Item 3.1

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**5th November 2025**
Title:	**Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer, HHSCP (Highland Health and Social Care Partnership)**
Report Author:	**Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP**

Report Recommendation:

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

- Consider 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
- Accept Limited Assurance

1 Purpose

This is presented to the Committee for:

Assurance

This report relates to a:

Annual Delivery Plan

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

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

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.

The current metrics reported have been assigned under the National Health and Wellbeing Outcomes, and turned into KPIs with performance targets and trajectories for improvement.

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, primary Care Directorate and Mental Health Directorate that align to the current strategy and delivery objectives. This work is in progress, but will conclude with the next iteration for committee assurance in January 2026.

2.2 Background

As part of the development of ADP 25/26, a focus on the refresh of the performance framework has been key to ensure the improvement outcomes and measures of success are reported in tandem with deliverables for the year.

2.3 Assessment

As per **Appendix 1**.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

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

3 Impact Analysis

3.1 Quality / Patient Care

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

3.2 Workforce

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

3.3 Financial

The financial summary is not included in this report.

3.4 Risk Assessment/Management

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

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement, and consultation

This is a publicly available document.

3.9 Route to the Meeting

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

4 Recommendation

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- 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, November 2025**

Highland Health and Social Care Partnership

Integrated Performance and Quality Report

November 2025

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

NHS Highland
na Gàidhealtachd

The Highland Council
Comhairle na Gàidhealtachd

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Highland HSCP Integrated Performance and Quality Report (HHSCP IPQR)

- The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Highland Health and Social Care Partnership 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.

National Health and Wellbeing Outcomes (NHWO)

	There are nine national health and wellbeing outcomes which apply to integrated health and social care. Health Boards, Local Authorities and the new Integration Authorities will work together to ensure that these outcomes are meaningful to people in their area. These are referenced throughout the IPQR AS NHWO.
1.	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2.	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3.	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5.	Health and social care services contribute to reducing health inequalities.
6.	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7.	People who use health and social care services are safe from harm.
8.	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9.	Resources are used effectively and efficiently in the provision of health and social care services.

Executive Summary of Performance Indicators:

NHWO No.	Wells	Area	Current Performance	Performance Reported at last update	Performance Trajectory	Local Target	National Target	Performance Rating
1. Vaccination Uptake	Care Well	Primary Care – Vaccination Coverage (6:1)	89.5% (June 2025)	91.6% (March 2025)	↓	N/A	95%	
2. SDS Uptake	Care Well	Long Stay Care Homes (Delayed Discharges)	58 (Sept 25)	73 (Jul 25)	↓	N/A	N/A	
2. SDS Uptake	Care Well	Care at Home (Delayed Discharges)	34 (Sept 25)	45 (Jul 25)	↓	N/A	N/A	
2. SDS Uptake	Care Well	Self Directed Support Option 1	850 (Sept 25)	846 (Jul 25)	↑	N/A	N/A	
2. SDS Uptake	Care Well	Self Directed Support Option 2	330 (Sept 25)	317 (Jul 25)	↑	N/A	N/A	
2. SDS Uptake	Care Well	Self Directed Support Option 3 (Support at Home)	1293 (Sept 25)	1303 (Jul 25)	↓	N/A	N/A	
2. SDS Uptake	Care Well	Self Directed Support Option 3 (External CAH)	960 (Sept 25)	965 (Jul 25)	↓	N/A	N/A	
2. SDS Uptake	Care Well	Unmet Needs (CAH & C@H)	2476 (Sept 25)	2482 (Aug 25)	↓	N/A	N/A	
2.	Live Well	Mental Health – CMHT Waiting List	1539 (Sept 25)	1435 (Aug 25)	↑	N/A	N/A	
3. Psychological Therapies (18wk)	Live Well	Psychological Therapies – Waiting List	90% (Aug 25)	88% (Jul 25)	↑	N/A	90%	
7.	Care Well	Adult Protection Activity – Referrals Opened	64 (Jul 25)	69 (Jun 25)	↓	N/A	N/A	
7.	Care Well	Adult Protection Activity – Investigations Opened	17 (Jul 25)	12 (Jun 25)	↓	N/A	N/A	
9. LOS	Care Well	Community Hospital – Length of Stay	9.8 days (Q2, 2025/26)	9.7 days (Q1, 2025/26)	↑	N/A	7.9 days (by March 2026)	
9. Delayed Discharge	Respond Well	Delayed Discharges (% of beds occupied by delays)	29.03% (Aug 25)	28.08% (Jul 25)	↑	N/A	N/A	
	Treat Well	Overview of HSCP Waiting Lists	8556 (Sept 25)	9721 (Aug 25)	↓	N/A	N/A	

Guide to Performance Rating

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

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Chief Officer, HHSCP

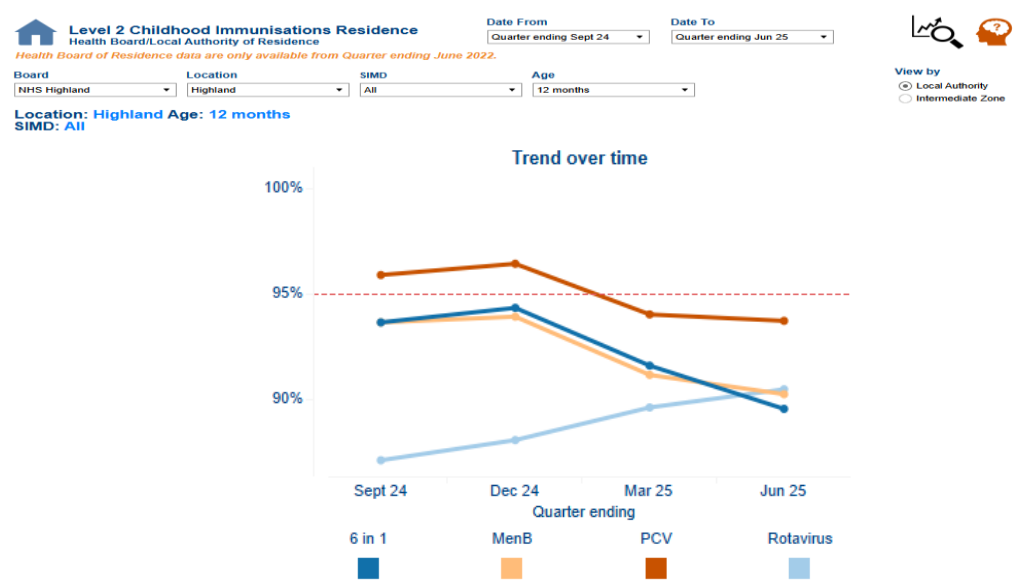
Vaccination Update

Key Performance Indicator	Service Summary & Feedback	Service Risks
Vaccination Coverage (childhood, flu, Covid).	After a period of improvement in uptake across the pre-school vaccinations we have seen a drop in the first 6 months of 2025 for 6in1, MenB and PCV. These account for relatively low numbers of absolute children, and the map shows specific areas for geographical focus, mainly in rural and remote locations.	Since just prior to the June data we changed the follow up appointing process they appear to be improving follow up uptake and we expect this to be reflected in the next data update. We have also continued with a focus on rota virus uptake and that was significantly below the target position. Negotiations with the Local Medical Committee (LMC) regarding the childhood vaccination specification are on track for completion in early November. The senior team remains in regular contact with both Public Health Scotland and the Scottish Government. It is anticipated that full rollout of the hybrid model will be phased throughout 2026. This phased approach is intended to ensure safe implementation, allow for workforce and infrastructure adjustments.

