

NHS Highland



Meeting: NHS Highland Board

Meeting date: 29 NOVEMBER 2022

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 a:

- Annual Operating Plan

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

2 Report summary

The NHS Highland Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on the performance of our health and care system. It also gives a narrative on the specific outcome areas from the Executive Lead to give assurance.

We are continuing the review of the current IPQR process and reporting to ensure it meets the needs and assurances the board requires along with supporting our governance committees.

The current key performance indicators within this month's IPQR have been aligned to the strategy and additional indicators have been added to ensure we have measures for all outcome areas moving forward and alignment with the Local Delivery Plan measurements.

2.1 Situation

Scrutiny of the intelligence presented in the IPQR has been completed at the Clinical Governance Committee, Staff Governance Committee and Finance Resources and Performance Committee.

2.2 Background

The background to the IPQR has been previously discussed in the NHS Highland Board.

2.3 Assessment

A review of these indicators continues to take place in the associated Programme Boards, Performance Oversight Board and governance committees.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

Due to the continued challenges health and social care services face limited assurance on performance is provided at this time. The Annual Delivery Plan ensures we have a collaborative understanding, and a winter plan is being developed to try and protect our most vulnerable areas of our organisation.

3 Impact Analysis

3.1 Quality/ Patient Care

IPQR gives an integrated summary of our quality and patient care across the system.

3.2 Workforce

IPQR gives a summary of our key performance indicators relating to staff governance across our system.

3.3 Financial

The financial summary is now separate.

3.4 Risk Assessment/Management

This intelligence contained in the IPQR is managed operationally and overseen through the appropriate Governance Committees, and the Performance Oversight Board. It will form part of continual improvement by all sectors involved and allow consideration of the intelligence presented as a whole system.

3.5 Data Protection

The Plan does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is a summary report.

3.7 Other impacts

No relevant impacts.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document. We aim to share this more widely internally and externally to develop understanding of the system.

3.9 Route to the Meeting

Through the appropriate Governance Committees.

4 Recommendation

- Take limited assurance on the performance of the system due to the continued challenges faced by health and care services
- The annual delivery plan and winter plan will support mitigation plans where possible.

4.1 List of appendices

- IPQR – November 2022



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Integrated Performance and Quality Report

November 2022

The purpose of the IPQR is to give an overview of the whole system performance and quality to the NHS Highland Board from the previous quarters. 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. The Argyll & Bute data is not included in this report as they are refreshing their approach.

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 Alcohol Brief Interventions, Detect Cancer Early, NDAS, GP access, Dementia support and Smoking Cessation. These will be included in the next IPQR.

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



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Integrated Performance & Quality Report

Objective 1
Outcome 3
Priority 3A

Our Population
Stay Well (Screening and vaccinations)
“Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population”



Dr Tim Allison,
Director of Public Health

The autumn COVID and influenza vaccination programme has started steadily and has been ahead of planned trajectory. It is being delivered by Board staff except for some islands where there is practice delivery. Argyll and Bute HSCP coverage has been higher than that in Highland HSCP. All care homes have had vaccination visits. Some appointment scheduling and clinic errors have occurred and programme risks including staffing still remain.

Area	Eligible Population
North Highland	149,722
Argyll & Bute	57,507

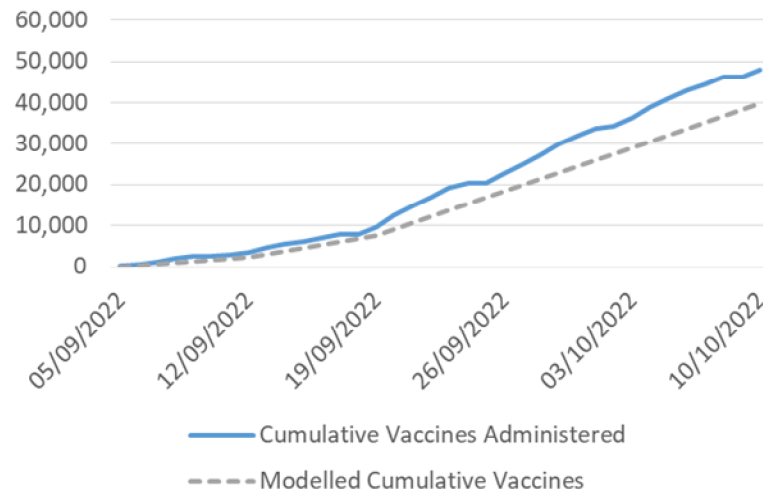
Performance Overview

There are 28 vaccination centres in the Argyll and Bute HSCP area and 65 in the Highland HSCP area in addition to school, care home and domiciliary vaccination locations.

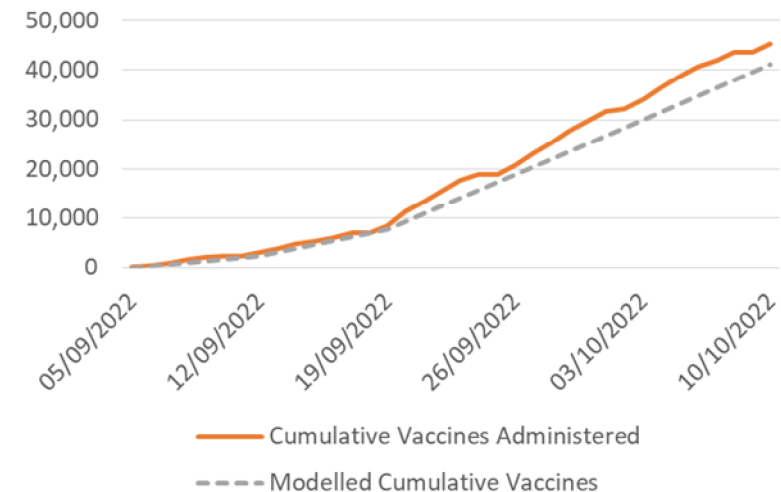
At the time of intelligence reporting which was 11th October, in Argyll and Bute 18,855 COVID vaccinations and 20,510 influenza vaccinations have been given which for COVID.

Within Highland HSCP 30,757 COVID vaccinations and 39,003 influenza vaccinations. Vaccination has taken place at all care homes in NHS Highland.

COVID-19 Winter Booster Uptake -
Administered vs Modelled



Flu Winter Booster Uptake -
Administered vs Modelled





Integrated Performance & Quality Report
Objective 1
Outcome 3
Priority 3A
Our Population
Stay Well (Screening and vaccinations)
“Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population”



	NHS Highland				Scotland				Uptake For last dose	
Cohort	Number Uptake	Population	Percentage Uptake	Percentage Point Change over last 2 weeks	Number Uptake2	Population2	Percentage Uptake2	Percentage Point Change over last 2 weeks2	NHS Highland	Scotland
Older Adult Care Home Resident (COVID-19 Booster)	1,535	1,715	89.50%	24.4%	22,430	26,859	83.50%	7.8%	86%	85%
Older Adult Care Home Resident (Adult Flu Vaccine)	1,562	1,775	88.00%	24.1%	23,290	27,932	83.40%	7.4%	-	-
65+ Cohort (COVID-19 Booster)	42,464	76,736	55.30%	20.9%	671,970	1,064,767	63.10%	29.1%	92%	93%
65+ Cohort (Adult Flu Vaccine)	41,169	80,141	51.40%	19.5%	663,233	1,110,683	59.70%	27.4%	-	89%
Frontline Health and Social Care Workers (COVID-19 Booster)	3,698	12,669	29.20%	-	55,829	221,307	25.20%	-	-	82%
All Health and Social Care Workers (Adult Flu Vaccine)	5,636	19,111	29.50%	-	88,643	326,129	27.20%	-	-	70%
Frontline Health Care Workers (COVID-19 Booster)	1,969	4,913	40.10%	-	31,605	86,864	36.40%	-	-	-
All Health Care Workers (Adult Flu Vaccine)	4,303	11,561	37.20%	-	65,024	178,053	36.50%	-	-	-
Frontline Social Care Workers (COVID-19 Booster)	1,742	7,797	22.30%	-	24,350	134,875	18.10%	-	-	-
All Social Care Workers (Adult Flu Vaccine)	1,645	8,549	19.20%	-	24,299	150,448	16.20%	-	-	-
Total COVID-19 Boosters	53,415	171,805	31.10%	8.6%	832,191	-	-	-	89%	88%
Total Adult Flu	52,541	191,638	27.40%	10.6%	870,360	-	-	-	-	-
Co-Administration										
Rate that COVID-19 and Flu vaccines were administered at the same appointment	50,825	-	91.20%	-	817,685	-	93.90%	-	-	-



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Integrated Performance & Quality Report

Objective 1
Outcome 3
Priority 3B

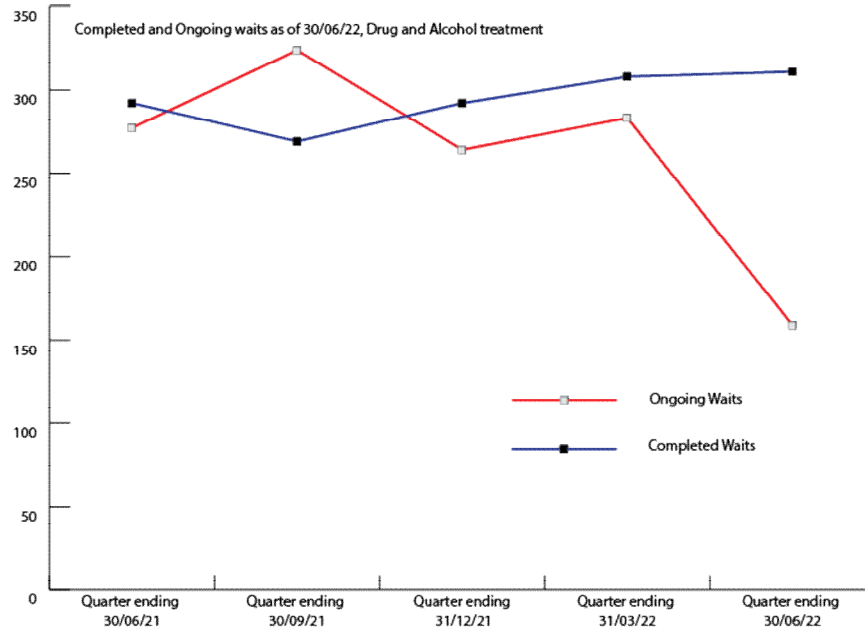
Our Population
Stay Well (Drug and Alcohol waiting times)
“No patient will wait longer than 3 weeks for commencement of treatment”

New
indicator



Louise Bussell
Chief Officer,
Community

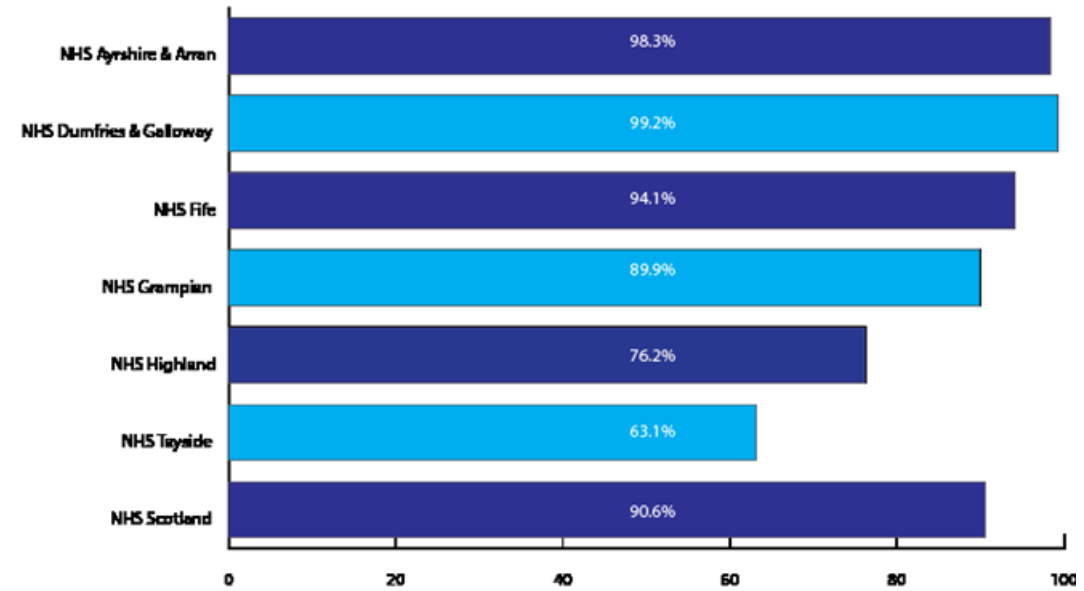
There has been a marked decrease in ongoing waiting times in the last two quarters. This relates to the service implementing new approaches following a process mapping, exercise. The service has redeveloped in key areas. They now provide immediate assessment rather than delay, caseload supervision to ensure flow, and have redesigned the pathway. This has been supported by further recruitment in Caithness where there is a particular need.



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. More detailed trend information on completed referrals in 3 weeks will be available in the next version.

