

NHS Highland



Meeting: Highland Health and Social Care Committee

Meeting date: 3rd September 2025

Title: Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)

Responsible Executive/Non-Executive: Arlene Johnstone, Interim Chief Officer, HHSCP (Highland Health and Social Care Partnership)

Report Author: Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP

Report Recommendation:

The Health and Social Care Committee and committee are asked to:

- Consider and review the performance identifying any areas requiring further improvement and in turn assurance of progress for future reports.
- To accept limited assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.
- Consider any further indicators that are required to support the assurance for the Highland Health and Social Care Partnership

1 Purpose

This is presented to the Committee for:

Assurance

This report relates to a:

Annual Delivery Plan

This aligns to the following NHS Scotland quality ambition(s):

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well	X	Live Well	X	Respond Well	X	Treat Well	X
Journey Well		Age Well		End Well		Value Well	
Perform Well		Progress Well					

2 Report summary

The HHSCP Integrated Performance & Quality Report (IPQR) is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that HHSCP provides aligned to the Annual Delivery Plan.

A subset of these indicators will then be incorporated in the Board IPQR.

2.1 Situation

To standardise the production and interpretation, a common format is presented to committee which has been aligned to the Clinical and Care Governance Committee and the Finance, Resources and Performance Committee. Within this version the HHSCP IPQR presentation of the data has been revised, in particular with regard to care at home, care homes and Self-directed support to provide a single slide overview of the system. Additionally, further depth of information regarding Community Mental Health Teams access has been provided.

It is intended for this developing report to be more inclusive of the wider Health and Social Care Partnership requirements and to further develop indicators with the Community Services Directorate, Adult Social Care Leadership Team and members that align to the current strategy and delivery objectives.

The health and wellbeing indicators will be included at appropriate times along with consideration of the approved joint strategic plan indicators.

2.2 Background

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

2.3 Assessment

As per **Appendix 1**.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial
Limited

X

Moderate
None

Given the ongoing challenges with the access to social care, delayed discharges and access for our population limited assurance is offered today.

3 Impact Analysis

3.1 Quality / Patient Care

IPQR provides a summary of agreed performance indicators across the Health and Social Care system.

3.2 Workforce

IPQR gives a summary of our related performance indicators affecting staff employed by NHS Highland and our external care providers.

3.3 Financial

The financial summary is not included in this report.

3.4 Risk Assessment/Management

The information contained in this IPQR is managed operationally and overseen through the appropriate groups and Governance Committees

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement, and consultation

This is a publicly available document.

3.9 Route to the Meeting

This report has been considered at the HHSCP previously and is now a standing agenda item.

4 Recommendation

The Health and Social Care Committee and committee are asked to:

- Consider and review the performance identifying any areas requiring further improvement and in turn assurance of progress for future reports.
- To accept limited assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.
- Consider any further indicators that are required to support the assurance for the Highland Health and Social Care Partnership

4.1 List of appendices

The following appendices are included with this report:

- **HHSCP IPQR Performance Report, May 2025**



Highland Health and Social Care Integrated Performance and Quality Report

September 2025

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



Together We Care
With you, for you

Highland HSCP Integrated Performance and Quality Report (HHSCP IPQR)

- The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Highland Health and Social Care Partnership committees a bi-monthly update on performance and quality based on the latest information available.
- For this IPQR the format and detail has been modified to bring together the measurable progress aligned to the actions within NHS Highland's Annual Delivery Plan that will be reviewed by Finance, Resources and Performance Committee and the Clinical and Care Governance Committee. Where relevant, progress against these deliverables is referenced in the HHSCP IPQR.
- In addition, 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 and what the anticipated impact of these improvements will be.
- We will continue to develop this report to include further metrics as described on the following pages and to provide assurance of progress on the annual delivery plan deliverables.
- 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.

Executive Summary of Performance Indicators

Well Theme (Slide Number)	Area	Performance Rating
Care Well (4)	Adult Protection	N/a
Care Well (5-6)	Care Homes, Care at Home & Self Directed Support	Decreasing long stays and increasing activity
Respond Well (7-8)	Delayed Discharges	Below improvement trajectory but overall reduction in number of people in delay in recent months
Care Well (8)	Community Hospital: Length of Stay	N/a
Treat Well (9)	Psychological Therapies Waiting Times	Below target but performance consistently improved
Live Well (10)	Community Mental Health	N/a
Treat Well (11)	Overview of HSCP waiting lists	Total numbers waiting has stabilised in 2025

Guide to Performance Rating

Meeting Target / Trajectory

Improving / increasing

Stable / decreasing

Target / trajectory not met

Note: where performance ratings are N/A, this is because there is no target or performance trajectory agreed for this area and performance is provided as information.



Together We Care
with you, for you



Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

Highland HSCP Adult Protection

Insights to Current Performance

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.

