Highland Health and Social Care Partnership

Integrated Performance and Quality Report

5 May 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

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. 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

NHWO No.	Area	Area	Current Performance (Date)	Previous Performance (Date)	Performance Trajectory	Local Target	National Target	Performance Rating
2.	Adult Social Care	Number of new Long Stay Care Home placements per month (Older Adults)	39 (Feb 26)	57 (Dec 25)	↓	50 (month)	N/A	
2.	Adult Social Care	Long Stay Care Home Placements (Number of Younger Adults)	182 (Feb 26)	183 (Dec 25)	→	TBC	N/A	
2.	Adult Social Care	Care At Home: Unmet Needs (Total Number of Critical, 6+ months wait)	15 (Mar 26)	14 (Dec 25)	↑	0 for critical	N/A	
2.	Adult Social Care	Self Directed Support Option 1	26% (Feb 26)	26% (Dec 25)	→	30%	N/A	
2.	Adult Social Care	Self Directed Support Option 2	10% (Feb 26)	10% (Dec 25)	→	11%	N/A	
2.	Adult Social Care	Self Directed Support Option 3 (Support at Home and External CAH)	64% (Feb 26)	65% (Dec 25)	→	Reduce	N/A	
2.	Adult Social Care	Self Directed Support Option 1-4 (Total number of people)	3476 (Feb 26)	3425 (Dec 25)	→	Maintain	N/A	
7.	Adult Social Care	Adult Protection Activity – Referrals Opened	75 (Mar 26)	56 (Dec 25)	→	TBC	N/A	
7.	Adult Social Care	Adult Protection Activity – Investigations Opened	22 (Mar 26)	12 (Dec 25)	→	TBC	N/A	

Guide to Performance Rating

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

Executive Summary of HHSCP Performance Indicators: 2 of 3

NHWO No.	Area	Area	Current Performance (Date)	Previous Performance (Date)	Performance Trajectory	Local Target	National Target	Performance Rating
1.	Community Services	Vaccination Uptake (6:1)	92.6% (Dec 25)	91.6% (Sep 25)	↑	95%	95%	
1.	Community Services	Vaccination Uptake (MenB)	92.4% (Dec 25)	91.4% (Sep 25)	↑	95%	95%	
1.	Community Services	Vaccination Uptake (PCV)	94.4% (Dec 25)	92.9% (Sep 25)	↑	95%	95%	
1.	Community Services	Vaccination Uptake (Rotavirus)	89.0% (Dec 25)	86.2% (Sep 25)	↑	95%	95%	
1.	Community Services	Vaccination Uptake (Flu)	55.1% (Mar 26)	55.6% (Winter 25 to date)	→	60%	N/A	
1.	Community Services	Vaccination Uptake (Covid 19)	62.3% (Mar 26)	63.1% (Winter 25 to date)	↓	60%	N/A	
9.	Primary Care	Antibiotic Prescribing across Highland HSCP GP clusters per 1000 population	636.0 (Feb 2025 – Jan 2026)	701.8 (Feb 2024 – Jan 2025)	↓	TBC	N/A	
9.	Primary Care	Patient Experience – Patient Survey – Overall Experience of General Practice (HHSCP)	81.3% (2023/24)	-	N/A	TBC	N/A	

Guide to Performance Rating

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

Executive Summary of HHSCP Performance Indicators: Page 3 of 3

NHWO No.	Wells	Area	Current Performance (Date)	Previous Performance (Date)	Performance Trajectory	Local Target	National Target	Performance Rating
1.	Mental Health & Learning Disabilities	Drug & Alcohol Waiting Times	82.2% (Dec 25)	88.4% (Sep 25)	↓	90%	90%	
1.	Mental Health & Learning Disabilities	Mental Health – CMHT Waiting List – % Patients Seen <18 weeks	48.8% (Dec 25)	46% (Oct 25)	↑	90%	N/A	
3.	Mental Health & Learning Disabilities	Psychological Therapies % Patients Seen <18 weeks	83.8% (Feb 26)	93.1% (Dec 25)	↓	90%	90%	
9.	Unscheduled Care	Delayed Discharges – No of standard delays (HHSCP)	163 (Mar 26)	172 (Dec 25)	↓	TBC	151 (Board Target, by March 2026	
9.	Unscheduled Care	Delayed Discharges – No of AWI delays (Board)	37 (Mar 26)	37 (Dec 25)	→	TBC	35 (Board Target, by March 2026)	
9.	Unscheduled Care	Community Hospital – Mean Length of Stay	27.8 days (Q4, 2025/26)	25.6 days (Q3, 2025/26)	↑	TBC	7.9 days (Board Target, by March 2026)	
9.	Unscheduled Care	Community Hospital – Discharge without Delay	87.4% (Mar 26)	89.6% (Feb 26)	↓	90%	N/A	
9.	Unscheduled Care	Community Hospital – Weekend Discharge without Delay	16.0% (Mar 26)	15.6% (Feb 26)	↑	10%	N/A	

Guide to Performance Rating

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

Highland HSCP – Adult Social Care – Care Homes

Slide 1 of 4

Together We Care
with you, for you

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 2

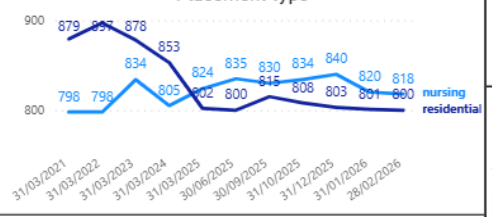
Key Performance Indicator		Reasons for current performance	Plans, Mitigations and Actions
Maintain the number of new long stay care home placements - Older Adults (OA) to = 50 per month		• Demand for placement is the most common reason for being delayed in hospital • Highland providers continue to face significant operational challenges due to difficulties in staff retention and in delivering to the NCHC and on a smaller scale • Since March 2022, 6 external care homes have closed. The partnership has made 3 acquisitions since 2020, the most recent being Moss Park In April 2025 to prevent further loss of bed provision. • During March 2026, there were 53 older adult admission to care homes • Phased admission process in Inverness care home due to supporting quality improvement • 69 delayed hospital discharges • 13 older adult bed vacancies	• 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 plans are in place to implement agreed uplift during April • 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.
Monitor the number of new long stay care home placements for Younger Adults (YA)			

Feb-26 | **Long-stay Care Homes**

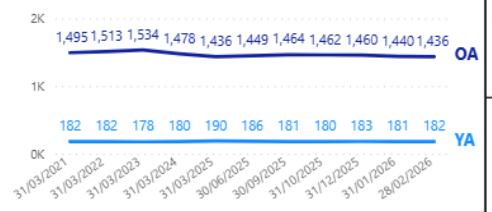
Delayed discharges (care homes)

Mid	North	Other	Raigmore	South	West	Total
7	16	4	31	8	3	**69**

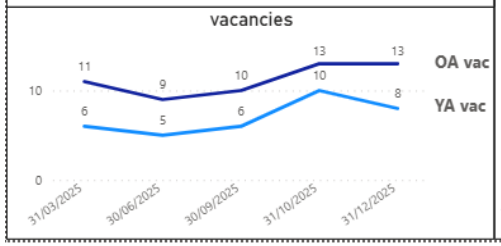
Placement type



residents



vacancies



Residents by care home location

age band / location	OA count	OA %	YA count	YA %
North Highland	1330	93%	160	88%
Scotland	89	6%	16	9%
other UK	17	1%	6	3%
Total	**1436**	**100%**	**182**	**100%**

North Highland residents by area

age band / NHS area 2	OA count	OA %	YA count	YA %
South	630	47%	95	59%
Mid	319	24%	53	33%
North	221	17%	9	6%
West	160	12%	3	2%
Total	**1330**	**100%**	**160**	**100%**

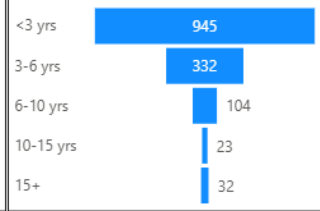
Current residents by length of stay (years, average)

Area	18-64	65-74	75-84	85+
Mid	7.0	4.0	3.2	2.8
North	3.0	5.5	3.1	2.8
OOA	9.1	4.3	2.9	2.2
South	9.8	4.4	3.0	2.5
West	1.8	1.7	1.9	2.7
Total	**8.4**	**4.2**	**2.9**	**2.6**

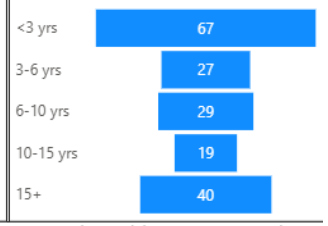
Current residents by length of stay (years, maximum)

Area	18-64	65-74	75-84	85+
Mid	24.0	23.9	26.6	14.1
North	14.7	23.9	15.1	21.3
OOA	29.8	23.9	17.6	10.1
South	30.2	30.0	23.9	26.5
West	2.3	9.5	16.0	10.5
Total	**30.2**	**30.0**	**26.6**	**26.5**

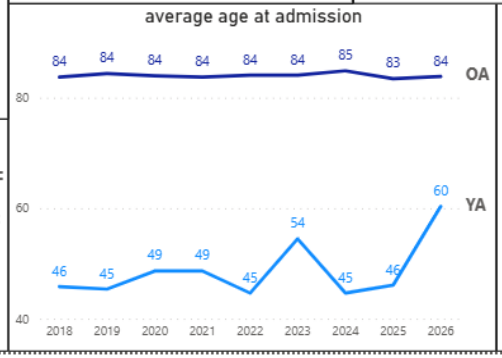
Current residents (OA) by LOS



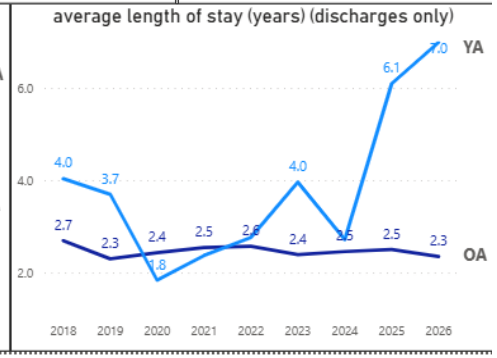
Current residents (YA) by LOS



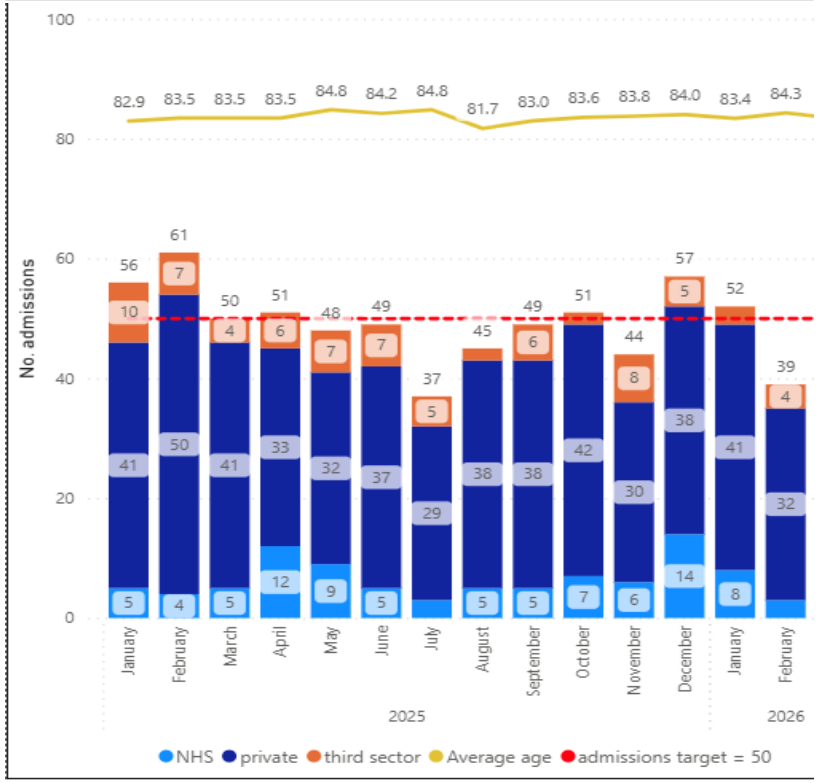
average age at admission



average length of stay (years) (discharges only)



Number of Long Stay Older Adults Placements per month



Highland HSCP – Adult Social Care - Care at Home

Slide 2 of 4

Together We Care
with you, for you

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 2

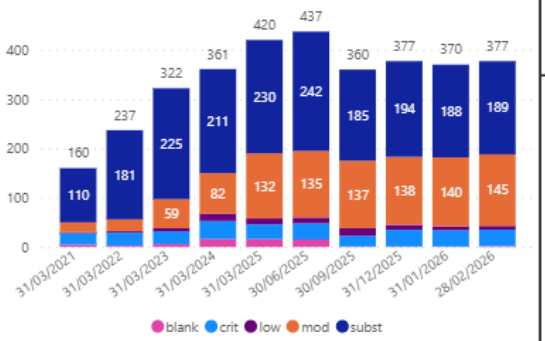
Key Performance Indicator	Reasons for current performance	Plans, Mitigations and Actions
Reduce unmet assessed critical care needs to zero (measured by hours and people)	• There are sustainability pressures in the market, and 6 providers have exited the market with the hours picked up by the sector and NHSH. • Sustaining and growing service delivery levels for care at home a priority. • Operational colleagues and our partner providers continue to work collaboratively to deliver services however the complexity of care at home provision, along with ongoing acute recruitment and retention, and major competition from other / more desirable employment sectors, is resulting in a reduction of activity across this area • 377 people waiting for a CAH service, including 40 delayed hospital discharges	• Short term stabilisation actions remain under consideration • Fuel costs are impacting on our providers organisationally and on carers delivering services - sustainability concerns have been raised to NHS Highland • A commissioning strategy and a market facilitation plan have been prepared and are available in a draft form as per 31/3/26 deadline.

