

Meeting: NHS Highland Board
Meeting date: 30th May 2023
Title: Performance and Quality Report
Responsible Executive/Non-Executive: David Park, Deputy Chief Executive
Report Author: Rhiannon Boydell, Head of Strategy and Transformation

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

Annual Delivery 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	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 North Highland Integrated Performance and Quality Report (IPQR) is a set of performance indicators used to provide a bimonthly update on the performance of our health and care system. Data is supported by a narrative on the specific outcome areas from the Executive Lead to give assurance.

We are continuing to review the IPQR to ensure it meets the needs and assurances the Board requires.

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 IPQR is an agreed set of performance indicators across the health and social care system.

2.3 Assessment

As per Appendix 1

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

While the level of assurance is moderate, remedial actions are being taken through managed programmes of work related to the ADP and winter planning for 2023/24.

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

IPQR 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 NHS Highland Board are asked to:

- To accept moderate assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.
- Note the addition of trajectories where available
- The annual delivery plan and winter plan continue to support mitigation plans where possible.

4.1 List of appendices

The following appendices are included with this report:

- **IPQR Performance Report, May 2023**



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Board Integrated Performance and Quality Report

May 2023

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

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

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



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Integrated Performance & Quality Report

Objective 1
Outcome 3
Priority 3A

Our Population
Stay Well (Screening)

“Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population”



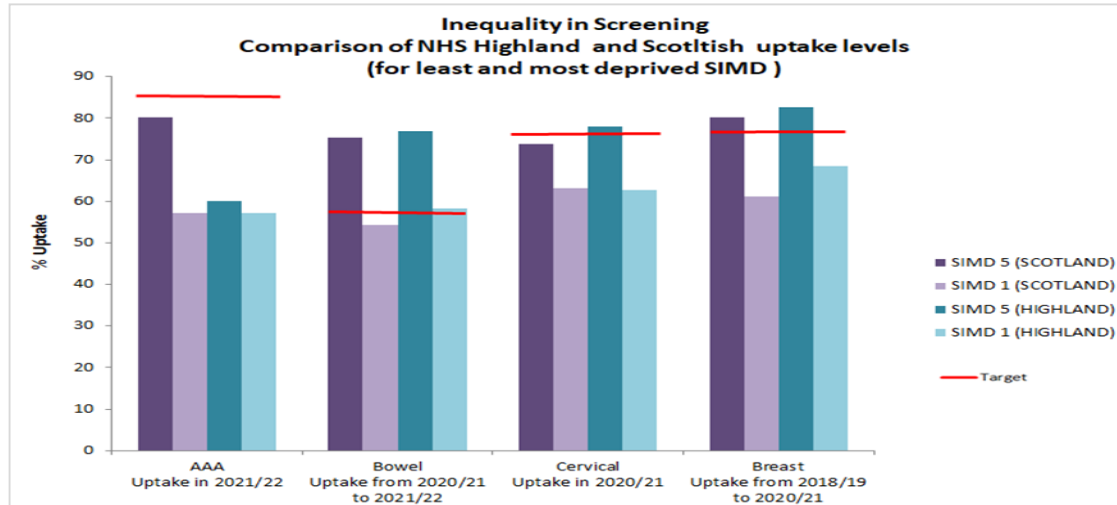
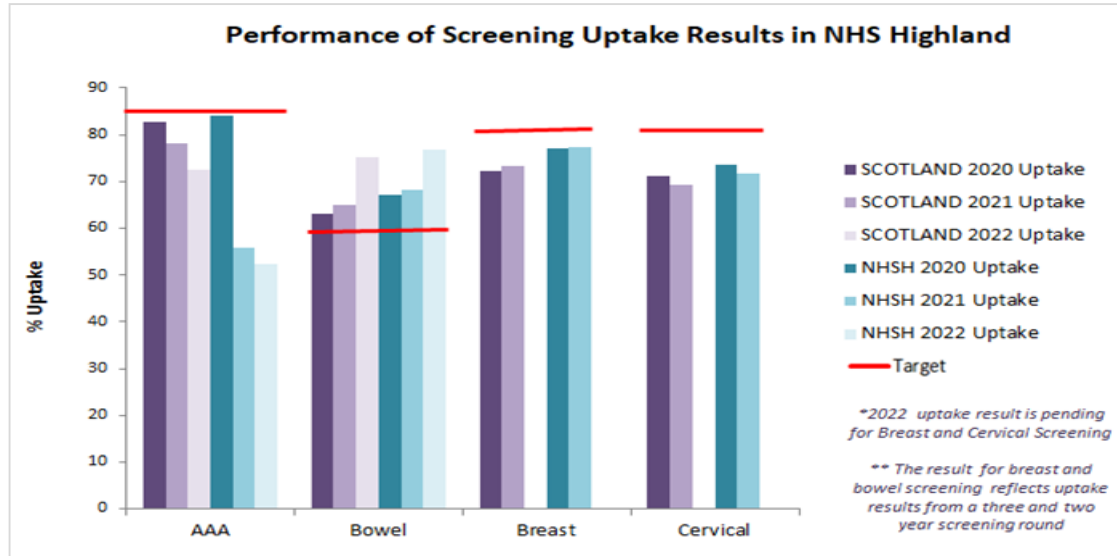
Dr Tim Allison,
Director of Public Health

Screening programmes identify healthy people at increased risk of a disease or condition. Once identified, further tests and/or treatment are offered to either reduce the risk of developing the condition or to intervene earlier for a better outcome. At a population level, the intention is to reduce disease burden.

In Scotland there are 6 adult, 1 preschool and 2 newborn screening programmes.

The 6 adult programmes are: Bowel cancer screening (men and women between 50-74), Breast cancer screening (women between 50 to up to age 71), Cervical cancer screening (women and anyone with a cervix between 25-64), Abdominal Aortic Aneurysm (AAA) screening (for men aged 65), Diabetic Eye screening (from age 12 with Type 1 or Type 2 diabetes), and Pregnancy screening. The newborn programmes are bloodspot and hearing screening, and the preschool programme is vision screening.

Adult screening was paused during the COVID pandemic. Since remobilisation, all programmes have had to address the needs of those not invited during this gap whilst inviting newly eligible people.



Performance Overview

Comparing screening performance to previous year results and against Scottish benchmarks demonstrates that screening participation for NHSH is consistently higher than seen throughout Scotland. The exception to this is Abdominal Aortic Aneurysm (AAA) screening. From 2021, pressures in the Argyll & Bute service resulted in a backlog in men being invited for screening. This position has now been resolved as a result of improvements and capacity increases. Although the backlog of overdue men in Argyll & Bute has now been fully removed, the improvement is not reflected in the recently published programme metrics.