Plan and Mitigation

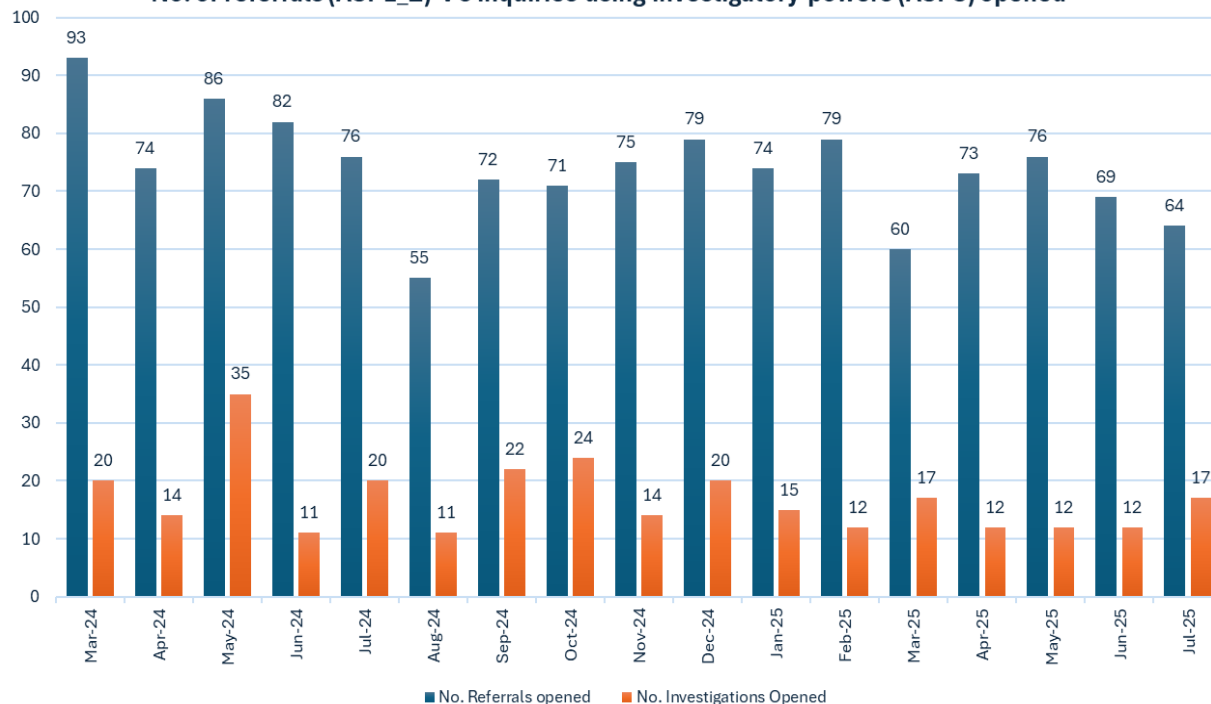
An integrated action plan was developed for the Highland Adult Protection Committee following the Joint Inspection in early 2024 and the conclusion of two external learning reviews and one joint learning review with the Child Protection Committee.

This is being worked on by respective sub-groups to address identified actions, in response to an analysis of current performance.

