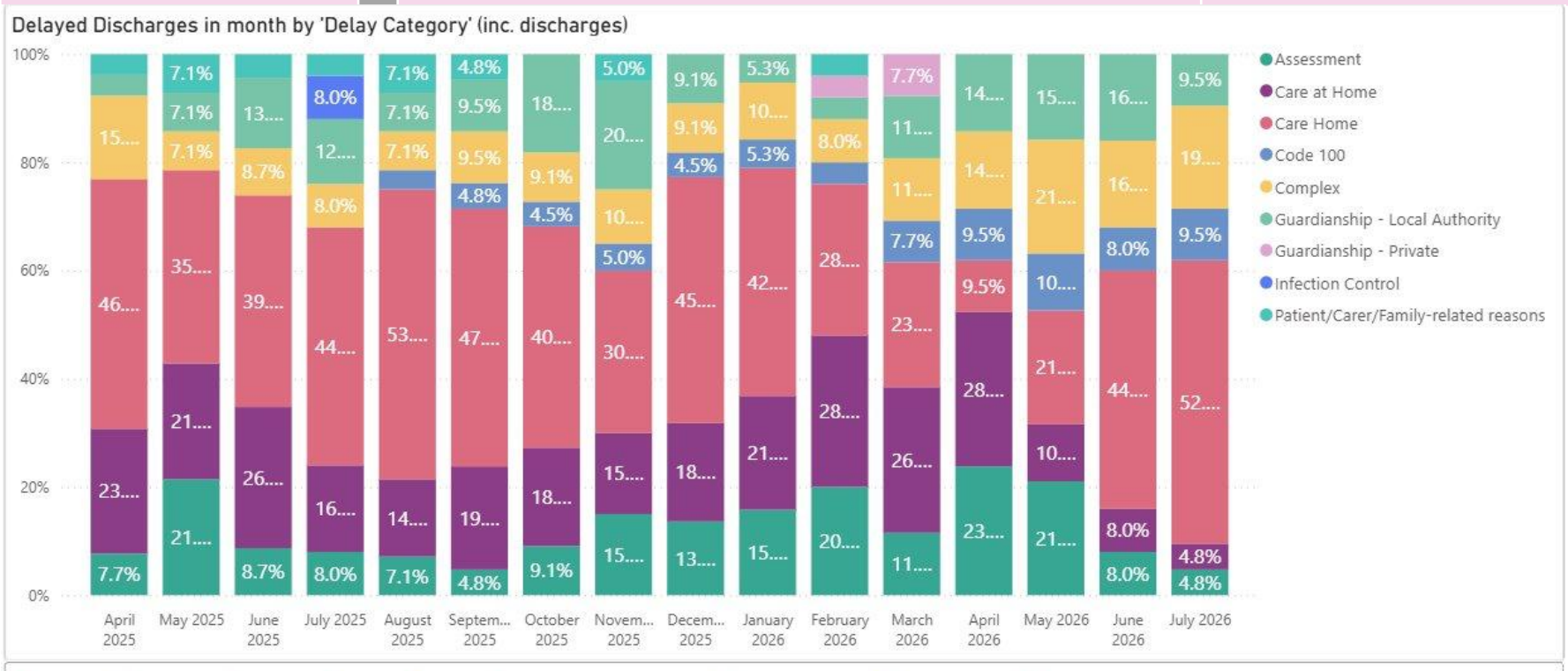
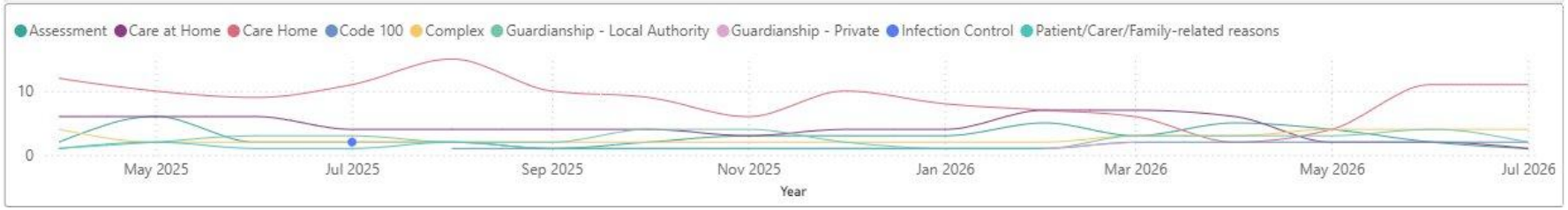
NHWO2

