

NHS Highland



Meeting: Highland Health and Social Care Committee

Meeting date: 5th March 2025

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

Responsible Executive/Non-Executive: Pamela Stott, Chief Officer, HHSCP (Highland Health and Social Care Partnership)

Report Author: Sammy Clark, Performance Manager, Strategy & Transformation

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.

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 has been updated to include some additional metrics and narrative aligned to the Annual Delivery Plan summarising current performance position, plans, and mitigations to improve/sustain performance and the anticipated impact these plans will have on performance once achieved. It is acknowledged that further work is required on targets and trajectories within some of the key areas.

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

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, March 2025**

Highland Health and Social Care Integrated Performance and Quality Report

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





HHSCP Integrated Performance and Quality Report

- 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 each area 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
Stay Well (4)	Vaccinations (Children's)	No updated data for this report
Stay Well (5)	Drug & Alcohol Waiting Times	No updated data for this report
Stay Well (6)	Alcohol Brief Interventions	No updated data for this report
Care Well (7-8)	Self Directed Support – Option 1	Trend is increasing number of SDS Option 1
Care Well (9)	Self Directed Support – Option 2	Trend is increasing number of SDS Option 2
Care Well (10)	Adult Protection	N/a
Care Well (11-13)	Care at Home	N/a
Care Well (14-15)	Care Homes	Decreasing long-stays and increasing activity
Care Well (16-17)	Delayed Discharges	Below improvement trajectory but overall reduction in # of people in delay in recent months
Care Well (17-18)	Community Hospital's Length of Stay	N/a
Treat Well (19)	Psychological Therapies Waiting Times	Below target but performance consistently improved
Live Well (20)	Community Mental Health	N/a
Treat Well (21)	Chronic Pain	Improving position
Treat Well (22)	Overview of HSCP waiting lists	Increasing

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



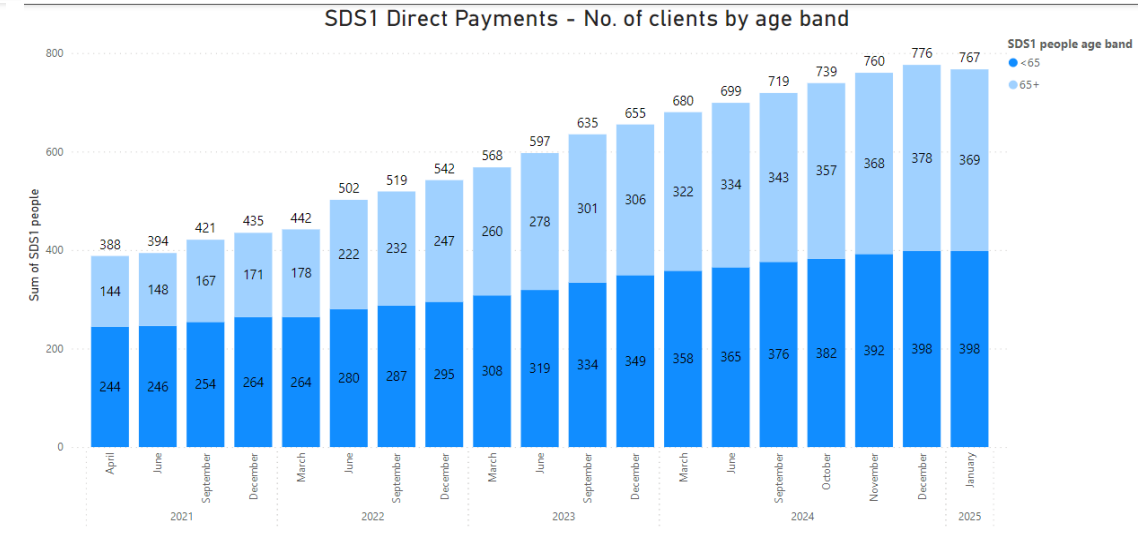
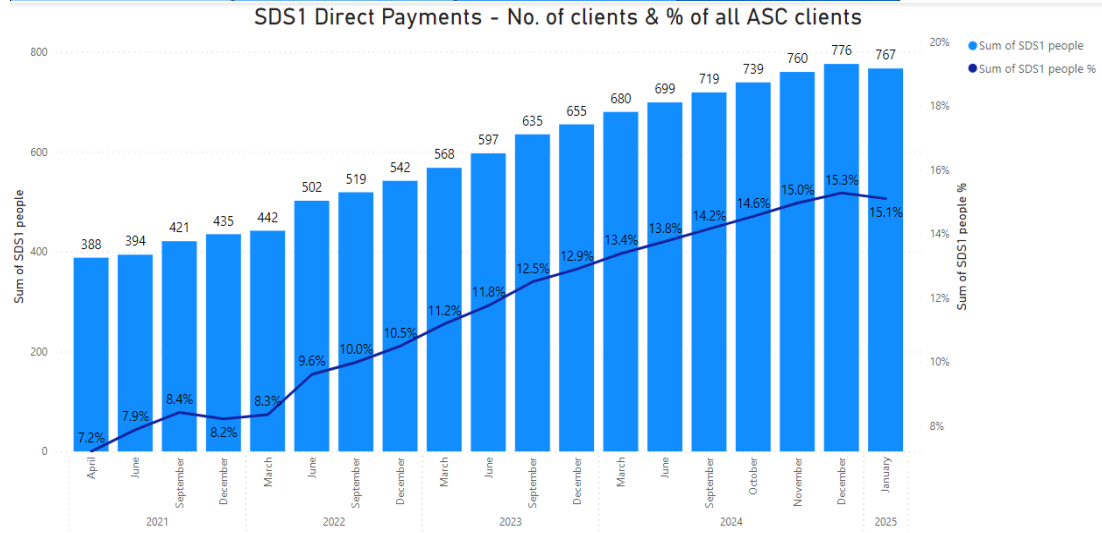
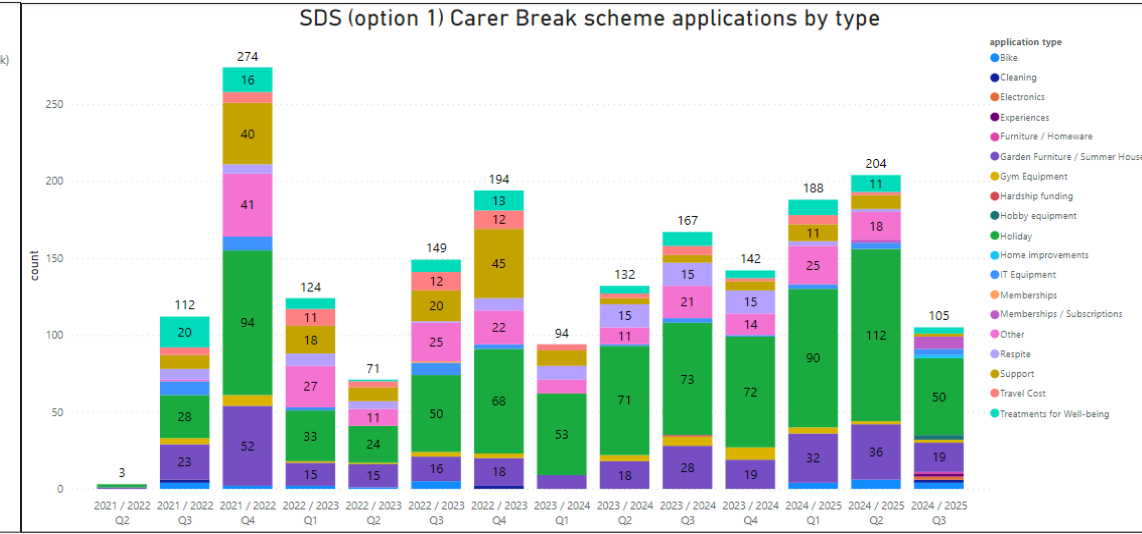
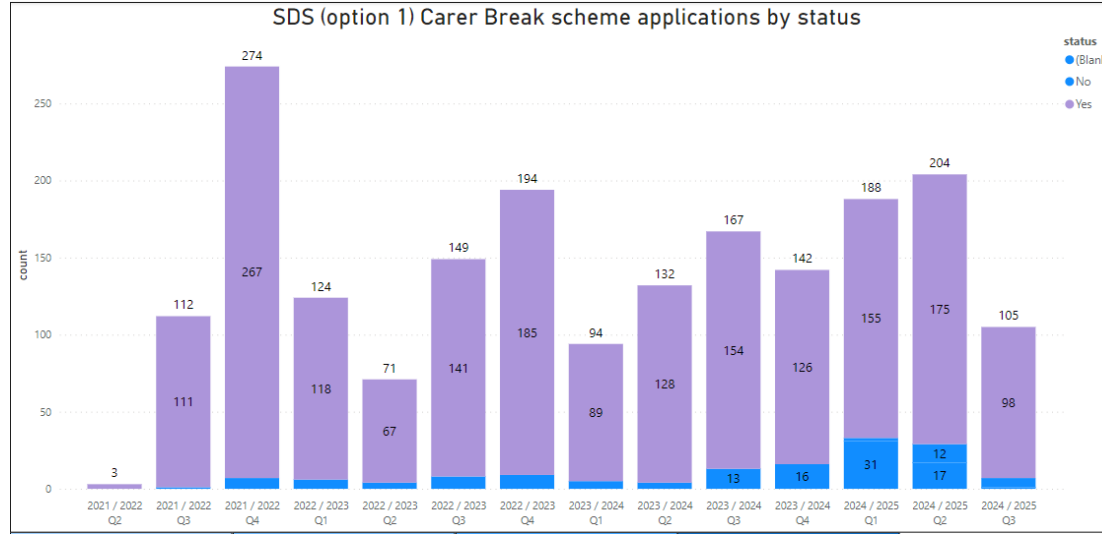
Exec Lead
Pamela Stott
Chief Officer, HHSCP

