The Highland Council

Committee:	**Health, Social Care and Wellbeing**
Date:	**28 May 2025**
Report Title:	**Performance Monitoring Report**
Report By:	**Assistant Chief Executive - People**

1. Purpose/Executive Summary

1.1 This report provides performance information on:

- Corporate Indicators
- Contribution to the Performance Plan (previously known as the Corporate Plan)
- Service Plan progress
- Service updates outwith the Corporate Indicators or Service Plan.

The content and structure is intended to:

- Assist Member scrutiny and performance management
- Inform decision making to aid continuous improvement
- Provide transparency and accessibility.

1.2 For the purpose of this report, details have been provided from the PRMS dashboard showing the latest updates on the HSC Service Plan for 2023/24 where actions have continued into 2024/25. Information is also included in relation to those indicators which are relevant for Adult Care Services. The Committee will be aware of services delivered by NHS Highland that form part of separate assurance reporting.

2. Recommendations

2.1 Members are asked to:

   i. **Scrutinise** and **note** the Service's performance and risk information.

3. Implications

3.1 **Resource** - There are no specific recommendations at this time with particular implications to highlight.

3.2 **Legal** - No particular implications to highlight. This report contributes to the Council's statutory duties to report performance and secure best value in terms of: Section 1(1)(a) of the Local Government Act 1992, and Section 1 of the Local Government in Scotland Act 2003, respectively.

3.3   **Risk -** Risk implications will be kept under regular review and any risks identified reported to future Committees.

3.4   **Health and Safety (risks arising from changes to plant, equipment, process, or people) -** There are no immediate health and safety implications arising from this report.

3.5   **Gaelic –** No particular implications to highlight.

4.   Impacts

4.1   In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2   Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3   This is a monitoring report and therefore an impact assessment is not required.

5.   Service Performance – Corporate Indicators

5.1   Service performance in relation to Absence, Complaints, FOIs, and Invoice Payments are set out in the following sub-sections.

5.2   Service Attendance Management

Staff absence is a nationally benchmarked indicator. Effective absence management supports staff, maintains productivity, and contributes to the Council's benchmarked performance. In Q4 2024/25, the Service lost an average of 4.44 days per employee compared to an average of 3.95 for the Council as a whole.

Health and Social Care

Average number working days per employee lost through sickness absence

Average Days Lost	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
Health and Social Care	2.82	2.56	2.87	3.24	3.41	3.22	3.89	4.44
Highland Council	2.48	2.08	3.35	3.48	3.24	2.54	3.42	3.95

5.3   Service Complaints Response Times

Monitoring complaints provides important feedback which can facilitate decision making and service design. Services are responsible for responding to complaints which are issued on their behalf by the Customer and Resolution Improvement Team ('CRIT').

Performance for complaints during Q4 against a corporate target of 80% was as follows:

Number of closed complaints and the % compliant with the legislative timescale

Frontline Resolution within 5 days

	Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25	
Health and Social Care	2	100 %	3	100 %	3	67 %	7	71 %	2	50 %	1	100 %	3	100 %	4	75 %
Highland Council	159	92 %	132	78 %	150	80 %	189	76 %	219	84 %	196	78 %	155	88 %	183	87 %

Investigation Resolution within 20 days

	Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25	
Health and Social Care	6	67 %	9	44 %	12	17 %	6	0 %	4	25 %	5	20 %	10	40 %	4	50 %
Highland Council	97	63 %	85	49 %	67	48 %	98	46 %	86	47 %	101	57 %	90	42 %	71	51 %

Escalated Resolution within 20 days

	Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25	
Health and Social Care	3	0 %	3	33 %	1	100 %	0		1	100 %	1	0 %	1	0 %	0	
Highland Council	32	50 %	32	41 %	28	57 %	34	35 %	47	32 %	28	50 %	26	46 %	34	44 %

It should be noted that many Social Work complaints are by their very nature complex, and the time needed to thoroughly investigate and respond to these complaints in an appropriate manner is often significantly longer than 20 days. In many instances, an extension of time is agreed in advance with the complainant who is entitled to receive a fully investigated report rather than one which is compiled to meet the 20-day timescale. In cases where this happens, the agreed extension to time **is not** taken into account in the figures shown above. It should also be noted that the total number of formal complaints is very small and so any failure to meet the deadlines has a disproportionate impact on the percentage figure.

5.4   Service Freedom of Information ('FOI') Response Times

FOI requests are co-ordinated by CRIT in collaboration with the Service teams which may hold information relevant to the request.