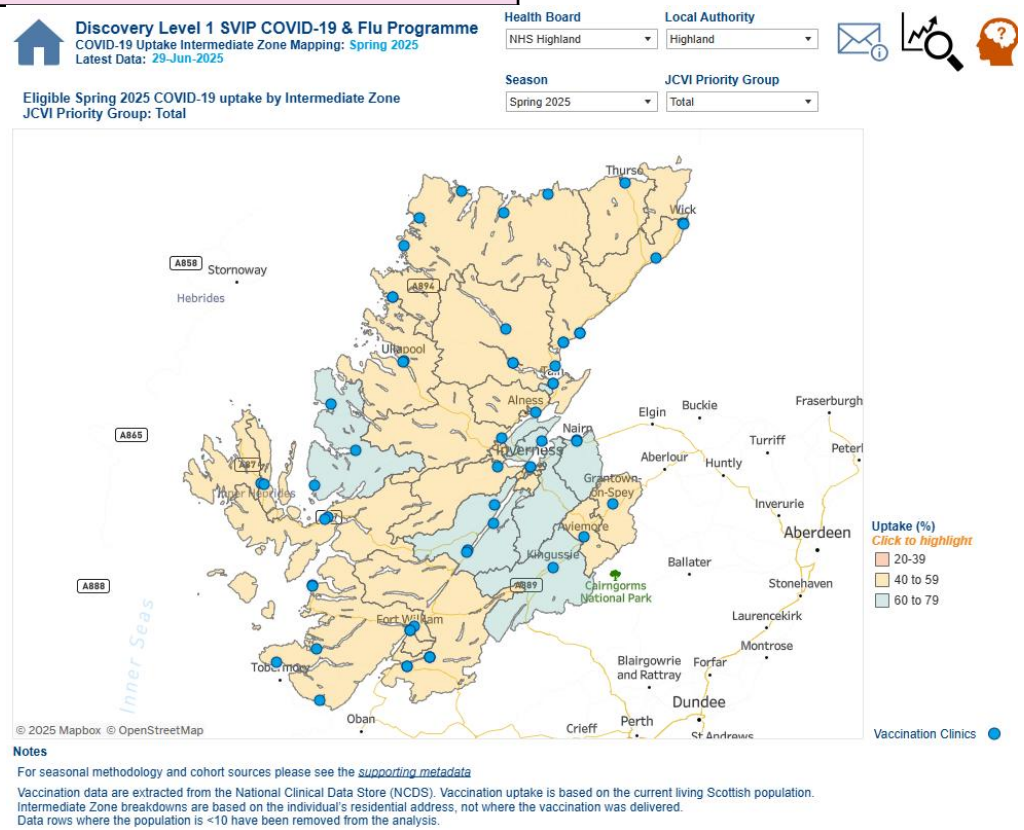
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well – Primary Care

Performance Rating N/A

NHWO 1



Jun 25	Highland	6 in 1	89.5%	385	45	93.6%	2,869	195
		MenB	90.2%	388	42	93.9%	2,877	187
		PCV	93.7%	403	27	95.4%	2,924	140
		Rotavirus	90.5%	389	41	92.6%	2,837	227



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

Slide 1 of 3

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

Performance Rating N/A

Adult Social Care Services

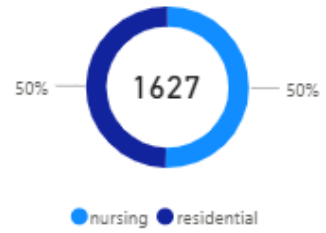
Long-stay Care Homes — Sep-25

Delayed discharges (care homes)

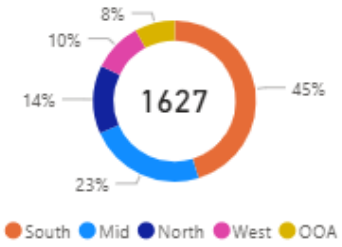
Mid	North	Other	Raigmore	South	West	Total
3	14	1	24	13	3	**58**

99.0	3.6
occupancy %	average length of stay (years)

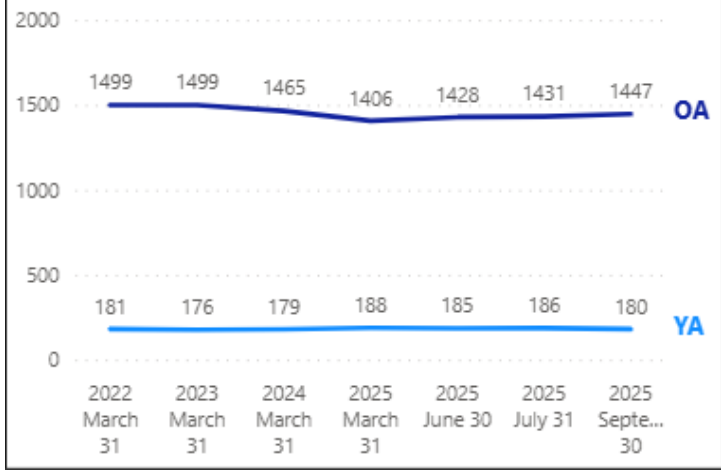
placement type



location



long-stay placements



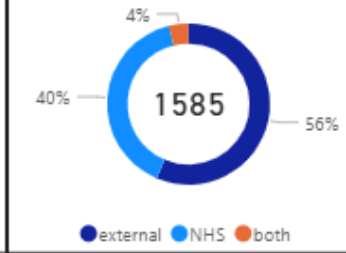
Care at Home — Sep-25

Delayed discharges (CAH)

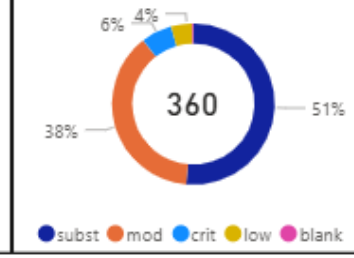
Mid	North	Other	Raigmore	South	West	Total
5	9	3	9	6	2	**34**