Percentage of Completed Referrals in 3 weeks or less





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Integrated Performance & Quality Report

Objective 1
Outcome 3

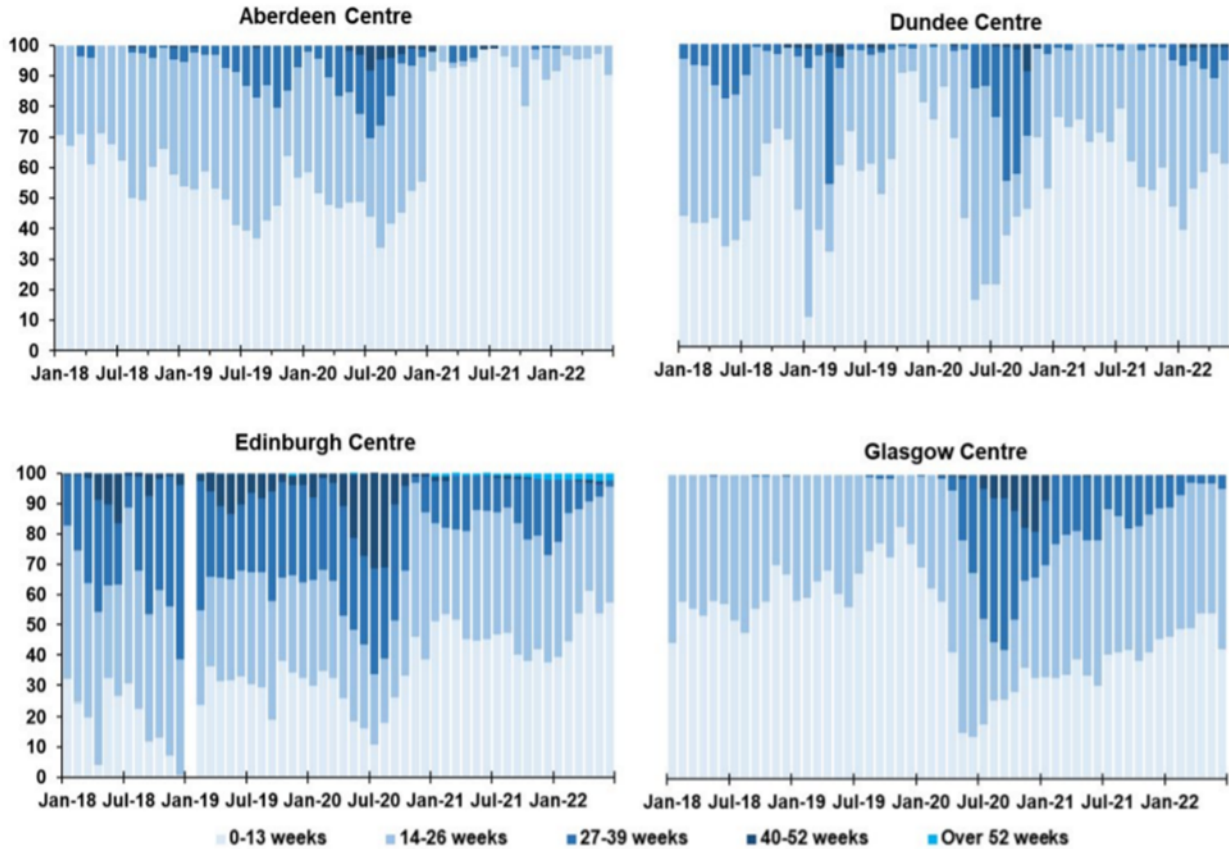
Our Population
Stay Well (IVF Waiting Times)

New
indicator



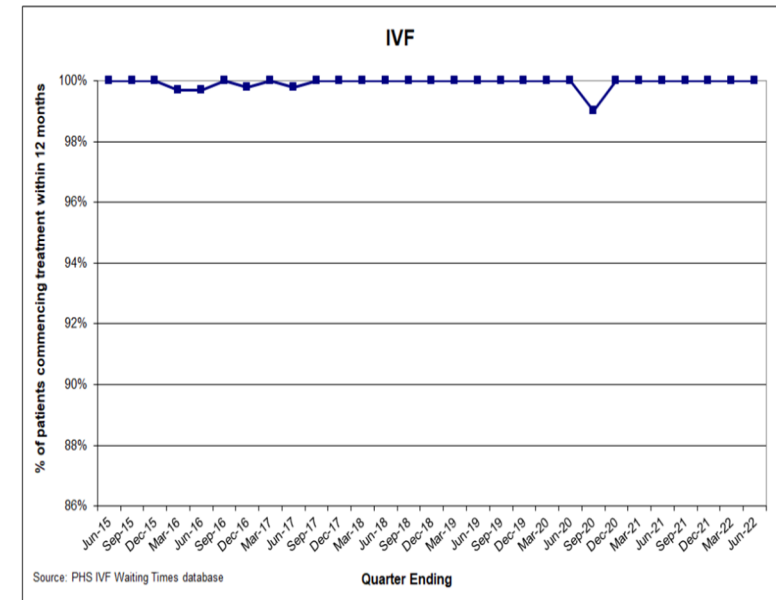
Katherine Sutton
Chief Officer, Acute

Waiting times to access IVF in the North of Scotland is performing at acceptable levels currently however there are significant challenges for the NHS Highland population in terms of distance to access treatment. As a part of the Stay Well Programme Board consideration will be given to understand population experience of accessing this service given the current challenges regarding the distance the Highland population must travel to access treatment.



Performance Overview

90% of eligible patients to commence IVF treatment within 12 months of referral. All NHS Highlands population are referred to Aberdeen and performance is better in the North than other centres although all of Scotland's population meet the waiting times. This is an LDP standard.





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Katherine Sutton
Chief Officer, Acute

Start Well aims to 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. The Maternity & Neonatal Programme Board is the collective strategic governing body to ensure we meet Start Well objectives through robust and rigorous planning, escalation and risk management.

Workforce planning is integral to the success of Start Well, and focussed discussions are actively underway to seek to address gaps across midwifery.

Further work is to be done in understanding CMU models of care and how this vital part of maternity services can be utilised to create additional capacity within acute sites.

Integrated Performance & Quality Report

Objective 1

Outcome 1

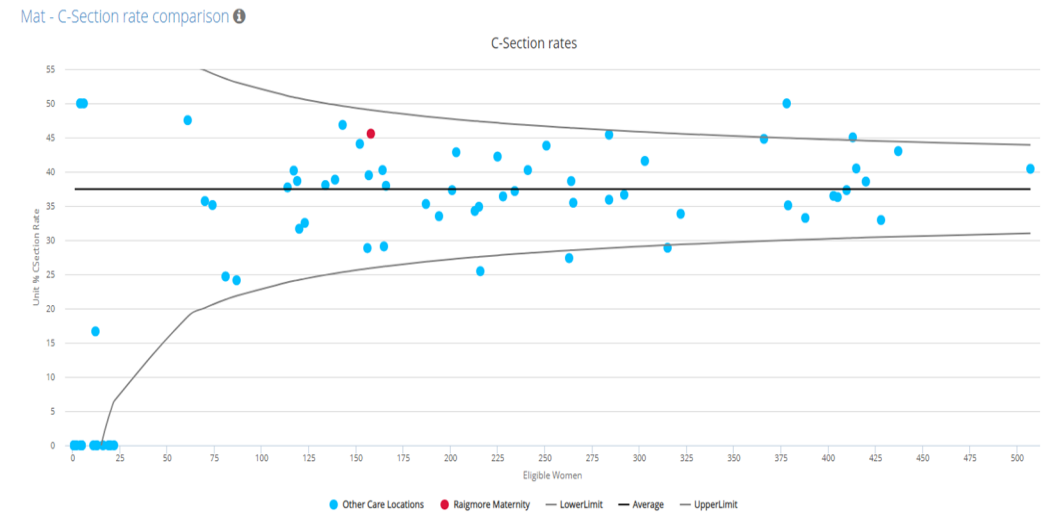
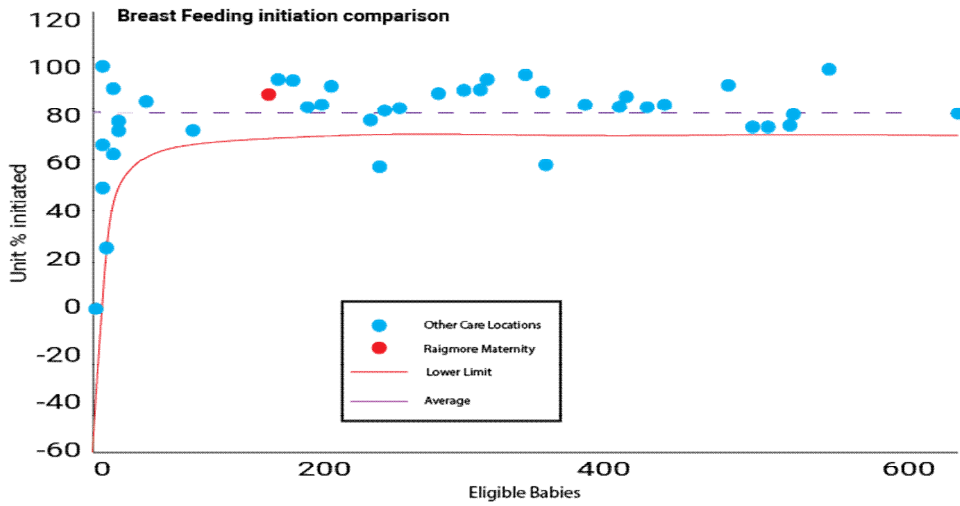
Priority 1A, 1C

Our Population

Start Well (Maternity Services)

"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"

New
indicator



Antenatal Care by 12th week of gestation

NHS AYRSHIRE & ARRAN	90.30%
NHS BORDERS	86.70%
NHS DUMFRIES & GALLOWAY	85.40%
NHS FIFE	89.30%
NHS FORTH VALLEY	89.90%
NHS GRAMPIAN	92.50%
NHS GREATER GLASGOW &...	86.70%
NHS HIGHLAND	91.80%
NHS LANARKSHIRE	90.10%
NHS LoTHIAN	91.80%
NHS ORKNEY	94.70%
NHS SHETLAND	86.80%
NHS TAYSIDE	80.50%
NHS WESTERN ISLES	87.10%
NHSSCOTLAND	88.50%

Performance Overview

The breast feeding comparison and c-section rates are new indicators and have been benchmarked against other boards. These have been discussed at the Clinical Governance Committee.

The LDP standard is that at least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will have booked for antenatal care by the 12th week of gestation. NHS Highland performance is 91.8% and is one of the highest performing boards in Scotland as at June 2022 which is the most recent data available.



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Integrated Performance & Quality Report

Objective 1

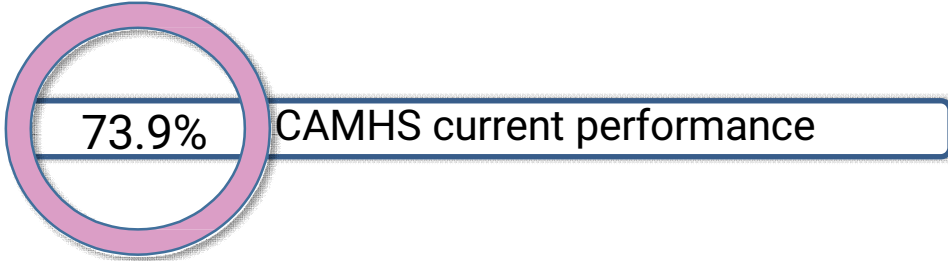
Our Population

Outcome 2

Thrive Well (CAMHS/NDAS/Integrated Children's Services)

Priority 2C

"Support children who have mental health or neurodiversity needs with timely, accessible care and a "no wrong door" approach"



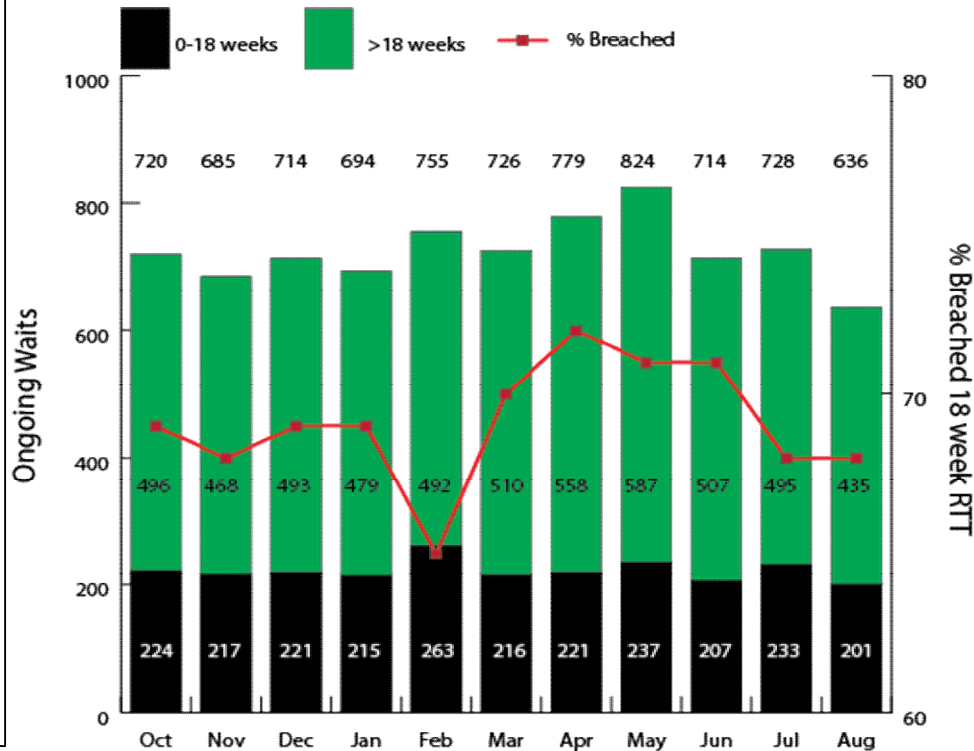
Performance Overview

The national target for CAMHS is that 90% of young people to commence specialist CAMHS services within 18 wks of referral.
A total of 636 children and young people are waiting to be seen of which 435 have waited over 18 weeks and 201 over under 18 weeks. 262 have waited over 1 year, the longest wait being over 3 years. Benchmarking shows that we have a higher than average distribution of long waits to access services.