Feb-26 | **Care at Home**

Delayed discharges (care at home)

Mid	North	Other	Raigmore	South	West	Total
6	9	3	8	8	6	**40**

Waiting list



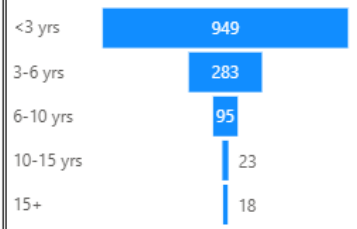
Clients by area & age band

age band / area	OA count	OA %	YA count	YA %
Mid	245	18%	33	17%
North	285	21%	46	24%
South	583	43%	83	43%
West	255	19%	30	16%
Total	**1368**	**100%**	**192**	**100%**

Current clients by length of service (years, average)

area	18-64	65-74	75-84	85+
Mid	4.3	3.6	2.0	1.6
North	4.1	3.6	2.6	3.0
South	4.3	3.2	2.4	2.3
West	5.1	3.9	3.7	3.5
Total	**4.4**	**3.5**	**2.6**	**2.5**

Current clients (OA) by duration



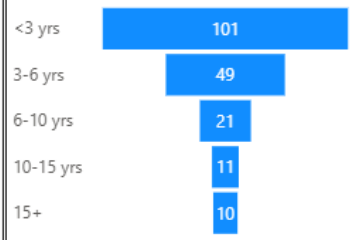
Clients by area & provider

area	clients	NHS hrs	%	ext hrs	%
Mid	278	311	8%	2,013	23%
North	331	1,128	29%	944	11%
South	666	1,059	27%	5,355	61%
West	285	1,387	36%	507	6%
Total	**1560**	**3,885**	**100%**	**8,819**	**100%**

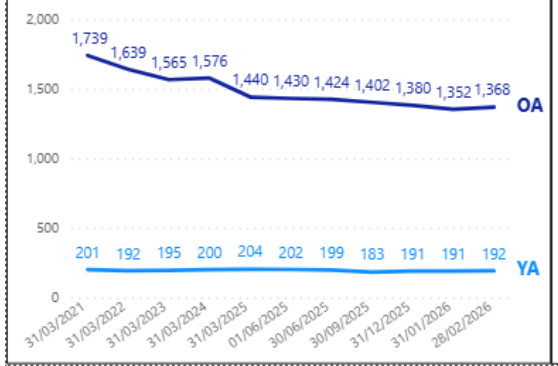
Current clients by length of service (years, maximum)

area	18-64	65-74	75-84	85+
Mid	17.3	26.5	9.7	8.8
North	23.2	23.3	12.0	11.4
South	31.4	31.7	17.5	21.0
West	20.5	12.9	32.2	19.8
Total	**31.4**	**31.7**	**32.2**	**21.0**

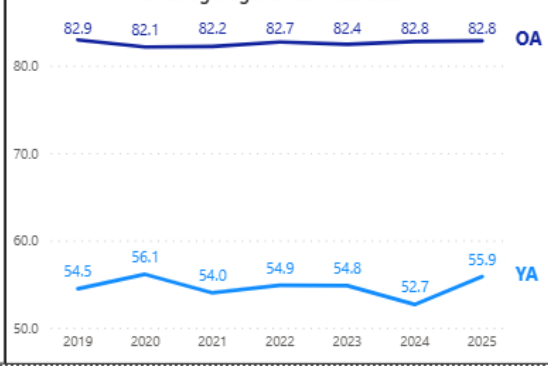
Current clients (YA) by duration



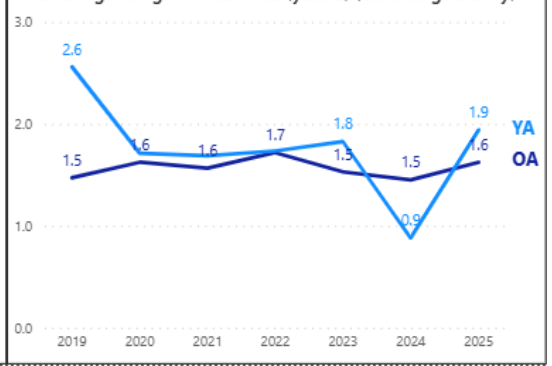
Clients



average age at service start



average length of service (years) (discharges only)



Highland HSCP – Adult Social Care – Self Directed Support

Slide 3 of 4

Together We Care
with you, for you

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 1

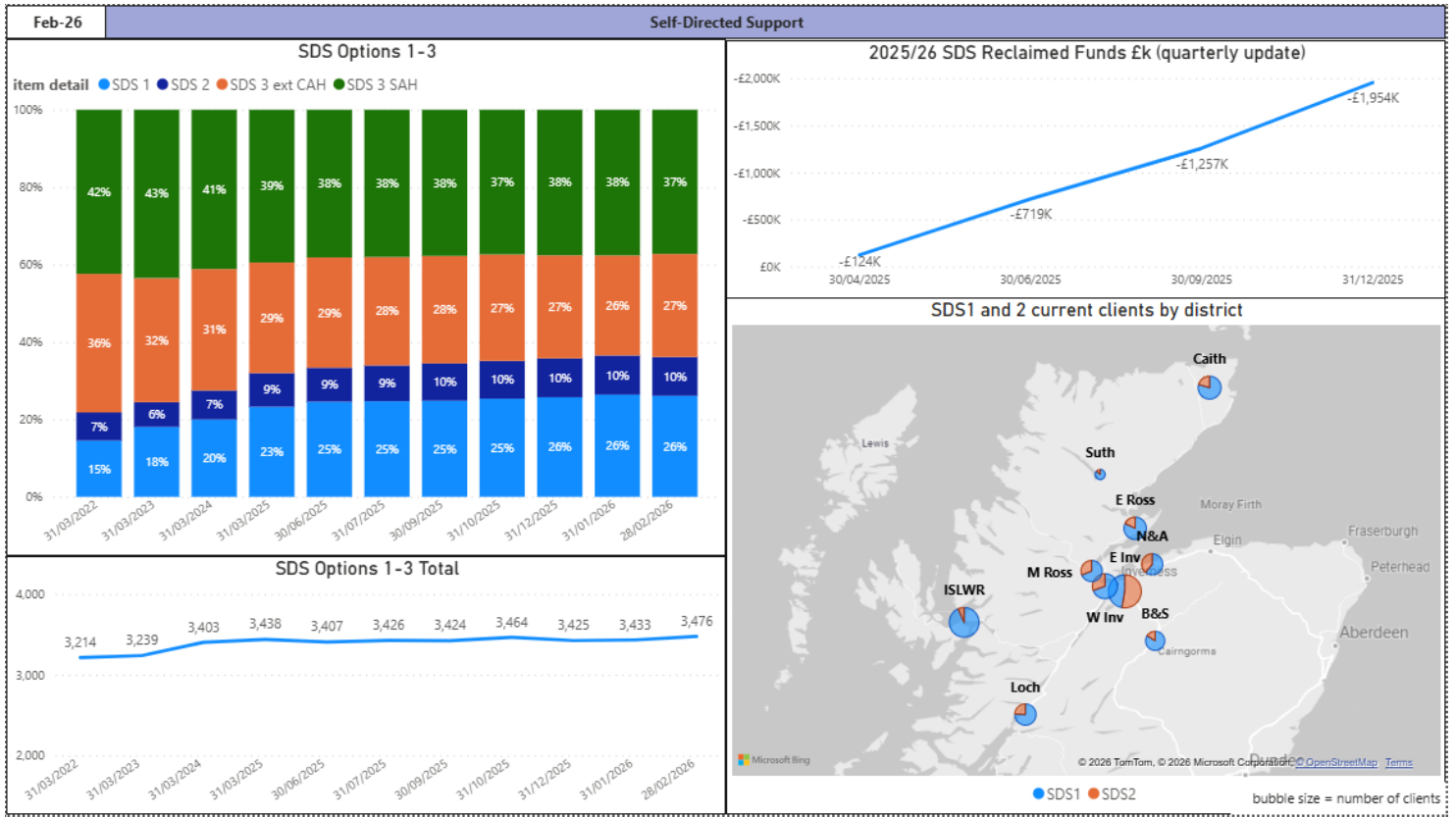
Key Performance Indicator	
Increase the percentage of people actively using SDS1 (Direct Payments) to 30% of total	
Increase the percentage of people actively using SDS2 (Individual Service Funds) to 11% of total	
Decrease the combined percentage of people actively using SDS3 to 50%	
Maintain the total number of people receiving a service via SDS1-4 = 3425	

Reasons for current performance

- For Option 1s we have seen sustained levels of growth in our urban, remote and rural areas.
- For Option 2s we have seen a sustained increase in service provision
- For Option 3s we continue to see a reduction in the total number of people supported, reflecting the significant market challenges and financial stressors which impact the whole care sector.
- Despite these welcome increases in both Options 1&2, this does highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services, suggesting a significant market shift in Adult Social Care service provision.

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 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.



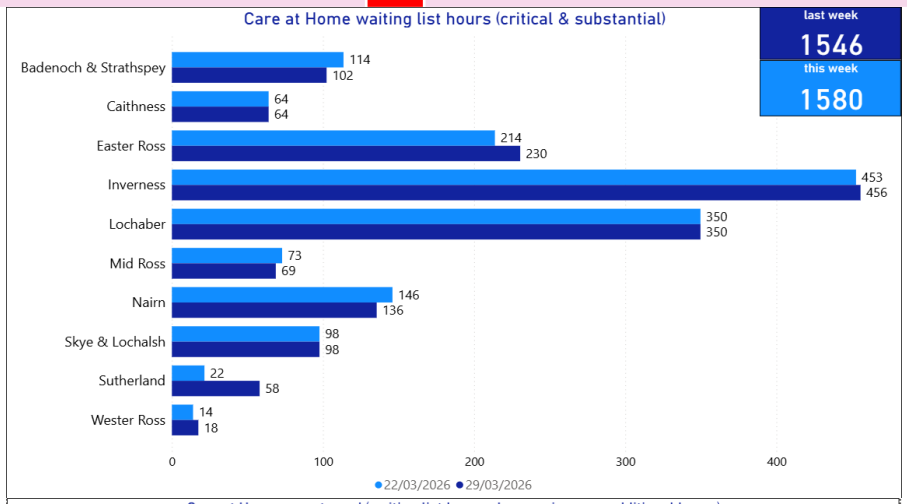
Highland HSCP – Adult Social Care – Unmet Needs