HHSCP Adult Social Care

Self Directed Support

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

Performance Rating Increasing





Together We Care
with you, for you



Exec Lead
Pamela Stott
Chief Officer, HHSCP

HHSCP Adult Social Care

Self Directed Support

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

Performance Rating n/a

Reasons for Current Performance	Plan and Mitigation	Expected Impact
<p>SDS Option 1 (Carer Well-being fund) We are continuing to use powers within the Carers Act to provide an Option 1 Well-being fund for unpaid carers. It seeks to make resources available to carers via a simple application process supported by a social worker or a carers link worker etc. The scheme is largely free from resource allocation decision-making processes and seeks to rely on professionals and carers coming together to identify the kind of help that would be right for them. Help is targeted to support unpaid carers to be willing and able to maintain their caring role.</p> <p>SDS Option 1 (Direct Payments) We have seen sustained levels of growth for both younger and older adults in our urban, remote and rural areas. Option 1's account for 11% of all commissioned spend for this flexible and popular personalised care option.</p> <p>These increases do however highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services, suggest a market shift in Adult Social Care service provision.</p> <p>We are also aware of Option 1 recipients who struggle to retain and recruit personal assistants. This demonstrates the resource pressure affecting all aspects of care delivery.</p> <p>Work is well underway locally to promote the opportunities that taking on Personal Assistant (PA) role can offer people. This work is being complemented by an initiative to increase Independent Support across specific geographies</p>	<p>Unpaid Carers Our Carers Services Development Officer is established in post and is prioritising our arrangements with our range of unpaid carers services seeking to ensure we have a strong collaborative basis to build upon going forward.</p> <p>A new Project Support Officer has recently been recruited to increase the engagement of unpaid carers to ensure their perspectives help shape the supports available to them.</p> <p>Currently the scheme works to a finite budget of around £1m per annum (£0.25m made available in quarterly tranches). The fund reopened to new applicants in April 2024.</p> <p>In addition to implementing financial ceilings, those applying for the first time will receive priority status for funds, ensuring that as many carers as possible benefit from the scheme</p> <p>However, based on what we've heard from unpaid carers to date, we are currently exploring the potential to increase the provision of home-based respite across Highland</p> <p>Direct Payments Option 1 recipients in 24-25 all received an above inflationary increase due to the significant investment from NHS to level up the previous low baseline hourly rate.</p>	<p>Improved access for SDS option 1 (wellbeing fund) in future aligned to what matters to people approach with Protection of adult carer funding for short breaks.</p> <p>Exploration of how to increase availability of home-based replacement care (respite) continues.</p> <p>NHSH is committed to increasing the level of independent support across all service delivery options but due to known financial constraints, officers are exploring any remaining funding available to procure independent sources of advice, information and support by reinvesting any unused funds to strengthen our independent support.</p> <p>Work is progressing in this area and committee will be updated as plans progress.</p> <p>A report on the 2024-27 Carers Strategy and an update on SDS in Highland to be presented to this committee.</p>



Together We Care
with you, for you



Exec Lead
Pamela Stott
Chief Officer, HHSCP

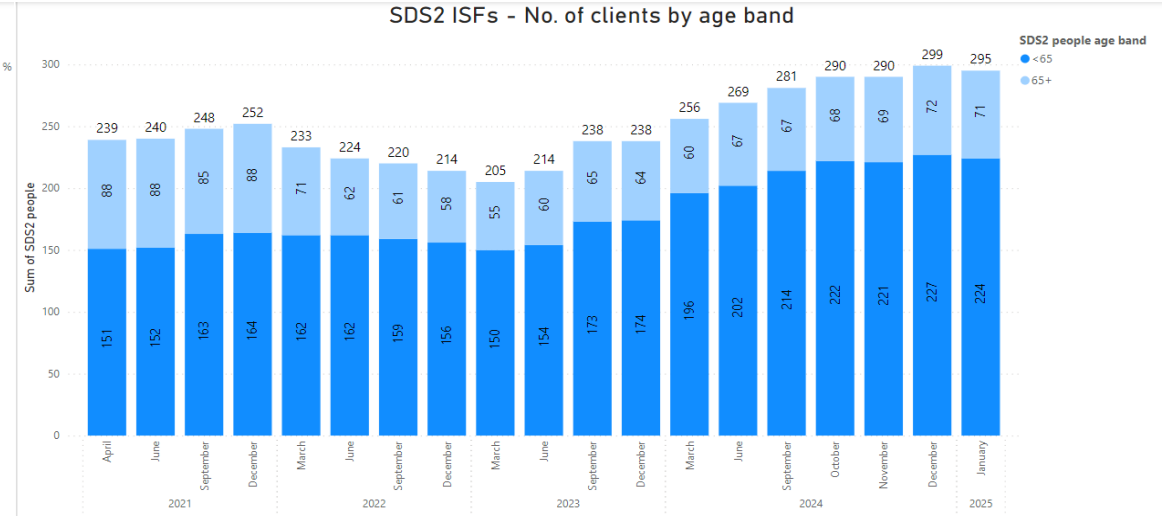
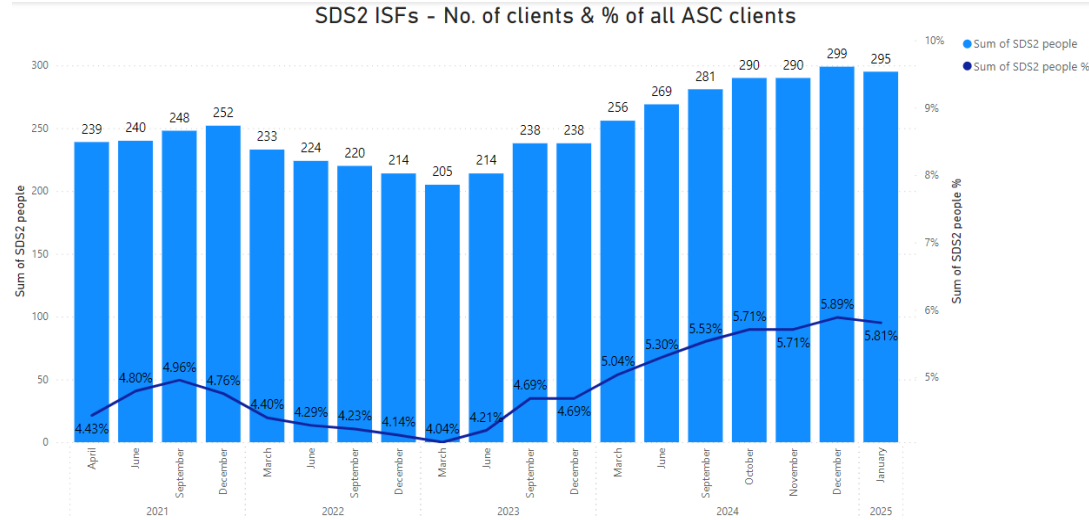
HHSCP Adult Social Care

Self Directed Support – Option 2 (Individual Service Funds)

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

Performance Rating

Increasing



Reasons for Current Performance	Plan and Mitigation	Expected Impact
<p>ISFs reduced during 2022 although we have seen a welcome and sustained increase in commissioned service provision continuing throughout 2024.</p> <p>Current numbers of ISFs are now exceeding pre pandemic levels.</p> <p>Our current number of active service users is 295 with a projected annual 2024-25 cost of £7.69m.</p> <p>Graph 2 - Overall number of ISFs split by age band, noting 76% of our current service provision is provided under this commissioning option to younger adults.</p>	<p>After an inclusive inquiry into the operation of our Option 2 offer in Highland plans are now in place to increase the range and number of ‘providers’ who can offer an ISF within an overall programme for Promoting choice, flexibility and control.</p>	<p>As per plan and mitigation</p> <p>To sustain and to grow Option 2s, including exploring brokerage opportunities to support service users using a wide range of possible providers</p>



Together We Care
with you, for you



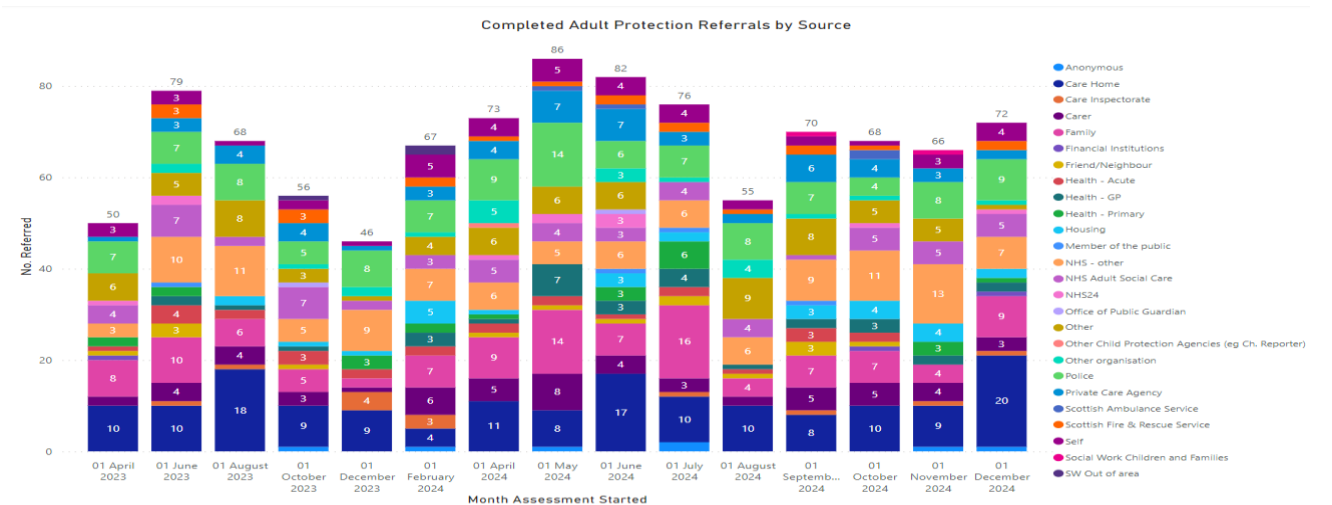
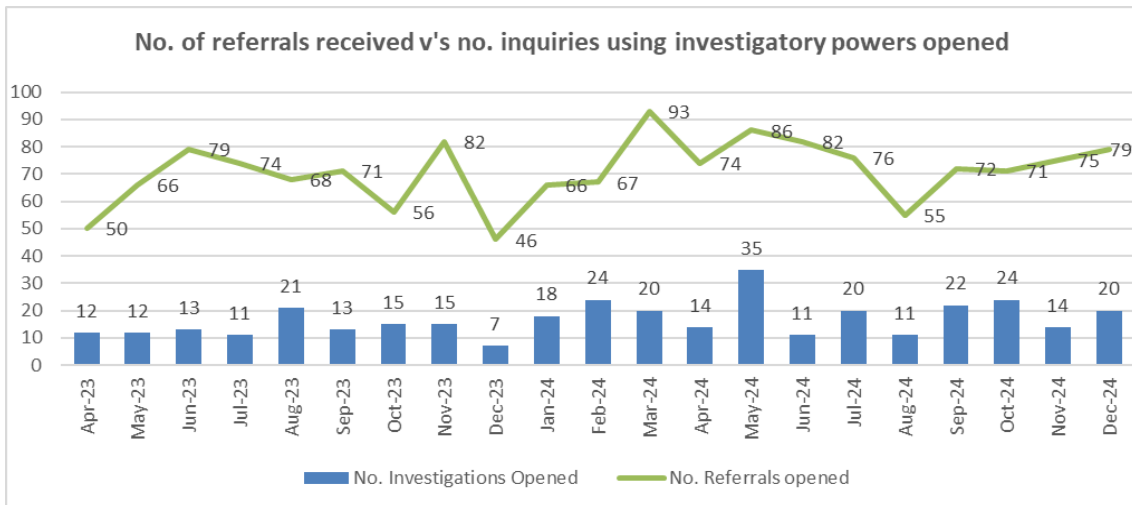
Exec Lead
Pamela Stott
Chief Officer, HHSCP

Highland HSCP Adult Protection

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

Performance Rating n/a

Reasons for Current Performance	Plan and Mitigation	Expected Impact
<p>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.</p> <p>Ongoing and increasing demand on Adult Protection Services is shown in the adjacent chart.</p>	<p>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.</p> <p>This is being worked on by respective sub-groups to address identified actions.</p> <p>In response to an analysis of current performance</p>	<p>Three key areas and their expected impact have been identified:</p> <ul style="list-style-type: none"> 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.





