NHS Highland

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26th September 2023**
Title:	**Integrated Performance and Quality Report**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Lorraine Cowie, Head of Strategy & Transformation**

1   Purpose

This is presented to the Board for:

- Assurance

This report relates to:

Quality and Performance across NHS Highland

This report will align to the following NHSScotland 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		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		All Well Themes	X		

2   Report summary

The NHS Highland Board Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on the performance and quality based on the latest information available.

- The performance information is presented to the Finance, Resources and Performance Committee for consideration before being presented in the Board IPQR.
- The Clinical Governance information is presented to the Clinical Governance Committee for consideration before being presented in the Board IPQR.
- The workforce information is presented to the Staff Governance Committee for consideration before being presented to the Board.

2.1   Situation

In order to allow full scrutiny of the intelligence presented in the IPQR the Board is asked to review the intelligence presented so that a recommendation on level of assurance can be given. The outcomes and priority areas have been incorporated for this Board are aligned with Together We Care and the Annual Delivery Plan. The Local Delivery Plan standards have also been included with the exception of those detailed.

2.2   Background

The IPQR is an agreed set of performance indicators across the health and social care system. The background to the IPQR has been previously discussed in this forum.

2.3   Assessment

A review of these indicators will continue to take place as business as usual and through the agreed Performance Framework.

2.4   Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

3   Impact Analysis

3.1   Quality/ Patient Care

IPQR provides a summary of quality and patient care across the system.

3.2   Workforce

The Board IPQR, of which this is a subset, gives a summary of our related performance indicators relating to staff governance across our system.

3.3 Financial

Financial analysis is not included in this report.

3.4 Risk Assessment/Management

The information contained in this report is managed operationally and overseen through the appropriate Programme Boards and Governance Committees. It allows consideration of the intelligence presented as a whole system.

3.5 Data Protection

The report does not contain personally identifiable data.

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

Through the relevant Governance Committees.

4 Recommendation

The Board is asked:

- To accept moderate assurance and to note the continued and sustained pressures facing both NHS and commissioned care services.
- Consider the level of performance across the system.

4.1 List of appendices

The following appendices are included with this report:

- IPQR Report – September 2023

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NHS Highland

Board Integrated Performance and Quality Report

September 2023

The purpose of the IPQR is to give an overview of the whole system performance and quality to the NHS Highland Board. The data within has previously been considered at the Staff Governance Committee, the Finance, Resources and Performance Committee or the Clinical and Care Governance Committee.

Not all of the data is collected at the same time due to publishing timetables. All of the Local Delivery Plan standards have been included with the exception of GP access as we are awaiting publishing of this. IVF waiting times will be reported 6 monthly in line with reporting timescales.

Further indicators continue to be worked on in line with Together We Care and the Annual Delivery Plan.

Integrated Performance & Quality Report

Objective 1   **Our Population**
Outcome 3   **Stay Well (Vaccinations)**
Priority 3A   *"Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population"*

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**Dr Tim Allison,
Director of Public
Health**

The spring/summer COVID vaccination programme has been delivered by Board staff except for some islands where there has been practice delivery. This programme is designed to reach those more at risk of illness.
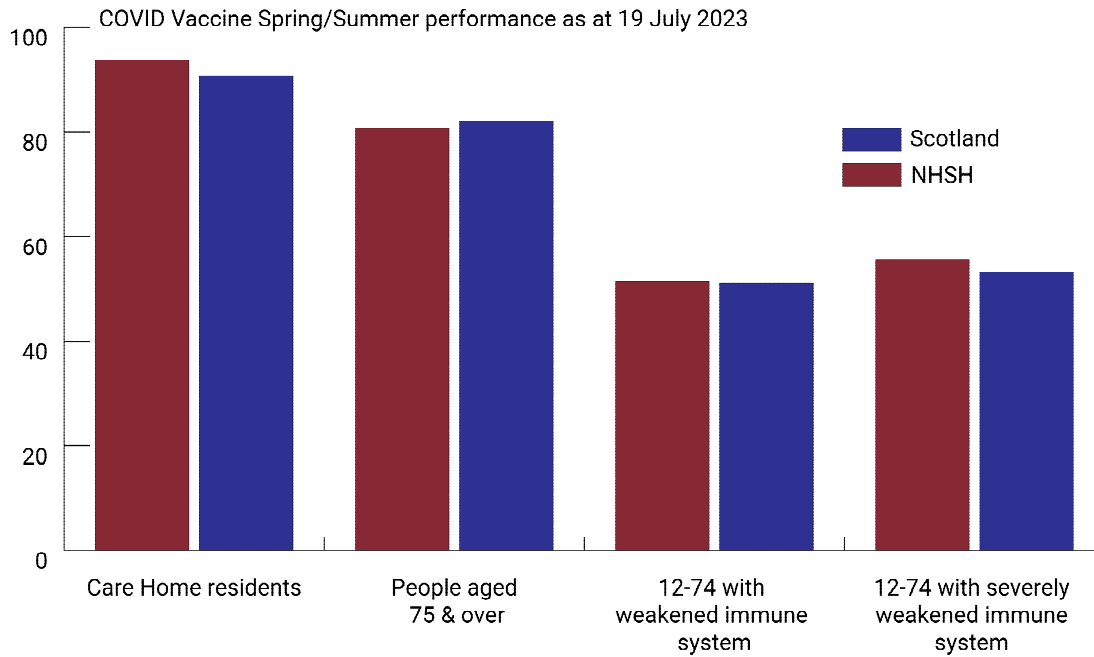
As part of the Vaccination Transformation Programme, other vaccinations such as those for young children and school-aged children have been transferred from general practice delivery to Board delivery.

Performance Overview
COVID vaccination rates for the spring/summer programme are broadly similar to the Scottish average, although they tend to be slightly lower than for similar boards. Performance information for other vaccines such as routine childhood vaccines given following the transfer of the service from general practice is not yet available.

COVID Vaccine Spring/Summer performance as at 19 July 2023

Legend: Scotland (blue), NHSH (dark red)

Categories: Care Home residents, People aged 75 & over, 12-74 with weakened immune system, 12-74 with severely weakened immune system

Comparative Covid vaccine uptake for people aged 75 and over:

NHS Board	Covid
Ayrshire & Arran	83.3%
Dumfries & Galloway	86.3%
Fife	83.3%
Grampian	84.2%
Highland	80.8%
Tayside	83.6%

Integrated Performance & Quality Report

Objective 1   **Our Population**
Outcome 3   **Stay Well (Alcohol Brief Interventions)**
Priority 3B   **"Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk"**

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**Dr Tim Allison,
Director of Public
Health**

Alcohol is an important factor in the health of the population and Alcohol Brief Interventions (ABIs) are a significant way to address this.
The target for ABI's is to deliver 3688 ABI's in priority settings (Primary Care, A&E and Antenatal) and expand delivery in wider settings (quarterly).
There is currently no specific targeted focus on inequalities.
The Locally Enhanced Service for Alcohol Screening and Brief Interventions Service Level Agreement is currently being revised and updated.

NHS Highland - Alcohol Brief Interventions 2023/24 Q1
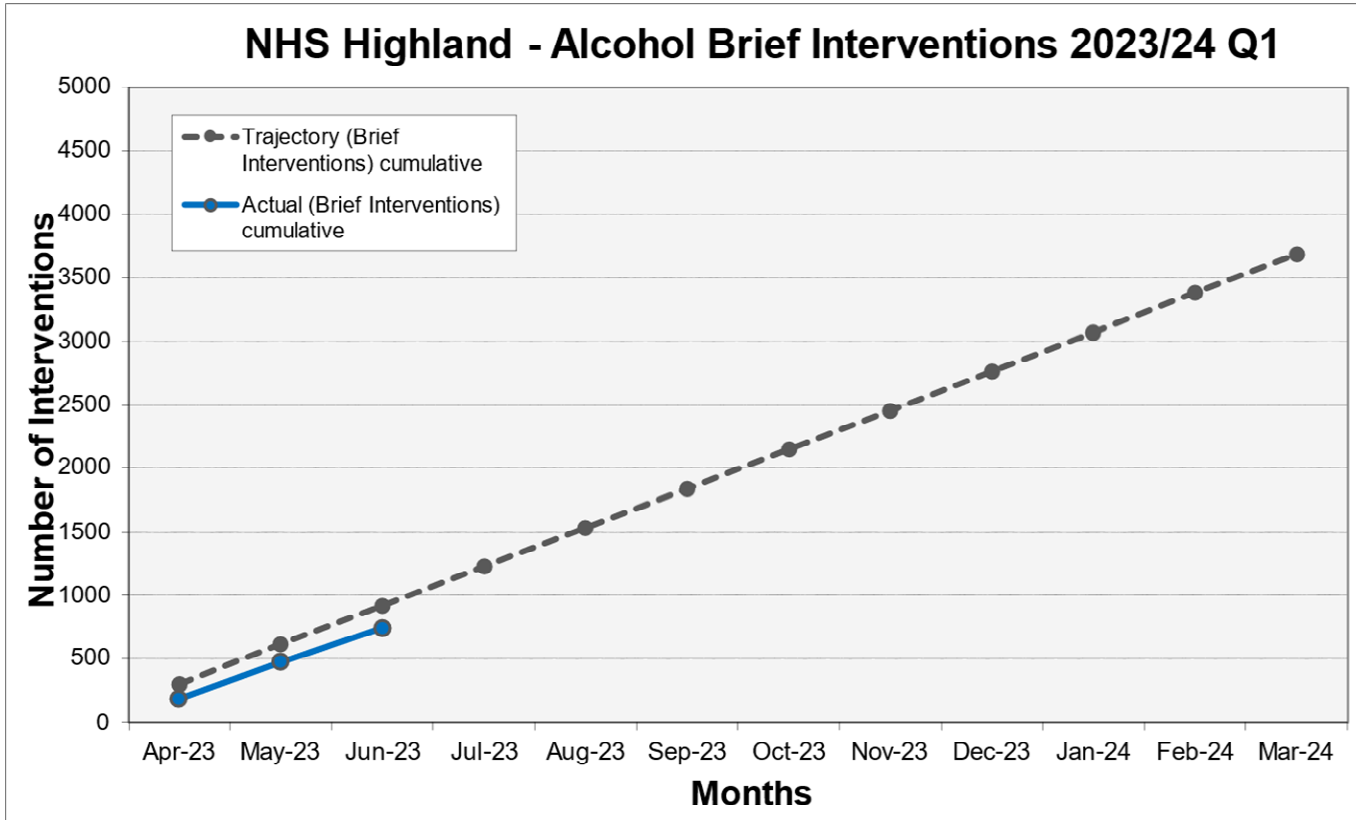
Performance Overview

- **Progress made to improve position.** ABI training calendar available on Turas for 2023/2024 with courses being well attended. Communications Plan to promote courses being applied. Ongoing communications re updating Locally Enhanced Service.
- **Immediate Next Steps.** Small test of change to improve Wider Settings reporting underway. Form is out to test with teams (x2). Then share this and training details with previous ABI participants.
- **Timescales.** Review end August.

Together We Care
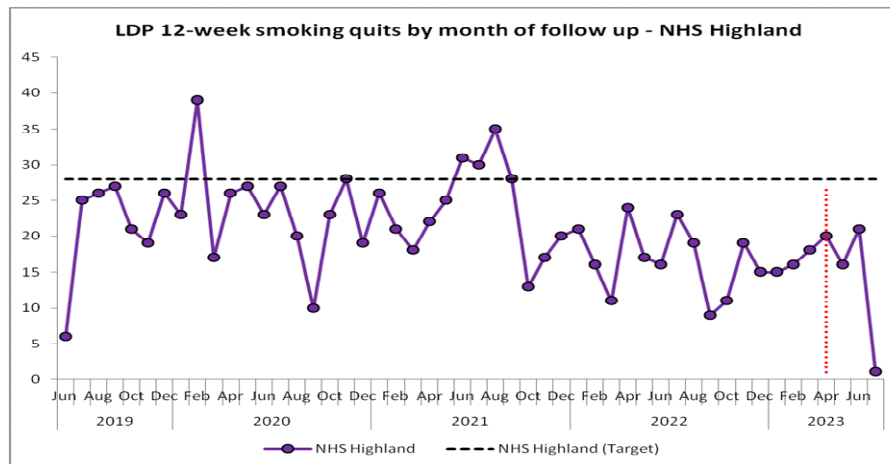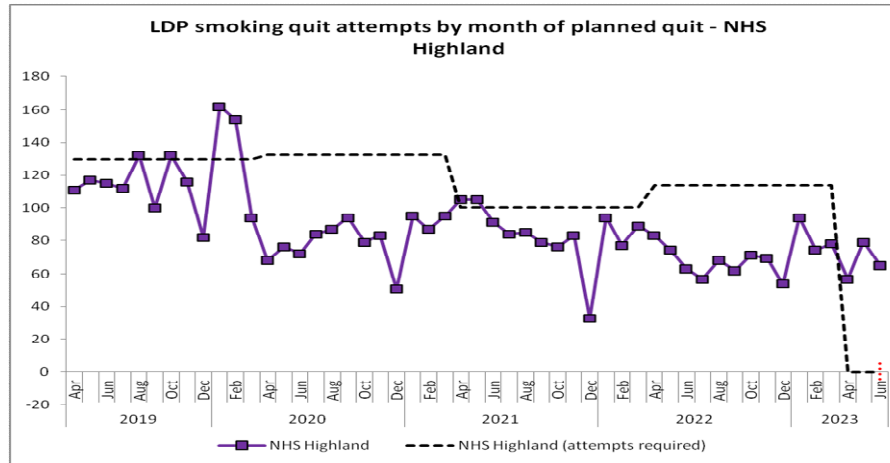with you, for you

Objective 1 — **Our Population**
Outcome 3 — **Stay Well (Smoking Cessation)**
Priority 3B "Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk"

Dr Tim Allison,
Director of Public Health

Smoking cessation is one of the most effective ways to prevent disease and improve the health of the population.
The target for smoking cessation is based on quits in deprived areas where the burden of smoking is the greatest. Future targets are currently being negotiated with Scottish Government with representation from NHS Highland. This may include increasing reach and success, particularly with priority groups.

LDP smoking quit attempts by month of planned quit - NHS Highland

LDP 12-week smoking quits by month of follow up - NHS Highland

Performance Overview

Progress made to improve position
Standard Operating Procedures (SOPs) for both Community Pharmacy and shared-care (shared-care between Community Pharmacy and Specialist Smoking Cessation Adviser) to improve the quality of data and outcomes is now with Community Pharmacy Champions for comment.
Draft online training for Community Pharmacy is also with Community Pharmacy Champions for comment.
Recruitment has taken place for a significant number of vacancies, with start dates during August.
Immediate Next Steps
Develop a communications and engagement plan to re-establish links with GP's, the community, hospitals and community pharmacies to increase referrals.
Carry out an in-depth investigation into smoking data over the last 5 years.
Regular meetings every 2 months with community pharmacy colleagues, next one 23rd August.
Timescales
Review end of September.

The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. 209 successful quits were achieved up to March 2023 at 12 weeks in the 40% most deprived (significantly below trajectory of 336). Final figures will not be available until September 2023.

Work is underway to re-establish relationships with Community Pharmacies, GP practices and the community and venues being secured to re-start face to face clinics.

Awaiting national Rapid Review of Smoking Cessation Service report to commence work on the recommendations and refreshed targets.