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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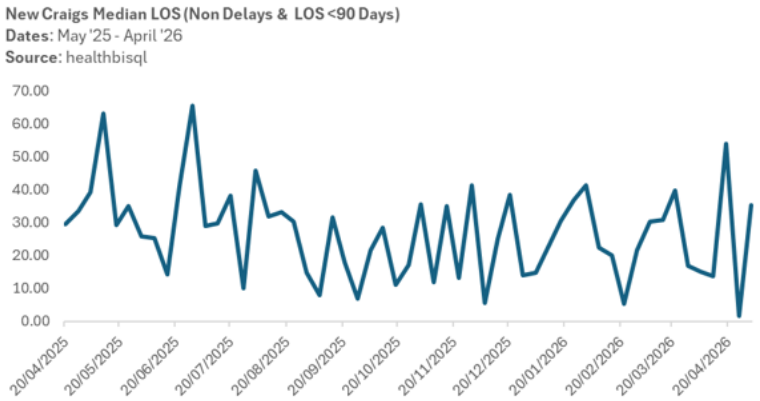
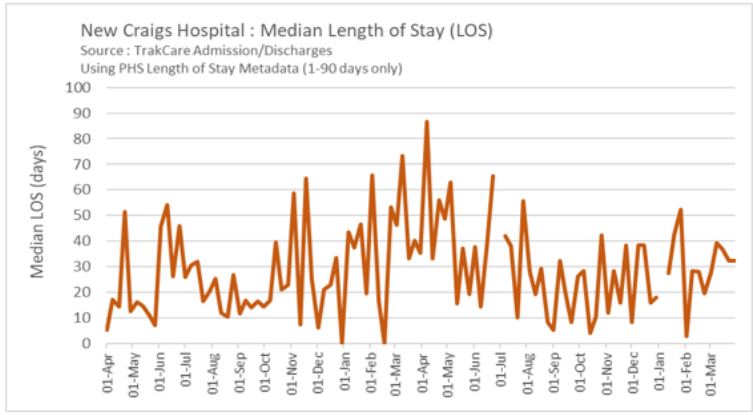
NHWO 2

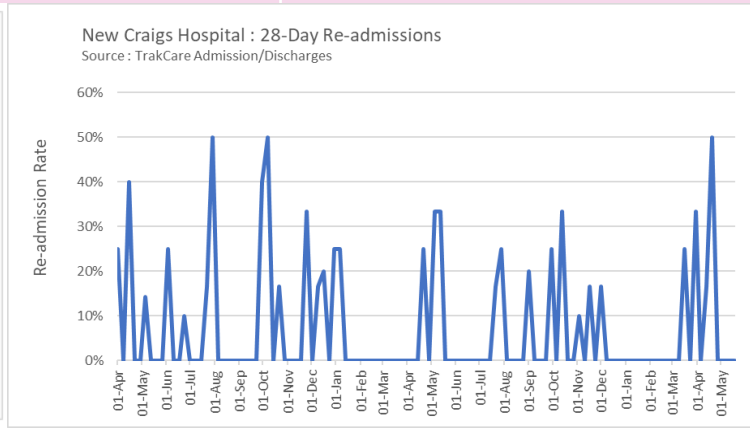
HHSCP Community Mental Health Teams

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 NCH Delayed Hospital Discharges – by category % readmission to MH hospital within 28 days of discharge % followed up within 72 hours discharge - NEW	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 28-day readmission rate at New Craigs Hospital demonstrates significant month-to-month variation, ranging from 0% to approximately 50%. While several periods of elevated readmissions are evident, these are not sustained and are interspersed with prolonged periods of low or no readmissions. The pattern is consistent with the effect of small patient numbers, where a small number of readmissions can result in substantial percentage fluctuations. Overall, the data suggests that readmissions remain infrequent but require continued monitoring given the level of variation observed. The IPQR now includes a new dataset – follow up within 72hrs and 7 days – from discharge from hospital – see plans/mitigations.	The IPQR now incorporates key metric of follow-up within 72 hours and 7 days of discharge of hospital. There is a high degree of confidence that reported follow up is not representative and the service are developing a standard process to ensure follow up appointments upon discharge are accurately reported/captured.

