

The Highland Council

Agenda Item	9
Report No	HCW-24-25

Committee: Health, Social Care and Wellbeing

Date: 12 November 2025

Report Title: Quarterly Performance Monitoring Report – Q2 2025/2026

Report By: Assistant Chief Executive - People

1. Purpose/Executive Summary

- 1.1 This report provides Members with the Q2 2025/2026 Service Performance monitoring position relevant to the Health and Social Care part of the People Service Cluster.
- 1.2 This report provides performance information on:
 - Corporate Indicators
 - Contribution to the Performance Plan
 - Service Plan progress
 - Service Risks
- 1.3 For the purpose of this report, details have been provided from the PRMS dashboard showing the latest updates on the HSC Service Plan for 2023/2024 where actions have continued into 2025/2026. 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.
- 1.4 The content and structure of the report is intended to:
 - assist Member scrutiny and performance management.
 - inform decision making and aid continuous improvement, and
 - provide transparency and accessibility.

2. Recommendations

- 2.1 Members are asked to:
 - i. scrutinise and **note** the Service's performance information; and
 - ii. **note** the last quarterly report combined both Performance and Delivery Plan reporting, these will now be reported separately.

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 and update 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

Absence data for Q2 2025/2026 was not yet available within the timeline for drafting this report. Q2 2025/2026 Absence data will be provided in the next Service Performance report at Q3 2025/2026.

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 Information Team ('CIT').

Performance for complaints during Q2 against a corporate target of 80% was as follows:

Service Complaints - Health and Social Care

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

Frontline Resolution within 5 days

	Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25		Q1 25/26		Q2 25/26	
Health and Social Care	3	67 %	7	71 %	2	50 %	1	100 %	3	100 %	4	75 %	4	75 %	7	86 %
Highland Council	150	80 %	189	76 %	219	84 %	196	78 %	155	88 %	183	87 %	177	92 %	223	90 %

Investigation Resolution within 20 days

	Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25		Q1 25/26		Q2 25/26	
Health and Social Care	12	17 %	6	0 %	4	25 %	5	20 %	10	40 %	4	50 %	8	25 %	10	30 %
Highland Council	67	48 %	98	46 %	86	47 %	101	57 %	90	42 %	71	51 %	68	47 %	86	40 %

Escalated Resolution within 20 days

	Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25		Q1 25/26		Q2 25/26	
Health and Social Care	1	100 %	0		1	100 %	1	0 %	1	0 %	0		1	100 %	2	50 %
Highland Council	28	57 %	34	35 %	47	32 %	28	50 %	26	46 %	34	44 %	30	33 %	15	47 %

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 CIT in collaboration with the Service teams which may hold information relevant to the request.

The performance for FOI response times during Q2 against a corporate target of 90% was as follows:

Service Freedom of Information Requests - Health and Social Care

% of FOIs closed compliant with the legislative timescale

% FOIs Compliant - Health and Social Care	Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25		Q1 25/26		Q2 25/26	
	24	92 %	35	74 %	40	90 %	42	81 %	44	68 %	52	73 %	56	88 %	45	89 %

% FOIs Compliant - Highland Council	Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25		Q1 25/26		Q2 25/26	
	338	89 %	548	77 %	511	81 %	479	76 %	568	73 %	616	71 %	577	81 %	598	77 %

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 Q2 against a target of 95% and 77%, respectively, was as follows:

Service Invoice Payment Times - Health and Social Care

Invoice Payment within 30 days	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26
Health and Social Care	98.5 %	97.5 %	96.4 %	95.8 %	97.5 %	97.2 %	97.0 %	97.4 %
Highland Council	95.6 %	93.6 %	87.7 %	91.4 %	92.9 %	92.9 %	93.0 %	94.8 %

Invoice Payment less than 10 days	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26
Health and Social Care	93.0 %	89.0 %	86.2 %	90.8 %	91.9 %	85.3 %	87.6 %	89.9 %
Highland Council	75.3 %	69.7 %	57.0 %	68.5 %	63.8 %	63.3 %	64.7 %	72.4 %

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 2022-2027 and is reviewed annually. The Service’s contribution to the Performance Plan is set out below.

