

NHS Highland



Meeting: NHS Highland Board

Meeting date: 28th November 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.

The IPQR performance overview section has been revised to review ADP targets/trajectories as well as the national targets set by Scottish Government. This will bring us more in line with the Blueprint for Good Governance recommendations. Moving forward patient/population feedback will be incorporated as this is also part of the Blueprint.

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.

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
Limited

Moderate
None

X

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:

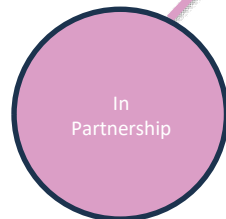
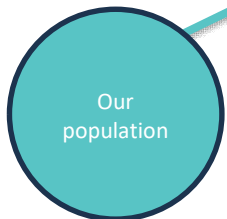
- Integrated Performance and Quality Report – November 2023



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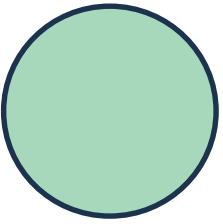
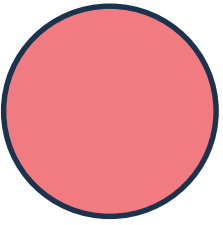
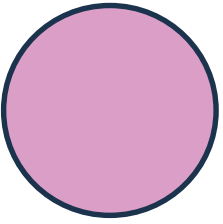
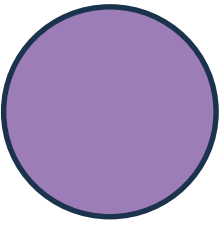
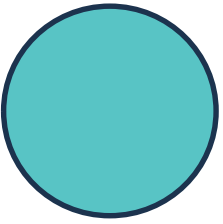
Integrated Performance & Quality Report

NHS Highland Board 28 November 2023



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



Page(s)	Strategic Objective and Outcome Area
3	Executive Summary of Performance
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Executive Summary of Performance

Area	Current Performance	ADP Trajectory Met	Performance Rating	National Target	National Target Met/Not Met
Drug & Alcohol	88.2%	No ADP target	Improving	90%	Not Met <5%
CAMHS	73.7%	New target agreed	Improving	90%	Not met >10%
Emergency Access	80.8%	No ADP target	Stable	95%	Not met >10%
Treatment Time Guarantee	62.9%	ADP trajectory met but long waits not met	Decreasing	100%	Not met >10%
Outpatients	56.9%	ADP trajectory met but long waits not met	Decreasing	100%	Not met >10%
Diagnostics - Radiology	74.4%	Met	Improving	80% (Mar 24)	Not met <10%
Diagnostics – Endoscopy		Met	Improving	80% (Mar 24)	Not met <10%
31 Day Cancer Target	96.3%	Met	Variation	95%	Met
62 Day Cancer Target	83.1%	Met	Variation	95%	Not Met <10%
Psychological Therapies	75.4%	New target agreed	Decreasing but new target agreed*	90%	Not met >10%

Guide to Performance Rating

-  Improving is 2/3 months of improved performance
-  Stable if no improvement or decrease has been seen
-  Decreasing – 2/3 months of decreased performance
-  Variation – Inconsistent pattern of performance

The above is a summary of performance where national target or ADP trajectories are agreed and do not cover the full content of this Integrated Performance and Quality Report



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Exec Lead
Dr. Tim Allison,
Director of Public
Health

Vaccination Performance

Progress Made

- The autumn COVID and 'Flu 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.

Next Steps

- COVID vaccination rates for the autumn programme are broadly similar to the Scottish average. There has been some difference between boards in how groups are prioritised but these will even out as the programme progresses. In addition to uptake rates it is important that the quality and accessibility of the vaccination programme are improved.

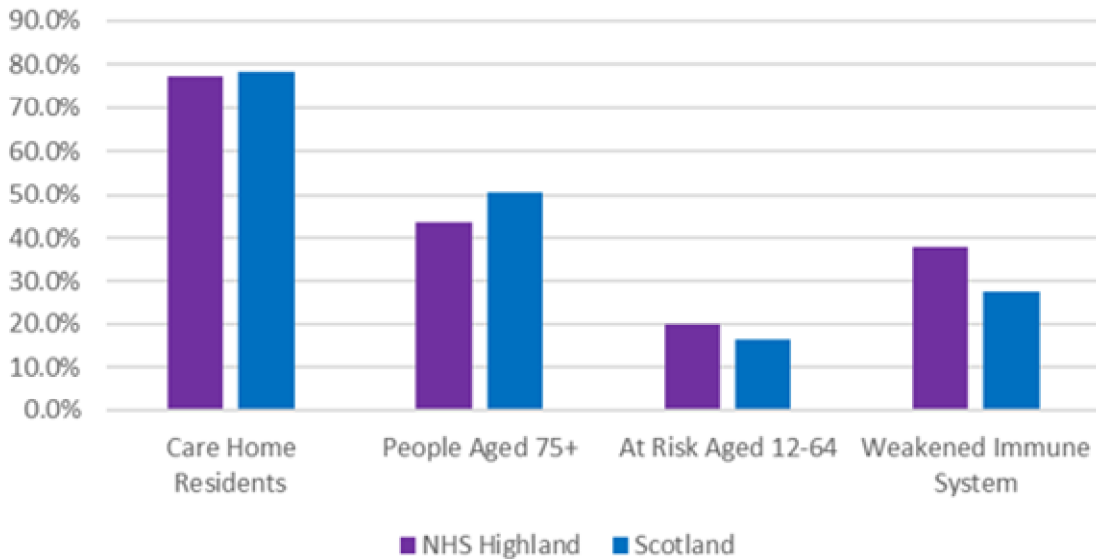
Timescale

- Ongoing

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

Latest Performance	32.8%
ADP Trajectory Agreed	n/a
ADP Trajectory	n/a
Performance Guide	Just commenced
National Benchmarking	34%
National Target	n/a
National Target Achievement	n/a

COVID Vaccine Uptake at 29/10/23



Comparative Covid vaccine uptake for all eligible people at 29/10/23:

NHS Board	Covid
Ayrshire & Arran	39.1%
Dumfries & Galloway	49.5%
Fife	23.3%
Grampian	37.3%
Highland	32.8%
Tayside	33.3%



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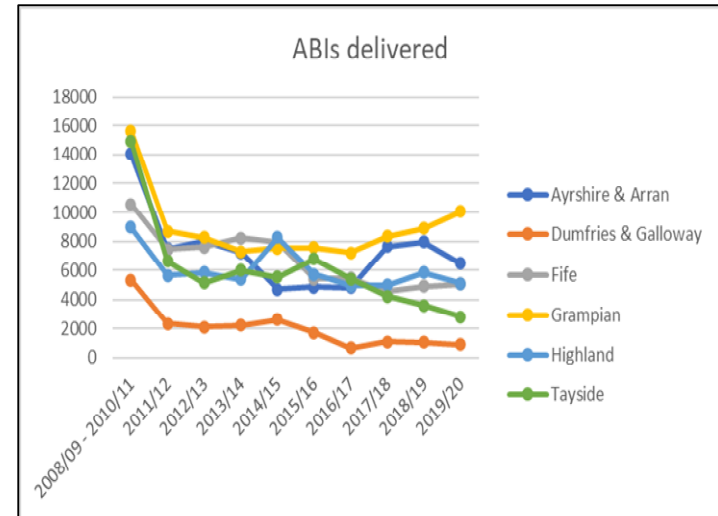
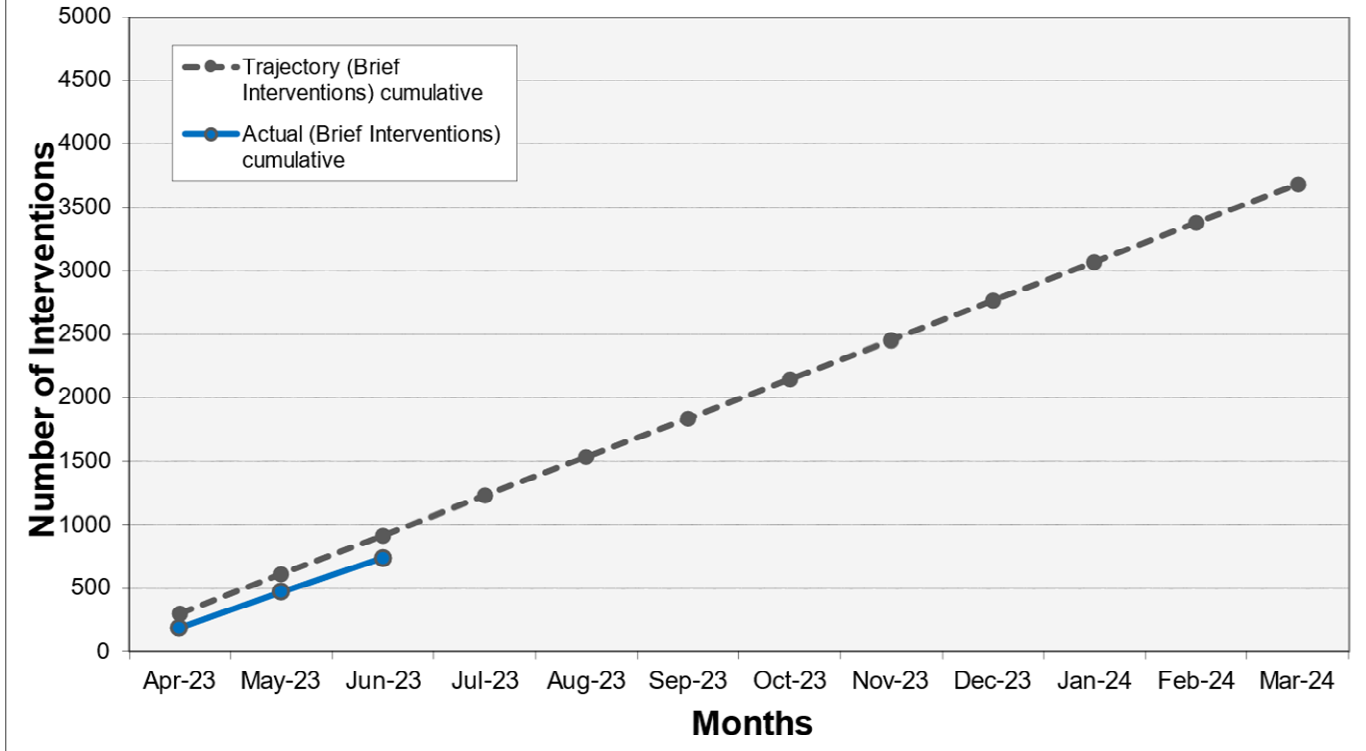
Exec Lead
Dr. Tim Allison,
Director of Public
Health

Alcohol Brief Intervention Performance

Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> ABI training calendar available on Turas for 2023/2024 with courses being well attended; 87 participants in 13 deliveries to date. Communications Plan to promote courses being applied. First draft of updated Locally Enhanced Service submitted to LMC in October. 	<ul style="list-style-type: none"> Small test of change to improve Wider Settings reporting near completion. Form is out to test with teams (x2). Share this and training details with previous ABI participants in November. 	<ul style="list-style-type: none"> Review end December.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Latest Performance	Total numbers not available
ADP Trajectory Agreed	Yes
ADP Trajectory	Below target
Performance Rating	Stable
National Benchmarking	Below average
National Target	n/a
National Target Achievement	n/a

NHS Highland - Alcohol Brief Interventions 2023/24 Q1





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Dr. Tim Allison,
Director of Public
Health

Smoking Cessation Performance

Progress Made

- The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. 213 successful quits were achieved up to March 2023 at 12 weeks in the 40% most deprived with a further 170 successful 12 week quits outwith the 40% most deprived areas. Around 670 4 week quits were lost to follow up or missing – SOPs will mitigate this.
- 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 – awaiting final approval from Pharmacy Committee
- Online and face to face training developed for Community Pharmacies
- Recruitment has taken place for a significant number of vacancies and training nearly completed (4 months to train new advisers)
- 'Deep dive' into smoking cessation data completed.

Next Steps

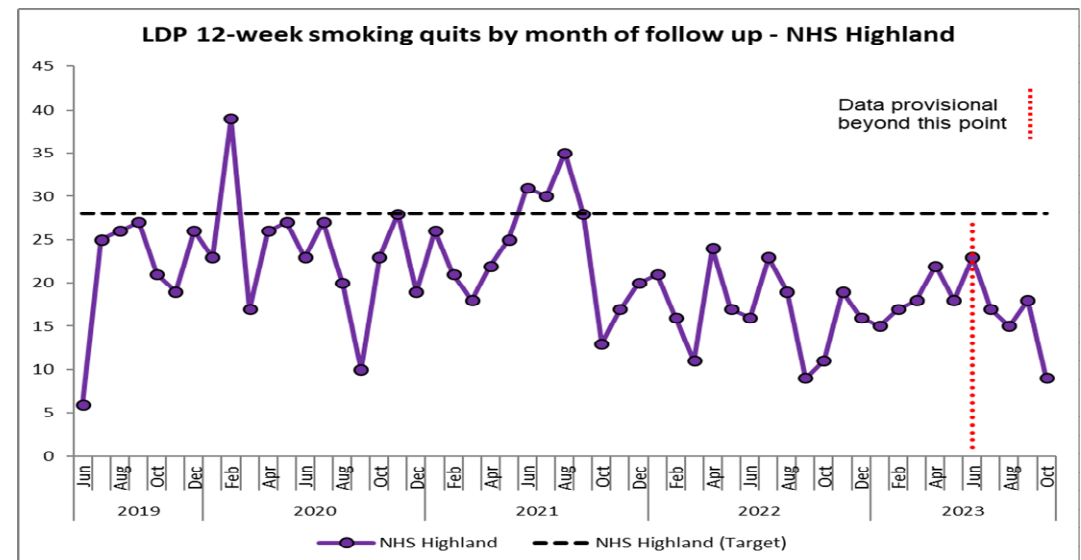
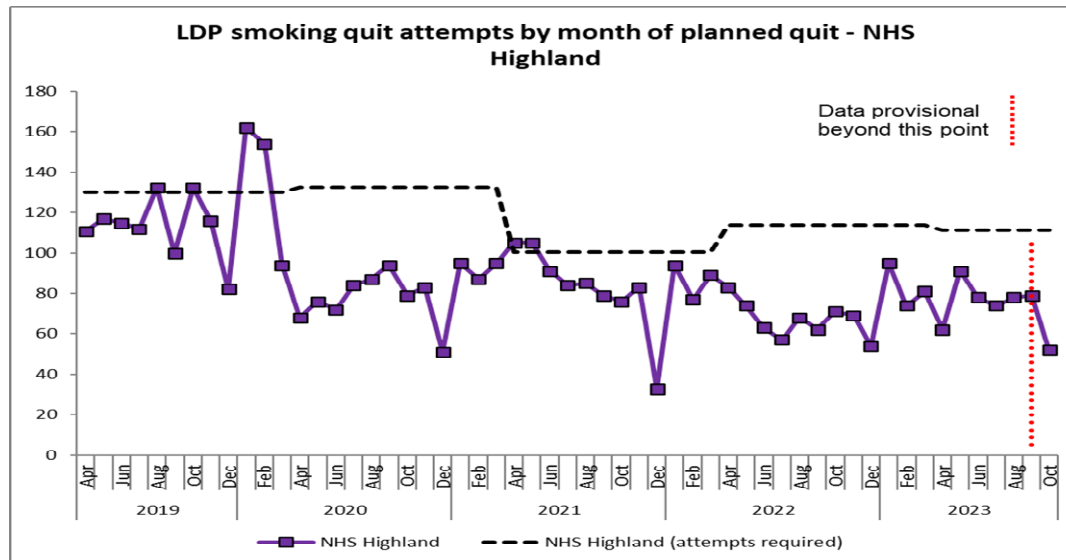
- Develop a communications and engagement plan to re-establish links with GP's, the community pharmacists and the community.
- Regular meetings every 2 months with community pharmacy colleagues.
- Delivery of training and SOP's to community pharmacists.
- Mapping of smoking cessation services to NICE guidance.
- Review of Smoking Cessation Services in Scotland.