2.9	4.7	7.0
avg service length (yrs)	NHS median hrs pw	ext median hrs pw

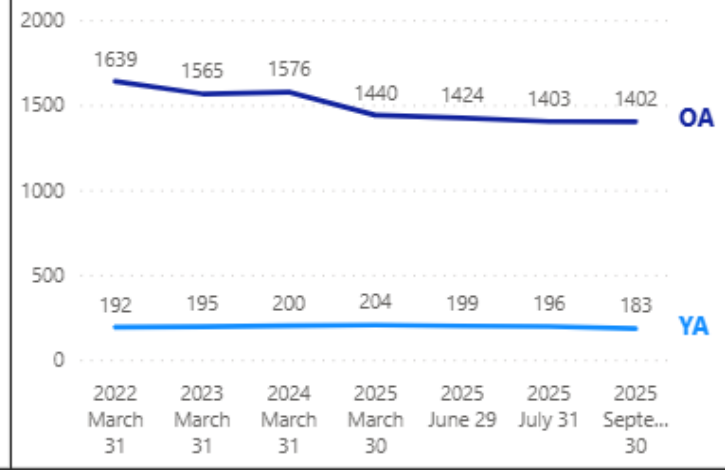
provider



waiting list level of need

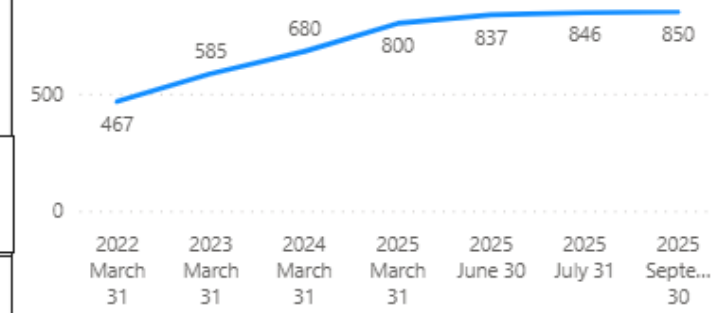


care at home clients

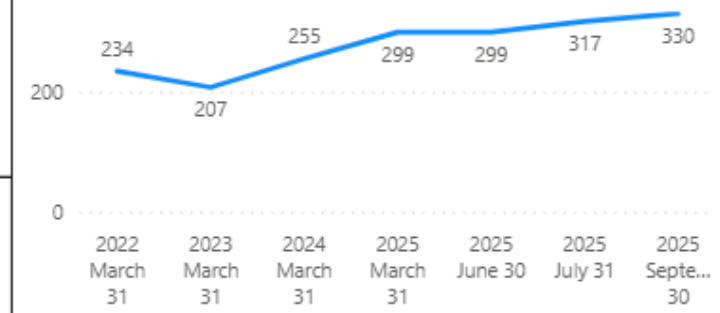


Self-Directed Support — Sep-25

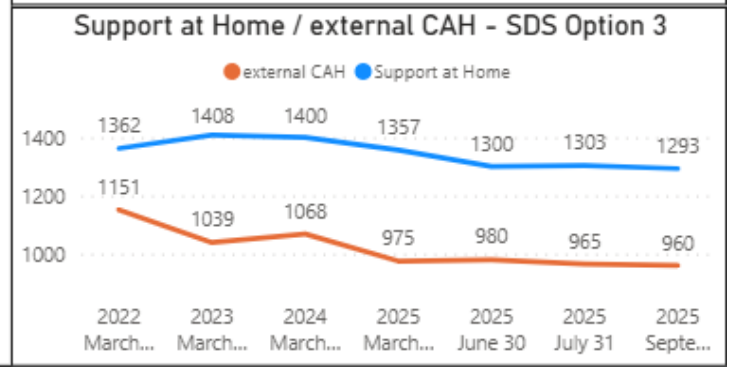
Support at Home - SDS Option 1



Support at Home - SDS Option 2



Support at Home / external CAH - SDS Option 3



Unmet Care Hours

Slide 2 of 3

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

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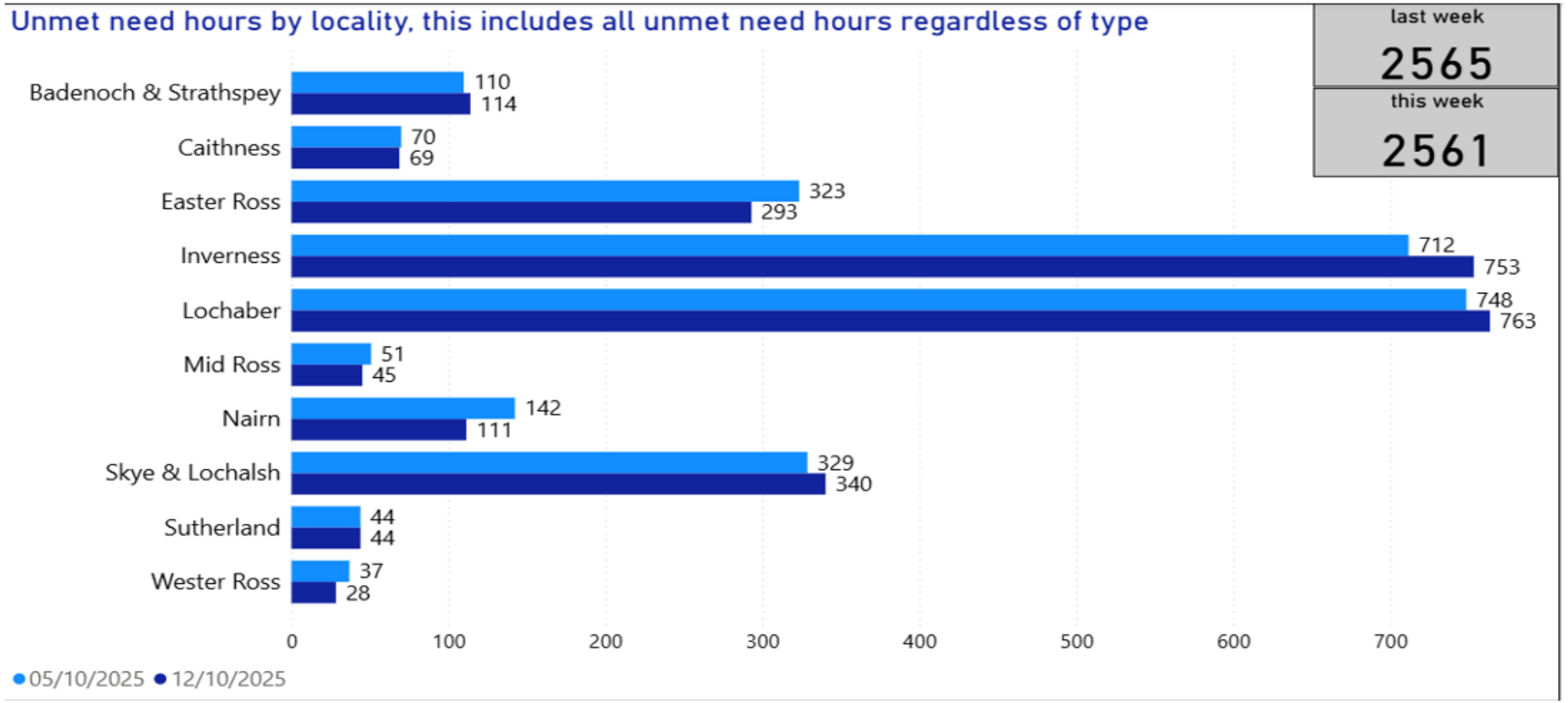
NHWO 2