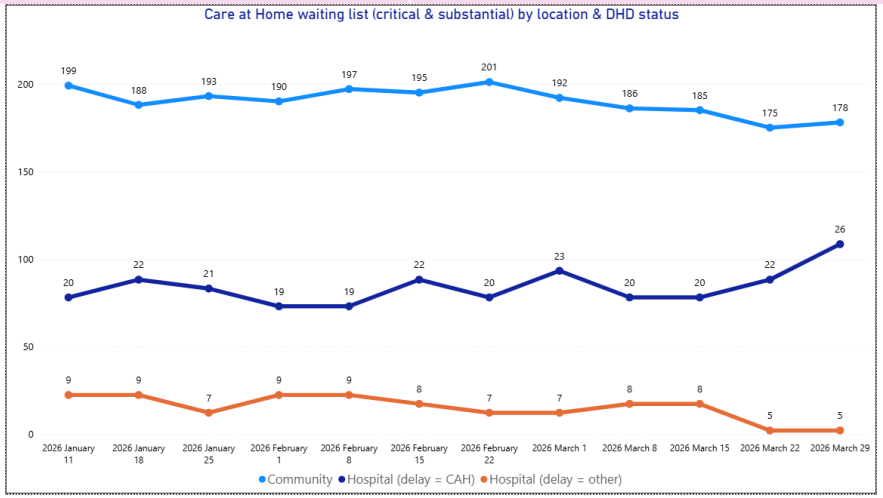
Slide 4 of 4

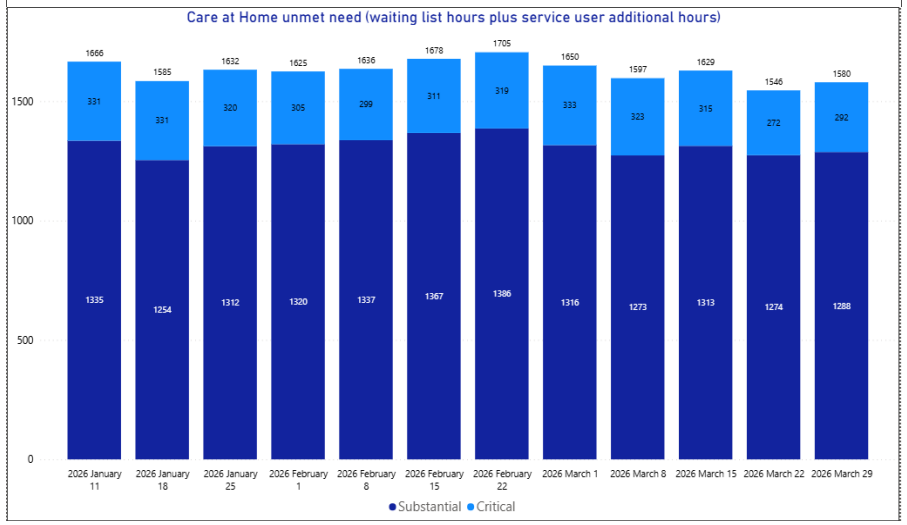
Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

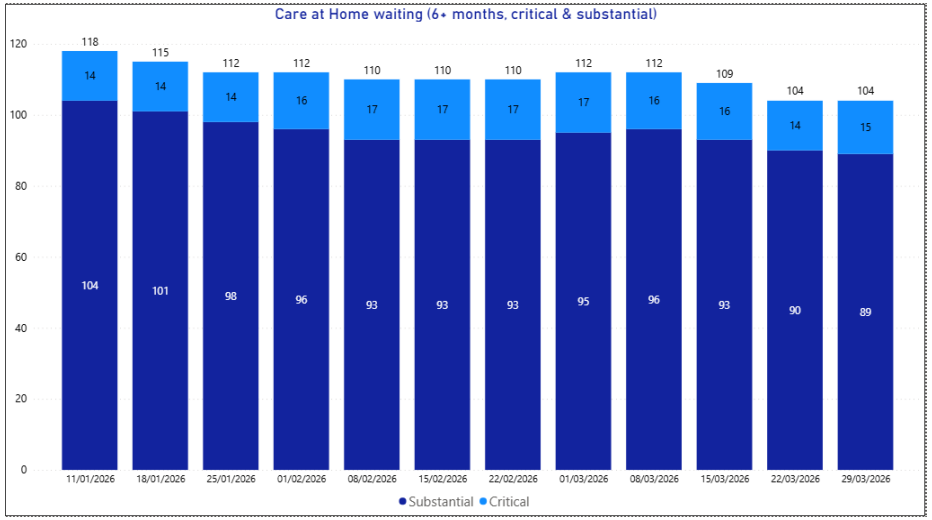
NHWO 1

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









Highland HSCP Adult Social Care - Adult Protection

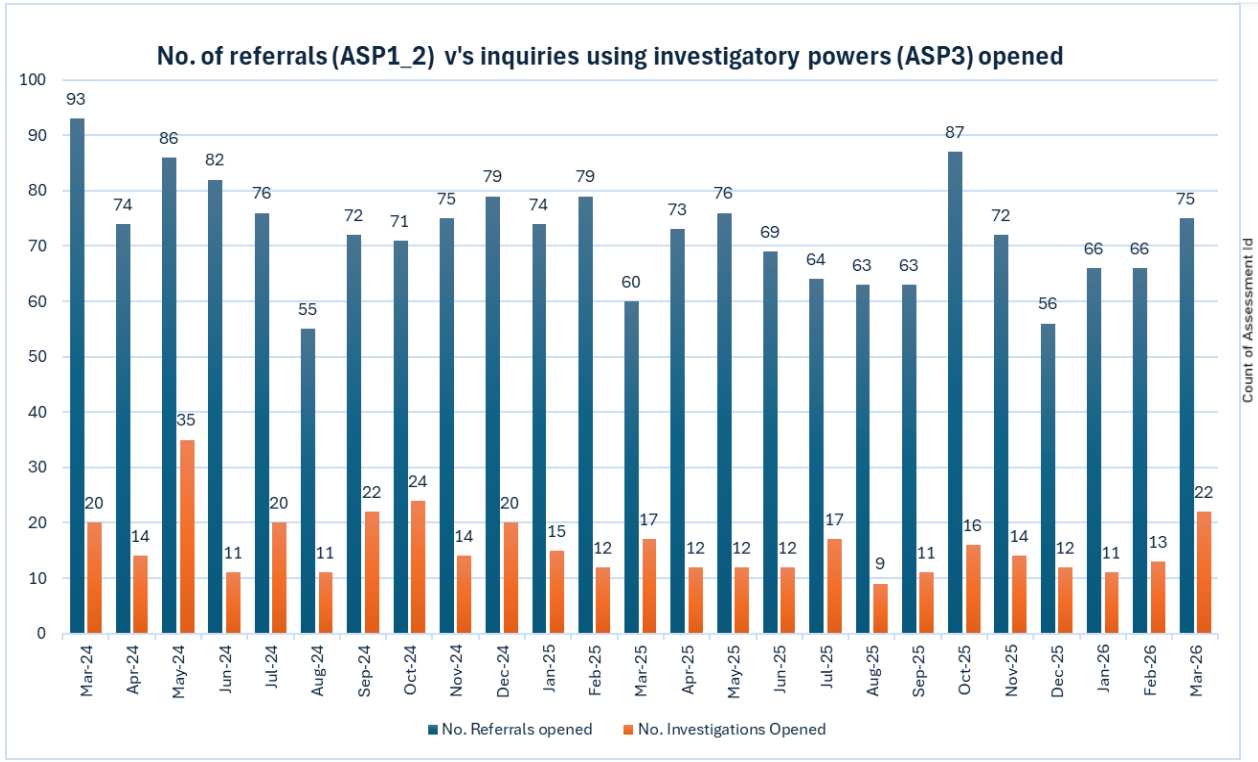
Slide 1 of 2

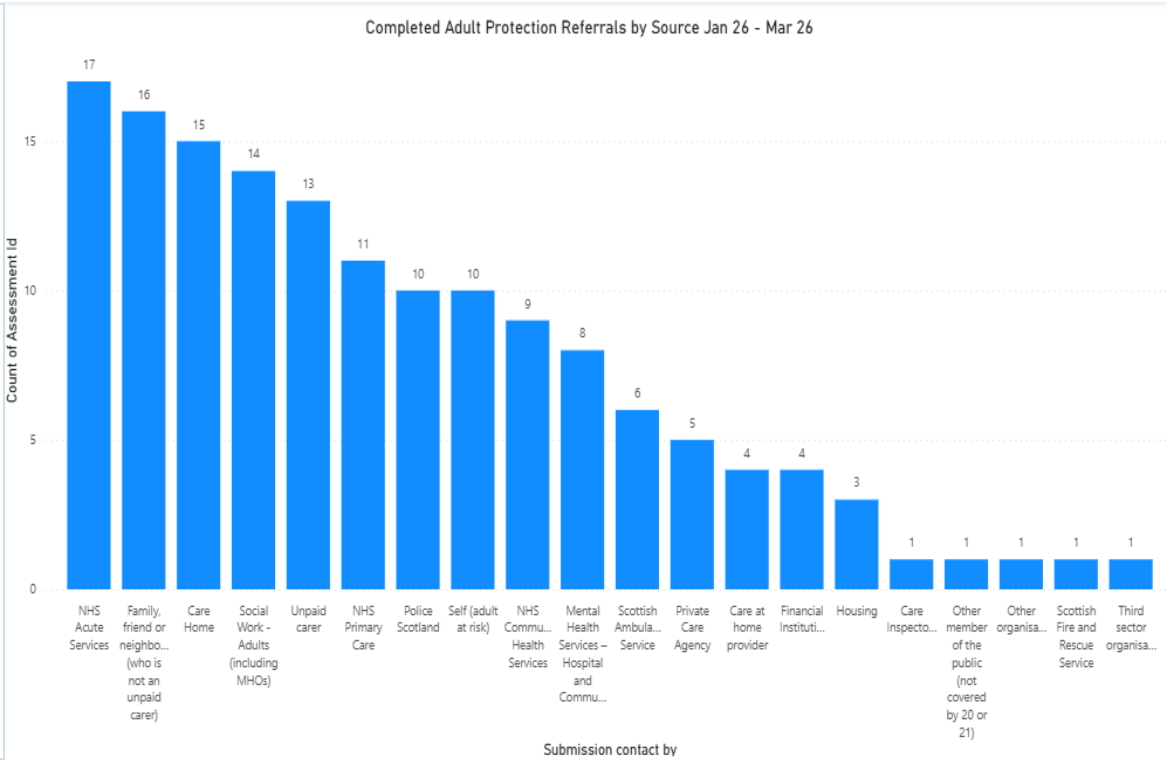
Together We Care
with you, for you

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 was developed for the Highland Adult Protection Committee following the Joint Inspection in early 2024 and the conclusion of two external learning reviews and one joint learning review with the Child Protection Committee. This is being worked on by respective sub-groups to address identified actions, in response to an analysis of current performance. Three key areas and their expected impact have been identified: •**Enhanced Focus on Financial Harm Prevention:** Given the high proportion of cases involving financial exploitation, there is a need for preventative initiatives targeted at older adults. •**Community-Based Safeguarding:** Strengthening community networks and providing more robust support to informal caregivers can help mitigate cases of neglect and harm within the home. •**Qualitative Data Collection:** Gathering qualitative data from adults at risk will help create a fuller picture of the effectiveness of adult protection processes.





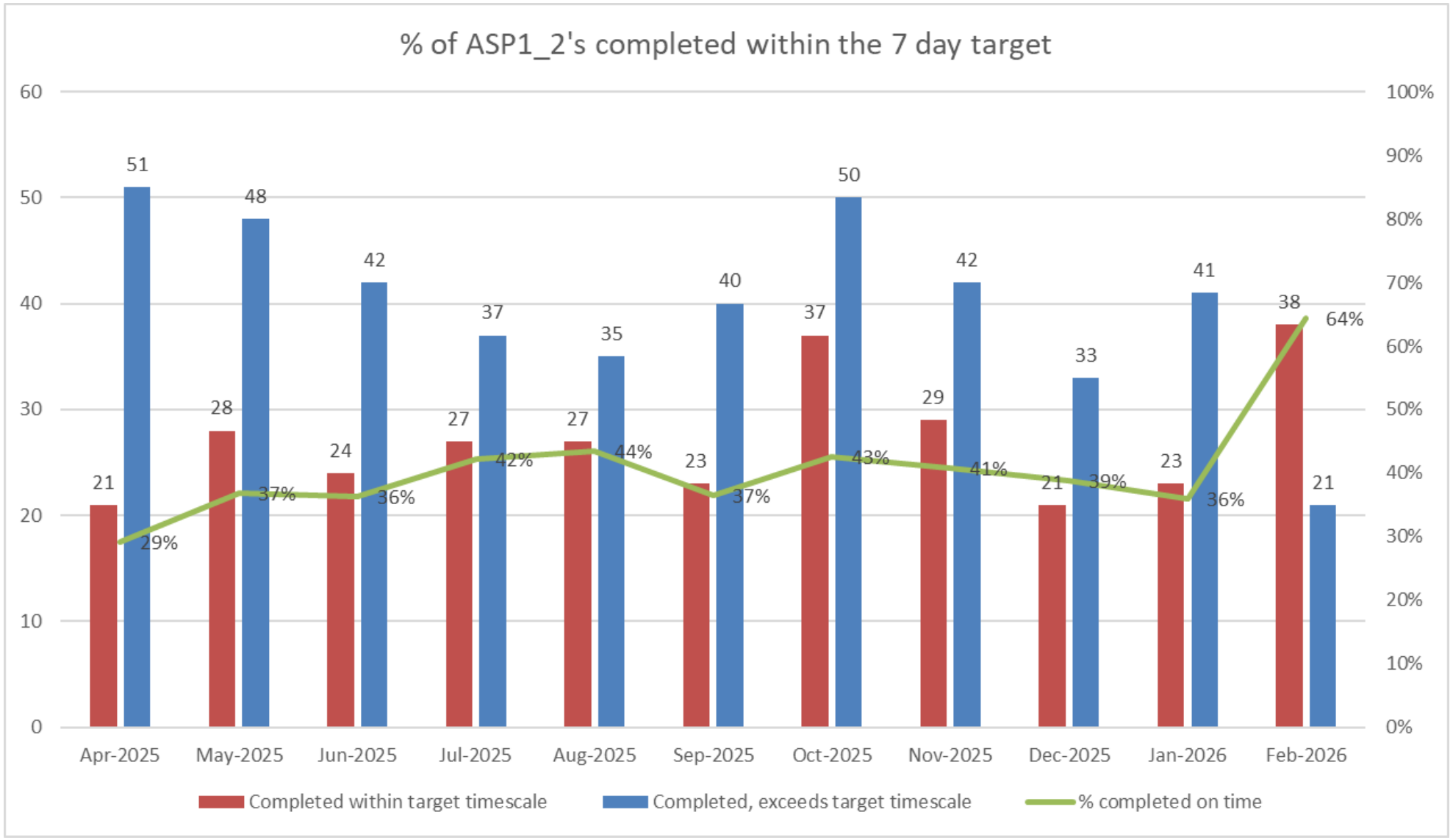
Highland HSCP Adult Social Care - Adult Protection