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

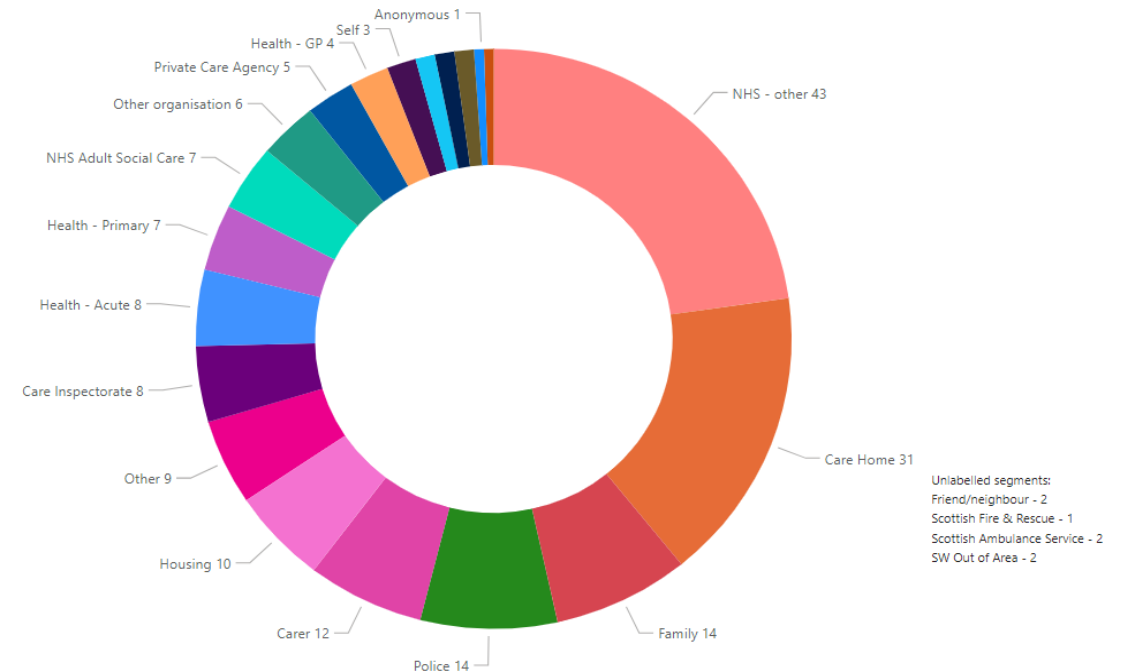
Performance Rating n/a

No. of referrals (ASP1_2) v's inquiries using investigatory powers (ASP3) opened



ASP1&2 Referred by May 2025 to July 2025

Includes completed assessments only





Together We Care
with you, for you



Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

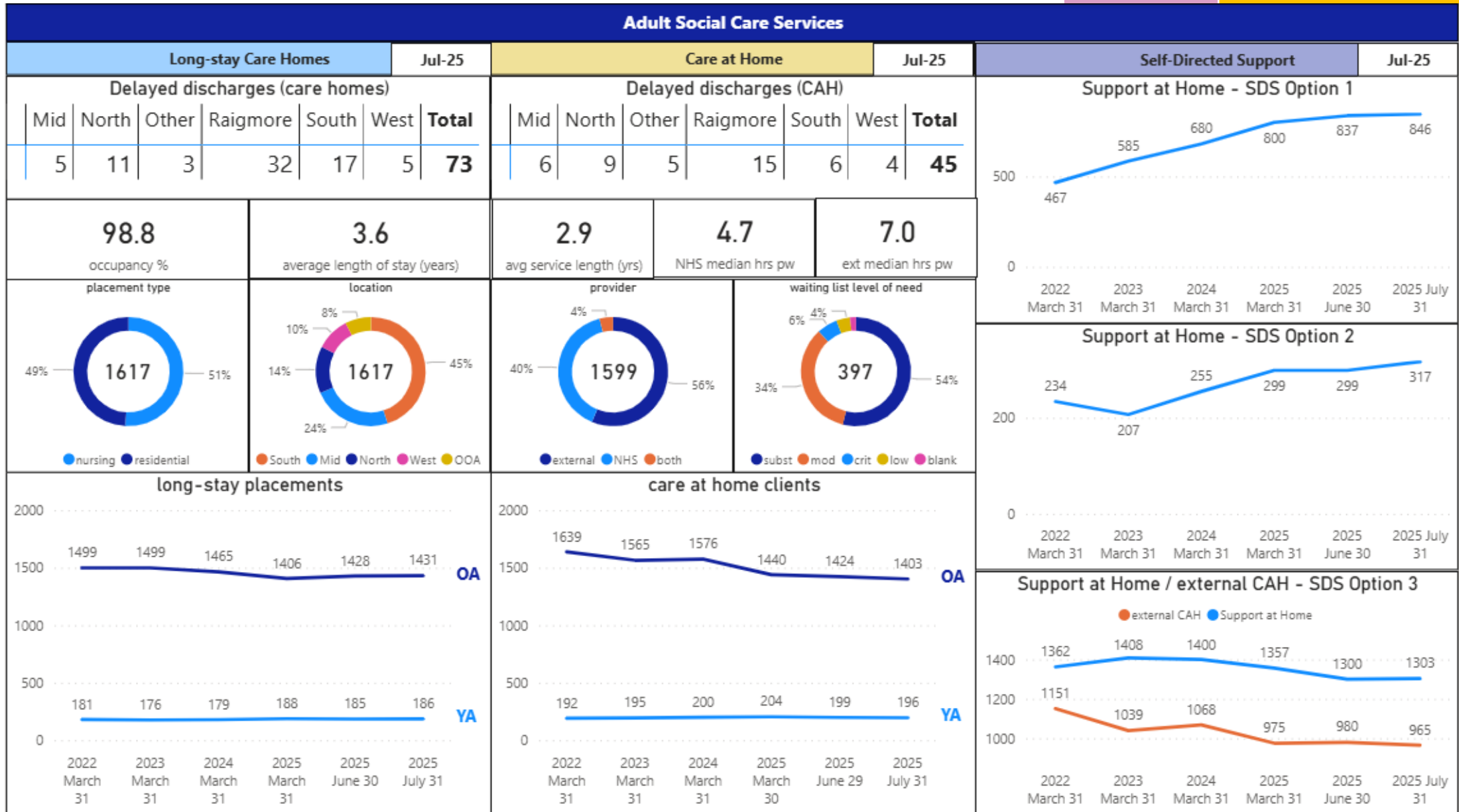
Highland HSCP – Adult Social Care Care Homes, Care at Home and Self-Directed Support

Slide 1 of 2

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

Performance
Rating

Decreasing long-stays and
increasing activity





Together We Care
with you, for you



Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

Highland HSCP – Adult Social Care

Care Homes, Care at Home and Self-Directed Support

Slide 2 of 2

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

Performance Rating

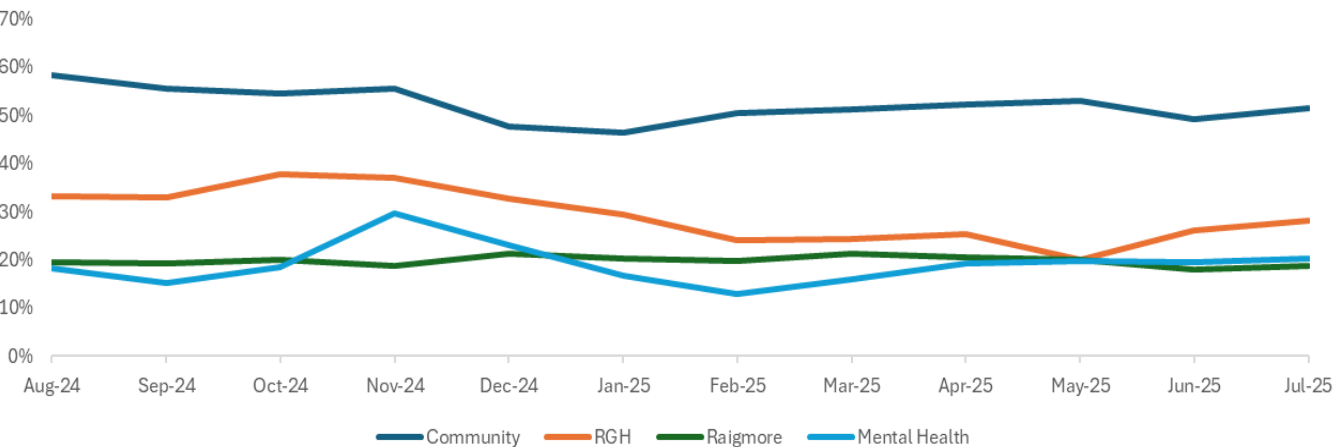
Decreasing long-stays
and increasing activity