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NHWP 2

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

Slide 3 of 3

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

Performance Rating N/A

Key Performance Indicators	Service Summary & Feedback	Service Risks
Number of new long-stay care home placements **Total number of people awaiting package of care** **% of adults with choice and control SDS 1-3 update**	**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 acquired Moss Park in April 2025 to prevent a further loss of bed provision. • There has been recent bed unavailability, primarily in an Inverness Care Home due to quality concerns • Pittyvaich Care Home in Inverness has opened in June 2025 with phasing of admissions agreed • Reduced overall bed availability impacts flow and our ability to discharge patients timely from hospital • **99%** of all available care beds are occupied as per previous slide • 58 delayed hospital discharges **Care at Home** • There remains sustainable pressures in the market and since Dec 23, 6 providers have exited the market with the hours picked up by the sector and NHSH. • 381 people waiting for a CAH service with 228 of these with a critical/substantial care need • 34 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 **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. • For Option 2s, 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 reflecting the significant market challenges and financial stressors impacting the whole care sector • Despite these welcome increases in both Options 1&2, this does highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services, suggesting a significant market shift in Adult Social Care service provision.	**Care Homes** • 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** • 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** • Option 1 recipients have received a rate increase for 2025-26. • NHSH is still committed to increasing the level of independent support across all service delivery options. • NHSH want to sustain and grow Option 2s, including exploring brokerage opportunities to support service users using a wide range of possible providers. • To continue to proactively support all Option 3 providers

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NHWO2

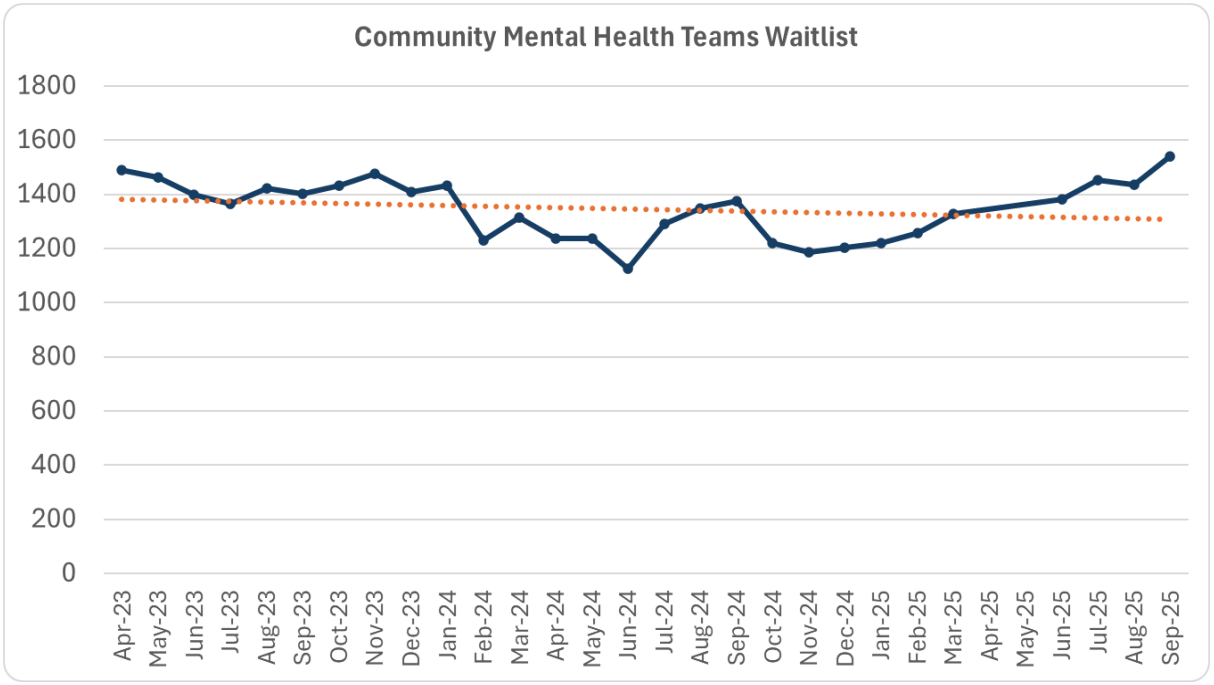
HHSCP Community Mental Health Teams

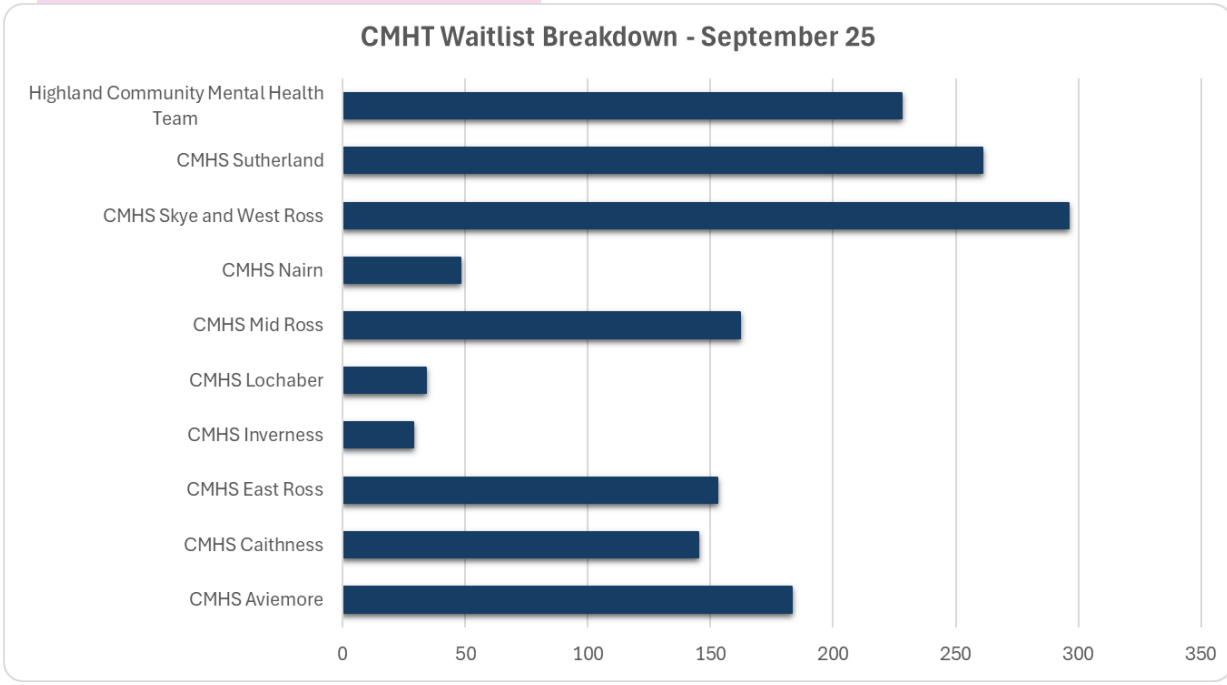
Completed and Ongoing Waits

Key Performance Indicator	Service Summary & Feedback	Service Risks
CMHT Waiting List	Community Mental Health Teams (CMHTs) in Scotland are not included in the 18 Weeks Referral-To-Treatment (RTT) target because of how the national waiting times standards are defined and applied. The reported waits for CMHTs are not validated and there is high confidence that once validated, the number of waits for this category will be lower than that reported below.	Validation for those reported waits over 52 weeks has already been started and over the coming months 2025/26, further validation will be undertaken with support of the Strategy and Transformation Intelligence Team.

