

NHS Highland



Meeting: NHS Highland Board

Meeting date: 27 January 2026

Title: Integrated Performance and Quality Report

Responsible Executive/Non-Executive: David Park, Deputy Chief Executive (FPRC); Gareth Adkins (SGC); Louise Bussell, Director of Nursing & Dr Boyd Peters, Medical Director (CGC)

Report Author: Sammy Clark, Performance Manager

Report Recommendation: The Board is asked:

- To take moderate assurance on performance reporting and note the continued and sustained pressures facing both NHS and commissioned care services.
- To consider the level of performance across the system.

1 Purpose

Please select one item in each section ***and delete the others.***

This is presented to the Board for:

- Assurance

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.

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		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		All Well Themes	X		

2 Report summary

2.1 Situation

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

A narrative summary table has been provided against each area to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements in the service, and what the anticipated impact of these improvements will be.

2.2 Background

The IPQR is an agreed set of performance indicators across the health and social care system. The background to the IPQR has been previously discussed in this forum.

2.3 Assessment

A review of these indicators will continue to take place as business as usual and through the agreed Performance Framework.

2.4 Proposed level of Assurance

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

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

NHS Highland Board is asked to take moderate assurance on performance reporting and note the continued and sustained pressures facing both NHS and commissioned care services.

3 Impact Analysis

3.1 Quality/ Patient Care

IPQR provides a summary of quality and patient care across the system.

3.2 Workforce

This IPQR gives a summary of our related performance indicators relating to staff governance across our system.

3.3 Financial

Financial analysis is not included in this report.

3.4 Risk Assessment/Management

The information contained in this report is managed operationally and overseen through the appropriate Programme Boards and Governance Committees. It allows consideration of the intelligence presented as a whole system.

3.5 Data Protection

The report does not contain personally identifiable data.

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

Sections through the relevant Governance Committees;

- Staff Governance Committee – 13th January 2026.
- Clinical Governance Committee – 15th January 2026.
- Finance Resource Performance Committee – 9th January 2026.

4.1 List of appendices

The following appendices are included with this report:

- Integrated Performance and Quality Report – January 2026 Board Meeting

Integrated Performance and Quality Report

Board Meeting
27th January 2026

Assuring NHS Highland Board on the delivery of the Board's
2 strategic objectives (Our Population and In Partnership) through
our Well outcome themes.

Our Population

Deliver the best possible health and care outcomes

Our People

Be a great place to work

In Partnership

Create value by working collaboratively to transform the way we deliver health and care



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With you, for you

Executive Summary of Performance Indicators: Slide 1 of 2

Wells	Area	Current Performance (Date)	Previous Performance (Date)	Performance Trajectory	Local Target	National Target	Performance Rating
Thrive Well	CAMHS <18-week referral-to-treatment	87.5% (Oct 25)	89.3% (Aug 25)	↓	N/A	90%	
Thrive Well	NDAS Waiting List Size	2128 (Oct 25)	2122 (Aug 25)	↑	Reduce	N/A	
Stay Well	Vaccination Coverage (Covid 19)	56.0% (Winter 2025 to date)	49.0% (Winter 2024 - full)	→	N/A	N/A	
Stay Well	Vaccination Coverage (Flu)	48.9% (Winter 2025 to date)	53.4% (Winter 2024 - full)	→	N/A	N/A	
Stay Well	Smoking Cessation Quits	83 (Q1 25/26)	97 (Q4 24/25)	↓	84 per quarter	336 per annum	
Stay Well	Alcohol Brief Interventions (Number per Quarter)	967 (Q2)	944 (Q1)	↑	N/A	N/A	
Stay Well	Drug & Alcohol Waiting Times <3-weeks	83.7% (Q1 25/26)	90.5% (Q4 24/25)	↓	N/A	90%	
Live Well	Psychological Therapies	87.9% (Oct 25)	87.4% (Jul 25)	↑	N/A	90%	
Respond Well	Emergency Access (4-hour target)	80.6% (Oct 25)	71.8% (Aug 25)	↑	5% improvement by March 2026	95%	
Respond Well	Emergency Access (>12 hour waits)	5.1% (Oct 25)	5.6% (Sept 25)	↓	N/A	N/A	
Respond Well	Delayed Discharges (All)	214 (Oct 25)	237 (Sept 25)	↓	N/A	N/A	
Respond Well	Delayed Discharges (Standard only)	175 (Oct 25)	198 (Sept 25)	↓	186 (Oct 25) 147 (Mar 26)	N/A	

Guide to Performance Rating

Meeting Target

<5% off target

>5% off target

>10% off target

Executive Summary of Performance Indicators: Slide 2 of 2

Wells	Area	Current Performance (Date)	Previous Performance (Date)	Performance Trajectory	Local Target	National Target	Performance Rating
Treat Well	New Outpatients (NOP) Cumulative Performance against Plan	-3.2% (1386 behind plan) (Oct 25)	-5.1% (1859 behind plan) (Sept 25)	↓	N/A	36392	
Treat Well	New Outpatients (NOP) >52-week number of patients seen	2990 (Oct 25)	3116 (Sept 25)	↓	N/A	3572	
Treat Well	TTG Cumulative Performance against Plan	1.4% (164 ahead of plan) (Oct 25)	2.0% (194 ahead of plan) (Sept 25)	↓	N/A	9772	
Treat Well	TTG >52-week number of patients seen	475 (Oct 25)	529 (Sept 25)	↓	N/A	839	
Treat Well	Radiology: Cumulative Performance Against Plan	12.14% (3479 ahead of plan) (Sept 25)	9.95% (2853 ahead of plan) (Jul 25)	↑	N/A	14334 (Sep 25)	
Treat Well	Radiology <6-week waiting time	60.5% (Sept 25)	57.5% (Jun 25)	↑	80% short term 90% long term	100%	
Treat Well	Endoscopy: Cumulative Performance Against Plan	10.97% (568 ahead of plan) (Sept 25)	9.52% (493 ahead of plan) (Jul 25)	↑	N/A	2596 (Sep 25)	
Treat Well	Endoscopy <6-week waiting time	70.3% (Sept 25)	62.1% (Jun 25)	↑	80% short term 90% long term	100%	
Journey Well	31-Day Cancer Target	96.1% (Oct 25)	93.5% (Sept 25)	↑	95%	95%	
Journey Well	62-Day Cancer Target	71.1% (Oct 25)	64.1% (Sept 25)	↑	72.1% (Oct 25)	95%	
Journey Well	SACT Access and Benchmarking (SACT as 1 st Treatment) – Average Waiting Time	20 days (Oct 25)	25 days (Sept 25)	↓	< 28 days	N/A	

Guide to Performance Rating

Meeting Target

<5% off target

>5% off target

>10% off target

Integrated Performance & Quality Report Guidance

The Integrated Performance & Quality Report (IPQR) contains an agreed set of Key Performance Indicators across the health and social care system aimed at providing the Finance, Resource and Performance Committee with assurance around the performance monitoring of the board and linkages to key deliverables described in our Annual Delivery Plan.

Throughout the IPQR, the BRAG rating of KPIs is assessed in terms of an assessment of latest performance in relation to meeting local and national targets in each Strategic Well theme.





Individual KPIs will also be BRAG rated with services providing narrative summary of current performance and highlighting current key risks to performance improvement.

Performance is reported for the NHS Highland board area and narrative to include both HSCP areas has been added where appropriate.

Where applicable, upper and lower control limits have been added to the graphs as well as an average mean of performance.

Performance relating to areas in Scottish Government's Operational Improvement Plan (OIP) are annotated with "OIP" for reference.

Guide to Performance Rating

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



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Executive Lead
Louise Bussell,
Nurse Director

OIP

CAMHS (Child and Adolescent Mental Health Service)

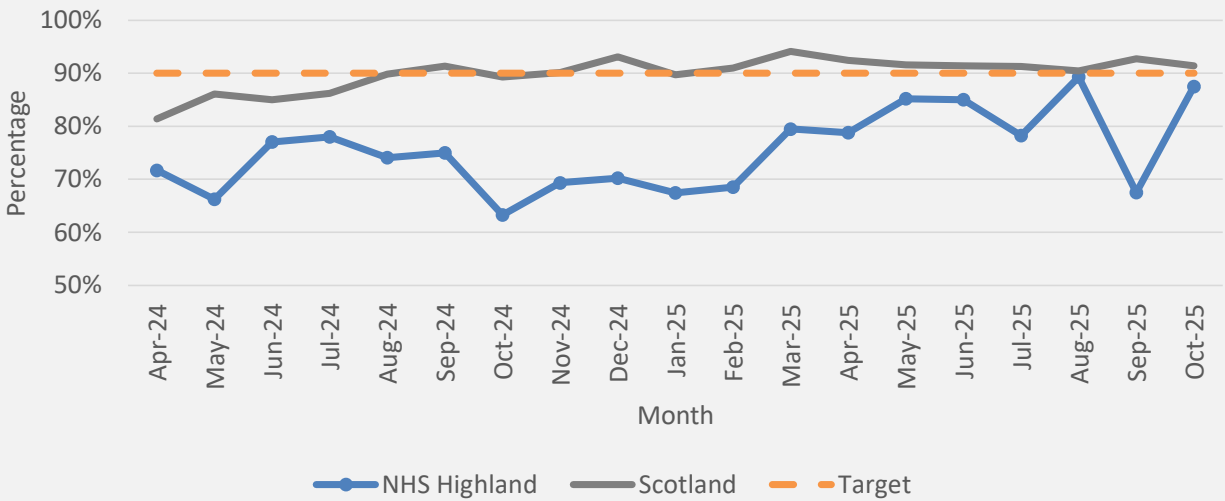
Key Performance Indicators	Reasons for Current Performance	Plans, Mitigations and Actions
Achievement of CAMHS national standard of 90% of patients < 18 weeks from referral to treatment by December 2025 (Tier 3).	Argyll & Bute Primary focus at this time RTT compliance, waiting time initiative focusing on longest waits	Argyll & Bute <ul style="list-style-type: none">Increase in complexity re CAMHS referrals.Recent death Helensburgh area, whole system impact, realigning available workforce potential impact RTT (short term).
Reduction of people who are currently on the Tier 3 CAMHS waiting list to <352 people by December 2025.	Highland The service continues to focus on the longest waits with no un-booked patients > 52 weeks	Highland <ul style="list-style-type: none">Nursing capacity in NH reduced by ~45% due to unplanned and planned leave.Losses from sickness, resignation, and maternity leave reducing case allocation capacity across sub-specialty and locality teams.Continual review by leadership to balance service pressures, risks, and skill mix.North Highland Q4 boost expected in December with 3 newly qualified Clinical Psychologists commenced in post (Nov 2025)

PERFORMANCE OVERVIEW

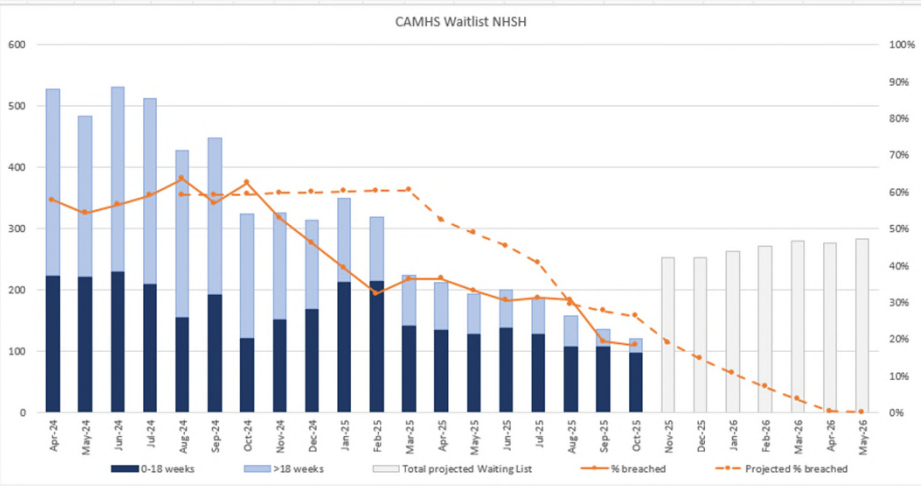
Strategic Objective: Our Population Outcome Area: Thrive Well

Performance Rating	
Latest Performance	87.5%
National Average	92.7% (Aug 25)
National Target	Full compliance to the National Service Specification by end of March 2026
National Target Achievement	n/a
Position	12 th out of 14 Boards (as of Oct 25)

CAMHS: Percentage of patients seen <18 weeks from referral



CAMHS Tier 3 Waiting List in Weeks
(Draft trajectories currently being reviewed by service)





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Executive Lead
Katherine Sutton
Chief Officer,
Acute

Neurodevelopmental Assessment Service (NDAS)

Key Performance Indicators

Increasing percentage of NDAS patients seen within 18 weeks from referral, and towards meeting the national specification of greater than 95%.

Reduction in the total number of patients on the NDAS waiting list compared to the current baseline by March 2026.

Reasons for Current Performance

- No clinical capacity within the service to complete any assessments – all available funding redirected to independent sector - 58 assessments in progress or concluded.

Plans, Mitigations and Actions

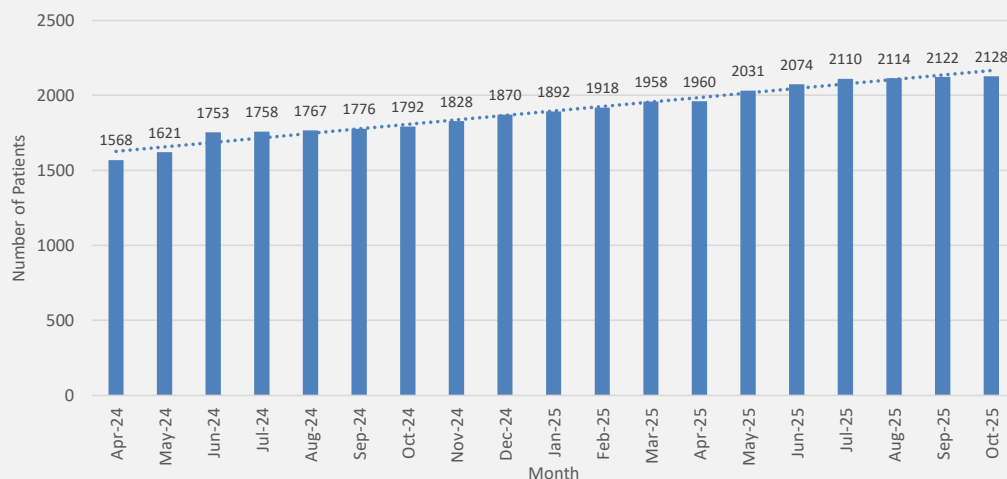
- Short-life working group who into the Programme Board has been tasked with mapping out new strategies and pathways that will deliver earlier, more effective staged approach access to neurodevelopmental support, and where appropriate, diagnosis. As part of its remit, the group will also consider the resource requirements needed to implement these changes in a sustainable way.

PERFORMANCE OVERVIEW

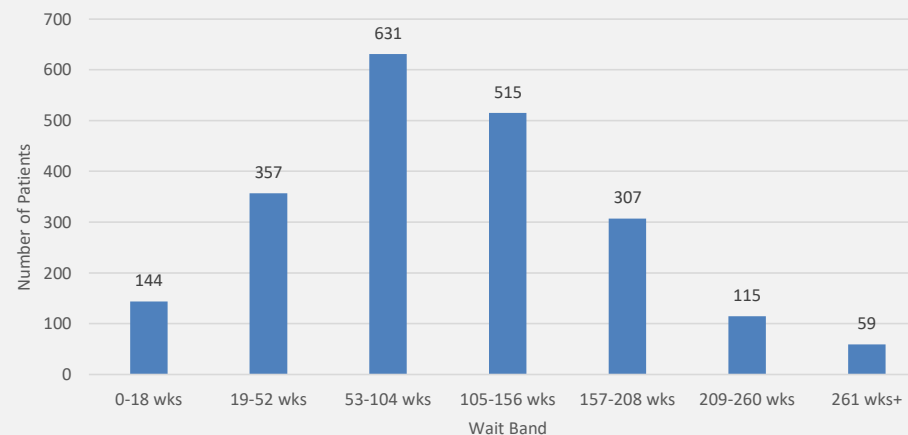
Strategic Objective: Our Population
Outcome Area: Thrive Well

Performance Rating	
Latest Performance	2128 on waiting list (Oct 2025)
National Average	n/a
National Target	Full compliance to the National NDAS Service Spec by end March 2026.
National Target Achievement	n/a
Position	n/a

NDAS Total Awaiting 1st Appointment (including unvetted)



NDAS New + Unvetted Patients Awaiting 1st Appointment by wait band





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Executive Lead
Jennifer Davies,
Director of Public
Health

Vaccination

Key Performance Indicators

Increased vaccination uptake - COVID and Flu

Annual Delivery Plan priority: The approach to the delivery of the collaborative hybrid model in Highland HSCP continues to be progressed.

Across NHS Highland, plans are well underway to support the second phase of the childhood schedule change. The implications of the delays within the national child health system are being explored with effective mitigations sought. There has been an early start to the flu season with influenza incidence and hospitalisations increasing. The winter vaccination campaign is continuing in conjunction with wider winter preparedness. Work is ongoing to support Scotland's 5-year vaccination and immunisation framework implementation.

Medium-Term Plan priority: Protection from vaccine preventable diseases and a reduction in health inequalities through the delivery of an effective, safe, person-centred and accessible vaccination service.

Reasons for Current Performance

Winter vaccination programme: The flu and COVID-19 vaccination programme is continuing. Clinics remain very busy and whilst there are not planned drop-ins across the whole board area, opportunistic drop-in activity is being accommodated.

The overall flu vaccination uptake for the programme is currently 45.2% (Scotland = 47.1%). Additional activity is underway to target our most vulnerable groups through focused communications. COVID-19 vaccination uptake is included in figure 2. A&B HSCP COVID-19 uptake has exceeded the overall uptake for the 2024/25 season already.

There is a focus on increasing staff flu vaccination uptake to best protect our patients, staff and services. The uptake of flu vaccine in healthcare workers is currently 33.3% (Scottish average of 33%) and for social care workers is 13.2% (Scotland = 13.6%).

There has been targeted work to improve uptake and the variation in flu vaccination uptake has narrowed by geography. However, the variation in uptake across job families has increased.

Plans, Mitigations and Actions

The uptake for the winter programme is under close review with targeted actions being taken to try to increase vaccination uptake.

Scottish Government is continuing to work with Highland HSCP in level 2 of its performance framework.