There are no formal KPIs for Diabetic Eye Screening (DES). New DES KPIs have been developed but not yet released nationally. However, management data has assured that appointment capacity has returned to pre-COVID levels. There is currently no KPI monitoring data for Pregnancy and Newborn screening due to data issues within BadgerNet, but this is being actively worked on. There are no KPIs for Child Vision screening.

Screening uptake is consistently higher in least deprived areas (SIMD 5). A screening and inequalities plan for 2023 outlines focused activities to address equality gaps and widen access to screening.

The publication of screening programme statistics by Health Improvement Scotland (HIS) for review of data up to the end of March 2022 has been received for AAA screening and Bowel screening. 2022 performance data for cervical screening and Breast Screening is expected to be released and published by HIS within the next quarter.



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Integrated Performance & Quality Report

Objective 1
Outcome 3
Priority 3A

Our Population
Stay Well (Vaccinations)

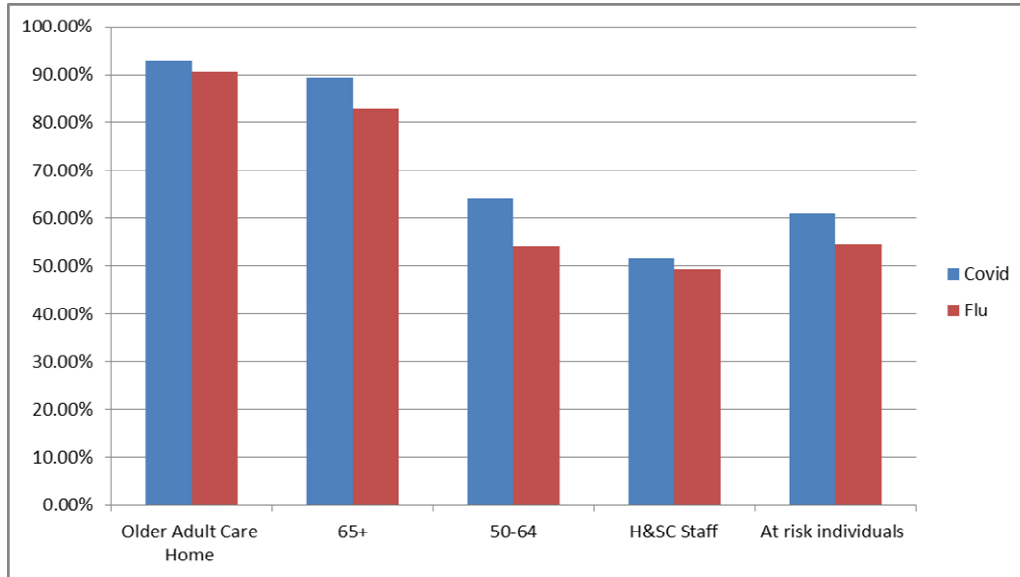
“Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population”



Dr Tim Allison,
Director of Public
Health

The autumn COVID and influenza vaccination programme has been delivered by Board staff except for some islands where there has been practice delivery. There are 28 vaccination centres in the Argyll and Bute Health and Social Care Partnership (HSCP) area and 65 in the Highland HSCP area in addition to school, care home and domiciliary vaccination locations. As part of the Vaccination Transformation Programme, other vaccinations such as those for young children and school-aged children are in the process of transfer to board delivery.

Vaccination uptake as at 18/12/2022



Note: At Risk Individuals are aged 5-64 for Covid and 18-64 for Flu

Performance Overview

COVID and influenza vaccination winter uptake has overall been slightly higher in NHSH compared with the average for Scotland. Also, for care home residents and health and social care staff the local rates have exceeded national averages. Argyll and Bute uptake is higher than that for Highland. The latest figure for overall uptake for COVID vaccination was 73% against a target of 80%. The spring vaccination campaign will soon be starting.

Overall Vaccination uptake by Health Board

NHS Board	Covid	Flu
Ayrshire & Arran	73.9%	64.5%
Dumfries & Galloway	77.7%	71.2%
Fife	72.7%	64.4%
Grampian	73.5%	64.7%
Highland	72.7%	63.9%
Tayside	73.4%	64.5%



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Objective 1
Outcome 3
Priority 3B

Our Population

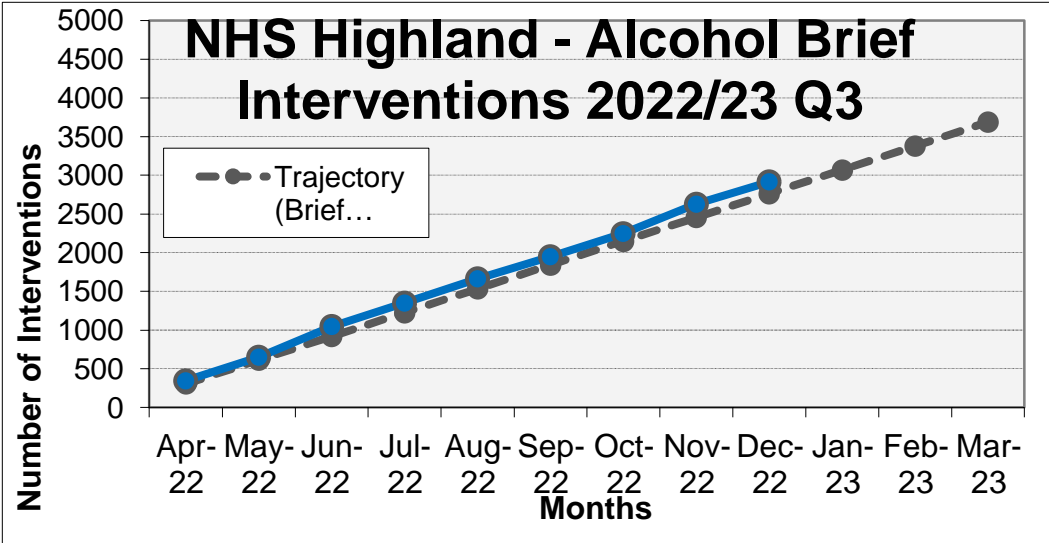
Stay Well (Alcohol Brief Interventions)

"Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk"