Service Delivery Area	Insights to Current Performance	Plans and Mitigations
Care Homes	Demand for a care home placement remains our most common reason for delayed hospital discharges. There continues to be turbulence in the market related to operating on a smaller scale, and the challenges with rural operation – recruiting and retaining staff Since March 2022, 6 homes have closed, and the partnership has acquired Moss Park in April 2025 to prevent a further loss of bed provision. There has been recent bed unavailability due to quality concerns, which are being addressed Pittyvaich Care Home in Inverness has opened in June 2025 with phasing of admissions agreed. Reduced overall bed availability is impacting wider health and social care system and our ability to discharge patients timely from hospital 98.8% of all beds are occupied as per previous slide 73 delayed hospital discharges	The National Care Home Contract continues to be insufficient for Highland purposes and continues to be raised at SG and ministerial level. A commissioning strategy remains required to clarify future commissioning actions in this area. The Chief Officer has requested delivery of this commissioning strategy by Q4.
Care at Home	There remains sustainable service and financial pressures in the market and since Dec 23, 6 providers have exited the market with the hours picked up by the sector and NESH. 397 people waiting for a CAH service with 54% of these with a substantial care need 45 delayed hospital discharges Operational colleagues and our partner providers continue to work collaboratively to deliver services however the complexity of care at home provision, along with ongoing and acute recruitment and retention, and major competition from other / more desirable employment sectors, is resulting in a reduction of activity across this area Sustaining current reducing service delivery levels for care at home a priority	Short term stabilisation actions remain under consideration. A commissioning strategy remains required to clarify future commissioning actions in this area. The Chief Officer has requested delivery of this commissioning strategy by Q4.
Self-Directed Support	For Option 1s, we have seen sustained levels of growth for both younger and older adults in our urban, remote and rural areas. This accounts for 11% of all commissioned spend for this flexible and popular personalised care option For Option 2s, numbers reduced during 2022 although we have seen a sustained increase in service provision continuing with current numbers now exceeding pre pandemic levels. For Option 3's we continue to see a reduction in the number of people supported during 2024 into 2025 reflecting the significant market challenges and financial stressors impacting the whole care sector Despite these welcome increases in both Option 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.	Option 1 recipients have received a funded rate increase for 2025-26. NESH is committed to increasing the level of independent support across all service delivery options. NESH want to sustain and grow Option 2s, including exploring brokerage opportunities to support service users using a wide range of possible providers. To continue to proactively support all Option 3 providers

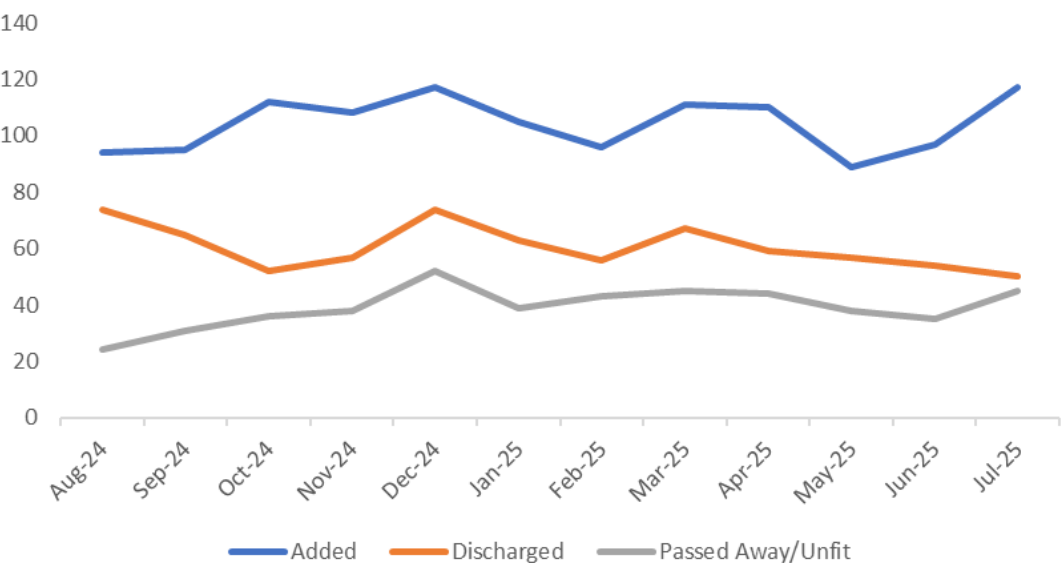
Highland HSCP Delayed Discharges	
Slide 1 of 2	
Insights to Current Performance	Plans and Mitigations
There has been an overall reduction in people affected by delayed discharge from a peak of 235 at the end of November 2024 to 194 in Mid July 2025 in Highland. There has been a reduction in "standard delays" and for "other" delay reasons. The main reasons for the reduction in the "other" reason category has been more assessments completed and a reduction in delays due to complex reasons - as this is a wide category, would require further analysis to identify any specific reason(s). Standard reasons have reduced across waits for nursing and residential homes and care at home services.	The Urgent and Unscheduled Care Portfolio Board will continue to focus on the following areas from now until March 2026: - Community Urgent Care Model - Emergency Department Improvement Plans - Discharge without Delay - Targeted pathway redesign A key metric for the programme is the reduction of delayed hospital discharges. In addition, this metric links the work of the Urgent and Unscheduled Programme Portfolio Board to the Adult Social Care Transformation Programme Work.