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

Performance Rating	N/A





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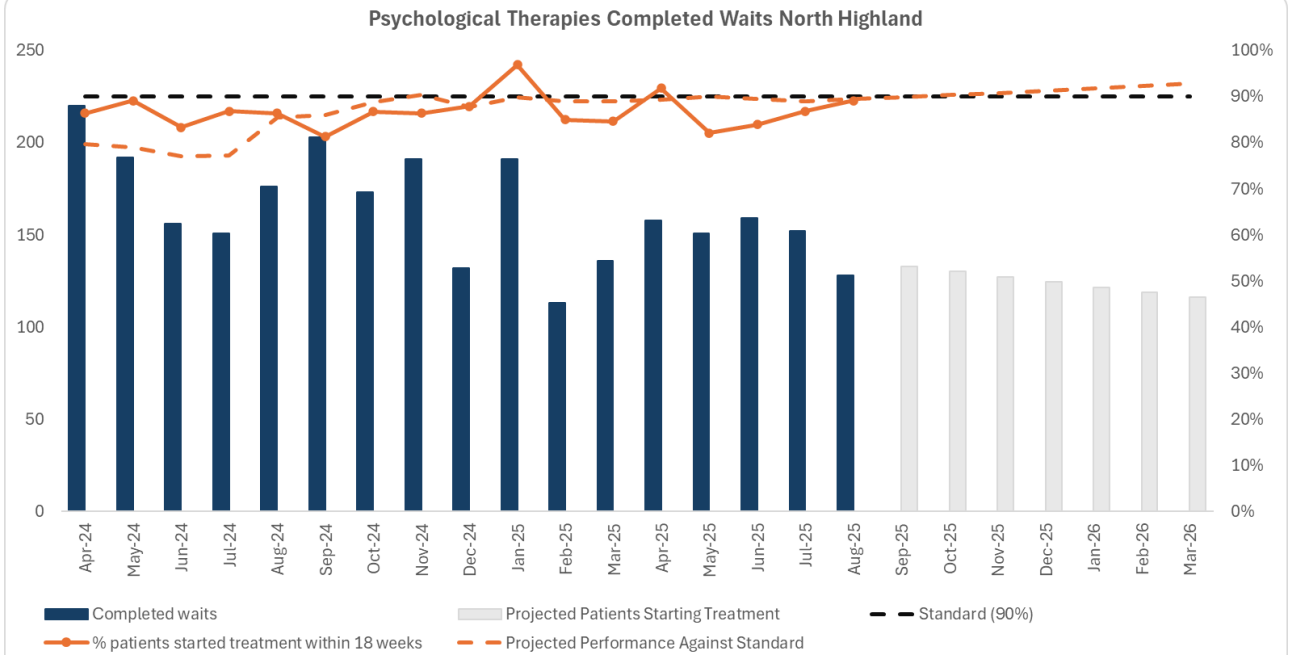
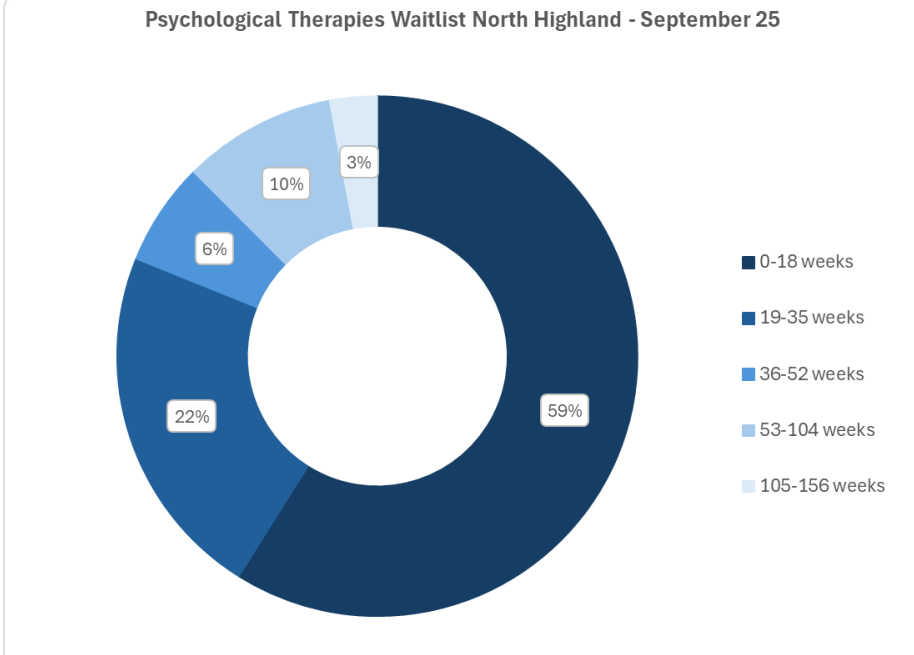
Psychological Therapies Waiting Times

Key Performance Indicator	Service Summary & Feedback	Service Risks
Psychological therapies completed waits. Psychological therapies waitlists.	Psychology Services still continues to make positive improvements in patient referral to treatment times. For the period September 2024 – August 2025, 87.6% of patients referred to the service received treatment within the national performance timescale of 18 weeks, compared to the national average of 79.4% for the same period. Whilst the national target is 90%, NHS Highland was 3rd highest in Scotland and 2nd highest of the mainland boards.	Partnership work with Scottish Government to improve NHS Highland adult psychology data quality and forecasting is ongoing. This involves required work to TrakCare PMS to configure the CAPTND Questionnaire, implementation of sub-specialty codes for adult Psychology, and development work to produce a DCAQ and forecasting tool. Ultimately, these measures will help improve data assurance in management information and planning, reporting, and forecasting to better align services and service provision with quantified demand. Development of a Psychology specific integrated staff bank is ongoing. This will help alleviate short-term pinch points in supply due to illness, recruitment gaps, and leave, to meet demand more responsively.

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

Performance Rating	
Latest Performance	89.1%
National Benchmarking	80.5% Scotland average (as at Jul-25)
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