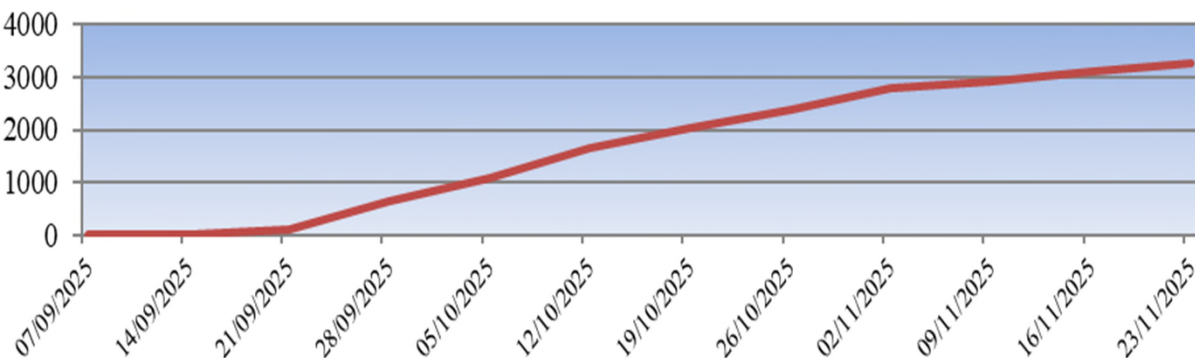
A tripartite advisory group (SG, PHS, NHSH) is meeting to offer external support to NHS Highland as part of the implementation of the hybrid model of delivery in Highland HSCP.

Work is ongoing in Argyll & Bute to maintain uptake rates and to support wider improvement work. Representation is provided at the national child health system meetings to support the effective rollout of the new child health system.

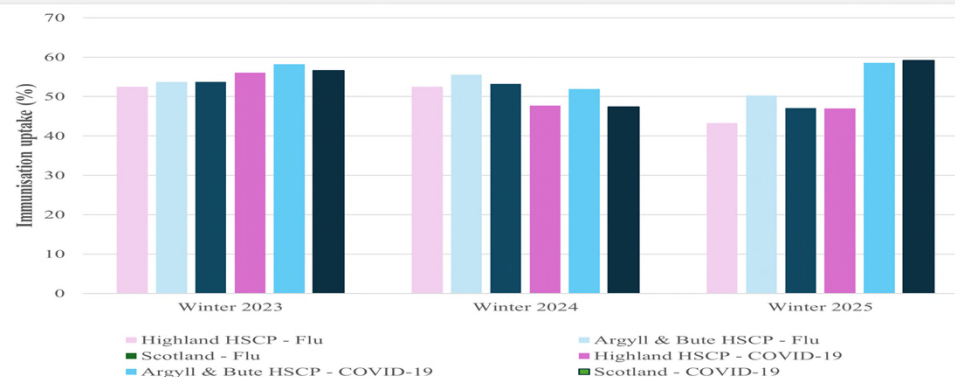
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well

Performance Rating	
Latest position & performance	See charts
National Benchmarking	The overall performance for flu vaccination uptake is slightly below the Scottish average.
National Target	There is not a national target for the winter campaign.

Flu vaccines delivered to healthcare workers from Sept 2025 to date across NHS Highland by week.



Flu & COVID-19 vaccination uptake for A&B, Highland & Scotland (incomplete 2025)





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Executive Lead
Jennifer Davies,
Director of Public
Health

Smoking Cessation

Key Performance Indicators

Delivery on national targets for Smoking Cessation interventions (12 week quits) >84 per quarter

Reasons for Current Performance

- Poor follow up data within Community Pharmacy therefore many follow up outcomes have not been recorded. Capacity issues to complete these follow ups.
- High incidence of smoking in young pregnant women. Services have struggled to engage this group in supporting them to quit
- Limited support for patients within our acute setting.
- Peak in Q4 is seen across Scotland and is likely due to individuals making plans about changes they want to make in their lives for a new year.

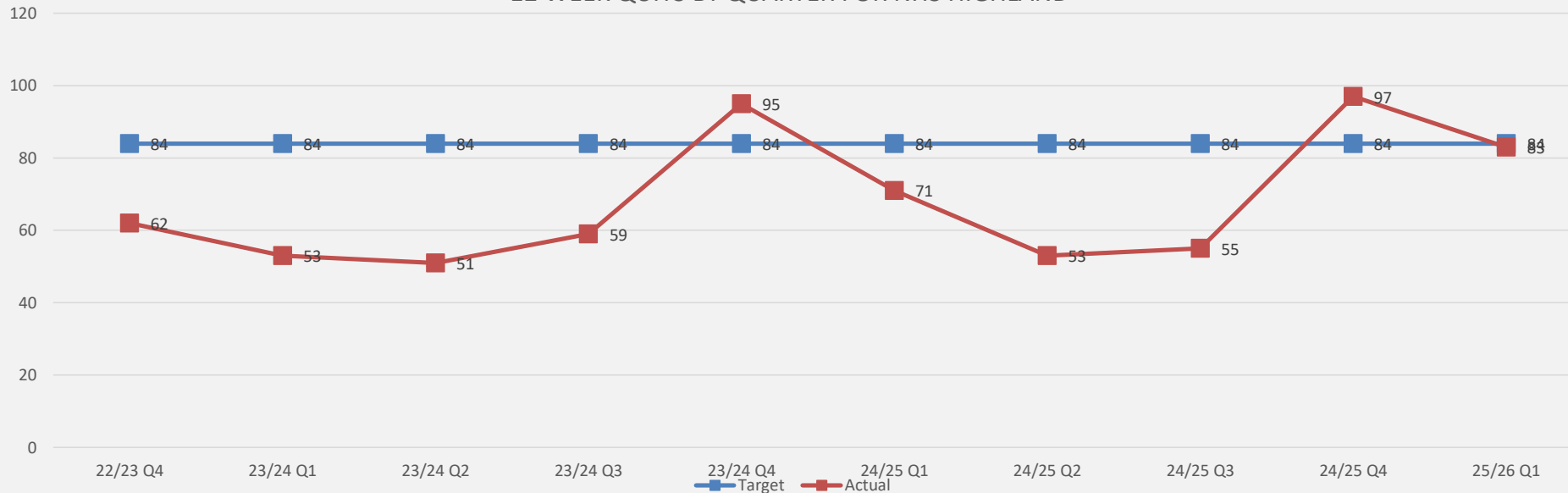
Plans, Mitigations & Actions

- Missing data from quit dates set from 1st April 2025 currently being reviewed. This has resulted in more successful quits and clients re-engaging with the service
- Pilot to provide incentives for pregnant women commenced. However, no-one has been recruited to the incentive scheme yet. Delivery of training to midwives to support conversations around stopping smoking. Midwifery staff trained in smoking cessation to support delivery in ante-natal settings.
- There has been 277 referrals for patients in Raigmore since the pilot began in May 2025, significantly higher than in the same period last year (23)

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well

Performance Rating	
Latest Performance	83 (25/26 Q1)
National Benchmarking	
National Target	84 per quarter
National Target Achievement	N/A
Position	

12 WEEK QUITs BY QUARTER FOR NHS HIGHLAND





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Executive Lead
Jennifer Davies,
Director of Public
Health

Alcohol Brief Interventions (ABIs)

Key Performance Indicators

Deliver at least 100% of the planned Alcohol Brief Intervention (ABI) activity target by March 2026

Reasons for Current Performance

Fig 1.Total no of ABIs delivered in Q2 is 967. This number is 3.8% above target for NHS Highland as set out in the Scottish Gov Local Delivery Plan (LDP).

Fig. 2: Delivery is being met largely by GP Practices in Highland H&SCP (90.4%) with the remainder mainly being delivered in wider settings across NHS Highland.

Plans and Mitigations

A&E: ABI recording has been impacted since 2020. EDIS software used within A&E had alcohol screening and recording questions, however, these were overwritten with Covid-19 screening questions. Staff pressures have also contributed to challenges with ABI screening and delivery. There may be opportunities with changes to the data system in A&E.

Antenatal: 4 ABI's delivered to women reporting in-pregnancy alcohol consumption.

- Badgernet section on alcohol is being reviewed nationally to make it easier for midwives to complete.
- Antenatal staff training and advice/ support sessions are being delivered regularly.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well

Performance Rating

Latest Performance

967 Q2

National Benchmarking

n/a

National Target

NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.

National Target Achievement

n/a

Position

n/a

Fig.1

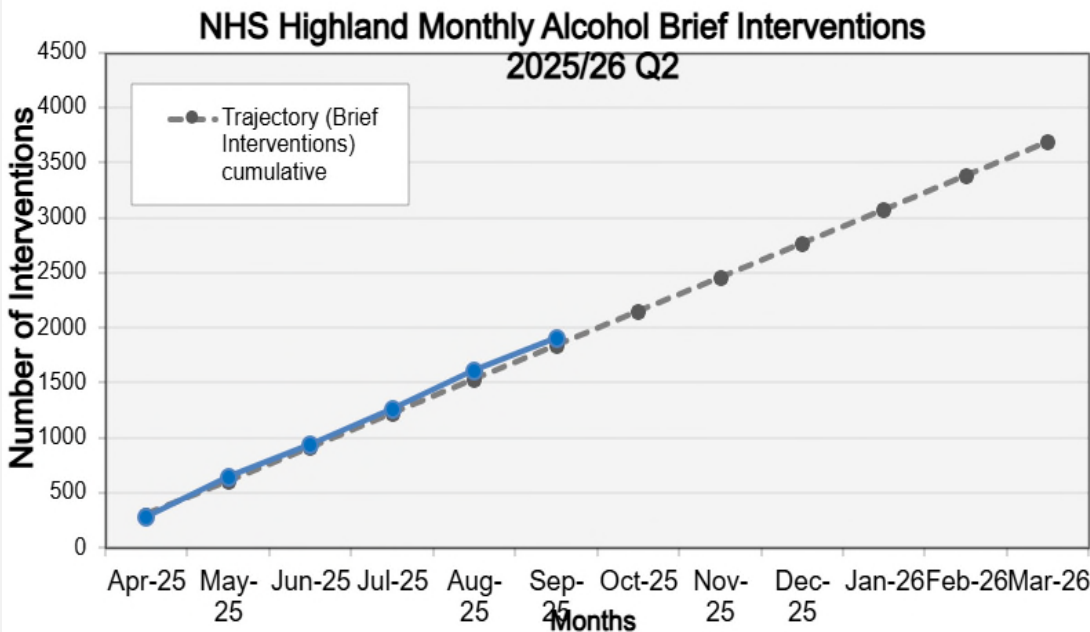
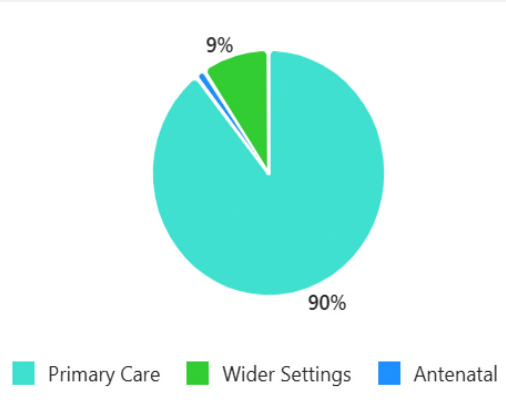


Fig.2 Setting Contribution 25/26 Q2

Primary Care	874	90.4%
Antenatal	4	0.4%
Wider Settings	89	9.2%
TOTAL	967	100%





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Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

Drug & Alcohol Recovery (DARS)

Key Performance Indicators

Achieve 90% of clients referred to DARS receiving a completed intervention or treatment plan within 3 weeks by March 2026.

Reasons for Current Performance

- Performance is related to staffing challenges, in particular vacancies and other absences throughout the service.

Plans, Mitigations and Actions

- Data sharing arrangements are in the process of being confirmed which will support movement of patients between NHS and Third Sector, increasing capacity within existing service.
- There are early plans to explore Quality Improvement approaches within individual service areas with the aim of reducing missed appointments (DNA's) which will increase capacity.

PERFORMANCE OVERVIEW

Strategic Objective: Our Population
Outcome Area: Stay Well

Performance Rating

Latest Performance

83.7%

National Benchmarking

94.3%

National Target

90% DARS referrals seen within 3 weeks

National Target Achievement

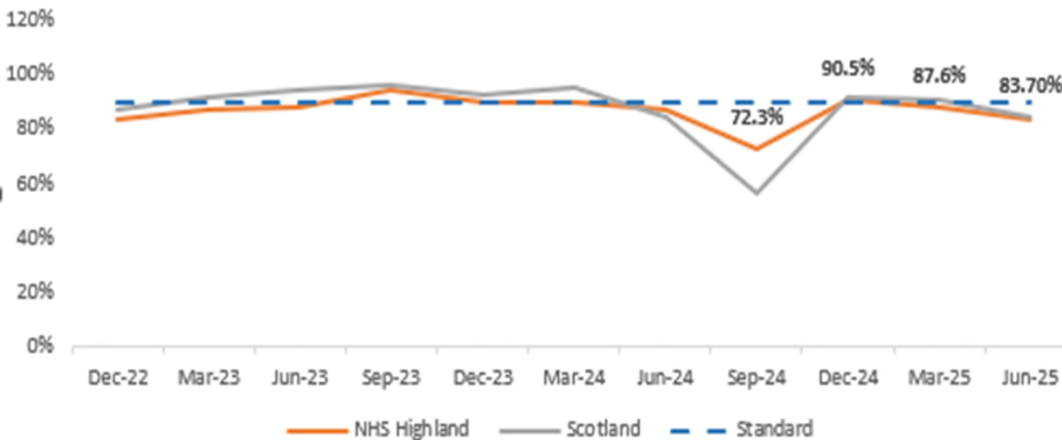
n/a

Position

n/a

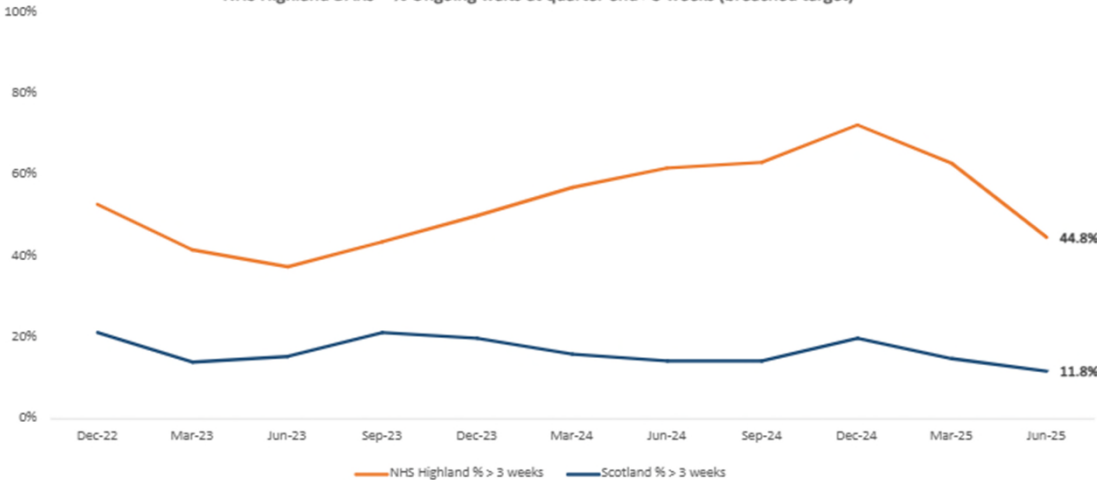
NHS Highland DARS: Performance Against Standard for Completed Waits

NHS Highland Performance against Standard for Completed Waits



NHS Highland DARS: % Ongoing Waits at Quarter End Waiting More than 3 Weeks (Breached Target)

NHS Highland DARS - % Ongoing waits at quarter end >3 weeks (breached target)





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Executive Lead
Louise Bussell,
Nurse Director

Psychological Therapies Waiting Times

Key Performance Indicators

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. (pan-Highland)

Increase number of completed PT waits (pan-Highland)

Reasons for Current Performance

Highland - Steady progress in improving referral to treatment time (RTT) and for the 12-month period Sept 2024 – Aug 2025 has seen 89.7% of patients within 18 weeks of referral for treatment. This represents a 5% improvement, year on year. NHS Highland overall is the 3rd best performing board in Scotland and 2nd of the mainland boards.

Argyll & Bute - Adult Mental Health Psychological Therapies (AMHPT) service continues to make improvements in referral to treatment time (RTT). At the end of October 2025, average waiting times for CBT treatment were 13 weeks and 21 weeks for Psychology treatment.

Plans, Mitigations and Actions

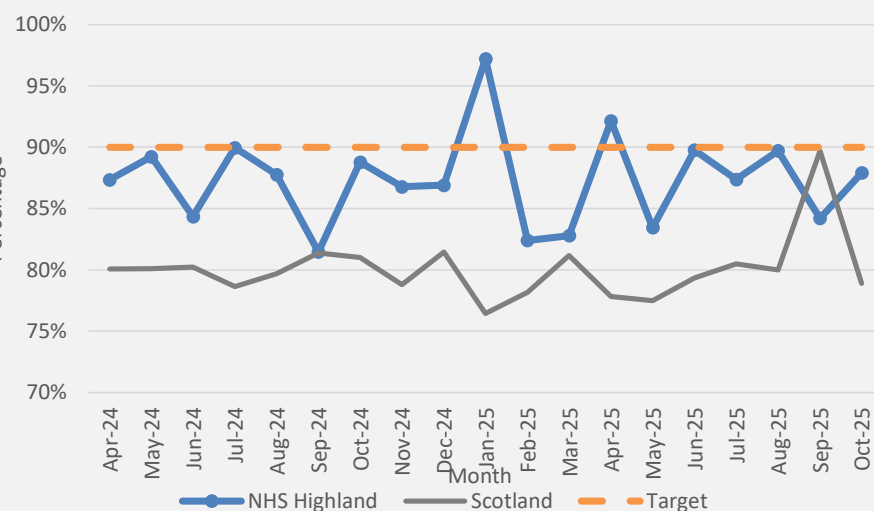
Highland - Recruitment and vacancies continue to cause difficulties in meeting the 90% national target. Data quality is of concern, and the department continues to work with Scottish Government to improve this. However, a conflict of priorities for our eHealth team has seen this project stall with no further information on a target date.

Argyll & Bute - Adult Mental Health Psychological Therapies waiting times continue to be impacted by resource limitations, especially for Psychology, but active recruitment to vacant posts is in progress. Like for North Highland, there are issues with data quality, but work is in progress with the Scottish Government to address this.