The performance for FOI response times during Q4 against a corporate target of 90% was as follows:

% of FOIs closed compliant with the legislative timescale

	Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25	
% FOIs Compliant - Health and Social Care	25	92 %	25	80 %	24	92 %	35	74 %	40	90 %	42	81 %	44	68 %	52	73 %

	Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25	
% FOIs Compliant - Highland Council	399	84 %	333	88 %	338	89 %	548	77 %	511	81 %	479	76 %	568	73 %	616	71 %

Tables display the number of FOIs closed within the quarter and % of those that were compliant with the legislative timescale (20 working days) for the service and the Highland Council overall.
The Scottish Information Commissioner requires the Council to achieve a minimum compliance rate of 90%.

5.5   Service Invoice Payment Times

Payment of invoices within 30 days of receipt is a Council Statutory Performance Indicator. The Council also monitors the number of invoices paid within 10 days of receipt.

The performance for invoice payment times within 30 and 10 days during Q4 against a target of 95% and 77%, respectively, was as follows:

Health and Social Care - Invoice Payments

Invoice Payment within 30 days	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
Health and Social Care	98.6 %	97.9 %	98.5 %	97.5 %	96.4 %	95.8 %	97.5 %	97.2 %
Highland Council	95.1 %	96.7 %	95.6 %	93.6 %	87.7 %	91.4 %	92.9 %	92.9 %

Invoice Payment less than 10 days	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
Health and Social Care	93.5 %	90.0 %	93.0 %	89.0 %	86.2 %	90.8 %	91.9 %	85.3 %
Highland Council	72.8 %	80.9 %	75.3 %	69.7 %	57.0 %	68.5 %	63.8 %	63.3 %

6.   Service Contribution to the Performance Plan (Corporate Plan)

6.1   The full Performance Plan, "Our Future Highland", can be viewed on the Highland Council website. It sets out how the Council will achieve the Council programme for 2022-27 and is reviewed annually. The Service's contribution to the Performance Plan is set out below.

Health and Social Care - PIs that contribute to Performance Plan

PIs/Actions in the Performance Plan	Period	Data	Period	Data	Period	Data
% of Children and Young People in formal kinship care || CP1.08	FY 22/23	18.4 %	FY 23/24	19.2 %	FY 24/25	19.2 %
% of Children and Young People in care in the community || CP1.08 || CHN09	AY 21/22	83.83 %	AY 22/23	87.50 %	AY 23/24	86.80 %
Establish a pilot funded by Whole Family Wellbeing Fund in Lochaber || CP1.08	Q2 24/25		Q3 24/25		Q4 24/25	
No. of H&SC staff trained in Solihull Approach - begins 2023/24 || CP1.08	FY 22/23		FY 23/24	25	FY 24/25	101
The average number of children and young people accommodated outwith Highland - Annual || CP1.08	FY 22/23	20	FY 23/24	13	FY 24/25	17
The number of foster carer approvals - annual || CP1.08	FY 22/23	8	FY 23/24	10	FY 24/25	2
Establish 4-yr pilot project re Non-Fatal Overdoses in Inverness || CP1.09	Q2 24/25		Q3 24/25		Q4 24/25	
Direct payments spend on 18+ adults || CP2.05 || SW02	FY 22/23	7.25 %	FY 23/24	9.07 %	FY 24/25	
% of people aged 65+ with long-term care needs receiving personal care at home || CP2.05 || SW03a	FY 22/23	52.47 %	FY 23/24	55.40 %	FY 24/25	
HC and NHS develop strategic proposal to reduce no. residents in Residential Care Homes || CP3.05 COMPLETED	Q2 24/25		Q3 24/25		Q4 24/25	
ERDs being completed - HSC || CP5.01	Q2 24/25	On Target	Q3 24/25	On Target	Q4 24/25	On Target

Red RAG Comment – Number of Foster Carer approvals in FY 24/25 was below target due to very low numbers proceding to assessment.

Comment on Kinship Care - The lack of increase in overall figures underlies the service's plans to develop a specific Kinship Team to find family members, assess potential carers and offer support thereafter. Proposals have been submitted in respect of this. Whilst the number of children looked after in kinship has not risen in line with the target, there has been an increase of children living in kinship arrangements under a residence order. In June 2024 there were 135 children across 100 households that had

residence orders, an increase of 12 from the previous year. These children are cared for by friends & family, but they are not officially classed as looked after children by the Scottish Government in data returns.

Where data for 2024/25 has not been provided this is because it will not be available until later in the year once the information has been processed and verified by the Improvement Service.

7.   Service Plan Progress

71   In terms of the Service Plan for the Health and Social Care Service there are several actions and indicators which are considered regularly by officers to monitor service performance. Members will note that these indicators relate to the delivery of Children's Services (both Social Work services and the commissioned Child Health Service) as well as the Justice Service and the Mental Health Officer Service which sit within the Highland Council. Further indicators in relation to the service's workforce development and quality assurance are also included. This detail which is recorded on the Council's Performance and Risk Management System (PRMS) is included as **Appendix 1** to this Report.