Katherine Sutton
Chief Officer, Acute

The CAMHS waiting times position continues to be challenging. New leadership is in place and working closely with the service particularly in North Highland. A refreshed CAMHS programme board has been established working in an integrated way with inclusion of Highland Council colleagues aiming to link the Tier 1&2 services, Education and AHPs together in an integrated working approach. Specific workstreams to address focus areas for improvement are refreshing action plans agreed with Scottish Government with a particular focus on increasing capacity through introducing refreshed workforce models of service delivery. We continue to work closely with Scottish Government colleagues to implement the National CAMHS specification across Argyll and Bute and North Highland. A waiting time improvement initiative is being progressed aimed at significantly reducing patients waiting extended periods of time. Further work will be ongoing within this area led by the recently appointed Clinical Director for CAMHS

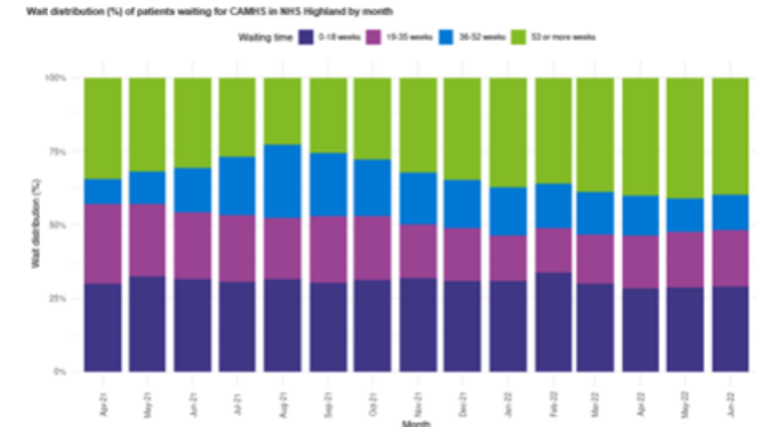
CAMHS waiting list to 31.8.22



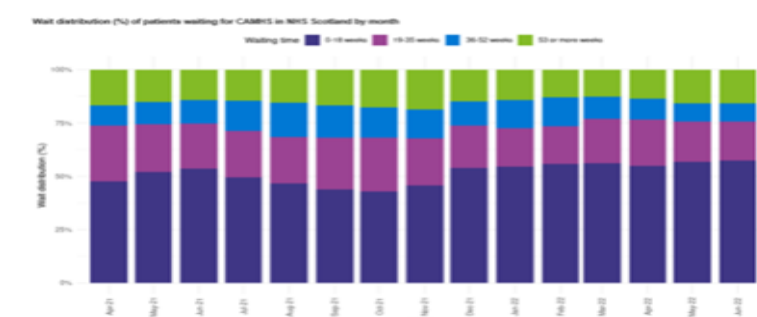
length of wait

YRS	NH	A&B
1-2	167	5
2-3	76	0
3-4	14	0
4+	0	0

Average Length of wait bands in NHS



Average Length of wait bands in NHS Scotland





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Integrated Performance & Quality Report

Objective 3
Outcome 11
Priority 11B

In Partnership
Respond Well (Urgent and Unscheduled Care)

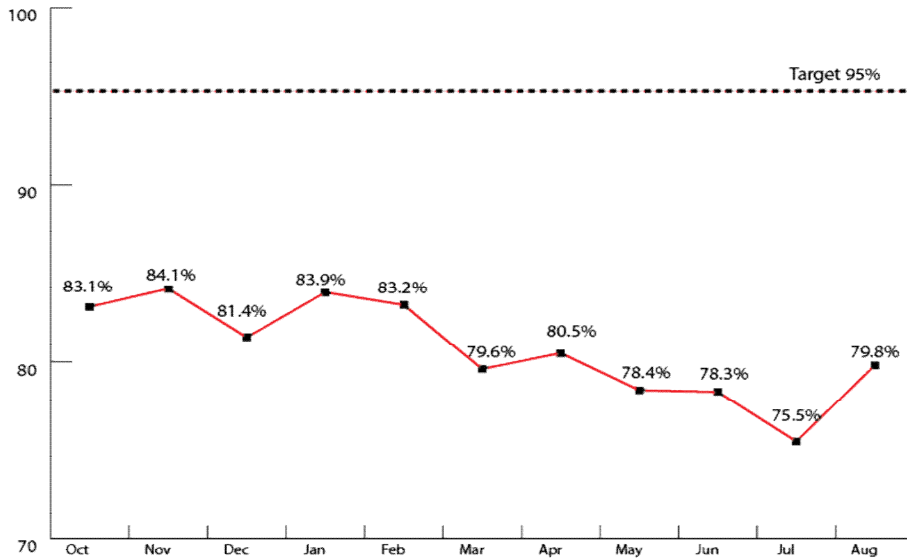
“Ensure that those people with serious or life threatening emergency needs are treated quickly”



Katherine Sutton
Chief Officer, Acute

NHS Highland ED performance continues to be several percentage points above the Scottish average and work is ongoing across all acute hospital sites to return to improve ED performance.

Performance has failed to return to pre-pandemic levels and is significantly impacted due to system wide pressures. The main reason for breach continues to be the wait for bed. Improved performance has been noted in Flow Groups 1 and 2. However flow groups 3 and 4 performance continue to be significantly challenged. Ambulance waits have been significant at times across all locations. Work is ongoing through the Unscheduled Care Collaborative and working very closely with clinical teams on the front line to consider local interventions as well as broader more transformational redesign of urgent and emergency patient pathways and services which will help reshape resources to better meet the urgent and emergency access needs of the local Highland population.



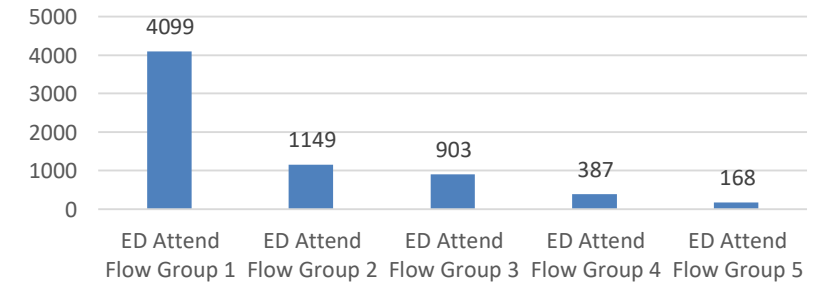
	July 22	August 22
4 hour wait to treatment	75.5%	79.8%
ED conversion rate	21.09%	20.79%
Emergency (EDIS) att.	5907	6204
Total ED attendances	6448	6706

Sourced from Local Data

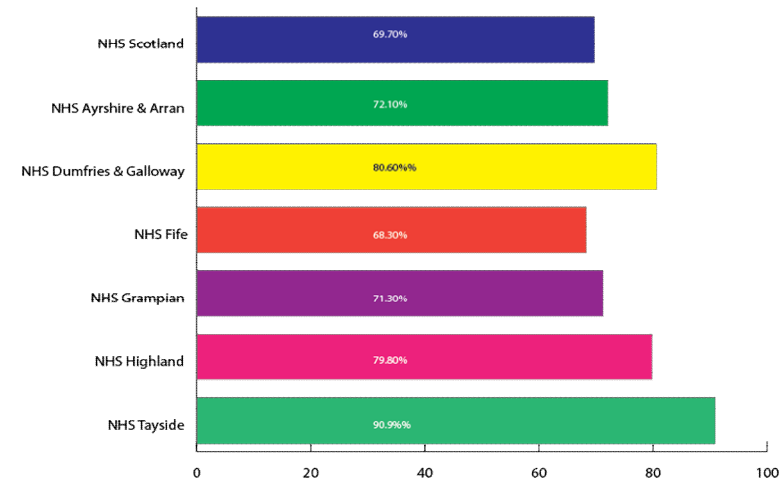
Performance Overview

The national target for ED 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 79.8%. The following is a link to the flow group definitions. [Accident & Emergency | Patient Flow | ISD Scotland | Information Services Division](#)

ED Attendences by flow group August 22



ED performance benchmarking (based on national Published figures)





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Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12B

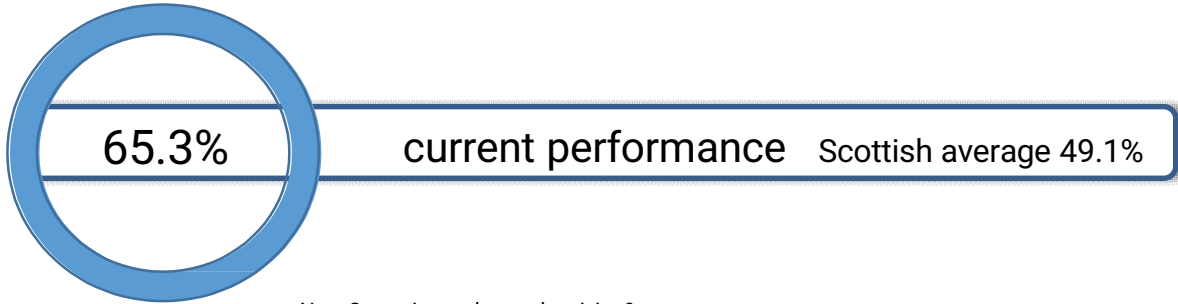
In Partnership
Treat Well (Outpatients)

“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

Remobilisation plans are progressing through the Treatwell Performance Recovery Programme Board. Focus is being applied to ensure the correct levels of activity are being delivered at service level and increasing the number of appointments offered weekly to patients either via virtual or face to face contact. Plans have been developed at speciality level with Clinical Leadership at the forefront. Efficiency improvements as developed through the Financial Recovery Programme Board Out-Patients Cross Cutting Workstream and linking with The Centre for Sustainable Delivery are being applied across all speciality service areas. Additional capacity is being sourced to support in some service areas. Engagement with the Scottish Government recently launched planned care recovery programme. Work is ongoing with regards to meeting the recently released Scottish Government targets. Recently announced planned care funding constraints are impacting the potential rate of recovery with the March 2023 target looking extremely challenging to deliver.

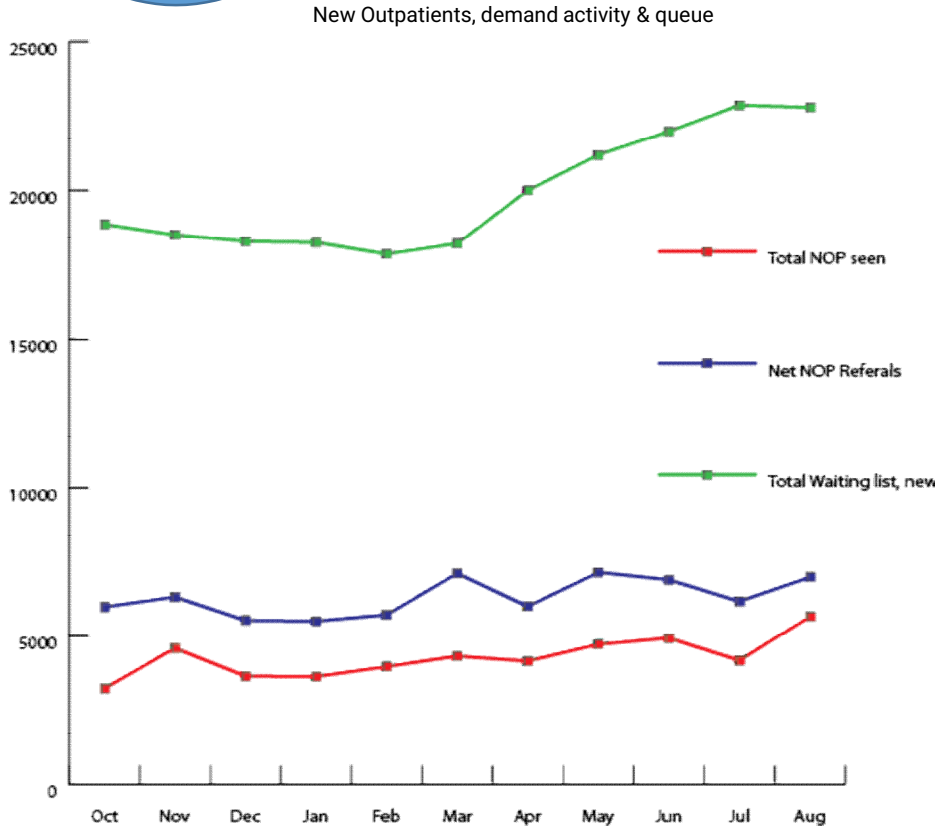


Performance Overview

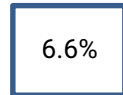
The national target for outpatients is that no patient will wait >12 weeks from referral to appointment however SG have recently added interim targets for the majority of specialties that are described below. The 65.3% related to the overall OP target.