Dr Tim Allison,
Director of Public Health

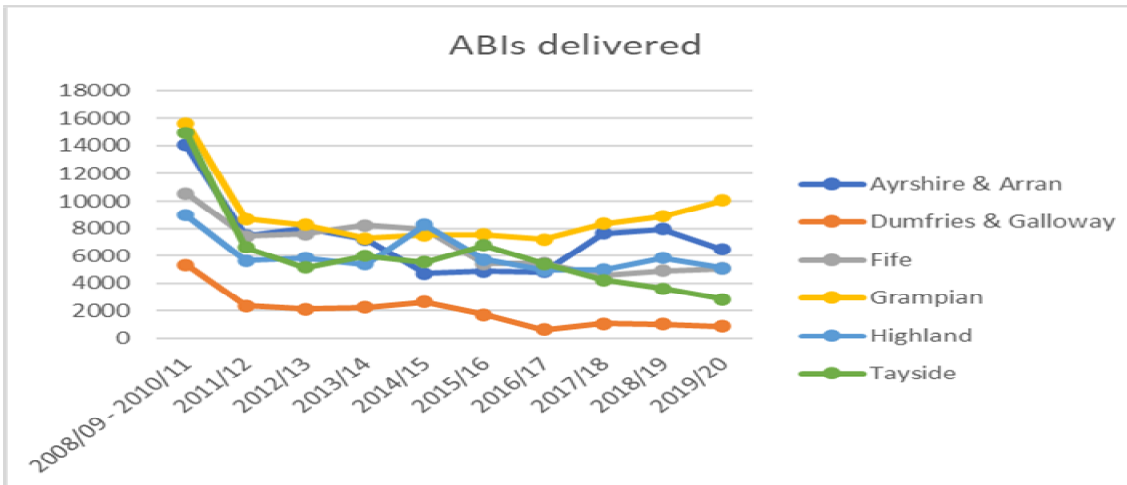
Alcohol is an important factor in the health of the population and Alcohol Brief Interventions (ABIs) are a significant way to address this. The target for ABIs is to deliver 3688 ABIs in priority settings (Primary Care, A&E and Antenatal) and expand delivery in wider settings (quarterly). There is currently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



Performance Overview

NHS Highland is currently above target with 2945 ABIs completed in total during the first 3 quarters of 2022/23 (above trajectory of 2764).

However, current activity is not spread evenly, and the overall target is being achieved through the work of a part of the system. The majority of activity is being achieved through the work of general practice in north Highland. Work is under way to ensure delivery of the intervention within other parts of the system.





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Integrated Performance & Quality Report

Objective 1
Outcome 3

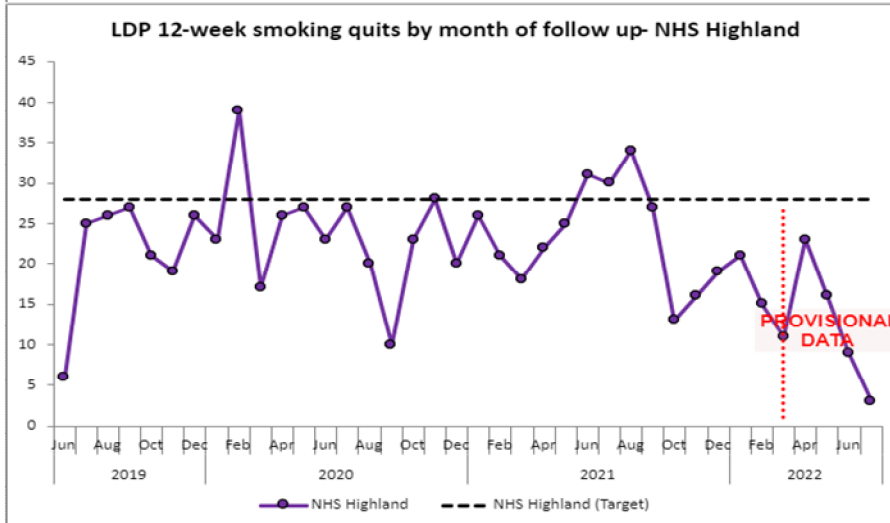
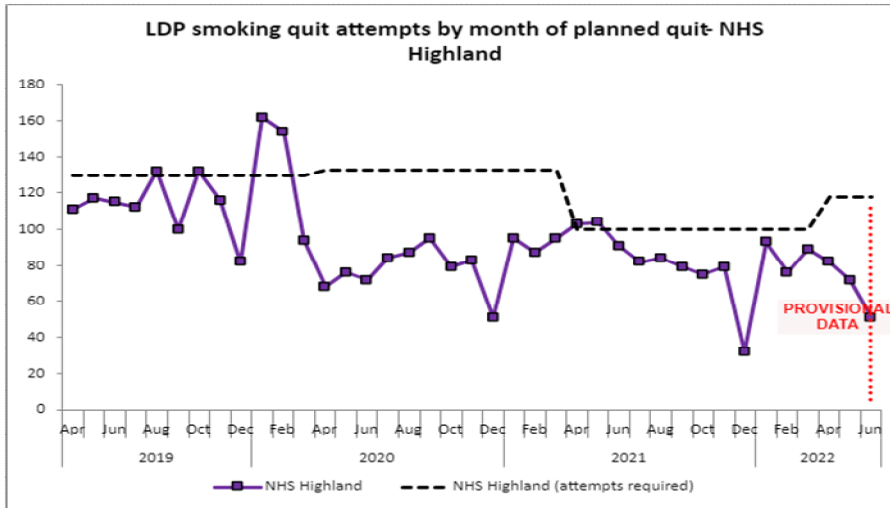
Our Population
Stay Well (Smoking Cessation)

Priority 3B "Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk"



Dr Tim Allison,
Director of Public Health

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



Performance Overview

The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. 141 successful quits were achieved up to December 2022 at 12 weeks in the 40% most deprived (significantly below trajectory of 252).

There are significant issues with capacity and data quality with Community Pharmacies and work is under way to remedy this. Referrals from health professionals in particular have dropped significantly since the beginning of COVID. Work is taking place with the aim of improving this. There are also a significant number of vacancies within the Smoke-Free team which are now out to advert.