Timescale

- Review end of March 2024

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

Latest Performance	Total numbers not available
ADP Trajectory Agreed	Yes
ADP Trajectory	Below target
Performance Rating	Decreasing
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a





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Exec Lead
Pam Cremin
Chief Officer, HHSCP

Drug & Alcohol Waiting Times

Progress Made

- Waiting times have continued to reduce across North Highland ADP with current data demonstrating North Highland ADP is achieving national standard.

Next Steps

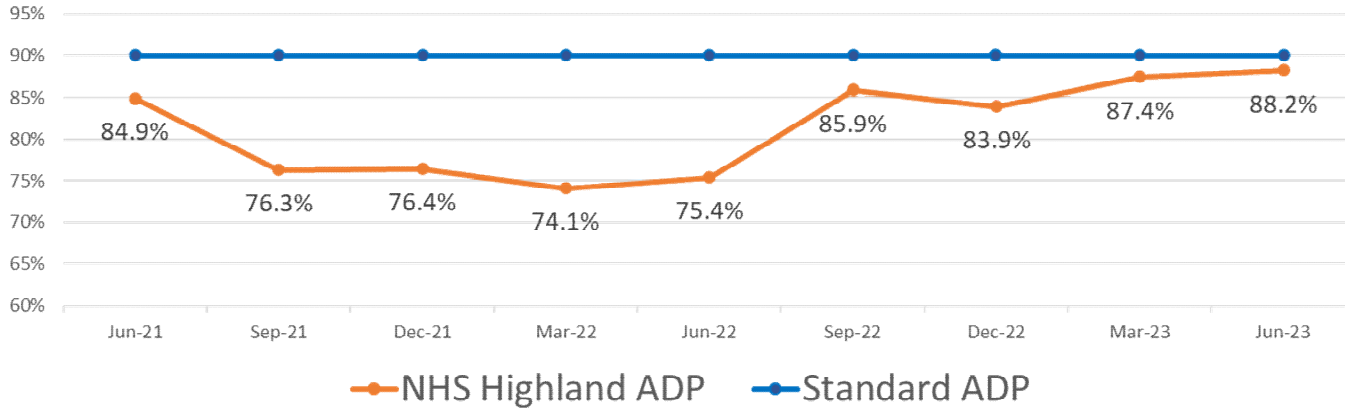
- A quality improvement approach to reducing waiting times continues and all locality-based drug and alcohol services have plans in place aimed at meeting RTT standard.

Timescale

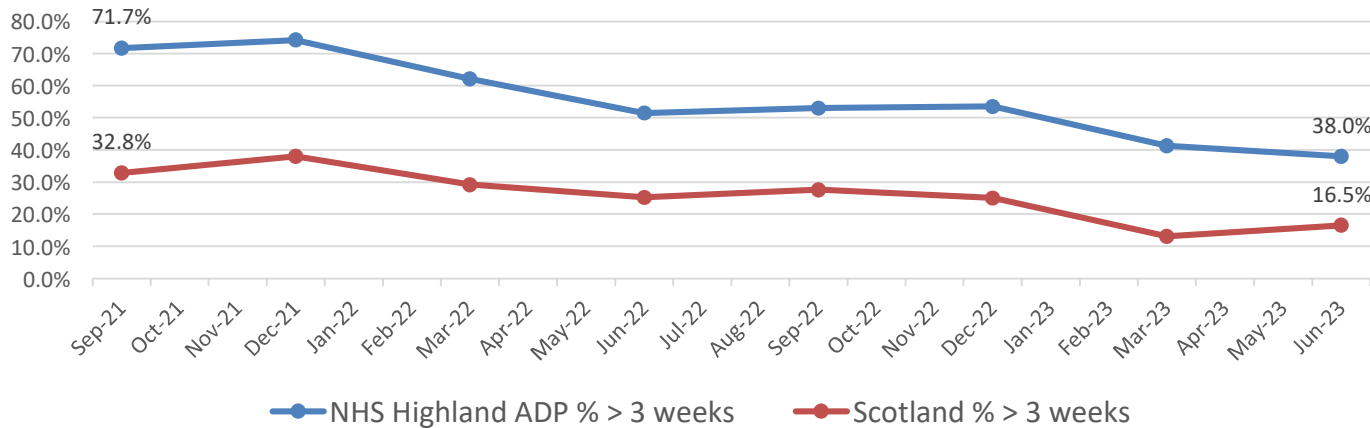
- Achieved & being monitored in North Highland.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Latest Performance	88.2%
ADP Trajectory Agreed	Not agreed
ADP Trajectory	Not applicable
Performance Rating	Improving
National Benchmarking	Lower than Scottish Average <5%
National Target	90% in 3 weeks or less
National Target Achievement	Not Met <5%

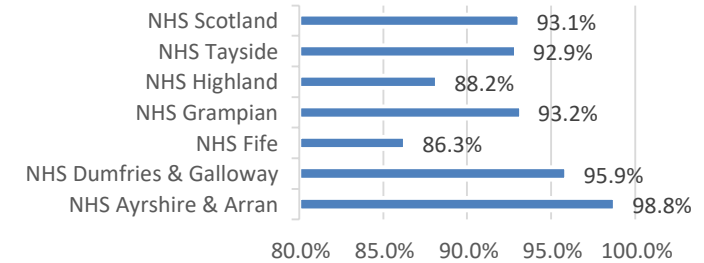
Completed waiting times: NHS Highland performance against standard - % waited 3 weeks or less



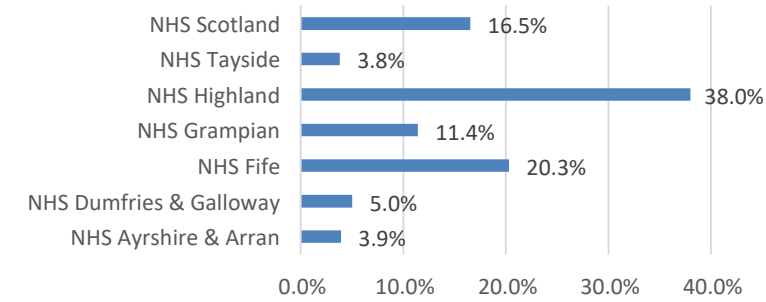
% Ongoing Waits at quarter end waiting more than 3 weeks



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



Percentage of Ongoing Waits at quarter end waiting 3 weeks or longer





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Katherine Sutton
Chief Officer, Acute

Child & Adolescent Mental Health Services

Progress Made

- 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. Increase in substantive clinical capacity substantive appointments to nursing and psychiatry. Service no longer relies on agency nurse staff.

Next Steps

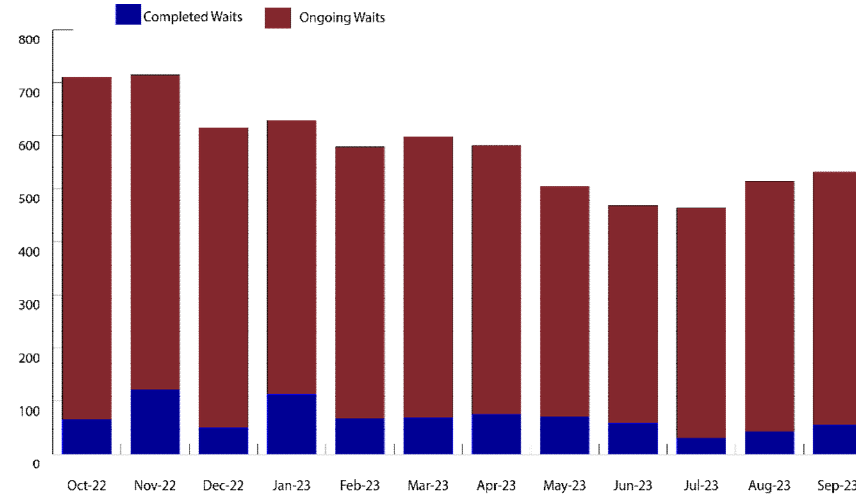
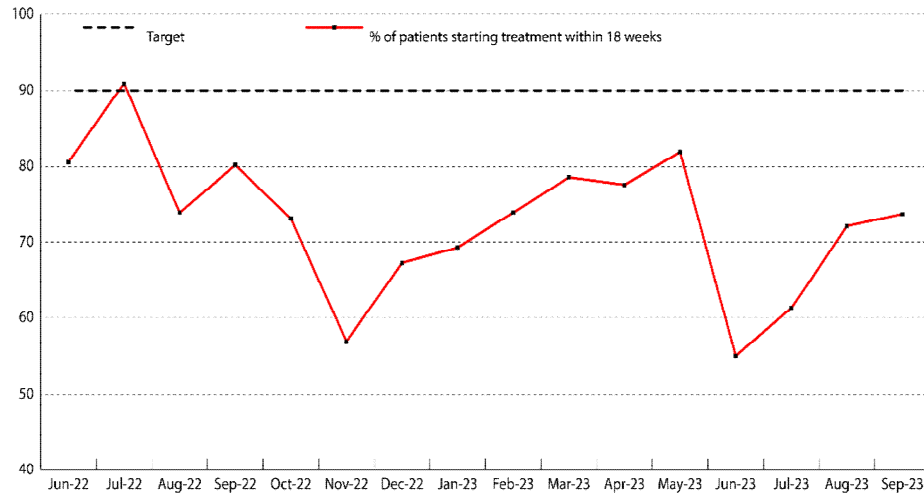
- International recruitment for significant psychology vacancies from within budget.
- Ongoing recruitment to substantive posts, additional nursing and psychiatry staff looking for employment.
- Workforce diversification whilst protecting discipline specific critical floor
- Diversification of intervention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

Timescale

- Trajectories set to March 2024.
- A total of 474 children and young people are waiting to be seen of which 255 have waited over 18 weeks and 219 under 18 weeks with the longest wait being over 3 years.

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

Latest Performance	73.7%
ADP Trajectory Agreed	New target
ADP Trajectory	Dec 23 Board
Performance Rating	Improving
National Benchmarking	Lower than Scottish Average <5%
National Target	90%
National Target Achievement	Not Met >10%



Selected Time Period: August 2023

(click on a circle in timetrend to change the selected time period)

Region	Percentage
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Western Isles	100.0%
NHS Ayrshire & Arran	97.6%
NHS Greater Glasgow & Clyde	91.1%
NHS Grampian	89.2%
NHS Highland	72.1%
NHS Lothian	71.7%
NHS Fife	71.2%
NHS Tayside	51.9%
NHS Dumfries & Galloway	49.1%
NHS Lanarkshire	47.8%
NHS Forth Valley	43.9%
NHS Borders	33.3%

Scotland Target



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Katherine Sutton
Chief Officer, Acute

Neurodevelopmental Assessment Service

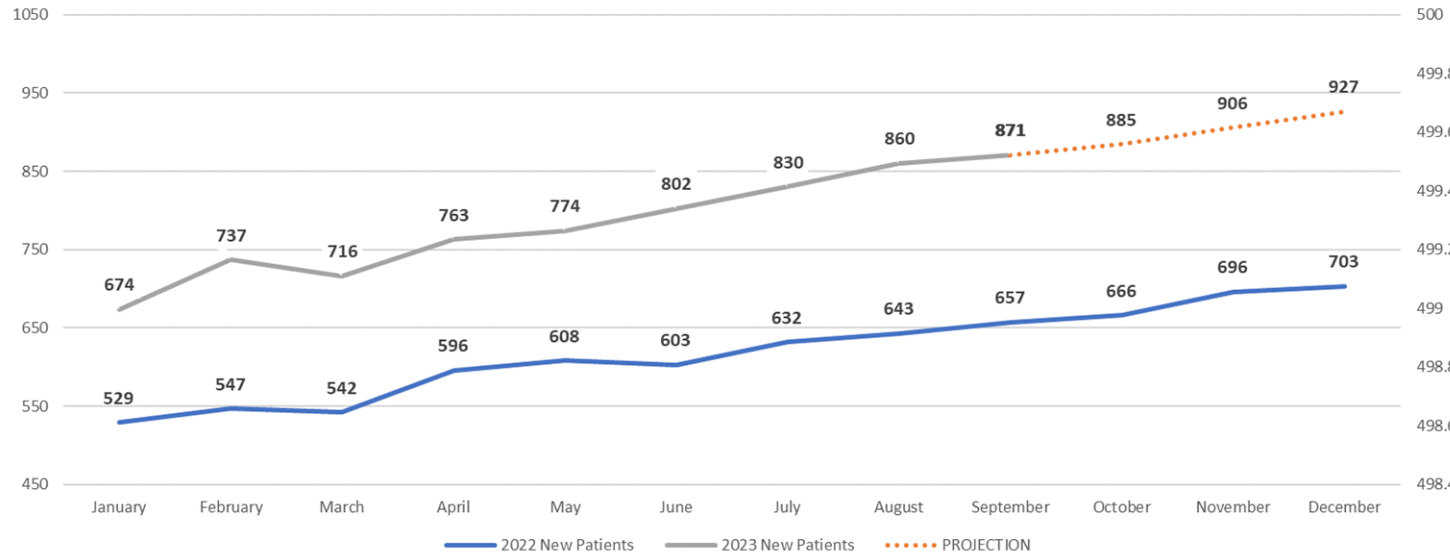
Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> Integrated Children's Service Board sub group established (including 3rd sector and education) to ensure strategic implementation of the National ND Specification, implementation of change plan across the whole system and ensuring 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 	<ul style="list-style-type: none"> Clinical lead to be advertised for recruitment. 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. 	Not defined

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

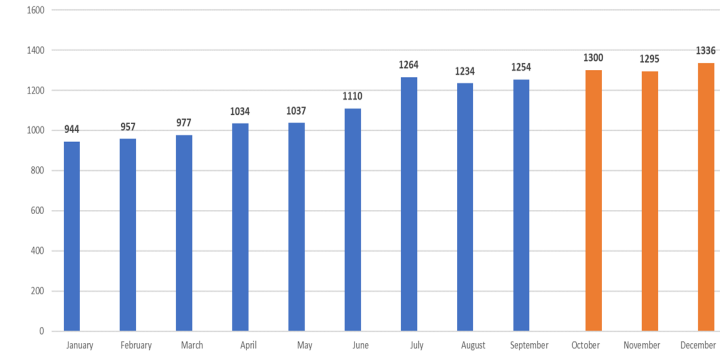
Currently there is a waitlist of 871 patients classed as 'new awaiting their first appointment', however with a further 267 awaiting triage and 116 patients with ongoing assessments so a case load of 1254 patients. We are now seeing the impact of the Covid Pandemic where social isolation at critical 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. These have risen from 28/month in 2019 to 155/month in July 2023.