7.2   Adult Care Services are delivered by NHS Highland and there are 3 specific SPIs which are formally reported upon. Details in relation to those are included at **Appendix 1.**

7.3   As the main focus of work this year has been establishing the programmes and projects within the Council's new Delivery Plan and the development of meaningful measures of success and milestones, there is no updated Service Plan for 2024/25. This report therefore contains progress on actions within the 2023/24 Service Plan which are on-going.

8.   Service Risks Mitigation

8.1   The Service maintains a Service Risk Register. Following a review of existing Service Risks to bring these into line with the Council's new Risk Management Strategy and procedure, these will be uploaded onto PRMS for monitoring and scrutiny once work on the Delivery Plan is completed. The list of Service Risks is outlined in **Appendix 2**.

Designation: Assistant Chief Executive - People

Date: 14 April 2025

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Background Papers: N/A

Appendices: Appendix 1 – Service Plan and Adult Social Care SPIs
                             Appendix 2 – Service Risks Register

Appendix 1

Health & Social Care Service Plan 2023/24 – Actions and Measures

Health and Wellbeing Q4 24/25						
Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
% referrals to Family Nurse Partnership programme	M11 24/25	81.2 %	M12 24/25	81.5 %	85.0 %	
Develop and deliver early health protection, prevention and promotion initiatives for Early Years [Health]	Q3 24/25		Q4 24/25			Completed Q1 24/25
Transform the role of school nurses with 80% of our workforce qualified to Advance Practitioner level	Q3 24/25		Q4 24/25			Completed Q1 24/25
Increase Health Behaviour Change Activity in line with Public Health Data	Q3 24/25		Q4 24/25			Completed Q4 23/24

Highland Health and Social Care Partnership Q4 24/25						
Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
Direct payments spend on 18+ adults || CP2.05 || SW02	FY 23/24	9.07 %	FY 24/25			annual update December
% of people aged 65+ with long-term care needs receiving personal care at home || CP2.05 || SW03a	FY 23/24	55.40 %	FY 24/25			annual update December
HC and NHS develop strategic proposal to reduce no. residents in Residential Care Homes || CP3.05 COMPLETED	Q3 24/25		Q4 24/25			Completed Plan approved Q3 23/24
Highland HSCP: supporting delivery of future Adult Social Care	Q3 24/25		Q4 24/25			Completed Plan Approved Q3 23/24

Integrated Children's Services Plan [ICSP] Q4 24/25						
Actions being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
Develop a performance matrix to evaluate the Whole Family Wellbeing Programme	Q3 24/25	Some Slippage	Q4 24/25	Some Slippage		Due to complete Q4 23/24
Develop early intervention and preventative services with 3rd sector	Q3 24/25		Q4 24/25			Completed Q2 24/25
Establish the Children's Rights and Participation Team	Q3 24/25		Q4 24/25			Completed Q2 24/25
Improvement measured against the ICS Planning Board's Performance Management Framework	Q3 24/25	On Target	Q4 24/25	On Target		Reported Annually
Introduce Family Group Conferencing - due to start Q3 22/23	Q3 24/25		Q4 24/25			Completed Q2 24/25
Provide leadership and support to the Whole Family Wellbeing Programme	Q3 24/25		Q4 24/25			Completed Q2 24/25
Shift the balance of care to promote family-based care	Q3 24/25	Completed	Q4 24/25			Transferred to Delivery Plan
Report on changing the language of care across Highland Council	Q3 24/25		Q4 24/25			Completed Q1 24/25
Establish a pilot funded by Whole Family Wellbeing Fund in Lochaber || CP1.08	Q3 24/25		Q4 24/25			Completed Q4 23/24
Guidelines for changing the language of care	Q3 24/25		Q4 24/25			Completed Q4 23/24
Listen to the Voices of Families through the evaluation of annual family feedback	Q3 24/25		Q4 24/25			Completed Q4 23/24
Listen to the Voice of Families involved with Tier 3 Acute Medical Dietetic Services	Q3 24/25		Q4 24/25			Completed Q4 23/24

Integrated Children's Services Plan [ICSP] Q4 24/25

PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
% of Children and Young People in care in the community || CP1.08 || CHN09	AY 22/23	87.50 %	AY 23/24	86.80 %		annual update January
No. of accommodated children and young people	M11 24/25	334	M12 24/25	325	301	
No. children needing to live away from the family home but supported in kinship care increases - Monthly	M11 24/25	19.0 %	M12 24/25	19.2 %	23.0 %	
Home in Highland: No. of accommodated children and young people - residential	M11 24/25	53	M12 24/25	57	58	
Home in Highland: No. Children in secure accommodation	M11 24/25	4	M12 24/25	5	3	
No. 'Promise Conversation Cafes' held each year - due to start reporting FY23/24	FY 23/24	5	FY 24/25	6	6	
% Spend on Out of Authority accommodation	FY 23/24	28 %	FY 24/25		28 %	changed from quarterly to annual reporting Oct24
The number of children and young people accommodated outwith Highland will decrease - Monthly	M11 24/25	17	M12 24/25	18	17	
The number of foster carer approvals - quarterly	Q3 24/25	1	Q4 24/25	1	3	