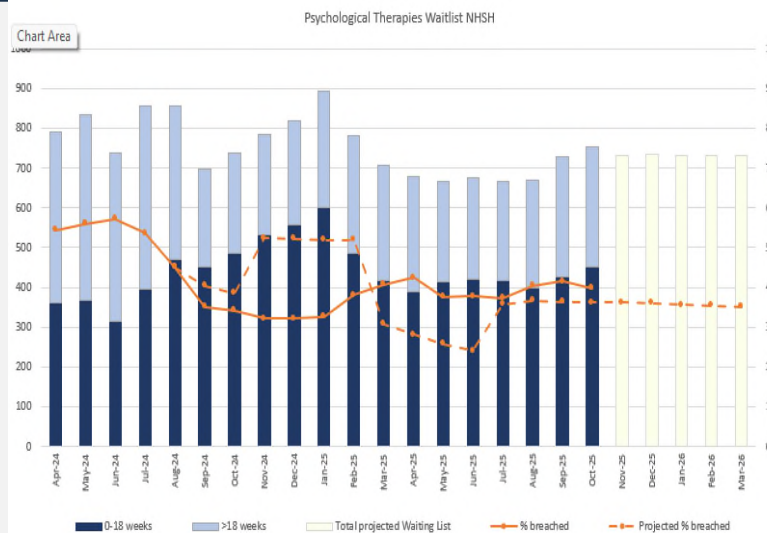
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well

Performance Rating	
Latest Performance	87.9%
National Benchmarking	78.5%
National Target	90%
National Target Achievement	Consistent improvements in targets
Position	4 th out of 14 Boards

Patient seen < 18 weeks



Waiting List Size



Benchmarking with Other Boards

Board	Performance (%)	Target (%)
NHS Orkney	101.0%	90.0%
NHS Western Isles	95.2%	90.0%
NHS Ayrshire & Arran	92.7%	90.0%
NHS Highland	89.7%	90.0%
NHS Greater Glasgow & Clyde	84.6%	90.0%
NHS Lanarkshire	81.4%	90.0%
NHS Grampian	81.0%	90.0%
NHS Lothian	78.7%	90.0%
NHS Borders	75.7%	90.0%
NHS Tayside	73.2%	90.0%
NHS Dumfries & Galloway	72.9%	90.0%
NHS Forth Valley	72.0%	90.0%
NHS Fife	71.2%	90.0%
NHS Shetland	59.1%	90.0%
Scotland	78.5%	90.0%



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**Executive Lead
Katherine Sutton
Chief Officer, Acute**

OIP

Emergency Department Access

Key Performance Indicators

Achieve a 5% improvement in the number of patients attending A&E being seen, treated, admitted, or discharged within 4 hours by March 2026.

Reduce the number of A&E patients admitted, transferred, or discharged within 8 hours of arrival by March 2026, reducing extended waits and improving care quality.

Reduce the number of patients waiting > 12 hours in A&E by March 2026, ensuring no patient experiences excessively prolonged waiting times.

Reasons for Current Performance

Raigmore Hospital – 4-hour performance in Nov-25 was 68.3% against a monthly average for 2025/26 of 67.1%. Patients waiting over 12-hours in the Raigmore ED have decreased by 57% from Oct-25.

Hospital (CGH) - Ongoing pressures being experienced in the hospital related to patient flow and increased LOS impacting on performance over the last few months with an increase in 4, 8 and 12hr breaches

Lorn & Islands Hospital (L&I) – Performance maintained at over 88%. This has dropped slightly in recent month due to increase in bed availability. 0% over 12 hours. 1 patient over 8 hrs in November.

Belford Hospital (BH) - Performance for year 25/26 is 83% . Has improved from 77.2% in August to 81.4% in October. 1.4% of total attenders (12 pt) waited more than 12 hours for treatment in Oct.

Plans, Mitigations and Actions

Raigmore - Hospital at Home is scheduled to start Monday 08-Dec-2025 to aid prevention of admission. Allied Health Professionals (AHP) continue to work at the front door to ease ED pressures.

CGH - Current medical model being reviewed with view to increasing Senior Medical/Senior decision Makers staff will support the improvement of flow through the hospital.

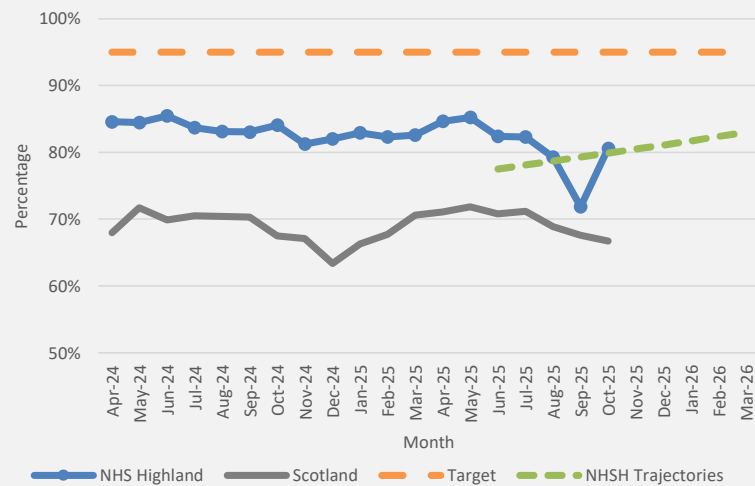
L&I - Expansion of H@H service, to facilitate prevention of admission. Charge Nurse.

Belford Hospital (BH) - MI relocated nearer to ED to enable ANP staff to support ED in busy periods. Datix reporting implemented for 12 hr breaches.

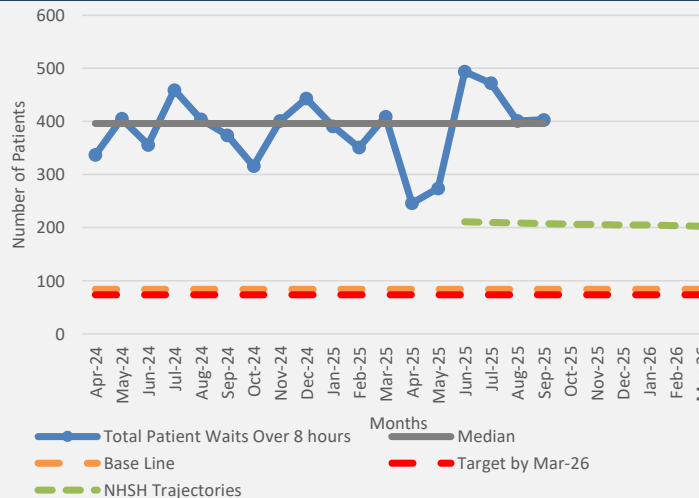
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Respond Well

Performance Rating	
Latest Performance	80.6%
National Benchmarking	66.7%
National Target	95%
National Target Achievement	NHS H as a whole remains above the Scotland average, but off target
Position	5th out of 14 Boards

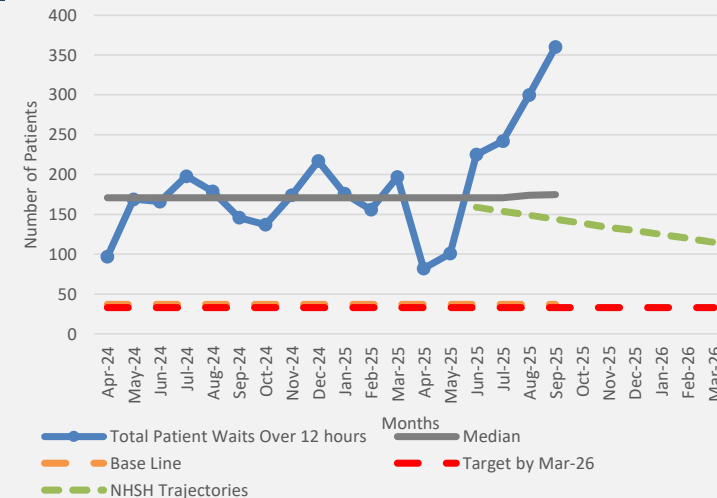
% of people seen in ED within < 4 hours per month



Total Patients waiting > 8 hours in ED per month



Total Patients waiting > 12 hours in ED per month





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Executive Lead
Arlene Johnstone
Chief Officer, HHSCP

OIP

Delayed Discharges

Key Performance Indicators

Reduce the total number of patients experiencing a standard delay in discharge from hospital across NHS Highland to agreed targets and trajectories.

Reasons for Current Performance

- Delayed discharges remain high with an increase in number of patients waiting for care home and Care at Home.
- Social work assessment are also challenging with the vacancies and sickness within in the district teams.

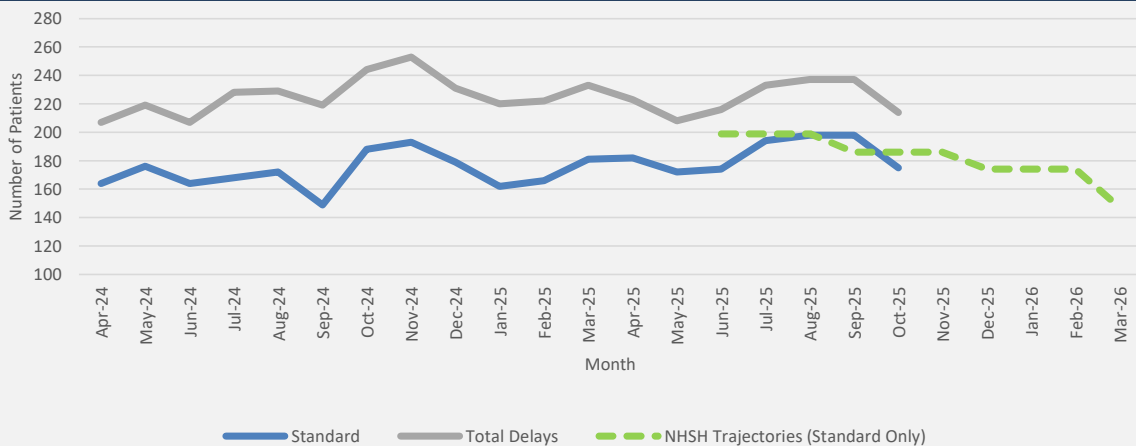
Plans, Mitigations and Actions

- Review of Discharge To Assess (D2A) within the districts with a focus within east ross and Inverness where there are high numbers waiting for Care at Home and delays within the community hospitals.
- Review of the complex delays waiting for Guardianship local vs private and where they are in the system areas that we can support on .
- Review of the DMTs and discharge App to ensure standard work is still being carried out and training sessions with the district and acute staff.
- Identification of Frailty and appropriate management at an earlier point.

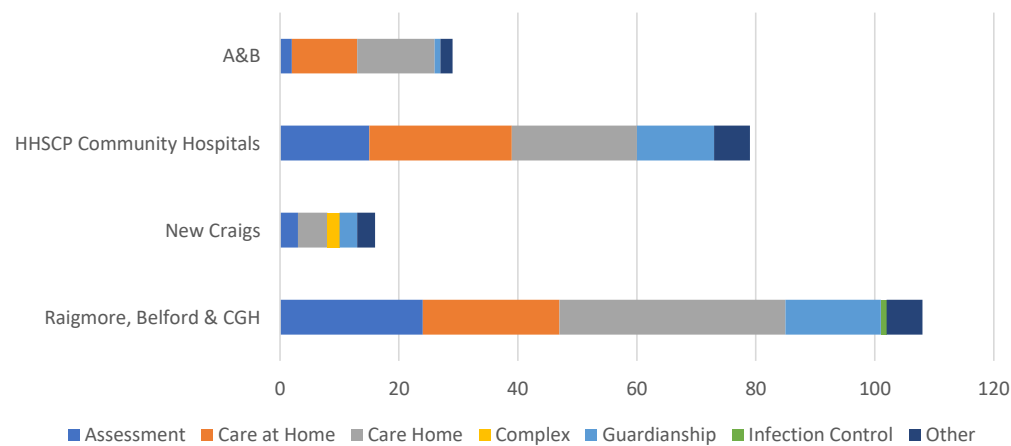
PERFORMANCE OVERVIEW Strategic Objective: In Partnership Outcome Area: Respond Well

Performance Rating	
Latest Performance	214 at Census Point
National Benchmarking	Engagement through national CRAG group and CfSD
National Target	Trajectories developed
National Target Achievement	Not Met
Position	14 th of 14 Boards

Number of people delayed from hospital discharge at monthly census point
NHS Highland (Highland and Argyll & Bute)



Number of people delayed from discharge – Location and Code





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**Executive Lead
Katherine Sutton
Chief Officer, Acute**

OIP

Outpatients (New Outpatients – NOP – seen within 12 week target) – Slide 1 of 2

Key Performance Indicators

Reduce the number of new patients waiting over 52 weeks for a new outpatient appointment to 1393 by March 2026.

The number of completed new outpatients appointments is equal to or exceeds the monthly target

The number of completed new outpatients appointments is equal to or exceeds the cumulative target

Increase the percentage of new outpatient referrals seen within 12 weeks of referral equal to or above 95%.

Total number of patients currently waiting for return outpatient appointments to be equal to or less than previous year's monthly average

Reasons for Current Performance

Highland

Continue to engage with internal and external providers to deliver our additionality and have seen improvements in some specialties such as Orthopaedics and Upper GI. Activity is particularly strong in Breast and Colorectal. We continue to exceed our plan in reducing the number of people waiting over 52 weeks for their appointments.

Argyll & Bute

The number of patients waiting over 52 weeks in Argyll & Bute was stable at around 100 at end October, the majority in Oral Surgery. We have gone out to tender for an additional 150 oral surgery appointments to take place between January and March 2026 and are confident of reporting a nil patient position in this speciality at end March

Plans, Mitigations and Actions

Highland

The activity monitoring framework that is in place is now adopted into usual process. The majority if specialities are on track to deliver their activity and reduce the number of people waiting over 52weeks.

Argyll & Bute

There is a risk that Argyll & Bute will report a very small number of long waiting patients at end March in Ophthalmology. Assistance from HNTC has been discussed and can hopefully be employed closer to the year end.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well

Performance Rating against Plan

Latest Performance against Plan

-5.1% behind plan

National Benchmarking against 12 week performance

44.6%
(Scotland 42.2%)

National Target against 12 week performance

95%

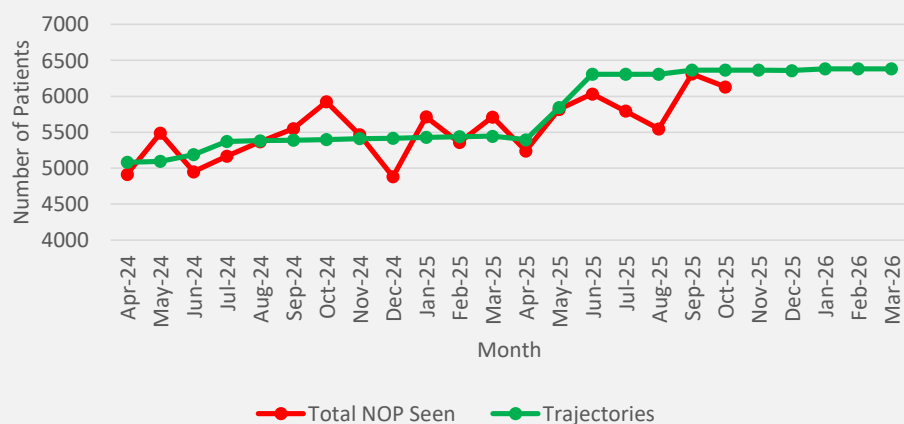
National Target Achievement against 12 week performance

Target not met
Below lower
control limit

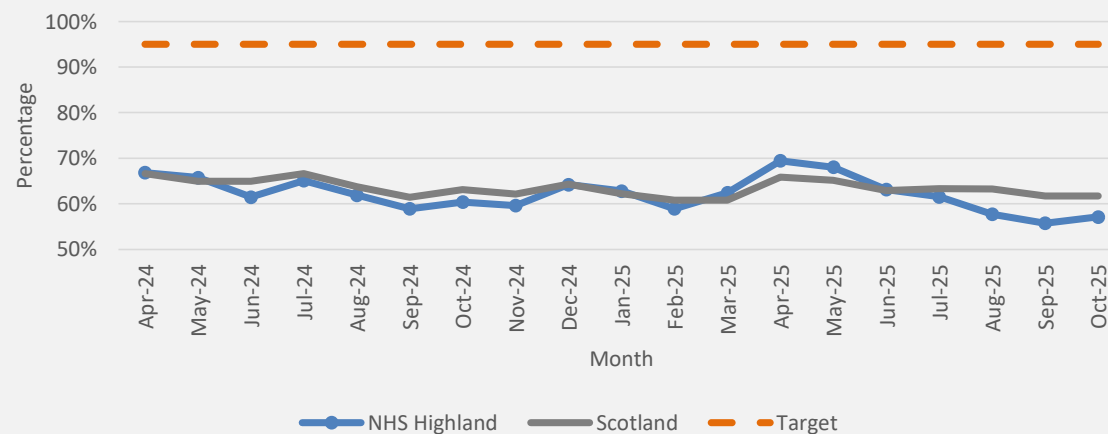
Position against 12 week performance

8th out of 15
Boards

New Outpatients Seen & Trajectories



Outpatients Seen <12 Weeks *Including Consultant and Nurse Lead Activity*





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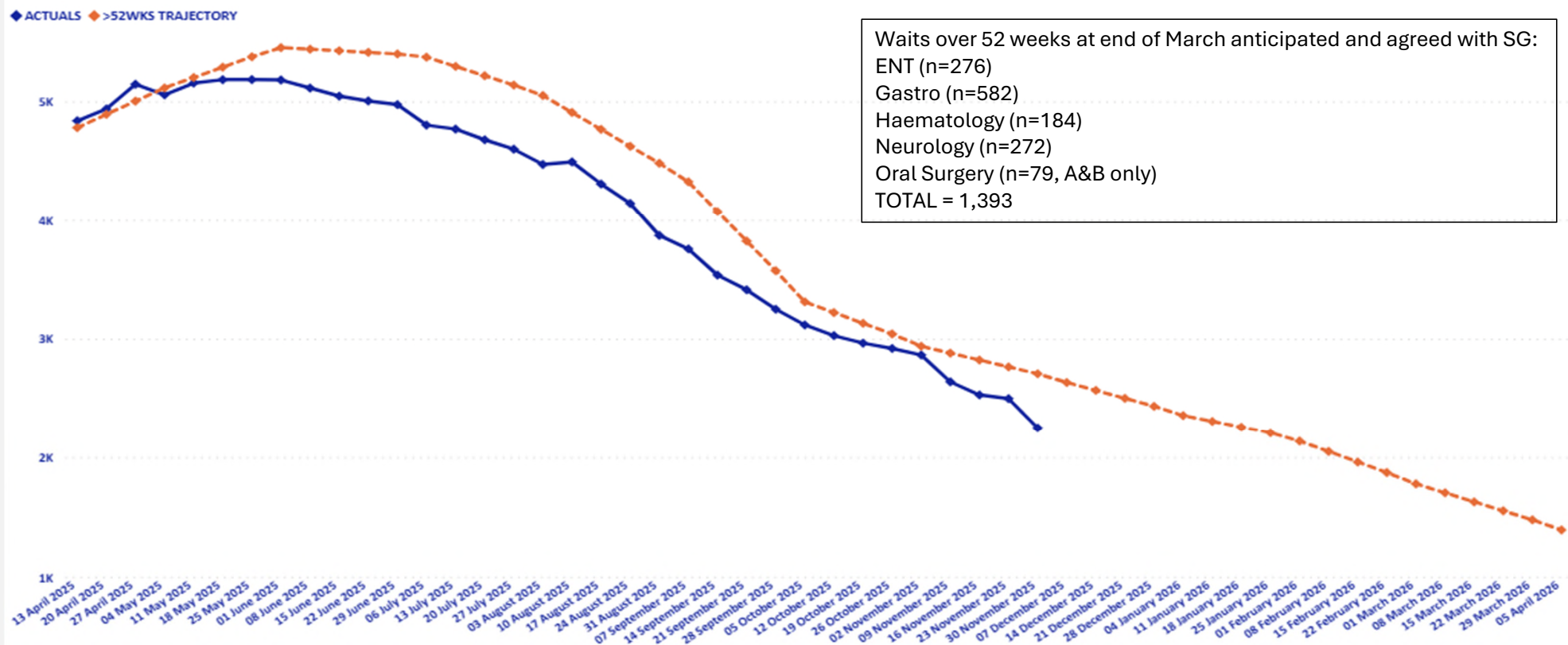
Executive Lead
Katherine Sutton
Chief Officer, Acute