The national target has remained the same for the last 5 years with only 3 of 15 Boards reaching the LDP target in 2020/21 and 4 reaching the target in 2019/20



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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”



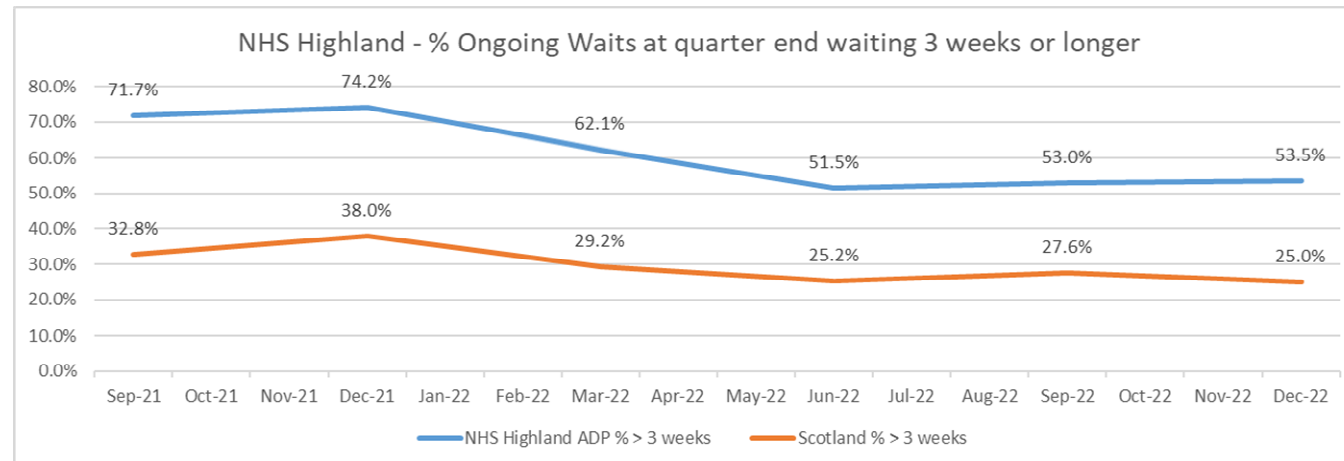
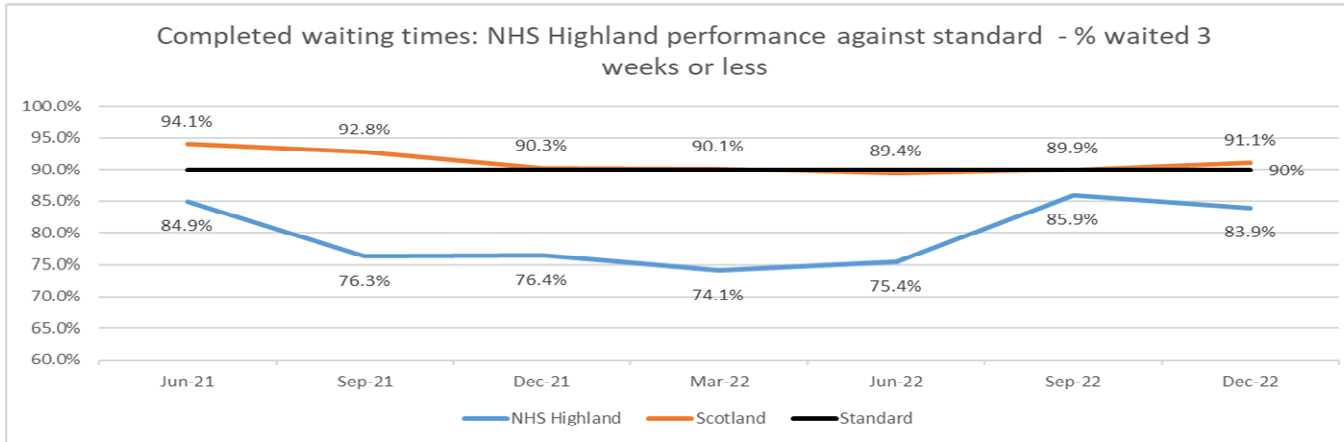
Pam Cremin
Interim Chief Officer,
NHHSCP

Progress continues to help improve performance against completed waits. The service has been working towards meeting MAT (Medication Assisted Treatment) Standards 1-5 by carrying out current and future state mapping exercises and implementing new approaches which has eliminated waiting lists in some services. They have identified measures to monitor continuous improvement.

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

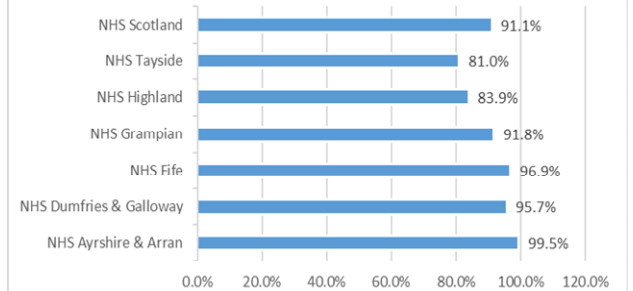
Performance Overview

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

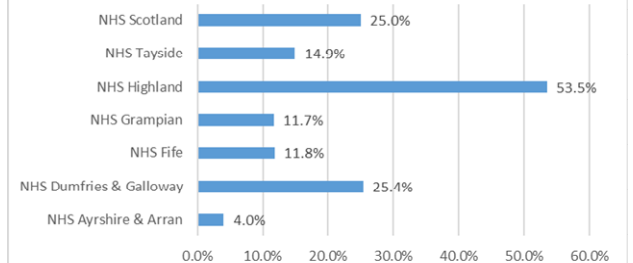


Board Comparisons

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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Objective 1

Our Population

Outcome 1

Start Well (Maternity Services)

Priority 1A, 1C

“Give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before and during pregnancy”