Targets need to be agreed with regards to NDAS

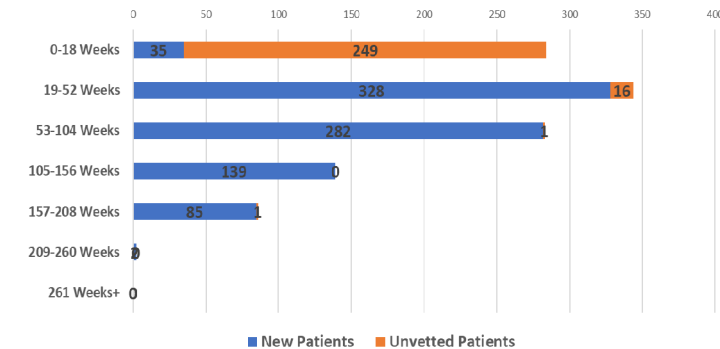
New Patients waiting first appointment 2022 v 2023



New + Return + Unvetted 2023 Projection



New + Unvetted Patients awaiting first appointment





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Emergency Department Access

Progress Made

- 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 place with 50% reduction in waits >60mins
- Direct admitting rights to ED in place
- Care home support from FNC commenced

Next Steps

- Optimisation of FNC dispositions
- Data collection for speciality reviews

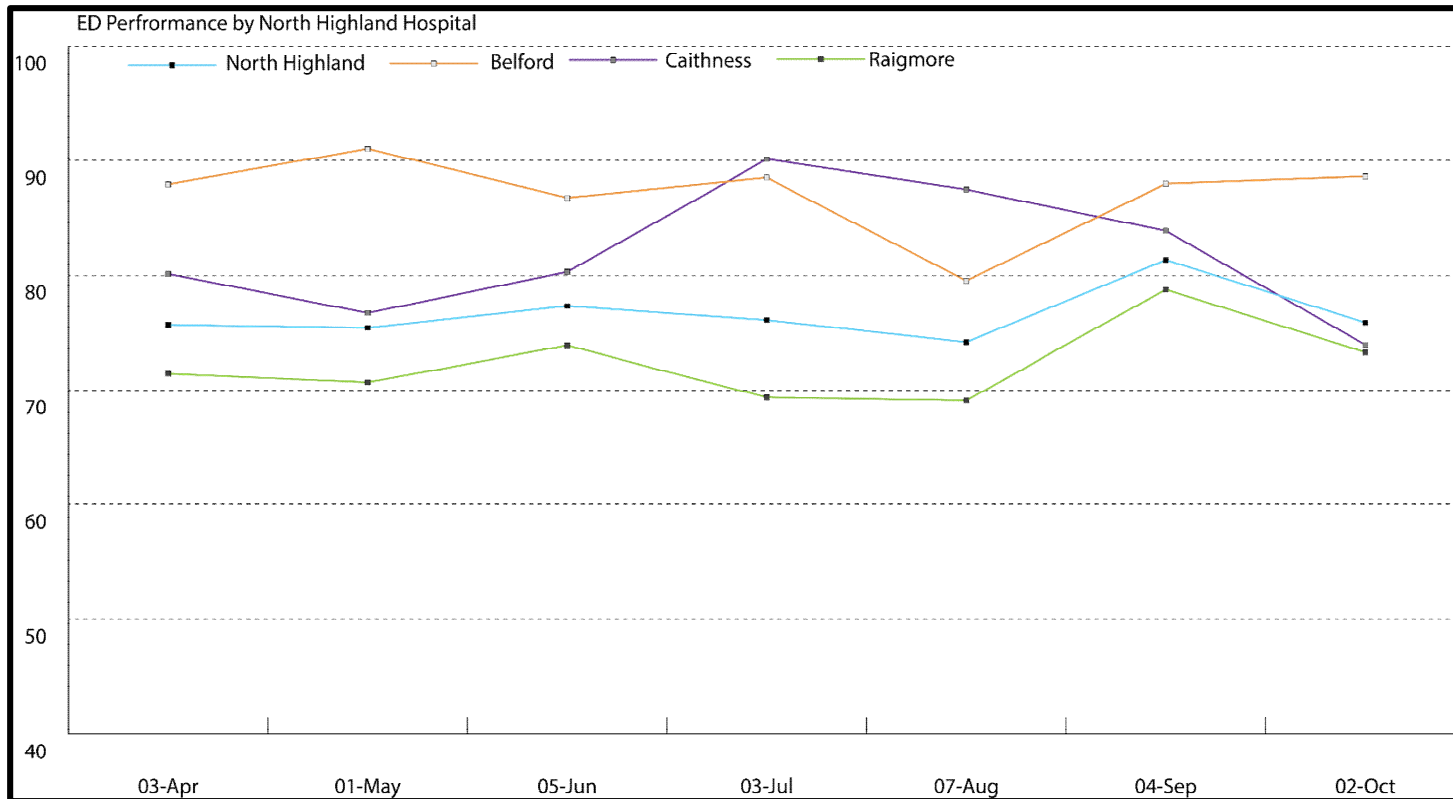
***12 hour breaches and SAS turnaround times will be included as we move into U&USC Target Operating Model and key indicators will be included for January Board meeting from this**

Timescale (by 30th Nov 23)

- Improve the 4-hour access standard by optimising patient flow in MIU, increasing Flow Group 1 performance from 90% to >95% (currently 91%)
- 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% (currently 40%)

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

Latest Performance	80.3%
ADP Trajectory Agreed	No ADP Target
ADP Trajectory	n/a
Performance Rating	Stable
National Benchmarking	Higher than Scottish Average >5%
National Target	90%
National Target Achievement	Not Met <10%



Selected Time Period: October 2023

(click on a circle in timetrend to change the selected time period)

NHS Western Isles	99.6%
NHS Orkney	94.1%
NHS Tayside	92.5%
NHS Shetland	82.5%
NHS Highland	80.3%
NHS Dumfries & Galloway	79.3%
NHS Fife	74.5%
NHS Greater Glasgow & Clyde	69.8%
NHS Grampian	69.2%
NHS Ayrshire & Arran	67.4%
NHS Borders	62.2%
NHS Lothian	62.1%
NHS Lanarkshire	60.6%
NHS Forth Valley	54.1%

Scotland Target



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Chief Officer, Acute

Treatment Time Guarantee

Progress Made

- Cumulative activity target met.
- Patient Hub live in certain specialties and being rolled out.
- Ongoing development of theatre scheduling tool (InFix).
- Ongoing development of upgraded theatre management system (Aqua).
- Group established review and improved theatre efficiency across all NHS sites.

Next Steps

- Communicate need for adherence to Local Patient Access Policy.
- Need to improve standard work for booking practice.
- Implement InFix.
- Develop and implement Aqua across all sites in NHS.

Timescale

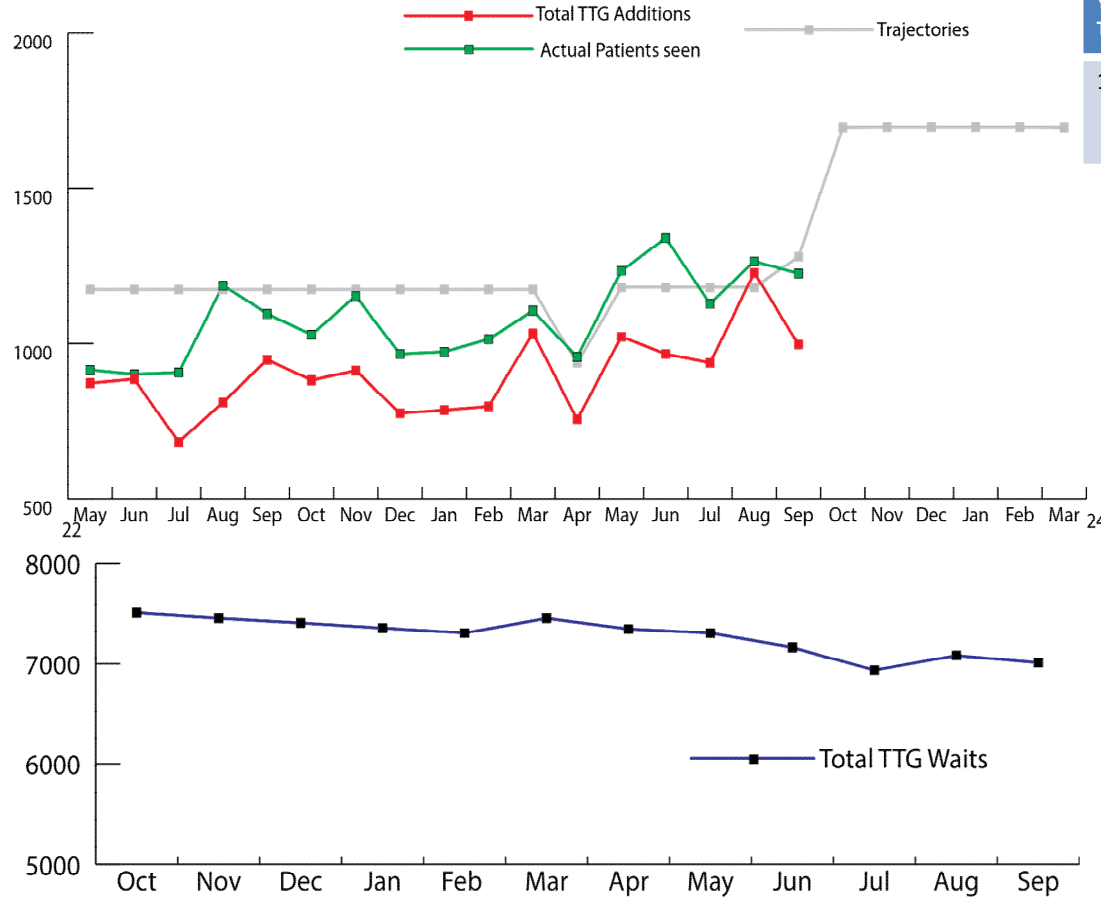
- Theatre scheduling tool implementation – Nov23
- Aqua to go-live – Dec23
- Coded lists – Mar24
- Patient Hub rolled out Mar24

It should be noted we will not meet the trajectories set and SG have asked for revised figures to be submitted

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

Latest Performance	62.9%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met for trajectories but not for long waits
Performance Rating	Decreasing
National Benchmarking	Lower than Scottish Average
National Target	100%
National Target Achievement	Not Met >10%

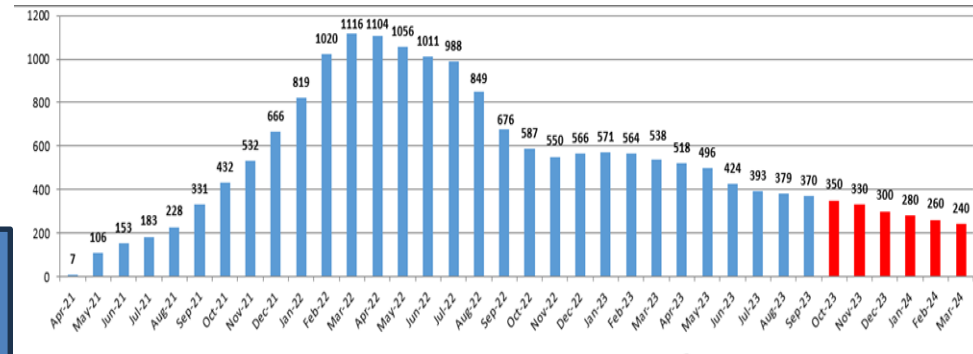
Planned care Additions, Patients seen and trajectories



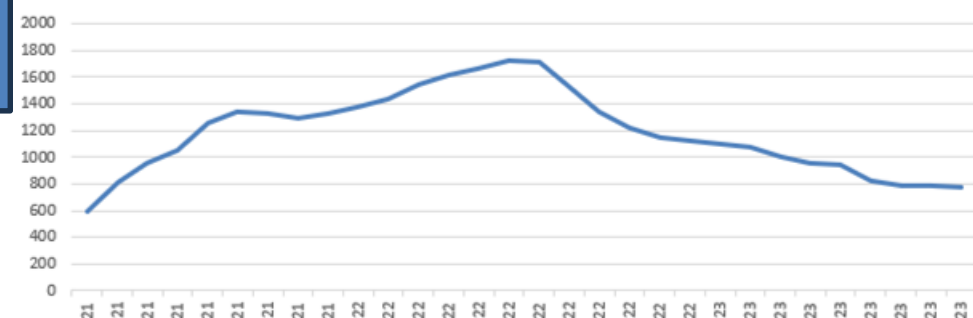
Yearly Trajectory	Apr-Sept Trajectory	Patients Seen-Sept	% of Yearly Trajectory
17,111	6,937	7,151	42%

The target for September 2023 was that no patient will wait longer than 78 weeks for treatment and no more than one year by September 2024. This has not been met.

Patients Waiting More Than 104 week - Forecast



TTG Patients Waiting Over 78 Weeks





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Outpatients

Progress Made

- Cumulative activity ahead of schedule
- 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
- Outpatient workstream in place and working towards the above aims.