Slide 1 of 1

Together We Care
with you, for you

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 7



Together We Care
with you, for you

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)		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

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

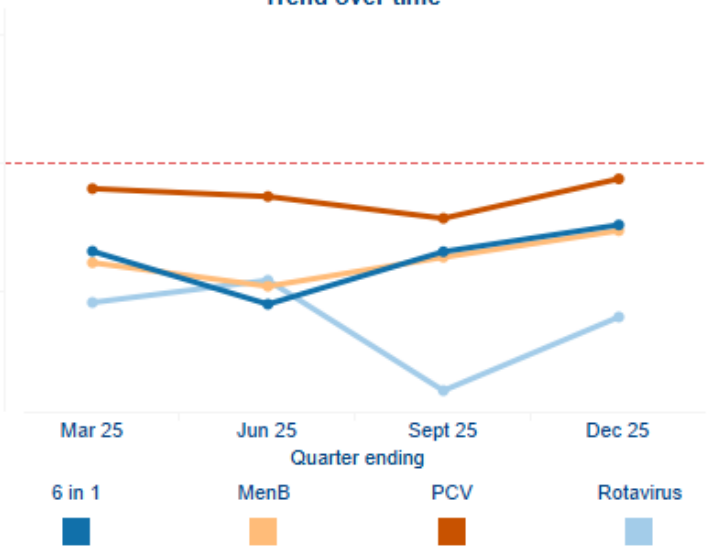
Date From: Quarter ending Mar 25
Date To: Quarter ending Dec 25

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
		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



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

Slide 2 of 2

Together We Care
with you, for you

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		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.

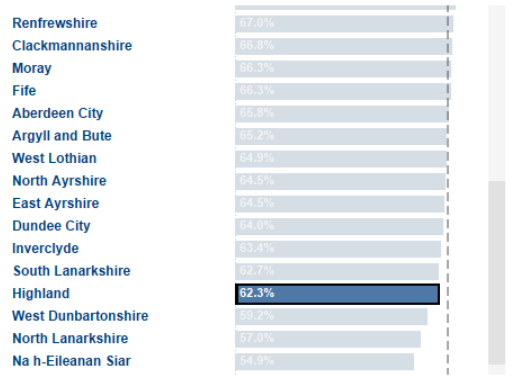
Discovery Level 1 SVIP COVID-19 & Flu Programme
Uptake: Winter 2025
Latest Data: 29-Mar-2026

Season: Winter 2025 | Programme: COVID-19

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

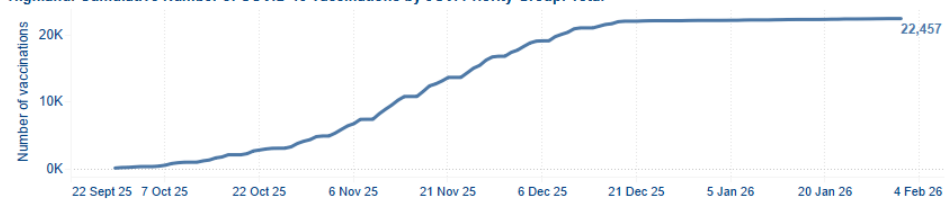
View: Health & Social Care Partnership | JCVI Priority Group: Total | Methodology: Performance

Percentage Uptake by Health & Social Care Partnership
Click to filter



	Vaccinated	Eligible Population	% Uptake	% of Future Appointments	Percentage unvaccinated with no future appointment: Never had an Appointment	Incomplete Appointment
Scotland	470,305	718,749	65.4%	0.0%	11.8%	22.7%
Highland	22,430	36,020	62.3%	0.0%	21.0%	16.7%

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



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

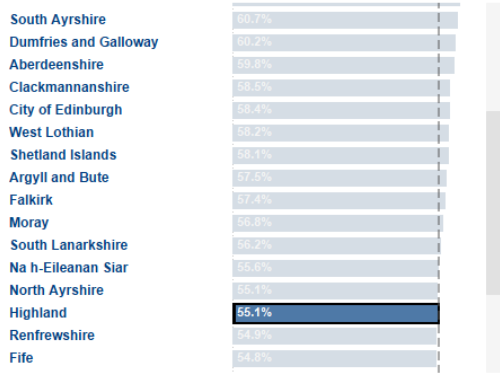
Discovery Level 1 SVIP COVID-19 & Flu Programme
Uptake: Winter 2025
Latest Data: 29-Mar-2026

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

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

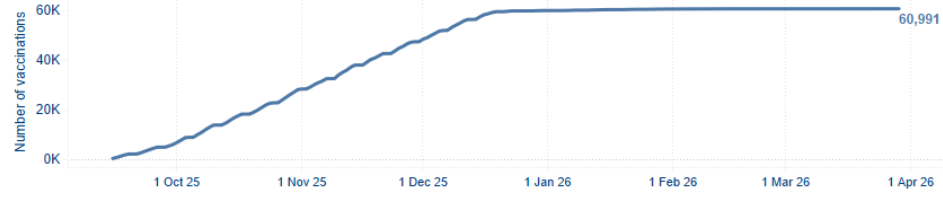
View: Health & Social Care Partnership | JCVI Priority Group: Total | Methodology: Performance

Percentage Uptake by Health & Social Care Partnership
Click to filter



	Vaccinated	Eligible Population	% Uptake	% of Future Appointments	Percentage unvaccinated with no future appointment: Never had an Appointment	Incomplete Appointment
Scotland	1,303,090	2,345,659	55.6%	0.0%	30.4%	14.1%
Highland	60,992	110,789	55.1%	0.0%	40.1%	4.8%

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



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

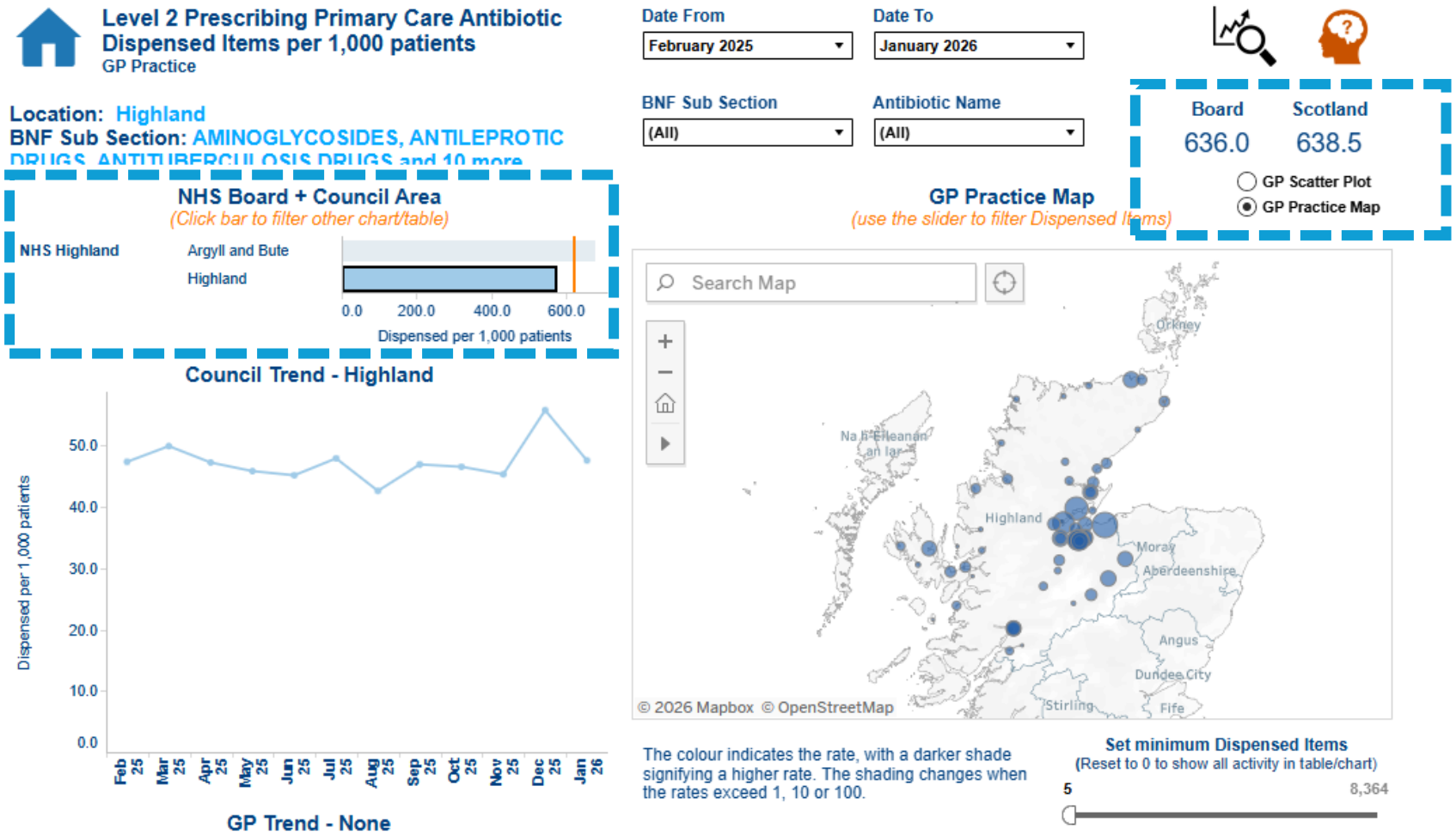
Together We Care
with you, for you

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

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	• Rates of Antibiotic prescribing across Highland HSCP GP clusters were slightly below the Scotland average, and the average within the board. • Specific areas focused reported as National Therapeutic Indicators are total antibiotic scripts; 4C antibiotics; people prescribed > 4 antibiotics per annum, 3-day courses of acute UTI antibiotics.	• Prescribing data dashboard have been developed to support the best use of medicines in primary care. • Data can be viewed for NHS Highland as a whole, by HSCP, GP Cluster, or individual practice • The dashboards are being "launched" at a GP Cluster Leads event on 26 May.