Together We Care
with you, for you



Exec Lead
Pamela Stott
Chief Officer, HHSCP

Highland HSCP Care At Home

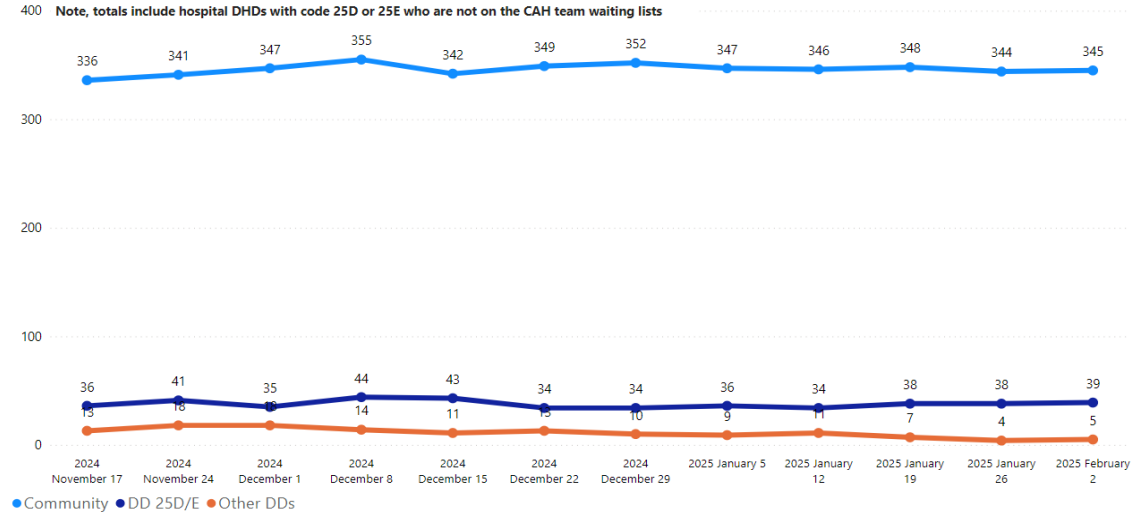
Slide 1 of 3

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

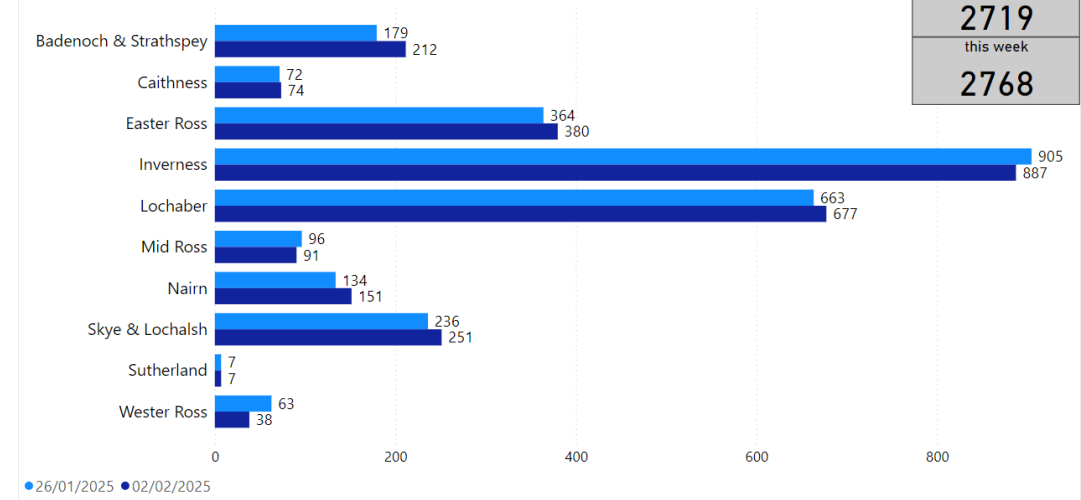
Performance Rating

N/a

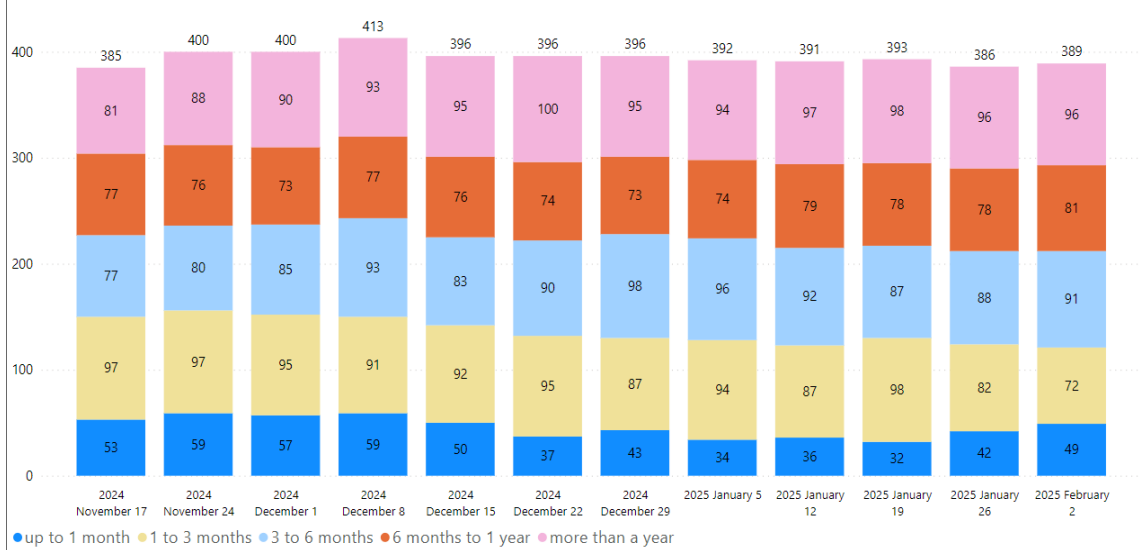
Total number of people assessed and awaiting a new package of care (Community and DHDs) (last 12 weeks)



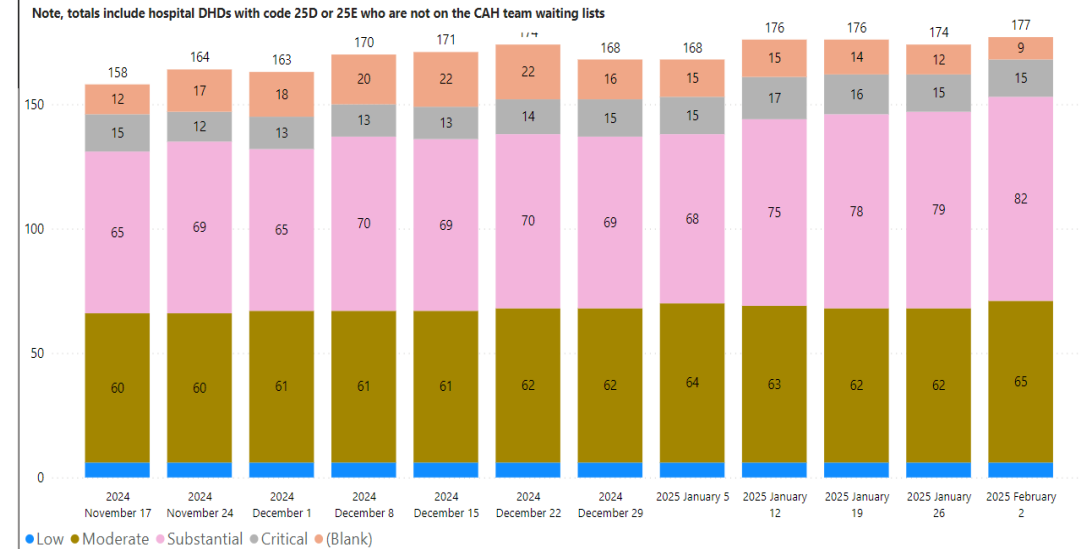
Unmet need hours by locality, this includes all unmet need hours regardless of type



CAH waiting list, by length of wait (last 12 weeks)



CAH waiting list for new service (those waiting 6 months and over), by level of need (last 12 weeks)