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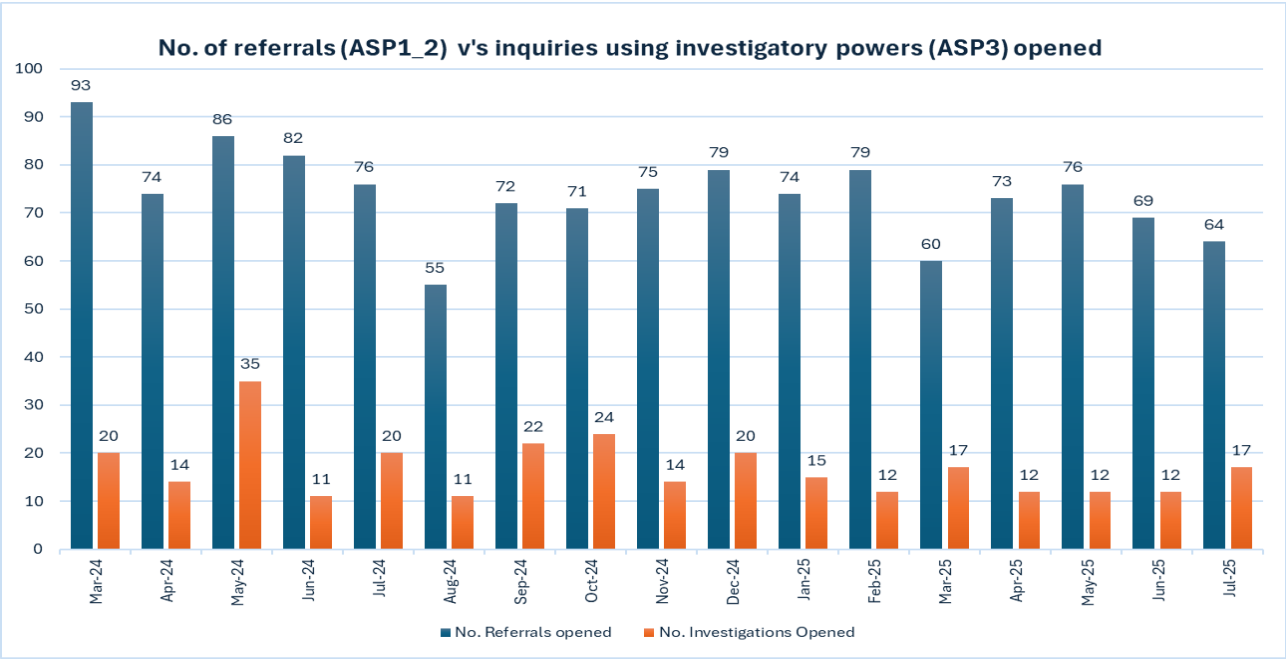
NHWO 7

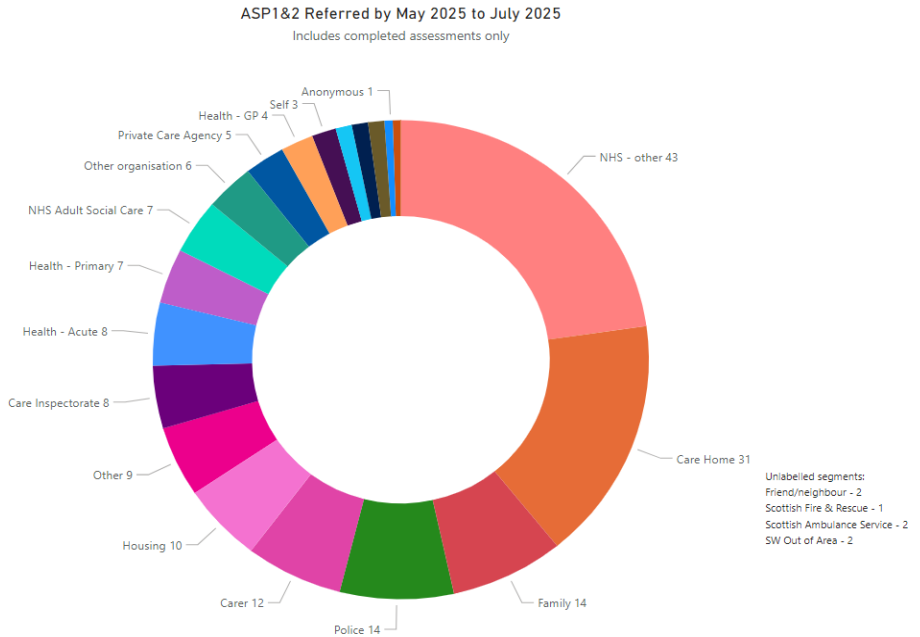
Highland HSCP Adult Protection

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

Performance Rating N/A

Key Performance Indicators	Service Summary & Feedback	Service Risks
Number of adult protection referrals completed	The national minimum dataset is now in place and Highland have been placed in a family grouping for benchmarking in 2025. The QA sub-group reviews this quarterly to determine trends and areas of thematic focus for auditing. The triaging of referrals, combined with the application of the 3-point criteria, has allowed for timely and accurate identification of adults at risk of harm. Local ASP processes ensured that referrals were efficiently screened - reducing the likelihood of harm and increasing protection for adults who were identified as meeting the 3-point criteria.	An integrated action plan was developed for the Highland Adult Protection Committee following the Joint Inspection in early 2024 and the conclusion of two external learning reviews and one joint learning review with the Child Protection Committee. This is being worked on by respective sub-groups to address identified actions, in response to an analysis of current performance. Three key areas and their expected impact have been identified: •**Enhanced Focus on Financial Harm Prevention:** Given the high proportion of cases involving financial exploitation, there is a need for preventative initiatives targeted at older adults. •**Community-Based Safeguarding:** Strengthening community networks and providing more robust support to informal caregivers can help mitigate cases of neglect and harm within the home. •**Qualitative Data Collection:** Gathering qualitative data from adults at risk will help create a fuller picture of the effectiveness of adult protection processes.