PERFORMANCE OVERVIEW	
Strategic Objective: In Partnership	
Outcome Area: Respond Well	
Performance Rating	Below trajectory but improvement in total number delayed
Latest Performance	215 at Census Point 6308 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	30% reduction of standard delays from baseline
National Target Achievement	Not Met
Position	14 / 14 Boards

Percentage of Beds Occupied by Delays
Date Range: Aug '24 - Jul'25
Source: Weekly DD Snapshots & Bed Statistics View



HHSCP Delayed Discharges – Patients Added VS Patients Discharged





Together We Can
with our family

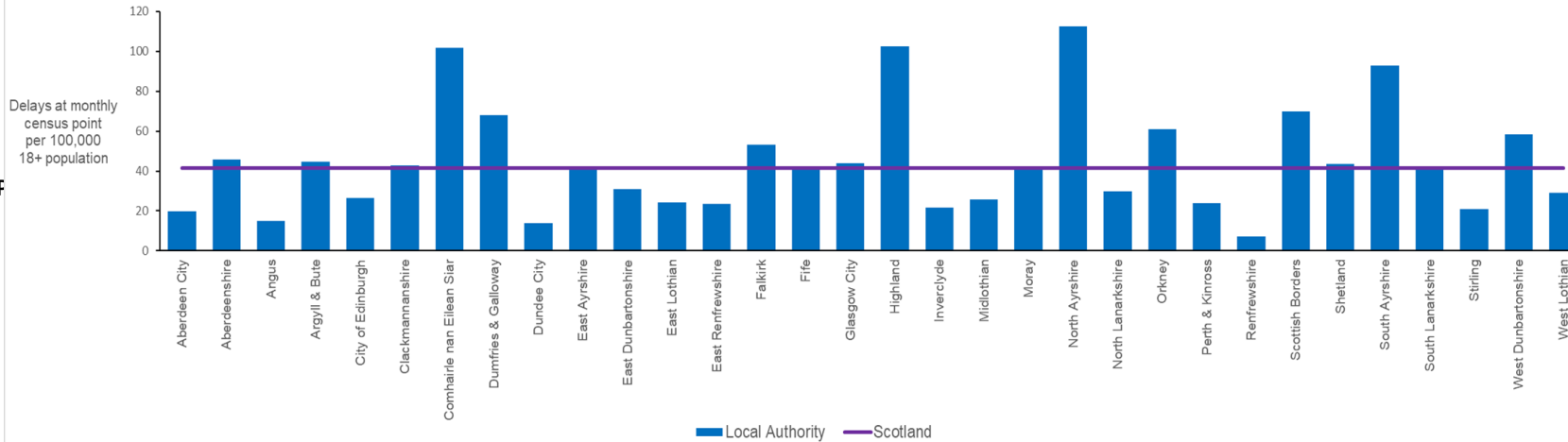


Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

Highland HSCP Delayed Discharges

Slide 2 of 2

Chart 4 - Delays at monthly census point per 100,000 18+ population¹,
by Local Authority, June 2025



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

Performance Rating	Below trajectory but improvement in total number delayed
Latest Performance	215 at Census Point 6308 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	30% reduction of standard delays from baseline
National Target Achievement	Not Met
Position	14 / 14 Boards

Delayed Discharge – Delay Type at Month end by location

Raigmore Delays by Type at Month End
Date: Jul '25



- Assessment
- Care at Home
- Care Home
- Complex
- Guardianship
- Infection Control
- Other

RGH Delays by Type at Month End
Date: Jul '25



- Assessment
- Care at Home
- Care Home
- Complex
- Guardianship
- Infection Control
- Other

New Craigs Delays by Type at Month End
Date: Jul '25



- Assessment
- Care at Home
- Care Home
- Complex
- Guardianship
- Infection Control
- Other

Community Delays by Type at Month End
Date: Jul '25



- Assessment
- Care at Home
- Care Home
- Complex
- Guardianship
- Infection Control
- Other



Together We Care
with you, for you



Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

Community Hospital Length of Stay

Insights to Current Performance

Community Hospital LOS this is compounded by the current capacity within care homes & Care at Home and the increase DHDs that we are experiencing some of the mitigation for these will also impact on the LOS of those not in delay.

Plans and Mitigations

The Targeted pathway redesign workstream within the Urgent and Unscheduled Care Programme will be focusing on identifying opportunities to reduce length of stay for those not in delay. LIST is supporting the development of this information with the initial data set completed for the Lawson Memorial Hospital. This has highlighted areas for exploration with specific pathways and our medical cover models. Additional sites data sets are being developed.

Continued implementation and focus on discharge without delay processes.
Long LOS are being experienced by those in delay, not those who are not in delay.
Expected Impact

- Reduced LOS for DHDs possibly slight reduction for the non DHDs.