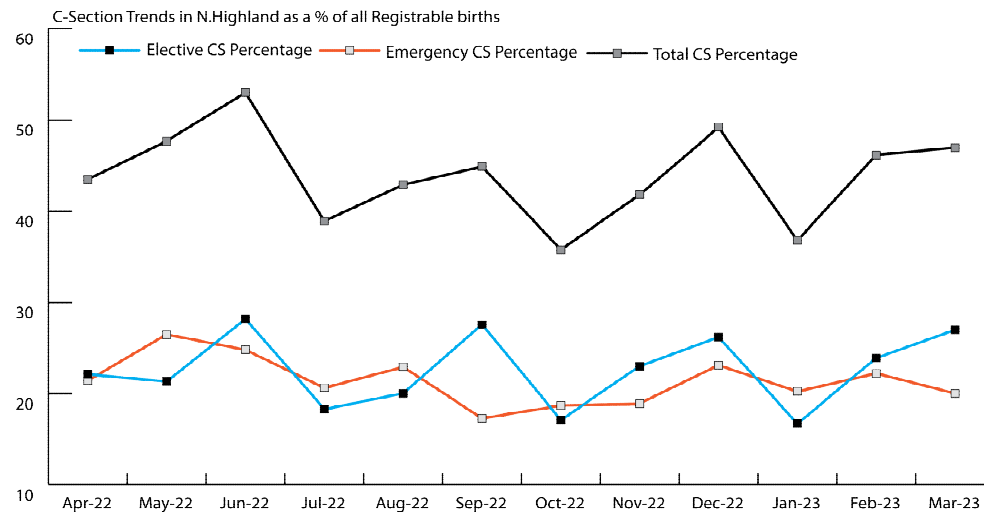
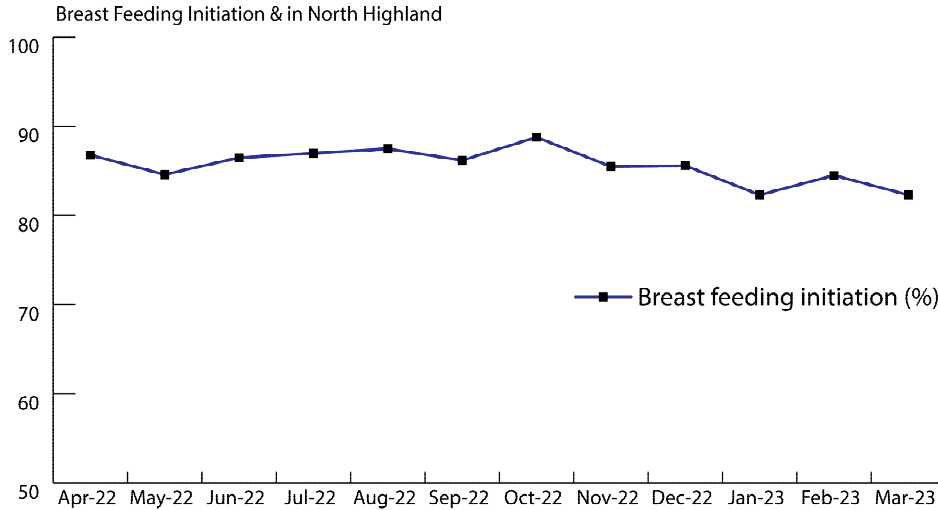
Katherine Sutton
Chief Officer, Acute

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 maternity and neonatal services.

Further work is to be done in understanding Community Midwife Led Unit (CMU) models of care and how this vital part of maternity services can be utilised to create additional capacity within acute sites, and ensure NHS Highland is able to offer a maximised suite of available care and delivery options for women and their families.

The recently developed business case due to be submitted to Scottish Government is a key component to provide the foundations to develop maternity services to meet current and future demand and Best Start policy expectations for mothers and families in the Highlands.



Performance Overview

The breast feeding comparison and c-section rates are new indicators and have been benchmarked against other boards. These will be discussed at the Clinical Governance Committee so is given for information only. Trend data will be presented as a comparison in future IPQRs.

The LDP standard is that at least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will be booked for antenatal care by the 12th week of gestation. NHS Highland performance is 84.0% and is one of the highest performing boards in Scotland as at June 2022.



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Katherine Sutton
Chief Officer, Acute

The Child and Adolescent Mental Health Service (CAMHS) Programme Board has a clear focus on the following workstreams:

- Clinical Modelling
- Clinical Governance, risk & performance
- Workforce & Finance
- E-health
- Service User & Carer Experience
- Colleague Experience

Sub-groups have been established with identified leads and refreshed improvement outcomes aligned with the national specification. Close engagement with Scottish Government colleagues is ongoing. The updated Improvement Plan was submitted to Scottish Government in January 2023, including updated information on completed milestones. Integrated Highland Council, NHS Highland service management work is ongoing, including work being undertaken to develop service user and carer participation in service development and delivery work targeting a return to locality-based services for core service provision whilst maintaining our current successful urgent care model. Development of our intensive home treatment model and service provision for young people presenting with eating disorder is underway. Diversification of interventions, including a focus on early intervention of group work provision and partnership delivery across specialist CAMHS, School Nursing, Primary Mental health and Third sector partners are within the planning stage.

Integrated Performance & Quality Report

Objective 1

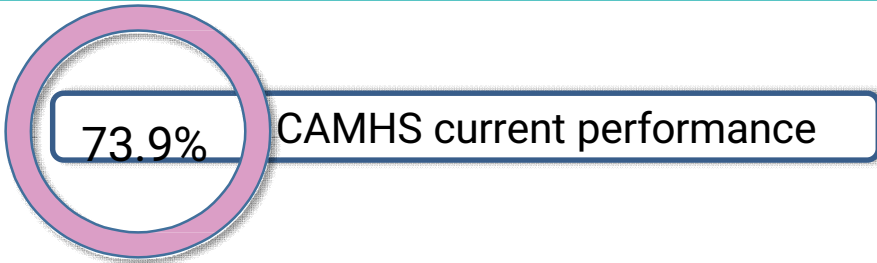
Outcome 2

Priority 2C

Our Population

Thrive Well (Child and Adolescent Mental Health Service)