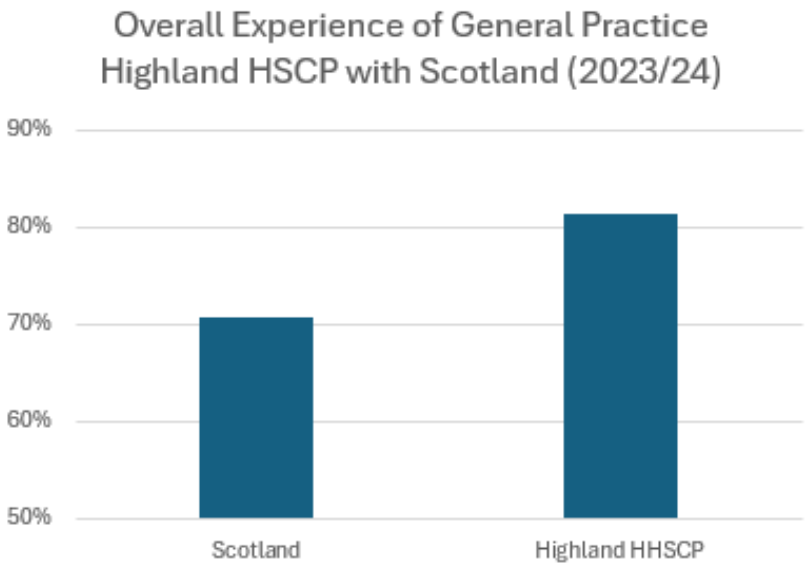
Together We Care
with you, for you

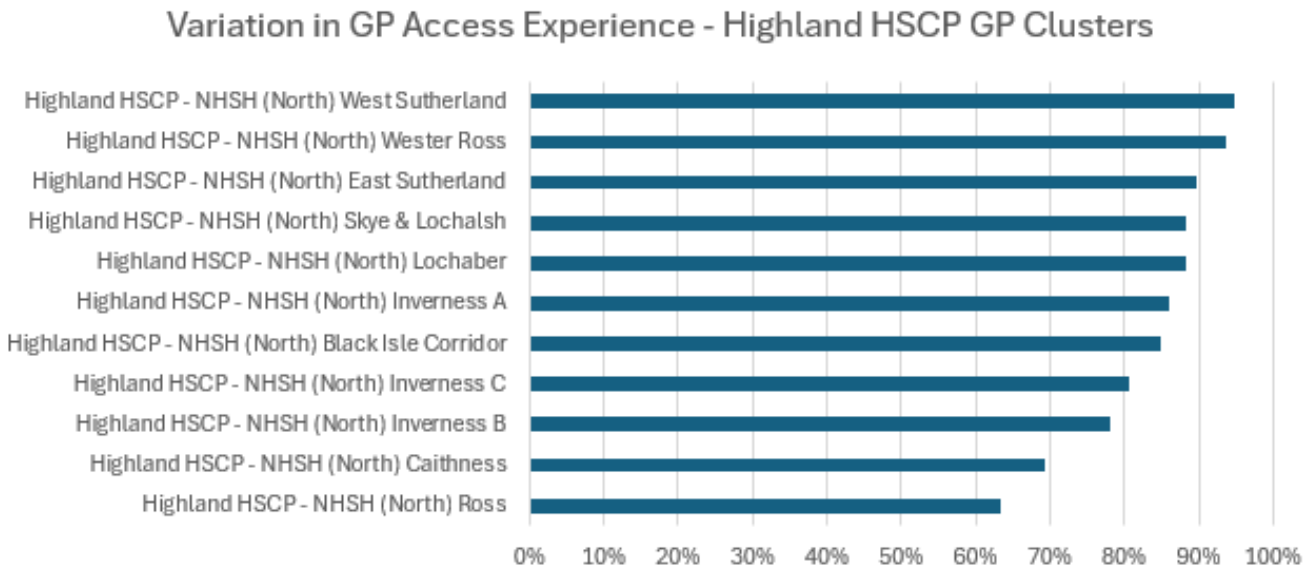
Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 9

Highland HSCP - Primary Care – Patient Experience (Health and Care Experience Survey 2023/24)

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.		• The Health and Care Experience Survey (2023/24) indicates that overall patient experience of General Practice in Highland HSCP is above the national average, with variation across GP clusters and localities. • Differences in patient experience scores reflect a combination of factors including access arrangements, workforce pressures, rurality and population characteristics. • Survey results provide insight into patient experience of access, continuity and care rather than operational delivery measures. • In 2023/24, 81.3% of respondents in Highland HSCP rated their overall experience of GP services as good or excellent, compared to 70.6% nationally. While there is some variation across Highland GP clusters (76.2%–86.7%), all clusters perform above the Scotland average.	• The Partnership will continue to use national survey findings to monitor patient experience of Primary Care and identify areas of variation requiring further exploration. • Learning from higher-performing GP clusters will be shared to support improvement activity where experience is less favourable. • The next cycle of Health and Care Experience Survey results (2025/26), due May 2026, will be incorporated into future IPQR reporting.





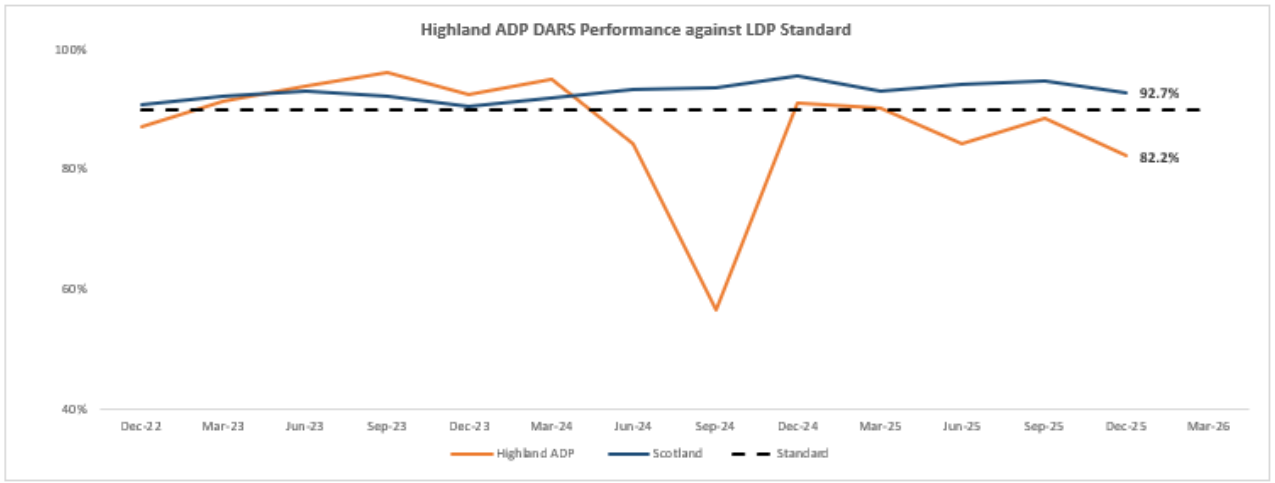
Highland HSCP – MH&LD - Drug & Alcohol Recovery Services (DARS)

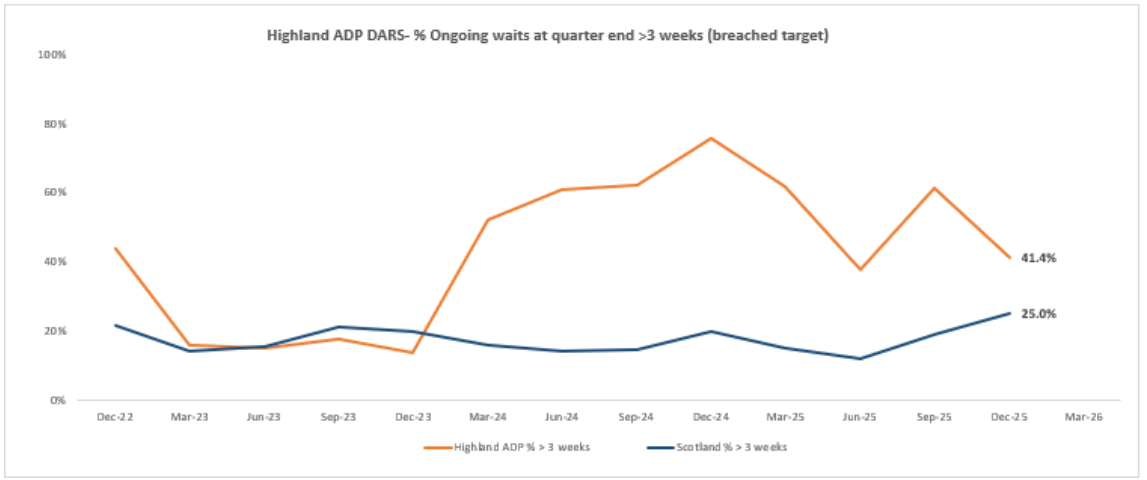
Slide 1 of 1

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 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. Focus on longest waiting has impacted overall RTT performance.	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)			





Together We Care
with you, for you

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

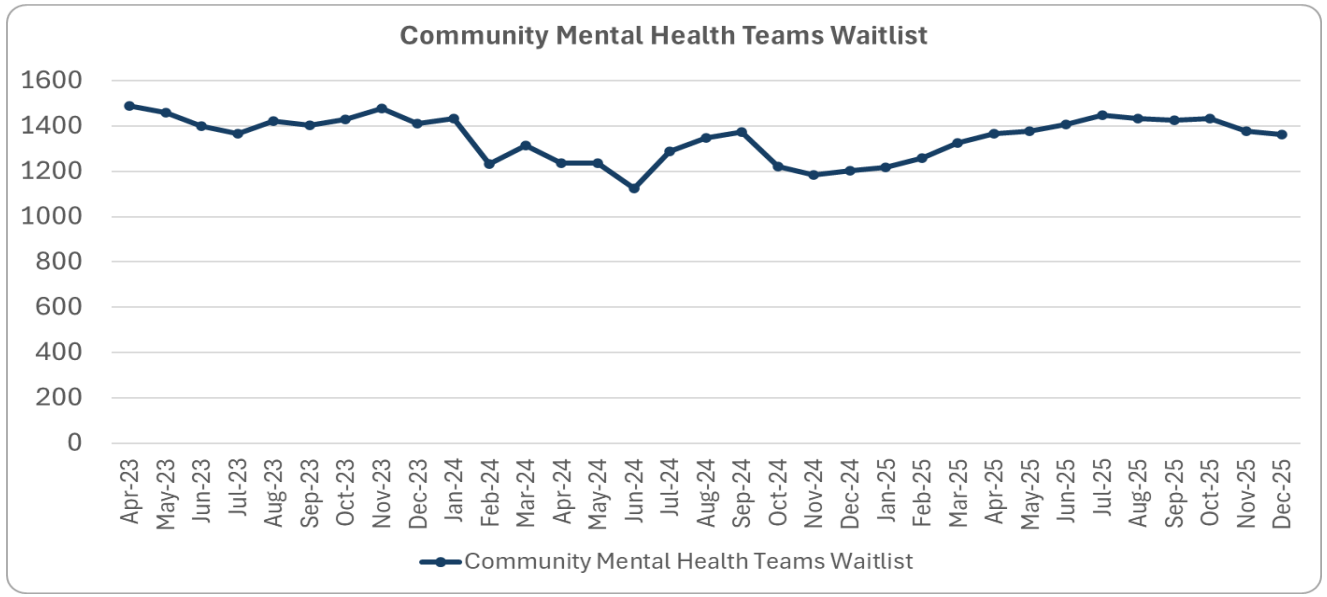
NHWO2

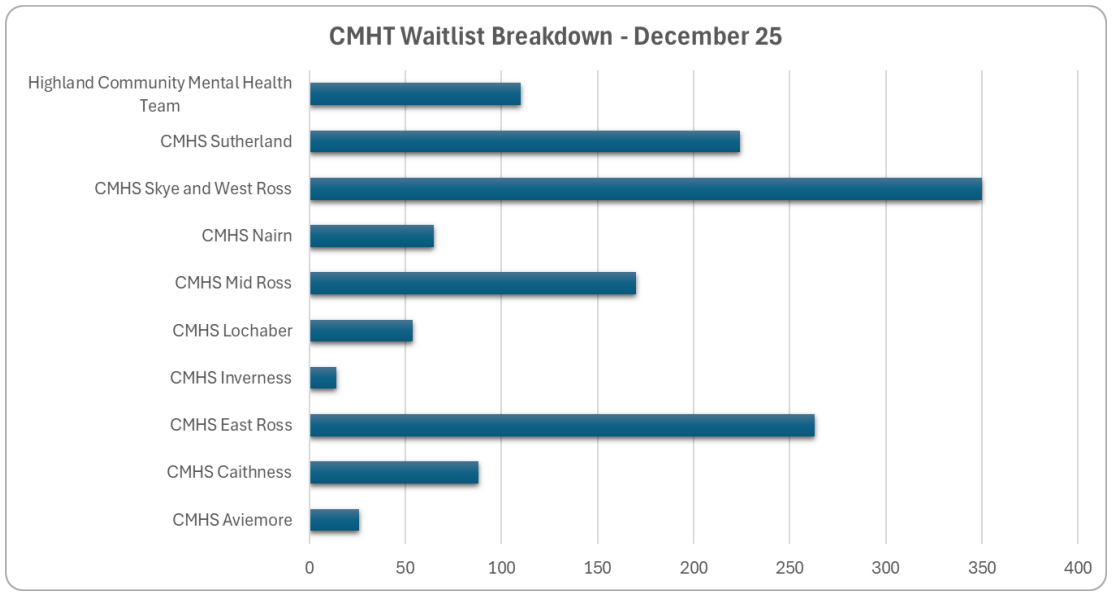
HHSCP Community Mental Health Teams

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 small but sustained reduction in the total number of people waiting since October 2025. This reflects early impact from targeted actions focused on the longest waits and improved operational grip through enhanced performance monitoring.	Mental Health and Learning Disability Services, working in collaboration with Strategy and Performance Data Analysts, have developed a real-time dashboard to provide oversight of waiting time performance. Early development work has already identified targeted actions to address the longest waits, with an initial reduction achieved during Q3 2025/26 and further reduction will be demonstrated in Q4 2025/26