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
- Maximise use of virtual activity
- Clinic utilisation reporting to be made available to specialities to reduce DNAs/cancellations and unfilled appointments
- Improve booking practices

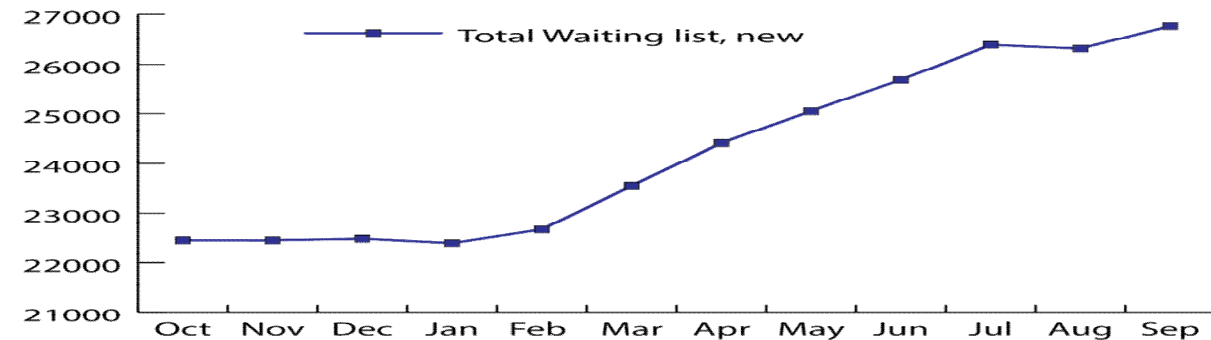
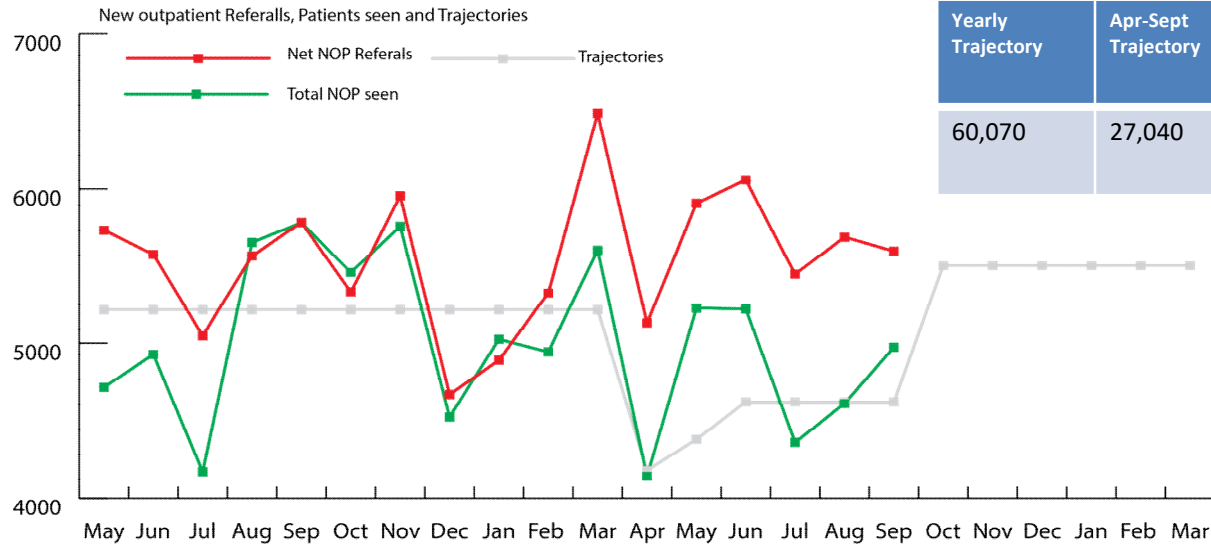
Timescale

- ACRT/PIR – Mar24
- Patient Hub – Mar24

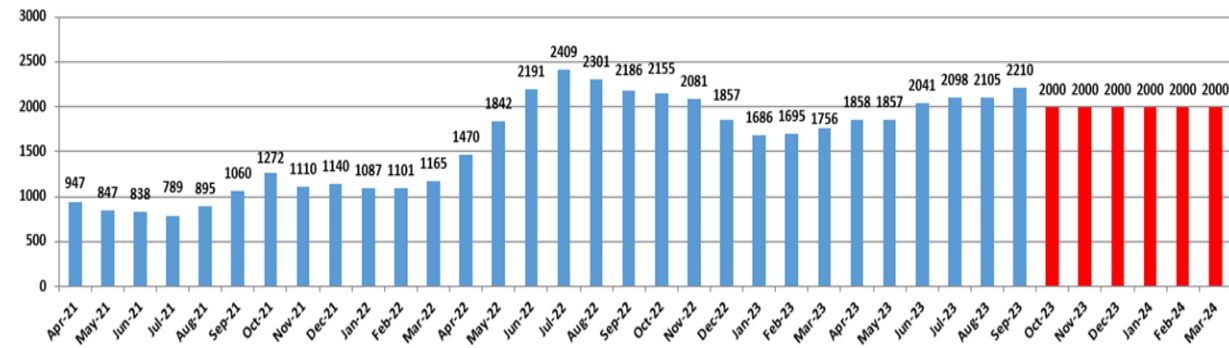
It should be noted we will not meet the trajectories set and SG have asked for revised figures to be submitted

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

Latest Performance	56.9%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met for ADP trajectories but not for long wats
Performance Rating	Decreasing
National Benchmarking	Lower than Scottish Average
National Target	95%
National Target Achievement	Not Met >10%



Patients Waiting More Than 52 weeks - Forecast



The target for March 2024 is that no patient will wait longer than 1 year for an outpatient. This is forecasted to not be met



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Katherine Sutton
Chief Officer, Acute

Diagnostics - Radiology

Progress Made

- 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

Next Steps

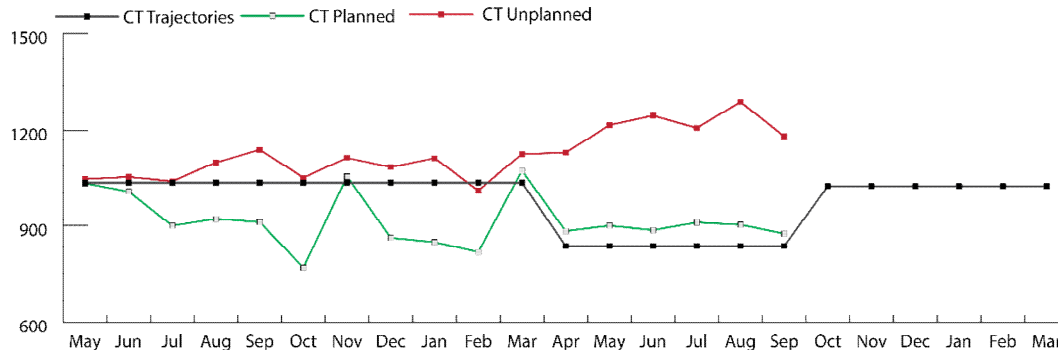
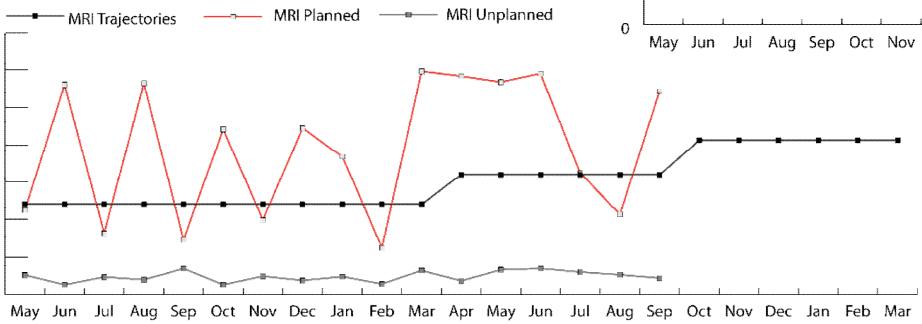
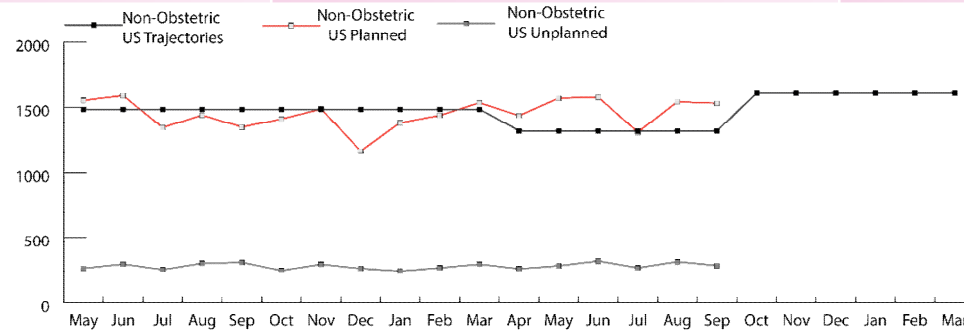
- Continued review of inpatient/emergency access to radiology balanced with planned care
- Modelling on impact of mobile van and AI implementation

Timescale

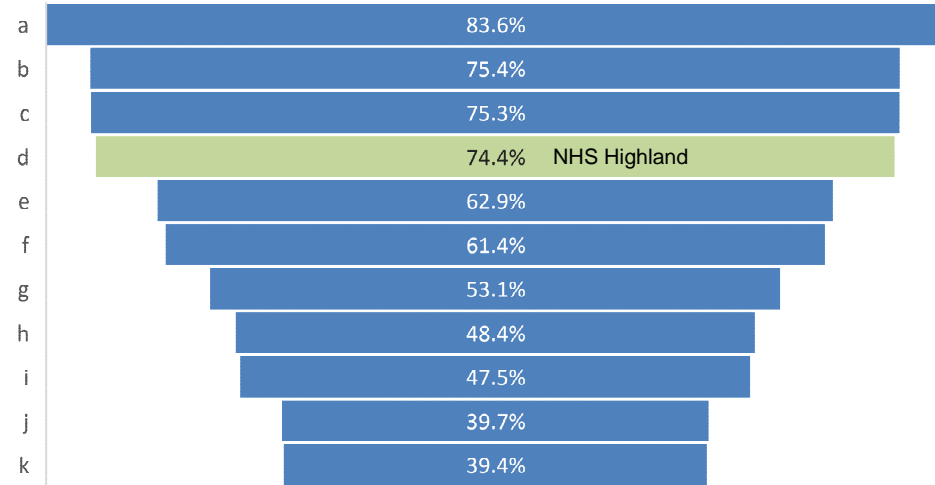
- 20% of our capacity is provided by the mobile unit and this will not be provided in 2025 onwards unless SG funding is confirmed

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

Latest Performance	74.4%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met – 51.5%
Performance Rating	Improving
National Benchmarking	Higher than Scottish Average
National Target	100%
National Target Achievement	Not Met <10%



Benchmarking – Mainland Boards



Trajectory Yearly(23-24 FY)	Trajectory until Sept	Patients seen Apr-Sept	% of Yearly Trajectory
34,632	15,582	17,829	51.5%



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Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics - Endoscopy

Progress Made

- CCE SBAR being drafted for funding consideration within NHS Highland after Cfsd gave notice
- Recruited an upper endoscopist trainee 0.6WTE
- Revised bowel screening pathway in place to achieve 31day target
- Working with Grampian to share practices, site visit pending
- Job pack created for recruitment of consultant endoscopist
- October 2023 DNA rate 1.8% at Raigmore for GI endoscopy

Next Steps

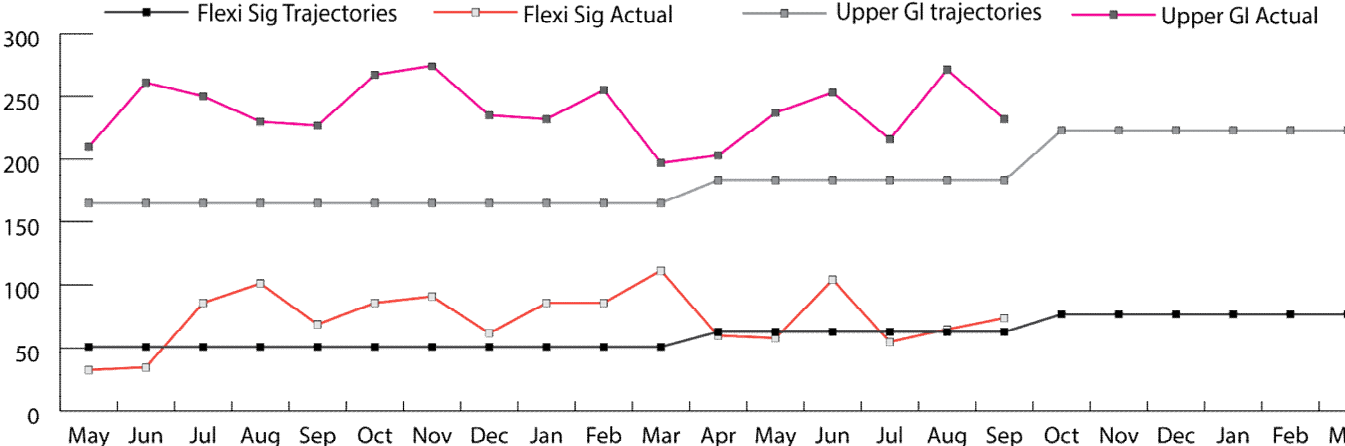
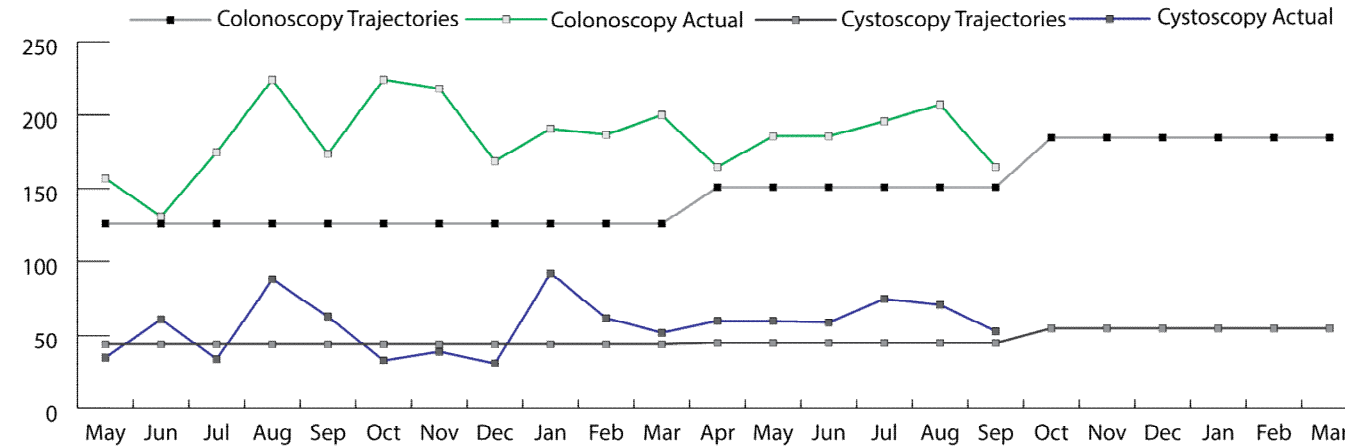
- Final stages of JAG application
- Recruit non-medical endoscopist (awaiting job description update then recruit in Jan 2024)
- Trying to source funding for SMOTS equipment so we can host training events and generate income
- Update our internet page for patients

Timescale

- Ongoing

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

Latest Performance	78.7%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met – 56.2%
Performance Rating	Improving
National Benchmarking	Higher than Scottish Average
National Target	100%
National Target Achievement	Not Met <10%



Trajectory Yearly (23-24 FY)	Trajectory until Sept	Patients seen Apr-Sept	% of Yearly Trajectory
5,892	2,652	3,311	56.2%