- a) No > 2 years waits for new outpatients by September 2022. This was almost met with only 4 patients missing this target.
- b) No >18 month waits for new outpatients by December 2022 is the next target to reach.

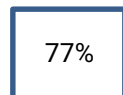
The total new outpatient list is increasing rapidly and monthly activity is not able to meet demand. Total new outpatients seen has increased in August with referrals also increasing. If new outpatient numbers increase this will see more of our population being added to the TTG waiting list.



DNA rate Jun 2022



F2F appointments





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Katherine Sutton
Chief Officer, Acute

A Diagnostics subgroup has been established as part of the Treat well strategy arrangements. The group will develop performance recovery plans to support a reduction of the number waiting for MRI. Work is required to understand time to imaging and also time to report. Non-obstetric ultrasound is showing good recovery progress. Investment in workforce and training local radiographers in non-obstetric ultrasound has been successful in helping to increase capacity to deliver the service in Raigmore. Further training posts have recently been invested in to support further improvement. The majority of non-obstetric ultrasound is now delivered through non-medical workforce capacity. This improvement has been acknowledged nationally and other Health Boards are keen to learn from the NHS Highland response in this area of imaging.

Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12C

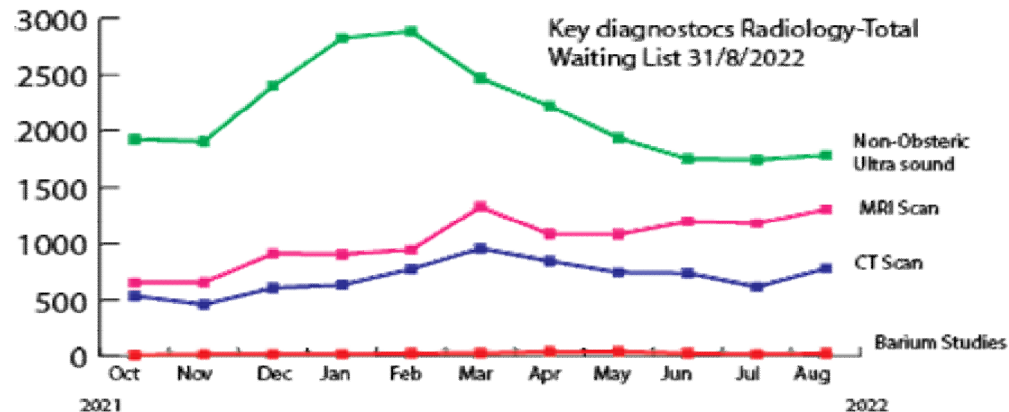
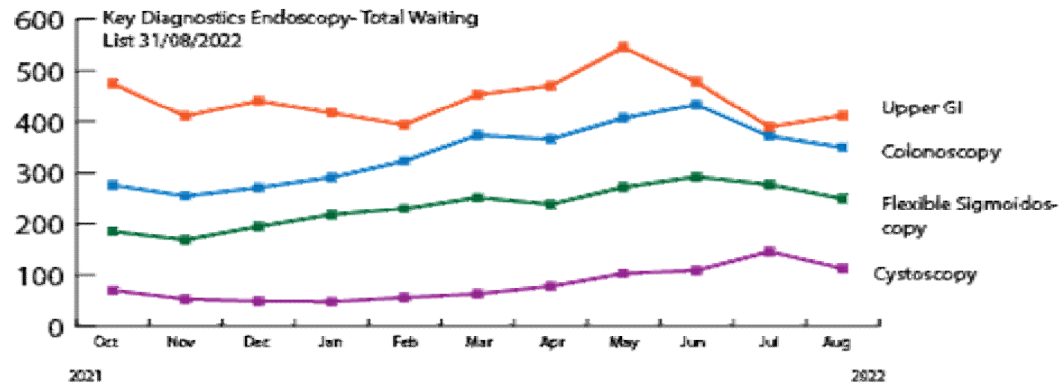
In Partnership
Treat Well (Diagnostics)

“Optimise diagnostic and support services capacity and improve efficiency with new service delivery models”

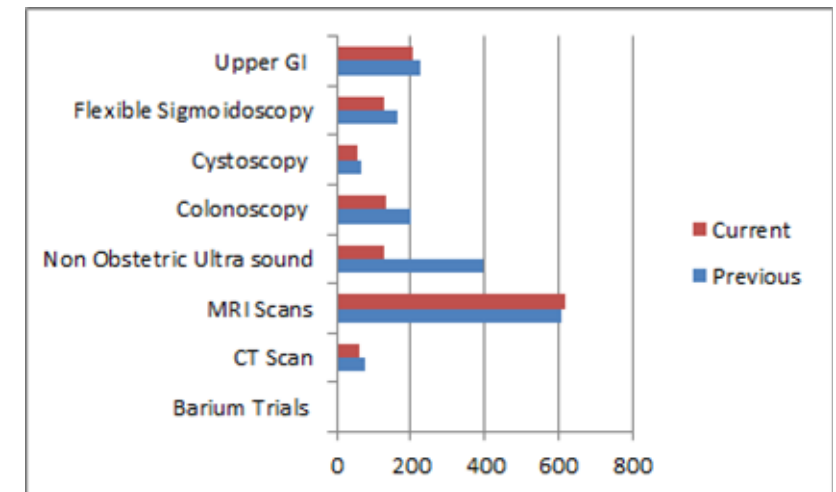


Performance Overview

The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test. We have 5028 people waiting for a key diagnostic test. 1310 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.



8 KEY DIAGNOSTICS August 2022	Total Waiting list size	NUMBER OF PATIENTS SEEN
Upper GI	412	230
Flexible Sigmoidoscopy	251	101
Colonoscopy	350	224
Cystoscopy	113	88
CT Scan	783	991
MRI Scan	1310	665
Barium Studies	24	13
Non Obstetric Ultrasound	1785	1437
Total	5028	3749





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Katherine Sutton
Chief Officer, Acute

There have been challenges with capacity particularly within the endoscopy diagnostic capacity due to COVID absence and workforce capacity. Arrangements have been delivered through the independent sector to increase endoscopy capacity. Capacity to deliver integrated breast surgery pathways has been challenging due to capacity within breast surgery and also due to diagnostics. Recovery plans bespoke to breast surgery are progressing which aimed at returning performance towards trajectory. Challenges with flow have impacted capacity to deliver. Work is ongoing to understand the further patient pathway improvements that can be introduced to drive towards improved performance particularly on the diagnostic pathways. Financial support from the Scottish Government to support improvements has been very limited

Integrated Performance & Quality Report

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”



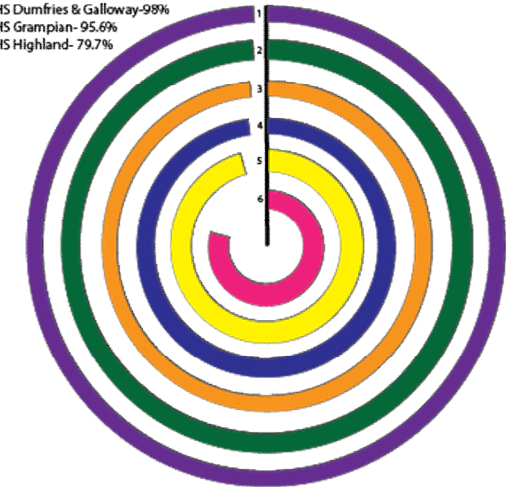
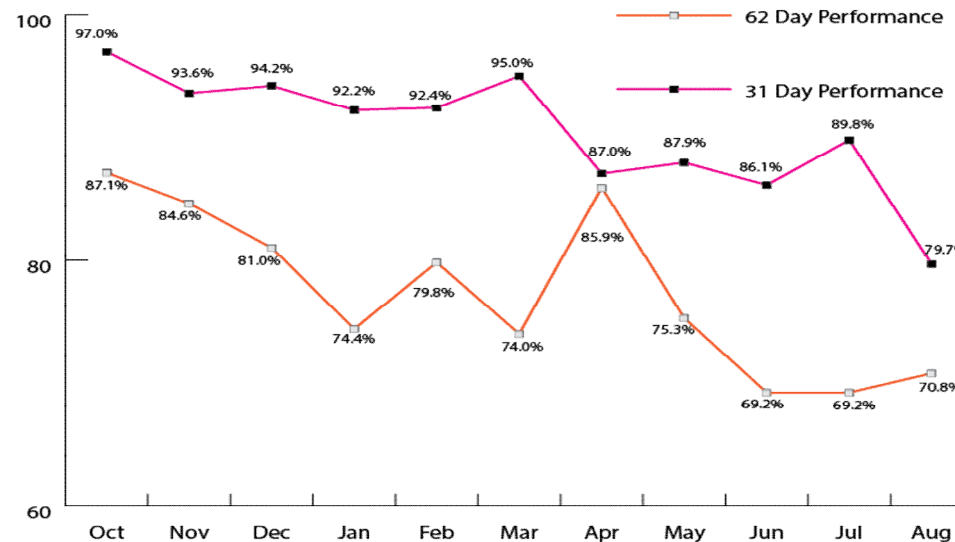
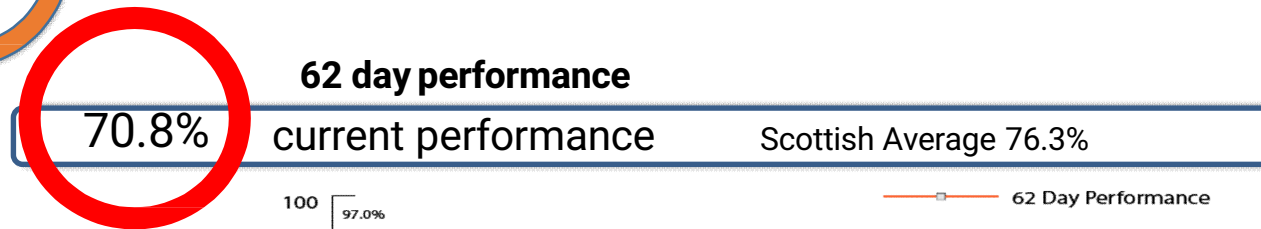
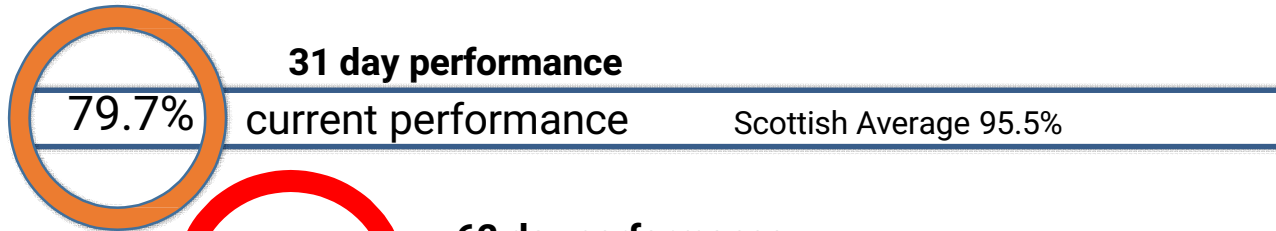
Performance Overview

The national targets for cancer are a) 95% of all patients diagnosed with cancer to begin treatment within 31 days

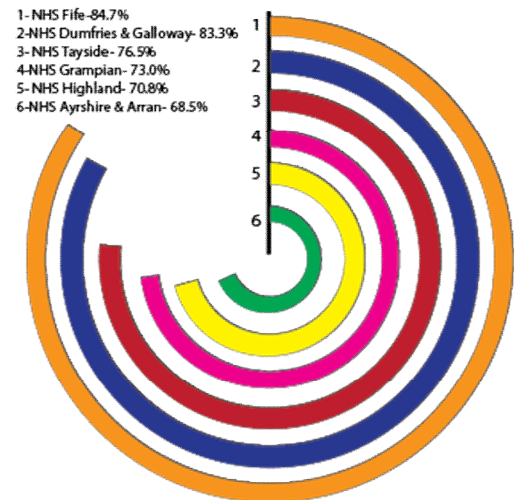
b) 95% of USC referrals to begin treatment within 62 days

Performance for the 31 day target is significantly under the Scottish average and below the Scottish average for the 62 day. The LDP standard is to increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%. This will be included in the next IPQR.