Together We Care
with you, for you



Exec Lead
Pamela Stott
Chief Officer, HHSCP

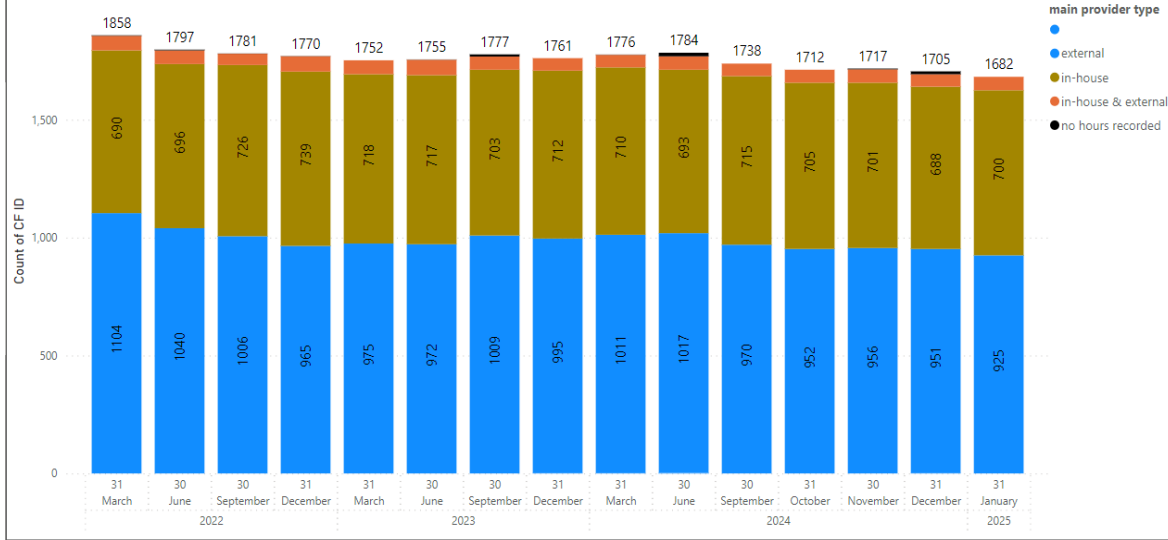
Highland HSCP Care At Home

Slide 2 of 3

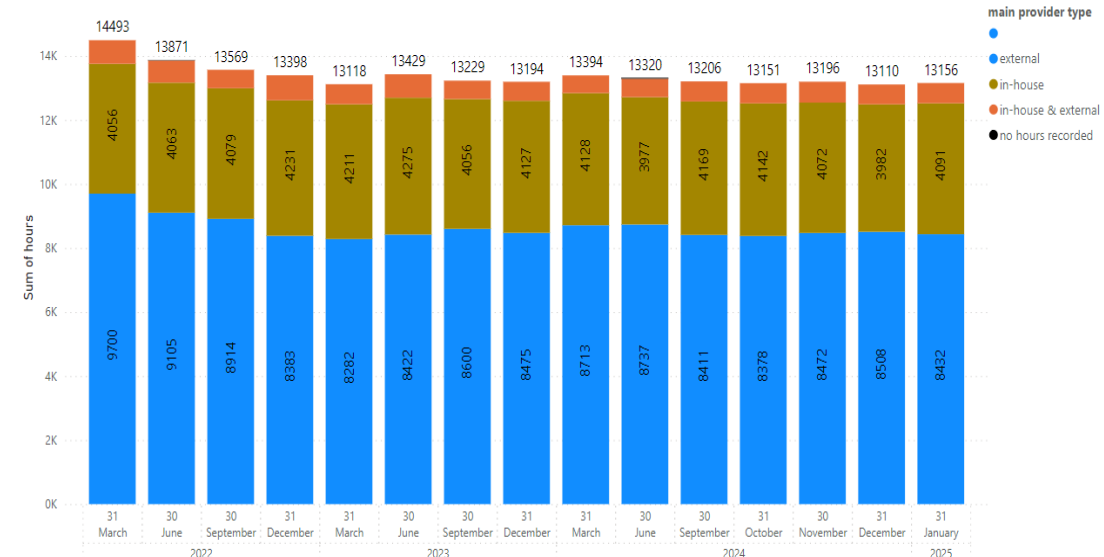
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating N/A

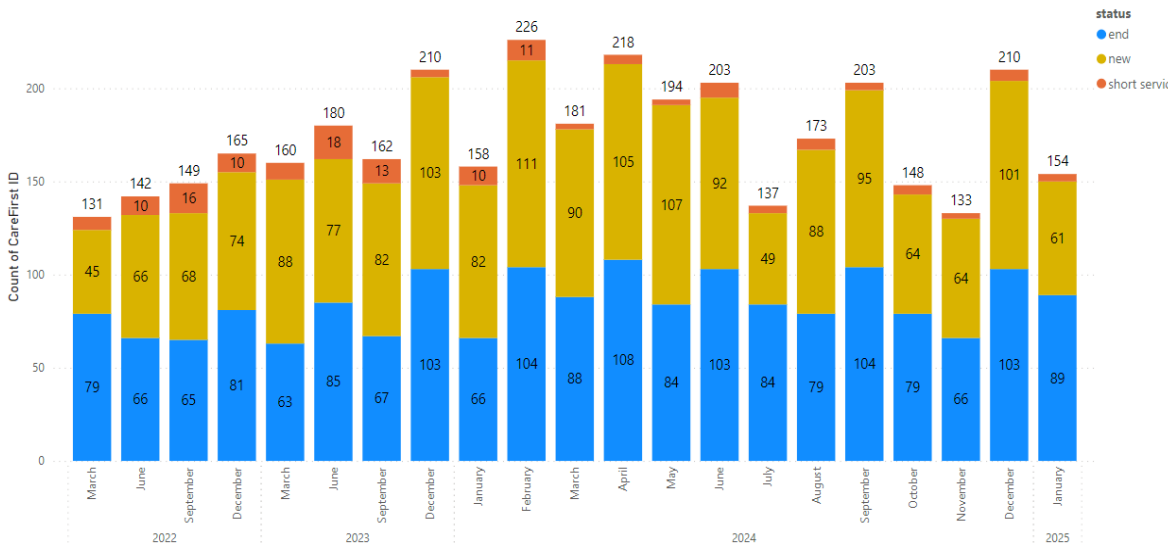
Care at Home - count of clients by provider type



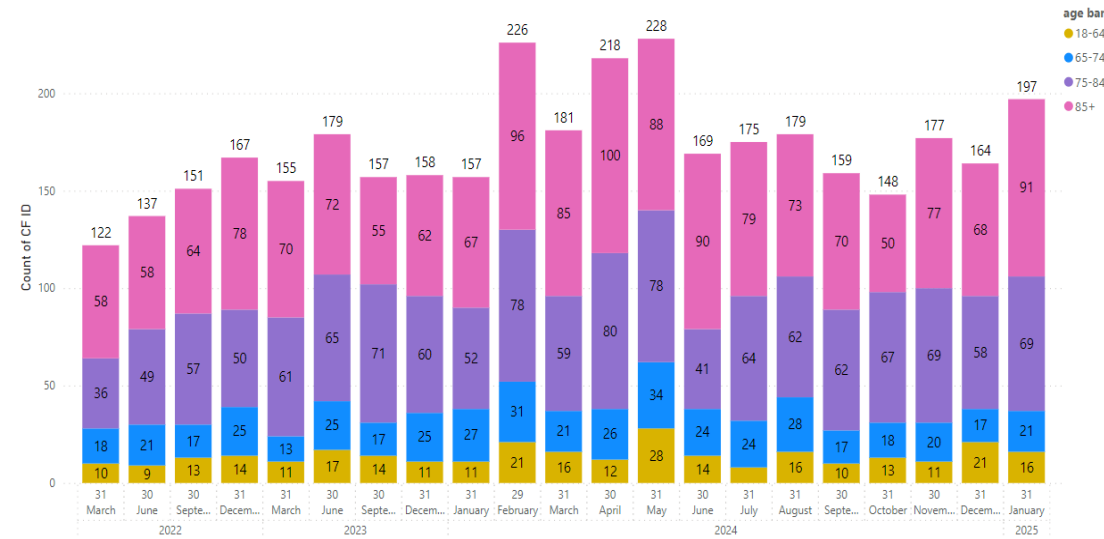
Care at Home - sum of weekly hours by provider type



Care at Home - new & closed clients



Care at Home - new clients by age band





Together We Care
with you, for you



Exec Lead
Pamela Stott
Chief Officer, HHSCP

Insights for Current Performance	Plan and Mitigation	Expected Impact
<p>All HHSCP delayed hospital discharges (DHD’s) are included which show those assessed as requiring CAH in either a hospital, or at home.</p> <p>Our current level of unmet need is:</p> <ul style="list-style-type: none"> • Community – 345 awaiting a CAH service • DHDs – 39 awaiting a CAH service. • Despite ongoing organisational and provider effort to improve flow, the overall unmet need for CAH is 2719 planned hours per week. <p>The impact of lower levels of service provision on flow within the wider health and social care system is significant, and this needs to be recognised as part of the approach to, and solutions around, addressing care at home capacity.</p> <p>There remains sustainable pressures in the market and since Dec 23, 4 providers have exited the market with the hours picked up by the sector and NHS.</p> <p>Operational colleagues and our partner providers have worked tirelessly to avoid any service disruption during contracted notice period.</p> <p>NHS Highland has been notified of a further provider exit which is due to end April 2025 and we will work in collaboration with the sector to ensure continuity of service to those impacted.</p>	<p>Through the System Capacity group, we are focusing on Inverness services and support to refocus activity and criteria to enable a reduction in unmet need.</p> <p>There is a wider understanding of Care at Home services across our system and a current drive to support:</p> <ul style="list-style-type: none"> • Sustained in-house recruitment • Rebalancing of services to ensure prevention/rehabilitation is at the forefront <p>Initiatives such as frailty identification and AHPs at the front door of Raigmore should also support improvement management of Care at Home resources.</p> <p>Co-production of actions with our independent sector providers remain a priority to support stabilisation of the sector. A multi-disciplinary and sector implementation group was initiated to take forward co-produced proposals with the sector. These are:</p> <p>Improving Access and Processes</p> <ul style="list-style-type: none"> • Clear pathway/information quality • Zones/runs/flexibility • Outcome commissioning/interactive commissioning tool <p>Valuing Staff</p> <ul style="list-style-type: none"> • Tariff implementation – new payment tariff including increased carer mileage costs was introduced October 24 • Joint training/locality shared staff • Collaboration event <p>A Highland collaborative has also been established, looking at more strategic issues, the recent meeting considered an interactive commissioning tool which remains under consideration.</p>	<p>Expected impact and trajectories for improvement have been developed for overall delayed discharges.</p> <p>Sustaining current service delivery levels for care at home.</p> <p>Targets and any future realistic growth trajectories are to be developed at a district level through the System Capacity Group.</p>