OIP

Outpatients (Long Waits) - Slide 2 of 3

NHS Highland remains positively ahead of trajectory in terms of reducing the number of patients waiting > 52 weeks to targets agreed with Scottish Government

Long Waits >52 weeks





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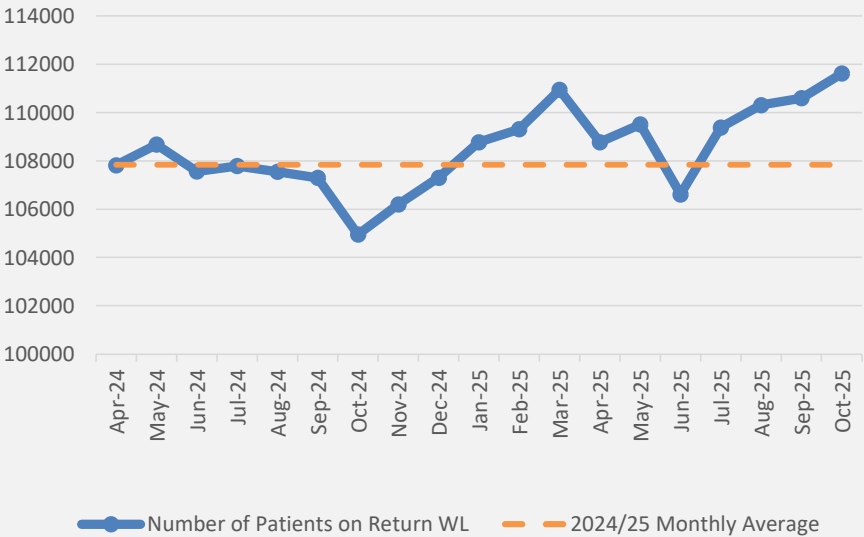
**Executive Lead
Katherine Sutton
Chief Officer, Acute**

OIP

Outpatients (Return Outpatients) - Slide 3 of 3

NHS Highland continues to monitor the level of return outpatients on our waiting lists, and since summer 2025 we observe an increase on the average of this time last year. This may be a consequence of our focus on ensuring outpatient activity is focused on reducing the total number of new outpatients > 52 weeks.

Total Return Outpatients Wait List





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Treatment Time Guarantee (TTG)

Key Performance Indicators

Reduce the number of TTG patients waiting over 52 weeks to 200 by March 2026

The number of inpatient/day case procedures undertaken is equal to or exceeds the monthly target

The number of inpatient/day case procedures undertaken is equal to or exceeds the cumulative target

Percentage of TTG patients seen within 12 weeks of referral equal to or above 95% every month. within 12 weeks of referral equal to or above 95% every month.

Reasons for Current Performance

Highland- The number of inpatient/day case procedures delivered since the beginning of April is cumulatively just short of our target to the end of October. Activity continues to be strong in Ophthalmology, General Surgery and ENT. We continue to exceed our plan in reducing the number of people waiting over 52 weeks for their appointments.

Argyll & Bute - The inpatient/day case performance for Argyll & Bute continues to exceed the target to end October. We are on plan for our in-house specialties in Lorn & Islands Hospital and are recording additional activity in Ophthalmology and Oral Surgery over and above our plan.

Plans, Mitigations and Actions

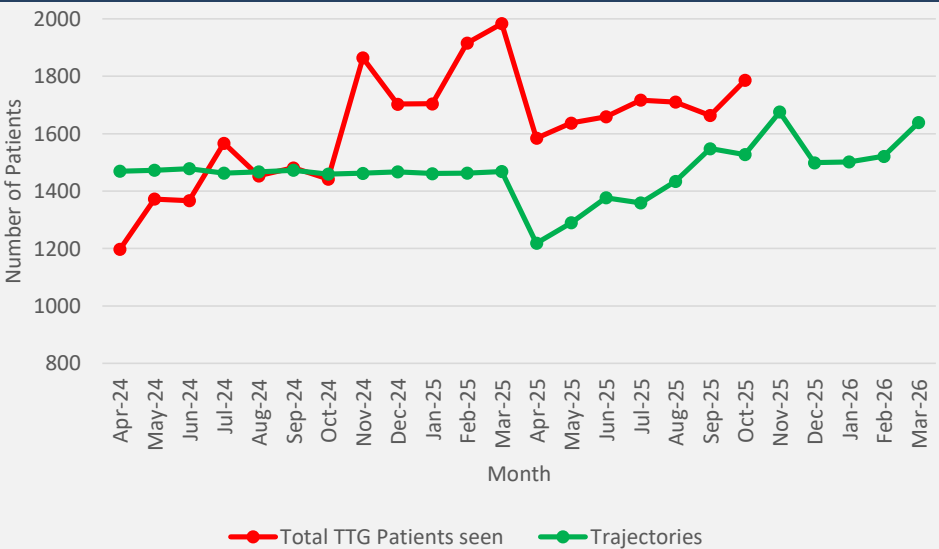
Highland - on going engagement with the visiting service and improvement of processes within the specialty has resulted in an increase of referrals for USC which impacts the capacity to see long waiting routine patients.

Argyll & Bute - There will be no long waiting patients for Argyll & Bute at end March.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well

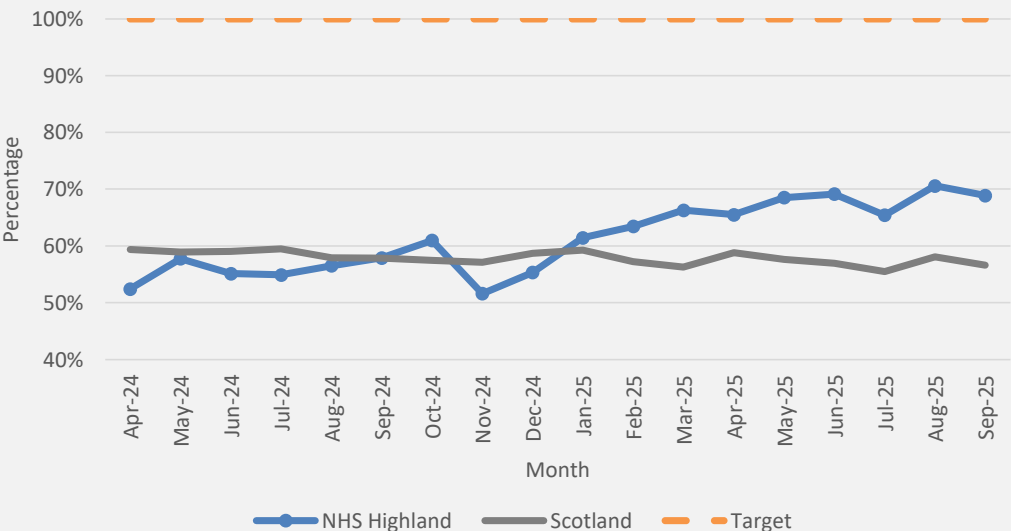
Performance Rating against Plan	
Latest Performance against Plan	2% ahead of plan
National Benchmarking against 12-week performance	68.9% (Scotland 56.6%)
National Target against 12-week performance	100%
National Target Achievement against 12-week performance	Target Not Met; But consistently above Scotland average
Benchmarking against 12-week performance	3 rd of out 15 Boards

Patients Seen & Trajectories



TTG Seen <12 Weeks

Consultant Only





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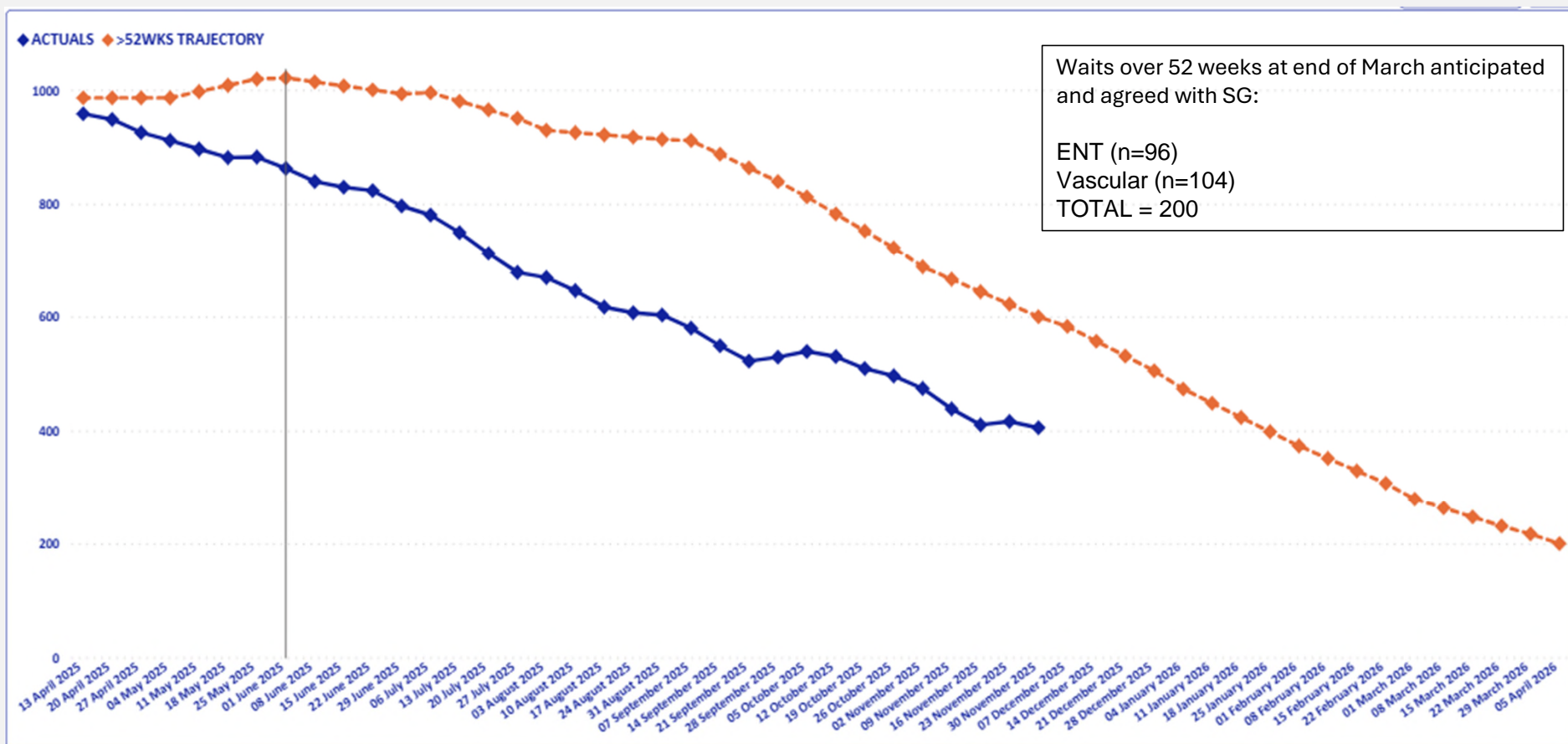
Exec Lead
Katherine Sutton
Chief Officer, Acute

OIP

TTG (Long Waits) - Slide 2 of 2

NHS Highland continues to be ahead of trajectory and while it is expected the gap will narrow to March 2026 – as additional activity was front-loaded in 2025 – there is good confidence that the target levels will be met by end of March 2026.

Long Waits >52 Weeks





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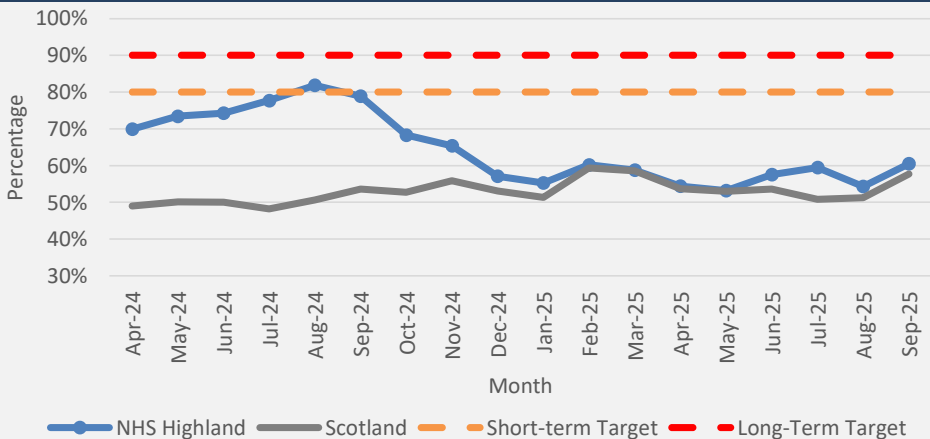
Diagnostics – Radiology – Slide 1 of 2

Key Performance Indicators	Reasons for Current Performance	Plans, Mitigations and Actions
The number of patients who receive imaging (all) is equal to or exceeds the trajectory every month	Highland Outpatient CT activity has dipped due to higher inpatient demand, with 50 extra patients monthly versus last year.	Highland Discussions ongoing with SG re: funding a recovery plan to reach 95% performance < 6 weeks by 31 March 2026. The ultrasound recovery plan targets 5,000 additional patients by 31 st of March.
The number of patients who received a CT scan is equal to or exceeds the number of planned appointments every month		
Patients seen for non-obstetric ultrasound radiology testing is equal to or exceeds trajectory every month	Lorn & Islands Hospital A new A+B radiographer team lead will start in December. Axon’s outsourcing service is performing well. CT and ultrasound wait times are currently satisfactory, with ultrasound backlog cleared through locum support due to a vacancy.	Lorn & Islands Hospital <ul style="list-style-type: none">Lack of A+B Radiographer Team Leader full time due to vacancy. Interim arrangements in place for post holder, but only on a part time basis. Recruitment has successfully taken place and new post holder will be available from 01/12/2025.CTCA – pressure due to availability of clinician.
The number of patients who receive an MRI scan is equal to or exceeds the number of planned appointments every month		
Increase the number of patients receiving a key diagnostic test within 6 weeks from referral, in line with NHS Scotland guidance		

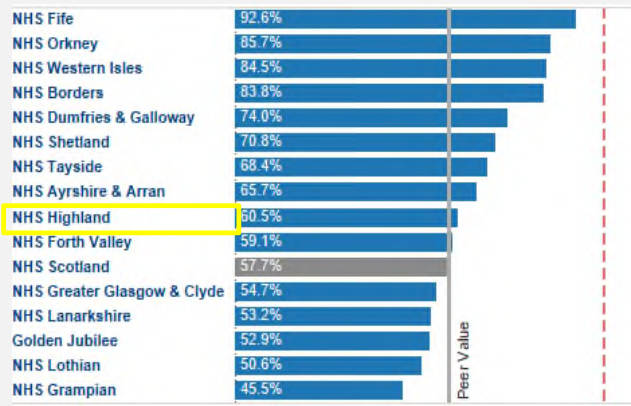
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating against Plan	
Latest Performance against 6-week target	60.5%
National Benchmark against 6-week target	57.7%
Local Target	80% (Short-term) 90% (Long-term)
National Target Achievement	National target not met, performance in NHH is above Scotland average
Benchmarking	9th out of 15 Boards

Imaging Tests: Maximum Wait Target 6 Weeks

Magnetic Resonance Image, Computer, Non-obstetric Ultrasound, Barium Studies Tomography



Benchmarking with Other Boards



Planned Activity

Yearly Trajectory	28,668
YTD Performance Trajectory	16,723 (58.33%)
Patients Seen – Sep 25	20,850 (72.73%)
Overall	14.40% above target



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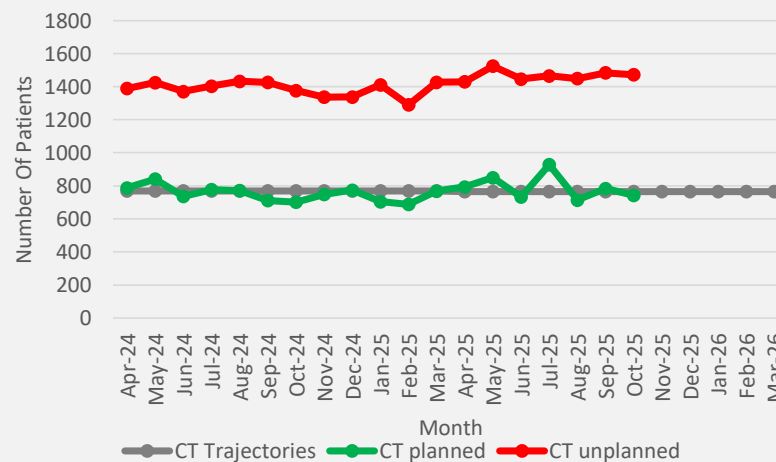