- 1- NHS Tayside-99.4%
- 2-NHS Ayrshire & Arran- 99.0%
- 3-NHS Fife- 98.5%
- 4- NHS Dumfries & Galloway-98%
- 5- NHS Grampian-95.6%
- 6- NHS Highland- 79.7%



- 1- NHS Fife-84.7%
- 2-NHS Dumfries & Galloway- 83.3%
- 3- NHS Tayside- 76.5%
- 4-NHS Grampian- 73.0%
- 5- NHS Highland- 70.8%
- 6-NHS Ayrshire & Arran- 68.5%





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Louise Bussell
Chief Officer, NHHSCP

Delayed discharges across all of our in-patient areas are closely aligned to the wider system pressures. Almost half of the people in our community hospitals are identified as delayed discharges with 13% of bed capacity in our acute hospitals. The main reason for delay is the need for care at home on discharge along with care homes, complex needs and the need for appropriate assessment. There are a number of workstreams across acute and community to support delayed discharge reduction as part of the wider unscheduled care programme. This is being aligned with the winter plan to ensure a single integrated response. It is essential that we improve our response to every person with a clear plan for discharge that we implement to ensure improved outcomes for people.

Integrated Performance & Quality Report

Objective 3
Outcome 11
Priority 11C

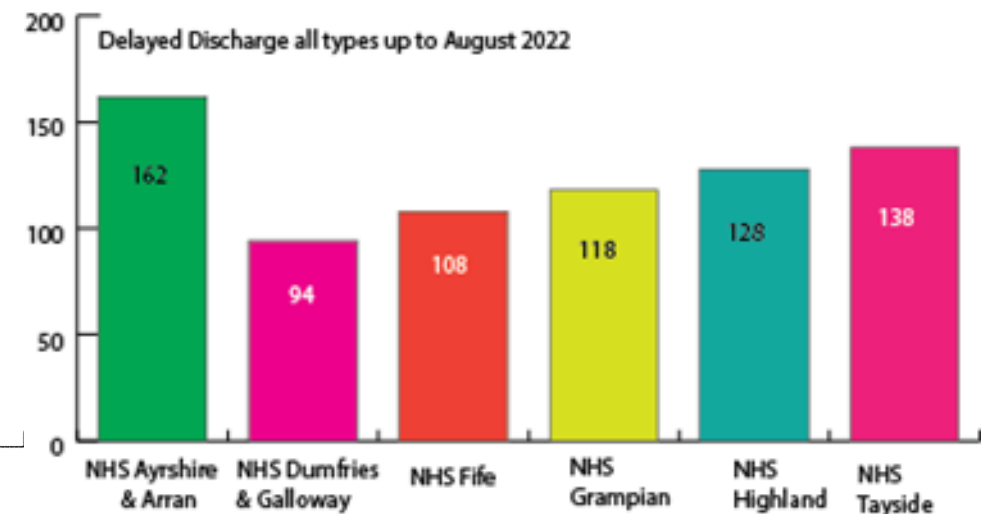
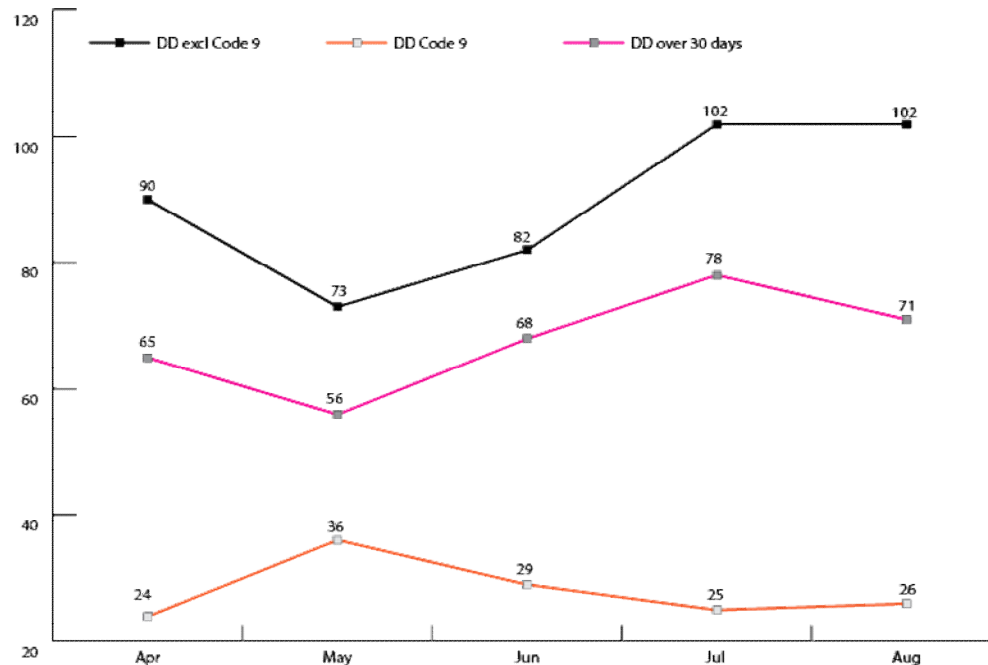
In Partnership
Respond Well & Care Well (Delayed Discharges)
“Ensure that our services are responsive to our population's needs by adopting a “home is best” approach”



Performance Overview

There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time. We had 128 delayed discharges in August 2022 with 26 of those are code 9 (complex) 71 delayed discharges are >30 days. Delayed discharges across all of our sites have risen slightly since end of June. 55% of our population went directly home after a period of delay compared to 59% across Scotland.

NHS Highland DD as of 25/8/22





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Louise Bussell
Chief Officer, NHHSCP

We are experiencing a continued reduction in the availability of care services in peoples homes with a continued increase in waiting times. This is particularly related to the ongoing reduction of external care at home. This relates to a number of factors but primarily recruitment, retention and financial pressures on the sector. We are working closely with the sector as well as building our own internal capacity. There has recently been in a slight reduction in unmet need for care at home and we are about to launch a recruitment campaign to build on this, however there is a financial challenge with the shift to more in house provision. Work is also underway to make best use of resources with the use of equipment and technology. There is also variability across Highland with mid ross and B&S being highest areas for unmet need.

Integrated Performance & Quality Report

Objective 3

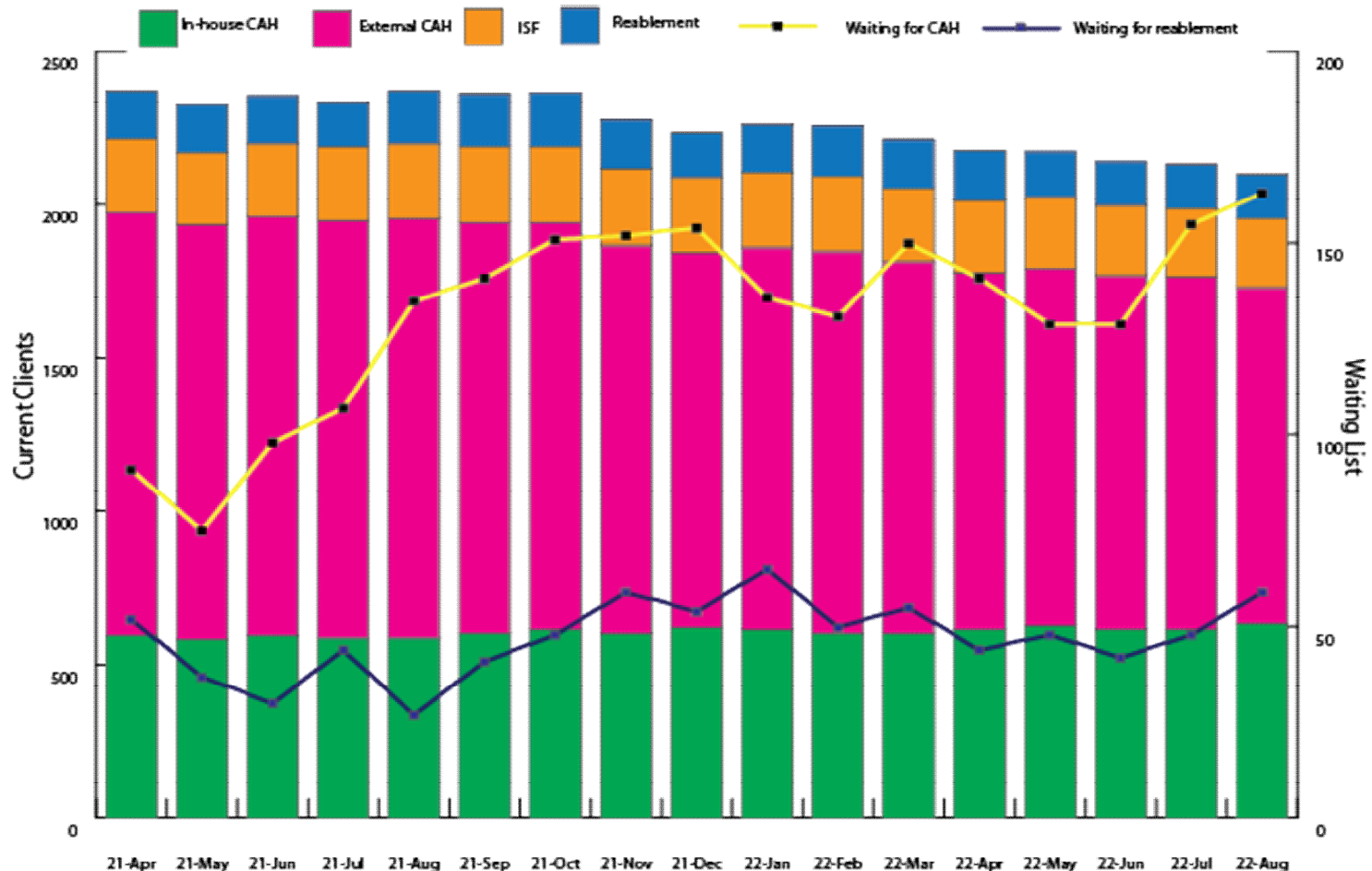
Outcome 9

Priority 9A, 9B, 9C

In Partnership

Care Well (Adult Social Care)

"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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Louise Bussell - Chief Officer, NHHSCP

The information provided shows a sustained trajectory of reduced ongoing waits and the Board benchmarks positively across Scotland.

This is in line with the work set out in the comprehensive psychological therapies improvement plan.

Whilst we are moving in the right direction there is still a significant amount of work to do. The team have dedicated staff triaging both the general adult and the neuropsychology waiting lists and developing much clearer pathways for referrals for the future.

Recruitment remains the main challenge with lower levels of psychology staff in post than other boards. The Director of Psychology is actively leading on improving this position.

Integrated Performance & Quality Report

Objective 3

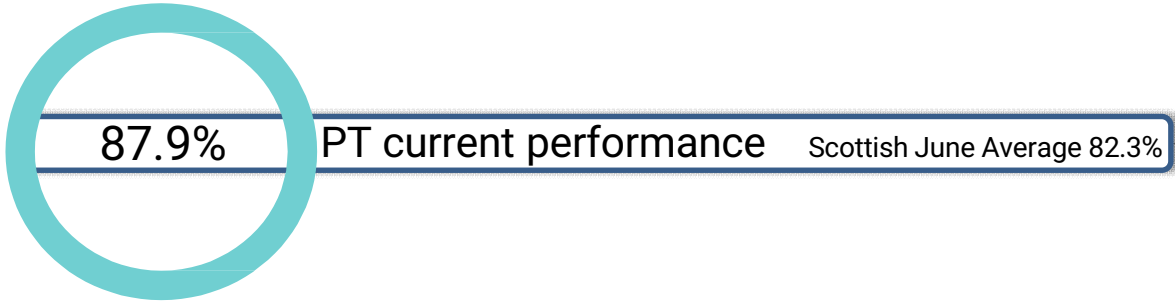
Outcome 10

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”