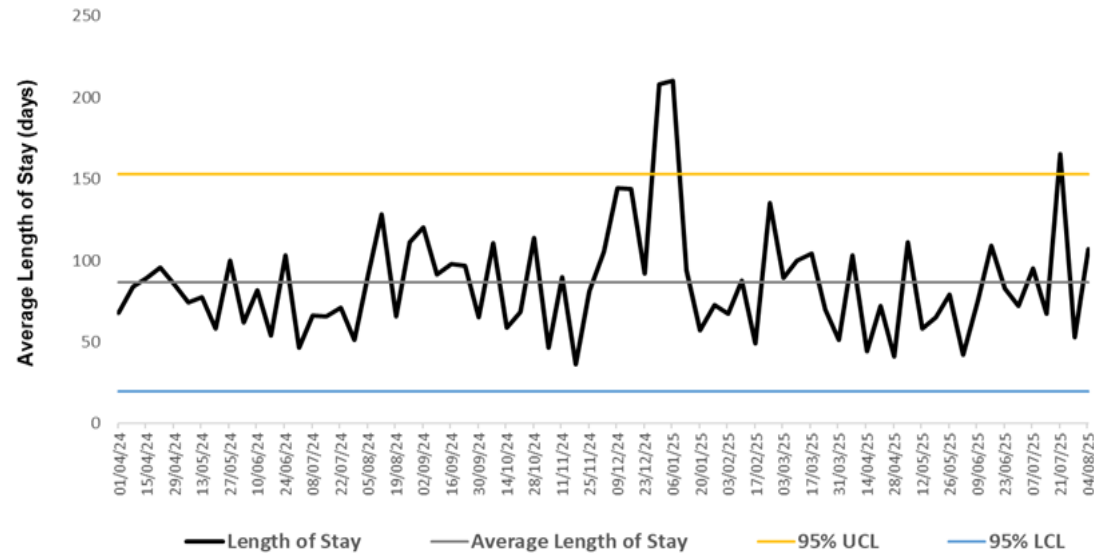
PERFORMANCE OVERVIEW

Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	N/a
Latest Performance	8.4 days (all sites, including Acute sites)
National Benchmarking	Engagement through national CRAG group
National Target	Reduce LOS to 7.9 days by March 2026 (all sites, including Acute sites)
National Target Achievement	Not Met
Position	

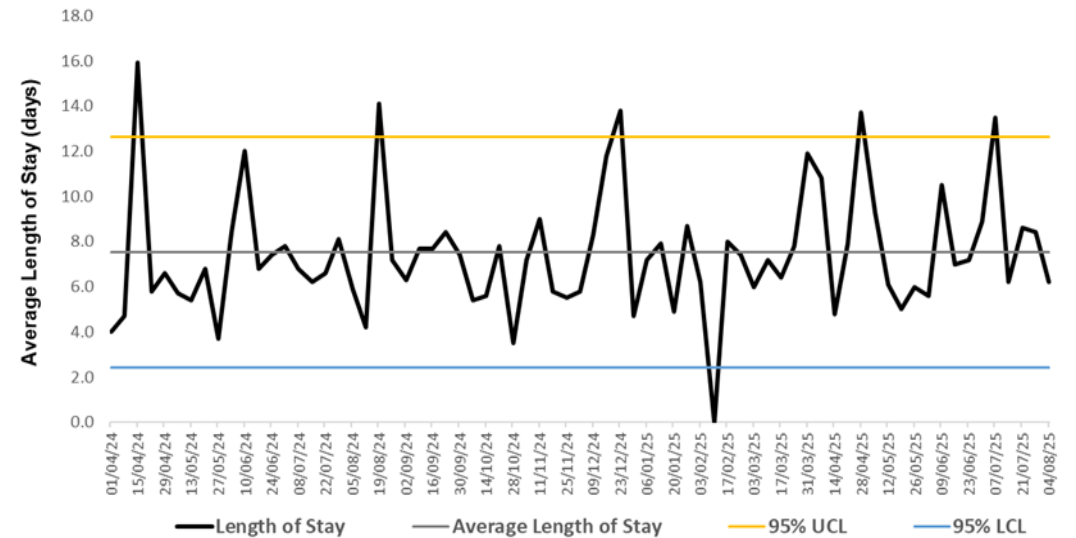
Community Hospital LOS (Delayed Discharges) by week

Source : Trak Care



Community Hospital LOS (non Delayed Discharges) by week

Source : Trak Care





Together We Care
with you, for you



Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

Psychological Therapies Waiting Times

Insights to Current Performance

Scottish Government response to PT Improvement Plan submission confirmed that NHS PT no longer require enhanced support from SG due to the recent performance improvement in 2024.

Plan and Mitigations

- Continue to establish and embed senior leadership to support Psychological Therapies performance and effective delivery of services.
- Enhance business support capacity to ensure efficient office operations and robust management support for clinical functions.
- Conduct comprehensive financial review to strengthen forecasting accuracy and establish a forward-looking strategy that secures business continuity and succession planning.
- Advance DCAQ and trajectory planning to benchmark clinical capacity and optimize critical floor planning for operational efficiency.