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Chief Officer, HHSCP

NHWO 9

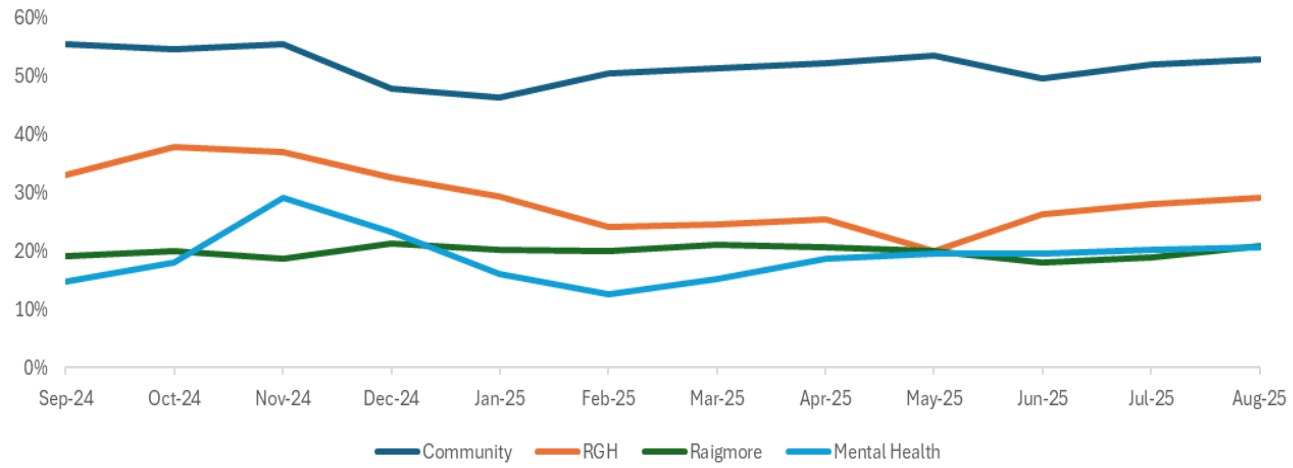
Highland HSCP Delayed Discharges

Slide 1 of 2

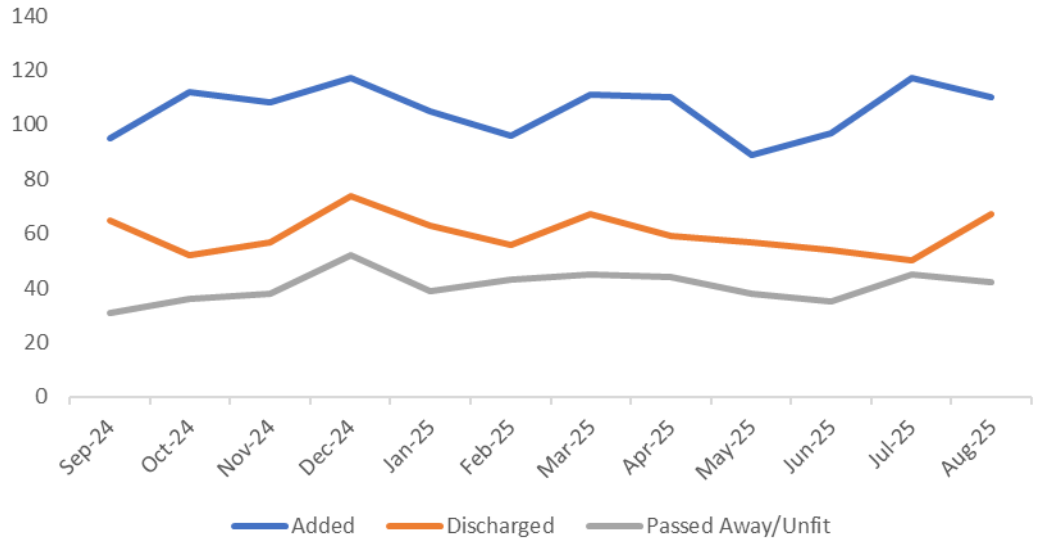
Key Performance Indicators	Service Summary & Feedback	Service Risks
% of beds occupied by delays Patients added vs discharged (churn rate) Census point delays per 100,000 18+ population Number of delayed discharges from community hospitals	Approximately 55% of community hospital capacity is filled with Delayed Hospital Discharge. Limited capacity within C@H and Care Home placements is impacting on the number delayed in community hospitals.	Daily DMT's review PDD and delayed codes ensuring that there are plans in place if availability of service/care required. Escalation of complexity and implementation of choice guidance where applicable.

PERFORMANCE OVERVIEW Strategic Objective: In Partnership Outcome Area: Respond Well	
Performance Rating	N/A
Latest Performance	211 at Census Point 6233 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	
National Target Achievement	Not Met
Position	14 / 14 Boards