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





Together We Care
with you, for you

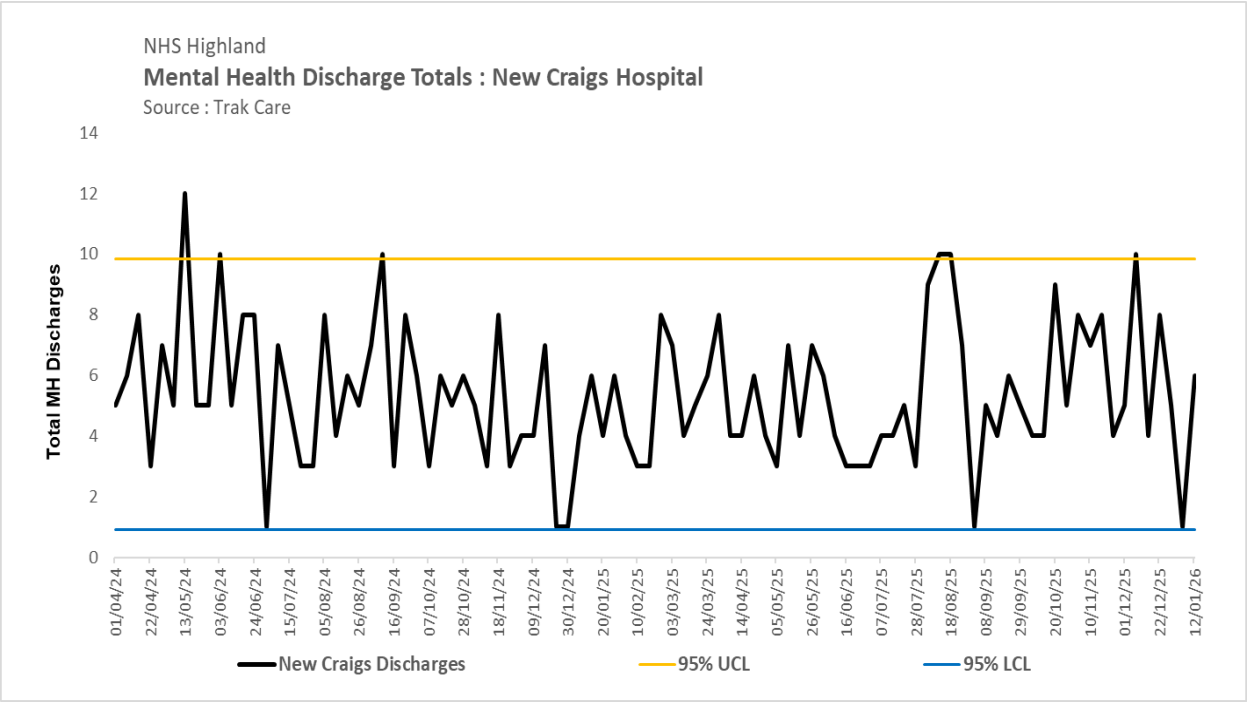
Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

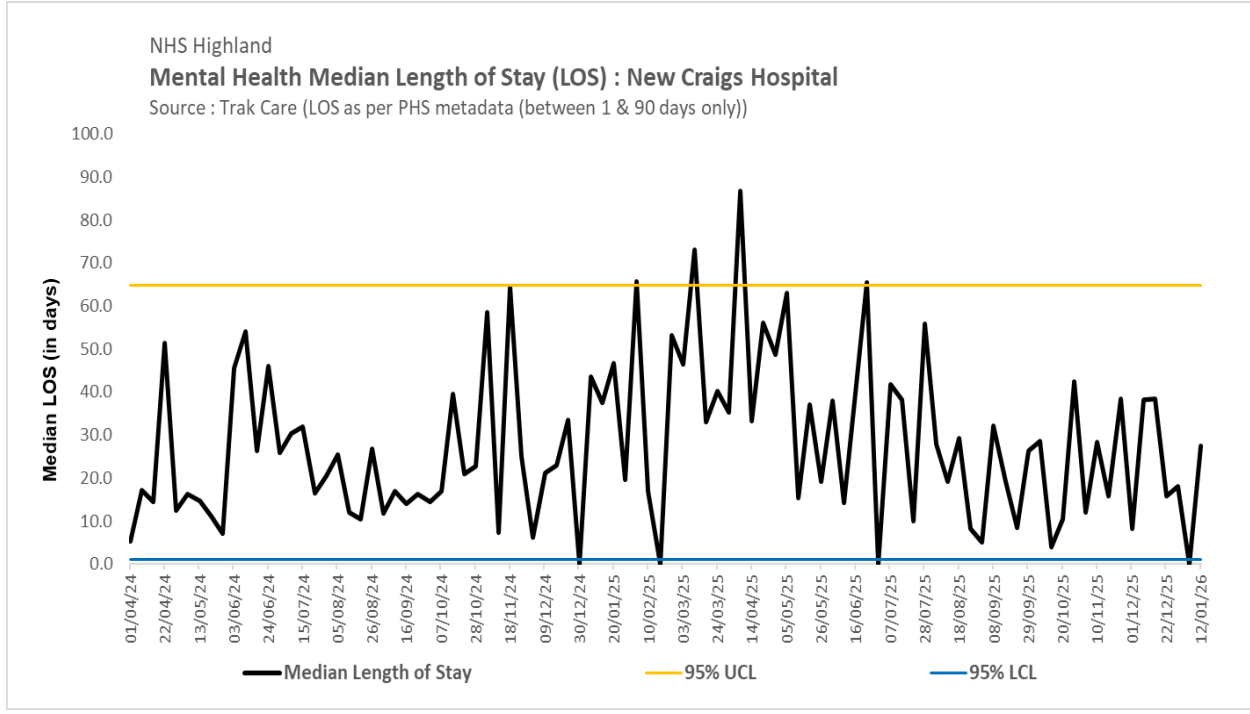
NHWO 2

HHSCP Community Mental Health Teams

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

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





Highland HSCP – MH&LD - Psychological Therapies Waiting Times

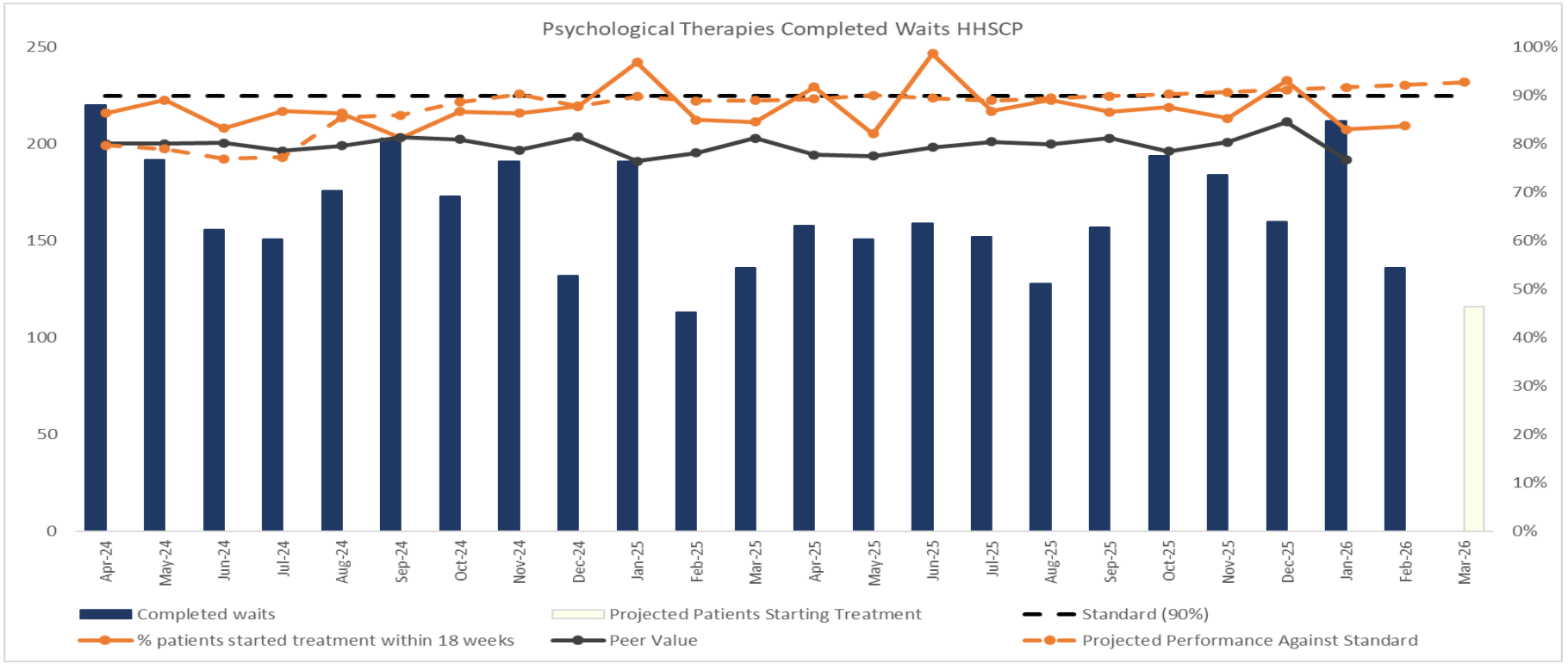
Slide 1 of 1

Together We Care
with you, for you

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 3

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



Psychological Therapies WL	Feb-26	
0-18 weeks	352	62%
19-35 weeks	122	21%
36-52 weeks	40	7%
53-104 weeks	32	6%
105-156 weeks	11	2%
157-208 weeks	3	1%
> 208 weeks	10	2%