% Meeting 6 Week Target	78.7%
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*National benchmarking not available at time of going to FRPC



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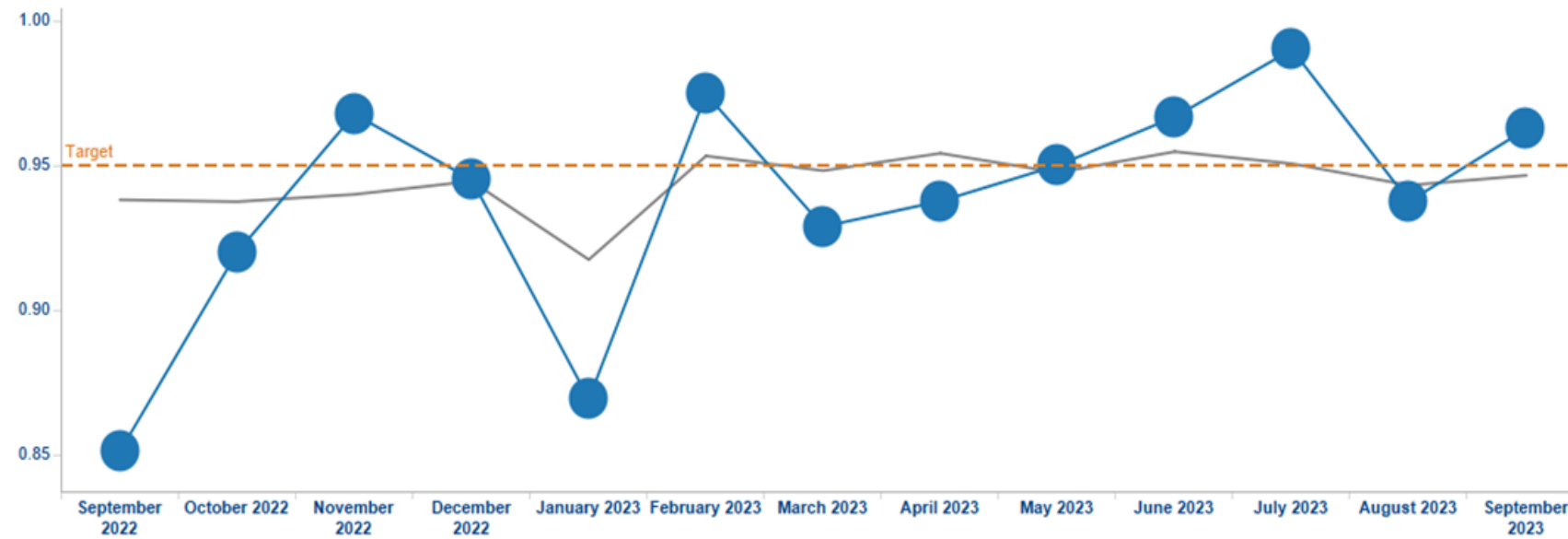
Exec Lead
Katherine Sutton
Chief Officer, Acute

31 Day Cancer Waiting Times

Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> Continued prioritisation of cancer across the system SACT & Radiotherapy Transformation Plan in progress Continued application of the Framework for Effective Cancer Management 2 x Consultant Pathologists appointed 	<ul style="list-style-type: none"> Overall recruitment and retention of key Consultant Oncology posts is a significant challenge and different models of working will need to be established for sustainable and resilient services 	<ul style="list-style-type: none"> Will be reviewed in line with cancer strategy and trajectories agreed with SG

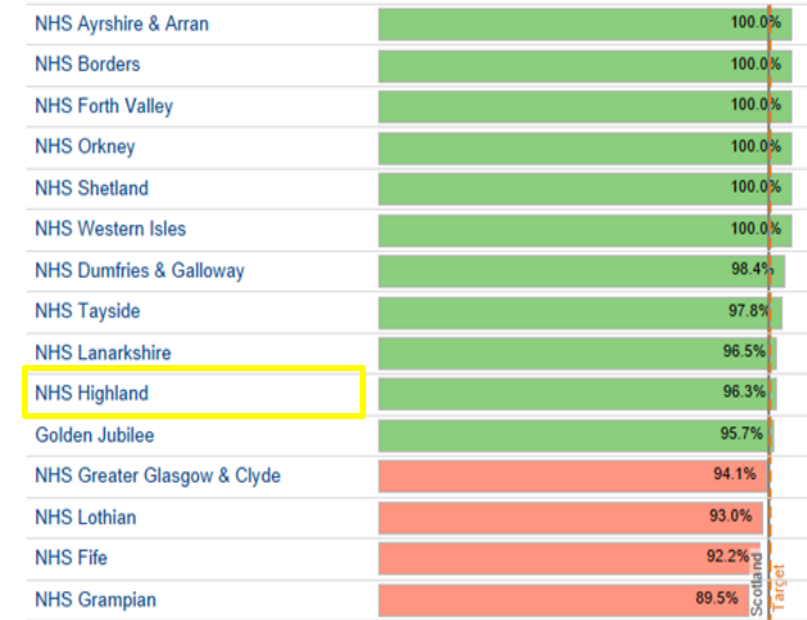
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Latest Performance	96.3%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met
Performance Rating	Variation
National Benchmarking	Target Met
National Target	95%
National Target Achievement	Met

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



31 Day Benchmarking with Other Board

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





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Exec Lead
Katherine Sutton
Chief Officer, Acute

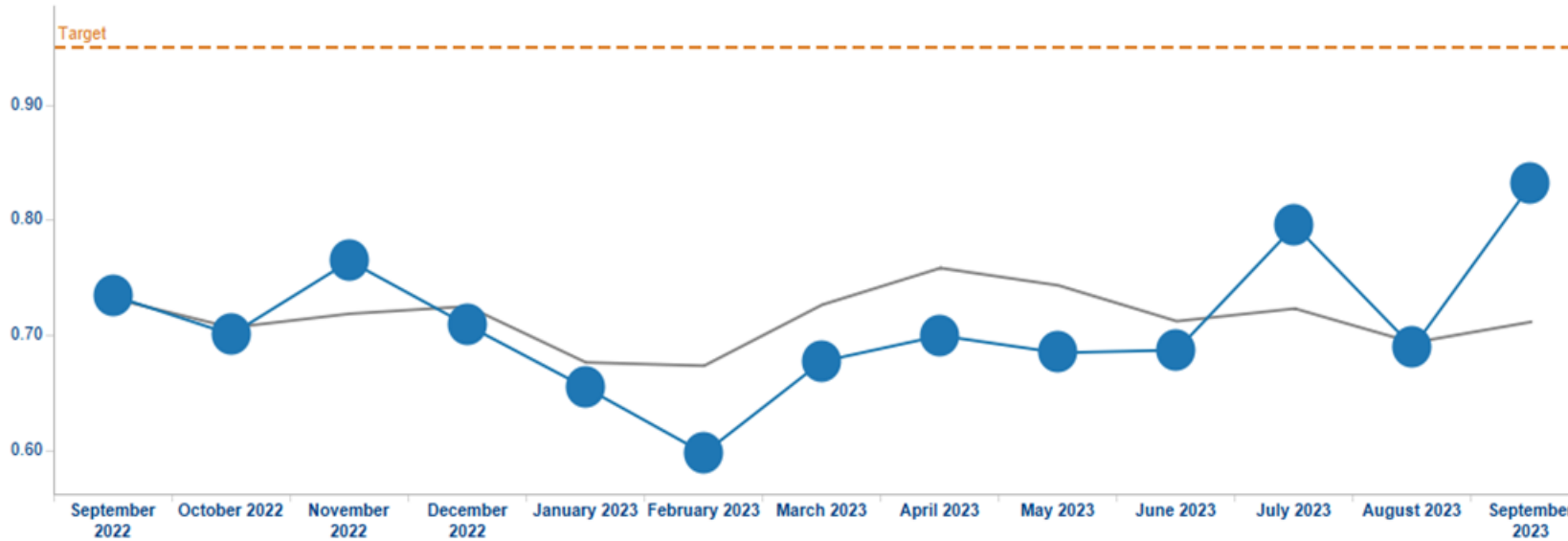
62 Day Cancer Target

Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> Continued prioritisation of cancer across the system SACT & Radiotherapy Transformation Plan in progress Continued application of the Framework for Effective Cancer Management 2 x Consultant Pathologists appointed 	<ul style="list-style-type: none"> Overall recruitment and retention of key Consultant Oncology posts is a significant challenge and different models of working will need to be established for sustainable and resilient services 	<ul style="list-style-type: none"> Will be reviewed in line with cancer strategy and trajectories agreed with SG

PERFORMANCE OVERVIEW	
Strategic Objective: Our Population Outcome Area: Journey Well	
Latest Performance	83.1%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met
Performance Rating	Variation
National Benchmarking	Above Scottish Average <5%
National Target	95%
National Target Achievement	Not Met >10%

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

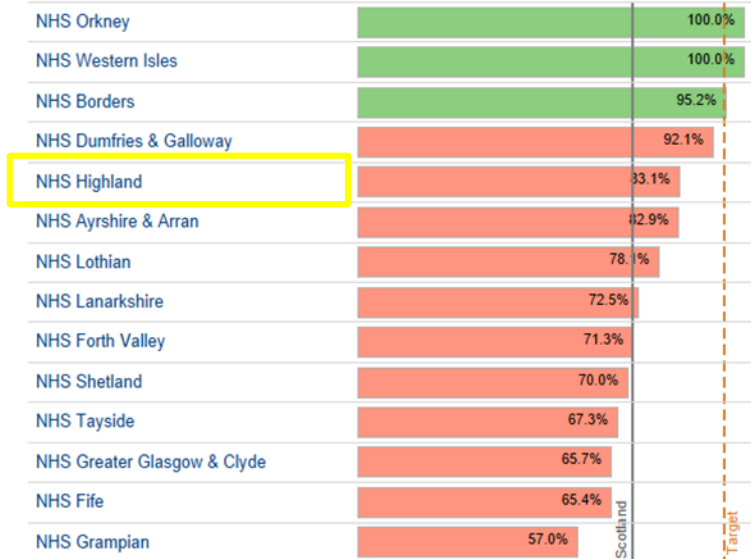
Board: 83.1%
Scotland: 71.2%
Target: 95%



62 Day Benchmarking with Other Boards

Selected Time Period: **September 2023**

(click on a circle in timetrend to change the selected time period)





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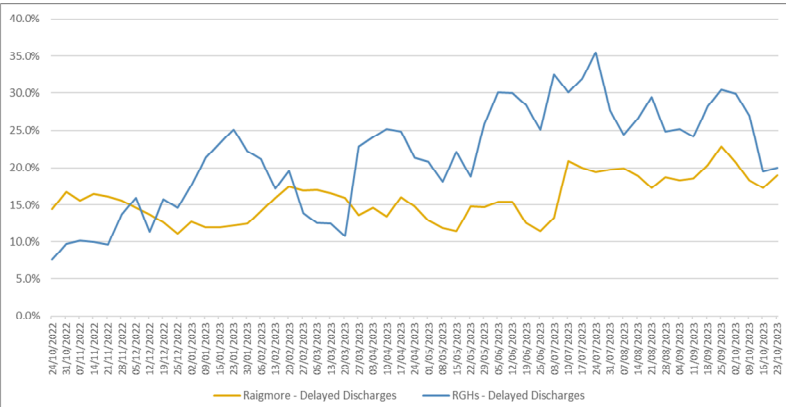
**Exec Lead
Pam Cremin
Chief Officer, HHSCP**

Delayed Discharges

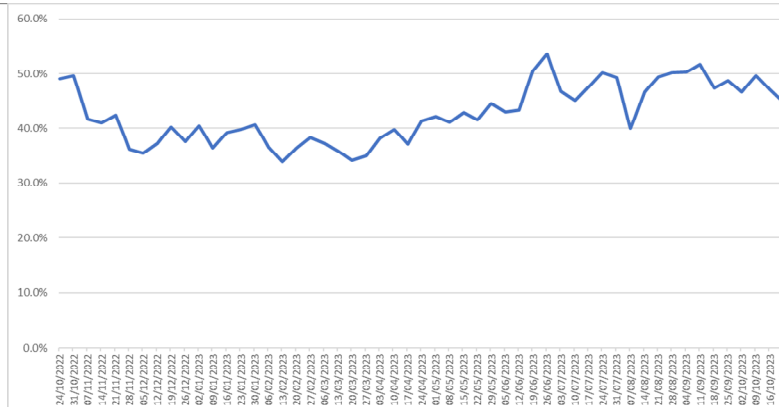
Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> Continued review of care at home provision to ensure targeted and most efficient use of this limited resource. Improved collaboration between in-house and independent sector providers in the delivery of shared packages of care Work ongoing within Inverness to free up the Emergency Response Service in order to ensure protected CAH resource to both facilitate timely hospital discharge and to avoid inappropriate admissions Daily oversight and focused planning for all people who are delayed continues. Upstream community pull of patients for timely discharge before they become delayed. 	<ul style="list-style-type: none"> Extend the number of intermediate care beds Tightened working practices between community staff and colleagues in ED to avoid inappropriate hospital admissions Develop and implement wrap-around models of care – CAH, day care, intermediate care beds Review of all patients delayed in New Craigs with a view to identifying those who are deemed to be complex and informing service developments 	<ul style="list-style-type: none"> Bullets points 1 to 3: Dec23

PERFORMANCE OVERVIEW Strategic Objective: In Partnership Outcome Area: Care/Respond Well	
Latest Performance 1st November 2023	
Target	To be agreed as part of TOM
Target Achievement	
Performance Rating	
Performance Benchmarking	