PERFORMANCE OVERVIEW

Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating

Below target but
performance
consistently
improved

Latest Performance

National Benchmarking

79.4% Scotland
average

National Target

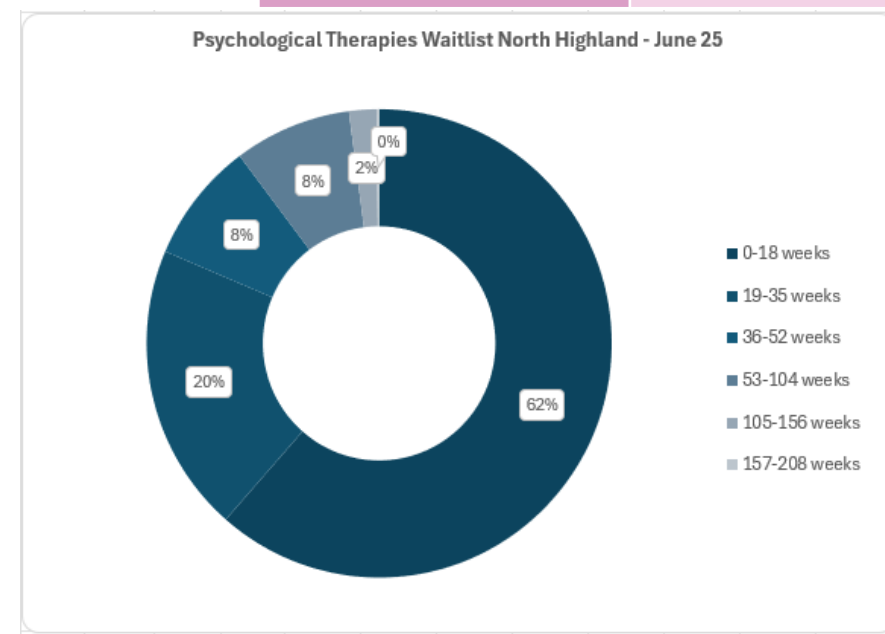
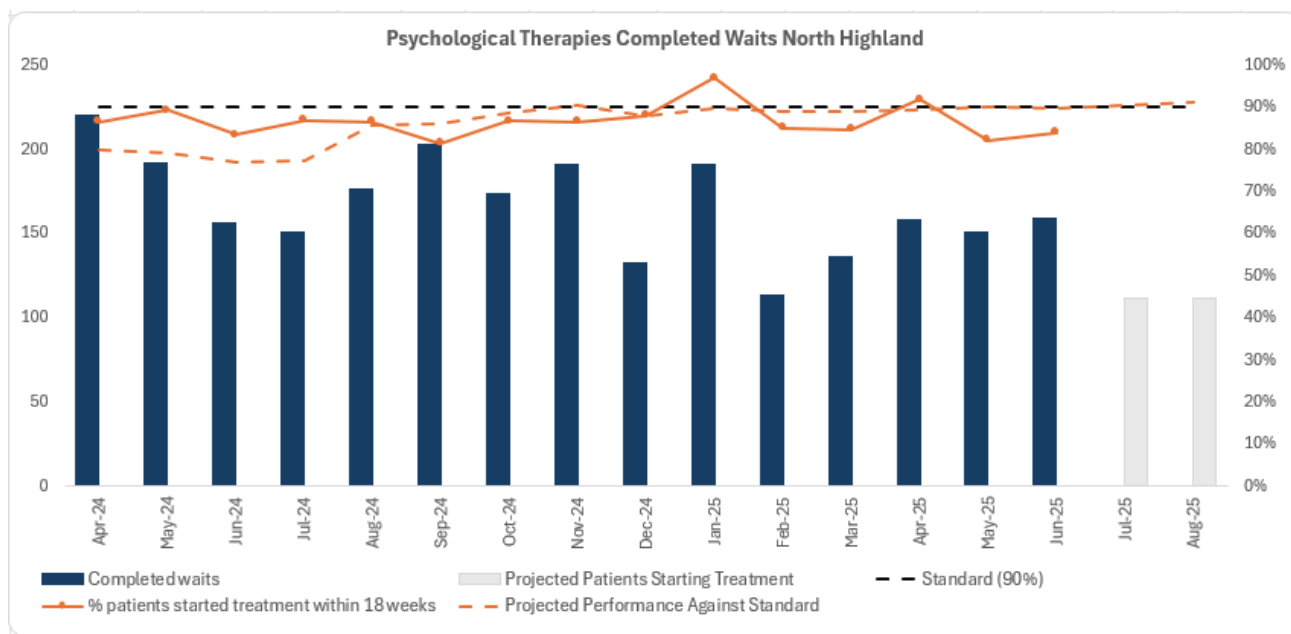
90%

National Target Achievement

Consistent
improvements in
targets and
downward trajectory

Position

4th out of 14 Boards
3rd out of all
Mainland Boards





Together We Care
with you, for you



Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

HHSCP Community Mental Health Teams

Completed and Ongoing Waits

Insights to Current Performance

The ongoing waits for CMHTs are not currently reported at a National level. The apparent waits for CMHTs are not validated and there is high confidence that once validation is complete, the number of waits for this category will be lower than that reported below.

Plan and Mitigations

Over Q2 validation will be undertaken to review the reported waits with an initial focus on those waits more than 52 weeks. A newly developed SOP was developed and sent to teams 12 August 2025 to support this validation work.