Exec Lead
Katherine Sutton
Chief Officer, Acute

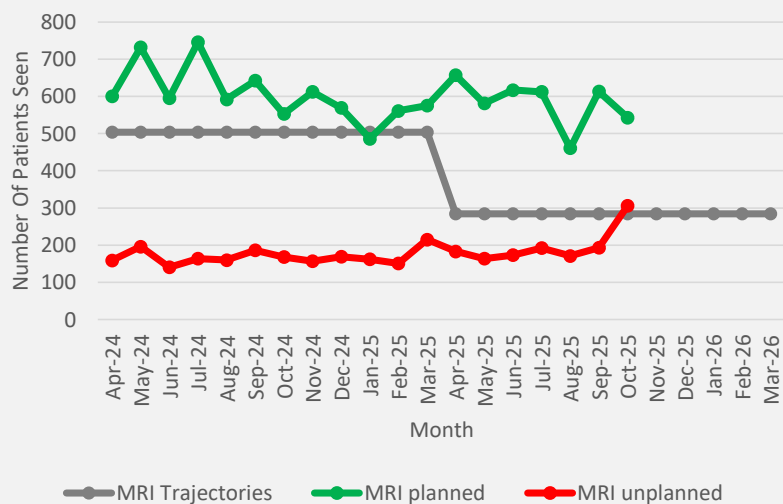
OIP

Diagnostics – Radiology – Slide 2 of 2

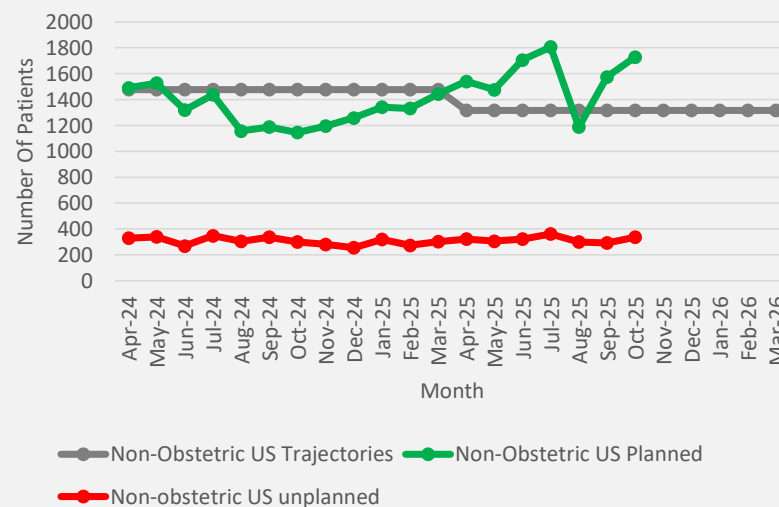
CT Patients Seen and Trajectories



MRI Patients Seen and Trajectories



Non-Obstetric Patients Seen and Trajectories





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Chief Officer, Acute

OIP

Diagnostics – Endoscopy – Slide 1 of 2

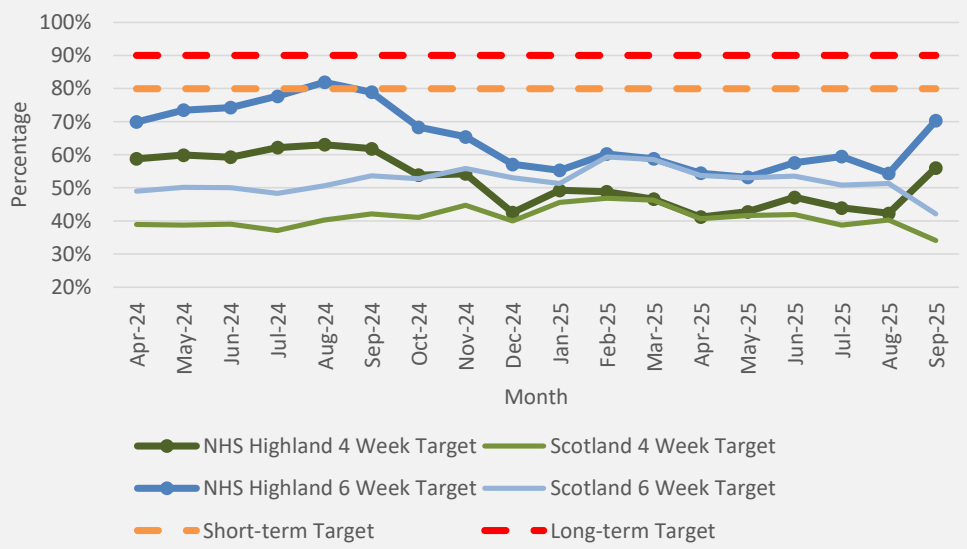
Key Performance Indicators	Reasons for Current Performance	Plans, Mitigations and Actions
No patients waiting longer than 6 weeks for an endoscopy test (from referral to test) in line with Scottish Waiting Time Targets	GI endoscopy – Higher volume of all GI endoscopy due to Colorectal, Upper GI and Gastroenterology reducing their new outpatient waits. More appointments being made available for new patients with reduced return/surveillance capacity.	GI endoscopy – Paper submitted to request reallocation of funding from Colon Capsule Endoscopy to additional endoscopy sessions. Additional sessions running from October 2025. Plans being made for quarter 4 with in-house staff support. Cystoscopy – Patients waiting over 12 weeks as of 1 st October have had a letter asking them to contact Urology PIR line if they still wish to proceed. Will be removed from waiting list if no response within 4 weeks. Additional sessions running from October 2025 with a tender being sought for Independent Sector support in quarter 4.
The number of patients seen for a new endoscopy appointment is equal to or exceeds the trajectory every month		
The number of patients seen for a new Colonoscopy, Cystoscopy, Flexi Sig and Upper GI is equal to or exceeds the number of planned appointments every month	Cystoscopy – Cystoscopy performance has varied due to staffing pressures – 2 consultant resignations.	

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well

Performance Rating	
Latest Performance	70.3%
National Benchmark	42.1%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	While national target not met, performance in NESH is ahead of Scotland average
Benchmarking	7th out of 15 Boards

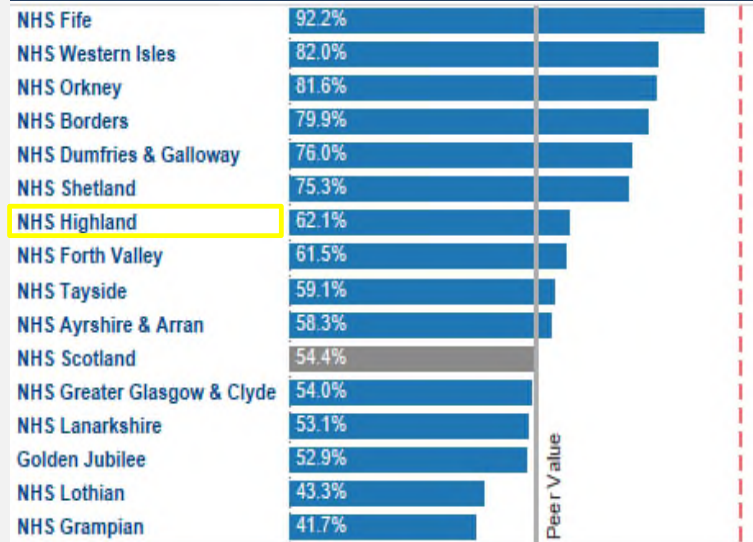
Endoscopy Tests: Maximum Wait Target 4/6 Weeks

Colonoscopy, Cystoscopy, Flexi Sig, Upper GI



Benchmarking with Other Boards

6 Week National Target



Planned Activity

Yearly Trajectory	5,176
YTD Performance Trajectory	3,026 (58.46%)
Patients Seen – Sep 25	3,752 (72.49%)
Overall	14.03% above target



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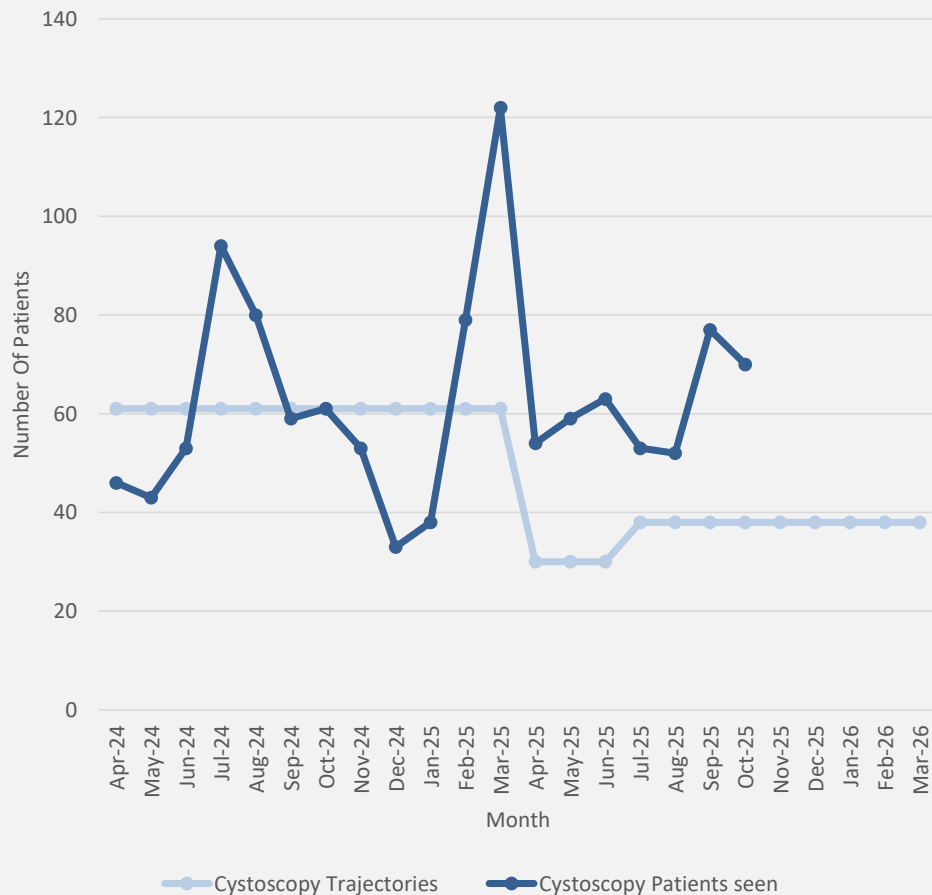


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Chief Officer, Acute**

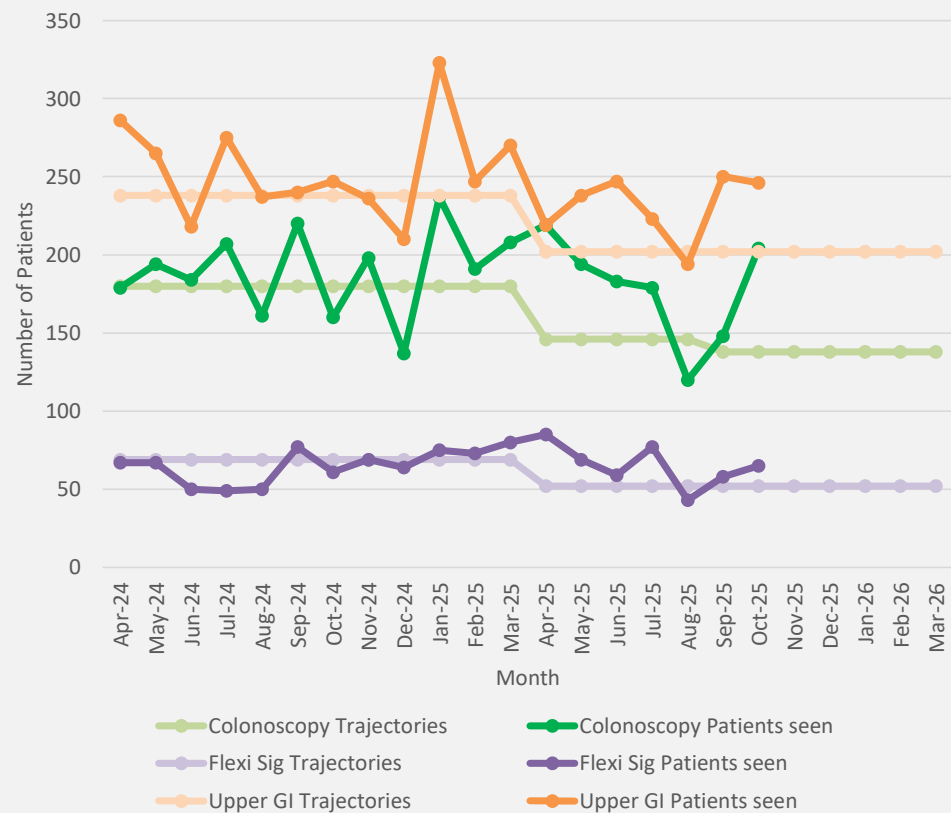
OIP

Diagnostics – Endoscopy – Slide 2 of 2

Patients Seen and Trajectories: *Cystoscopy*



Cystoscopy Patients Seen and Trajectories: *Colonoscopy, Flexi Sig & Upper GI*





Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics - Wait List Other

Key Performance Indicators

Increase the number of patients waiting less than 6 weeks for an ECHO test (from referral to test) in line with Scottish Waiting Time Targets

Increase the number of patients waiting less than 6 weeks for an R Test / 24 ECG (from referral to test) in line with Scottish Waiting Time Targets

Increase the number of patients waiting less than 6 weeks for an spirometry test (from referral to test) in line with Scottish Waiting Time Targets

Reasons for Current Performance

Ambulatory ECG & Blood Pressure (R-Tests/Holter):
Wait times have steadily improved over the long term and are now stable, meeting the 6-week target.

Echo-cardiography:
Significant backlog persists, with many patients waiting over 6 weeks. Recent staff turnover and loss of locum support due to financial constraints have slowed progress.

Spirometry (Raigmore & Caithness):
Improved since mid-2024 with the addition of a second physiologist. Temporary disruption in summer 2025 caused a pause, but improvement is expected to resume from November 2025.

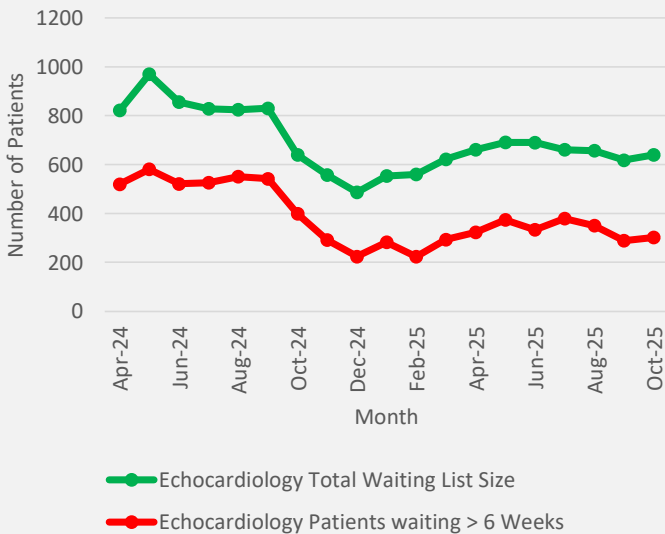
Plans, Mitigations and Actions

- Echo WLs are expected to improve further in coming months as a 4th Echo machine in Raigmore has been nationally funded and there is a plan to time-share a clinical room. As a 4th Echo room using this machine, to maximise capacity.

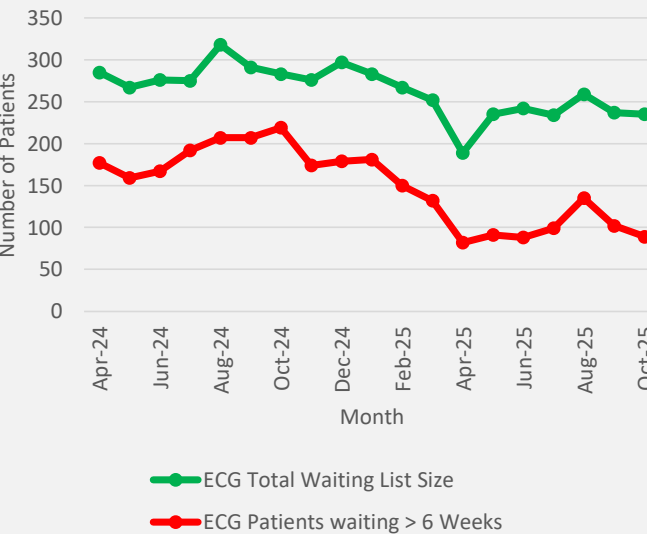
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	
Latest Performance	n/a
National Benchmark	
National Target	
National Target Achievement	
Benchmarking	

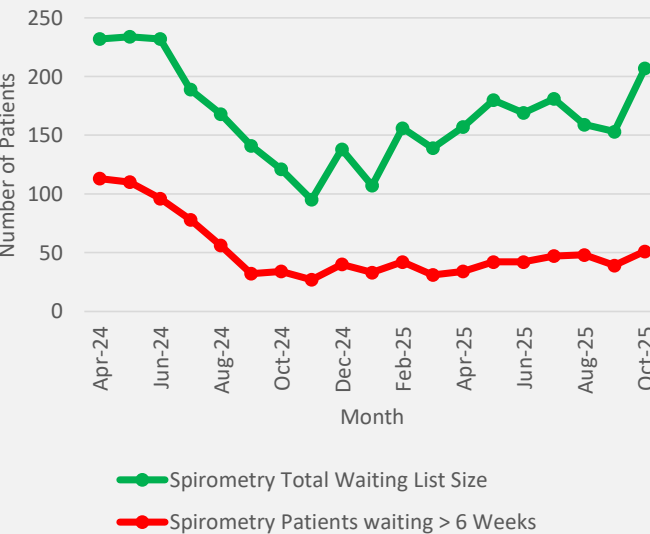
ECHO: Total Waiting List Size & Patients Waiting >6 Weeks



ECG: Total Waiting List Size & Patients Waiting >6 Weeks



Spirometry: Total Waiting List Size & Patients Waiting >6 Weeks





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Executive Lead
Katherine Sutton
Chief Officer, Acute

OIP

31 Day Cancer Waiting Times

Key Performance Indicators

95% of patients should begin treatment within 31 days of the decision to treat, regardless of the referral route

Reasons for Current Performance

- The primary reason for not meeting the 31-Day Standard is insufficient surgical capacity, particularly for breast procedures, coupled with limited availability of oncology sub-specialists.