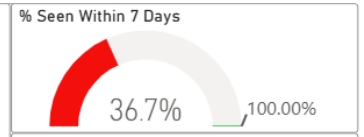


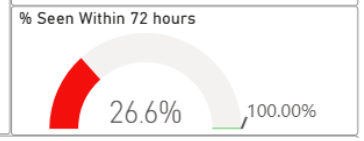




Follow up status for discharged patients - previous quarter

Year	No appointment booked	No follow-up within 7 days	Seen within 7 days	Seen within 72 hours	Total
2026	37	32	11	29	109
April	7	13	4	10	34
May	15	10	5	12	42
June	15	9	2	7	33
Total	37	32	11	29	109





Highland HSCP – MH&LD - Psychological Therapies Waiting Times

Slide 1 of 1

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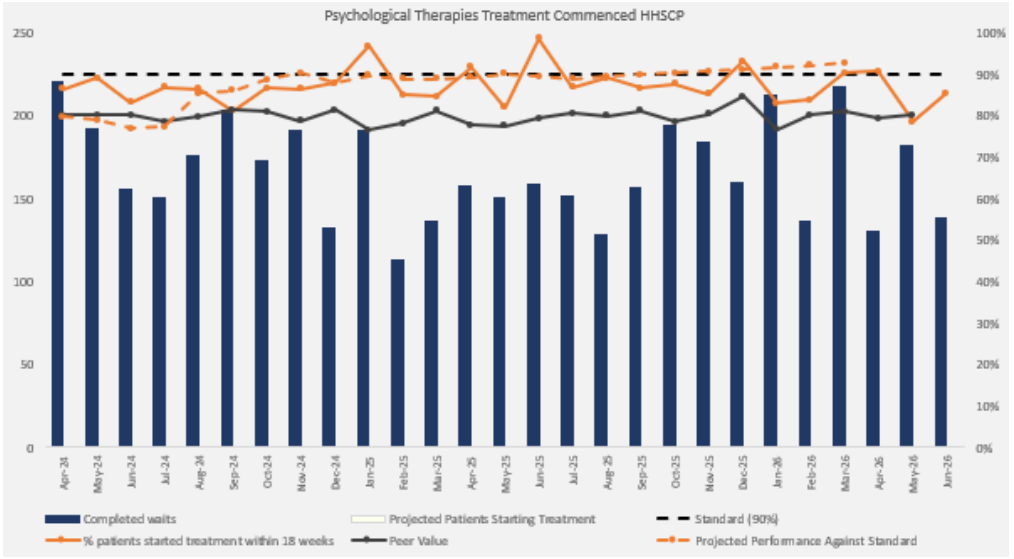
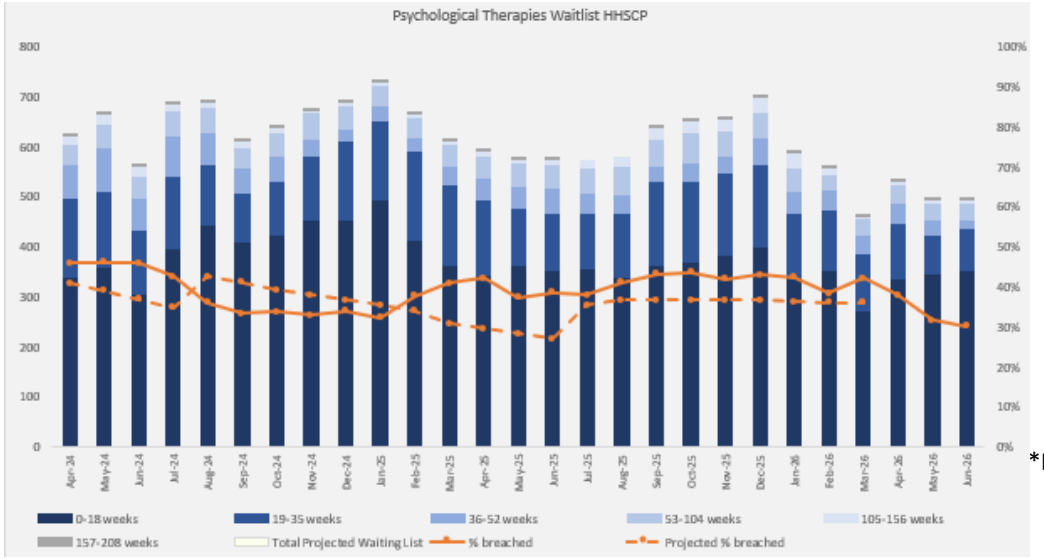
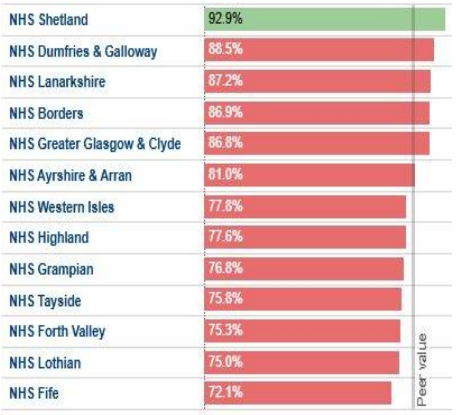
NHWO 3