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



HHSCP Delayed Discharges – Patients Added VS Patients Discharged



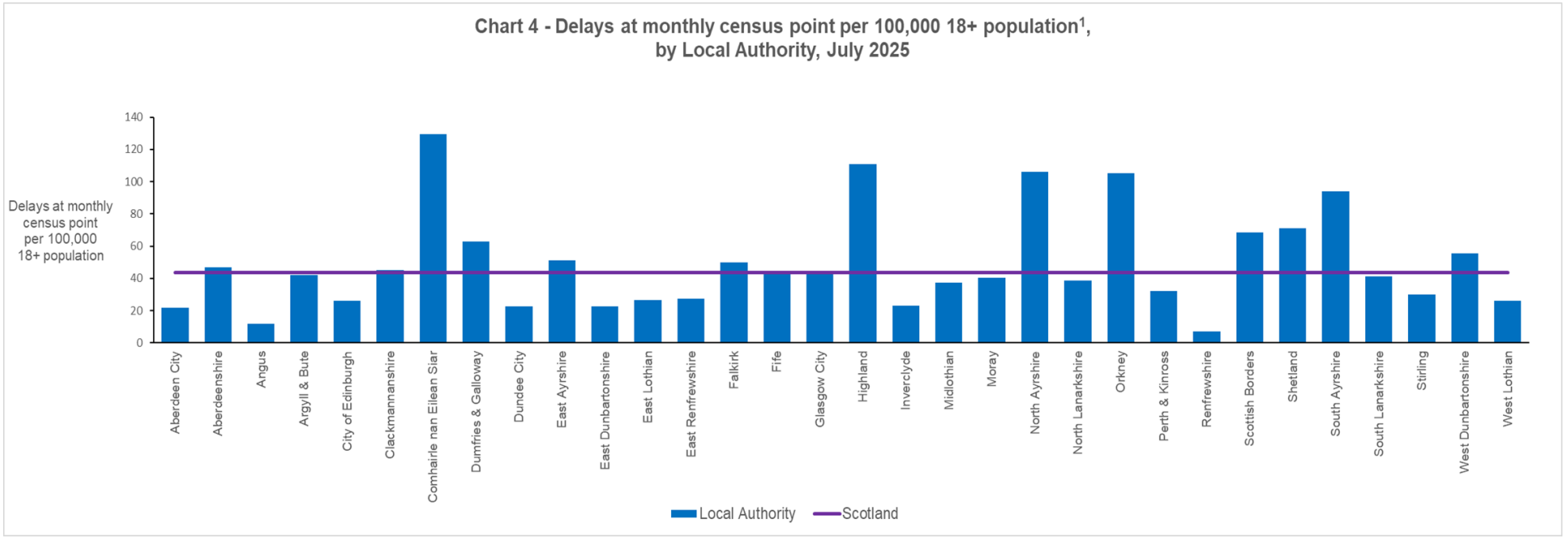
Highland HSCP Delayed Discharges

Slide 2 of 2

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

Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

NHWO 9



Together We Care
with you, for you

Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

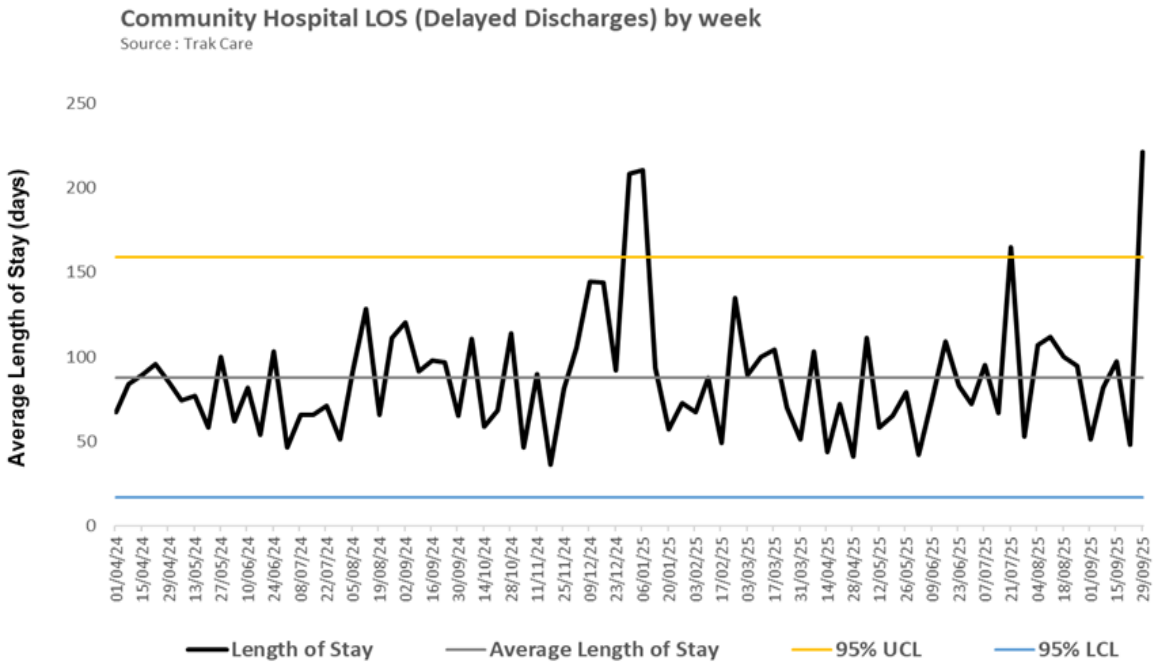
Community Hospital Length of Stay

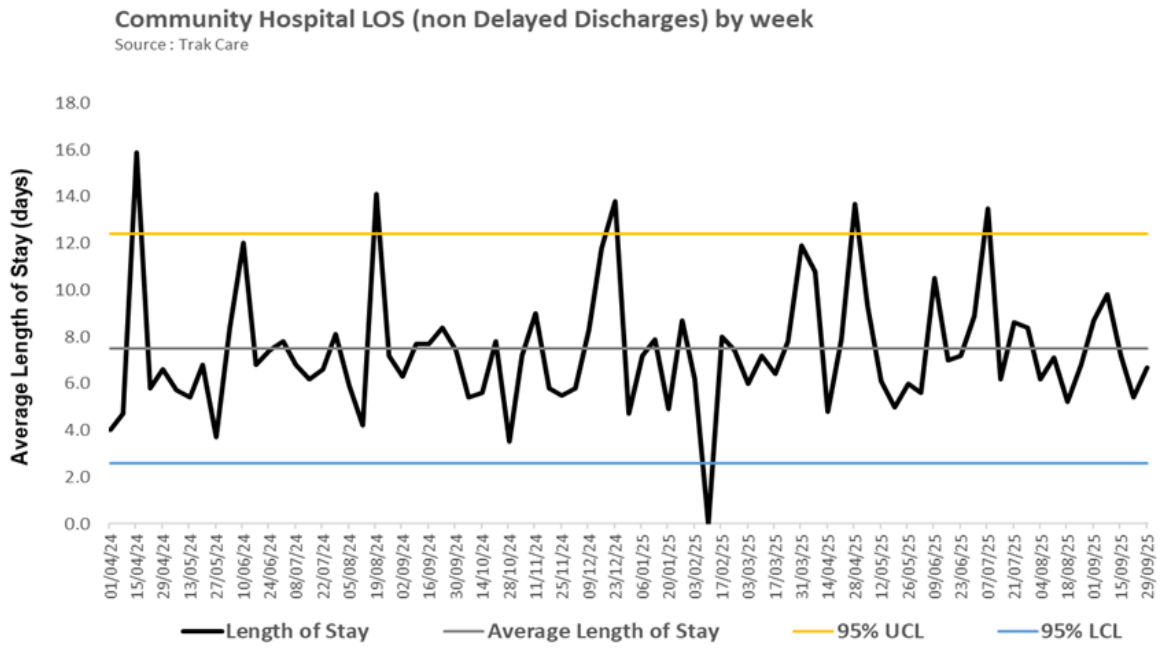
NHWO 9

Key Performance Indicators	Service Summary & Feedback	Service Risks
Average length of stay in community hospitals	Clinical frailty score carried out for over 65's identifying pathway and ongoing needs within the community which will facilitate timely discharge.	Principles of DWD are implemented: PDD D2A which is currently being piloted within East Ross district building on the models within Nairn, Inverness and Mid Ross for one sustainable model across the districts. Daily DMT's to review all patients and facilitate timely discharge

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

Performance Rating	
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	





Overview of Other HHSCP Waiting Lists

Data provided 1st October 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 N/A

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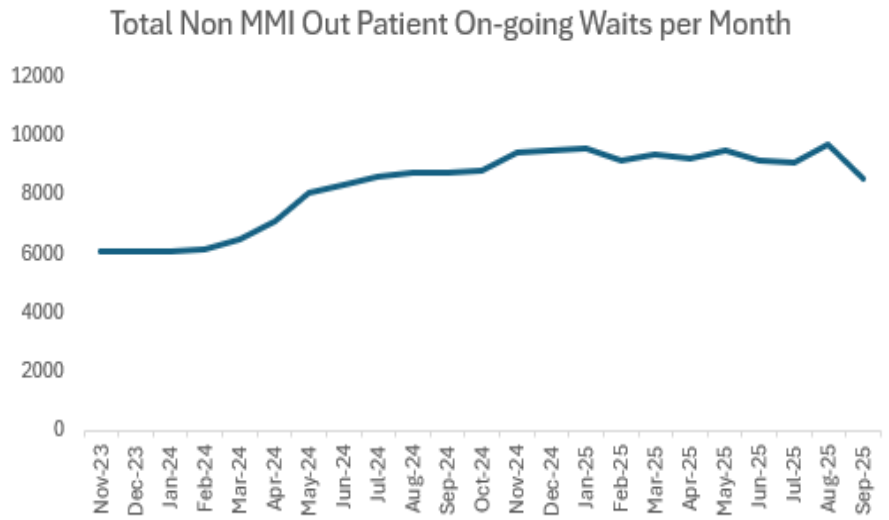
Key Performance Indicators	Service Summary & Feedback	Service Risks
	General Psychiatry waits have significantly decreased in the reporting period further to the agreed approach of screening ADHD referrals against Level 4 of the NAIT Stepped Care Pathway. Learning Disability waits were validated in Q2 2025/26 and service users listed as awaiting an Annual Check have been transferred to the return outpatient list.	Learning Disability waits associated with Autism Assessments have shown a modest improvement with circa 50 removals further to a pilot assessment pathway led by Autism Initiatives. A proposal to continue this pilot will be developed to support ongoing demand for these assessments.



Count of CHI	LONGEST WAIT													
MAIN SPECIALTY	>52 wks	>78 wks	>104 wks	>130 wks	>156 wks	>182 wks	>208 wks	>234 wks	>260 wks	>286 wks	>312 wks	>338 wks	>390 wks	Total
Chiropody	5	1												6
Community Dental	3			1										4
Dietetics	66	7	5		1									79
Occupational Therapy								1		1				2
Physiotherapy	315	213	134	3		1	1		1					668
General Psychiatry	100	71	42	15	2	1		1						232
Learning Disability	110	112	87	75	68	38	13	12	10	10	9	2		546
Learning Disability Nursing	104													104
Psychiatry of Old Age		2												2
GP Acute	10			1	1								1	13
Investigations and Treatment Room			3	1	1									5
Social Work					1			1	1					3
Total	**713**	**406**	**271**	**96**	**74**	**40**	**14**	**15**	**12**	**11**	**9**	**2**	**1**	**1664**

Data Source: Trakcare