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 22/23	87.50 %	AY 23/24	86.80 %	AY 24/25	
Establish a pilot funded by Whole Family Wellbeing Fund in Lochaber CP1.08	Q4 24/25		Q1 25/26		Q2 25/26	
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	Q4 24/25	Completed	Q1 25/26		Q2 25/26	
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	64.30 %	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	Q4 24/25	Completed	Q1 25/26		Q2 25/26	
ERDs being completed - HSC CP5.01	Q4 24/25	On Target	Q1 25/26	Completed	Q2 25/26	

Where data for 2024/2025 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

- 7.1 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.

8. Service Risks

- 8.1 The Service maintains a Service Risk Register in line with the Council's Risk Management Strategy and procedure. The list of Service Risks is outlined in **Appendix 2**.

Designation: Assistant Chief Executive - People

Date: 16 October 2025

Author: Brian Scobie, Portfolio Manager

Background Papers: N/A

Appendices: Appendix 1 - Service Plan Progress
Appendix 2 – Service Risks

Appendix 1

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

Health and Wellbeing Q2 25/26						
Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
% referrals to Family Nurse Partnership programme	M5 25/26	83.5 %	M6 25/26	83.4 %	85.0 %	
Develop and deliver early health protection, prevention and promotion initiatives for Early Years [Health]	Q1 25/26		Q2 25/26			Completed Q1 24/25
Transform the role of school nurses with 80% of our workforce qualified to Advance Practitioner level	Q1 25/26		Q2 25/26			Completed Q1 24/25
Increase Health Behaviour Change Activity in line with Public Health Data	Q1 25/26		Q2 25/26			Completed Q4 23/24

Highland Health and Social Care Partnership Q2 25/26						
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	Q1 25/26		Q2 25/26			Completed Q4 24/25
Highland HSCP: supporting delivery of future Adult Social Care	Q1 25/26		Q2 25/26			Completed Plan Approved Q3 23/24

Integrated Children's Services Plan [ICSP] Q2 25/26						
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	Q1 25/26	Completed	Q2 25/26			Completed Q1 25/26
Develop early intervention and preventative services with 3rd sector	Q1 25/26		Q2 25/26			Completed Q2 24/25
Establish the Children's Rights and Participation Team	Q1 25/26		Q2 25/26			Completed Q2 24/25
Improvement measured against the ICS Planning Board's Performance Management Framework	Q1 25/26	Completed	Q2 25/26			Completed Q1 25/26
Introduce Family Group Conferencing - due to start Q3 22/23	Q1 25/26		Q2 25/26			Completed Q2 24/25
Provide leadership and support to the Whole Family Wellbeing Programme	Q1 25/26		Q2 25/26			Completed Q2 24/25
Shift the balance of care to promote family-based care	Q1 25/26		Q2 25/26			Transferred to Delivery Plan
Report on changing the language of care across Highland Council	Q1 25/26		Q2 25/26			Completed Q1 24/25
Establish a pilot funded by Whole Family Wellbeing Fund in Lochaber CP1.08	Q1 25/26		Q2 25/26			Completed Q4 23/24
Guidelines for changing the language of care	Q1 25/26		Q2 25/26			Completed Q4 23/24
Listen to the Voices of Families through the evaluation of annual family feedback	Q1 25/26		Q2 25/26			Completed Q4 23/24
Listen to the Voice of Families involved with Tier 3 Acute Medical Dietetic Services	Q1 25/26		Q2 25/26			Completed Q4 23/24