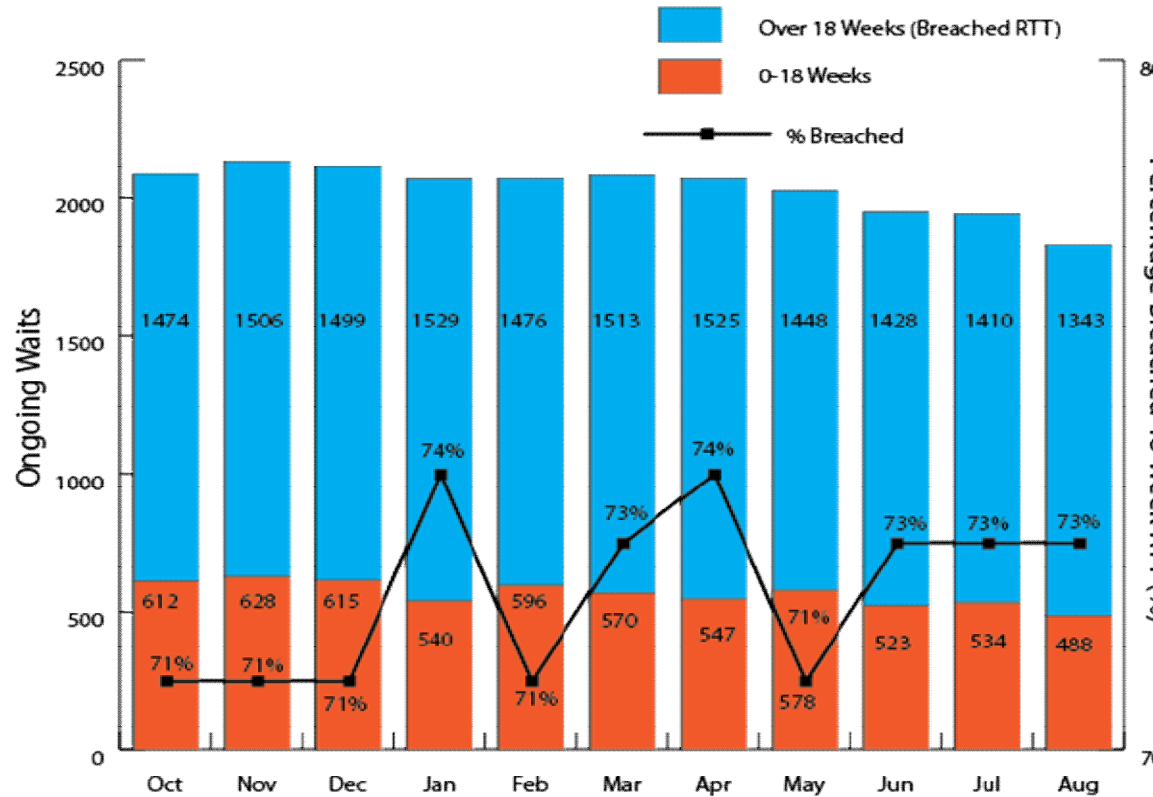


Performance Overview

The national target is that 90% of our population commence psychological therapy based treatment within 18 weeks of referral.

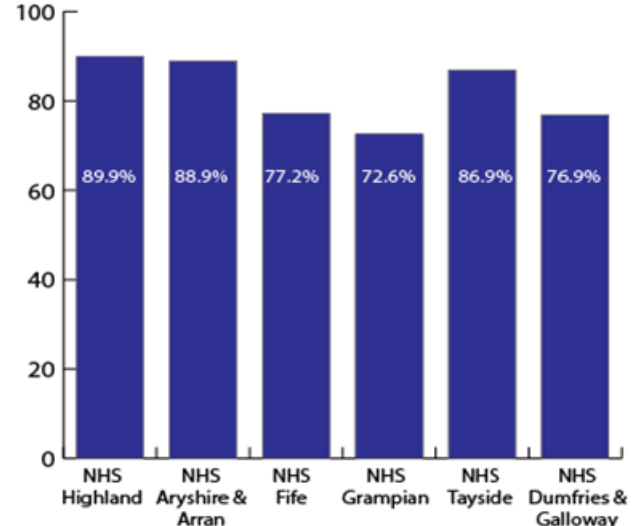
August 2022: Current performance 87.9%

We have 1831 of our population waiting to access PT services. 1343 patients are waiting >18 weeks (73.3% breached target) of which 981 have been waiting >1 year. Of the 1831 waiting, 390 of those are waiting for North Highland neuropsychology services of which 368 are waiting > 1 year.



Percentage Breached 18 week RTT (%)

Psychological Therapies performance (%) 2022, PHS Quarter summary June 2022





Clinical Governance September 2022

Stage 2 Complaints information – August 2021 to August 2022 (EXTRACT 07.10.22) *excludes cases with stage of further correspondence and SPSO*

Together We Care

with you, for YOU NHS Highland stage 2 case overview



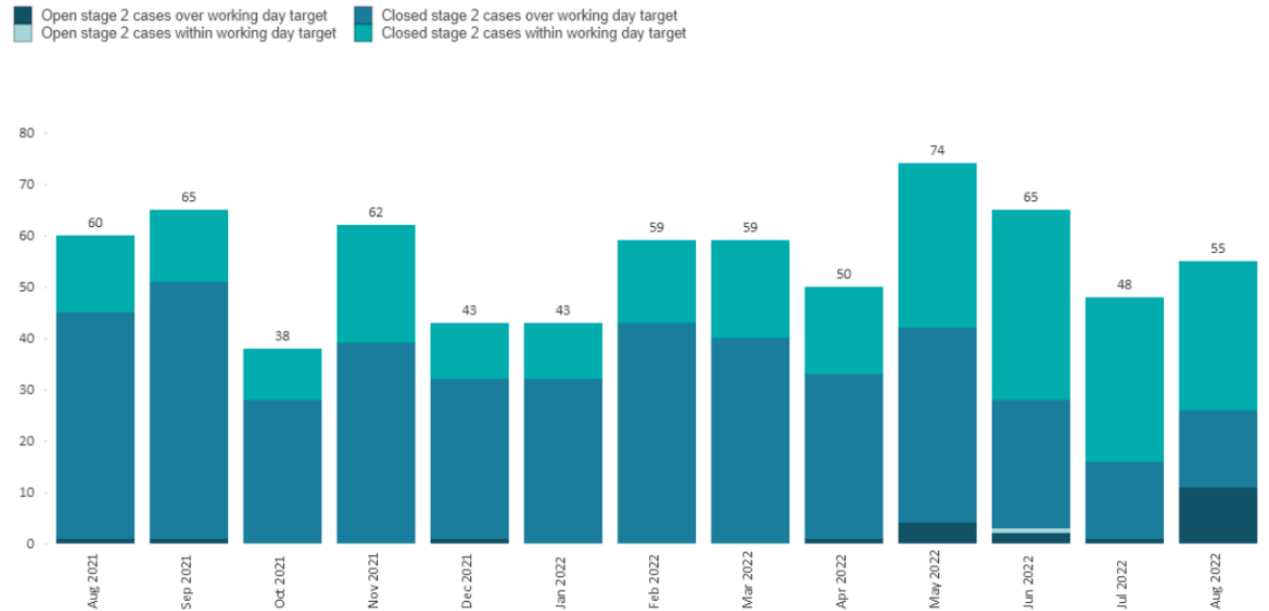
Context by Dr. Boyd Peters
Medical Director

Complaints:

Response times for clinical complaints have been affected by operational pressures. A framework for improvement in performance has been agreed and in each operational unit. Further work is being taken. Performance improved in July but has slipped back to 53% in August

22 cases open (been longer than 20 days)	84.9 Average time open (days)
432 cases closed (took longer than 20 days)	52.4 Average time to close (days)
1 cases open (still less than 20 days)	266 cases closed (in less than 20 days)
62% of cases were closed over working day target	88% cases received and opened within 3 working days

Working day status graph displaying number of stage 2 cases received for NHS Highland over last



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

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Highland	25%	22%	26%	37%	26%	26%	27%	32%	34%	43%	57%	67%	53%
Argyll & Bute	17%	33%	38%	57%	25%	33%	29%	60%	25%	14%	0%	50%	50%
Acute	9%	12%	0%	30%	21%	29%	33%	21%	31%	61%	64%	72%	62%
HHSCP	61%	38%	50%	39%	42%	7%	14%	62%	41%	20%	56%	75%	36%



Clinical Governance September 2022

Adverse Event information – July 2022 to September 2022 (EXTRACT 07.10.22)

	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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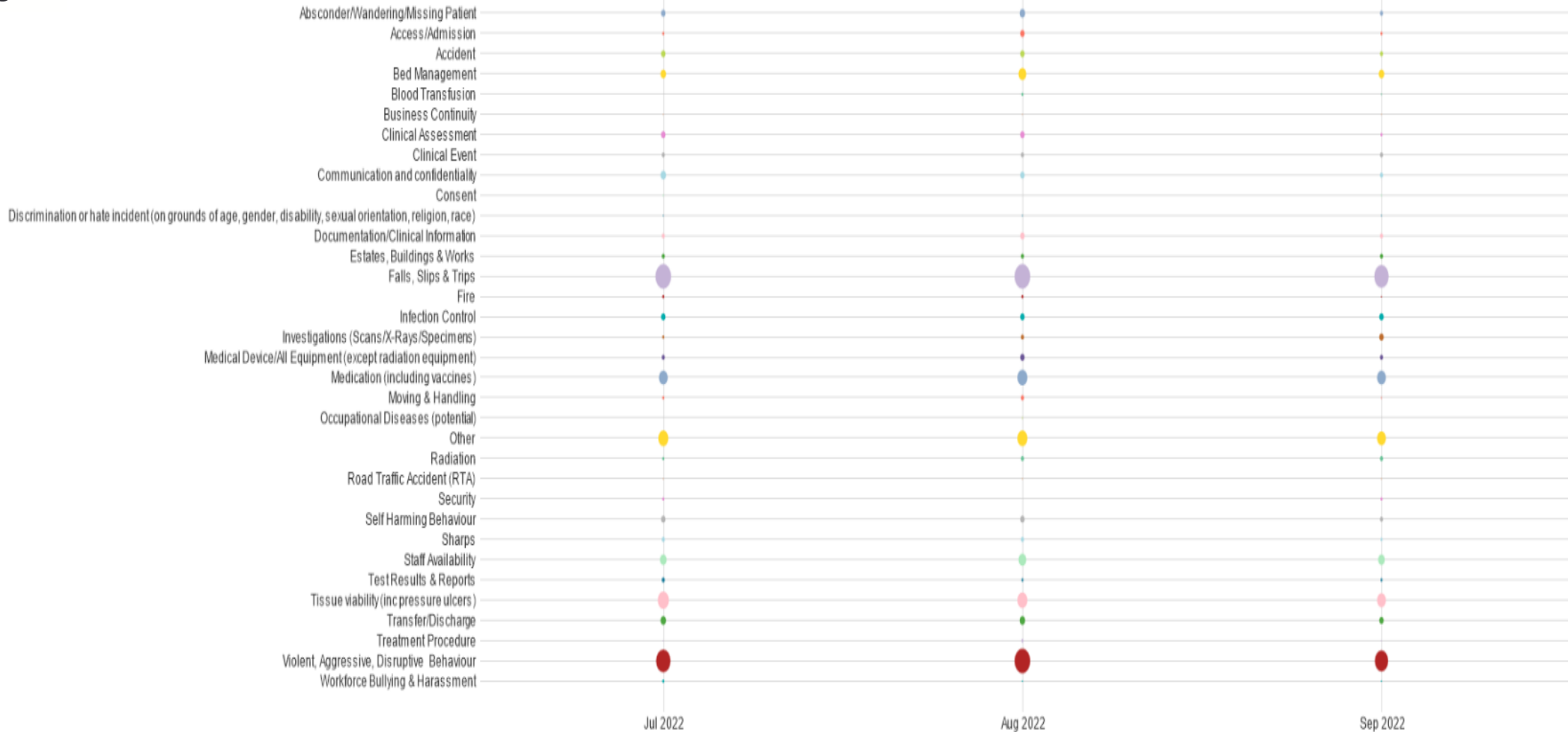
Grid chart | Relationship (bubble size) between Datix incident category and month | NHS Highland | Last 3 months (July 2022 – September 2022)



Context by Dr. Boyd
Peters
Medical Director

Adverse Events:

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



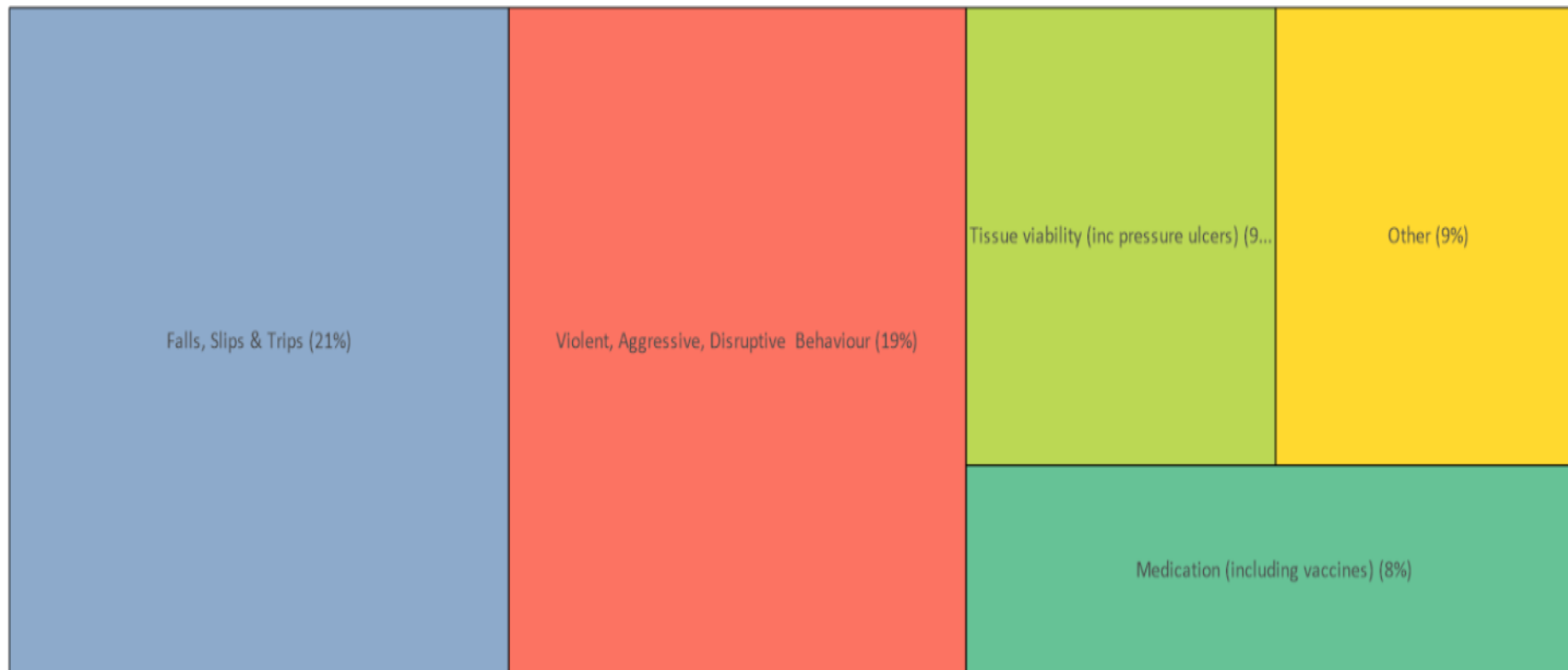


Clinical Governance September 2022

Adverse Event information – July 2022 to September 2022 (EXTRACT 07.10.22)