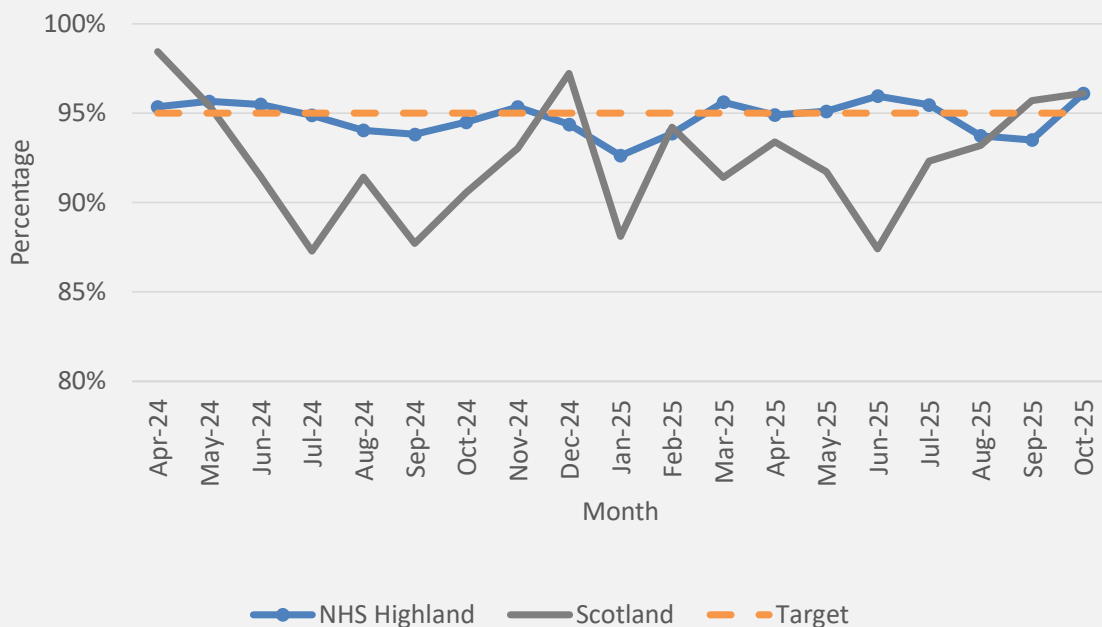
Plans, Mitigations and Actions

- The Breast surgical capacity has been supported for several months now by colleagues within Forth Valley. A further meeting is being held on 28 November to review options for the remainder of the financial year. This has become even more essential following our inability to appoint a replacement for one of the three surgeons who retires on 31 December. They may be able to return on a part time basis to help maintain the necessary additional capacity.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well

Performance Rating	
Latest Performance	96.1%
National Benchmarking	96.1%
National Target Achievement	Met
Position	12 th out of 15 Boards

31 Day Cancer Waiting Times



Patients Seen on 31 Day Pathway



31 Day Benchmarking with Other Boards





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Executive Lead
Katherine Sutton
Chief Officer, Acute

OIP

62 Day Cancer Waiting Times

Key Performance Indicators

95% of patients referred urgently with a suspicion of cancer (USC) - whether through a GP referral, national screening programme, should be their first cancer treatment within 62 days of receiving the referral.

Reasons for Current Performance

- Staffing vacancies impacting the assessment and diagnosis of breast patients.
- Delays in conducting initial assessments within colorectal services.
- Increased demand for endoscopy and cystoscopy procedures following first assessments

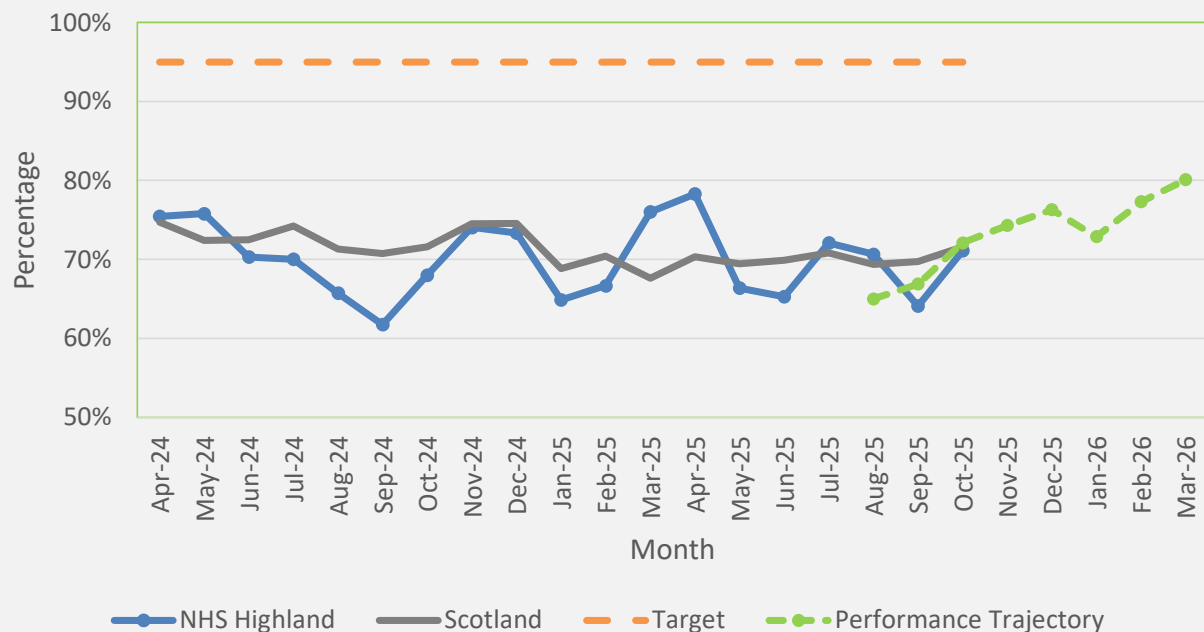
Plans, Mitigations and Actions

- There are additional mutual aid from the Breast Service and Forth Valley and the recent appointment of a colorectal Nurse Specialist.
- Continued business as usual activity regarding compliance with the Framework for Effective Cancer Management
- Additional cystoscopy and endoscopy activity has also been commissioned for the beginning of December to bring the wait to within the 2-week standard.

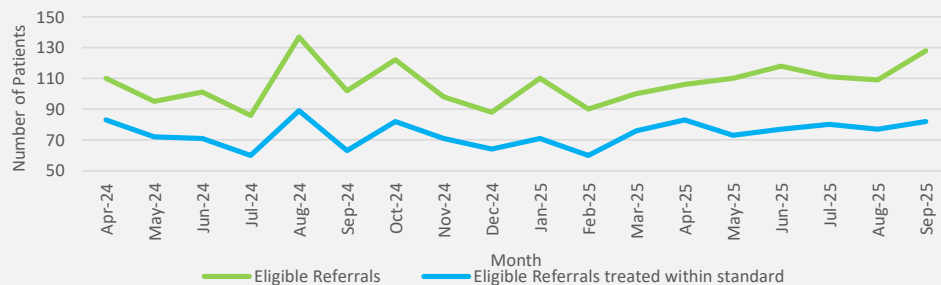
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well

Performance Rating	
Latest Performance	71.1%
National Benchmarking	71.5%
National Target	95%
National Target Achievement	On track for performance trajectory
Position	5 th Out of 14 Boards

62 Day Cancer Waiting Times



Patients Seen on 62 Day Pathway



62 Day Benchmarking with Other Boards





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Executive Lead
Katherine Sutton
Chief Officer, Acute

SACT Access and Benchmarking

Key Performance Indicators

The average waiting times for SACT as 1st Treatment, Radiotherapy as First Treatment and ASCT patients overall (new and subsequent) will be no more than 28 days

Reasons for Current Performance

The provision of SACT is dependent upon several factors such appropriate subspecialty clinicians, prescribing capacity, chair access and SACT nurse availability.

The main current challenges continue to be the latter two. Whilst waiting times have reduced in recent weeks to less than the 28 day maximum, the sustainability of that wait is difficult maintain.

Plans, Mitigations and Actions

- A short life working has been established under the leadership of the Acute Associate Nurse Director to progress the issues associated with the current and future service provision.
- A national capacity modelling tool is also being used to help quantify staffing requirements.

PERFORMANCE OVERVIEW

Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating

Latest Performance

Average range = 20-25 days to start treatment

National Benchmarking

n/a

National Target

n/a

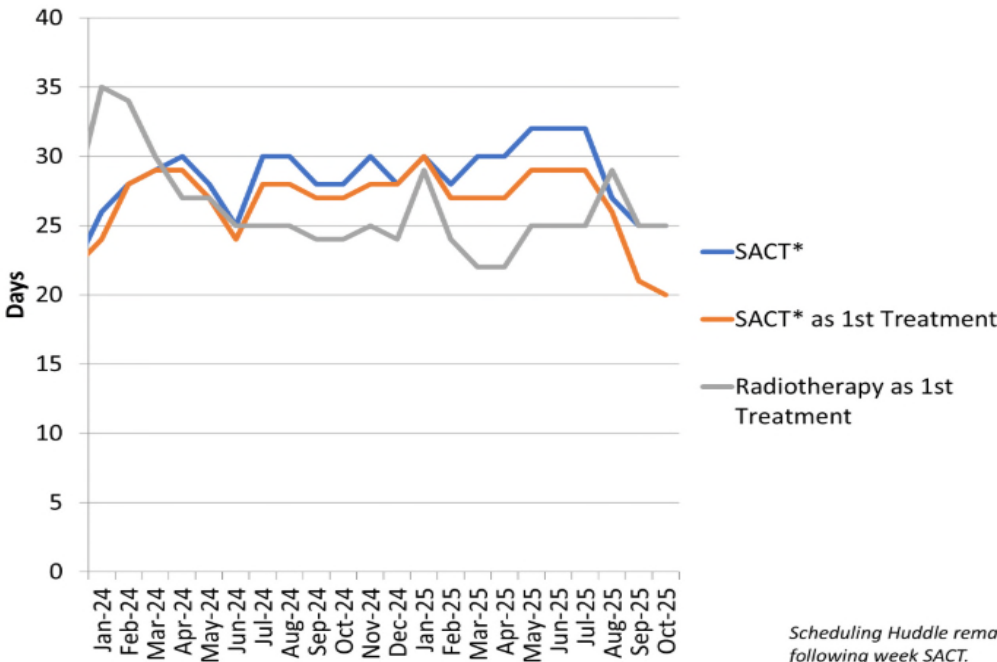
National Target Achievement

n/a

Position

NHS Highland activity matches national trends

Systemic Anti Cancer Therapy (SACT): average waiting times by month



Scheduling Huddle remains in place to ensure capacity for following week SACT.
*Excludes all oral SACT.



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Stage 2 Complaint Activity (October 2024 – October 2025)

ADP Deliverables

Progress as at End of Q2 2025/26

N/A

Insights to Current Performance

Continued poor performance against the 20 day working target . Stage 2 complaints have exceeded 100 complaints per month in July, Sept and Oct. Average expected = approx. 80 complaints per month. Of note is that the past 6 months have resulted in more complaints being opened than closed. **This is not sustainable**

Over the past 13 months :
10 months more opened than closed.
1 month more closed than opennd.
1 month – equivalent amount opened and closed.

Plans and Mitigations

Reporting to EDG and escalation to Board Medical Director where required.

Discussion with Acute and HHSCP SLT.

SOPS produced and shared for comment) to improve complainant experience and to allow refinement of the complaints process.

Performance and quality indicators to be revised.

PERFORMANCE OVERVIEW

Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating

Latest Performance

National Benchmarking

National Target

National Target Achievement

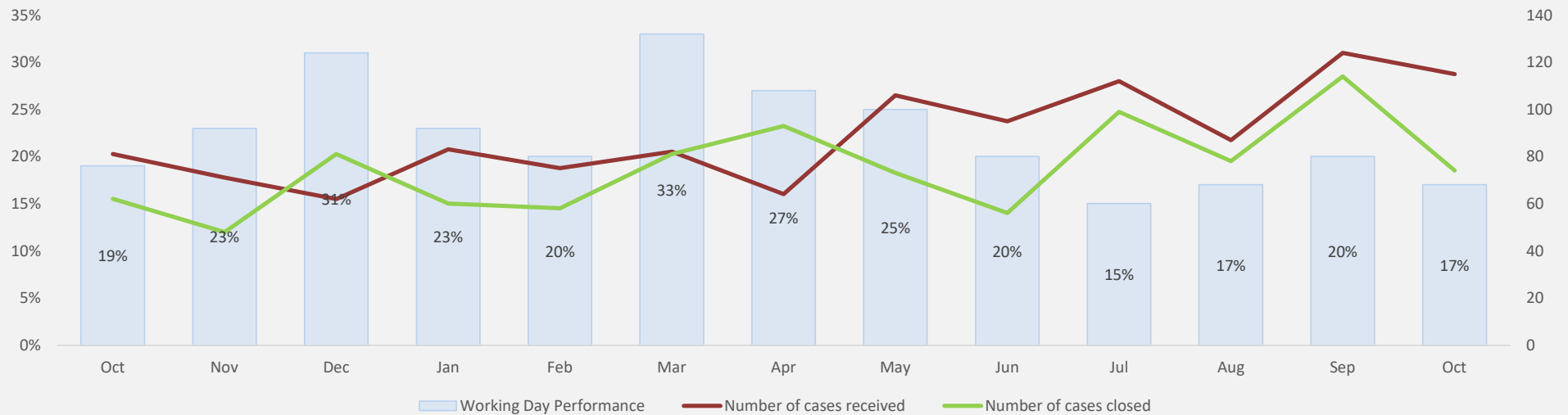
Position

17%

None

60%

Stage 2 Feedback Cases - Received and closed and working day %





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SPSO Activity (November 2024 – November 2025)

ADP Deliverables

Progress as at End of Q2 2025/26

Insights to Current Performance

SPSO activity has remains steady over the last few months. Recently there has been a slight increase in cases being received

7 cases closed were not taken forward as dealt with appropriately

Plans and Mitigations

SPSO cases continue to be monitored via the Quality and Patient Safety structure.

PERFORMANCE OVERVIEW

Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating

Latest Performance

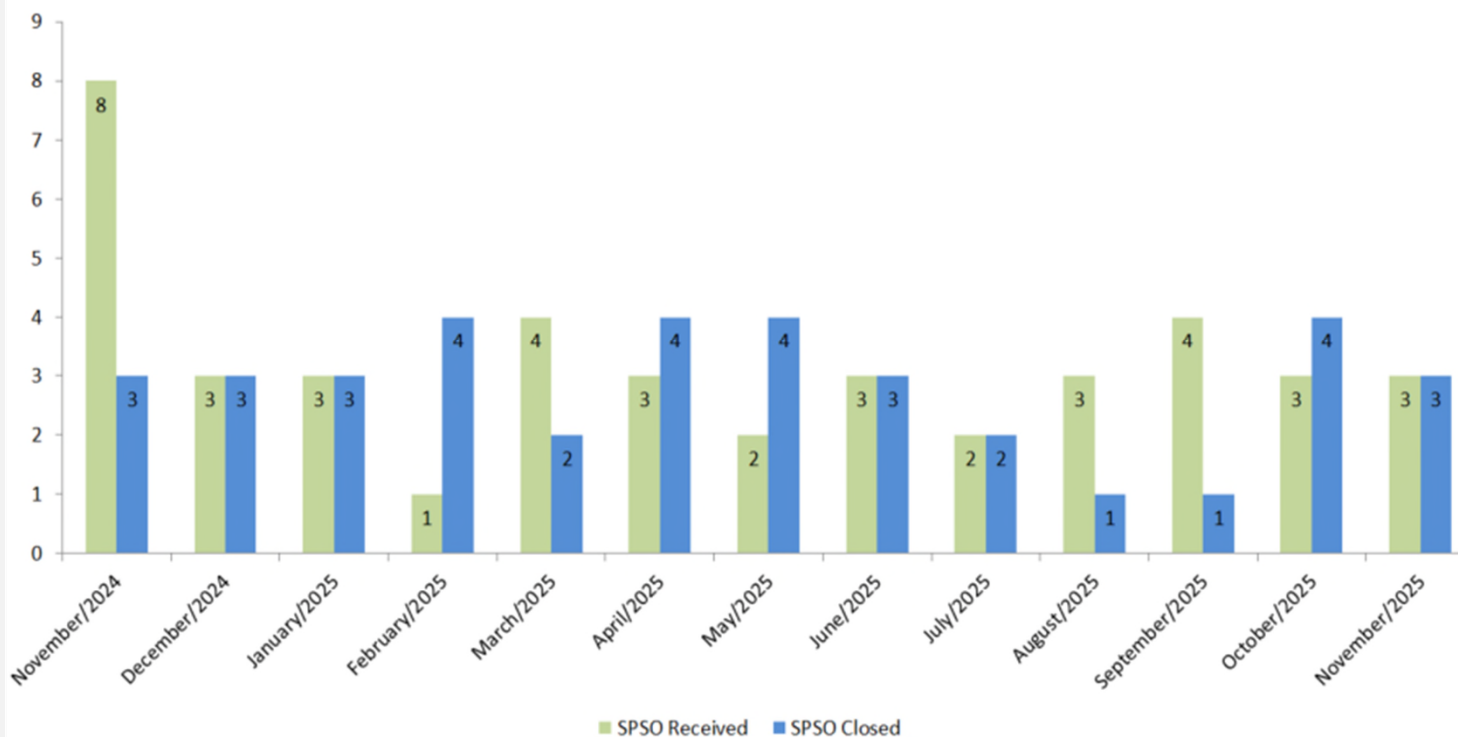
National Benchmarking

National Target

National Target Achievement

Position

Number of SPSO Cases Received / Closed



SPSO cases received last 3 months:

10 received:

- 6 Acute
- 2 A&B
- 2 HHSCP

These relate to Mental Health Services -
Adult Psychiatry, Surgical - Orthopaedics,
Surgical - Urology
Cancer Services - Haematology, Sexual
Health Services - Family Planning, Theatres -
Vascular
Surgical - Orthopaedics, Paediatrics

SPSO cases closed last 3 months:

8 SPSO enquiries closed

- 7x not taken forward



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Level 1 SAERs Declared and Status Overview (November 2024 – November 2025)		
ADP Deliverables Progress as at End of Q2 2025/26	Insights to Current Performance	Plans and Mitigations
	15 SAERs are over the 26 week target. There are 28 open SAERs.	All operational areas have been actively reviewing their open SAERs.
	64 SAER actions are overdue which is a decrease since the last reporting period.	A number of SAERs are nearing completion and will be approved by the end of January 2026.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