Integrated Performance & Quality Report

Objective 1   **Our Population**
Outcome 3   **Stay Well (Drug and Alcohol waiting times)**
Priority 3B   *"No patient will wait longer than 3 weeks for commencement of treatment"*

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Pam Cremin
Chief Officer, NHHSCP

Progress made to improve position
Waiting times have continued to reduce across North Highland ADP with current data demonstrating North Highland ADP is close to achieving required standard.
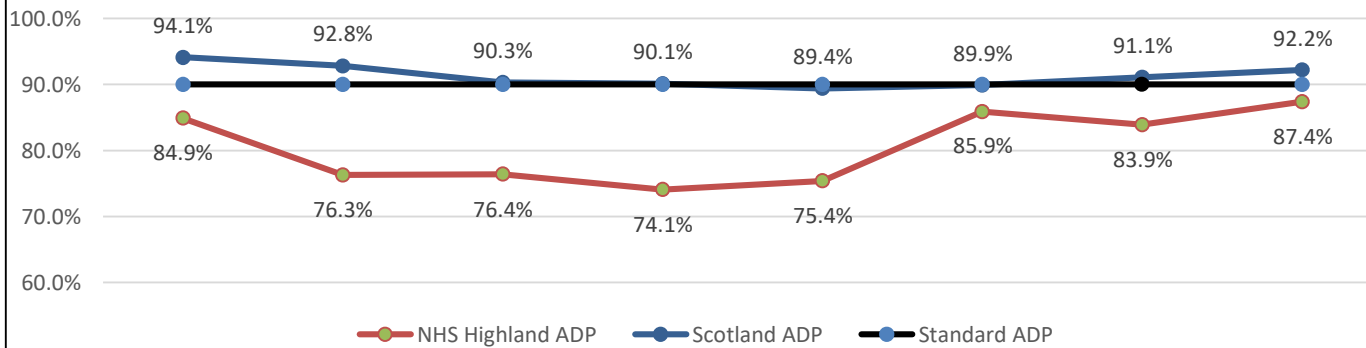
Immediate Next Steps
Utilising quality improvement methodology, all locality-based drug and alcohol services will be supported to implement plans aimed at meeting RTT standard by releasing capacity.
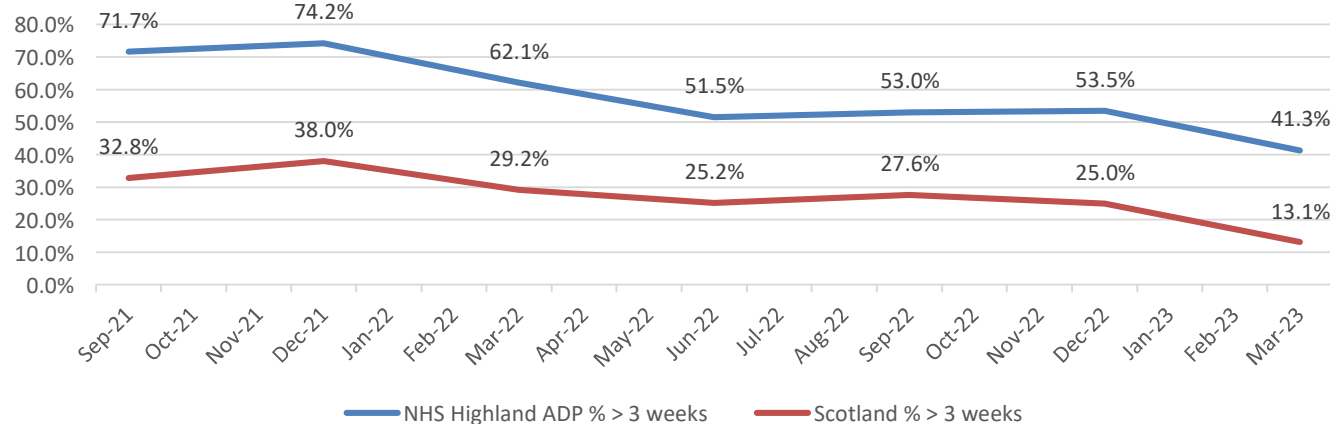
Timescales
Anticipated to achieve compliance by end 2nd quarter 2023-2024

NHS Highland Drug & Alcohol Services December 2022 - 83.9%,
North Highland ADP (87.8%), A&B ADP (75%)
Please note the standard for Scotland 91.1%

Performance Overview
90% of people will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. Waiting times in NHS Highland are some of the longest in Scotland compared to other Boards with a similar geography.

Completed waiting times: NHS Highland performance against standard - % waited 3 weeks or less

	NHS Highland ADP	Scotland ADP	Standard ADP
	84.9%	94.1%	
	76.3%	92.8%	
	76.4%	90.3%	
	74.1%	90.1%	
	75.4%	89.4%	
	85.9%	89.9%	
	83.9%	91.1%	
	87.4%	92.2%	

NHS Highland - % Ongoing Waits at quarter end waiting more than 3 weeks

	NHS Highland ADP % > 3 weeks	Scotland % > 3 weeks
Sep-21	71.7%	32.8%
Dec-21	74.2%	38.0%
Mar-22	62.1%	29.2%
Jun-22	51.5%	25.2%
Sep-22	53.0%	27.6%
Dec-22	53.5%	25.0%
Mar-23	41.3%	13.1%

Board Comparisons

Percentage of completed community referrals with a 3 week wait or less

Board	%
NHS Scotland	92.2%
NHS Tayside	94.8%
NHS Highland	87.4%
NHS Grampian	95.4%
NHS Fife	93.8%
NHS Dumfries & Galloway	91.1%
NHS Ayrshire & Arran	98.3%
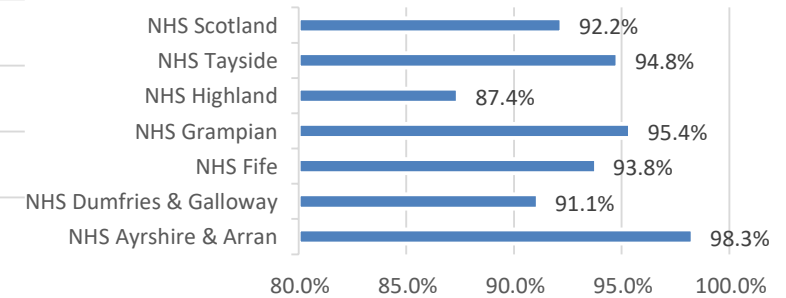
Percentage of Ongoing Waits at quarter end waiting 3 weeks or longer
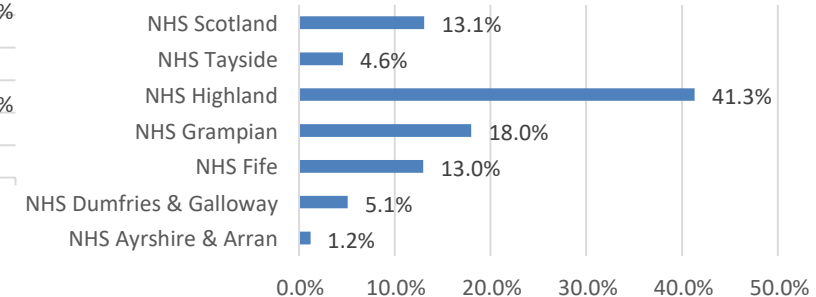
Board	%
NHS Scotland	13.1%
NHS Tayside	4.6%
NHS Highland	41.3%
NHS Grampian	18.0%
NHS Fife	13.0%
NHS Dumfries & Galloway	5.1%
NHS Ayrshire & Arran	1.2%

Objective 1   **Our Population**
Outcome 1   **Start Well (Maternity Services)**
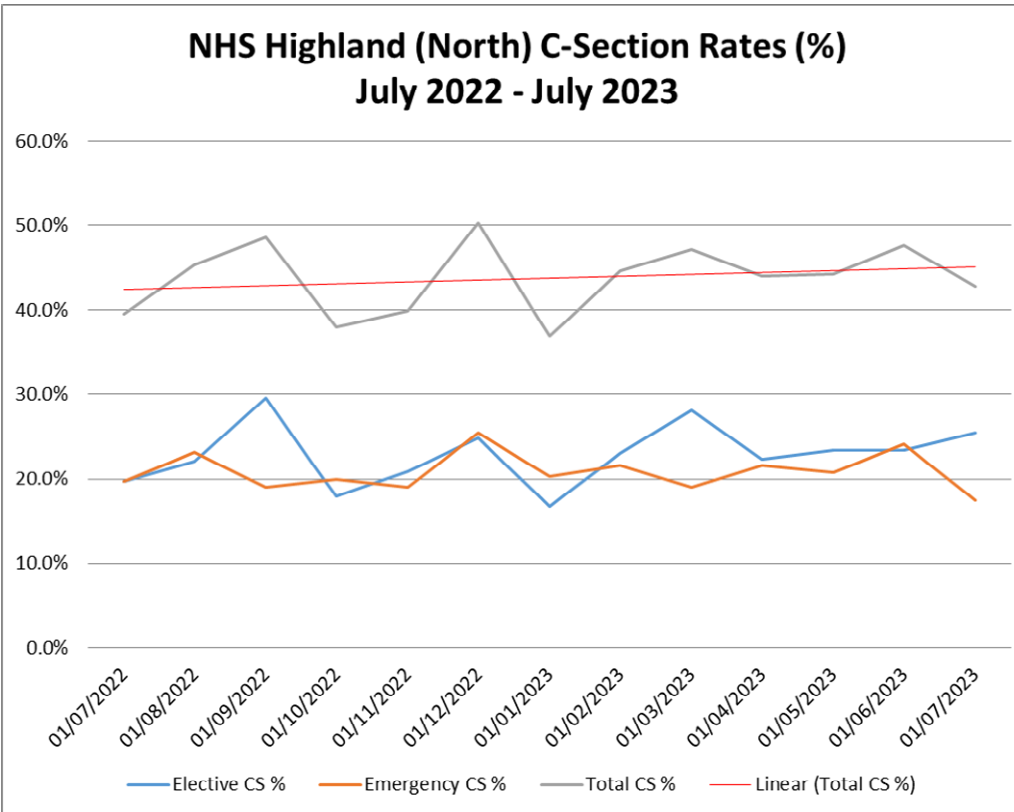**Priority 1A, 1C**   *"Give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before and during pregnancy"*

Katherine Sutton
Chief Officer, Acute

Progress made to improve position
- Business case to enhance models of maternity and neonatal care and contribute to a networked model of care with NHS Grampian approved at Board 30 May, and subsequently submitted to Scottish Government.
- Increase in substantive clinical capacity ongoing through recruitment
- Implementation of more robust clinical activity recording and monitoring through validation of Maternity & Neonatal dashboard.

Immediate Next Steps
- Project Team assurance and governance formalised through Maternity & Neonatal Programme Board to address quality of care & performance, ensure we meet recruitment timescales and culture plan initiatives. These Project Teams will be clinically lead.
- Review of maternity and neonatal governance to ensure structures are in place to escalate risks and resolve issues.

Timescales
- Project Teams fully operational by end of September
- First iteration of dashboard live by end of September

Performance Overview
The LDP standard is that at least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will be booked for antenatal care by the 12th week of gestation. NHS Highland performance is 92.5% and is one of the highest performing boards in Scotland as at August 2023
C-section rates have continued to increase with elective and emergency c-sections averaging 44% of all deliveries over the last 12 months.
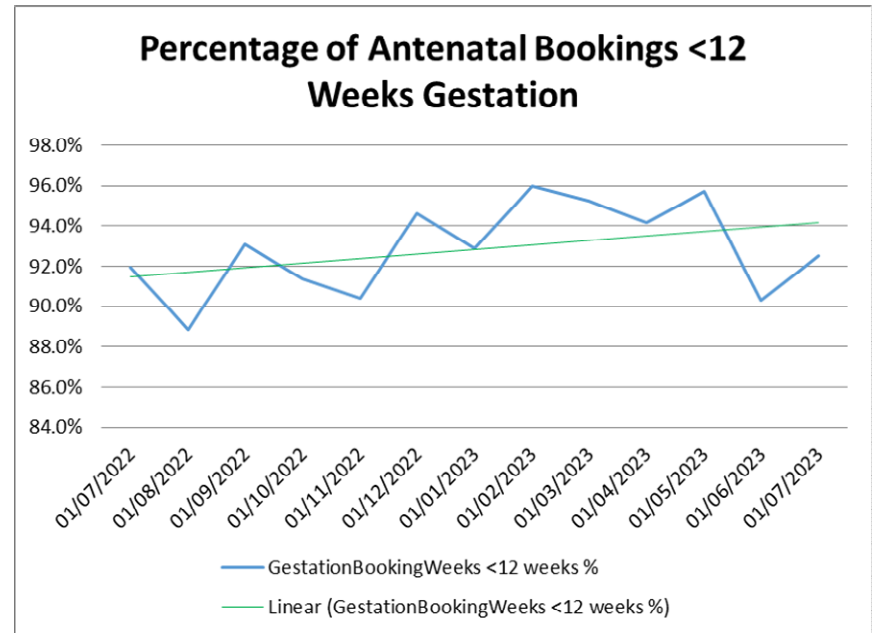
Antenatal Booking Current Performance   **92.5%**

NHS Highland (North) C-Section Rates (%) July 2022 - July 2023

Percentage of Antenatal Bookings <12 Weeks Gestation

Integrated Performance & Quality Report

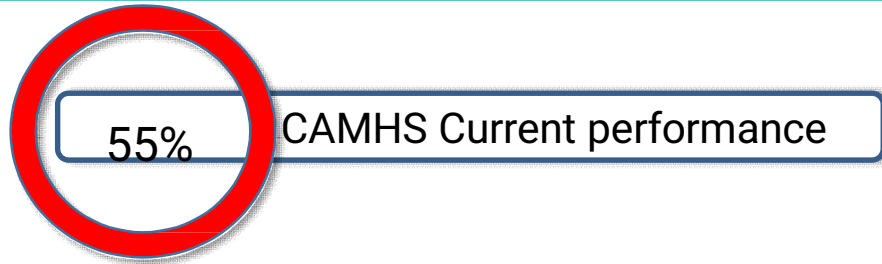**Objective 1** — **Our Population**
Outcome 2 — **Thrive Well (Child and Adolescent Mental Health Service)**
Priority 2C — *"Support children who have mental health or neurodiversity needs with timely, accessible care and a "no wrong door" approach"*