Key Performance Indicators		Reasons for Current Performance	Plans, Mitigations and Actions
Ensure that at least 90% of patients referred to Psychological Therapy services are seen for their first appointment within 18 weeks of referral by March 2026.		Psychology Services remains stable but under pressure, with activity below historic levels and no clear evidence of recovery despite relatively stable backlogs. RTT performance has fallen from 78.6% to 77.6%, with NHS Highland's national ranking now dropping from 3rd to 7th. Workforce capacity, vacancies and lack of authority to recruit, and resilience remain the principal constraints, raising questions about service delivery and recovery sustainability. NHS Highland continues to have the lowest psychology workforce per 100,000 of population in Scotland. Progress continues to be made with senior leadership roles which have improved processes, systems, and performance.	We are working with SG and PHS to improve NHS Highland adult psychology data quality and forecasting. 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 are now working with eHealth to configure and implementation sub-specialty codes for adult Psychology, as well as development work to produce a DCAQ and forecasting tool. Development of a Psychology specific integrated staff bank is progressing slowly. Utilising supplementary staffing will help alleviate short-term pinch points in workforce supply due to absence and recruitment delays. Work on service resilience with the psychology senior leadership team is ongoing due to low workforce per 100,000 population.
Increase the number of completed Psychological Therapies waits.			







*Benchmarking position for May 2026

Highland HSCP Delayed Discharges

Slide 1 of 2

Executive Lead
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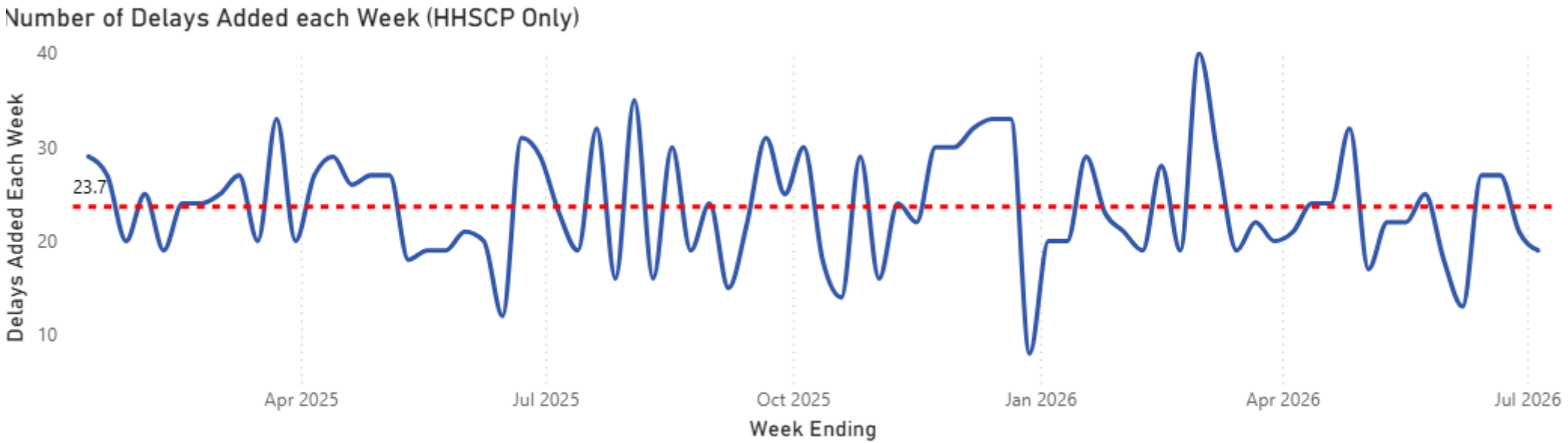
NHWO 9

Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
Reduce the total number of patients experiencing a standard delay in discharge from hospital across NHS Highland to agreed targets and trajectories.		• Delays in hospital across the HSCP area have multifactorial causes related to availability of care, complexity related to Adults with Incapacity legislation and process and coordination issues. • 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. Three times 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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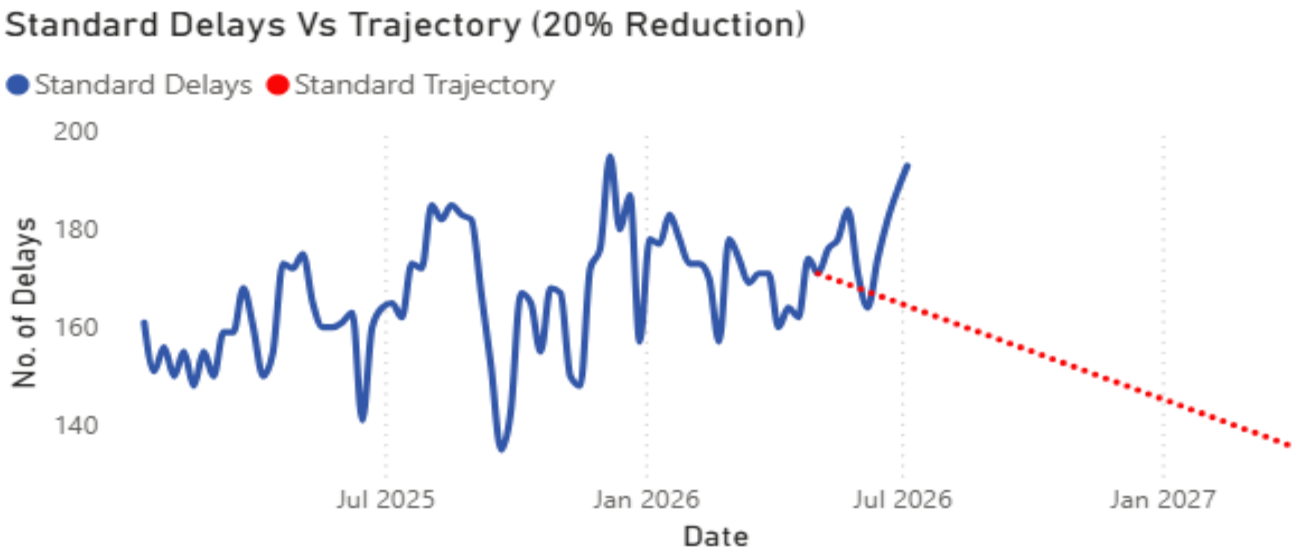