Together We Care
with you, for you



**Exec Lead
Pamela Stott
Chief Officer, HHSCP**

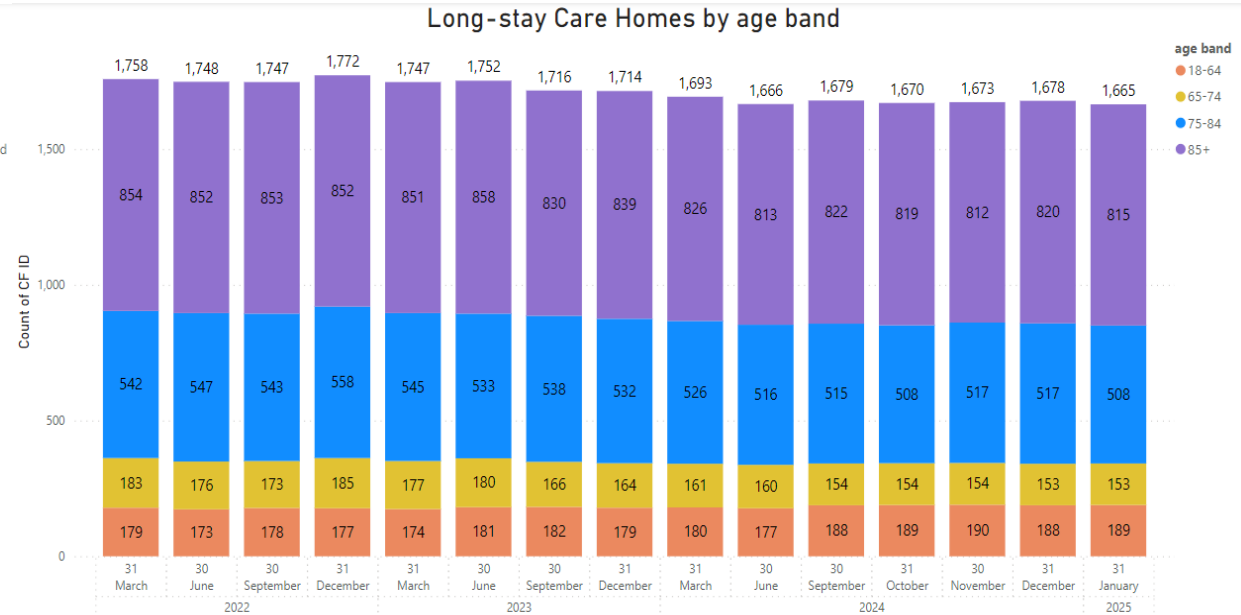
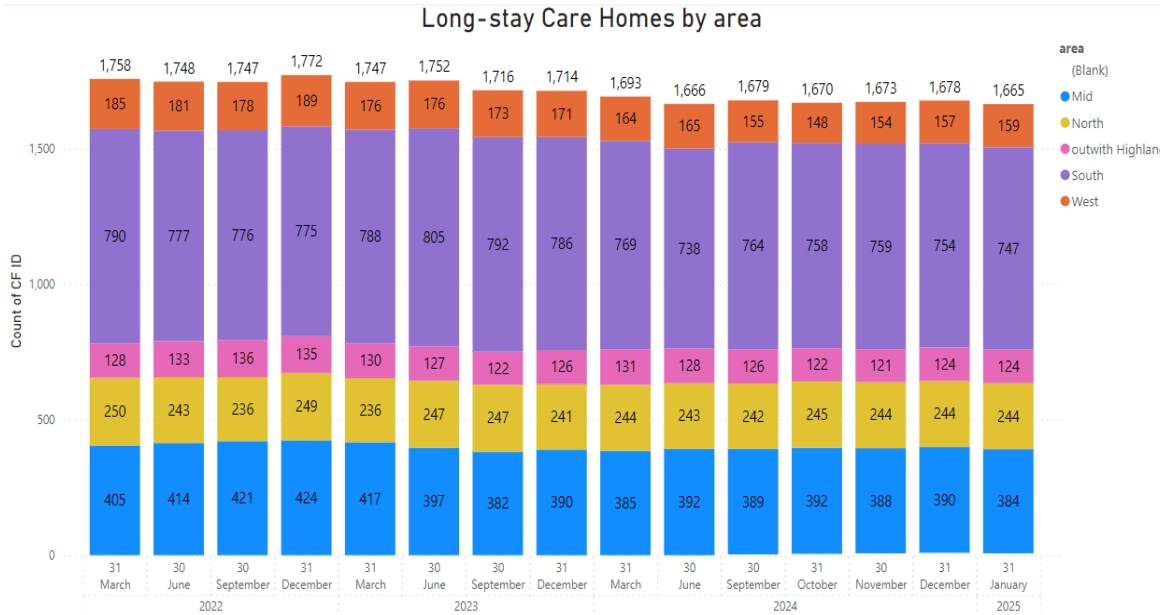
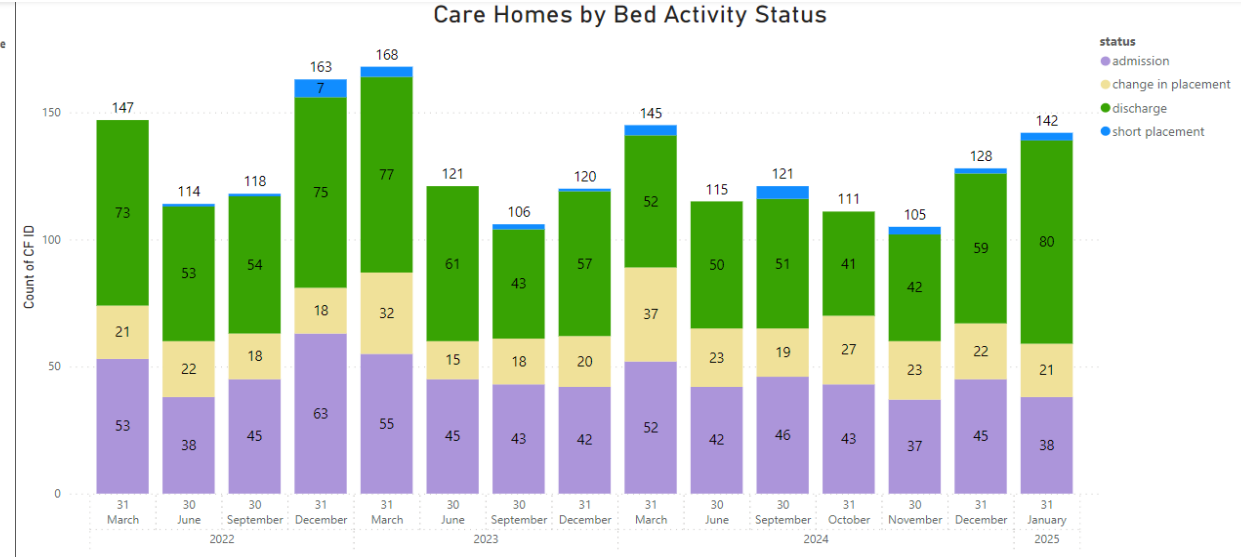
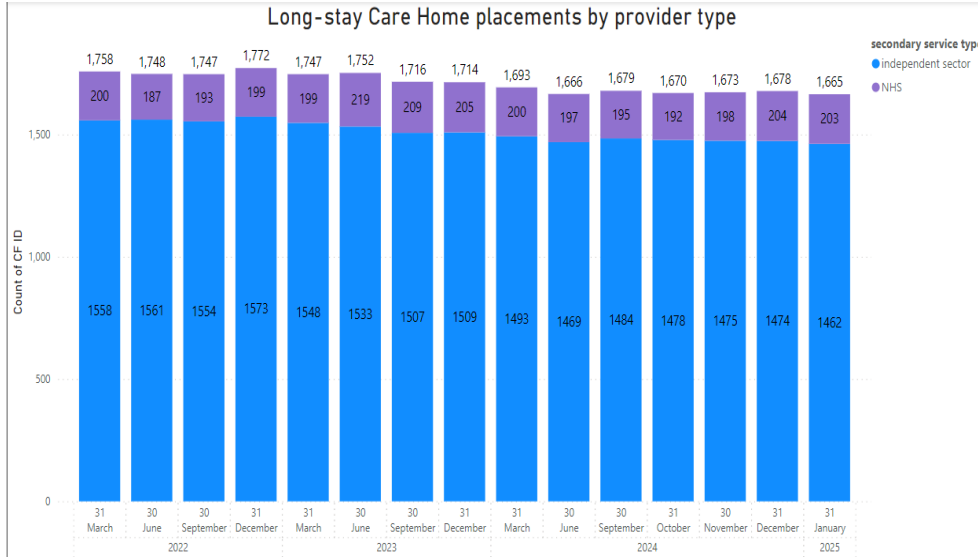
Highland HSCP Care Homes

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
Pamela Stott
Chief Officer, HHSCP

Reasons for current Performance	Plan and Mitigation	Expected Impact
<p>Demand for a care home placement remains our most common reason for delayed hospital discharges. As of 10 February, there were 72 people delayed in hospital which is a decrease of 8 from the last reported period.</p> <p>There continues to be turbulence in the care home market related to operating on a smaller scale, and the challenges associated with rural operation - recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation.</p> <p>A further compounding factor of this turbulence relates to the current National Care Home Contract (NCHC) – this is insufficient to cover their costs and particularly disadvantages Highland as the NCHC rate is predicated on a fully occupied 50 bed care home – in Highland only 7 of the 46 independent sector care homes are over this size.</p> <p>Since March 2022, 6 independent sector care homes have closed, and the partnership is in the process of seeking to acquire Moss Park in Lochaber to prevent closure and a further loss of bed provision. There is no new admissions to Moss Park until process concludes and there has been a high level of embargoed beds across the sector due to ongoing LSI activity which will be impacting capacity across the system.</p> <p>Strathburn remains temporarily closed, however reopening is intended for end March 2025. Recruitment process is underway with the intention to re-open Dail Mhor as a respite centre as all recent temporary closures were all in small rural and remote communities specifically due to acute staffing shortages.</p> <p>Reduced overall bed availability is having an impact on the wider health and social care system and the ability to discharge patients timely from hospital.</p>	<p>Through our System Capacity group, we have identified potential capacity which could positively impact our delayed hospital discharges. However, this is based on improving our recruitment and retention within our internal provision and securing external funding to enable further use of our independent sector.</p> <p>There is a need for a Care Home Commissioning Strategy and Market Facilitation Plan to be developed. This plan will include both in-house and external care homes underpinned by quality and sustainable services in identified strategically important locations.</p> <p>High level commissioning intentions are agreed.</p> <p>A Care Home overall risk status has been developed for all external commissioned care homes and is reviewed at the Care Programme Board.</p> <p>A Care Programme Board has been established to oversee:</p> <ul style="list-style-type: none"> • Acquisitions, closures and sustainability • Forward Planning and Strategy 	<ul style="list-style-type: none"> • Exploring additional internal provision based on available workforce availability, being led by the System Capacity Group • These measures will be impacted if there are any more Care Home closures or reductions in capacity • Sustainability of existing care home provision – unlikely without targeted intervention. • New significant financial pressure linked to at present, an unfunded NI increase is due for implementation April 25 - Internal mitigations being explored. • Future market intentions stated • Draft Joint Strategic Needs Assessment received Feb 25 – currently under review



Together We Care
with you, for you



**Exec Lead
Pamela Stott
Chief Officer, HHSCP**

Highland HSCP Delayed Discharges

ADP Deliverables: Progress as at End of Q2 2024/25

ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.

Oct 2024

Insights to Current Performance

There has been an overall reduction in people affected by delayed discharge from a peak of 235 at the end of November 2024 to 203 by mid February 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.

Plans and Mitigations

The Urgent and Unscheduled Care Programme, as agreed by STAG will 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, a focused programme is being developed with managerial colleagues and professional leads focusing on improving decision making and allocation processes for adult social care which aim to reduce unmet need. This work has starting within the Inverness district with the care home allocation process and a targeted Care at Home plan.