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Katherine Sutton
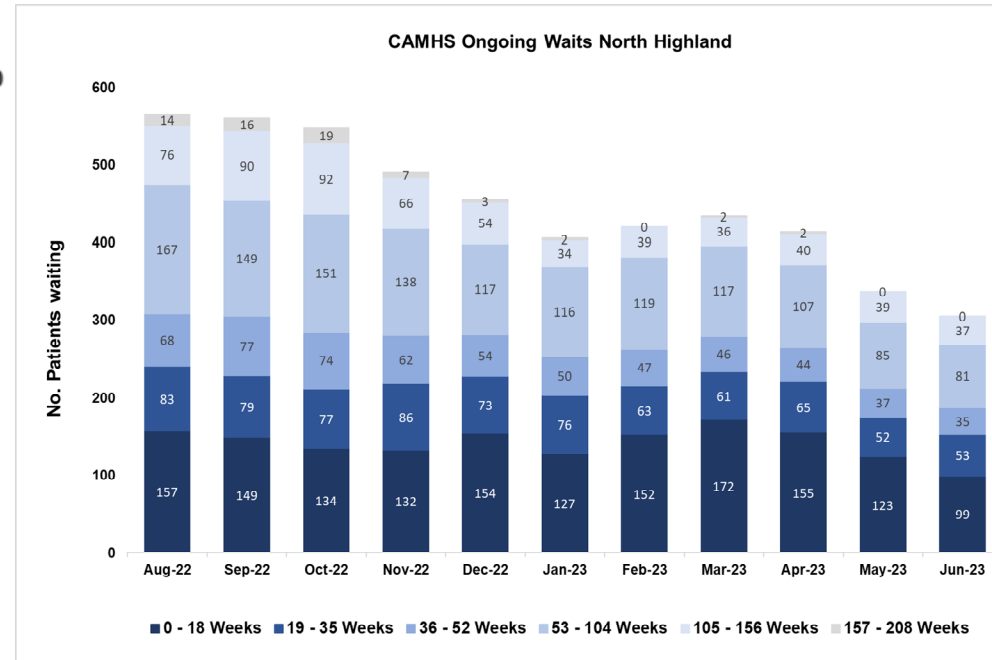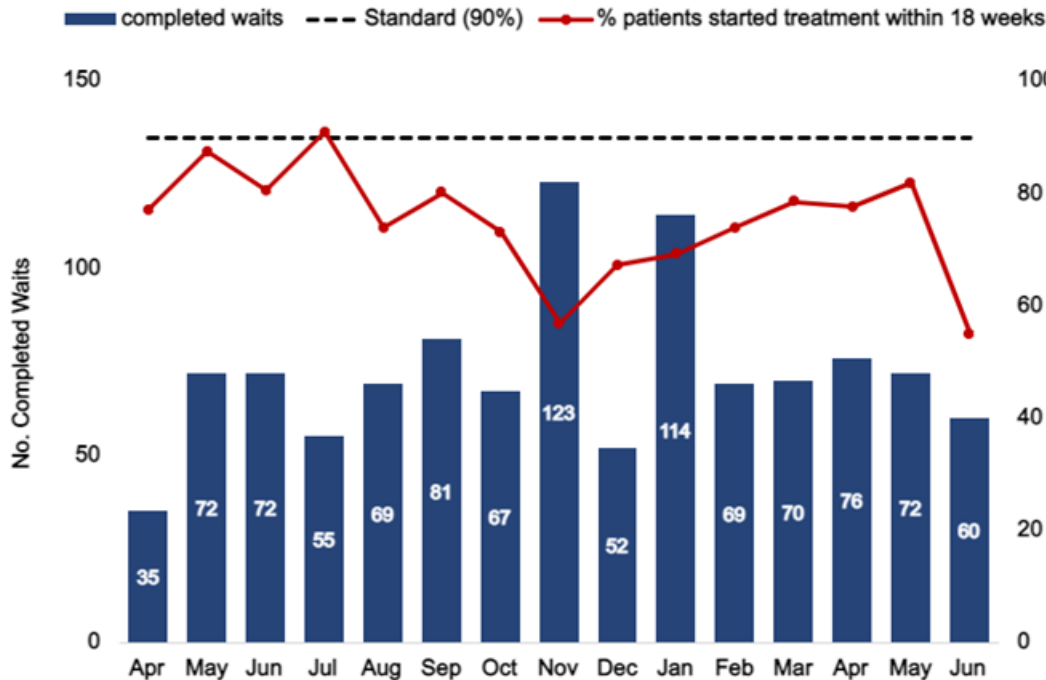**Chief Officer, Acute**

Progress made to improve position
• wait list validation.
• Review of PMS outcome codes to ensure accurate recording
• Wait list initiative (Nov 22 – March 23) to provide extra clinical capacity
• Increase in substantive clinical capacity substantive appointments to nursing and psychiatry. Service no longer relies on agency nurse staff.
• Implementation of more robust clinical activity recording and performance management
• Appointment of Snr Service Manager along with senior psychology and nurse manager appointments augmenting leadership and management capacity

Immediate Next Steps
• international recruitment for significant psychology vacancies from within budget.
• Ongoing recruitment to substantive posts, additonal nursing and psychiatry staff looking for employment.
• Workforce diversification whilst protecting discipline specific critical floor
• Diversification of intervention models to more group based delivery

Timescales
• Ongoing
• Trajectories set until March 24

CAMHS Current performance

55%

CAMHS Completed Waits June 2023

Performance Overview
The national target for Child and Adolescent Mental Health Services (CAMHS) is that 90% of young people to commence specialist CAMHS services within 18 wks of referral. As we continue to address the longest waits this impacts this percentage as expected.
A total of 408 children and young people are waiting to be seen of which 233 have waited over 18 weeks and 175 under 18 weeks with the longest wait being over 2 years.

Legend: completed waits — Standard (90%) — % patients started treatment within 18 weeks

No. Completed Waits

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Completed Waits	35	72	72	55	69	81	67	123	52	114	69	70	76	72	60

CAMHS Ongoing Waits North Highland

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
157 - 208 Weeks	14	16	19	7	3	2	0	2	2	0	0
105 - 156 Weeks	76	90	92	66	54	34	39	36	40	39	37
53 - 104 Weeks	167	149	151	138	117	116	119	117	107	85	81
36 - 52 Weeks	68	77	74	62	54	50	47	46	44	37	35
19 - 35 Weeks	83	79	77	86	73	76	63	61	65	52	53
0 - 18 Weeks	157	149	134	132	154	127	152	172	155	123	99

Integrated Performance & Quality Report
Objective 1   **Our Population**
Outcome 2   **Thrive Well (Neurodevelopmental Assessment Service / Integrated Childrens Services)**
Priority 2C   *"Support children who have mental health or neurodiversity needs with timely, accessible care and a "no wrong door" approach"*

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Katherine Sutton
Chief Officer, Acute

Progress made to improve position
- Senior service manager recruited
- Integrated Children's Service Board sub group established (including 3rd sector and education) to ensure strategic implementation of the National ND Specification, implementation of change plan across the whole system and ensuring family voice is central to service design
- Longest waits have started to reduce since clinical psychologist commenced.
- Early conclusion pathway for infants to the age of 6 years which is helping.
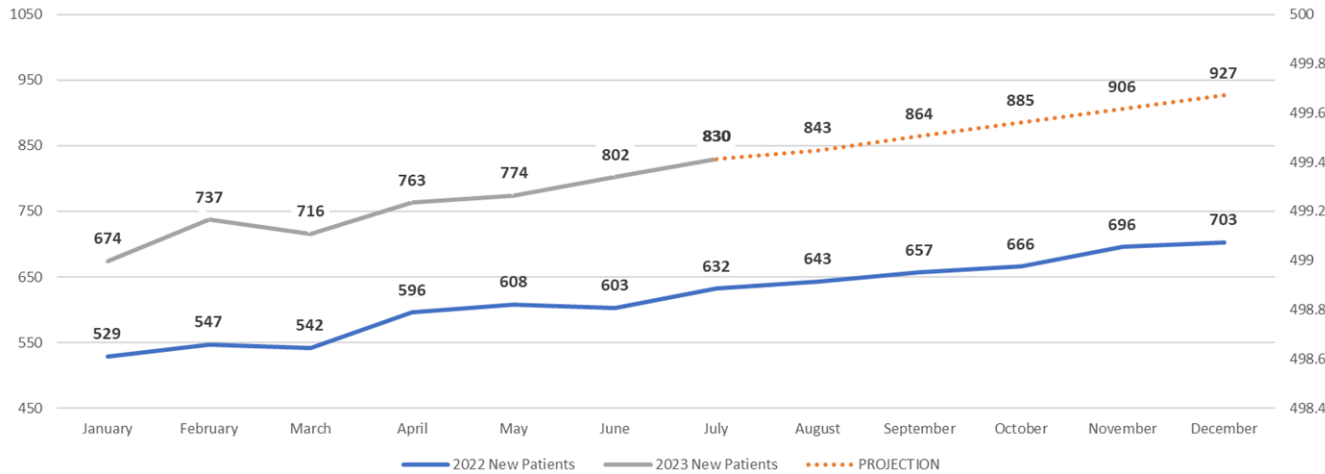- SG Test of Change funded project providing ND Support Practitioner support to schools/families pre-referral has evaluated well
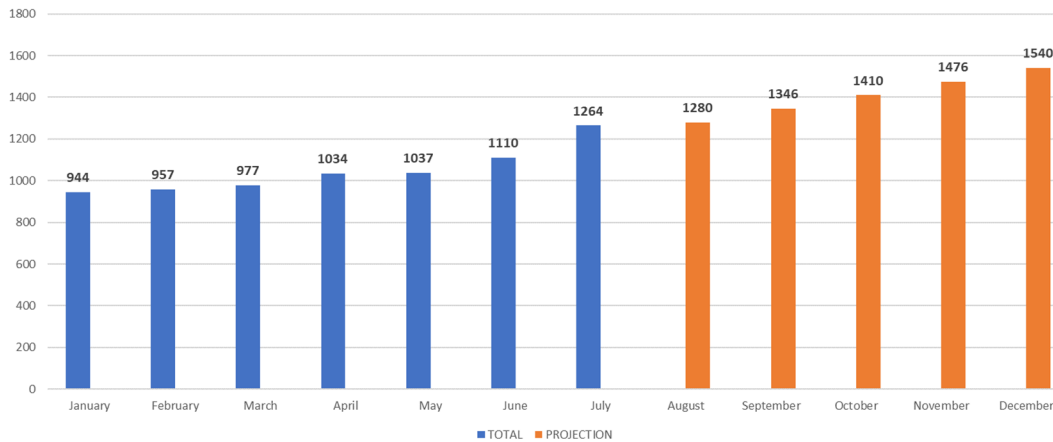
Immediate Next Steps
- Clinical lead to be advertised
- Engagement with named persons in health and education to managed the flow to the "front door"
- Consolidate the HUB team through redistribution of resource and reprioritisation of Job Plans

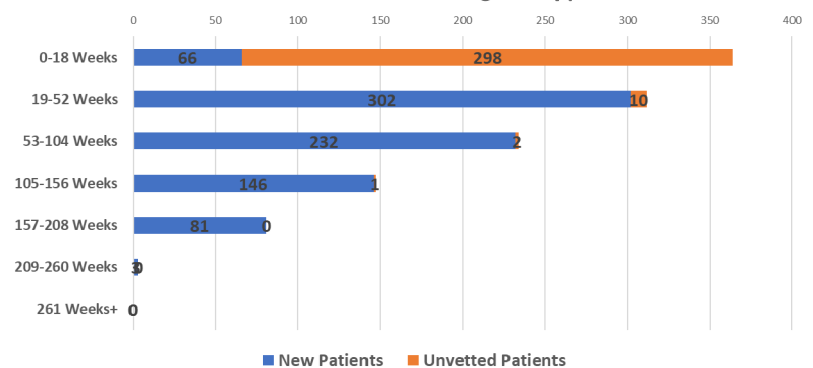### New Patients waiting first appointment 2022 v 2023

2022 New Patients: January 529, February 547, March 542, April 596, May 608, June 603, July 632, August 643, September 657, October 666, November 696, December 703

2023 New Patients: January 674, February 737, March 716, April 763, May 774, June 802, July 830

PROJECTION: 843, 864, 885, 906, 927

New + Return + Unvetted 2023 Projection

TOTAL: January 944, February 957, March 977, April 1034, May 1037, June 1110, July 1264

PROJECTION: August 1280, September 1346, October 1410, November 1476, December 1540

Performance Overview

Currently there is a waitlist of 830 patients classed as 'new awaiting their first appointment', however with a further 311 awaiting triage and 123 patients with ongoing assessments so a case load of 1264 patients. We are now seeing the impact of the Covid Pandemic where social isolation at critical stages of the development of young infants is resulting in increased levels of developmental delay are now contributing significantly to the increase in referrals to NDAS. have contributed significantly to the current levels of referral. These have risen from 28/month in 2019 to 155/month in July 2023..

New + Unvetted Patients awaiting first appointment

Weeks	New Patients	Unvetted Patients
0-18 Weeks	66	298
19-52 Weeks	302	10
53-104 Weeks	232	2
105-156 Weeks	146	1
157-208 Weeks	81	0
209-260 Weeks	3	0
261 Weeks+	0	

Integrated Performance & Quality Report

Objective 3 — **In Partnership**
Outcome 11 — **Respond Well (Urgent and Unscheduled Care)**
Priority 11B — *"Ensure that those people with serious or life threatening emergency needs are treated quickly"*

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Katherine Sutton
Chief Officer, Acute

Progress made to improve position
- OPEL embedded
- Redirect / Reschedule Where appropriate
- Streaming ED and minors flow
- Early SDM input to patient pathway
- Accelerated investigations and results
- Alternate admission pathways
- Prompt speciality input when needed
- Extended Phased Flow in progress
- SAS Safe handover at Hospital in progress
- Direct admitting rights to ED in place

Immediate Next Steps
- Focused MIU improvement group
- Closer links with FNC
- Data collection for speciality reviews
- **Timescales**
- By 31st October 2023 Improve the 4-hour access standard by optimising patient flow in MIU, increasing Flow Group 1 performance from 90% to >95%
- By 31st August 2023 optimise patient flow by using Phased Flow to increase proportion of patients moved from ED before 1pm and improve Flow Group 3 performance from 30% to 50%
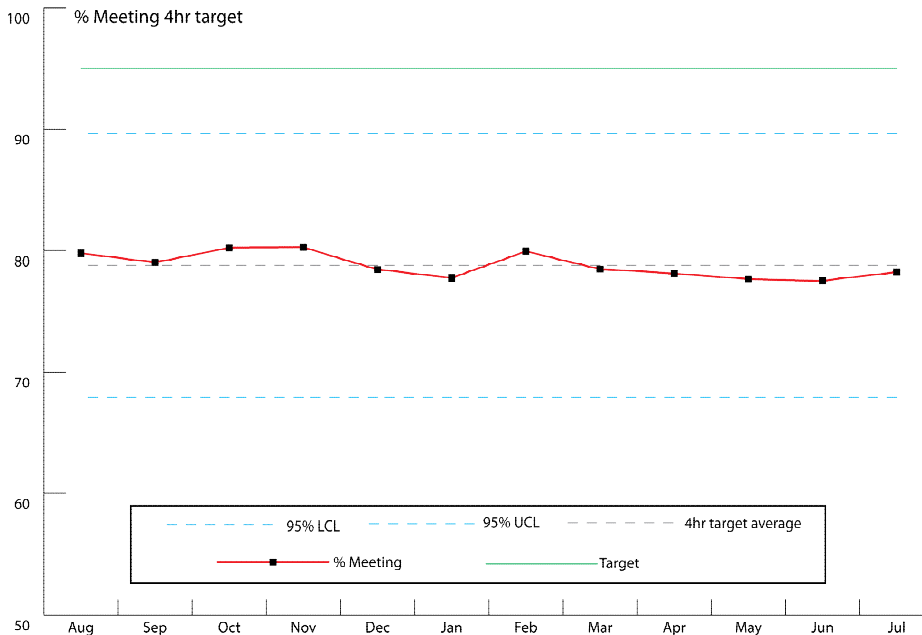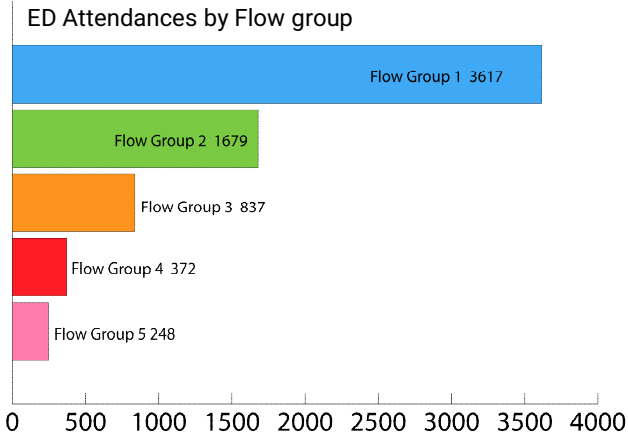
ED Attendances by Flow group