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Top 5 adverse event categories recorded in NHS Highland last 3 months % (July 2022 – September 2022)





Clinical Governance November 2022

Hospital inpatient falls – September 2021 to September 2022 (EXTRACT 07.10.22)

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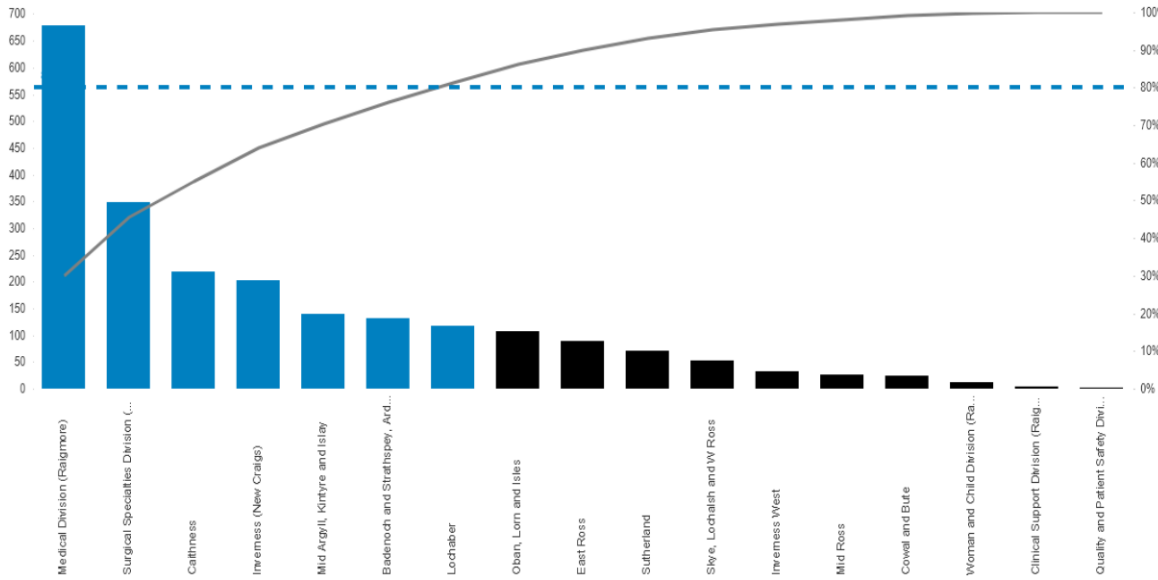
Context by Kate Patience-Quate
Interim Nurse Director

Taking a targeted approach to those areas with the highest incidence of falls and introducing daily care planning, with hourly care rounding has led to a significant improvement in the rate of total falls. Now this approach has been successfully tested, there will be planned roll out of this approach across areas of concern. Additional leadership capacity has been identified to support this work.

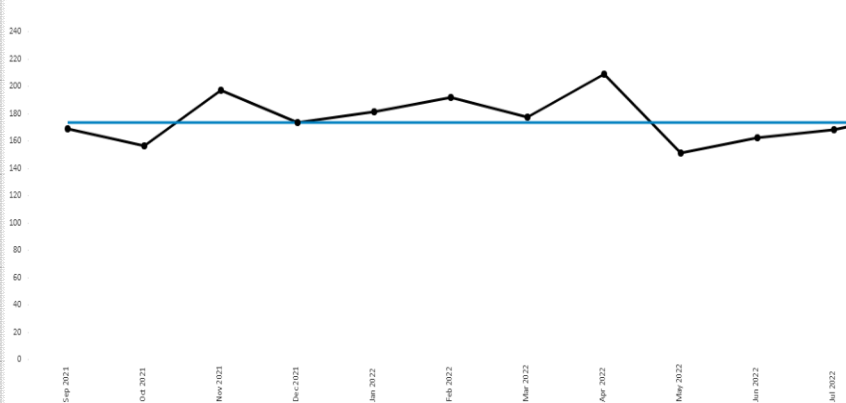
Falls with harm have fallen for 2 consecutive months and are at their lowest proportion of total falls, in the last 13 months.

There will be a staff and public awareness campaign to highlight the importance of strength training in the ward the environment along with a refresh of get up, get dressed, get moving through the winter months to minimise the risk and impact of falls.

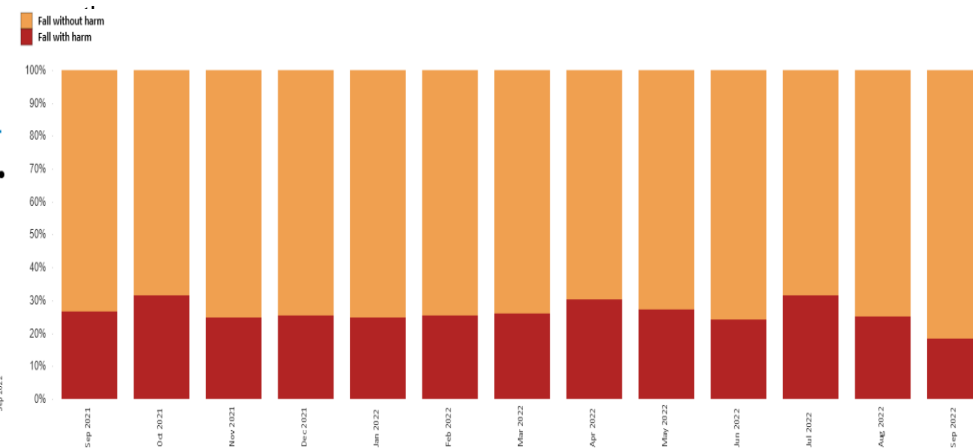
Pareto graph count of NHS Highland hospital inpatient falls by district/division over last 13 months



Run chart of NHS Highland hospital inpatient falls over last 13 Months



Hospital inpatient falls with harm V inpatient falls without harm (%) over last 13



	Risk	Mitigation
1	Staffing challenges remain a significant risk in the acute environment, with regular instances of staff working in unfamiliar areas colleagues and often with reduced staffing numbers and skill mix..	<p>Key principles of a falls prevention are universally applied as part of essentials of safe care.</p> <p>Quality improvement work being undertaken to review falls risk assessment paperwork and will be rolled out across all acute work areas.</p> <p>Patients' mobility status and falls risk to be communicated as part of shift handover.</p> <p>Regular monitoring of staffing level and escalation of concerns.</p>
2	The Increasing complexity and frailty of patients in our care facilities.	<p>Regular review of staff support required to care for those with higher need.</p> <p>Support of the Dementia Nurse Consultant in relation to coping with delirium and dementia in acute wards.</p>



Clinical Governance November 2022

Tissue Viability – September 2021 to September 2022 (EXTRACT 07.10.22)

	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 NHH 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.

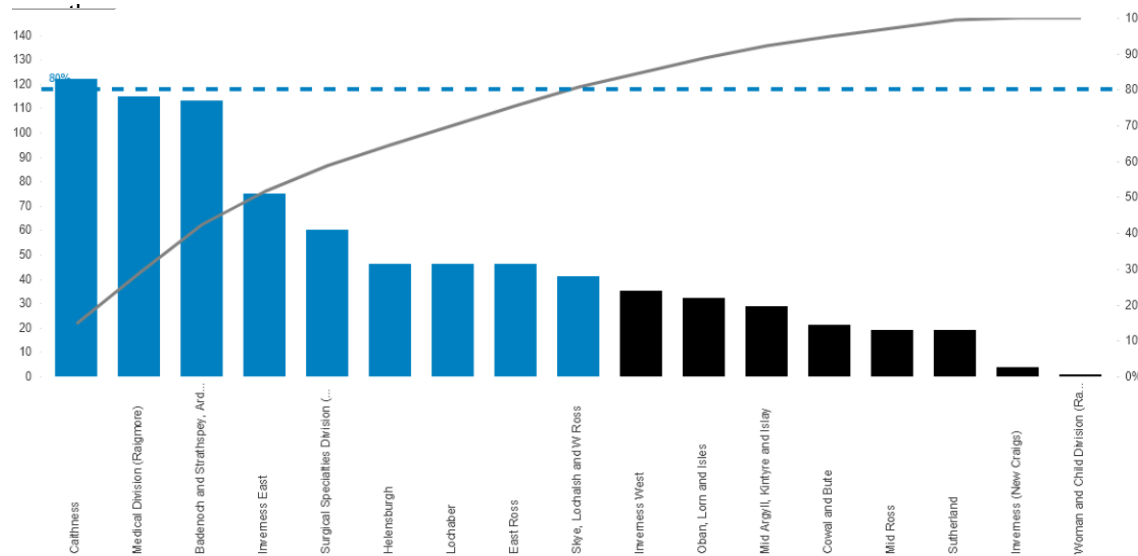
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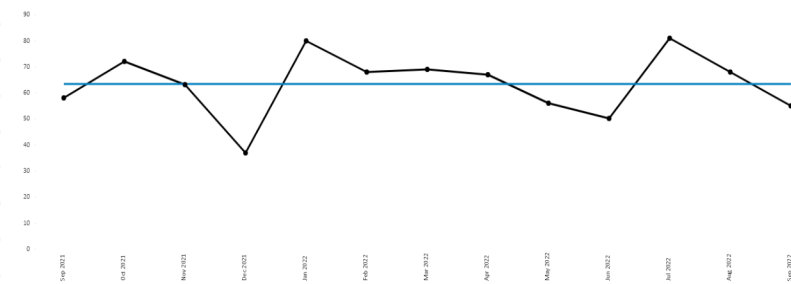
Context by Kate Patience-Quate,
Interim Nurse Director

Healthcare Improvement Scotland, Scottish Patient Safety Programme have convened a national working group to refocus and launch the Pressure Ulcer Prevention Programme with targets to be agreed for hospitals and Care Homes in early 2023. NHH has already initiated an innovative research project with Care Homes and Care @ Home in conjunction with NHS Lothian and Scottish Care, undertaking a census of pressure ulcers in the community with a plan to reduce incidence by providing targeted education, early identification and support for care staff from the Care Home liaison team, Community Nurse, Podiatrists and Tissue Viability Nurses. Evidence based practice is supported by the ratification of a revised Wound Formulary now available on the TAM.