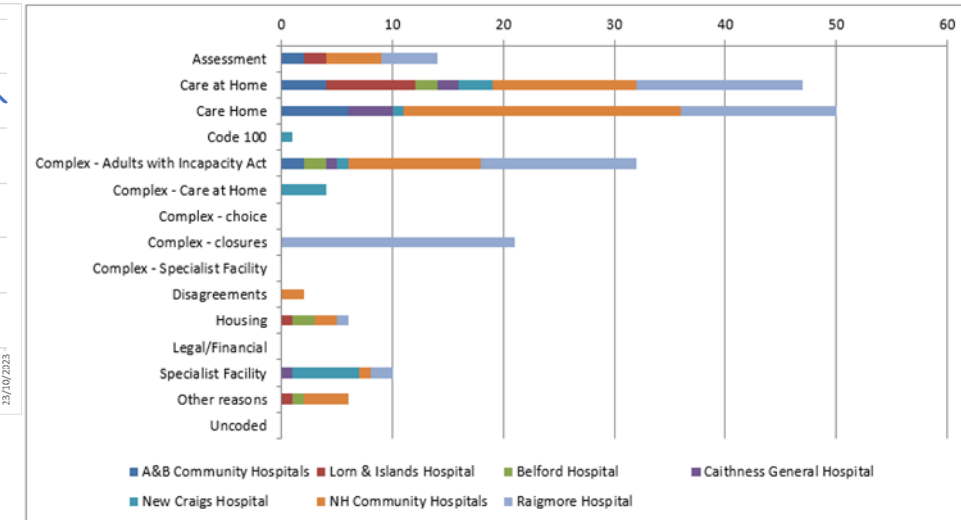
Delayed Discharges in Acute Sites



Delayed Discharges in HHSCP & A&B



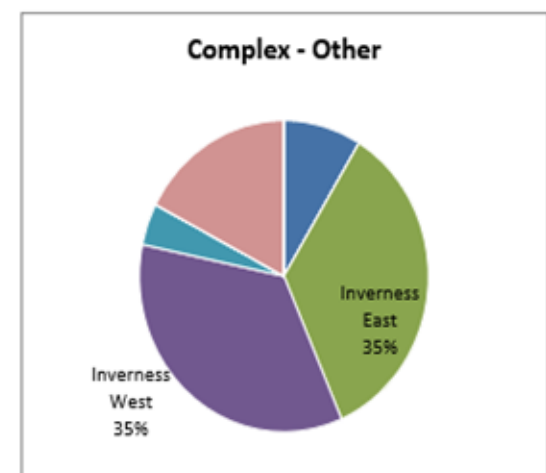
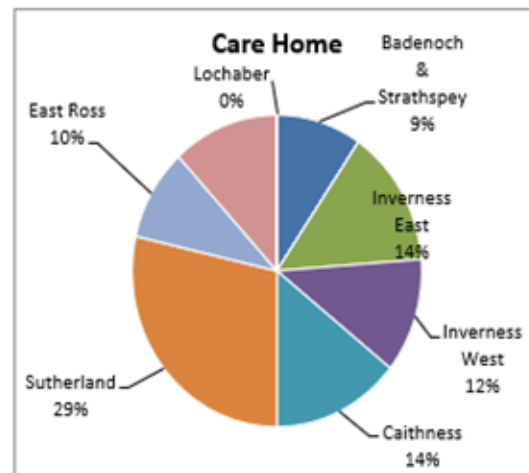
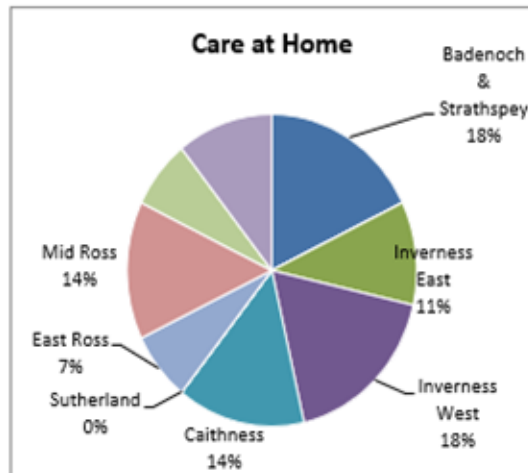
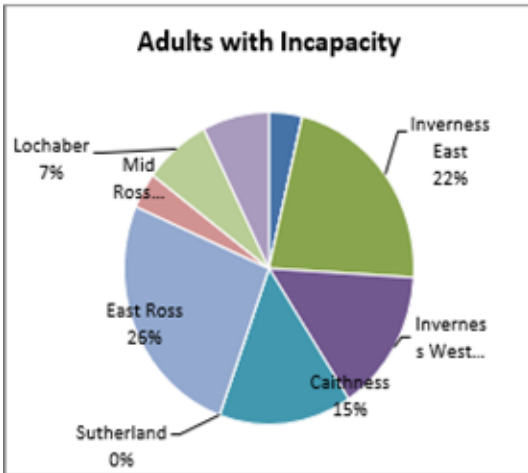
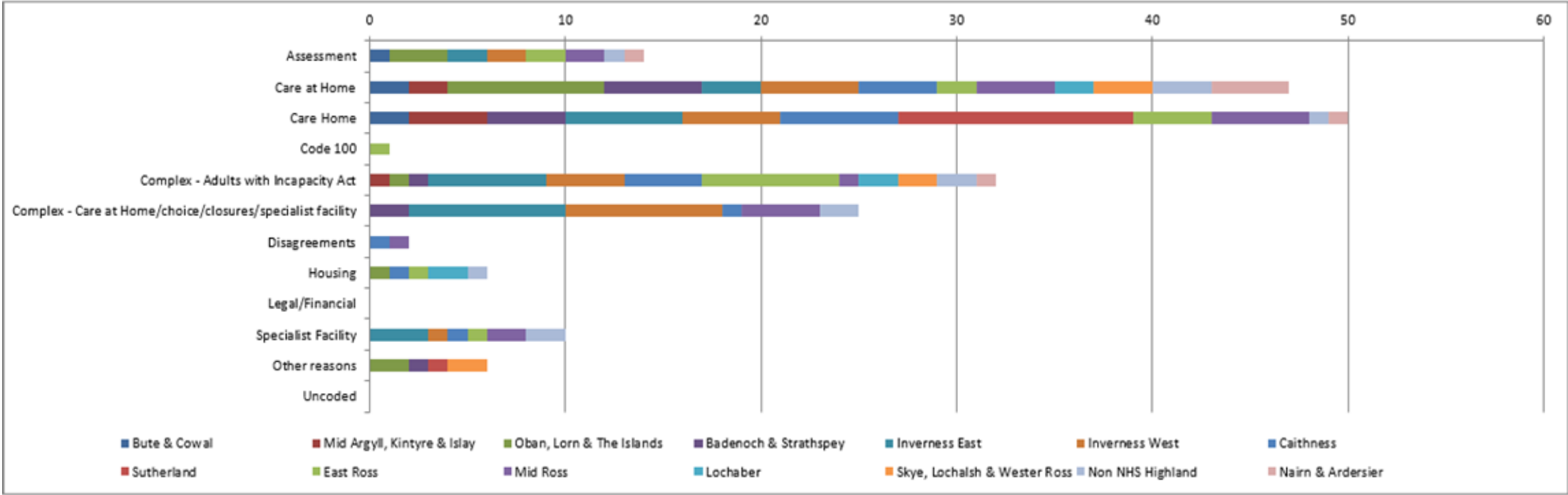
Reasons for Delayed Discharge by Location





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Delayed Discharges by District (inc Argyll & Bute)





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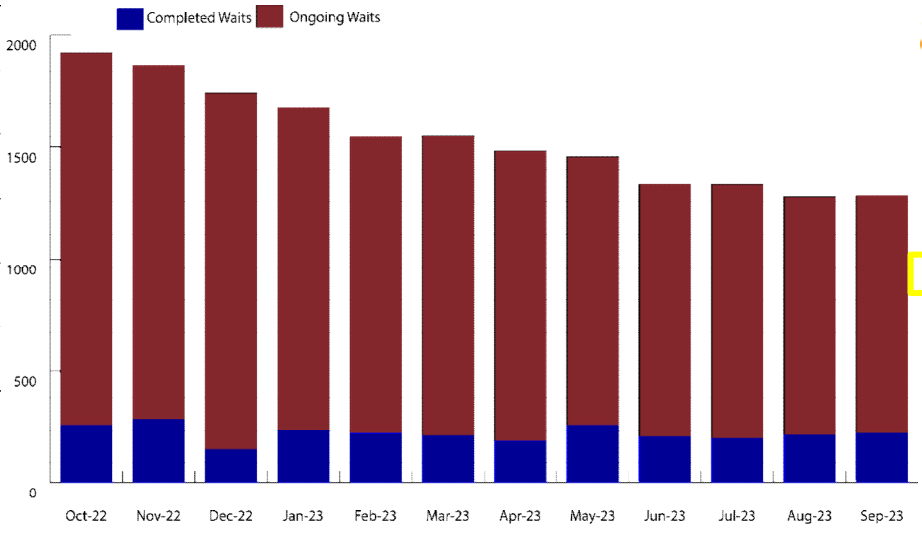
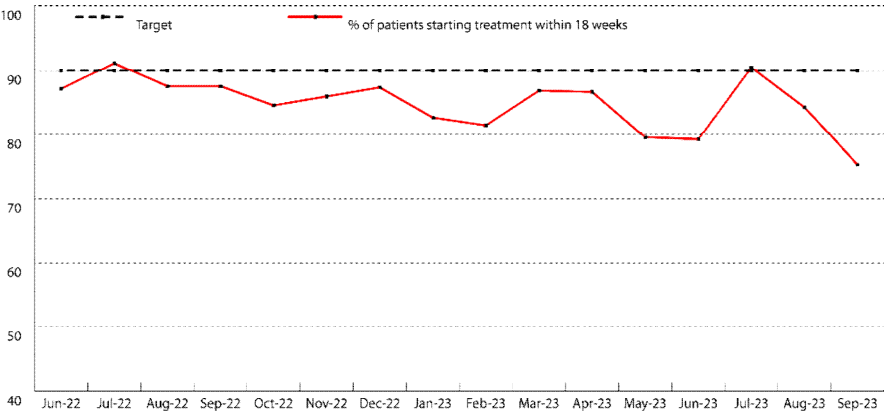


Exec Lead
Pamela Cremin
Chief Officer, HHSCP

Psychology Waiting Times

Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> • STEPPS training complete • Waiting list review complete • Workforce and funding review to assess SM post feasibility complete • Appointed Senior Service Manager (Start date Dec 23) • Met with SG 24th Oct –they are fully aware of all issues and baseline staffing 	<ul style="list-style-type: none"> • CAPTND data set capture system to work with eHealth as currently delayed • Implementation of PT specification (Sept 23) Launch event Nov 1st • Increase uptake and alternatives for digital therapies (Nov 23) • Focus in line with Mental Health Outcomes framework to reduce longest waits 	<ul style="list-style-type: none"> • Ongoing • Nov-23 • Nov-23 • Ongoing

PERFORMANCE OVERVIEW	
Strategic Objective: In Partnership	
Outcome Area: Live Well	
Latest Performance	75.4%
ADP Trajectory Agreed	Yes but not available at time of FRPC
ADP Trajectory	n/a
Performance Rating	Decreasing
National Benchmarking	Above Scottish Average <5%
National Target	95%
National Target Achievement	Not Met >10%



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

Region	Percentage
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Ayrshire & Arran	90.9%
NHS Western Isles	80.9%
NHS Greater Glasgow & Clyde	87.4%
NHS Highland	84.3%
NHS Lothian	79.5%
NHS Borders	78.8%
NHS Forth Valley	78.7%
NHS Lanarkshire	77.7%
NHS Tayside	75.7%
NHS Grampian	73.1%
NHS Fife	64.8%
NHS Dumfries & Galloway	0.0%

Scotland Target



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Integrated Performance & Quality Report

Objective 3 Our People



Gareth Adkins
Director of People & Culture

NHS Highland absence rate has sat above the Scottish average since March. The September Scottish average figures are yet to be released. Absence in 2023 has been consistently higher than it was across 2022. Long term absences are mostly related to other musculoskeletal problems (13%) and anxiety/stress (25%) which contributes to staffing pressures within teams however with high levels of unknown causes being recorded the information is incomplete. Short term absences in Cold, Cough, Flu (31% of absences) remain high as well as gastro-intestinal problems (25% of absences).

Since Quarter 1 little change has been made to absences with no reason recorded with an unknown cause/not specified remaining high (accounting for around 30%). Highlight reports are going to SLTs and People Partners are engaging with SMTs in their areas to encourage Managers to ensure that an appropriate reason is recorded and continuously updated.

The People Services Team continue to work closely with managers of long-term absent employees. Awareness of attendance management processes is still very low and attendance on Once for Scotland courses for managers is low. To raise awareness reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and elearning.

Turnover remains stable and in line with the national average. We continue to see high levels of leavers related to retirement (30%) and voluntary resignation (28%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 21% of our leavers. 9% of our workforce have left to move to new NHS Employment. Further encouragement is required to capture leaving reasons. Our Exit Policy and Exit feedback survey launched in June. To date we have had 19 surveys (a 200% increase in exit surveys completed in the same period in 2022). Insights received from the surveys will be reviewed by Organisational Development. There have been over 300 leavers since June so the uptake of the Exit feedback survey is low. People partners are highlighting the Policy via SLTs and further work to promote the Policy from People Services is ongoing. The Induction Policy has been reviewed with the inclusion of an onboarding survey to assist centrally gathered feedback on the issues people experience in joining us, as well as why they leave.

Organisational Metrics Sep 2023

Sickness Absence Rate (%)

6.68

Long Term SA Rate (%)

3.98

Short Term SA Rate (%)

2.69

Recorded Absence Reason (%)

71.90

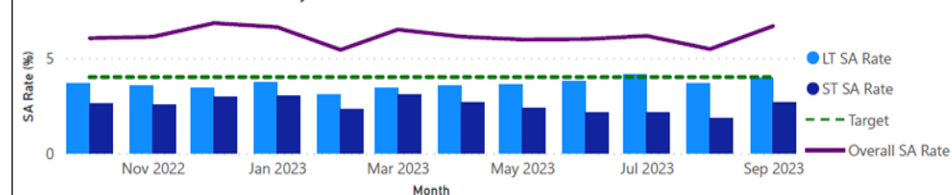
Vacancy Time to Fill (Days)

121.97

Annual Employee Turnover (%)

8.94

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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Integrated Performance & Quality Report

Objective 3 Our People



Gareth Adkins
Director of People & Culture

We have refreshed the Board's Health and Wellbeing Strategy group to take forward the overall strategy for NHS Highland and progress the learning from the Project Wingman experience. Further updates will be provided in connection with the absence data within this report

Refreshed awareness sessions for managing PDP&R has been launched in the organisation; monitoring of attendance is in place. This will provide information on how to successfully and meaningfully undertake a PDP&R with individuals. The content of the sessions will be regularly reviewed to ensure alignment with policy and good practice. The People Partners will work with the senior leadership teams in ensuring that plans exist for increase in the amount of PDPs undertaken. As part of the Culture and Leadership Framework, new PDP&R training will be offered to all colleagues to improve understanding of the benefits and reasons for regular feedback and development and to increase completion rates.