Flow Group 1 3617
Flow Group 2 1679
Flow Group 3 837
Flow Group 4 372
Flow Group 5 248

% Meeting 4hr target

95% LCL — 95% UCL — 4hr target average
% Meeting — Target

(Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul)

Performance Overview
The national target for Emergency Department (ED) performance is 95% of our population will wait no longer than 4 hrs. from arrival to admission, discharge or transfer for ED treatment. ED performance is 78.5%.
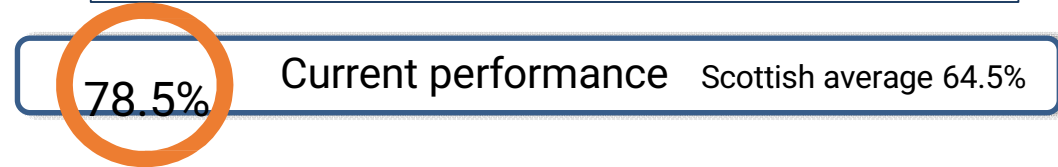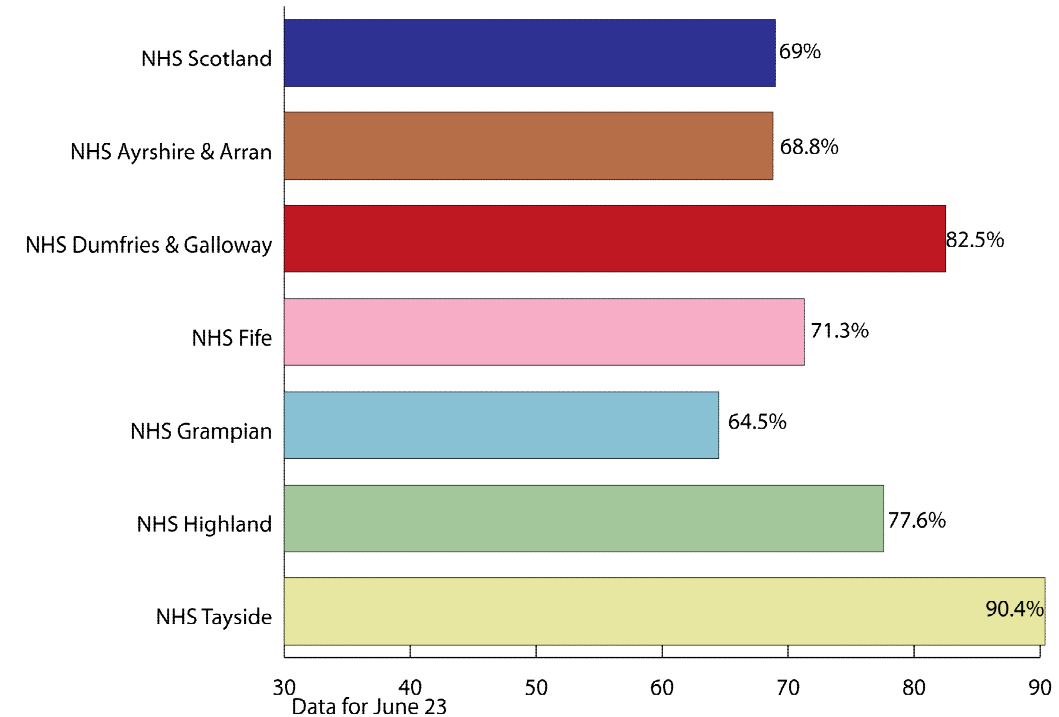
78.5% **Current performance** Scottish average 64.5%

ED performance comparison

NHS Scotland	69%
NHS Ayrshire & Arran	68.8%
NHS Dumfries & Galloway	82.5%
NHS Fife	71.3%
NHS Grampian	64.5%
NHS Highland	77.6%
NHS Tayside	90.4%

Data for June 23

Integrated Performance & Quality Report

Objective 3   **In Partnership**
Outcome 12   **Treat Well (Treatment Time Guarantee)**
Priority 12A   *"Ensure that our population have timely access to planned care through transforming the way that we deliver our care and ensuring that they have the best experience possible"*

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Katherine Sutton
Chief Officer, Acute

Progress made to improve position
• Cumulative activity target met
• Patient Hub live in certain specialties and being rolled out
• Ongoing development of theatre scheduling tool and picking lists
• OPCS coding programme in place and commenced to improve planning
• Theatre data dashboard gone live
•

Immediate Next Steps
• Theatre Efficiencies Group to be established
• Workshops for Picking List and scheduling tools
• Data analysis for coding and efficiency
•

Timescales
• Theatre scheduling
tool implementation – Oct23
• Operational theatre picking list – Sep23
• Coded lists – Mar24
• Patient Hub rolled out Mar24
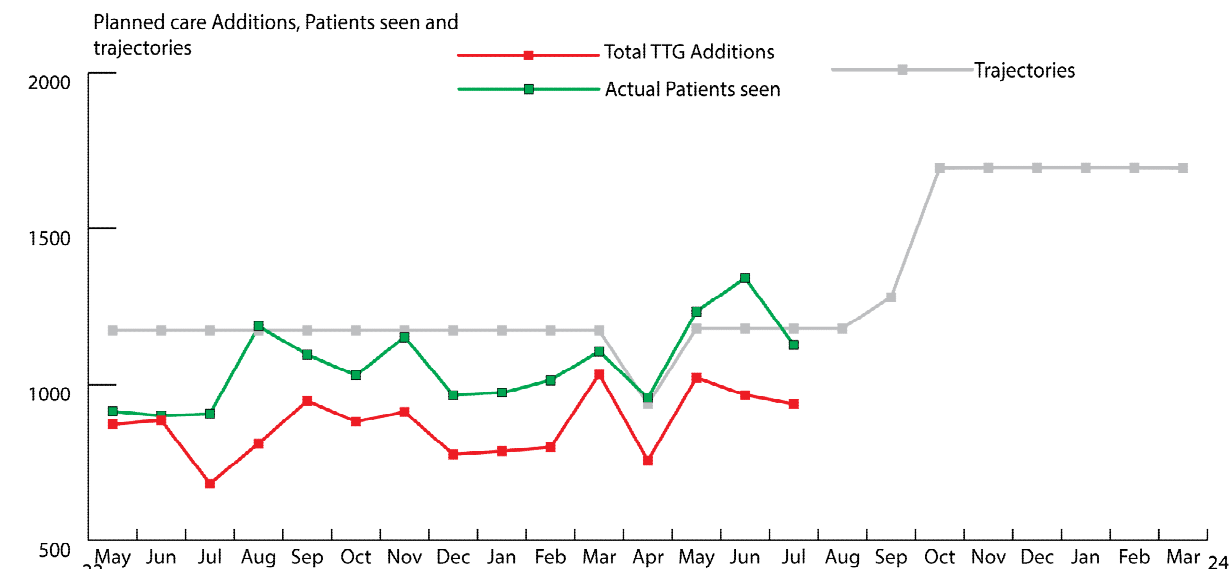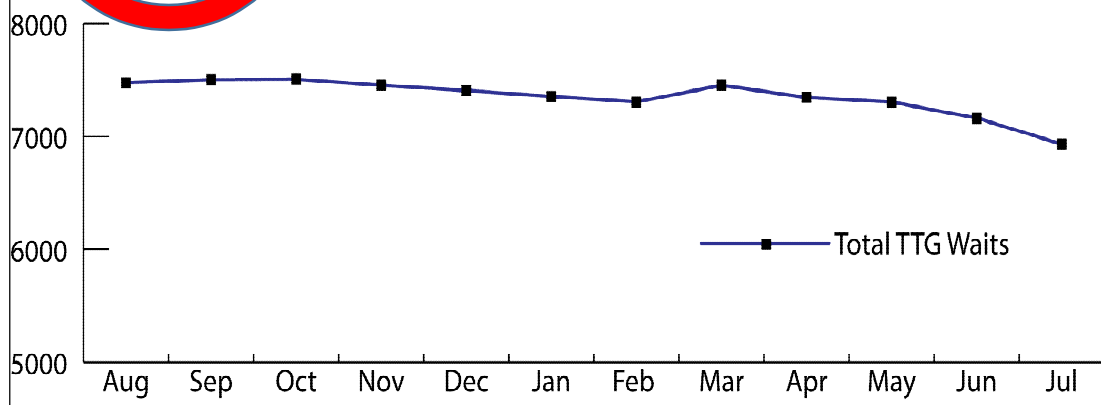
51.1%   Current performance   Scottish Average 55.8%

The national target for Treatment Time Guarantee (TTG) is that no patient will wait >12 weeks from decision to treat to treatment.

The 51.1% related to the overall >12 week TTG target.

Total TTG Waits

Planned care Additions, Patients seen and trajectories

— Total TTG Additions
— Actual Patients seen
— Trajectories

Integrated Performance & Quality Report

Objective 3 — In Partnership

Outcome 12 — Treat Well (Outpatients)
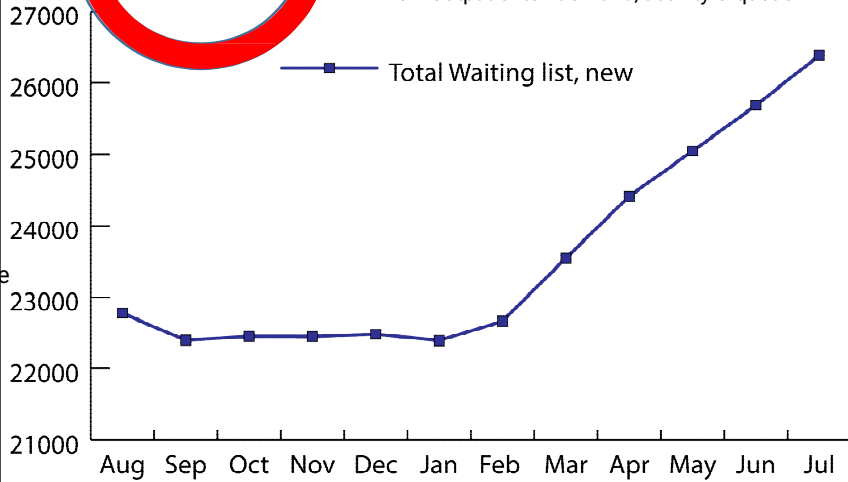
Priority 12B — *"Deliver a Hospital without walls system that transforms the way we deliver outpatient services that will rethink the boundaries between patient and clinician to make the most of our valuable resources"*

Katherine Sutton
Chief Officer, Acute

Progress made to improve position
- Cumulative activity target met
- ACRT/PIR best practice processes developed
- Patient Hub waiting list validation roll out on going
- Specialties identified to improve Near Me use
- Clinic timetable drafted
-

Immediate Next Steps
- Identify specialities with increases in patient referral and ensure Patient Hub live and review ACRT processes against best practice
- Re-evaluate patient and clinician satisfaction with Near Me
- Consult on clinic timetable options
- Clinic utilisation reporting to be made available to specialties to reduce DNAs/cancellations and unfilled appointments

Timescales
- General Outpatients department clinic timetable – Sep23
- ACRT/PIR - Oct23
- Patient Hub - Mar24

65.2%

Current performance   Scottish average 66.4%

New Outpatients - demand, activity & queue

- Total Waiting list, new

New outpatient Referrals, Patients seen and Trajectories

- Net NOP Referals
- Trajectories
- Total NOP seen

Performance Overview

The national target for outpatients (OP) is that no patient will wait >12 weeks from referral to appointment.

In 22/23 SG provided interim targets with the timescales below. NHSH has submitted in our Activity Plan for 23/24 how many patients we anticipate to be waiting >104 weeks, >78 weeks and >52 weeks at the end of each quarter.

The t*otal new outpatient list size has been increasing since January with referrals increasing since December. If new outpatient numbers increase this will see more of our population being added to the TTG waiting list.*

Integrated Performance & Quality Report

Objective 3 **In Partnership**
Outcome 12 **Treat Well (Diagnostics-Radiology)**
Priority 12C ***"Optimise diagnostic and support services capacity and improve efficiency with new service delivery models"***

Together We Care
with you, for you

Katherine Sutton
Chief Officer, Acute
Progress Made to improve position
•Work progressing with radiography and radiology workforce planning
•Radiology outsourcing has robust process and financial implications being reviewed
•Reporting radiographers taking lead on all MSK and Chest X-Rays for efficiency purposes
•Conventional radiology has just opened additional days in Nairn to support demand
•MRI Focus Group in place and investment made in AI to improve productivity once implemented
•Balanced scorecard approach adopted
•
Key Risks
•Unplanned activity continues and needs urgent review
•Workforce recruitment and retention in Consultant Radiologist roles continues to be a challenge
•Removal of MRI van capacity in future year will impact on ability to meet demand

Radiology Key tests-Activity and Trajectories

Performance Overview

The national target for diagnostics is that our population will wait <6 weeks for a key diagnostic test.

The SG target set is to achieve 80% for radiology by March 2024. Currently we are achieving 71% and are one of the higher performing boards with ultrasound being the highest performing in Scotland.

Trajectory Yearly(23-24 FY)	Trajectory until July	Patients seen Apr-July
34,632	10,388	13,210

Integrated Performance & Quality Report

Objective 3   **In Partnership**
Outcome 12   **Treat Well (Diagnostics-Endoscopy)**
Priority 12C   *"Optimise diagnostic and support services capacity and improve efficiency with new service delivery models"*

Together We Care
with you, for you

Katherine Sutton
Chief Officer, Acute
Progress made to improve position
- CCE funding raised with SG
- Secured place with Glasgow Caledonian for trainee endoscopist; awaiting advert going live
- Patient survey established – over 90% of patients rating service excellent in all categories
- Final stages of JAG accreditation application
- Revised bowel screening pathway in place to achieve 31day target
-

Immediate Next Steps
- Gastroenterology team unable to support elective endoscopy sessions due to staffing crisis; contingency plan in place to mitigate skill mix gap
- JAG application to be submitted 3rd October
- Recruit non-medical endoscopist (delay in recruitment will delay 1 post until 2024)
-