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

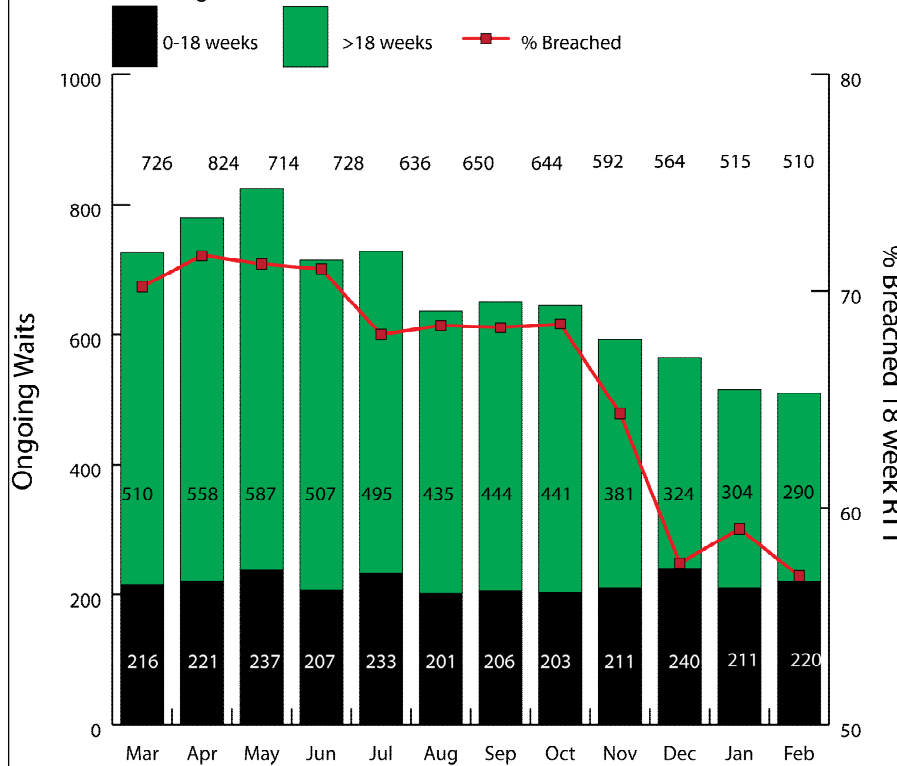


Performance Overview

The national target for Child and Adolescent Mental Health Services (CAMHS) is that 90% of young people to commence specialist CAMHS services within 18 wks of referral. As we continue to address the longest waits this impacts this percentage as expected.

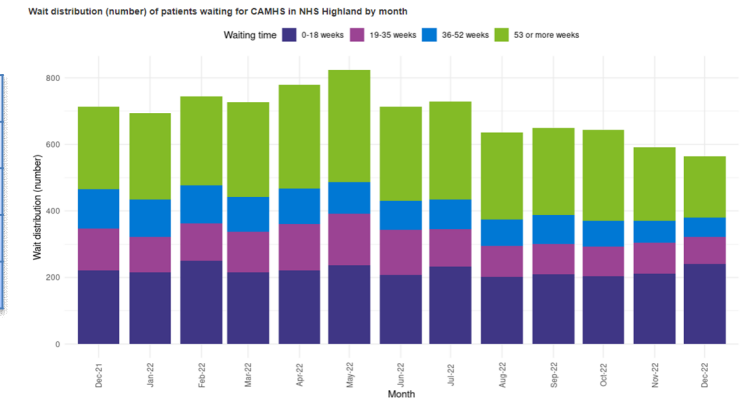
A total of 510 children and young people are waiting to be seen of which 290 have waited over 18 weeks and 220 under 18 weeks. 163 have waited over 1 year, the longest wait being over 2 years. This is a significant reduction since September.

CAMHS waiting list Feb 2023

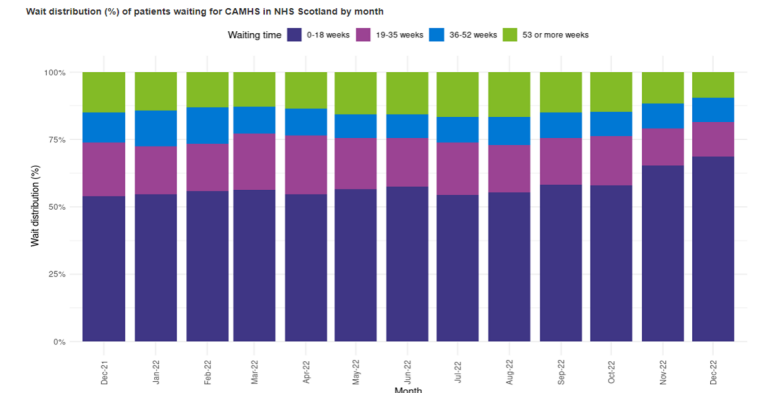


Years	NH	A&B
1-2	119	5
2-3	39	0
3-4	0	0
4+	0	0

Average Length of wait bands in NHSH



Average Length of wait bands in NHS Scotland





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Integrated Performance & Quality Report

Objective 1

Our Population

Outcome 2

Thrive Well (Neurodevelopmental Assessment Service / Integrated Childrens Services)

Priority 2C

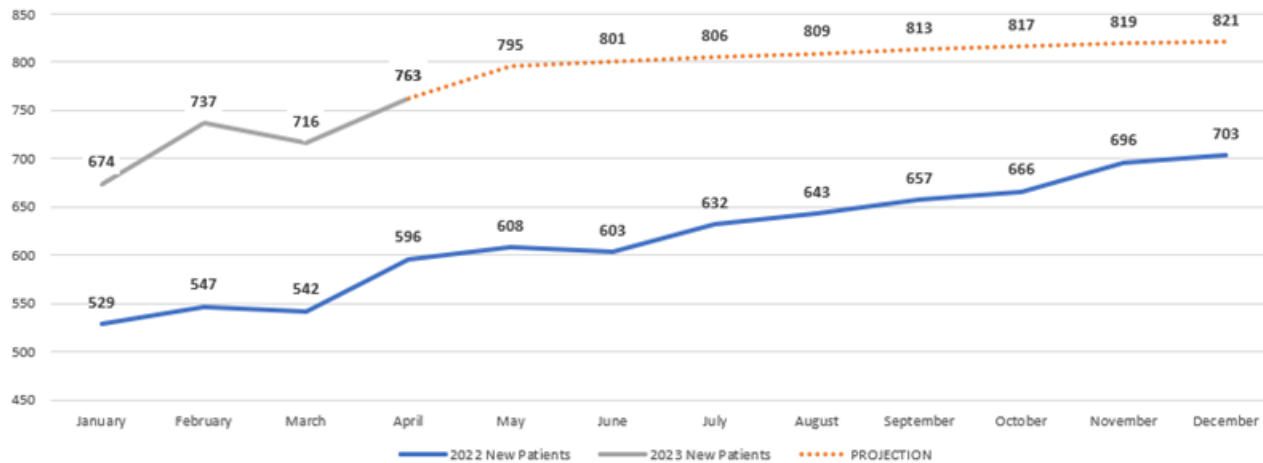
“Support children who have mental health or neurodiversity needs with timely, accessible care and a “no wrong door” approach”



Katherine Sutton
Chief Officer, Acute

The Neurodevelopmental Assessment Service (NDAS) is an integrated service for NHS Highland and Highland Council. The service has significantly long waits for assessment. Work has been ongoing to establish next steps with a view to further reductions. The NDAS national service specification encourages early intervention. NHS Highland is working through integrated joint arrangements and as a part of the North Highlands Childrens plan to understand how the AHP services link with education to ensure timely and early intervention. Work is ongoing to establish appropriate design of service to meet need including access to CAMHS and Community Paediatrics. Discussions are ongoing with Highland Council relating to senior and proactive leadership commitment to develop and implement improvement plans.