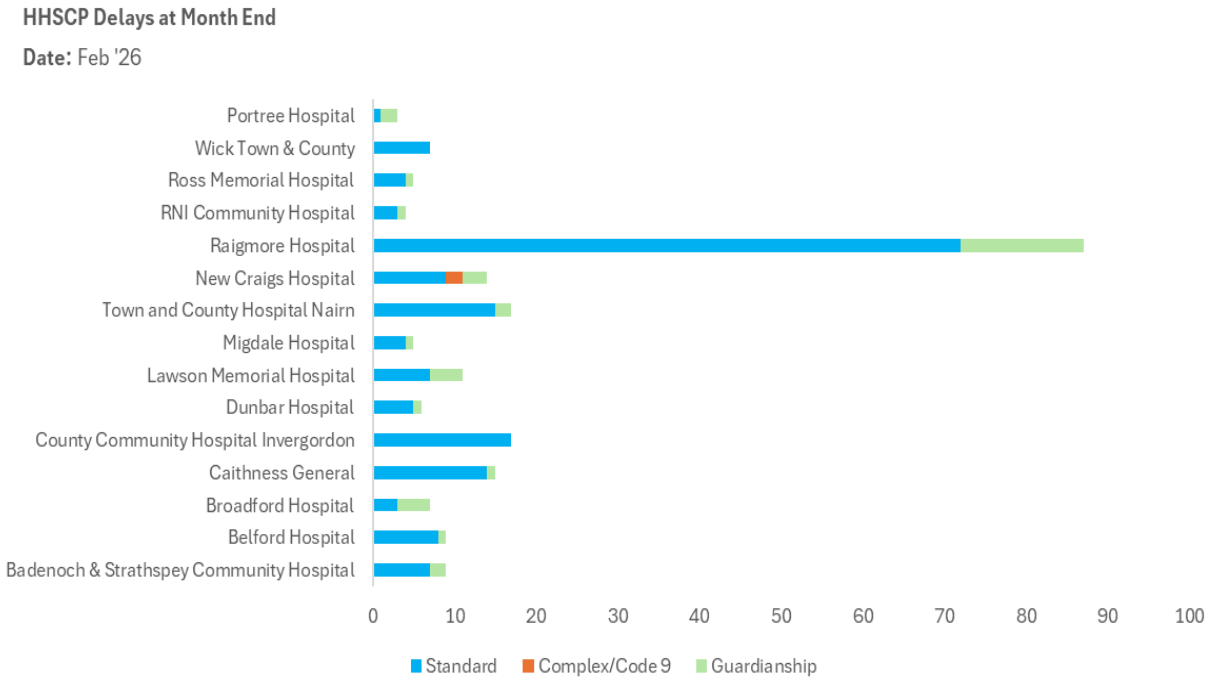
Highland HSCP Delayed Discharges

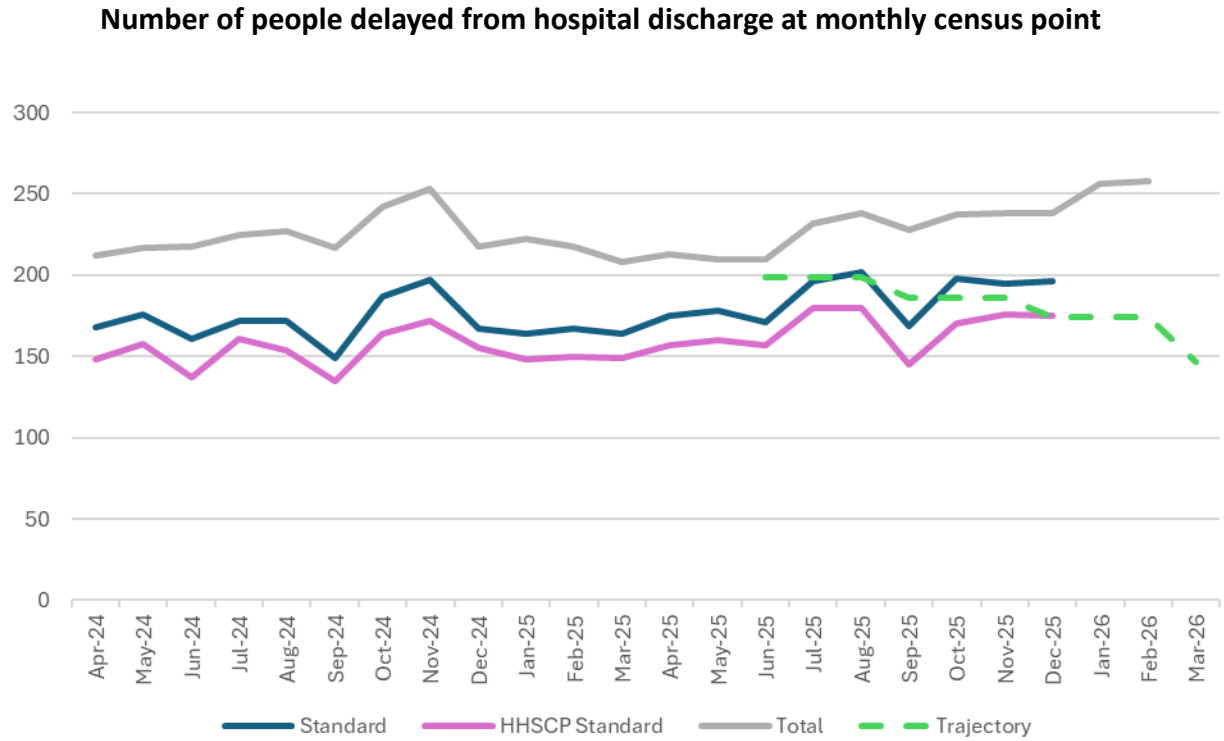
Slide 1 of 2

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 9

Key Performance Indicators		Reasons for current performance	Plans, Mitigations and Actions
Reduce the total number of patients experiencing a standard delay in discharge from hospital across NHS Highland to agreed targets and trajectories.		• Delays in hospital across the HSCP area have multifactorial causes related to availability of care, complexity related to Adults with Incapacity legislation and process and coordination issues.	Joint workstreams across acute and community to reduce the length of time in hospital and enable discharge home for assessment of needs, Links to the Adult Social Care Transformation Programme to provide alternatives for those with a lower need DMT escalation meetings carried out daily to review barriers Review of availability and access of independent care homes
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			





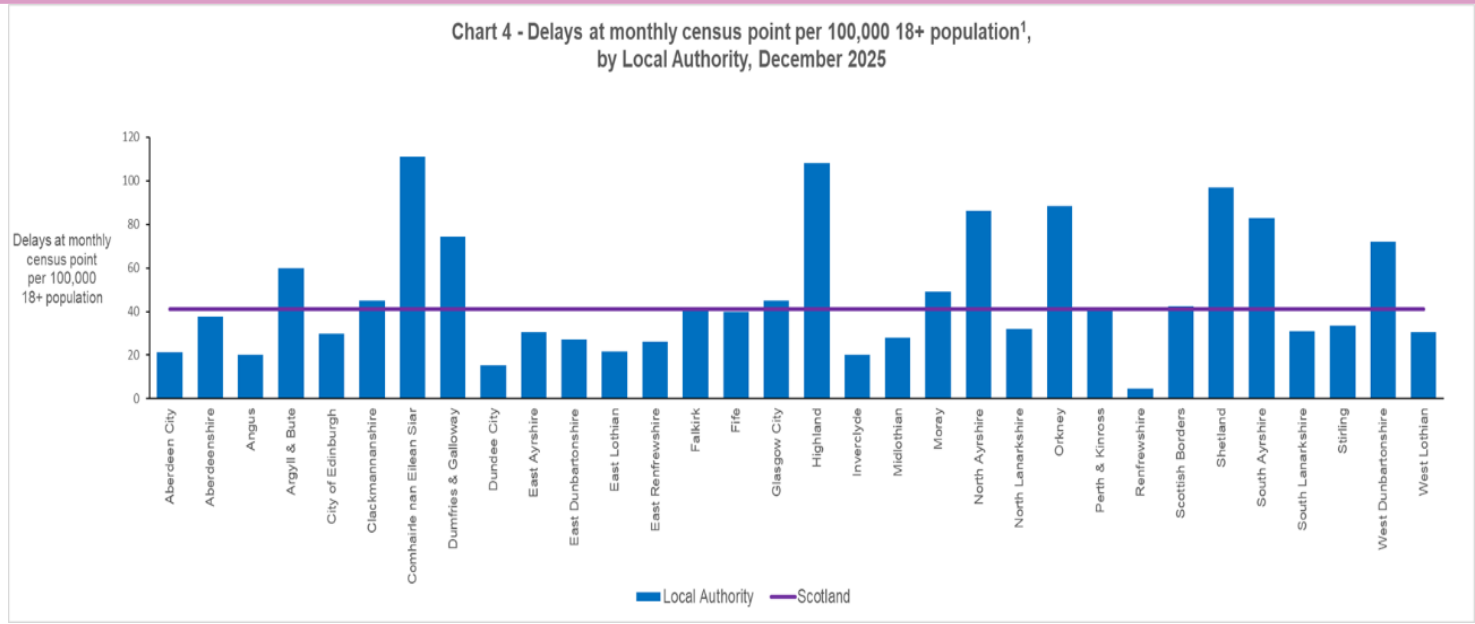
Highland HSCP – Unscheduled Care – Delayed Discharges

Slide 2 of 2

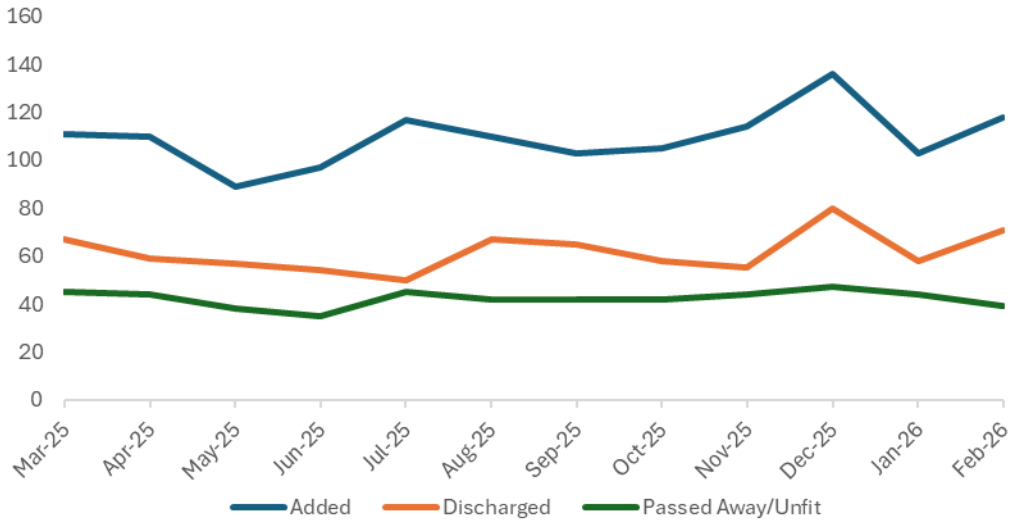
Together We Care
with you, for you

Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

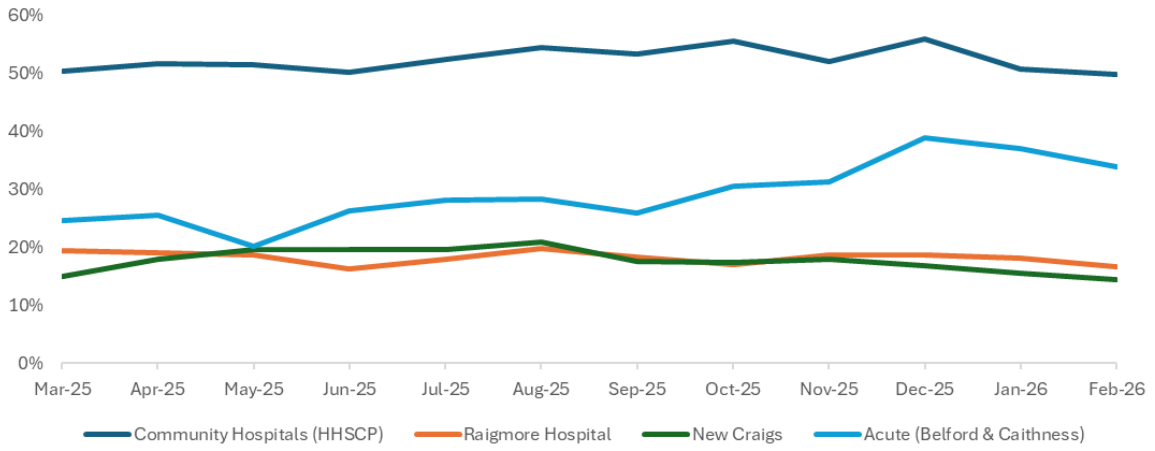
NHWO 9



HHSCP Delayed Discharges – Patients Added VS Patients Discharged



%age of Bed Days lost to Delay
Date Range: Mar '25 to Feb '26
Source: PHS Submitted Data/Bed Complement View



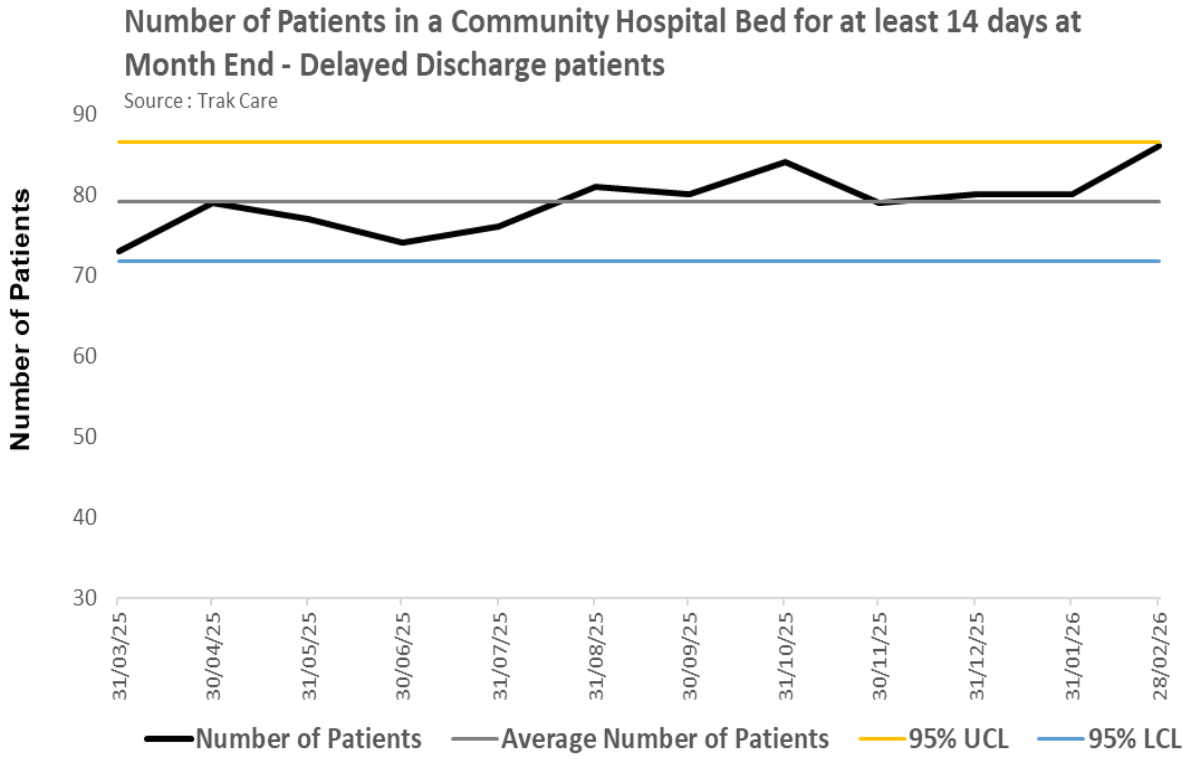
Highland HSCP – Unscheduled Care – Community Hospital Length of Stay (LOS)