Timescales
- Ongoing

Performance Overview
The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test. *We have 4810 people waiting for a key diagnostic test. 1809 patients are waiting for an MRI and there will be a requirement for increased activity in non-obstetric ultrasound to reduce the waiting list further. We are actively looking at how we improve analysis and reporting of diagnostic compliance targets.*
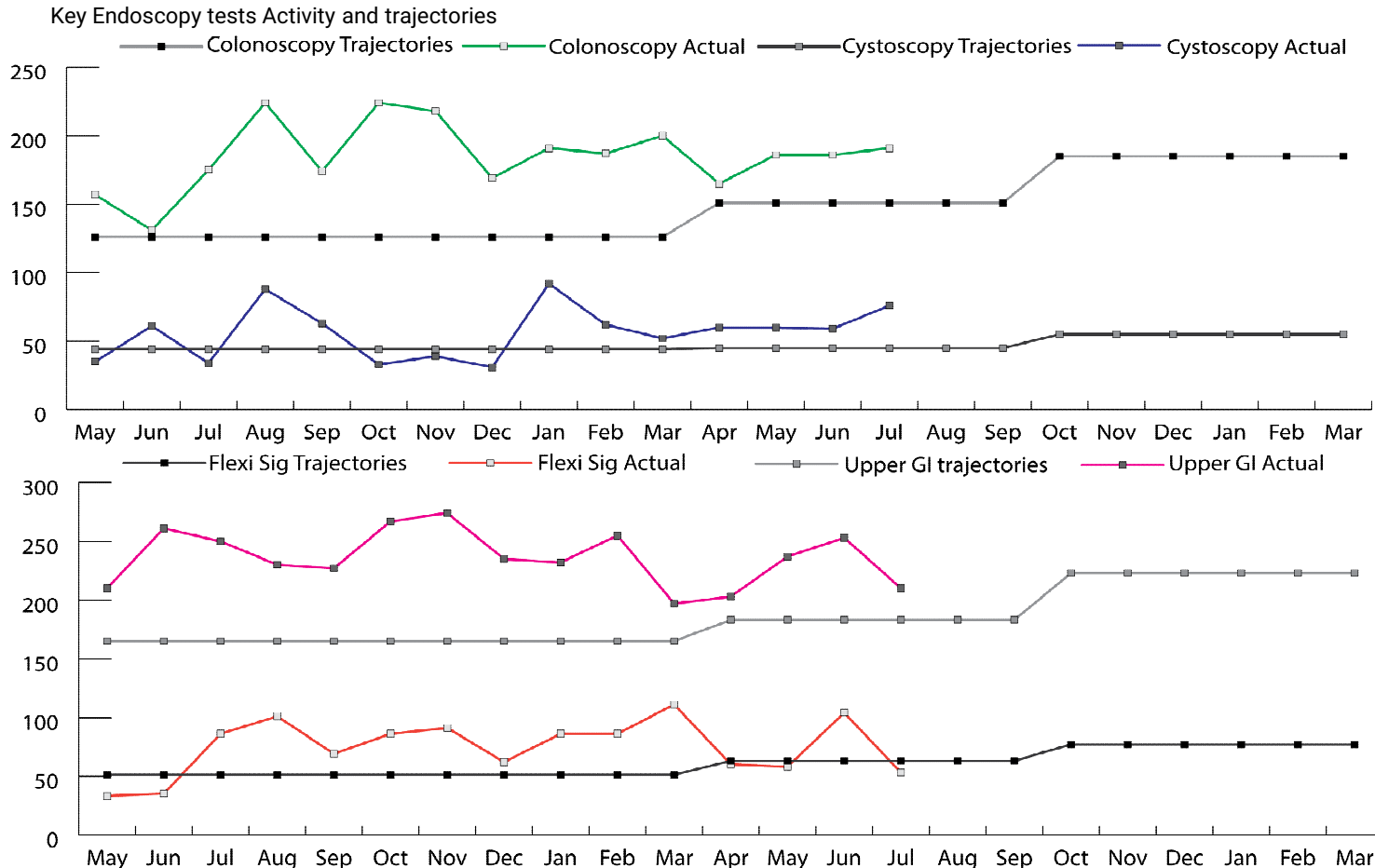
Key Endoscopy tests Activity and trajectories

Performance Overview
The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test. *We have 827 people waiting for an Endoscopy test. 337 patients are waiting for an Upper GI test.*

Trajectory Yearly (23-24 FY)	Trajectory until July	Patients seen Apr-July
5,892	1,768	2,162

Objective 3
Outcome 13
Priority 13A, 13B, 13C

In Partnership
Journey Well (Cancer Care)
"Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment and personal support"

Together We Care
with you, for you

Katherine Sutton
Chief Officer, Acute
Progress
• Continued prioritisation of cancer across the acute system
• Effective framework for cancer management improvement plan
• SACT transformation plan
• New locum oncologist now in place

Key Risks
• Continued capacity challenges with pathology
• Capacity within urology
• Overall workforce recruitment and retention
• Financial challenges although funding has become available from Scottish Government

Timescales
This will be continuously scrutinised and improvements made to ensure we are delivering the best possible care to our cancer population

Performance Overview
The national targets for cancer are a) 95% of all patients diagnosed with cancer to begin treatment within 31 days b) 95% of Urgent Suspected Cancer (USC) referrals to begin treatment within 62 days

99% — **31 day performance** — Scottish Average 95.1%

Selected Indicator: **Cancer 31 Day Waiting Times**
Latest Time Period: **July 2023**

	Board	Scotland	Target
	99.0%	95.1%	95%

○ Trend against target
○ Run Chart

Legend: ■ Health Board ■ Median / Target ■ Scotland

79.5% — **62 day performance** — Scottish Average 72.3%

Selected Indicator: **Cancer 62 Day Waiting Times**
Latest Time Period: **July 2023**

	Board	Scotland	Target
	79.5%	72.3%	95%

○ Trend against target
○ Run Chart

Legend: ■ Health Board ■ Median / Target ■ Scotland

31 Day Benchmarking with Other Boards

Selected Time Period: **July 2023**
(click on a circle in timetrend to change the selected time period)

Board	%
NHS Orkney	
NHS Ayrshire & Arran	100.0%
NHS Dumfries & Galloway	100.0%
NHS Shetland	100.0%
NHS Western Isles	100.0%
NHS Highland	99.0%
NHS Tayside	97.9%
NHS Lanarkshire	97.1%
NHS Borders	96.4%
NHS Forth Valley	95.2%
NHS Fife	94.7%
NHS Greater Glasgow & Clyde	93.5%
NHS Grampian	93.2%
NHS Lothian	92.9%
Golden Jubilee	90.3%

62 Day Benchmarking with Other Boards

Selected Time Period: **July 2023**
(click on a circle in timetrend to change the selected time period)

Board	%
NHS Borders	93.3%
NHS Dumfries & Galloway	90.0%
NHS Ayrshire & Arran	81.3%
NHS Lothian	80.1%
NHS Western Isles	80.0%
NHS Highland	79.5%
NHS Lanarkshire	78.4%
NHS Fife	77.9%
NHS Tayside	73.6%
NHS Forth Valley	73.6%
NHS Shetland	66.7%
NHS Greater Glasgow & Clyde	61.2%
NHS Grampian	59.8%
NHS Orkney	0.00

Objective 3   **In Partnership**
Outcome 11   **Respond Well & Care Well (Delayed Discharges)**
Priority 11C   *"Ensure that our services are responsive to our population's needs by adopting a "home is best" approach"*

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with you, for you

Pam Cremin
Chief Officer,
NHHSCP

DHD's remain a significant concern, hospital flow impacted by a loss of care home beds (161 since March 2022) and a reduction in available care at home (2500hpw over the past two years).

Progress made to improve position
- Ongoing review of care at home provision to ensure targeted and most efficient use of this limited resource.
- Consensus workshop held on 23/8/23 to consider and address current issues and to inform future key priorities.
- Daily huddles in place.
- Daily oversight and focused planning for all people who are delayed continues.
- Upstream community pull of patients for timely discharge before they become delayed.

Immediate Next Steps
- Action plans reflecting agreed priorities being drawn up & implemented following workshop of 23/08.23 Service developments to include cross system working and strengthening service provision to avoid inappropriate admissions.
- Maximisation of care at home resource working across in-house and independent sectors
- Develop wrap-around models of care – CAH, day care, intermediate care beds.

Timescales
- Bullets points 1 to 5 – in place
- Bullet points 6 to 8 – 3 months

Performance Overview
There is no national target for delayed discharges but we aim to ensure we get our population cared for in the right place at the right time. *Of the 181 people who are delayed as at 16/8/23, 63 are in North Highland Community Hospitals, 24 in New Craigs, and 94 in Acute hospital settings.*
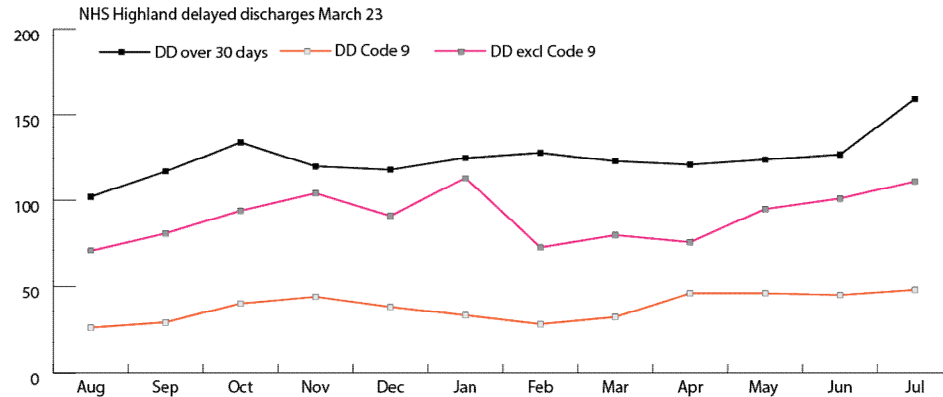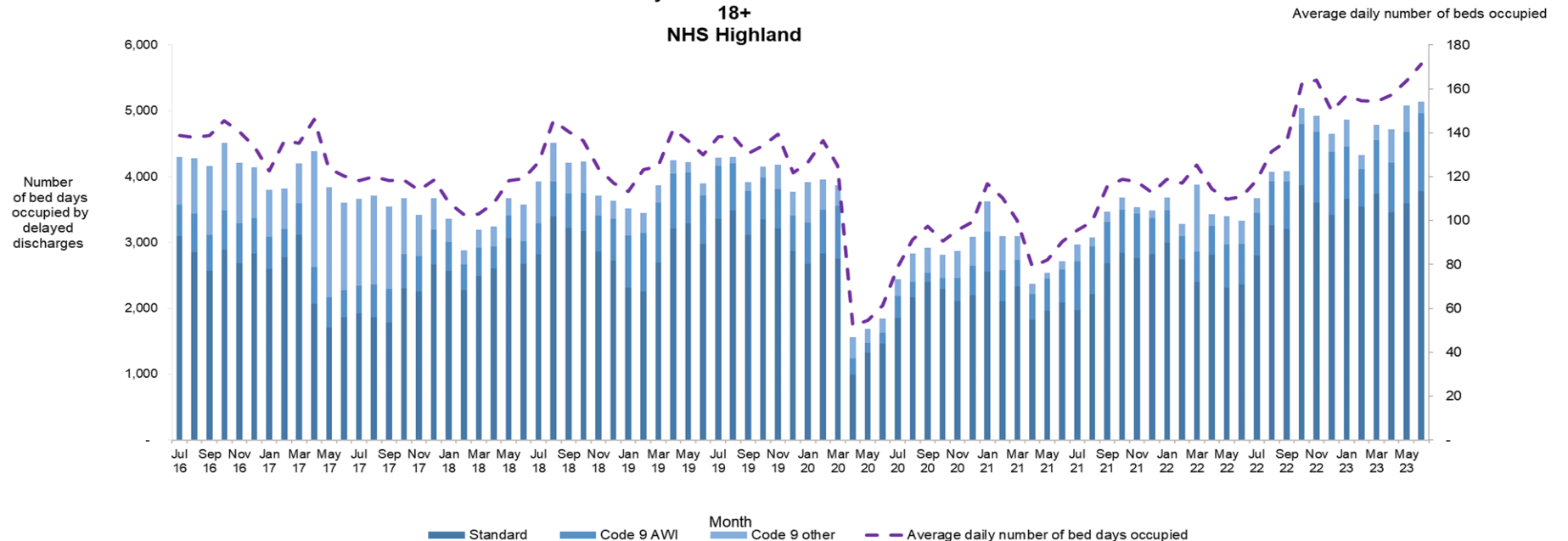

NHS Highland delayed discharges March 23

Chart 1 - Bed Days Occupied by Delayed Discharges
July 2016 to June 2023
18+
NHS Highland

Objective 3 — **In Partnership**
Outcome 9 — **Care Well (Adult Social Care)**
Priority 9A, 9B, 9C — **"Work together with health and social care partners by delivering care and support together that puts our population, families and carers experience at the heart"**

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with you, for you

Pam Cremin
Chief Officer, NHHSCP

Position Overview:
Numbers have started to stabilise after a sustained reduction in service delivery, starting Mar 21. Unmet need is 2600hpw and 287 people are awaiting a service, despite significant collaboration with independent sector.
A short life working group has now met 4 times to work on co-produced tangible solutions with sector reps

Programme seeks to deliver 5 objectives:
•Maximise provision through process, training & technology
•Enable market and delivery stability
•Create, sustain and grown capacity
•Recognise, value and promote the paid carer workforce
•Improve affordability

Next Steps
•SLWG focussed on solutions for 2023-24

Timescales
•3-5 year directional plan required, focus short term

Care at Home - count of clients by provider type

main provider type: external, in-house, in-house & external, no hours recorded, not recorded

Month	Total	in-house	external
31 March 2022	1905	695	1148
30 April	1872	713	1098
31 May	1876	711	1104
30 June	1850	698	1094
31 July	1842	698	1067
31 August	1816	720	1045
30 September	1823	730	1027
31 October	1806	754	998
30 November	1824	764	990
31 December	1810	743	1001
31 January 2023	1780	734	995
28 February	1760	703	1002
31 March	1784	726	999
30 April	1763	704	1001
31 May	1795	725	1085
30 June	1783	720	967

Care at Home - sum of weekly hours by provider type

main provider type: external, in-house, in-house & external, no hours recorded, not recorded

Month	Total	in-house	external
31 March 2022	14957	4997	10124
30 April	14581	4222	9672
31 May	14624	4231	9706
30 June	14445	4094	9661
31 July	14291	4127	9521
31 August	14123	4135	9408
30 September	14003	4138	9258
31 October	13833	4474	8766
30 November	14070	4564	8674
31 December	13830	4301	8738
31 January 2023	13443	4245	8604
28 February	13224	4070	8533
31 March	13480	4290	8577
30 April	13471	4176	8694
31 May	13842	4337	8816
30 June	13761	4524	8700

Total number of people assessed and awaiting a new package of care (Community and DDs)

Community: 281, 281, 296, 277, 287, 291, 307, 311, 307, 316, 312, 298, 313, 310, 309, 287
DD 25D/E: 31, 30, 36, 45, 44, 41, 34, 30, 33, 34, 37, 32, 39, 35, 35, 31
Other DDs: 4, 2, 5, 5, 5, 6, 5, 3, 4, 6, 6, 6, 9, 9, 12

Dates: 2022 November 15, 2022 November 15, 2023 January 4, 2023 January 31, 2023 February 28, 2023 March 28, 2023 April 25, 2023 May 30, 2023 June 27, 2023 July 4, 2023 July 11, 2023 July 18, 2023 July 25, 2023 August 1, 2023 August 8, 2023 August 15

Legend: ●Community ●DD 25D/E ●Other DDs

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

Locality	08/08/2023	15/08/2023
B&S	328	328
Caith	34	26
E Ross	297	326
Inverness	917	915
Loch	420	414
M Ross	135	137
N&A	217	157
Skye	169	176
Suth	51	59
W Ross	55	37

Legend: ●08/08/2023 ●15/08/2023

Totals: 2622 / 2575

Integrated Performance & Quality Report

Objective 3 — **In Partnership**
Outcome 9 — **Care Well (Adult Social Care)**
Priority 9A, 9B, 9C — **"Work together with health and social care partners by delivering care and support together that puts our population, families and carers experience at the heart"**

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Pam Cremin
Chief Officer,
NHHSCP

Position Overview:
From Mar 22 to date, there has been significant sustainability turbulence within the independent sector care home market.
Key challenges are recruiting and retaining staff, securing and reliance on agency use, and a lack of available accommodation which compounds the challenge.
Finite number of available beds.

Progress to improve position:
• Sustainability of remaining care home provision is crucial.
• Lowest number of commissioned external beds for years.
• 5 care home closures since Mar 22, a combined loss of 141 beds
• NHS acquired external care home during March 2023

Next Steps
• National fee rate just agreed for 2023-24, rate an issue due to size and location of NH care homes.