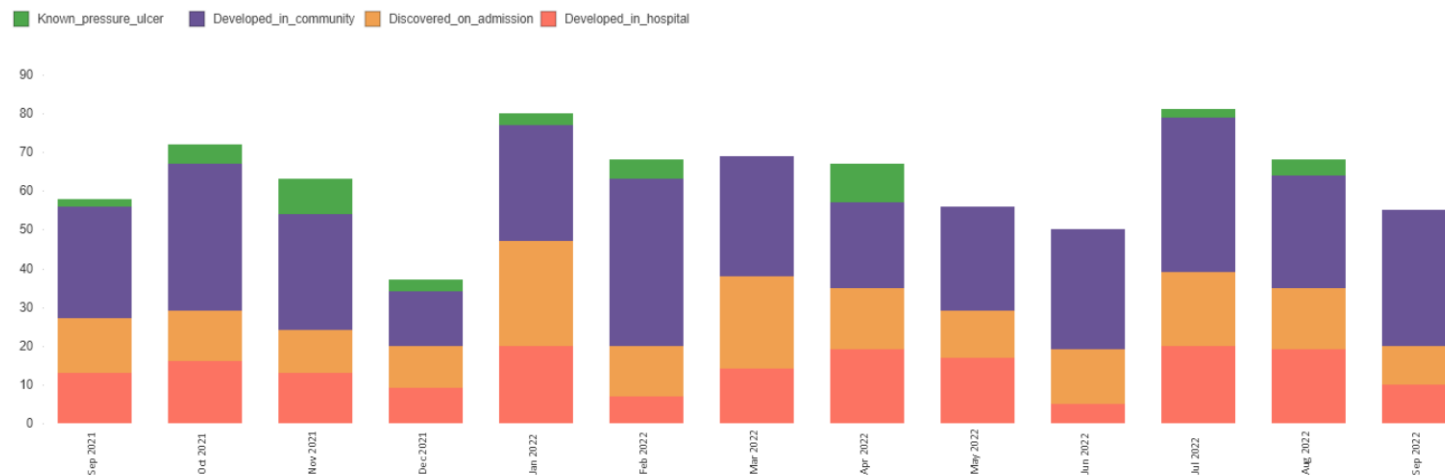
Pareto graph count of NHS Highland grade 2-4 pressure ulcers by district/division over last 13



Run chart of NHS Highland Hospital grade 2-4 pressure ulcers over last 13 Months



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



Developed_in_hospital	182
Discovered_on_admission	200
Developed_in_community	399
Known_pressure_ulcer	43



Clinical Governance November 2022

**Infection Prevention, E Coli, SAB and C Diff Infection Rates per 100,000 population
(EXTRACT 07.10.22)**

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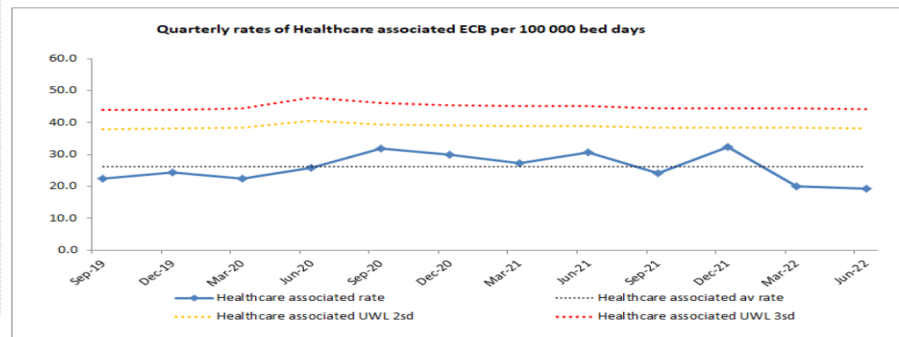
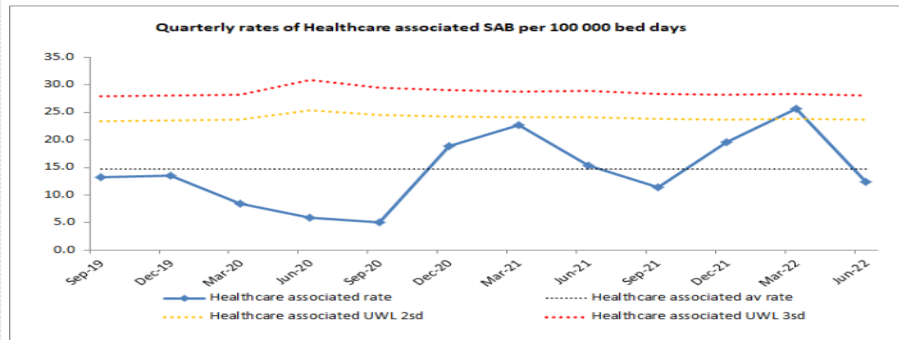
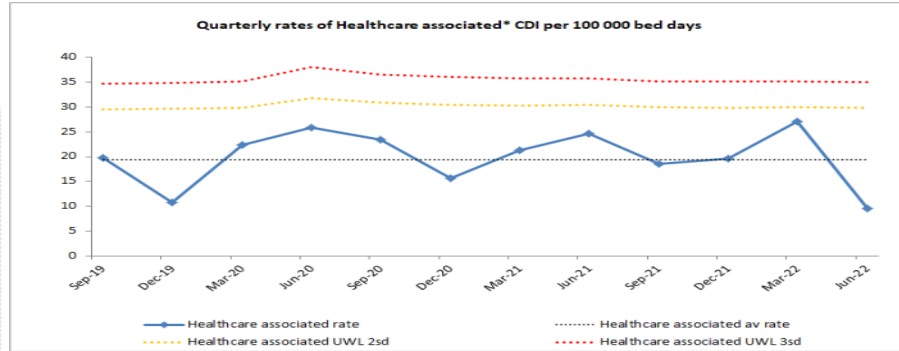
Context by Kate Patience-Quate
Interim Nurse Director

Published data from ARHAI (antimicrobial Resistance Healthcare associated infection) Scotland identifies NHS Highland is not above normal variation for healthcare or community associated CDI, EColi and SAB infections when analysing trends over the past three years. The quarter 2 Apr – June 2022 saw a decline in the rate across all healthcare associated infections. Overall, we are not above the expected range, despite the rise in figures at the beginning of the year. This indicates that the rise in cases in Jan-March were down to statistical variation.

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 plan is in place to identify how levels of infection may be improved over the forthcoming year.

A detailed IPC report is submitted to each Clinical Governance Committee for discussion and assurance



	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 operational units. Where present themes are addressed through specific action plans.
2	Sustained, increased pressures on Infection Prevention and Control specialists due to COVID –19 outbreaks	Additional capacity provided to enhance IPC clinical and administrative resource with non- recurring SG funding and Business case under review following workforce review

Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2022/2023 validated and published by Public Health Scotland

Period	Apr-Jun Q1		Jul-Sep Q2		Oct-Dec Q3		Jan-Mar Q4	
SAB	HAI	CAI	HAI	CAI	HAI	CAI	HAI	CAI
NHS HIGHLAND	12.4	12.4	n/a	n/a	n/a	n/a	n/a	n/a
SCOTLAND	17.3	10.2	n/a	n/a	n/a	n/a	n/a	n/a
C. DIFF								
NHS HIGHLAND	9.6	7.4	n/a	n/a	n/a	n/a	n/a	n/a
SCOTLAND	14.3	4.8	n/a	n/a	n/a	n/a	n/a	n/a
E.COLI								
NHS HIGHLAND	19.2	30.9	n/a	n/a	n/a	n/a	n/a	n/a
SCOTLAND	34.8	38.7	n/a	n/a	n/a	n/a	n/a	n/a



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Integrated Performance & Quality Report

Objective 3 Our People



Fiona Hogg
Director of People & Culture

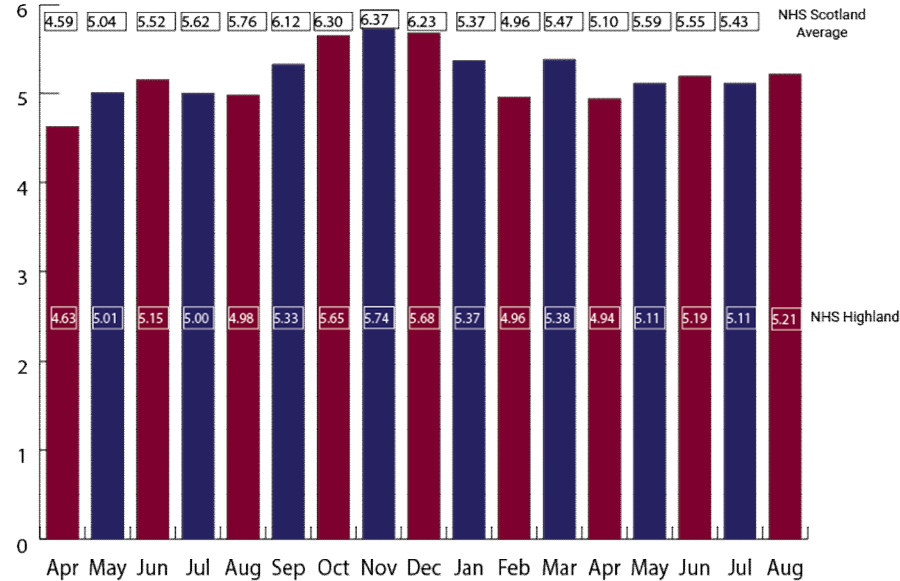
We are testing enhancements to our data with Staff Governance Committee in November, with a view to changes in the January cycle.

Our absence rates continue to be slightly below NHS Scotland, although above the national target. Absence this year is slightly above last year at the same point and has increased in August 22 where it fell slightly last year. Ongoing support is being targeted to manage and support absence and return.

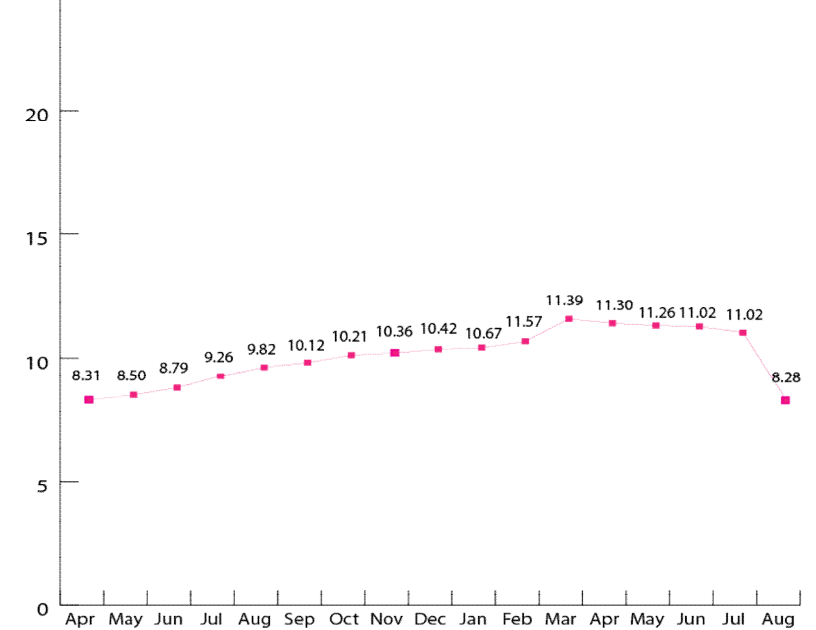
Turnover has been steadily decreasing since a high in March 22, although it is still higher than we would like.

Whilst Vacancies being processed in August was around 600, a fall from May and June, that is still significantly more than August the previous year and work is underway to prioritise recruitment and take a campaign approach to key roles.

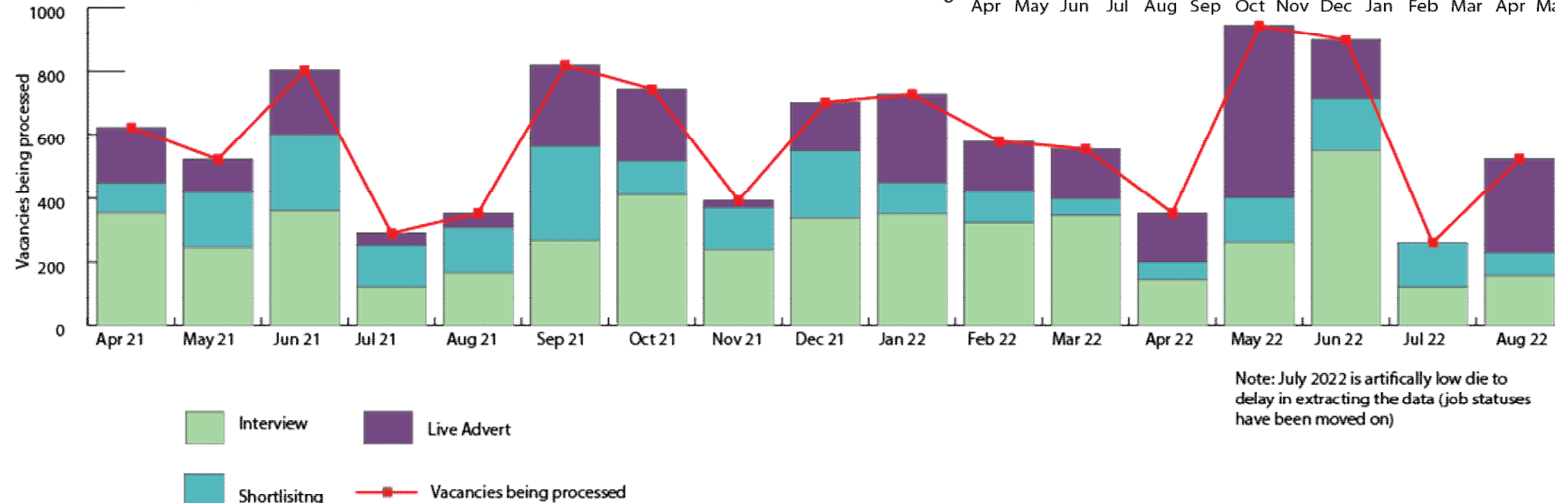
Colleague Absence rates by Month, NHS Highland



Staff Turnover by percentage, NHS Highland



Vacant jobs by status, NHS Highland



Note: July 2022 is artificially low due to delay in extracting the data (job statuses have been moved on)