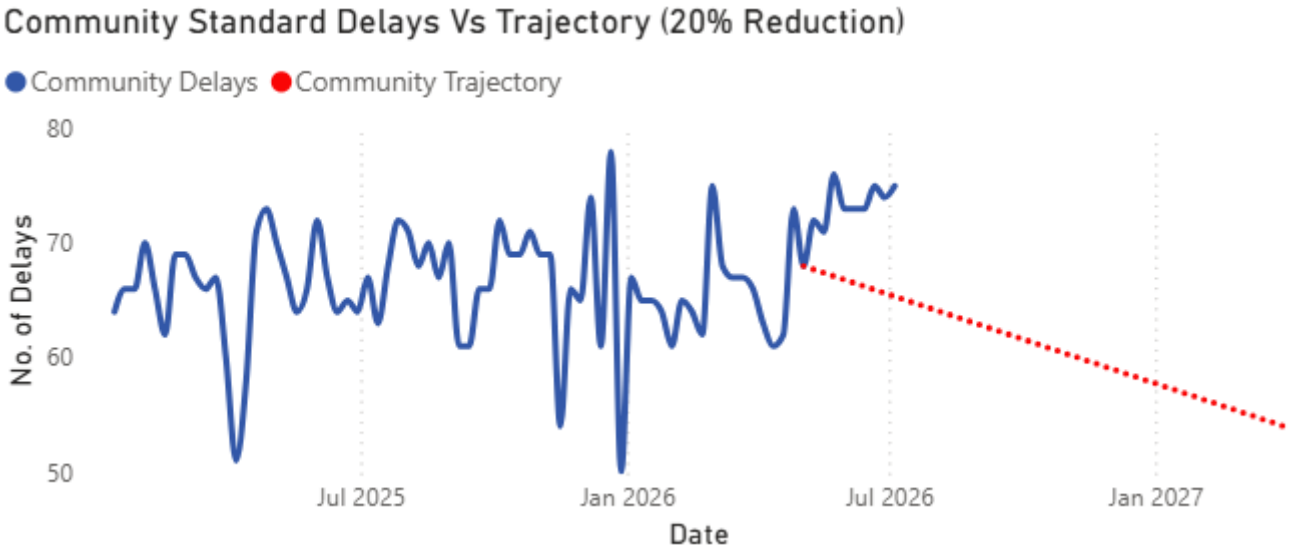

Highland HSCP – Unscheduled Care – Community Hospital Length of Stay (LOS)

Slide 1 of 2

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Chief Officer, HHSCP

NHWO 9

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.
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	527,275	78,644	6.7	59.6%	63.8%
NHS Highland	26,006	2,933	8.9	63.4%	70.5%
Badenoch And Strathspey Community H	491	21	23.4	4.8%	9.5%
Broadford Hospital	814	99	8.2	39.4%	48.5%
Campbeltown Hospital	56	33	1.7	87.9%	90.9%
County Community Hospital Invergordon	3,134	42	74.6	4.8%	4.8%
Cowal Community Hospital	654	141	4.6	80.9%	83.0%
Dunbar Hospital	325	4	81.3	0.0%	0.0%
Islay Hospital	253	33	7.7	60.6%	69.7%
Lawson Memorial Hospital	452	9	50.2	0.0%	11.1%
Mid-Argyll Community Hospital And Integ	784	154	5.1	51.9%	61.7%
Migdale Hospital	361	5	72.2	0.0%	0.0%
Mull And Iona Community Hospital	265	39	6.8	74.4%	79.5%
Nairn Town And County Hospital	-	-	-	-	-
Portree Hospital	57	4	14.3	0.0%	0.0%
Rni Community Hospital	-	-	-	-	-
Ross Memorial Hospital	-	-	-	-	-
Victoria Hospital (Highland)	392	79	5.0	60.8%	68.4%
Wick Town And County Hospital	657	11	59.7	0.0%	0.0%