Protection Q4 24/25

Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
% Adult Support Protection Referrals/Inquiries completed within 7 days	FY 23/24		FY 24/25			
Analysis of core themes from Highland Child Protection Dataset	Q3 24/25	On Target	Q4 24/25	Completed		Completed Q4 24/25
% of child protection re-registrations within 18 months || CHN22	FY 23/24	5.69 %	FY 24/25			annual update January
Increase training opportunities offered - due to start Q4 22/23	Q3 24/25	Completed	Q4 24/25			Transferred to Delivery Plan
No. assessments for Bail Supervision	Q3 24/25	133	Q4 24/25	104	1	
Uptake of specialist CP advice and guidance to health staff Qtr	Q3 24/25	390	Q4 24/25	405		
Establish 4-yr pilot project re Non-Fatal Overdoses in Inverness || CP1.09	Q3 24/25		Q4 24/25			Completed Q1 24/25
Implement the Scottish Child Interview Model in Highland	Q3 24/25		Q4 24/25			Completed Q4 23/24

Quality Assurance Q4 24/25

Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
Build business intelligence approach in HSC	Q3 24/25		Q4 24/25			Completed Q2 24/25
Monitor the progress of the registered Service Improvement Plans and ensure the timelines are met	Q3 24/25	On Target	Q4 24/25	On Target		Ongoing
Utilise the PMF and business intelligence to support improvement - due to start Q3 22/23	Q3 24/25	On Target	Q4 24/25	On Target		Ongoing

Replace Social Work Case Management System Q4 24/25

Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
Define the Target Operating Model [TOM] for SW case management system	Q3 24/25	Completed	Q4 24/25			Transferred to Delivery Plan
Establish the programme to deliver the TOM for SW case management system	Q3 24/25	Completed	Q4 24/25			Transferred to Delivery Plan
Replace the current Case Management System for Social Work	Q3 24/25	Completed	Q4 24/25			Transferred to Delivery Plan

Workforce Development Q4 24/25

Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
No. of H&SC staff trained in Solihull Approach - begins 2023/24 || CP1.08	FY 23/24	25	FY 24/25	101	90	
ERDs being completed - HSC || CP5.01	Q3 24/25	On Target	Q4 24/25	On Target		Due to complete Q4 24/25
Ensure all new Criminal Justice staff are vetted to Level 2	Q3 24/25	No Significant Progress	Q4 24/25	No Significant Progress		Due to complete Q4 23/24
Incentivise staff to become mentors and practice assessors	Q3 24/25		Q4 24/25			Complete Q2 24/25
Mental Health Officer Posts Total FTE	Q3 24/25	22.00	Q4 24/25	22.00	22.00	
The AWI Waiting List - month	M11 24/25	5	M12 24/25	6	0	
Develop the Grow Your Own Scheme to increase trainee opportunities	Q3 24/25		Q4 24/25			Completed Q1 24/25
Embed and grow the Social Work relief pool to cover all areas of Highland	Q3 24/25		Q4 24/25			Completed Q4 23/24
Create an implementation group for "Safe and Together"	Q3 24/25		Q4 24/25			Completed Q2 23/24

Appendix 2

Health and Social Care Service Risk Register

Ref.	Risk Title	Inherent Risk Score	Residual Risk Score	Response Type
HSCO1	NHS Integration Scheme	12	9	Treat
HSC02	HSC Staffing Levels	16	9	Treat
HSC03	Young People's Transitions	9	6	Treat
HSC04	Covid 19 Inquiry	9	9	Tolerate
HSC06	Replacement Case Management System	12	9	Treat
HSC07	LSCMI Assessments	6	6	Treat
HSC08	ViSOR	6	3	Treat
HSC09	Delivering Services to Nationally agreed standards	12	6	Treat
HSC11	Lack of availability of S22 Doctors leaving vulnerable adults at risk.	9	9	Treat
HSC12	Lack of connectivity to NHSH Systems	12	6	Treat
HSC13	Failure to deliver the National Neurodiversity Specification	12	9	Treat

The following Risks have been reviewed and a decision taken to archive them...

HSC05 Historic Child Abuse Inquiry

HSC10 Lack of Out of Hours Care at Home Delivery

HSC14 Failure to deliver Justice Services to nationally agreed standards

Response Types

Treat – mitigating actions have been developed and are being delivered and regularly monitored.

Tolerate – the risk will be monitored but no specific mitigating actions have been developed.