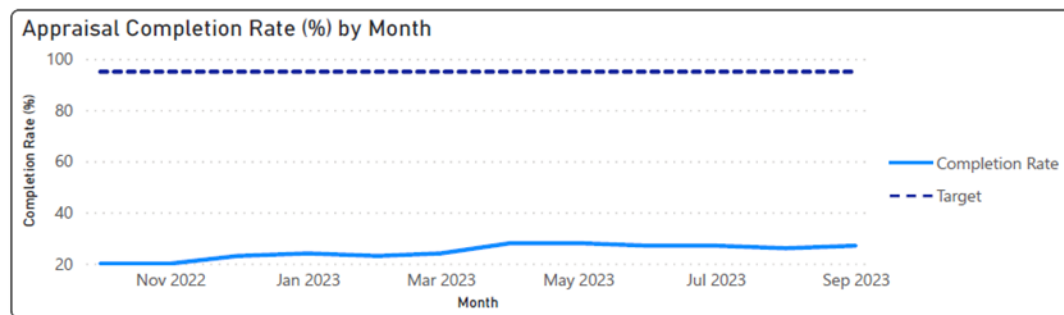
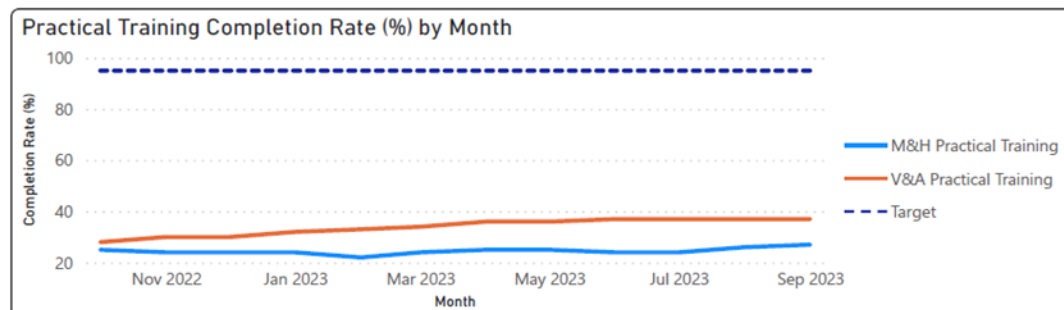
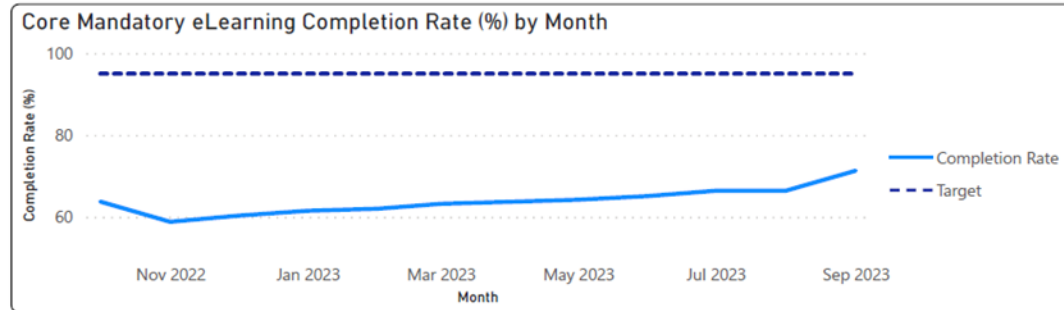
Training Metrics Sep 2023

Mandatory eLearning Completion (%)
71.3

V&A Practical Training Completion Rate (%)
37.0

M&H Practical Training Completion Rate (%)
27.0

Appraisal Completion Rate (%)
27.0



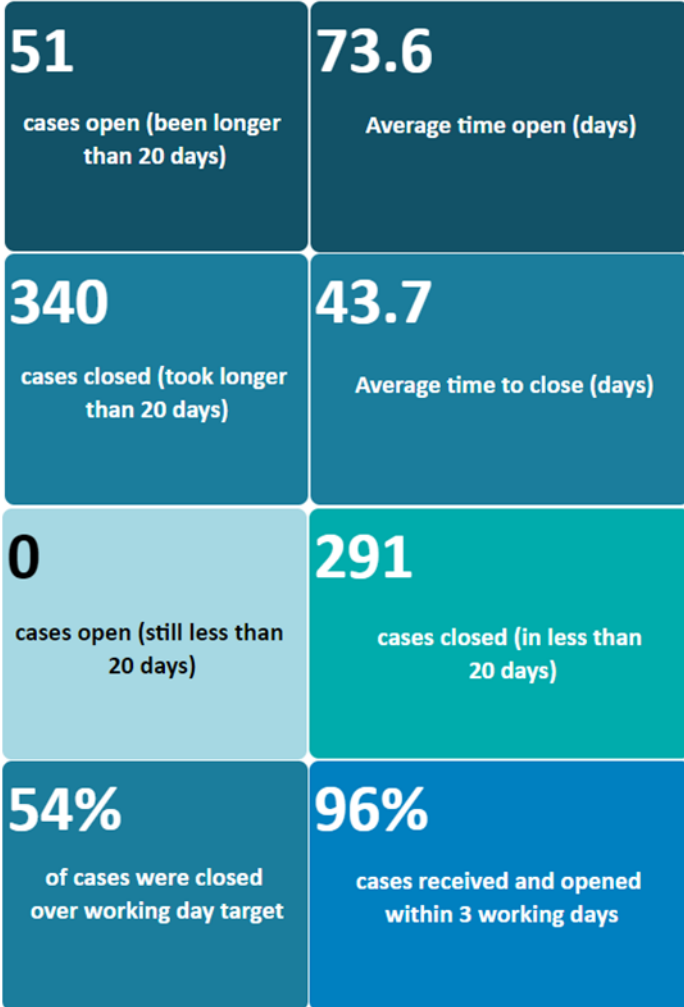


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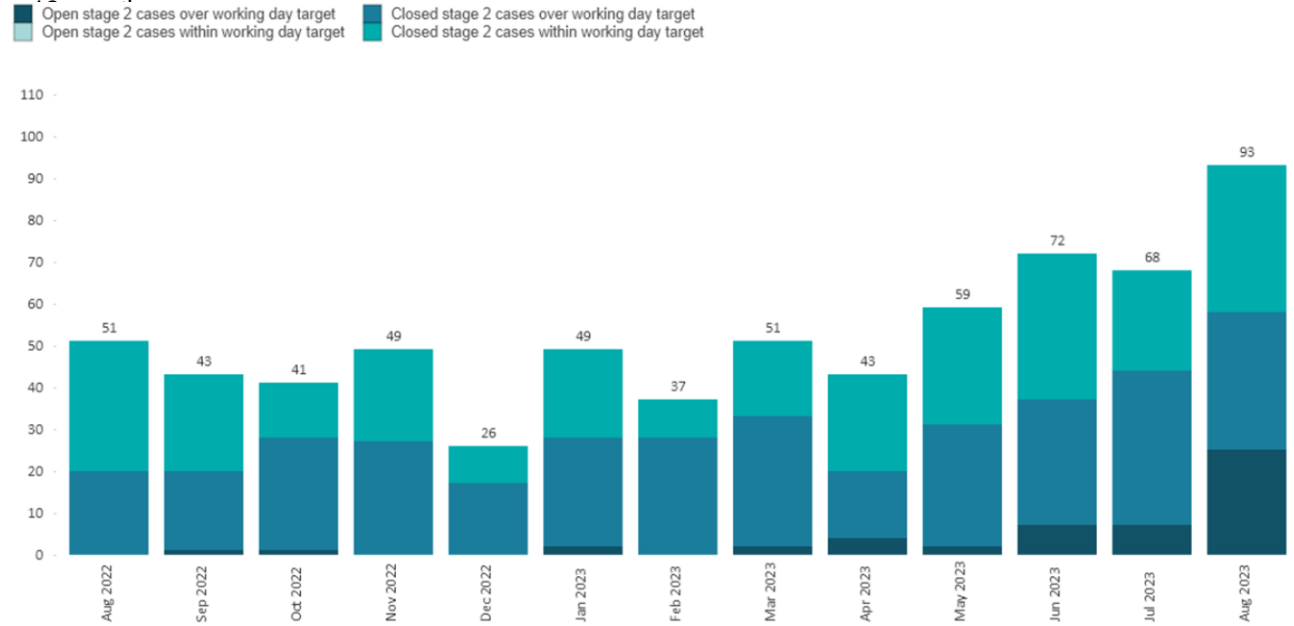
Clinical Governance September 2023

Stage 2 complaint case information – August 2022 to August 2023 *excludes cases with stage of Further Correspondence (FC) and Scottish Public Services Ombudsman (SPSO)

NHS Highland stage 2 case overview



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-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Highland	61%	53%	32%	45%	35%	43%	24%	35%	53%	47%	49%	35%	38%
Argyll & Bute	67%	14%	17%	29%	50%	50%	20%	40%	20%	20%	43%	43%	20%
Acute	70%	68%	29%	54%	25%	50%	26%	42%	61%	57%	53%	43%	51%
Highland Health & Social Care Partnership (HHSCP)	38%	57%	45%	39%	38%	25%	22%	20%	56%	42%	41%	18%	21%



Context by Dr Boyd Peters
Medical Director

Over recent months there has been an increase in the number of stage 2 complaints received.

The main areas that the complaints relate to are waiting times, access to dental treatment and colorectal oncology.

Complaints performance (complaints answered within 20 working days) in August was 38%.



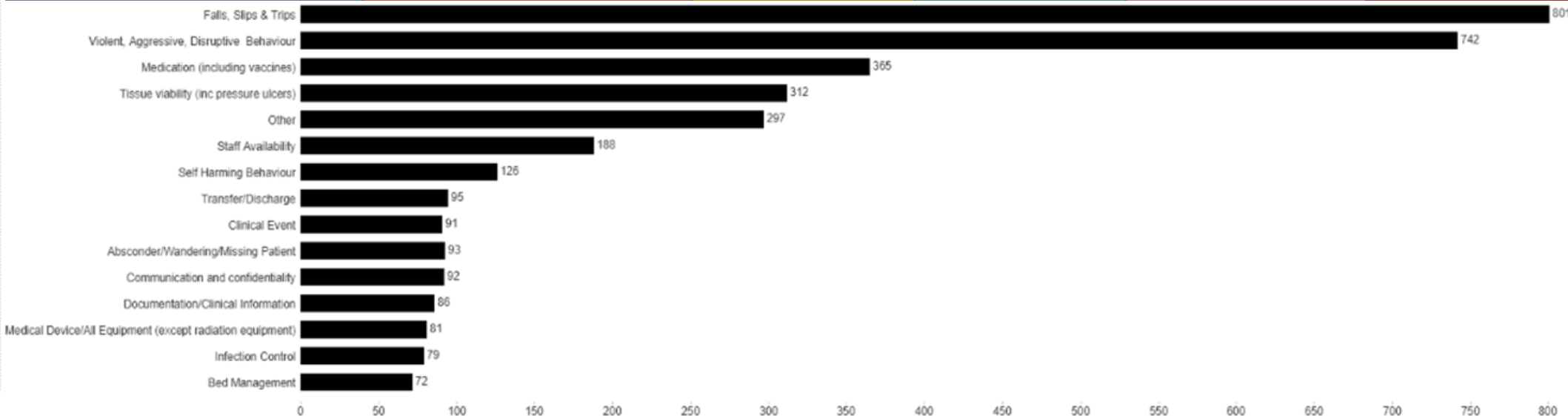
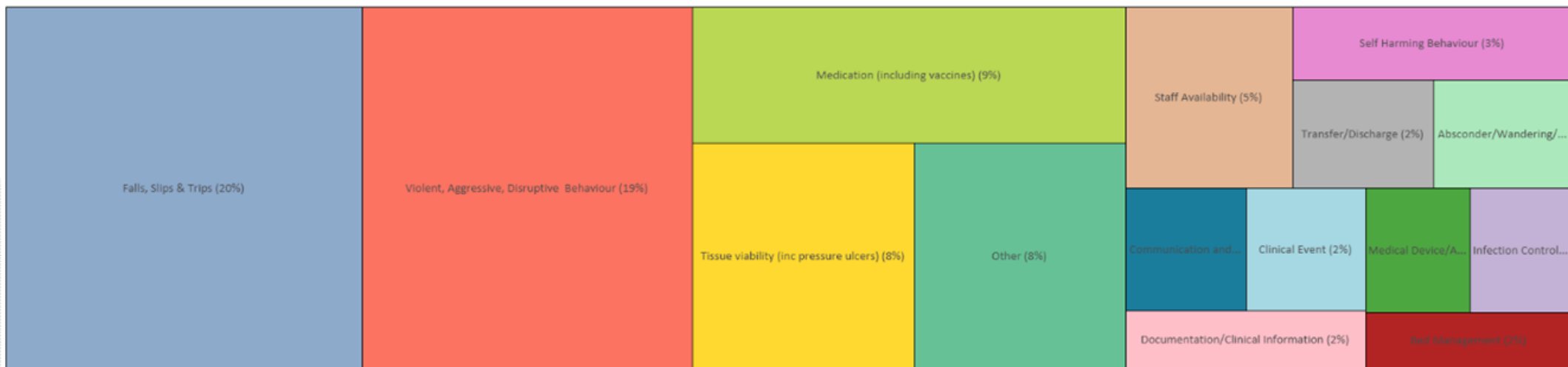
Clinical Governance September 2023

Adverse Event information – July 2023 to September 2023

	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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Top 15 adverse event categories recorded in NHS Highland last 3 months % share (July 2023 – September 2023)



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.

In HHSCP all V&A, falls, Tissue Viability and medication adverse events are reviewed on a weekly basis by the professional leads at weekly sift and sort meetings.



Clinical Governance September 2023

Significant Adverse Event Review (SAER) information – September 2022 to September 2023

	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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Number of SAERs declared in NHS Highland over last 13 Months

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



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.

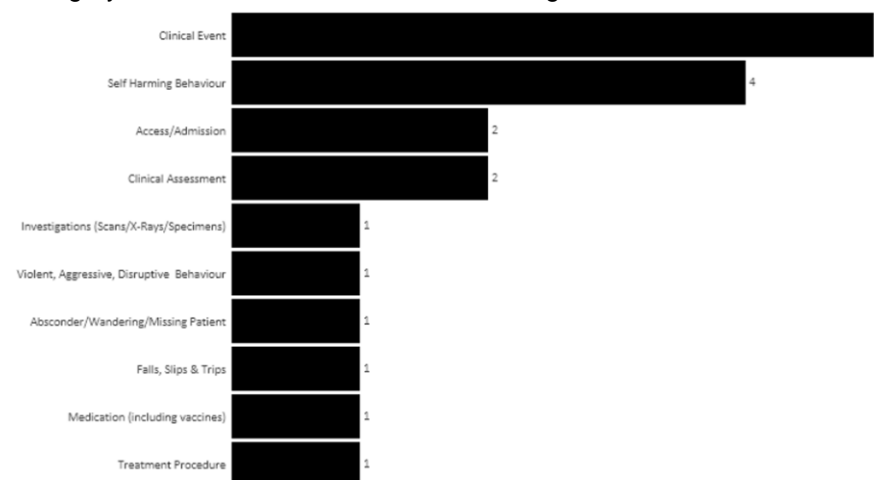
Detailed case reviews are often conducted as they can be completed much quicker than SAERs, allowing improvement actions to be progressed.

Monitoring of completion of actions from SAERs, is being developed and along with a method to identify if an action has made a difference

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

3 (Three)

- 1 – April 2019
- 1 – July 2020
- 1 – Feb 2023





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Clinical Governance September 2023

Hospital inpatient falls – September 2022 to September 2023



Context by Louise Bussell
Board Nurse Director

The last 5 months have seen a reduction in falls across NHS Highland. This links with the introduction of the Daily Care Plan, changes to nursing handover and ways of working across all clinical areas.