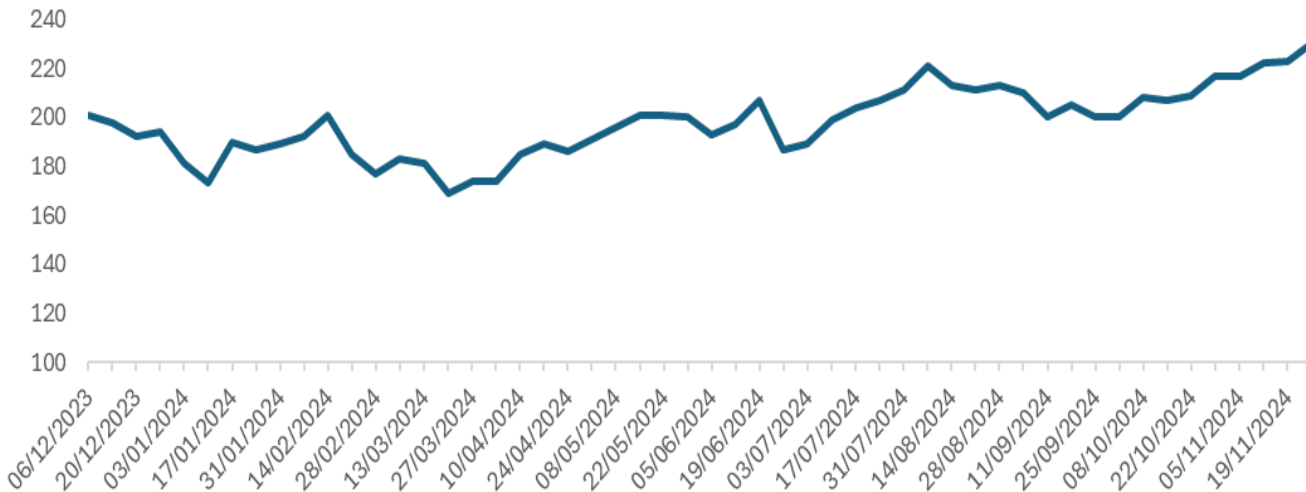
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	Below trajectory but improvement in total numbers
Latest Performance	203 at Census Point 6765 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

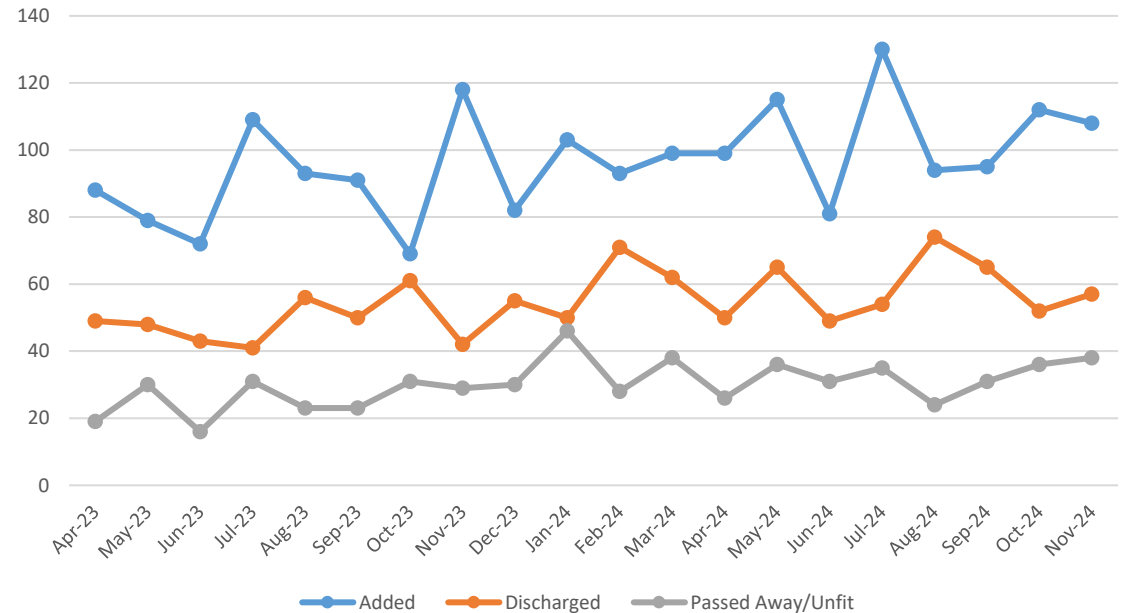
HHSCP Delays

Dec'23 - Nov'24

Source: TrakCarePMS



HHSCP Delayed Discharges – Patients Added VS Patients Discharged





Together We Care
with you, for you

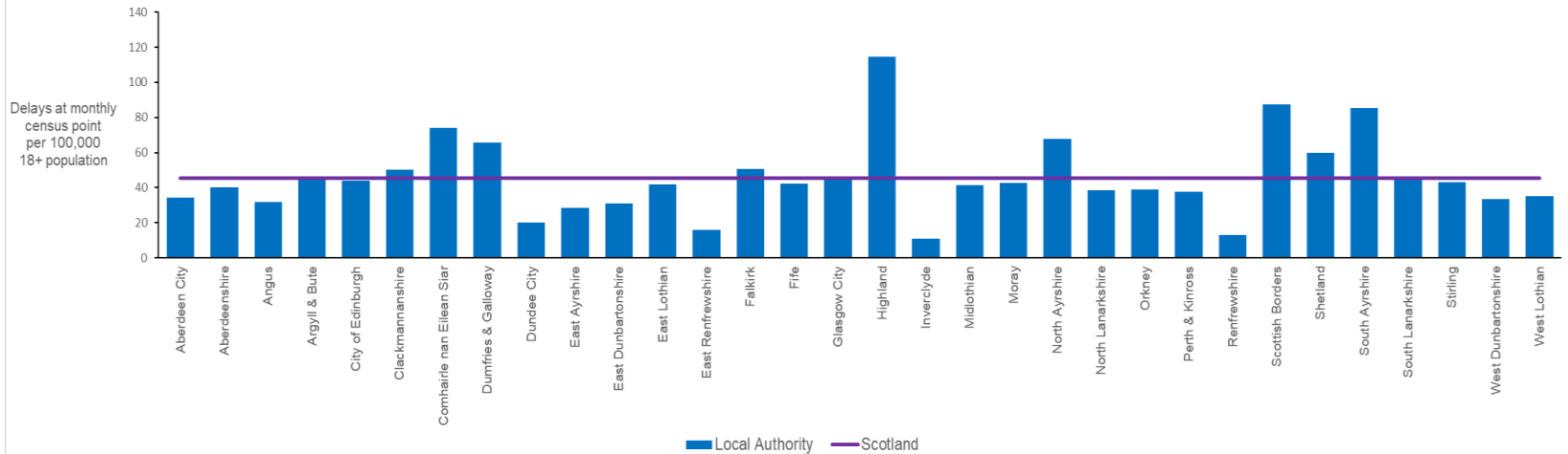


Exec Lead
Pamela Stott
Chief Officer, HHSP

Highland HSCP Delayed Discharges

Slide 2 of 2

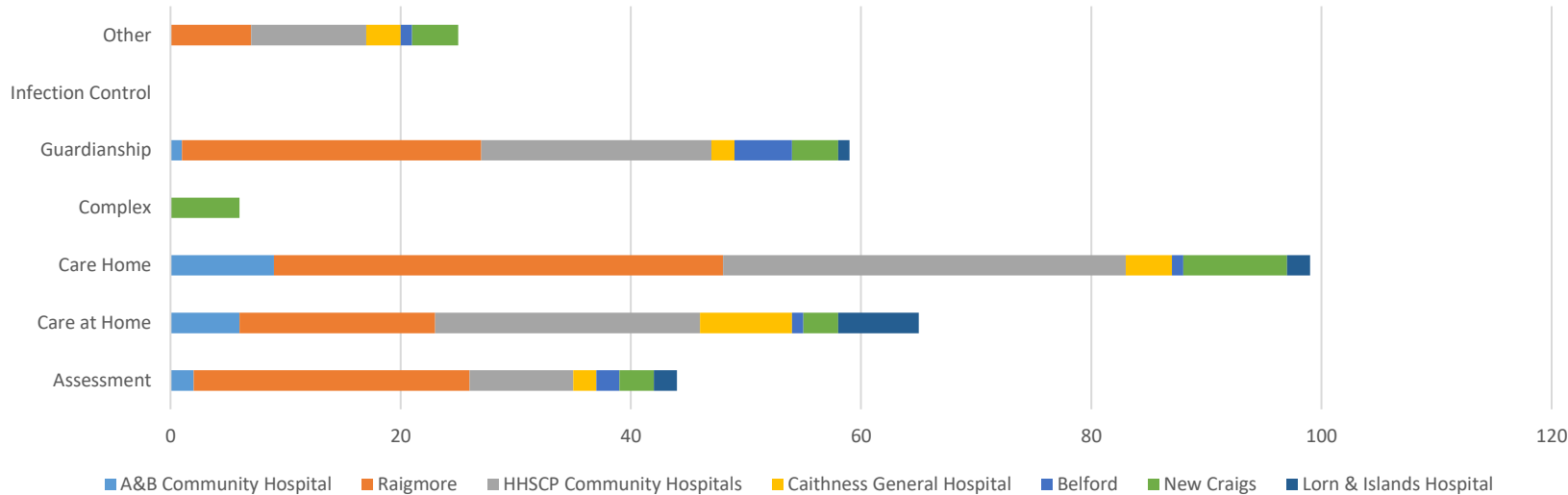
Chart 4 - Delays at monthly census point per 100,000 18+ population¹, by Local Authority, October 2024



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

Performance Rating	Below trajectory but improvement in total numbers
Latest Performance	203 at Census Point 6765 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	30% reduction of standard delays by 31/10/24
National Target Achievement	Not Met
Position	14 / 14 Boards

Delayed Discharge – Location and Code





Together We Care
with you, for you



**Exec Lead
Pamela Stott
Chief Officer, HHSCP**

Community Hospital's Length of Stay

ADP Deliverables: Progress as at End of Q2 2024/25

ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.

Oct 2024

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. 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.

Mitigation

Long LOS are being experienced by those in delay, not those who are not in delay.

Expected Impact

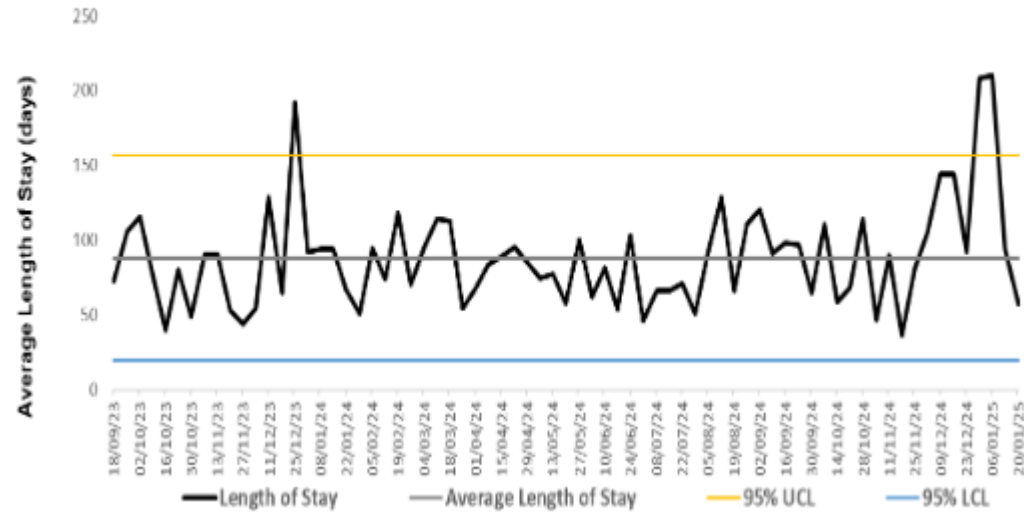
- Reduced LOS for DHDs possibly slight reduction for the non DHDs

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

Performance Rating	N/a
Latest Performance	
National Benchmarking	Engagement through national CRAG group
National Target	Reduce LOS > 14 days by 5% by end of October 2024
National Target Achievement	Not Met
Position	14 / 14 Boards