28

Open Level 1 (L1) Incidents

15

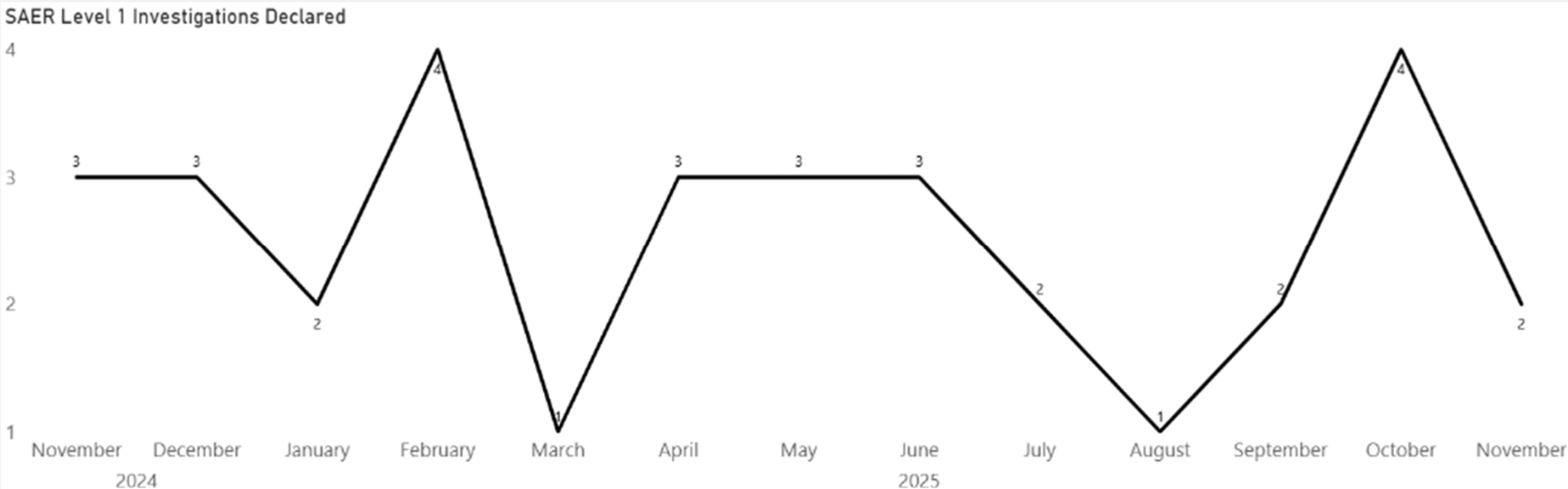
L1: Active more than 26 weeks


33

L1: SAER Declared Last 13 Months


0.18%

Incident | SAER Conversion Last 13 Months



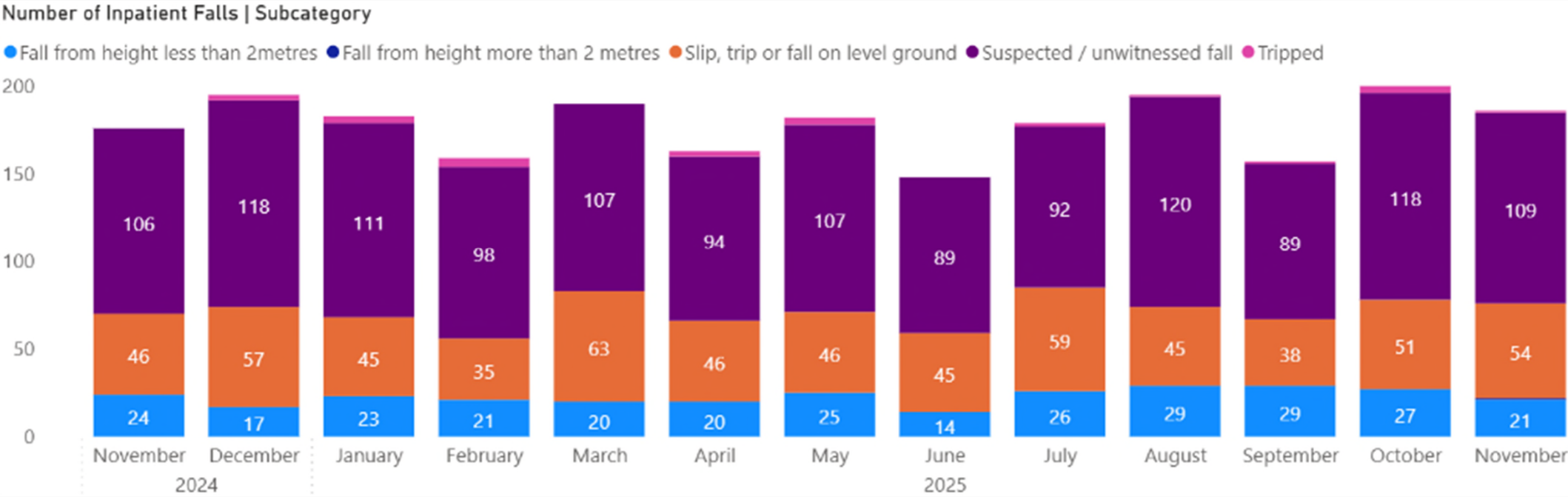



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Exec Lead
Louise Bussell

Hospital Inpatient Falls Subcategory (November 2024 – November 2025)			PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
ADP Deliverables Progress as at End of Q2 2025/26		Insights to Current Performance	Plans and Mitigations	Performance Rating
		To follow		Latest Performance
				National Benchmarking
				National Target
				National Target Achievement
				Position



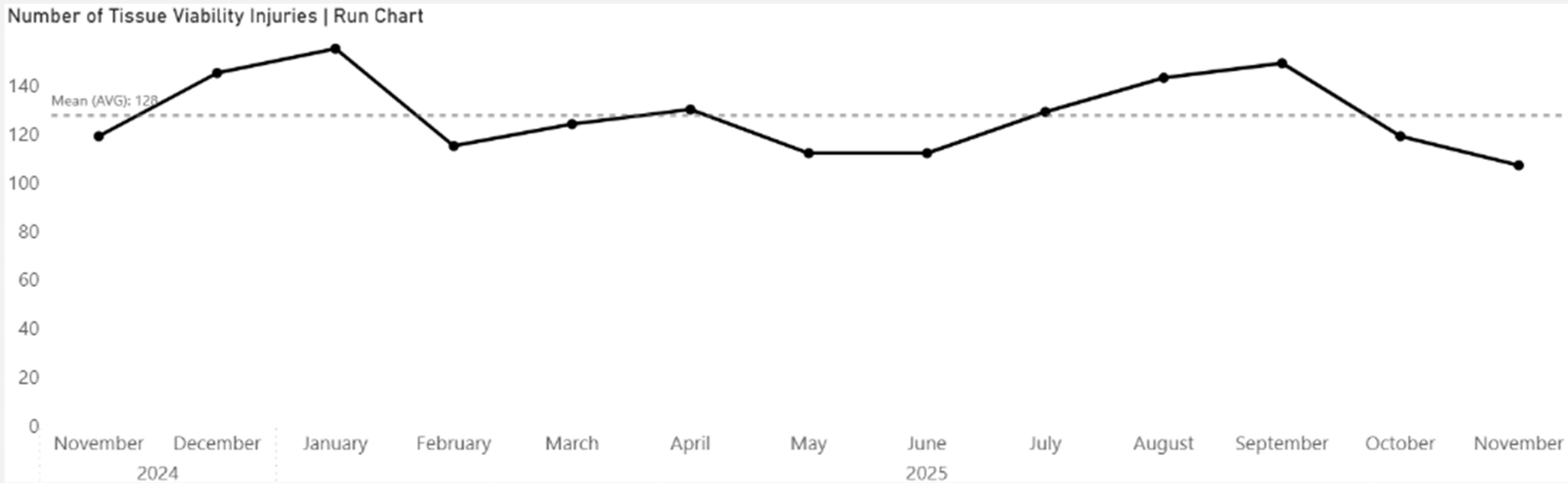


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Exec Lead
Louise Bussell

Tissue Viability Injuries (November 2024 – November 2025)			PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
ADP Deliverables Progress as at End of Q2 2025/26		Insights to Current Performance	Plans and Mitigations	Performance Rating
-MASD and PU Pathways complete via NATVNS- for publication via MedsIlls once minor changes complete due by November 2025 ending -Continue to veto for PU training to be mandatory		<ul style="list-style-type: none">- IPC unpublishing TURAS modules for PUs.- PUs on feet adding to numbers via Datix for developed PUs and CPR feet training targeting key areas have started	<ul style="list-style-type: none">-Continue to implement support for high risk areas- CPR Feet-CPR for Feet on Red Day Tool now PAG as passed TVLG, including RDT addition for CPR Feet- SLWG set up with NATVNS for pressure ulcer training materials as IPC will be unpublishing training slides on TURAS ? When- MASD for TVLG Dec 2025- PU Documents ongoing with NES support and NATVNS. Current modules shortened to 2,4,5 and 6 until updated	Latest Performance
- SAS discussions ongoing re: frailty pathway and in discussions with Clarie Copeland and Kate Watson from NHS Glasgow for QI - -NHS Grampian/SAS/NHSH PU launch tnc				National Benchmarking
				National Target
				National Target Achievement
				Position





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Louise Bussell

Tissue Viability Injuries | Subcategory (September 2024 – September 2025)

ADP Deliverables

Progress as at End of Q2 2025/26

- At risk ward shows improvement with PUs, but now has increase in number of PUs to feet- ongoing support, and include roll out of CPR Feet
- Infection and Biofilm Pathway QI ongoing
- Lower Limb training x1 more for the year successfully ongoing

Insights to Current Performance

- QI project started
- CPR Feet forms part of lower limb training

Plans and Mitigations

- Wards 3A to start project with Podiatry and Laura Keel
- Leg Ulcer Audit ongoing

PERFORMANCE OVERVIEW

Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating

Latest Performance

National Benchmarking

National Target

National Target Achievement

Position

HIS to confirm plans for future/ and how soon

20% reduction

Number of Tissue Viability Injuries | All Subcategories and Injury grades | Sub-Category

● Developed in hospital ● Developed/discovered in community ● Discovered on admission ● Known ulcer deteriorating

200

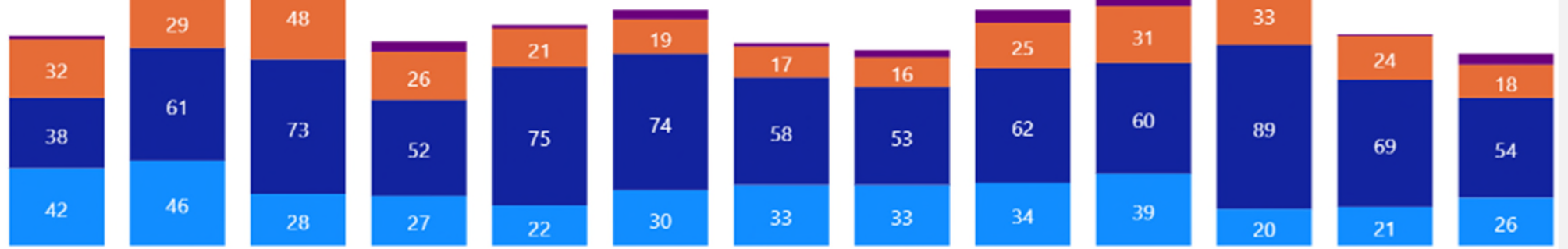
150

100

50

0

November 2024 December January February March April May June 2025 July August September October November





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Tissue Viability Injuries | Subcategory by Injury Grade (November 2024 – November 2025)

ADP Deliverables

Progress as at End of Q1 2025/26

- Need to focus on Grade 2 and Grade 1 prevention as these 2 categories still account for the highest incidents of developed PUs.

Insights to Current Performance

- To discuss if Grade 1 can continue to be Datixed, as well as Grade 2- as there is discussion that Grade 1 should not be reported- but it should as it is the start of skin damage

Plans and Mitigations

There is a head to toe inspection video that will be used via NATVNS – I have asked TURAS to share and be made accessible to/including non NHS Highland care homes-
<https://youtu.be/zUs93xdBKxU>
-Equipment guide being updated as a step up/step down guide for all clinicians across acute and community- for TVLG December 2025
Work underway for contractures
Work underway to address Grade 1 and Grade 2 wounds
acute/community

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well

Performance Rating

Latest Performance

National Benchmarking

HIS to confirm plans for future/ and how soon- ongoing

National Target

20% reduction

National Target Achievement

Position

Subcategory | Injury

Injury	Developed in hospital	Developed/discovered in community	Discovered on admission	Known ulcer deteriorating	Total
Mucosal Pressure Damage	15	1	12		28
Pressure Ulcer - combination lesions	5	9	4	0	18
Pressure Ulcer - deep tissue injury	26	94	11	7	138
Pressure Ulcer - ungradable	38	117	41	10	206
Pressure ulcer (grade not specified)	9	6	9	1	25
Pressure ulcer Grade 1	99	132	73	1	305
Pressure ulcer Grade 2	193	393	152	12	750
Pressure ulcer Grade 3	15	50	27	13	105
Pressure ulcer Grade 4	1	16	10	14	41
Ulcers	1	5	8	0	14
Total	402	823	347	58	1630



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Infection Control - CDI, SAB and ECB Healthcare Associated Infection (HCAI) Reduction aims 1st April 2025 to 30th November 2025

ADP Deliverables: Validated position for 2025/26 reduction aims

Clostridioides difficile (CDI)

2025/2026 reduction aim is 75 HCAI cases. As of 30/11/2025 39 HCAI cases reported.

Currently on track to meet aim (9 cases under trajectory)

Staphylococcus aureus bacteria (SAB)

2025/26 reduction aim is 53 HCAI cases. As of 30/11/2025 31 HCAI cases reported.

Currently on track to meet aim (1 case under trajectory)

Escherichia Coli (ECB)

2025/2026 reduction aim is 75 HCAI cases. As of 30/11/2025 51 HCAI cases reported

This is above predicted trajectory by 3 cases

Insights to Current Performance

The RAG ratings are calculated on the predicted monthly numbers.

On the 7th of October 2025 National Services Scotland published the report for the Quarterly Epidemiological data on Clostridioides difficile infection, Escherichia coli bacteraemia, Staphylococcus aureus bacteraemia and Surgical Site Infection in Scotland (April - June (Q2) 2025). This data reports that NHS Highland was within normal variation for healthcare associated SAB, CDI and EColi when analysing trends over the past three years, and was not above the 95% confidence interval upper limit in the funnel plot analysis. The next publication is expected January 2026

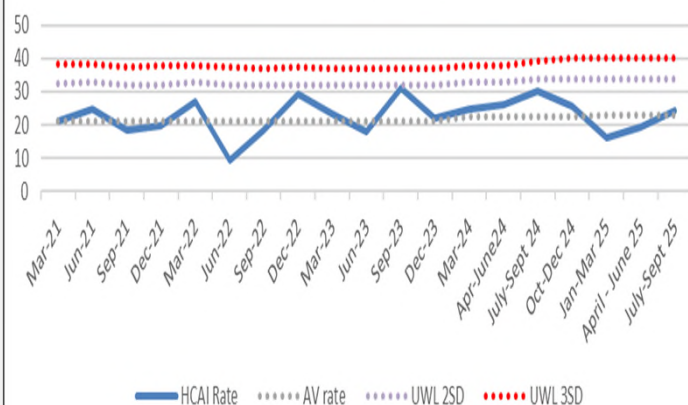
Plans and Mitigations

Continue to review individual cases for learning and any subsequent actions.

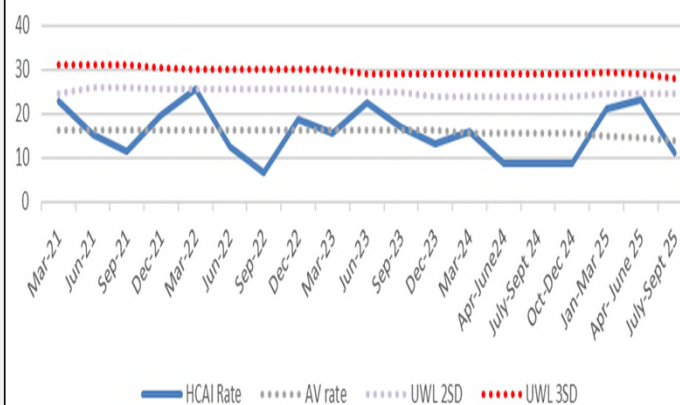
Targeted work with antimicrobial prescribing continues, The use of faecal microbiota transplant therapy continues to be progressed as a treatment for chronic CDI.

Continue to ensure adherence to national guidance for the management of infections.

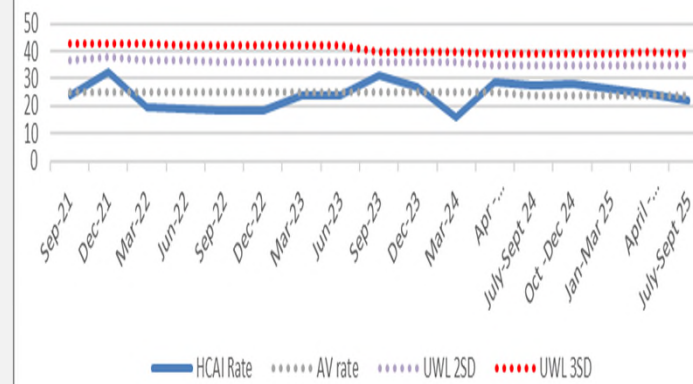
Quarterly rates of Healthcare Associated CDI per 100000 bed days including ARHAI Scotland & NHS Highland data



Quarterly rates of Healthcare Associated SAB infection per 100000 bed days including ARHAI Scotland & NHS Highland data



Quarterly rates of Healthcare Associated ECB infections per 100000 bed days including ARHAI Scotland & NHS Highland data





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Integrated Performance & Quality Report: Grow, Listen, Nurture & Plan Well

Key Performance Indicators (KPIs)		Feedback and Summary	Risks
Reduce sickness absence of all staff (long-term and short-term) across NHS Highland to less than 4% of staff being absent at all times.		Remains over 4% and has increased again to 6.49%. 25.1% of Long-term absences are related to anxiety/stress/depression.	Attendance is not managed robustly/consistently and rates remain higher than 4%. Training on policy and process continues. Toolkit and checklist being developed.
Ensure 95% Core Mandatory eLearning compliance across NHS Highland staff (measured through the Core Mandatory eLearning Completion Rate).		Statman compliance is 75.2%, action is required within each area to meet target of 95%	Risk to staff, patients and organisation as staff not appropriately trained. Reports available to managers on TURAS and statman dashboard.
Ensure the annual turnover rate of staff leaving NHS Highland remains below 10% of the total workforce.		Annual turnover increased slightly this month to 7.02%	
Ensure the average Time to Fill rate for positions within NHS Highland remains below the 116 day national target.		Remains below national target of 116 days at 114.53 but is rising.	Work continues with training for recruiting managers and sustaining lower time to fill period
Ensure 95% of the NHS Highland workforce has a completed TURAS Appraisal within the financial year 2025/26.		Appraisal rate of 32.7% is significantly short of the 95% target. There is a slight decrease from last report.	Noncompliance with staff governance standards. All areas asked to develop plans to ensure each employee receives a PDP annually.