Integrated Children's Services Plan [ICSP] Q2 25/26						
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 23/24	86.80 %	AY 24/25			annual update December
No. of accommodated children and young people	M5 25/26	328	M6 25/26	342	288	
No. children needing to live away from the family home but supported in kinship care increases - Monthly	M5 25/26	20.8 %	M6 25/26	28.4 %	24.0 %	
Home in Highland: No. of accommodated children and young people - residential	M5 25/26	47	M6 25/26	53	55	
Home in Highland: No. Children in secure accommodation	M5 25/26	3	M6 25/26	3	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	62 %	28 %	changed from quarterly to annual reporting Oct24
The number of children and young people accommodated outwith Highland will decrease - Monthly	M5 25/26	17	M6 25/26	18	16	
The number of foster carer approvals - quarterly	Q1 25/26	2	Q2 25/26	0	3	

Protection Q2 25/26						
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	Q1 25/26		Q2 25/26			Completed Q4 24/25
% of child protection re-registrations within 18 months CHN22	FY 23/24	3.80 %	FY 24/25			Annual update June
Increase training opportunities offered - due to start Q4 22/23	Q1 25/26		Q2 25/26			Transferred to Delivery Plan
No. assessments for Bail Supervision	Q1 25/26	83	Q2 25/26	86	1	
Uptake of specialist CP advice and guidance to health staff Qtr	Q1 25/26	416	Q2 25/26	402		
Establish 4-yr pilot project re Non-Fatal Overdoses in Inverness CP1.09	Q1 25/26		Q2 25/26			Completed Q4 24/25
Implement the Scottish Child Interview Model in Highland	Q1 25/26		Q2 25/26			Completed Q4 23/24

Quality Assurance Q2 25/26						
Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/Update Date
Build business intelligence approach in HSC	Q1 25/26		Q2 25/26			Completed Q2 24/25
Monitor the progress of the registered Service Improvement Plans and ensure the timelines are met	Q1 25/26	Completed	Q2 25/26			Completed Q1 25/26
Utilise the PMF and business intelligence to support improvement - due to start Q3 22/23	Q1 25/26	Completed	Q2 25/26			Completed Q1 25/26

Replace Social Work Case Management System Q2 25/26						
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	Q1 25/26		Q2 25/26			Transferred to Delivery Plan
Establish the programme to deliver the TOM for SW case management system	Q1 25/26		Q2 25/26			Transferred to Delivery Plan
Replace the current Case Management System for Social Work	Q1 25/26		Q2 25/26			Transferred to Delivery Plan

Workforce Development Q2 25/26						
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	Q1 25/26	Completed	Q2 25/26			Completed Q1 25/26
Ensure all new Criminal Justice staff are vetted to Level 2	Q1 25/26	Completed	Q2 25/26			Not progressing in near future
Incentivise staff to become mentors and practice assessors	Q1 25/26		Q2 25/26			Complete Q2 24/25
Mental Health Officer Posts Total FTE	Q1 25/26	22.00	Q2 25/26	20.00	19.86	
The AWI Waiting List - month	M5 25/26		M6 25/26		0	
Develop the Grow Your Own Scheme to increase trainee opportunities	Q1 25/26		Q2 25/26			Completed Q1 24/25
Embed and grow the Social Work relief pool to cover all areas of Highland	Q1 25/26		Q2 25/26			Completed Q4 23/24
Create an implementation group for "Safe and Together"	Q1 25/26		Q2 25/26			Completed Q2 23/24

Appendix 2

Health and Social Care Service Risk Register

Ref.	Risk Title	Inherent Risk Score	Residual Risk Score	Response Type
HSC01	NHS Integration Scheme	12	12	Treat
HSC02	HSC Staffing Levels	16	16	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	Closed
HSC08	ViSOR	6	3	Closed
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	Closed

Response Types

Treat – mitigating actions being taken and regularly monitored.

Tolerate – the risk will be monitored.

Update following review:

HSC01 NHS Integration Scheme – Residual risk score increased from 9 to 12 based upon review of financial risk.

HSC07 LSCMI Assessments – Closed after review as risk mitigated.

HSC08 ViSOR – Closed after review as risk mitigated.

HSC13 Failure to deliver the National Neurodiversity Specification – Closed after review. In 2025 an NHSH lead programme board was setup to progress relevant changes across the partnership. This risk now sits under NHSH.