Timescales
• Key in year focus is sustainability
• No short term fix

Care Homes-Long term Care service users by operational area including OOA

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total	1750	1749	1747	1734	1754	1772	1753	1726	1747	1741	1739	1737
West	179	188	178	181	183	189	190	179	176	179	181	180
South	776	775	776	765	772	775	765	772	788	798	798	794
Outwith Highland	131	135	136	134	136	135	131	128	129	126	123	123
North	243	237	236	234	241	249	248	234	236	237	241	244
Mid	421	414	421	420	422	424	418	412	415	395	394	393

Long-stay Care Home placements by provider type

	31 March 2022	30 April	31 May	30 June	31 July	31 August	30 September	31 October	30 November	31 December	31 January 2023	28 February	31 March	30 April	31 May	30 June
Total	1,758	1,758	1,758	1,748	1,750	1,749	1,747	1,734	1,754	1,772	1,753	1,726	1,747	1,741	1,739	1,737
NHS	200	187	186	187	186	193	193	193	194	199	197	198	199	225	225	221
Independent sector	1558	1571	1572	1561	1564	1556	1554	1541	1560	1573	1556	1528	1548	1516	1514	1516

Long-stay Care Homes by age band

	30 April 2022	31 May	30 June	31 July	31 August	30 September	31 October	30 November	31 December	31 January 2023	28 February	31 March	30 April	31 May	30 June
Total	1,758	1,758	1,748	1,750	1,749	1,747	1,734	1,754	1,772	1,753	1,726	1,747	1,741	1,739	1,737
85+	861	859	852	854	862	853	848	855	852	854	843	851	851	854	855
75-84	541	548	547	547	542	543	539	550	558	536	529	545	534	535	529
65-74	178	174	176	172	166	173	168	172	185	185	181	177	179	176	176
18-64	178	177	173	177	179	178	179	177	177	178	173	174	177	174	177

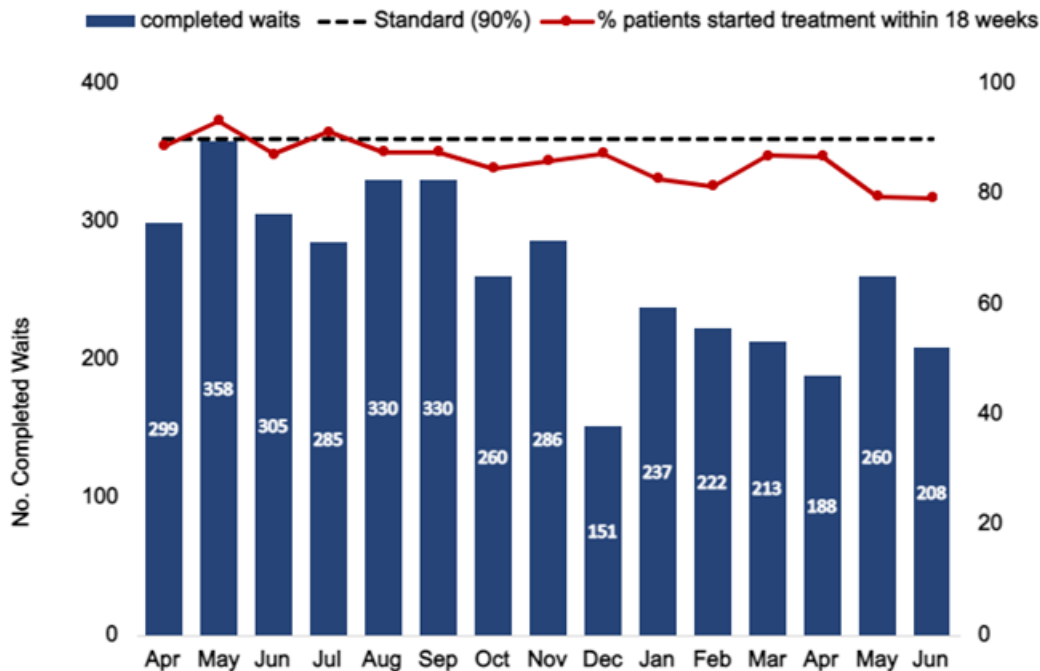Integrated Performance & Quality Report
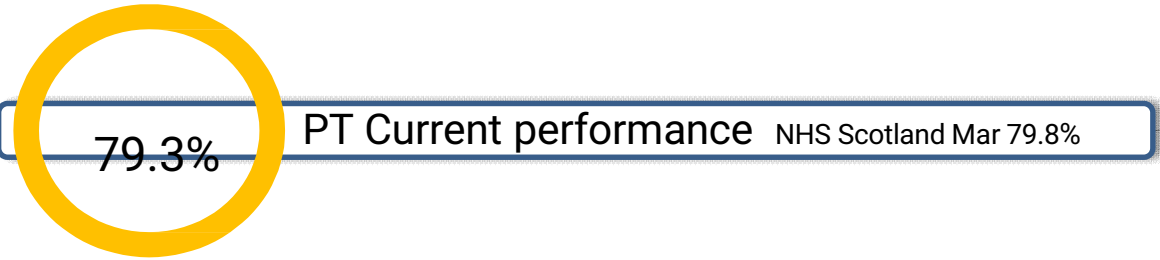Objective 3
Outcome 10
Priority 10A, 10B, 10C

In Partnership
Live Well (Psychological Therapies)
"Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing"
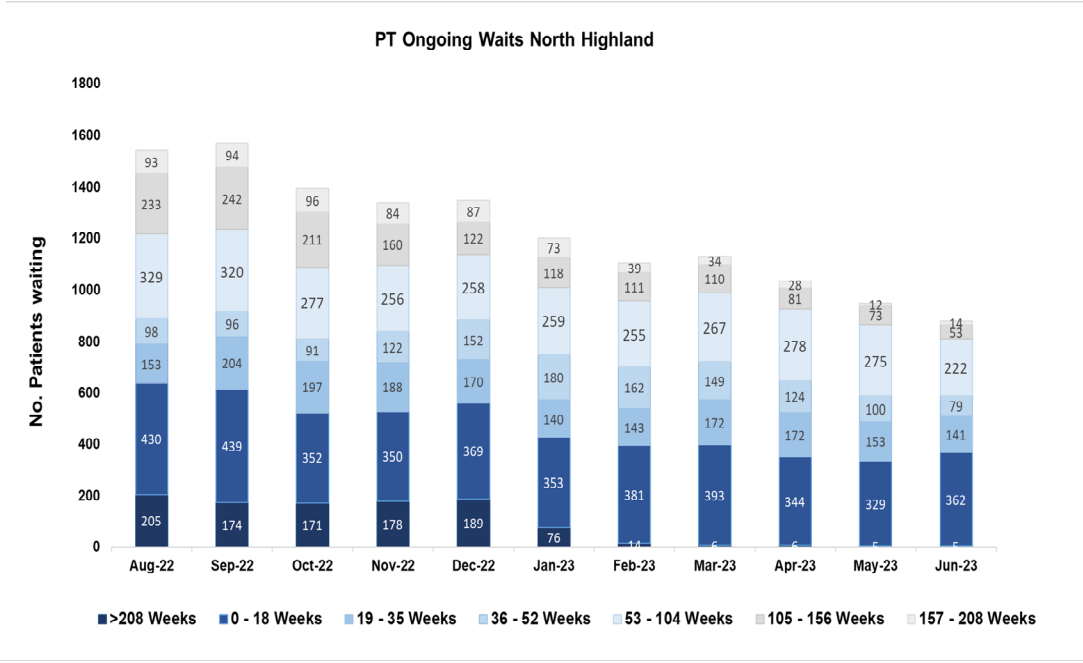
Pam Cremin
Chief Officer,
NHHSCP

Progress made to improve position
- STEPPS training complete
- Waiting list review complete
- Workforce and funding review to assess SM post feasibility complete

Immediate Next Steps
- Advertise and appoint Senior Service Manager (Oct 23)
- CAPTND data set capture system operational (Sept 23)
- Implementation of PT specification (Sept 23)
- Increase uptake and alternatives for digital therapies (Nov 23)
- New Digital Therapies funding awaiting confirmation letter of funding

Timescales
- Included above

79.3% PT Current performance NHS Scotland Mar 79.8%

Performance Overview NHS Highland
The national target is that 90% of our population commence Psychological Therapies (PT) based treatment within 18 weeks of referral.
June 2023: Current performance 79.3%. There are a significant backlog of outcomes to be inputted as a result of 80% lack of admin. Therefore, this has impacted on the level of reported performance.
Successful recruitment has now filled the vacancies.
We have 1128 of our population waiting to access PT services. 689 patients are waiting >18 weeks (61.1% breached target) of which 383 have been waiting >1year.

completed waits --- Standard (90%) —•— % patients started treatment within 18 weeks

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
No. Completed Waits	299	358	305	285	330	330	260	286	151	237	222	213	188	260	208

PT Ongoing Waits North Highland

No. Patients waiting

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
157 - 208 Weeks	93	94	96	84	87	73	39	34	28	12	14
105 - 156 Weeks	233	242	211	160	122	118	111	110	81	73	53
53 - 104 Weeks	329	320	277	256	258	259	255	267	278	275	222
36 - 52 Weeks	98	96	91	122	152	180	162	149	124	100	79
19 - 35 Weeks	153	204	197	188	170	140	143	172	172	153	141
0 - 18 Weeks	430	439	352	350	369	353	381	393	344	329	362
>208 Weeks	205	174	171	178	189	76					

■>208 Weeks ■0 - 18 Weeks ■19 - 35 Weeks ■36 - 52 Weeks ■53 - 104 Weeks ■105 - 156 Weeks ■157 - 208 Weeks

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Gareth Adkins
Director of People & Culture

Sickness absence remains above the national 4% target but below the national rate. Absences recorded with an unknown cause/not specified reflect over 25% of reported absences and work is ongoing in improving this with managers. Long term absences are mostly related to other musculoskeletal problems and anxiety/stress which contributes to staffing pressures within teams. Support is ongoing from the People Services Team. Regular online training sessions on attendance are available via TURAS which provides guidance on dealing with attendance concerns and the process for managing attendance.

Turnover remains consistent with previous years trends, peaks in ends of fixed term contracts and retirement age.

Recruitment processing activity remains high. Areas are encouraged to consider the workforce plans in order to progress appropriate vacancies. Our first 5 international nursing recruits commenced in July 2023 with further cohorts arriving each month until November 2023. Training will be completed in Aberdeen before sitting the OSCE exam and arriving in Inverness.

Organisational Metrics Jul 2023

Sickness Absence Rate (%)
6.16

Long Term SA Rate (%)
4.11

Short Term SA Rate (%)
2.14

Recorded Absence Reason (%)
70.80

Vacancy Time to Fill (Days)
121.14

Annual Employee Turnover (%)
9.12

Sickness Absence Rates (%) by Month

Vacancy Time to Fill (Days) by Month

Annual Employee Turnover (%) by Month

Recorded Absence Reason (%) by Month

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Gareth Adkins
Director of People & Culture

A short life working group is being established to progress the actions outstanding from the audit report and the improvements required for Statutory and Mandatory training compliance across the Board.

Personal Development plan training and awareness sessions continue to be rolled out and available to all. This is an interactive session designed to provide the information needed to undertake successful PDPs, ask questions and share good practice.

Training Metrics Jul 2023

Mandatory eLearning Completion (%)
66.4

V&A Practical Training Completion Rate (%)
37.0

M&H Practical Training Completion Rate (%)
24.0

Appraisal Completion Rate (%)
27.0

Core Mandatory eLearning Completion Rate (%) by Month
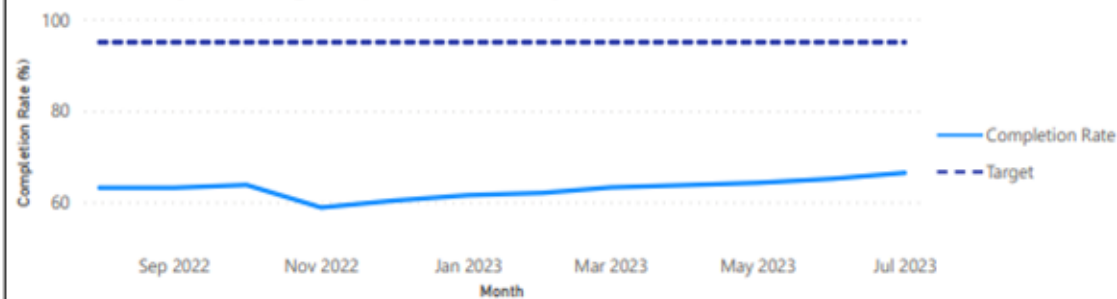
Practical Training Completion Rate (%) by Month
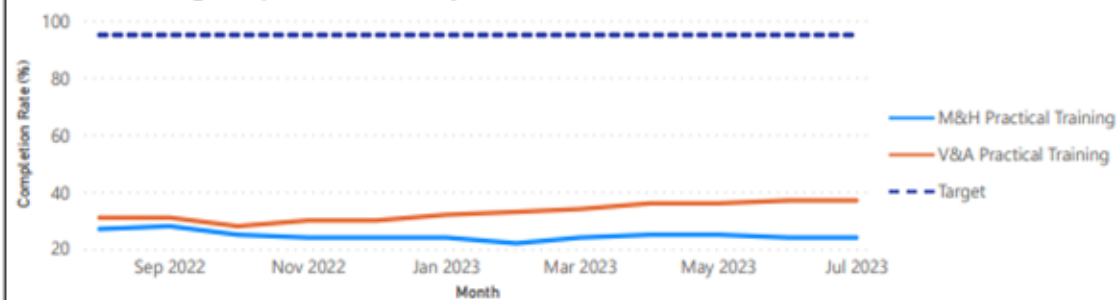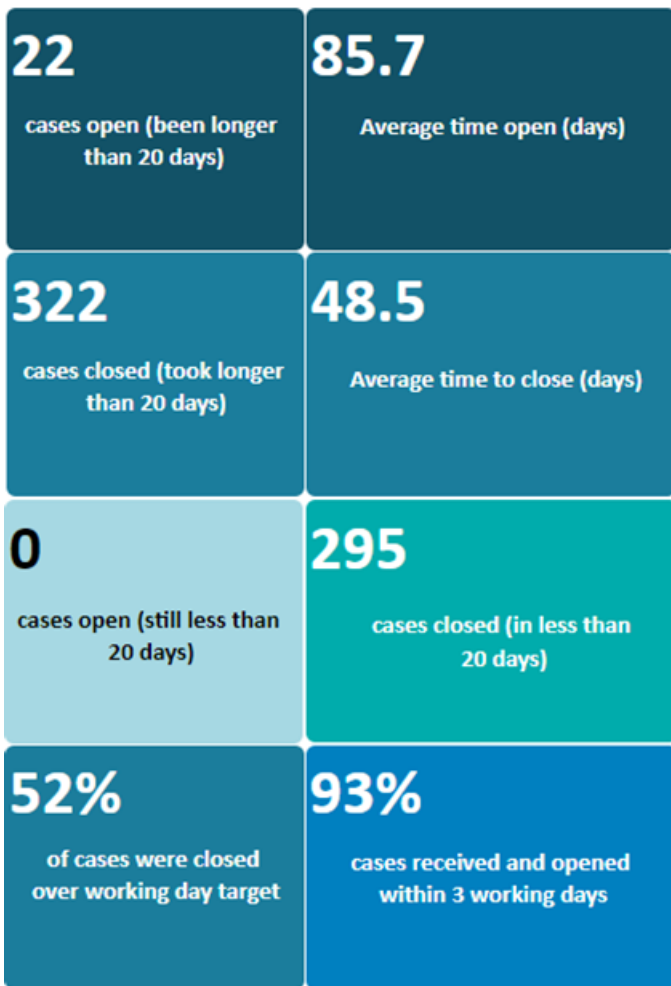