Organisational Metrics Nov 2025

Sickness Absence Rate (%)

6.49

Long Term SA Rate (%)

3.85

Short Term SA Rate (%)

2.67

Recorded Absence Reason (%)

77.79

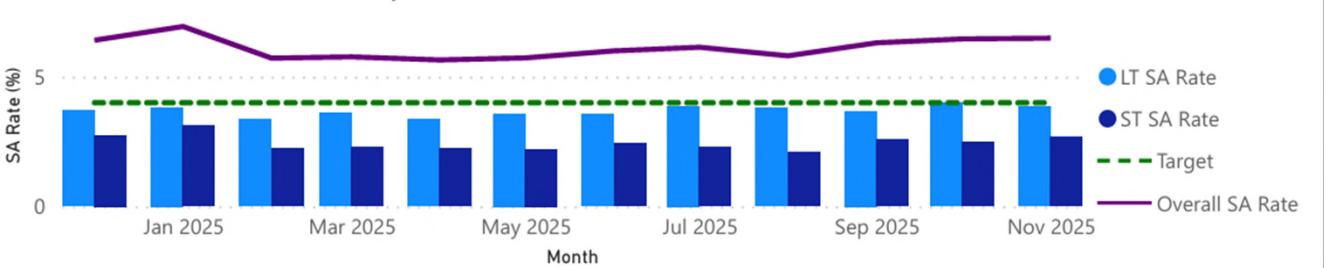
Vacancy Time to Fill (Days)

114.53

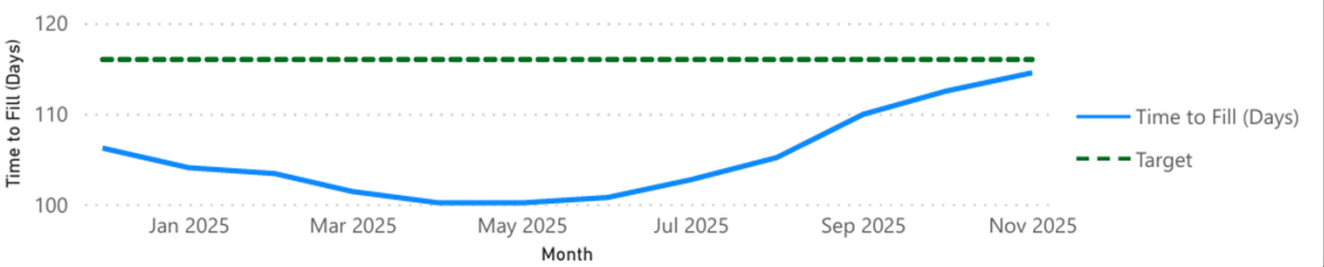
Annual Employee Turnover (%)

7.02

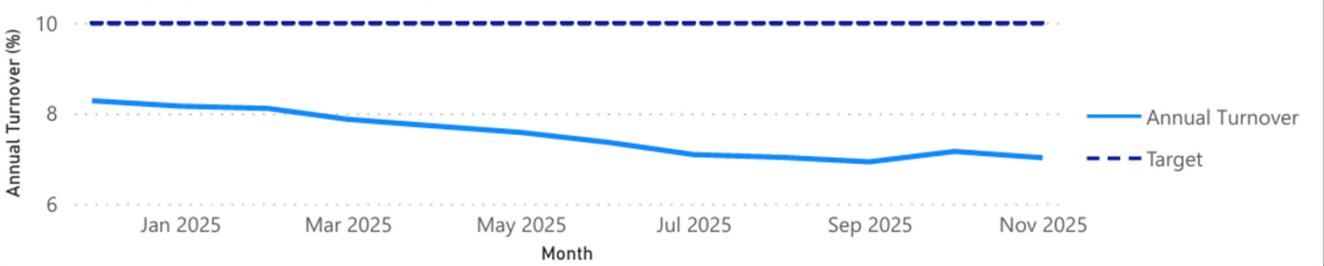
Sickness Absence Rates (%) by Month



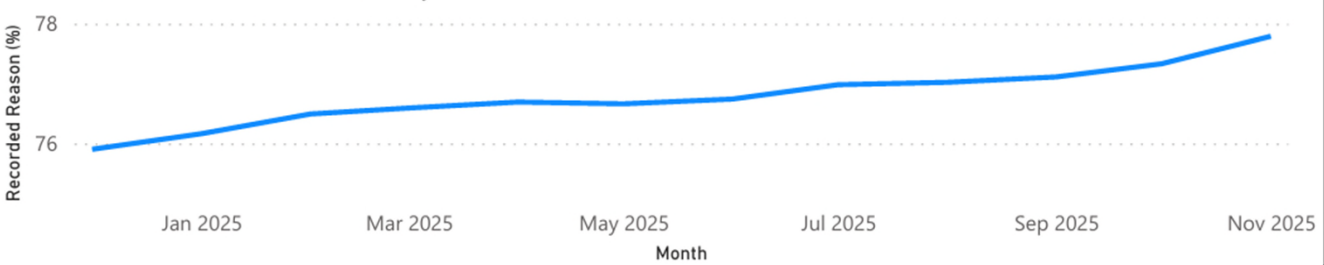
Vacancy Time to Fill (Days) by Month



Annual Employee Turnover (%) by Month



Recorded Absence Reason (%) by Month



Training Metrics Nov 2025

Bank eLearning Completion Rate (%)

50.6

Substantive eLearning Completion Rate (%)

80.0

Overall eLearning Completion Rate (%)

75.2

M&H Practical Training Completion Rate (%)

49.7

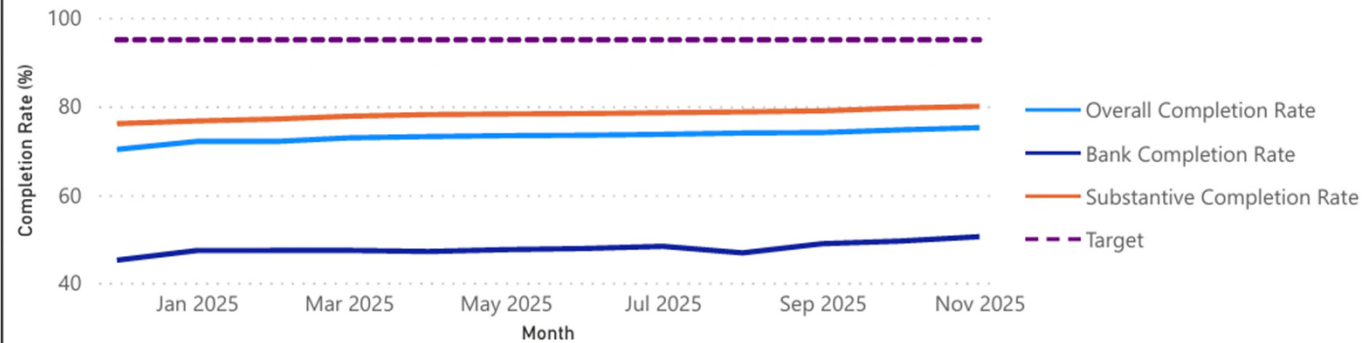
V&A Practical Training Completion Rate (%)

29.5

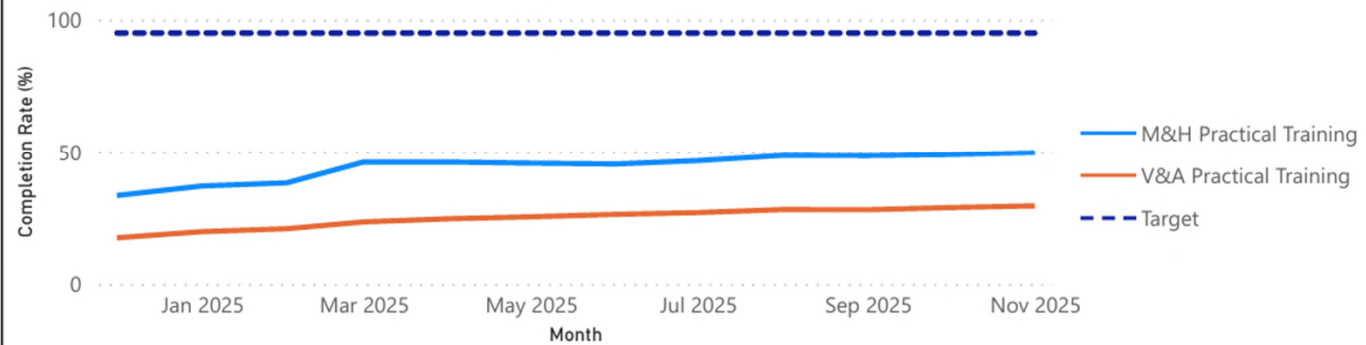
Appraisal Completion Rate (%)

32.7

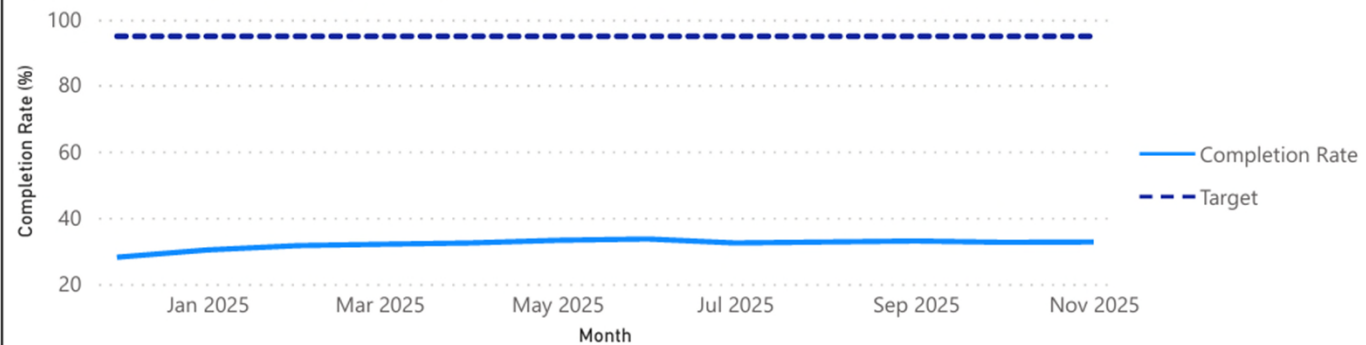
Core Mandatory eLearning Completion Rate (%) by Month



Practical Training Completion Rate (%) by Month



Appraisal Completion Rate (%) by Month



Organisational Metrics – Glossary

- **Sickness Absence Rate:** The sickness absence rate for the whole organisation, expressed as a percentage of hours lost / total contracted hours, for the specified month. Data is sourced from SWISS.
- **Long Term Sickness Absence Rate:** The long-term sickness absence rate for the whole organisation (long term is defined as 29 days or more), expressed as a percentage of hours lost / total contracted hours, for the specified month. Data is sourced from SWISS.
- **Short Term Sickness Absence Rate:** The short-term sickness absence rate for the whole organisation (short term is defined as 28 days or less), expressed as a percentage of hours lost / total contracted hours for the specified month. Data is sourced from SWISS.
- **Recorded Absence Reason:** This is the percentage of sickness absences where a reason other than 'unknown' is recorded i.e. 100% - the % of sickness absence recorded as 'unknown' reason. Data is sourced from Payroll and the period used is the past 12 months i.e. September 2025 would be looking at sickness absence recorded from Oct 2024 – Sep 2025.
- **Vacancy Time to Fill:** This is the average number of days to fill a vacancy (days between advert live date and candidate start date). Note this therefore does not include any time taken before the vacancy is advertised i.e. approval time, time to enter onto JobTrain etc. Data is sourced from Yellowfin and the period used is the past 12 months i.e. September 2025 would be looking at candidate start dates recorded from Oct 2024 – Sep 2025.
- **Annual Employee Turnover:** This is the turnover for a 12-month period i.e. September 2025 would be looking employee numbers as of 1st October 2024 and 30th September 2025, and the number of leavers during this period. The value is calculated as number of leavers / average number of employees * 100 to express as a percentage. The average number of employees is calculated using the number of employees at the start of the period and the number of employees at the end of the period. For example, 10800 employees as of 1st October 2024, 11400 employees as of 30th September 2025, 780 leavers during that period would give a turnover of 780 / $((10800+11400) / 2) * 100 = 7.03\%$. Note that Bank staff are excluded from this calculation. Data is sourced from eESS.

Organisational Metrics – Glossary

- **Overall eLearning Completion Rate:** This is the percentage completion rate for all staff for mandatory e-Learning courses within the required time period which varies by course. Courses included are Equality and Diversity, Fire Safety, Hand Hygiene, Information Governance, Moving and Handling Module A, Public Protection, Staying Safe Online, Violence and Aggression, and Why Infection Prevention Matters. Data is sourced from TURAS.
- **Bank eLearning Completion Rate:** As above, for Bank only staff. Data is sourced from TURAS.
- **Substantive eLearning Completion Rate:** As above, for staff who hold a substantive post. Data is sourced from TURAS.
- **M&H Practical Training Completion Rate:** This is the percentage of staff who have completed Moving and Handling (people) practical training within their required time period, which can be 1 year or 2 years depending on department. Only staff who are required to complete this training are included in the calculation. Data is sourced from TURAS.
- **V&A Practical Training Completion Rate:** This is the percentage of staff who have completed Violence and Aggression practical training within their required time period. Only staff who are required to complete this training are included in the calculation. Data is sourced from TURAS.
- **Appraisal Completion Rate:** This is the percentage of staff that have completed an appraisal within the past 12 months i.e. for September 2025, an appraisal with a completion date between 1st October 2024 – 30th September 2025 would be included. Note that Bank and Medical and Dental employees are excluded from this. Data is sourced from TURAS.

Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented
5	Progress towards drop off target - breastfeeding	Monthly	August 2025
6	CAMHS Waitlist NHSH	Monthly	August 2025
7	1st New Appointment Only	Monthly	August 2025
7	NDAS Total Awaiting 1 st App (incl unvetted)	Monthly	August 2025
7	New + Unvetted Patients Awaiting First Appointment by Wait Band	Monthly	August 2025
8	Screening Programme Uptake KPIs in NHS Highland	Annual	August 2025
8	Inequality in Screening Comparison of NHS Highland and Scotland	Annual	August 2025
9	Children's Vaccination Uptake	Quarterly	August 2025
10	Smoking Cessation	Quarterly	August 2025
11	NHS Highland-Alcohol brief interventions 2025/26 Q1	Quarterly	August 2025
12	Drug and Alcohol Recovery Performance Against Standard for Completed Waits	Quarterly	August 2025
13	Psychological Therapy Waiting Times Patients seen <18 weeks.	Monthly	NEW
14	% of People Seen in ED Within <4 hours Per Month	Quarterly	August 2025
14	Total Patients Waiting >8 hours in ED per Month	Quarterly	August 2025
14	Total Patients waiting >12 hours in ED per Month	Monthly	August 2025
15	Number of People Delayed from Hospital Discharge at Monthly Census Point NHSH	Monthly	August 2025
15	Number of People Delayed from Discharge – Location and Code.	Monthly	August 2025
16	Outpatients (NOP) Seen & Trajectories	Monthly	August 2025
16	Outpatients seen <12 weeks Including Consultant and Nurse Lead Activity	Monthly	August 2025

Slide #	Report	Frequency of Update	Last Presented
17	OP Planned activity, long waits & Return OP Long waits >52 Weeks	Monthly	August 2025
17	Return Outpatients Wait List	Monthly	August 2025
18	TTG <12 Week Target Patients Seen & Trajectories	Monthly	August 2025
18	TTG Seen <12 Weeks (consultant Only).	Monthly	August 2025
19	TTG Long waits >52 Weeks.	Monthly	August 2025
20	Imaging Tests: Maximum Wait Target 6 weeks	Monthly	August 2025
21	CT Patients Seen & Trajectories	Monthly	August 2025
21	MRI Patients Seen & Trajectories	Monthly	August 2025
21	Non Obstetric Patients Seen & Trajectories	Monthly	August 2025
22	Endoscopy Tests: Maximum Wait Target 6 Weeks	Monthly	August 2025
23	Patients Seen & Trajectories Cystoscopy	Monthly	August 2025
23	Patients Seen & Trajectories Colonoscopy, flexi sig & upper GI	Monthly	August 2025
24	ECHO: Total Waiting List Size & Patients waiting >6weeks	Monthly	August 2025
24	ECG Total Waiting List Size & Patients waiting >6weeks	Monthly	August 2025
24	Spirometry Total Waiting List Size & Patients waiting >6weeks	Monthly	August 2025
25	31 Day Cancer Waiting Times	Monthly	August 2025
25	Patients Seen on £! Day Pathway	Monthly	August 2025

Slide #	Report	Frequency of Update	Last Presented
26	62 Day Cancer Waiting Times	Monthly	August 2025
26	Patients Seen on 62 Day Pathway	Monthly	August 2025
27	SACT Average Waiting Times by Month	Monthly	August 2025
28	Stage 2 Complaint Activity	Monthly	August 2025
29	Number of SPSO Cases Received/ Closed	Monthly	August 2025
30	SAER & Level 1 Volumes: Declared Last 13 Months	Monthly	August 2025
31	Number of Hospital Inpatient Falls 2024/25	Monthly	August 2025
32	Number of Hospiital Inpatient Falls by Subcategory	Monthly	August 2025
33	Number of Tissue Viability Injuries Run Chart	Monthly	August 2025
34	Number of Tissue Viability Injuries All Subcategories and Injury Grades Sub-Category	Monthly	August 2025
35	Number of Tissue Viability Injuries Subcategory by Injury Grade	Monthly	August 2025
36	Infection Control, CDI, SAB and ECB Healthcare Associated Infection (HCAI) Reduction Aims	Monthly	August 2025
37	Integrated Performance & Quality Report : Grow, Nurture & Plan Well	Monthly	August 2025
38	Sickness Absence Rates % By Month	Monthly	August 2025
38	Vacancy Time to Fill Days by Month	Monthly	August 2025

Slide #	Report	Frequency of Update	Last Presented
38	Annual Employee Turnover % by Month	Quarterly	August 2025
38	Recorded Absence Reason % by Month	Quarterly	August 2025
39	Training Metrics Sep 2025	Quarterly	August 2025
40	Organisational Metrics - Glossary	Bi-monthly	August 2025
40	Organisational Metrics - Glossary	Bi-monthly	August 2025
37	Workforce IPQR Narrative	Bi-monthly	August 2025