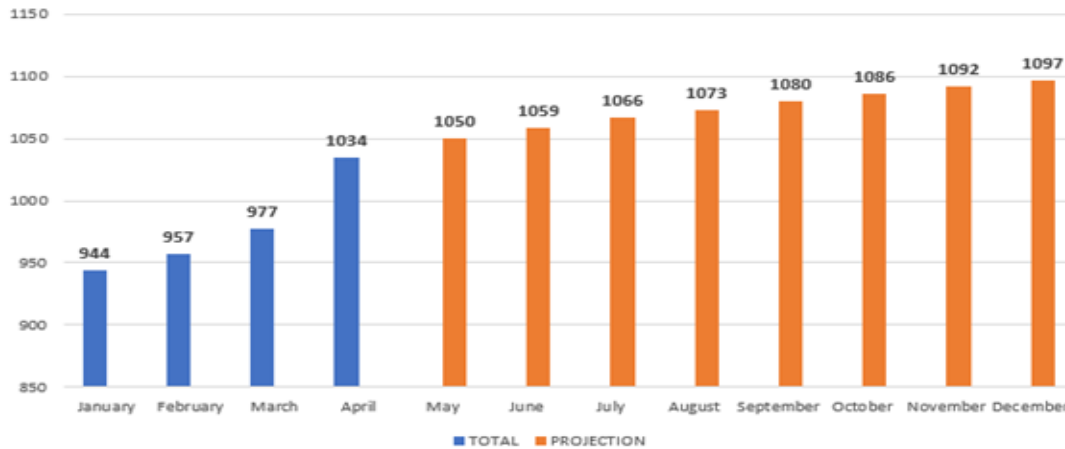
New Patients waiting first appointment 2022 v 2023



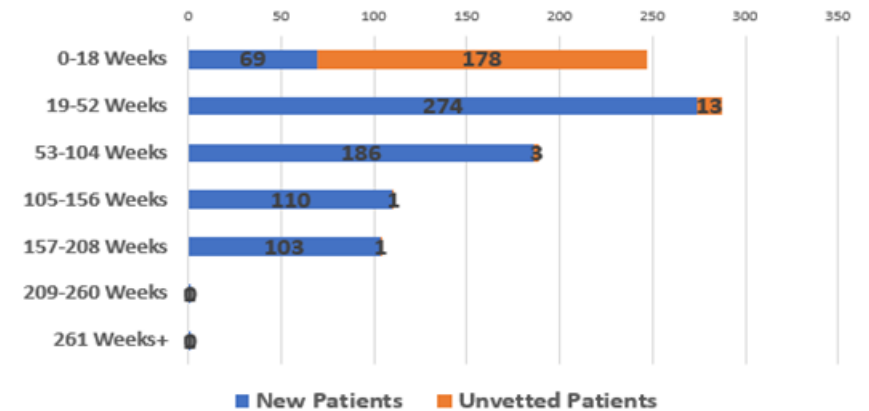
Performance Overview

All graph data is as of **17/04/2023**. Currently there is a waitlist of 763 patients classed as 'new awaiting their first appointment', however with a further 196 awaiting triage and 75 patients with ongoing assessments so a case load of 1034 patients. The projection is a linear projection based on increases over 24 months, however, there does appear to be a recent increase in referrals which is being investigated, this could increase this figure.

New + Return + Unvetted 2023 Projection



New + Unvetted Patients awaiting first appointment





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Katherine Sutton
Chief Officer, Acute

Within Raigmore which is the most challenged site in terms of flow and performance significant improvement work is being progressed through the unscheduled care programme board:

The work is focussed on improving the performance by flow group with a number of initiatives to support improvement and a return to the expected standard of performance.

In addition to focussed work within the hospital work is progressing in an integrated way across community and acute management teams. This work will support the required transformational change to redesign services to meet need.

Integrated Performance & Quality Report

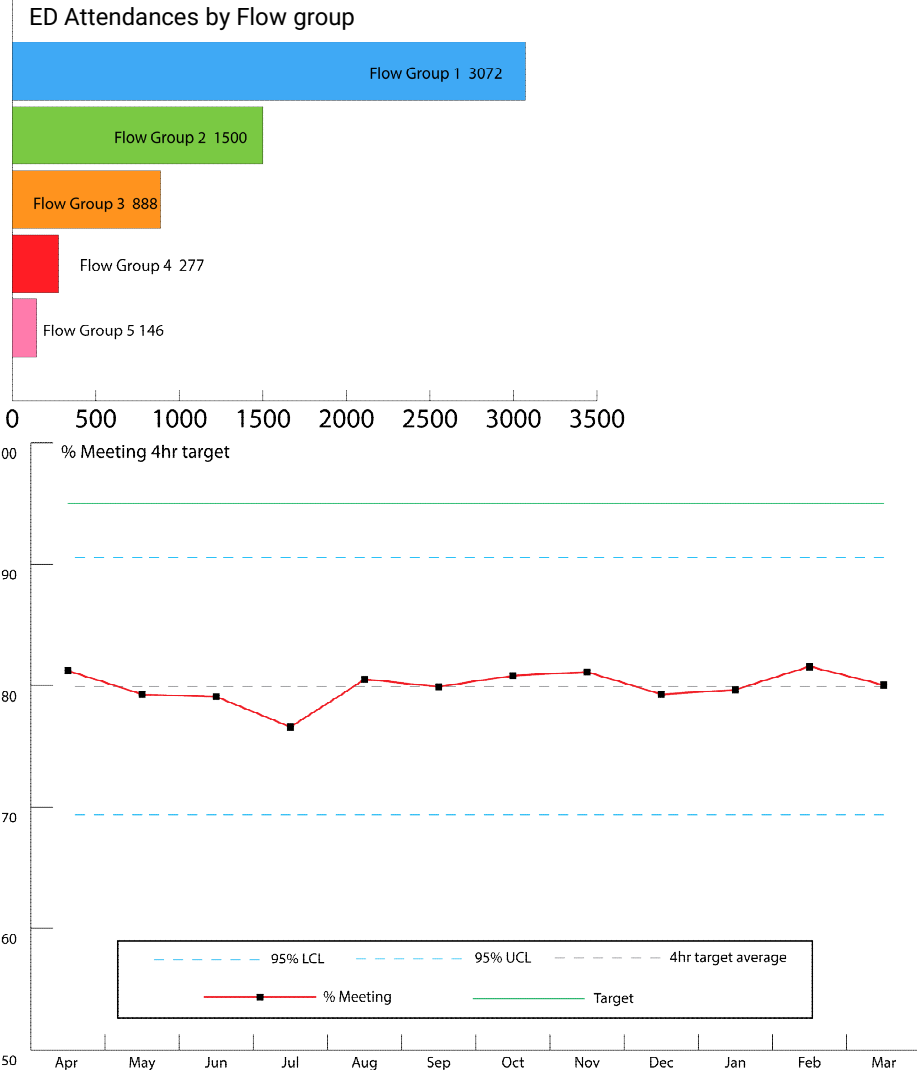
Objective 3
Outcome 11
Priority 11B

In Partnership
Respond Well (Urgent and Unscheduled Care)