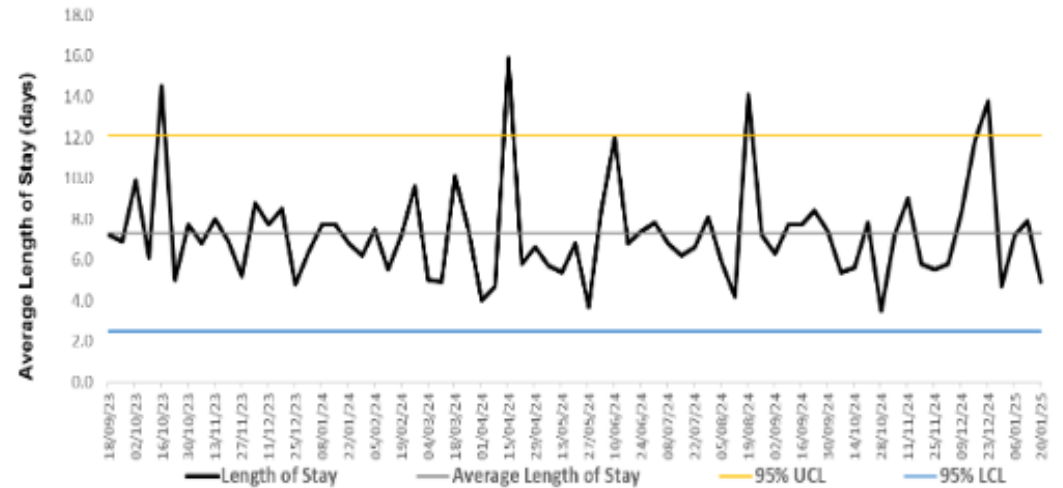
Community Hospital LOS (Delayed Discharges) by week

Source: Trak Care



Community Hospital LOS (non Delayed Discharges) by week

Source: Trak Care





Together We Care
with you, for you



Exec Lead
Pamela Stott Chief Officer, HHSCP

Psychological Therapies Waiting Times

ADP Deliverables Progress as at End of Q2 2024/25

Implementation of Psychological Therapies Local Improvement Plan with a focus on progressing towards achieving the 18-week referral to treatment standard. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations

Mar 25

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.

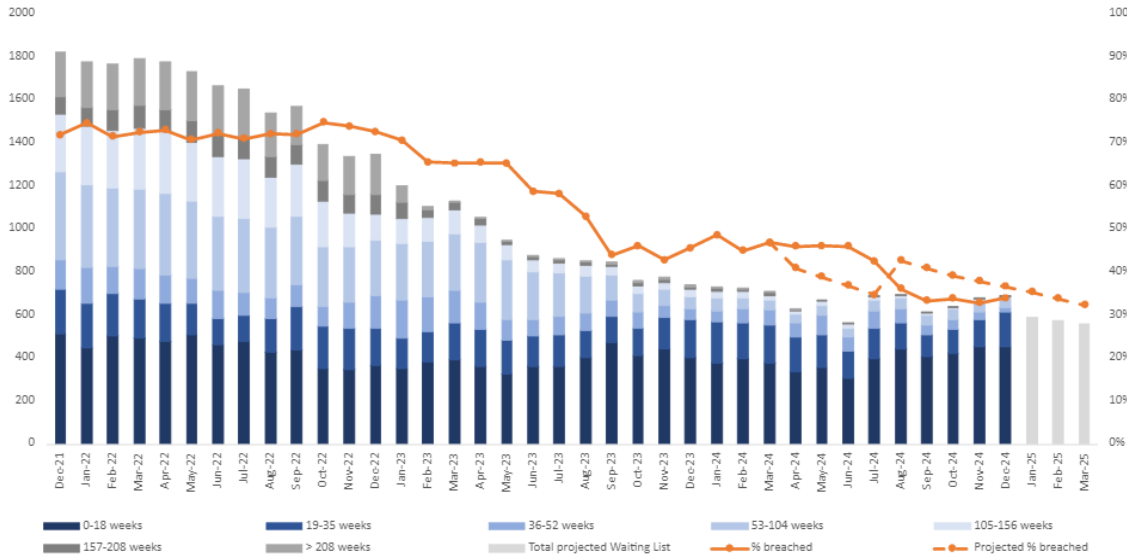
Plan and Mitigations

- Recruited x2 new Clinical Psychologists in Adult Mental Health Psychology.
- The Psychological Therapies Steering Group is currently under review as we will be aligning it with the requirements of the PT National Specification
- Our data dashboard has been developed to reflect the KPIs identified and those required for reporting to Scottish Government.
- The development of our digital dashboard and data gathering activities has allowed us to utilise intelligence proactively to improve waiting times.

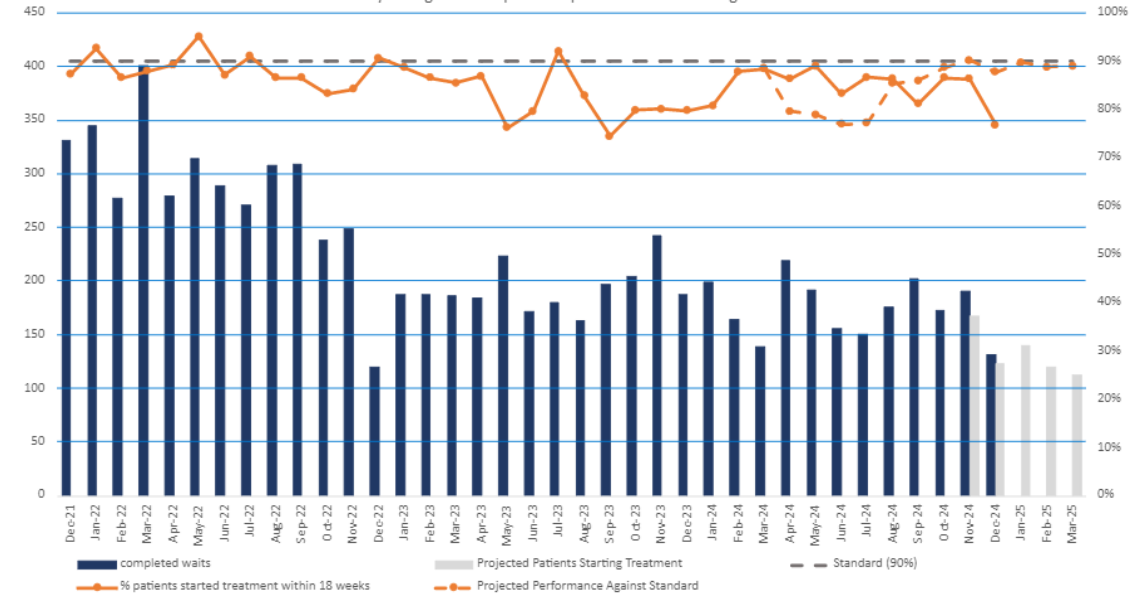
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Below target but performance consistently improved
Latest Performance	86.7%
National Benchmarking	81.0% Scotland average
National Target	90%
National Target Achievement	Consistent improvements in targets and downward trajectory
Position	4th out of 14 Boards 3rd out of Mainland Boards

Psychological Therapies Waitlist North Highland



Psychological Therapies Completed Waits North Highland





Together We Care
with you, for you



Exec Lead
Pamela Stott Chief
Officer, HHSC

HHSC Community Mental Health Teams

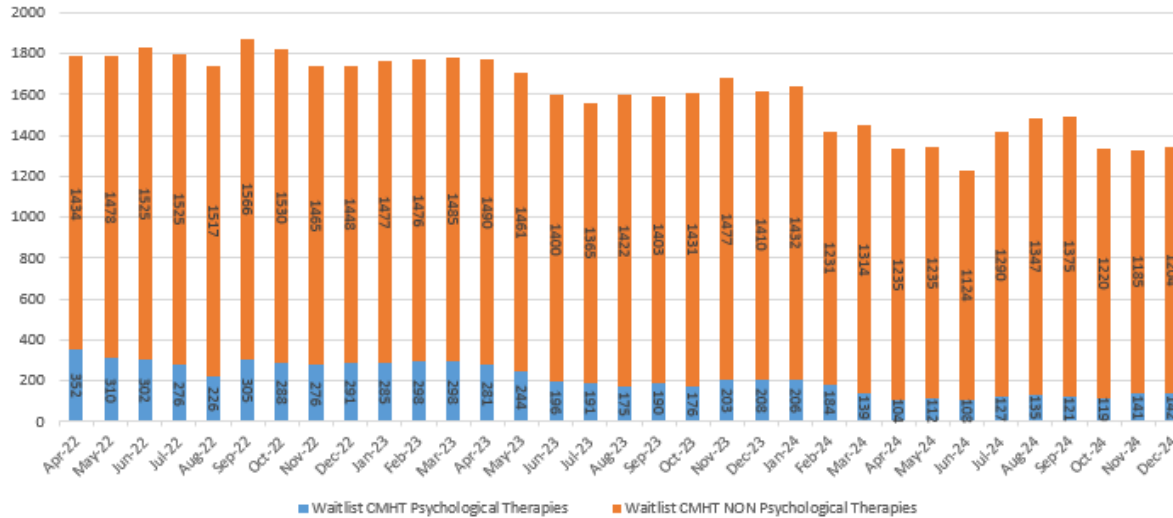
Completed and Ongoing Waits

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

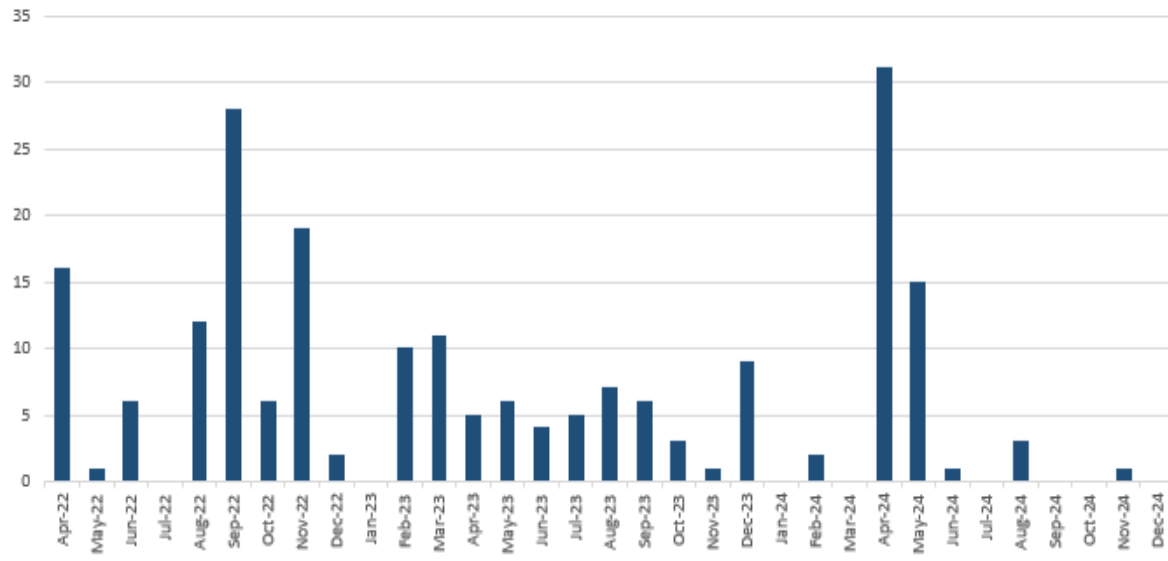
Performance Rating

N/a

CMHT Ongoing Waits



Completed Waits CMHT Group Therapies (Psychological Therapies)



Reasons for Current Performance

The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as Group Therapies (STEPPS/IPT/Mindfulness).