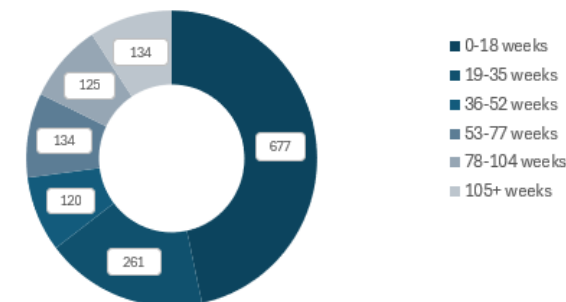
PERFORMANCE OVERVIEW

Strategic Objective: Our Population
Outcome Area: Live Well

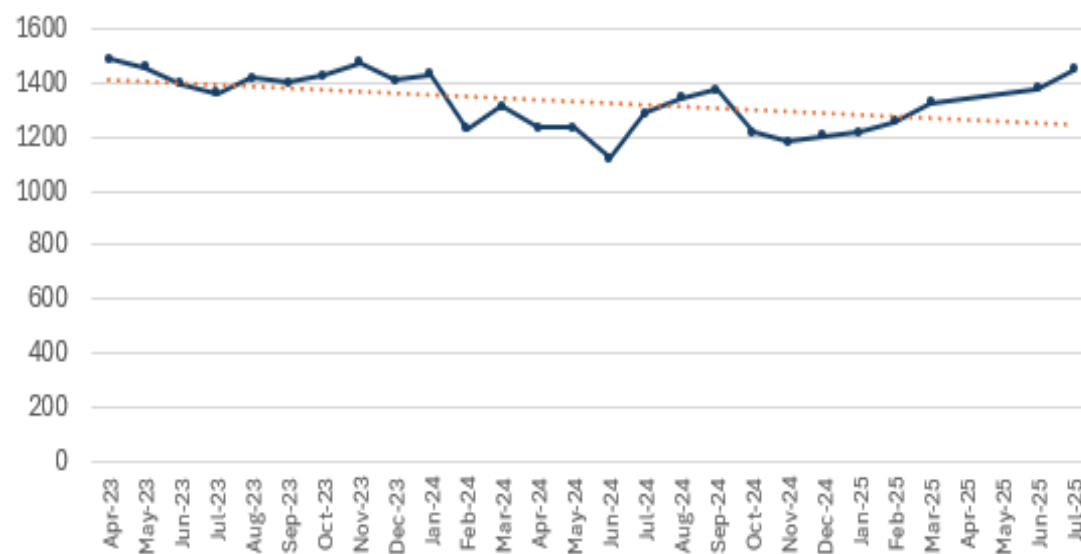
Performance Rating

N/a

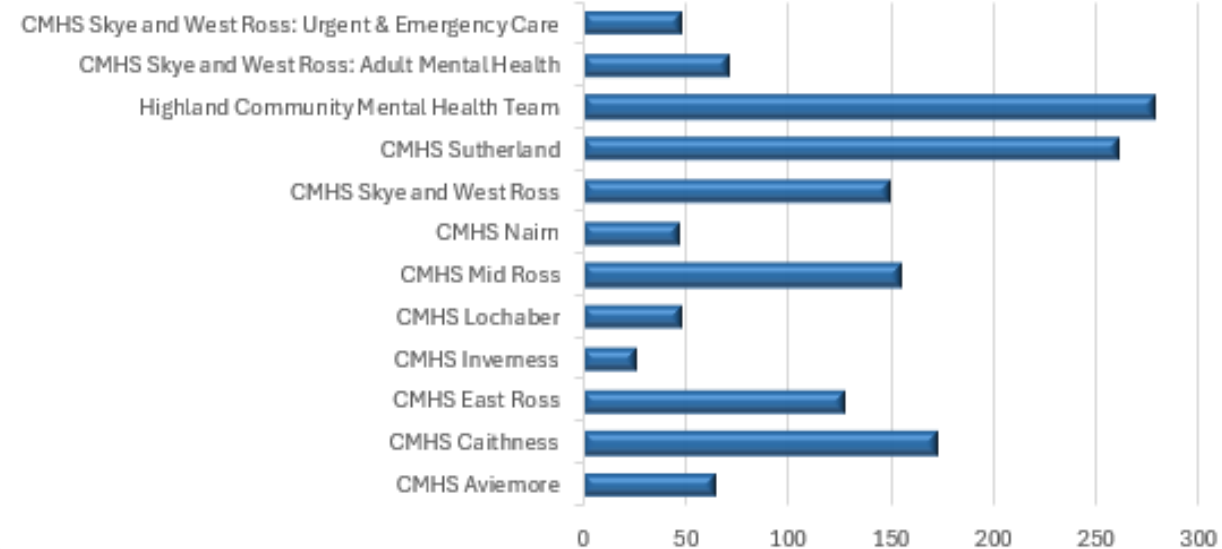
Community Mental Health Teams Waitlist - July 25



Community Mental Health Teams Waitlist



CMHT Waitlist Breakdown - July 25





Together We Care
with you, for you



Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

Overview of Other HHSCP Waiting Lists

Data provided 6th August 2025

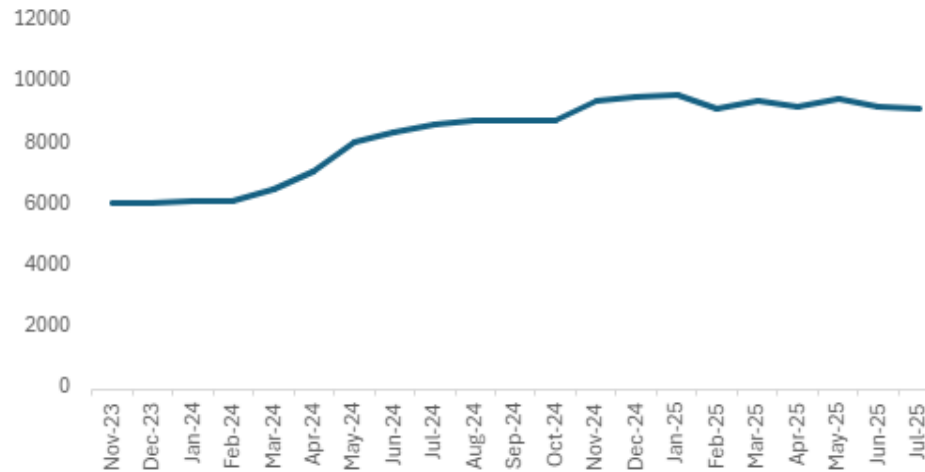
Please note: this data is incomplete and provides only an indication of waiting lists sources from TrakCare PMS. Other data for individual specialities will be available on Morse once individual teams have moved over to this system; this data is provided as indication for non-reportable waits only.

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

Performance Rating

Total numbers
waiting has stabilised
in 2025

Total Non MMI Out Patient On-going Waits per Month



Count of CHI MAIN SPECIALTY	LONGEST WAIT												Total
	>52 wks	>78 wks	>104 wks	>130 wks	>156 wks	>182 wks	>208 wks	>234 wks	>260 wks	>286 wks	>312 wks	>338 wks	
Chiropody	6	1											7
Community Dental	2		1										3
Dietetics	73	5	4	1	1								84
Occupational Therapy							1		1				2
Physiotherapy	325	209	83	2		1	1	3					624
General Psychiatry	273	324	162	44	5	2	1						811
Learning Disability	118	101	87	70	61	26	11	17	9	10	6	2	518
Learning Disability Nursing	103												103
Psychiatry of Old Age	1	3	1		1								6
GP Acute	7		1										8
Investigations and Treatment Room		1	3	1									5
Social Work				1			1		1				3
Total	908	644	342	119	68	29	15	20	11	10	6	2	2174