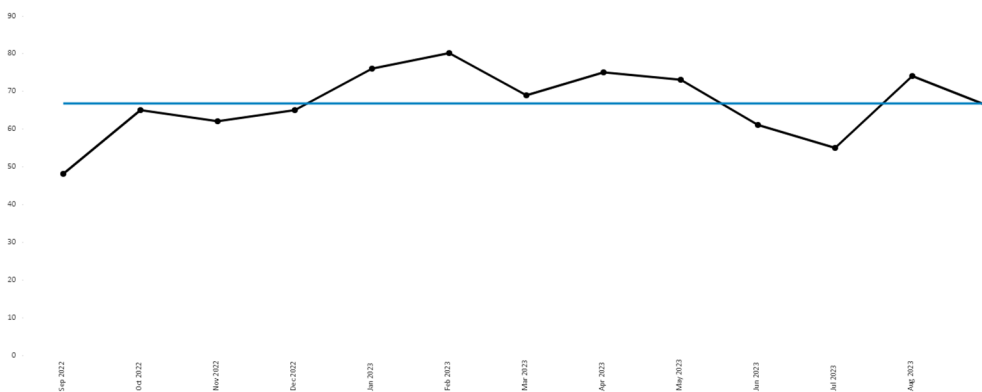
Falls with harm remain consistent as a proportion of total falls and therefore the continued focus on reducing all falls is critical.

Falls risk management group– recommendation from this group to remove falls sensor mats as there is no evidence that they reduce falls in the inpatient setting.

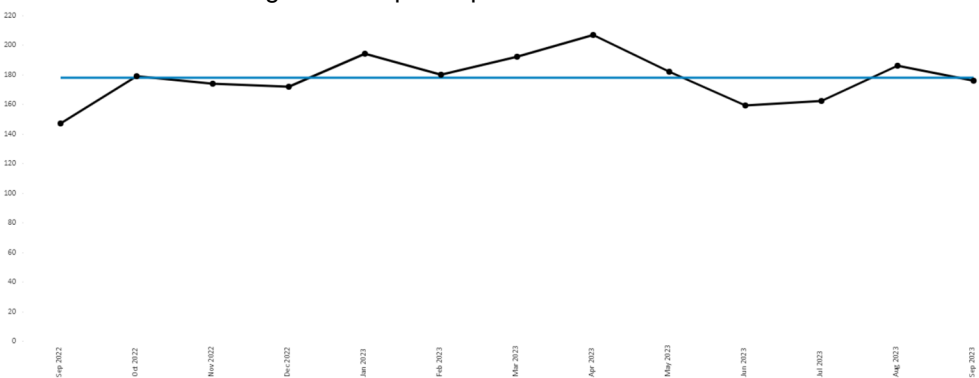
A&B team have reviewed patient falls to understand how many patients have more than one fall and of the patients who fall how many are in delay (16%)

National SPSP team visit scheduled for 25th October

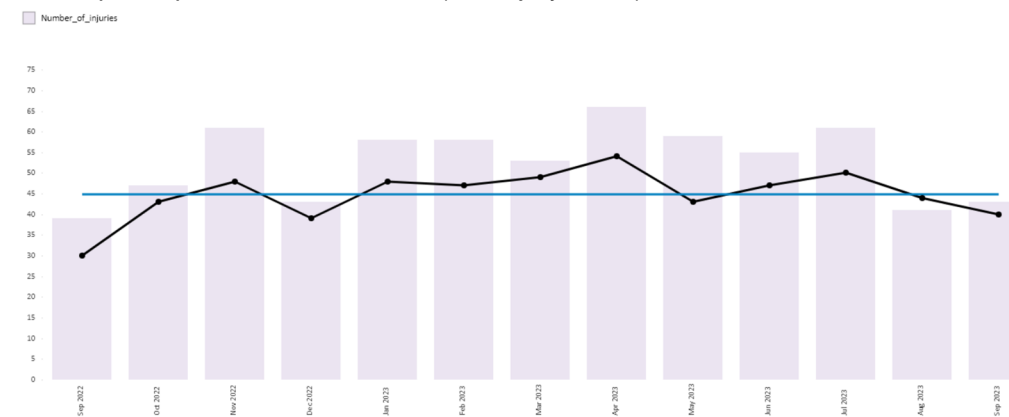
Run chart of Community hospital inpatient falls over last 13 months



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	Staffing challenges remain a risk across all areas	Regular monitoring of staffing level and escalation of concerns through Real Time Staffing Resource. Newly qualified practitioners commenced in post across all areas on 2nd October and international nurse recruitment within Raigmore
2	The Increasing complexity and frailty of patients in our care facilities with a high number of patients delayed to discharge across all sites	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 Patient and family Falls leaflet developed Team members attended national SPSP event to hear progress from other boards and share learning



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Clinical Governance September 2023

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

Infection Prevention, E Coli, Staphylococcus aureus bacteraemia (SAB) and Clostridium difficile (CDI) Infection Healthcare Associated Infection (HCAI) Rates per 100,000 population



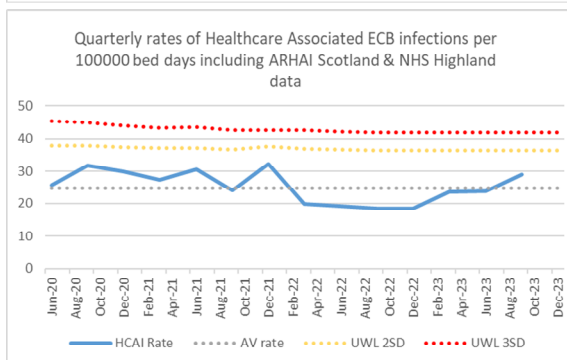
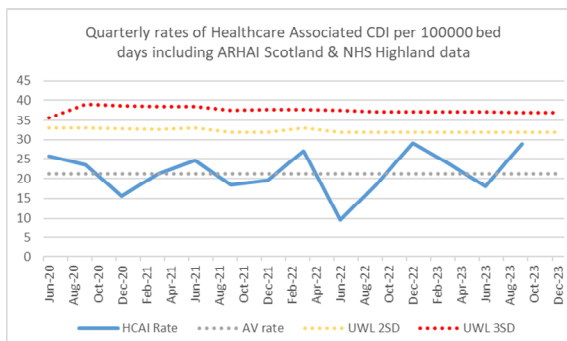
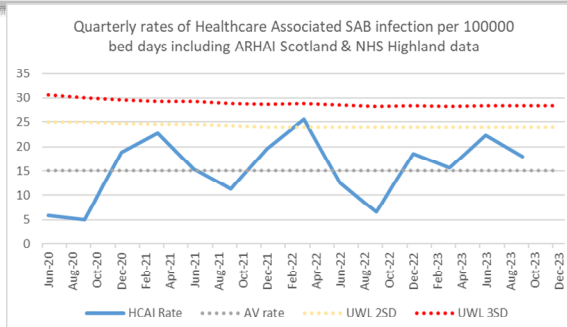
Context by Louise Bussell
Board Nurse Director

The published HCAI data for Apr-June 2023 identified that NHS Highland were within their expected levels for the quarter. Our local data for July – Sept 2023 identifies that a rise in CDI cases occurred in August with 3 cases being associated with a Clostridium difficile outbreak. Early identification of the cases enabled control measures to be adopted quickly and reduce onward transmission. ARHAI Scotland were involved in the Incident Management Team meetings and were satisfied with the actions taken. An unusual strain of CDI for NHS Scotland was identified.

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

HAI walk rounds in community hospitals continue according to schedule. No common concerns observed. IPC mandatory training for nursing consistently high compliance.

A detailed report is submitted to the Clinical Governance Committee for 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 Divisional units. Where present, themes are addressed through specific action plans.
2 Staffing challenges remain a significant risk across the IPC team, with demand for the service remaining high	There is a need to upskill the existing IPC nursing workforce and support new staff to complete specialist training. The review of the National IPC Workforce Strategic plan and completion of the Clinical Nurse Specialist workload tool 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	Jul-Sep 2023 Q2 (NHS Highland unvalidated data)	Oct-Dec 2023 Q3	Jan-Mar 2024 Q4
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	22.4	18	n/a	n/a
SCOTLAND	18.3	n/a	n/a	n/a
C. DIFFICILE				
NHS HIGHLAND	18.5	29	n/a	n/a
SCOTLAND	16.1	n/a	n/a	n/a
E. COLI				
NHS HIGHLAND	23.8	29	n/a	n/a
SCOTLAND	37.6	n/a	n/a	n/a



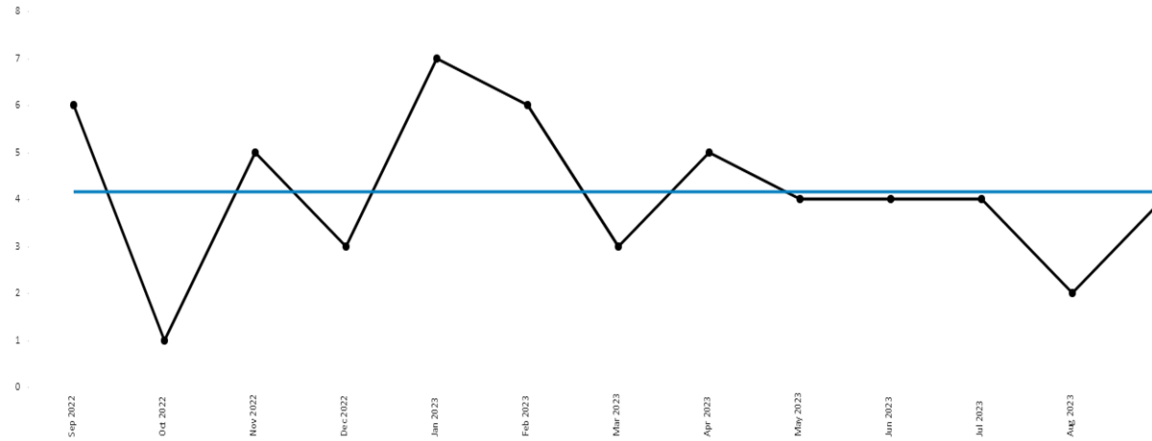
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Clinical Governance September 2023

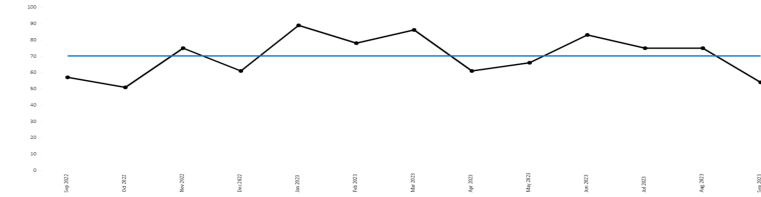
Tissue Viability – September 2022 to September 2023

	Risk	Mitigation
1	Specialist Tissue Viability Nurse clinical expertise and leadership capacity	<ol style="list-style-type: none"> 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 enhance 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	<ol style="list-style-type: none"> 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.

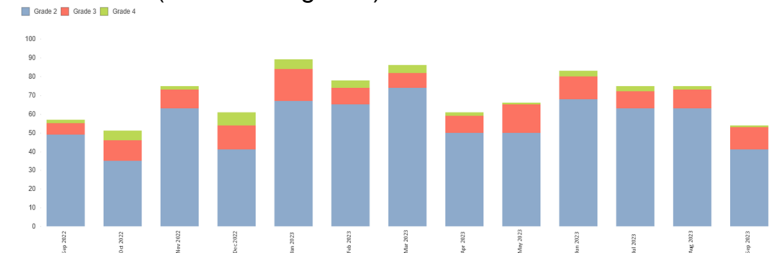
Run chart of grade 2-4 pressure ulcers developed in Community hospitals over last 13 months



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



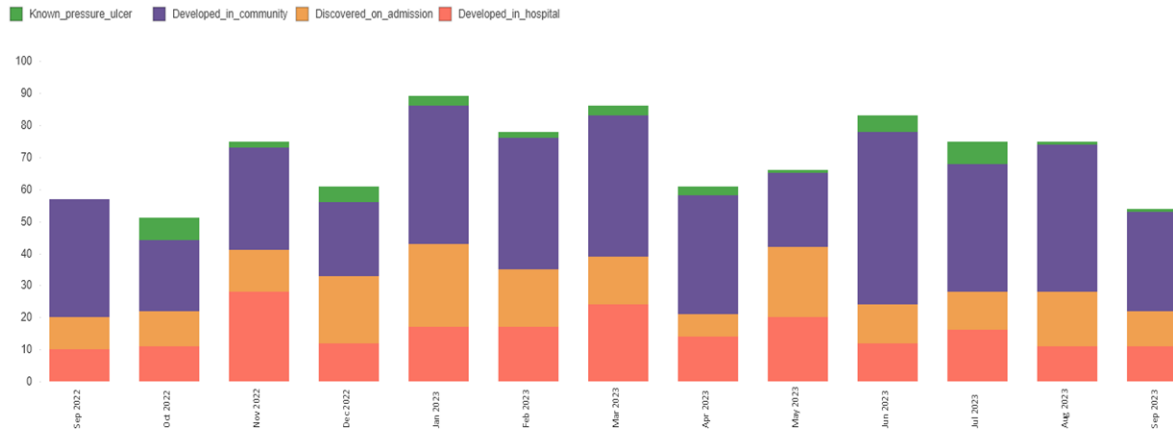
Bar chart of NHS Highland grade 2-4 pressure ulcers over last 13 Months (all sub-categories)



Grade 2 625
Grade 3 119
Grade 4 39

Developed_in_hospital 180
Discovered_on_admission 148
Developed_in_community 405
Known_pressure_ulcer 33

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



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

Appendix: IPQR Contents

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

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
	ED performance comparison	Monthly	July 2023	November 2023
	NHS Highland ED 4hr wait performance	Monthly	July 2023	November 2023
	Total TTG Waitlist	Monthly	July 2023	November 2023
	Planned care additions, patients seen & Trajectories	Monthly	July 2023	November 2023
	New outpatients total waiting list	Monthly	July 2023	November 2023
	New outpatients Referrals, Patients seen & Trajectories	Monthly	July 2023	November 2023
	Radiology Key tests activity & Trajectories (2 graphs)	Monthly	July 2023	November 2023
	Trajectories yearly totals and patients seen yearly totals	Monthly	New table	November 2023
	Endoscopy Key tests activity & Trajectories (2 graphs)	Monthly	July 2023	November 2023
	Trajectories yearly totals and patients seen yearly totals	Monthly	New table	

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
	31 & 62 Day Performance (2 graphs)	Monthly	July 2023	November 2023
	NHS board comparison 31-day and 62-day performance (2 graphs)	Monthly	July 2023	November 2023
	NHS Highland Delayed Discharges	Monthly	July 2023	November 2023
	Bed days occupied by Delayed Discharges	Monthly	July 2023	November 2023
	PT completed waits and performance target	Monthly	July 2023	November 2023
	PT ongoing waits NH	Monthly	July 2023	November 2023