Note: Hospital comparisons against NHSH

Note: NHS Highland includes Acute/NTC sites

Note: Figures are subject to coding delays

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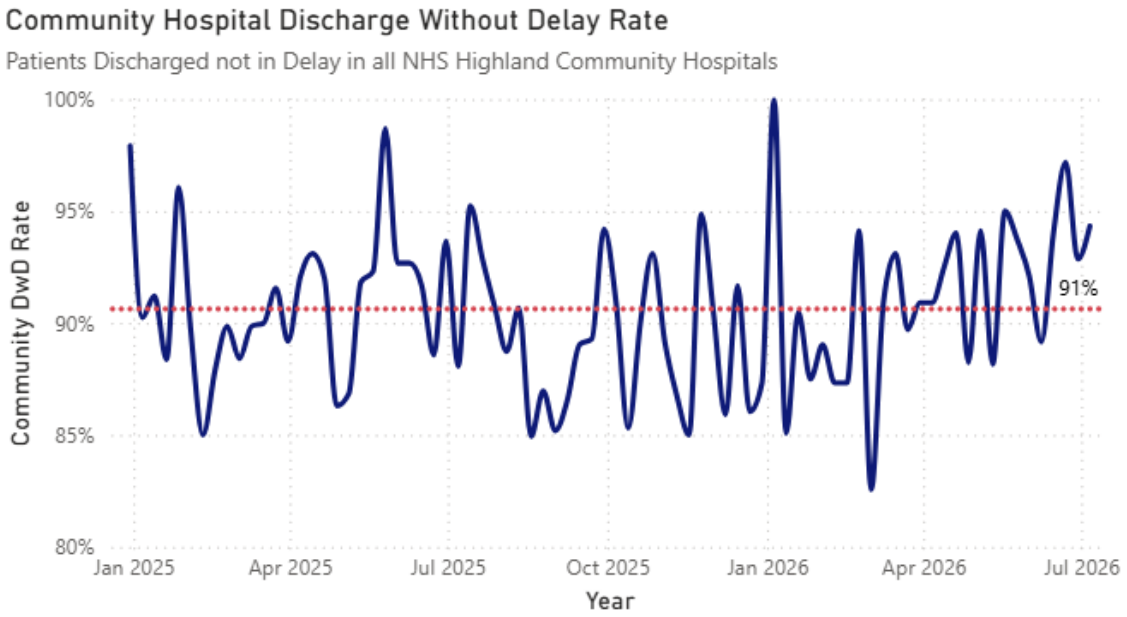
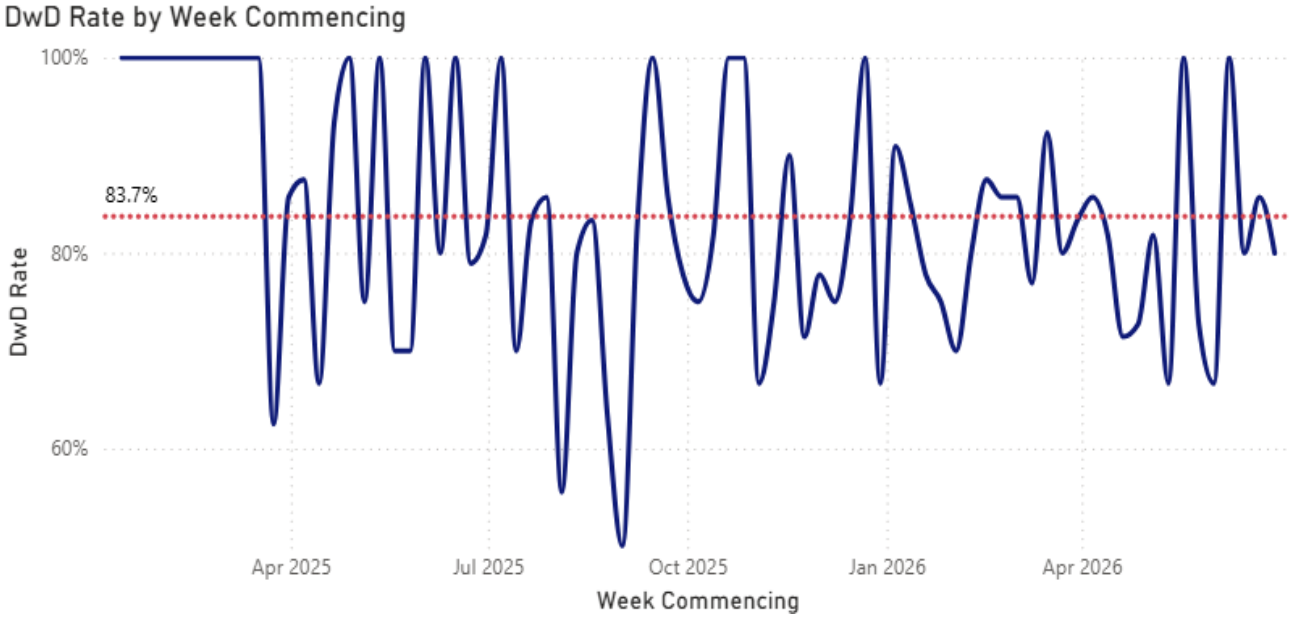
Highland HSCP – Unscheduled Care – Discharge without Delay

NHWO 9

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 availabilitiy.	• Focussed DWD group established to implement the national DWD pathway in full, supported by DWD national leads. • Proposal for change to implement an 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