The delivery of Group Therapies were suspended during Covid pandemic and the availability of an online method was slow to progress. This resulted in a significant backlog in this area, gradually reducing over the course of 2023/24, and this has continued into 2024/25, although there has been a small increase in ongoing waits over the summer period.

The apparent waits for CMHT Non-Psychological Therapies are **unvalidated** and there is high confidence that once validation is complete, the number of waits for this category will be significantly lower than that reported.

Plan and mitigation

Validation work is ongoing around the CMHT Non-Psychological Therapies waitlist as has happened within Psychological Therapies. Early validation has identified a number of duplicate wait list entries, and waits that have been completed.

There is a shortage in STEPPS trainers within the UK so we are therefore exploring a range of options for increasing NHS Highland STEPPS practitioner capacity.

Expected Impact

Continuing reduction in the ongoing waits for CMHT Group Therapies

Number of waits for CMHT Non Psychological Therapies will be significantly lower than that reported.



Together We Care
with you, for you



Exec Lead
Pamela Stott Chief
Officer, HHSCP

HHSCP Chronic Pain

Insights to Current Performance: NHS Highland performance is the 4th Highest mainland board and while the target was not met, we remain above the Scotland average for the <18 week referral to treatment standard.

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

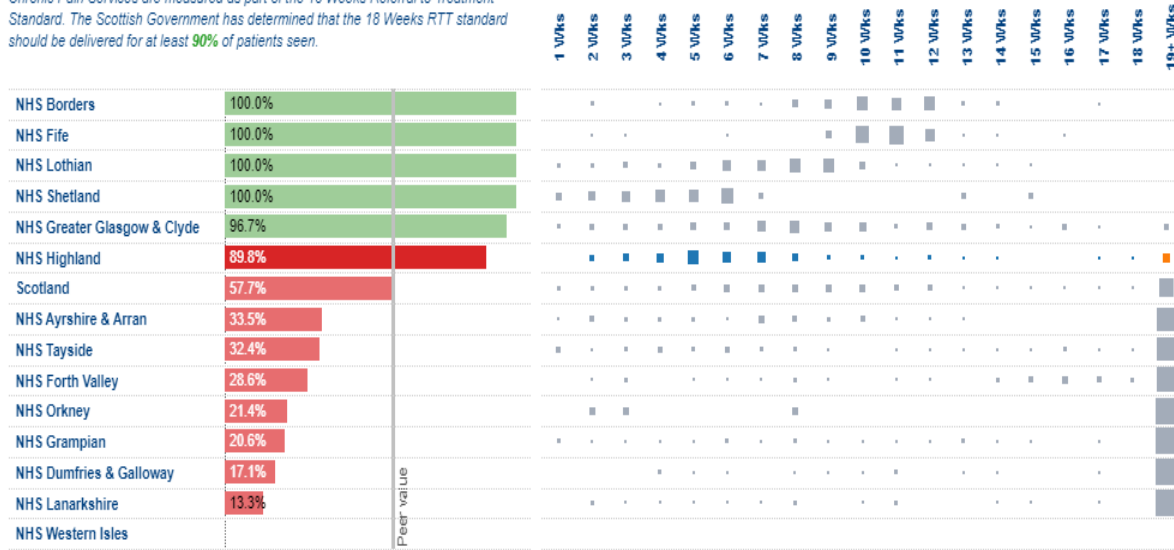
Performance Rating

Improving

Health Board: NHS Highland
Indicator: Chronic Pain : Pain Clinic

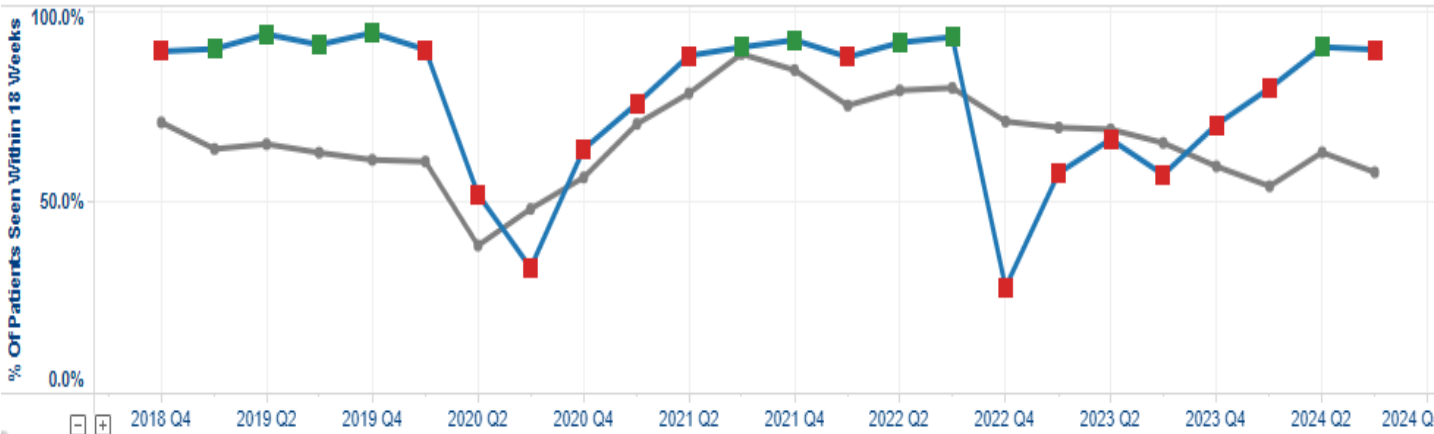
Chronic Pain Services are measured as part of the 18 Weeks Referral to Treatment Standard. The Scottish Government has determined that the 18 Weeks RTT standard should be delivered for at least 90% of patients seen.

Patients Seen By Week



Time trend: NHS Highland

(Trend displays the full range of dates for which data is available)



Reasons for Current Performance

All patients are offered ability to attend online group introduction to pain management session which can be delivered within the 18 week referral to treatment standard. This approach is standard across NHS Scotland pain services and is aimed at ensuring patients are committed to a self management approach and provides sign posting to aid with waiting well.

Those not able to attend, due communication or language barriers, lack of suitable technology or triaged as not appropriate for groups, are not able to be seen individually within the 18 week period due to ongoing demand and capacity issues.

Highland Team is currently still covering Argyll and Bute, without financial or staffing input from A&B, holdover from remobilisation funding.

Plan and mitigation

Argyll and Bute service provision SBAR produced recommending increased staffing and financial contribution in order to continue accessing NHS Highland Service.

Increased MDT initial assessment provision as pilot has demonstrated reduced time to full assessment and increased flow out of the service

Expected Impact

Increased staffing, increased discharges, reduction in backlog of patients waiting to be assessed.



Together We Care
with you, for you



Exec Lead
Pamela Stott Chief
Officer, HHSCP

Overview of Other HHSCP Waiting Lists

Data provided to 4th December 2024

Insights to Current Performance: 9577 on waiting list, an increase from last report.

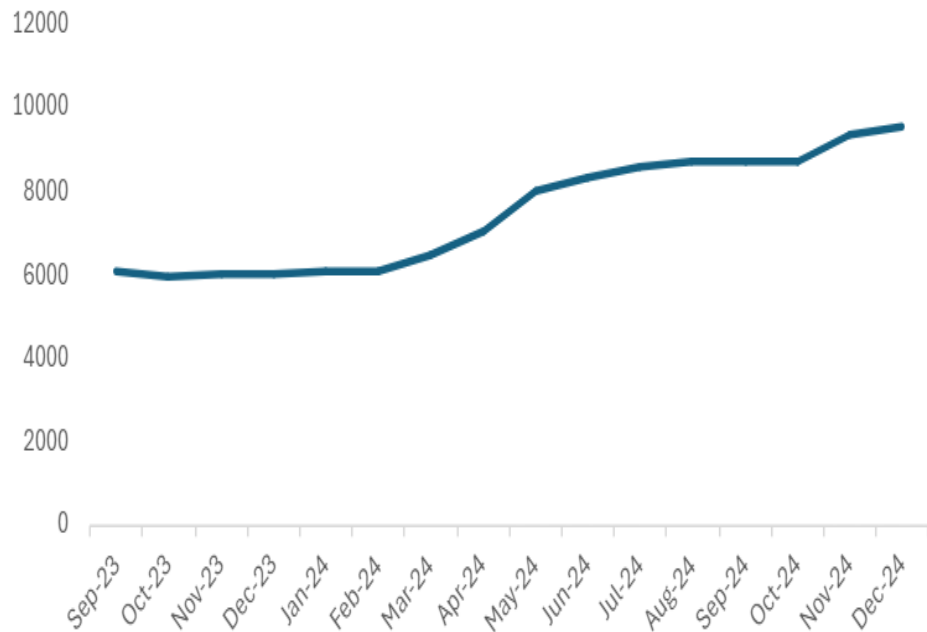
Please note: this data is incomplete and provides only an indication of waiting lists sources from TrakCare PMS. Other data for individual specialities will be available on Morse once individual teams have moved over to this system; this data is provided as indication for non-reportable waits only.

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

Performance Rating

Increasing

Total Non MMI Out Patient Ongoing Waits per Month



Count of CHI	LONGEST WAIT									Total
	0-4 wks	>4 wks	>12 wks	>26 wks	>52 wks	>78 wks	>104 wks	>130 wks	130-312 wks	
MAIN SPECIALTY										
Chiropody	424	416	255	53	1					1149
Community Dental	4	3	3	2		1				13
Dietetics	114	216	270	164	30	12	4	3	1	814
Dietetics Paediatrics				1						1
Obstetrics Antenatal	5		2							7
Occupational Therapy	27	11							2	40
Psychotherapy		1			1	1				3
General Psychiatry	189	245	225	322	345	172	42	5	3	1548
Learning Disability	9	15	51	1072	111	88	71	59	98	1574
Learning Disability Nursing	1	2	4	107						114
Psychiatry of Old Age	128	76	34	9	5	2		1		255
Physiotherapy	608	695	725	654	272	132	3	2	6	3097
GP Acute	70	76	96	92	1					335
Investigations and Treatment Room		5			2	2	2	1		12
Community Paediatrics	1									1
Psychological Services	146	161	174	77	32	11	4	4	1	610
Social Work							1		3	4
Total	1726	1922	1839	2553	800	421	127	75	114	9577