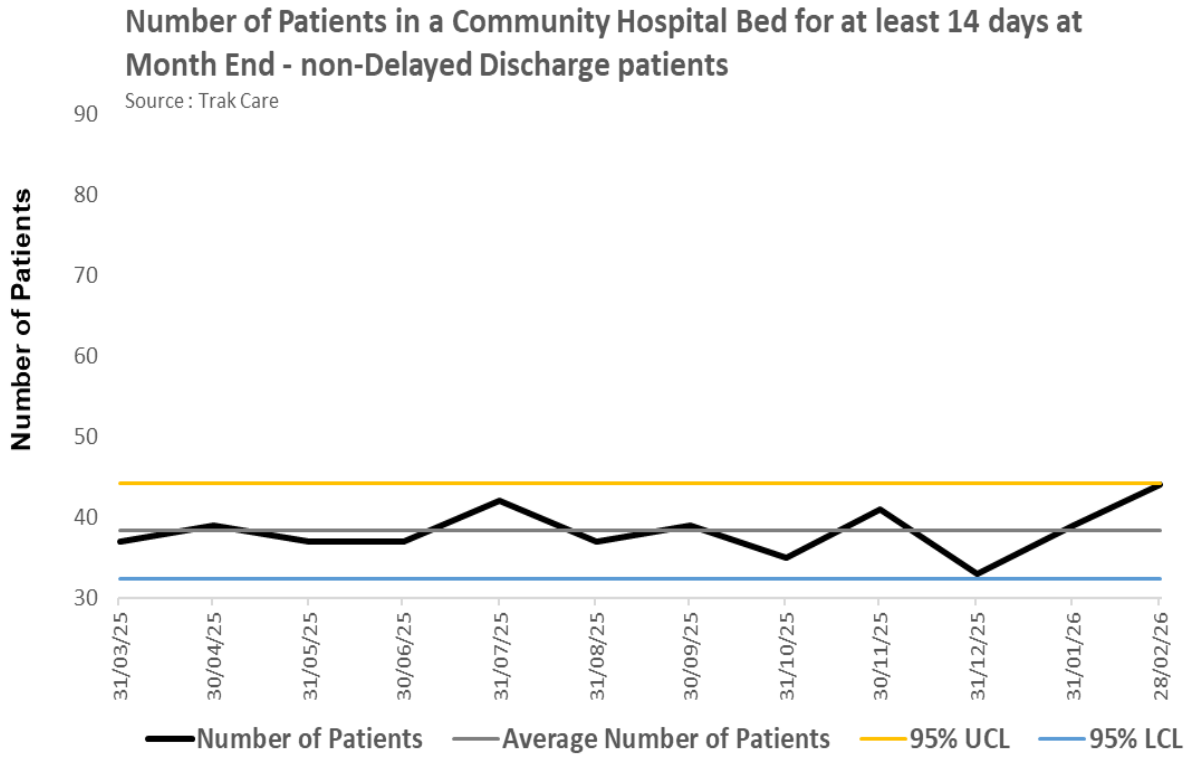
Slide 1 of 2

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

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

NHWO 9





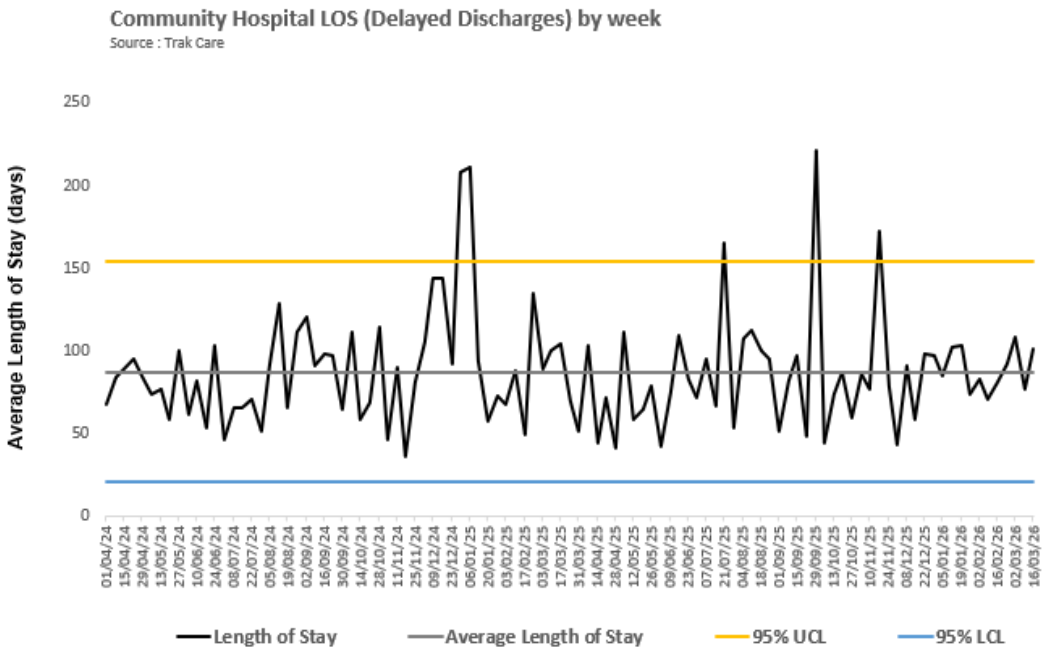
Highland HSCP – Unscheduled Care – Community Hospital Length of Stay (LOS)

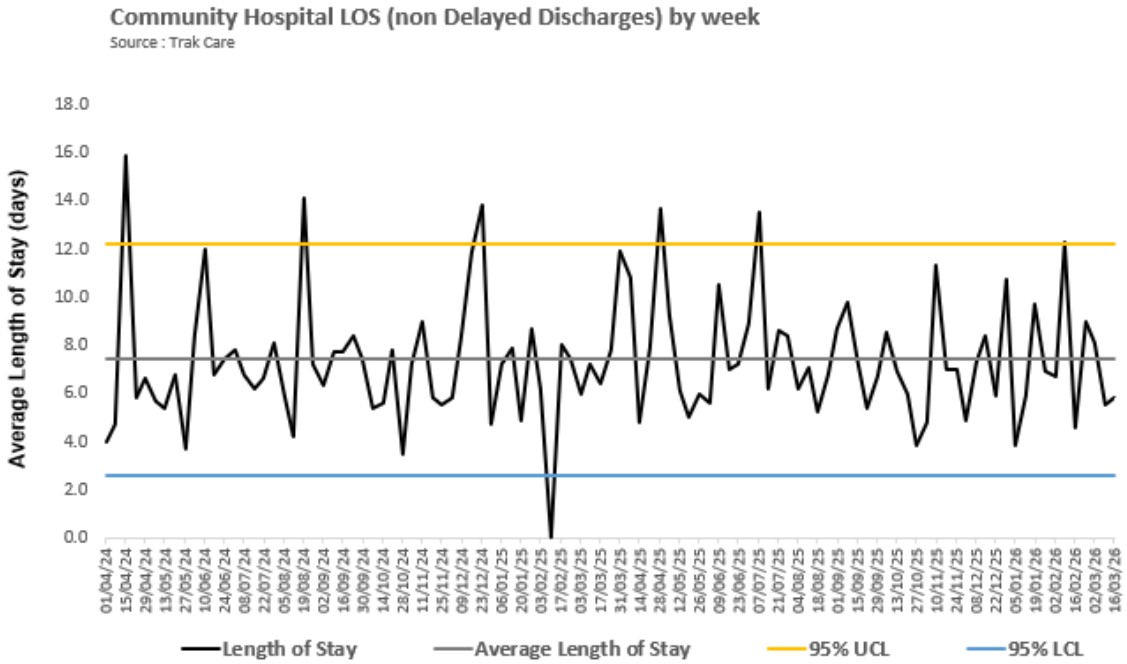
Slide 2 of 2

Together We Care
with you, for you

Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 9





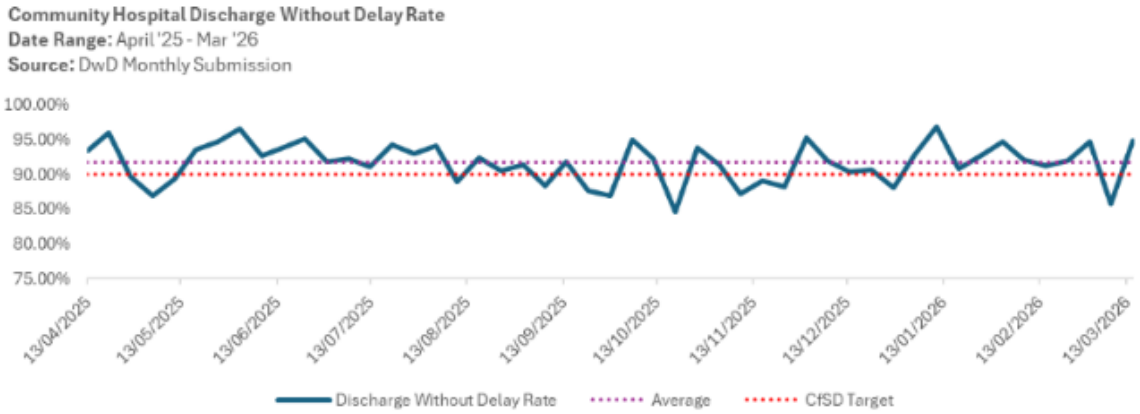
Together We Care
with you, for you

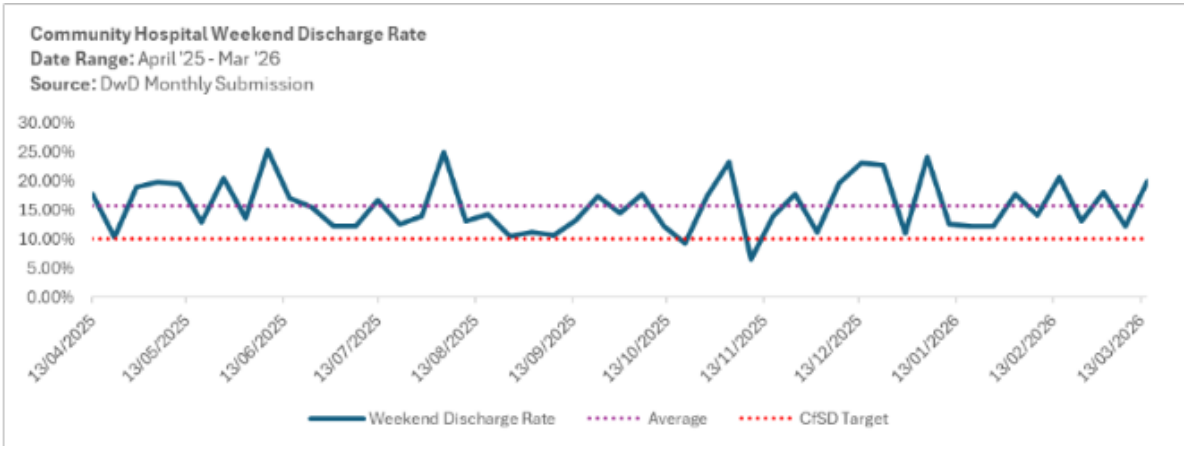
Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 9

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.	Appointment of an interface Manager to improve process and coordination issues in the discharge pathway. Focussed DWD group established to implement the national DWD pathway in full, supported by DWD national leads.
To ensure Highland HSCP Community Hospitals maintain a Weekend Discharge rate of >10%			





The Discharge without Delay rate is the percentage of patients discharged from Community Hospitals who are not in delay at the time of discharge.
The Weekend Discharge rate is the percentage of patients discharged from Community Hospitals who were discharged at the weekend.