Appraisal Completion Rate (%) by Month

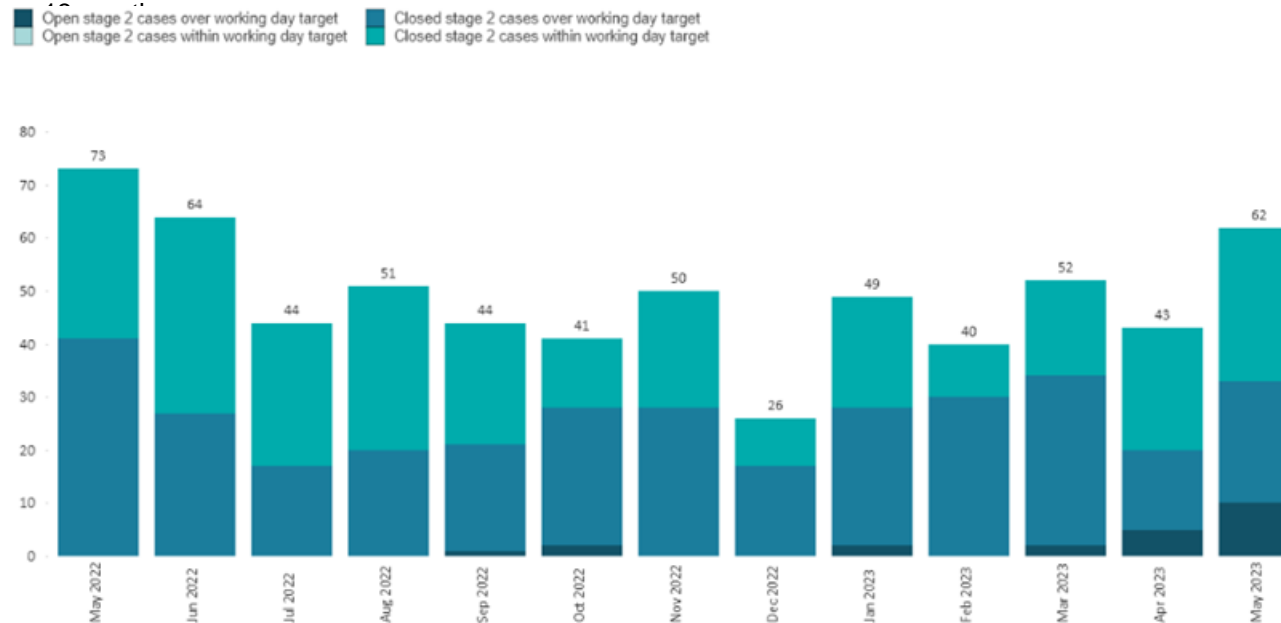**Together We Care**
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Stage 2 complaint case information – May 2022 to May 2023 (EXTRACT 27.07.2023) *excludes cases with stage of Further Correspondence (FC) and Scottish Public Services Ombudsman (SPSO)

NHS Highland stage 2 case overview

22 cases open (been longer than 20 days)	**85.7** Average time open (days)
322 cases closed (took longer than 20 days)	**48.5** Average time to close (days)
0 cases open (still less than 20 days)	**295** cases closed (in less than 20 days)
52% of cases were closed over working day target	**93%** cases received and opened within 3 working days

Context by Dr Boyd Peters Medical Director

Data show performance against 20 working day target response time improved significantly in April 2023. This continues to be closely monitored through EDG, SLTs and weekly Operational Unit meeting.

Complaints performance in June 2023 was 58%

Complaints performance was discussed at EDG on the 14 August and it was agreed on a monthly basis Complaints manager will attend to discuss learning and themes.
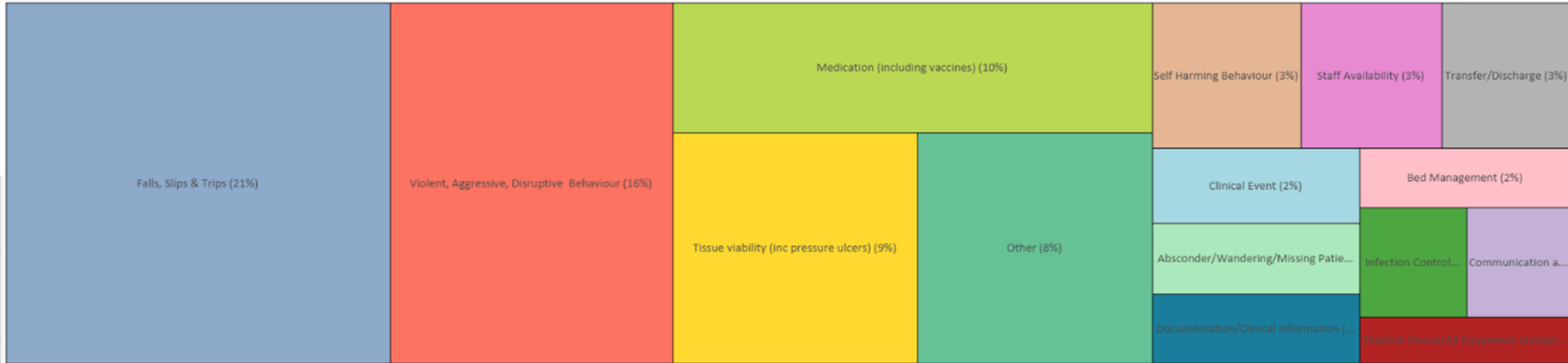
Working day status graph displaying number of stage 2 cases received for NHS Highland over last

Legend:
- Open stage 2 cases over working day target
- Open stage 2 cases within working day target
- Closed stage 2 cases over working day target
- Closed stage 2 cases within working day target

Working day performance (closed within 20 days) for stage 2 cases | Shown by operational unit

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Highland	44%	58%	61%	61%	52%	32%	44%	35%	43%	25%	35%	53%	47%
Argyll & Bute	14%	0%	38%	67%	14%	17%	29%	50%	50%	20%	40%	20%	33%
Acute	64%	66%	71%	70%	65%	29%	52%	25%	50%	28%	41%	61%	53%
Higland Health & Social Care Partnership (HHSCP)	20%	59%	70%	38%	57%	45%	39%	38%	25%	20%	20%	56%	42%

Clinical Governance
July 2023

Adverse Event information – April 2023 to June 2023 (EXTRACT 27.07.23)

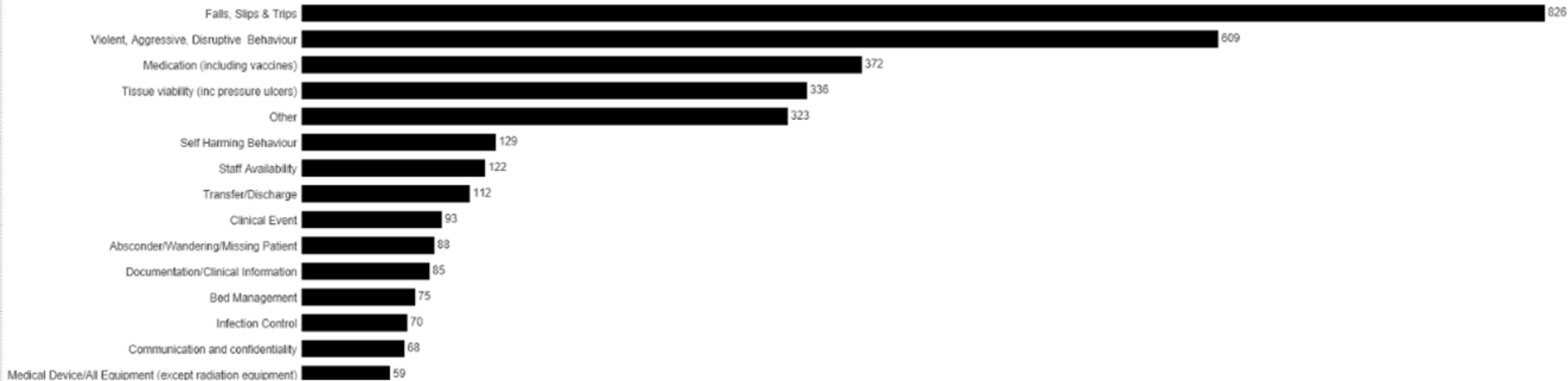|	Risk	Mitigation
1	Operational pressures	Ensure processes supported in operational units
2	Reduced Organisational learning	Maintain QPS activities
3	Quality adversely affected	Oversight of responses by key senior staff

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Context by Dr Boyd Peters
Medical Director

The main categories of adverse events reported in the last three months remains unchanged. Groups are in place to review and monitor these categories.

Operational Areas are closely monitoring Falls, V&A , medication errors and Tissue Viability.

Top 15 adverse event categories recorded in NHS Highland last 3 months % Share (April 2023 – June 2023)

Falls, Slips & Trips (21%)
Violent, Aggressive, Disruptive Behaviour (16%)
Medication (including vaccines) (10%)
Self Harming Behaviour (3%)
Staff Availability (3%)
Transfer/Discharge (3%)
Tissue viability (inc pressure ulcers) (9%)
Other (8%)
Clinical Event (2%)
Bed Management (2%)
Absconder/Wandering/Missing Patie...
Infection Control...
Communication a...
Documentation/Clinical Information (...

Category	Count
Falls, Slips & Trips	826
Violent, Aggressive, Disruptive Behaviour	609
Medication (including vaccines)	372
Tissue viability (inc pressure ulcers)	336
Other	323
Self Harming Behaviour	129
Staff Availability	122
Transfer/Discharge	112
Clinical Event	93
Absconder/Wandering/Missing Patient	88
Documentation/Clinical Information	85
Bed Management	75
Infection Control	70
Communication and confidentiality	68
Medical Device/All Equipment (except radiation equipment)	59

Clinical Governance
July 2023

Significant Adverse Event Review (SAER) information – June 2022 to June 2023 (EXTRACT 27.07.23)

	Risk	Mitigation
1	Operational pressures	Ensure processes supported in operational units
2	Reduced Organisational learning	Maintain QPS activities
3	Quality adversely affected	Oversight of responses by key senior staff

Context by Dr Boyd Peters
Medical Director

Reported numbers of SAERs remains low, giving rise to the question of whether there should be others which have not been identified. All SAERs are progressing within timescale.

Many of the more serious adverse events are being reviewed as case reviews/care assessment.

The Board Nurse Director and Board Medical Director Raised Concerns about their concern about the number of outstanding SAER actions. This was raised at EDG on 14 August. A review of the current SAER process is being undertaken to enhance governance.

Number of SAERs declared in NHS Highland over last 13 Months

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Highland	0	3	0	0	1	3	2	2	0	2	2	0	1
Argyll and Bute	0	1	0	0	1	2	1	0	0	1	0	0	0
HHSCP	0	2	0	0	0	1	0	1	0	0	2	0	0
Acute	0	0	0	0	0	0	1	1	0	1	0	0	1

Open SAERs declared in NHS Highland over working day target by month declared Category Issue of SAERs declared in NHS Highland over last 13 months

Five. (most are significantly over the timescale)
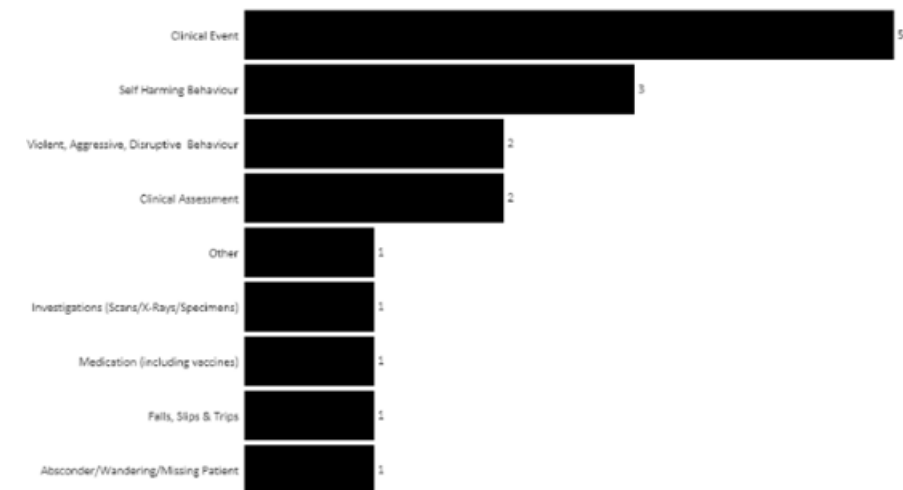
Clinical Governance
July 2023

Hospital inpatient falls – June 2022 to June 2023 (EXTRACT 27.07.2023)

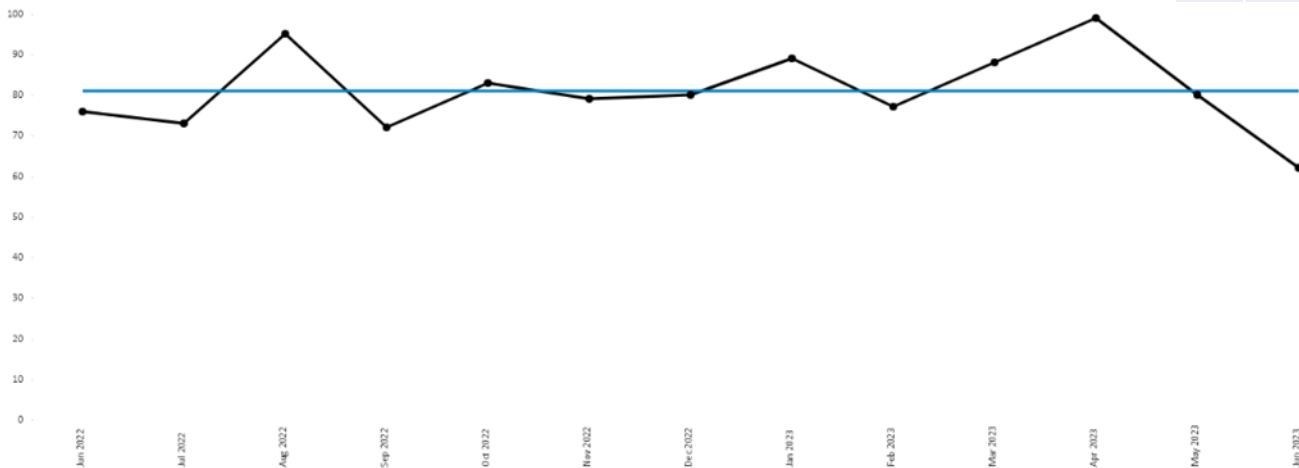## Together We Care
with you, for you

Context by Louise Bussell
Board Nurse Director

May and June have seen a reduction in falls across the Acute Division and Health and Social Care Partnership. This links with the introduction of the Daily Care Plan across all clinical areas. This is clearly positive news but we need to be continue to monitor closely to ensure a sustained and continuing reduction and to understand the link with the care plan role out. We will be closely monitoring this within our ongoing audit work.

Falls with harm remain consistent as a proportion of total falls and therefore the continued focus on reducing all falls is critical.

Work progressing through Falls risk management group and SLWG looking at equipment, environment, learning from Riddor reports etc

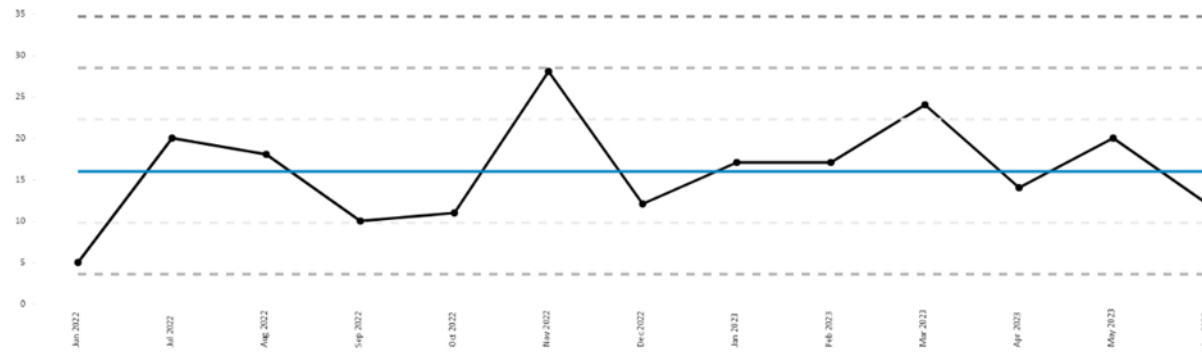|	Risk	Mitigation
1	Staffing challenges remain a risk across all areas Opening of additional bed capacity in the Acute environment is also increasing the risk, approximately 20-30 beds daily	Key principles of falls prevention and promotion of positive risk taking are universally applied as part of essentials of safe care and incorporated through Daily Care plan Regular monitoring of staffing level and escalation of concerns through Real Time Staffing Resource
2	The Increasing complexity and frailty of patients in our care facilities.	Patient and family Falls leaflet developed Identify staff to attend SPSP event in September

Run chart of Raigmore hospital inpatient falls over last 13 months

Run chart of NHS Highland hospital inpatient falls over last 13 Months
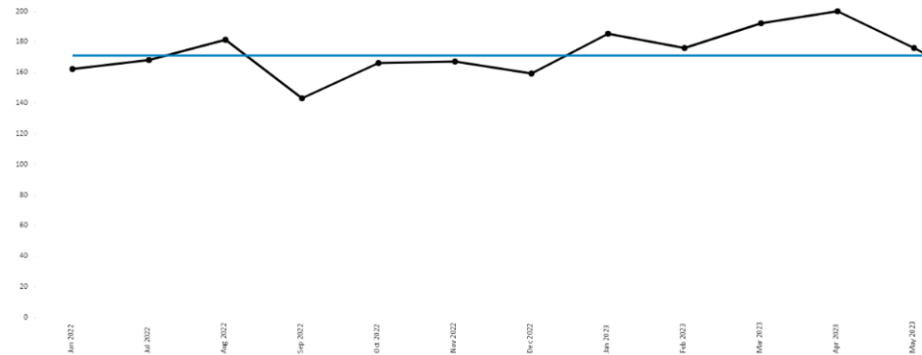
Hospital inpatient falls with harm (and injury count) over last 13 months

	Risk	Mitigation
1	Specialist Tissue Viability Nurse clinical expertise and leadership capacity	1.Reprofiling and development of new pan Highland senior Tissue Viability nurse post to be appointed - this post will provide enhanced senior clinical nurse leadership to lead the pan Highland TV service review and redesign 2.Additional fixed term nursing support for Care Homes as part of SG commitment to enhanced care home support to increase capacity to deliver preventative work in Care Homes and with Care @ Home teams 3.Designated Quality Improvement Practitioner to provide focussed support for pressure ulcer prevention across all care settings 4. Development of monthly TV Newsletter to provide ongoing updates and features on wound care products and practice to support generalists to upskill in wound care management
2	Demand for specialist Tissue Viability advice and support continues to increase and referrals to the NHSH e-clinic are beginning to outstrip existing capacity	1. Changes to the e-clinic referral pathway to educate referrers to other routes for accessing support before specialist input is required 2 All below ankle wounds referred to podiatry for specialist review and shared care 3.Review and monitoring impact of enhanced care home support to referral rates.

Together We Care
with you, for you

Context by Louise Bussell
Board Nurse Director

The new Board Tissue viability nurse specialist lead is now in post which has significantly improved the tissue viability workforce challenges. She is already implementing improvements and establishing plans for the future.

The eagerly anticipated driver diagram from Health Improvement Scotland has now been shared which is providing key drivers for supporting in the prevention and reduction of pressure ulcers.

The NHS Highland Tissue Viability Leadership Group has agreed to aim to reduce hospital acquired PUs by 10%. Current referral processes are under review and a review of pressure relieving equipment has commenced to consider the need for a mattress replacement programme
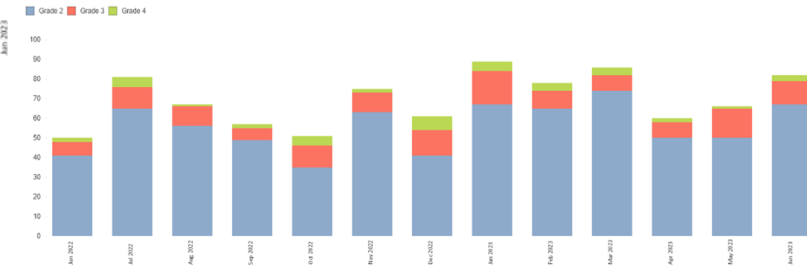
Run chart of grade 2-4 pressure ulcers developed in Raigmore Hospital over last 13 months
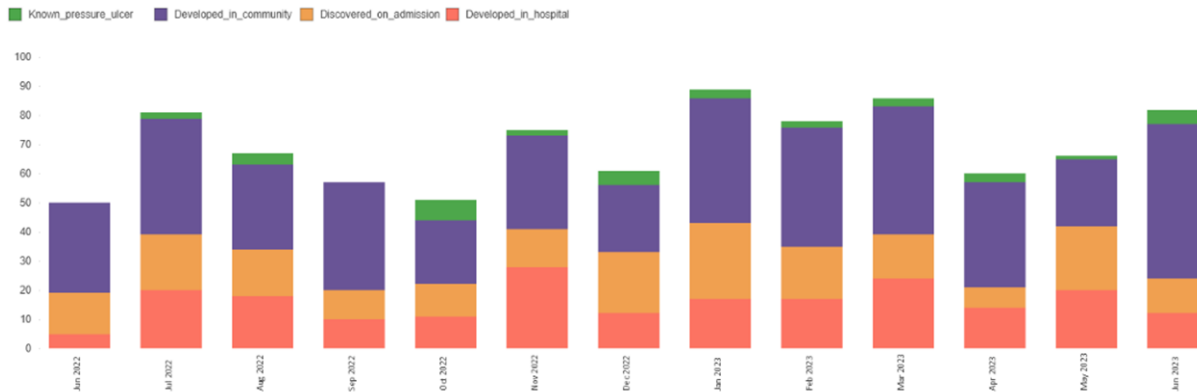

Run chart of NHS Highland grade 2-4 pressure ulcers over last 13 Months (all sub-categories)
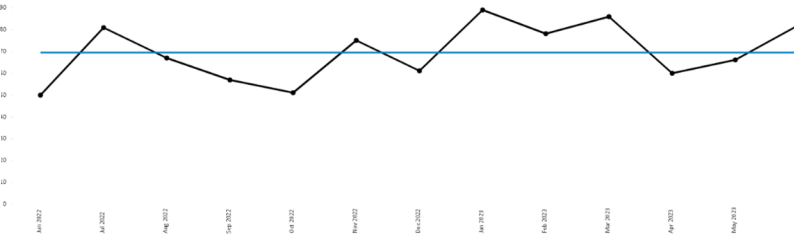
Bar chart of NHS Highland grade 2-4 pressure ulcers over last 13 Months (all sub-categories)

Number of NHS Highland grade 2-4 pressure ulcers split by subcategory over last 13 months

Grade 2	723
Grade 3	137
Grade 4	43

Developed_in_hospital	208
Discovered_on_admission	204
Developed_in_community	454
Known_pressure_ulcer	37

Clinical Governance
July 2023

Public Health Scotland (PHS) data only available until March 2023

Infection Prevention, E Coli, Staphylococcus aureus bacteraemia (SAB) and Clostridium difficile (C Diff) Infection Healthcare Associated Infection (HCAI) Rates per 100,000 population
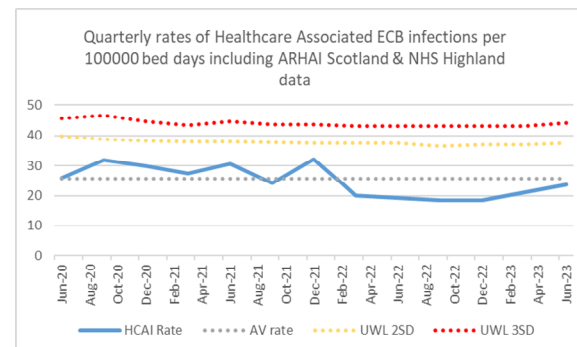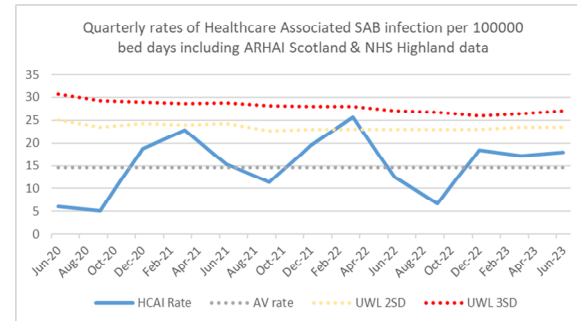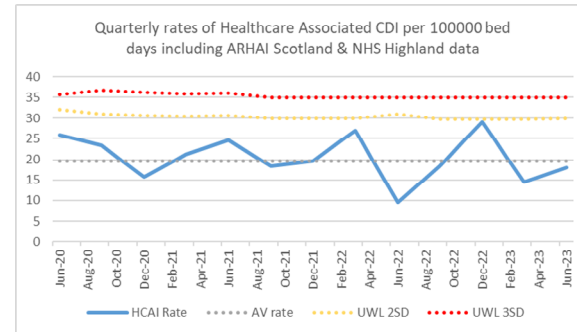
Together We Care
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Context by Louise Bussell
Board Nurse Director

End of year performance against the reduction aims was published in July 2023. NHS Highland met the reduction aim for SAB, but fell slightly short of meeting the aims for EColi bacteraemia and CDI infections, We remained within predicted limits (for CDI we are 4 over and for EColi we are 3 over the reduction aim).   Overall we are pleased with our position and the hard work that has put us in this position but always strive for continual improvement.

The HCAI data for Apr-June 2023 will not be published until September.

The Infection Prevention and Control team actively monitor each patient with a reported episode of infection, for learning points and to prevent future occurrences.

A detailed report is submitted to Clinical Governance Committees for awareness and assurance.

Quarterly rates of Healthcare Associated CDI per 100000 bed days including ARHAI Scotland & NHS Highland data

Quarterly rates of Healthcare Associated SAB infection per 100000 bed days including ARHAI Scotland & NHS Highland data

Quarterly rates of Healthcare Associated ECB infections per 100000 bed days including ARHAI Scotland & NHS Highland data

	Risk	Mitigation
1	Risk of harm to patients and a poor care experience due to development of health care associated Staphylococcus Aureus, Bacteraemia, Clostridium difficile and E coli infections	An annual work plan is in place to support the reduction of infection. Cases are monitored and investigated on an individual basis; causes are identified, and learning is fed back to the Divisional units. Where present themes are addressed through specific action plans.
2	Staffing challenges remain a significant risk, with demand for the service remaining high	Additional capacity to provide support to Care Homes and Care at Home Services will cease at the end of Sept 2023. Discussion is underway with Health Protection team to review this service provision going forward. There is a need to upskill the existing IPC workforce, and support new staff to complete training. The review of the National IPC Workforce Strategic plan will be used to inform future service need

Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2023/2024 including validated and published data by Public Health Scotland (PHS), and NHS Highland unvalidated data

Period	Apr-Jun 2023 Q1 (NHS Highland unvalidated data)	Jul-Sep Q2	Oct-Dec Q3	Jan-Mar Q4
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	18	n/a	n/a	n/a
SCOTLAND	n/a	n/a	n/a	n/a
C. DIFF				
NHS HIGHLAND	18	n/a	n/a	n/a
SCOTLAND	n/a	n/a	n/a	n/a
E.COLI				
NHS HIGHLAND	23.5	n/a	n/a	n/a
SCOTLAND	n/a	n/a	n/a	n/a

Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
2	COVID vaccine – spring/summer performance	Monthly	July 2023	Winter campaign will be available for Nov 2023 IPQR
2	Comparative COVID vaccine uptake – for people aged 75+	Monthly	July 2023	Winter campaign will be available for Nov 2023 IPQR
3	NHS Highland-Alcohol brief interventions 2023/24 Q1	Quarterly	July 2023	November 2023
3	ABIs delivered	Quarterly	July 2023	November 2023
4	LDP smoking quit attempts by month of planned quit-NHS Highland	12 weeks	July 2023	November 2023
4	LDP 12-week smoking quits by month of follow up-NHS Highland	12 weeks	July 2023	November 2023
5	Highland ADP performance against standard for completed waits	Quarterly	July 2023	November 2023
5	% of of ongoing waits> 3 weeks at quarter-end	Quarterly	July 2023	November 2023
5	Board Comparision: percentage of completed community referrals	Quarterly	July 2023	November 2023
5	Board Comparison: percentage of ongoing waits at quarter-end	Quarterly	July 2023	November 2023
6	NHS Highland C-Section rates(%)	Monthly	July 2023	November 2023
6	Percentage if Antenatal bookings <12 weeks gestation	Monthly		November 2023

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
7	CAMHS completed waits	Monthly	New graph	November 2023
7	CAMHS ongoing waits	Monthly	New graph	November 2023
8	NDAS New patients awaiting first appointment 22vs23	Monthly	July 2023	November 2023
8	NDAS: New + return + Unvetted projections	Monthly	July 2023	November 2023
8	NDAS: New + Unvetted patients awaiting first appointment	Monthly	July 2023	November 2023
9	ED attendances by flow group	Monthly	July 2023	November 2023
9	ED performance comparison	Monthly	July 2023	November 2023
9	NHS Highland ED 4hr wait performance	Monthly	July 2023	November 2023
10	Total TTG Waitlist	Monthly	July 2023	November 2023
10	Planned care additions, patients seen & Trajectories	Monthly	July 2023	November 2023
11	New outpatients total waiting list	Monthly	July 2023	November 2023
11	New outpatients Referrals, Patients seen & Trajectories	Monthly	July 2023	November 2023
12	Radiology Key tests activity & Trajectories (2 graphs)	Monthly	July 2023	November 2023
12	Trajectories yearly totals and patients seen yearly totals	Monthly	New table	November 2023
13	Endoscopy Key tests activity & Trajectories (2 graphs)	Monthly	July 2023	November 2023
13	Trajectories yearly totals and patients seen yearly totals	Monthly	New table	

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
14	31 & 62 Day Performance (2 graphs)	Monthly	July 2023	November 2023
14	NHS board comparison 31-day and 62-day performance (2 graphs)	Monthly	July 2023	November 2023
15	NHS Highland Delayed Discharges	Monthly	July 2023	November 2023
15	Bed days occupied by Delayed Discharges	Monthly	July 2023	November 2023
16	Care at Home Services-Count of clients by provider type	Monthly	July 2023	November 2023
16	Care at Home services-Sum of hours by provider type	Monthly	July 2023	November 2023
16	Total number of people assessed and awaiting a new package of care	Monthly	July 2023	November 2023
16	Unmet need hours by locality	Monthly	July 2023	November 2023
17	Care homes-Long term care service user by operational area including OOA	Monthly	July 2023	November 2023
17	Care homes-No. Of occupied long term care beds by provider types	Monthly	July 2023	November 2023
17	Care Homes-Long stay care homes by age band	Monthly	July 2023	November 2023
18	PT completed waits and performance target	Monthly	July 2023	November 2023
18	PT ongoing waits NH	Monthly	July 2023	November 2023