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



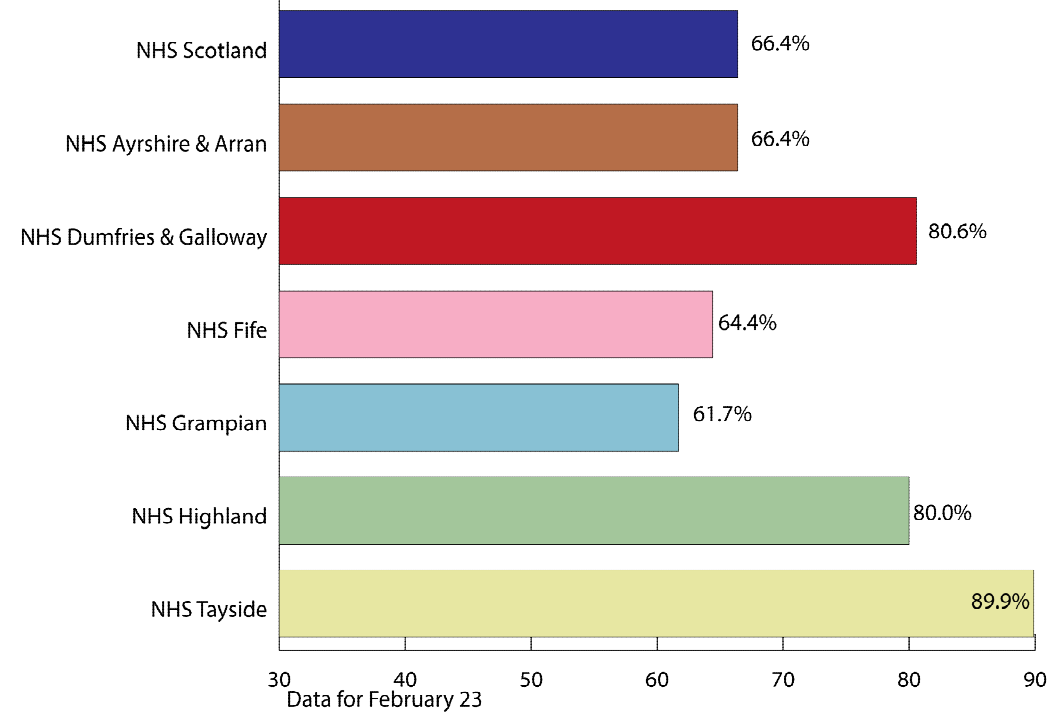
80.0% current performance Scottish average 66.4%



Performance Overview

The national target for Emergency Department (ED) performance is 95% of our population will wait no longer than 4 hrs. from arrival to admission, discharge or transfer for ED treatment. ED performance is 80.0%.

ED performance comparison





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Katherine Sutton
Chief Officer, Acute

Plans are in place to increase capacity for Orthopaedics as the National Treatment Centre opened on 17th April 2023 and revolutionise pathways for all eye care services.

The greatest challenge for elective care has been the ongoing bed pressures due to a significant winter and emergency pressures including a high number of non-acute patients.

Robotic assisted surgery continues to offer benefits with a total to date of 234 cases carried out using the robot.

The benefits are significant, with a reduction in length of stay by at least one day per patient and a reduction in the number that require at least one night in SHDU. Patients have virtually no post operative complications and a quicker recovery time.

Day case surgery is being increased We have delivered same day arthroplasty surgery and ERCP on a day case basis. Further plans to increase the volume of day case surgery are being progressed. Utilising the capacity that will become available when the Ophthalmology service relocates in April 2023.

Detailed planning is ongoing to examine ways of enhancing the productivity of the NHS Highland core capacity through transformational intervention.

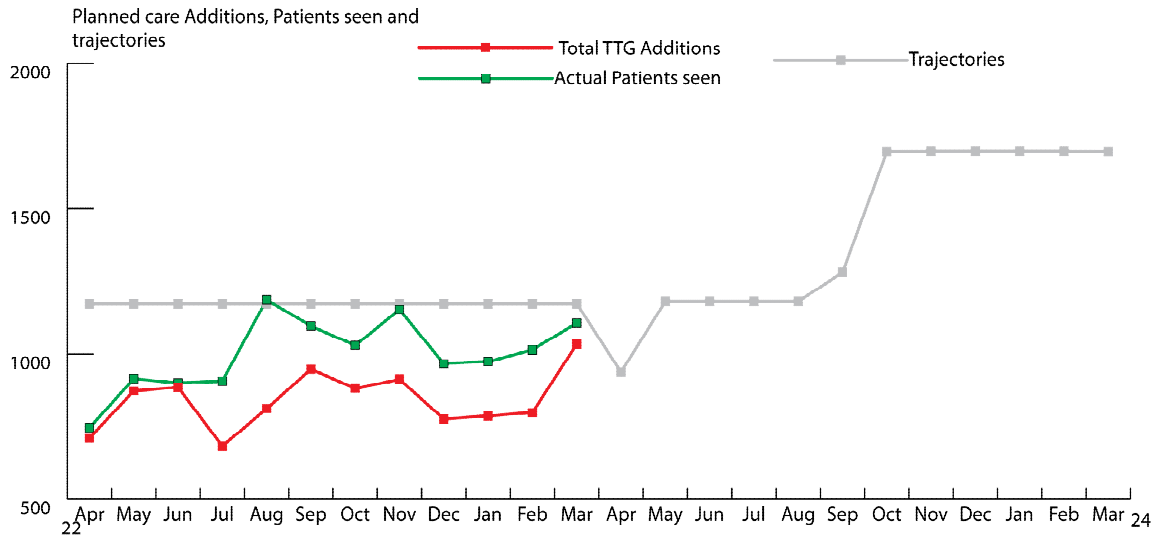
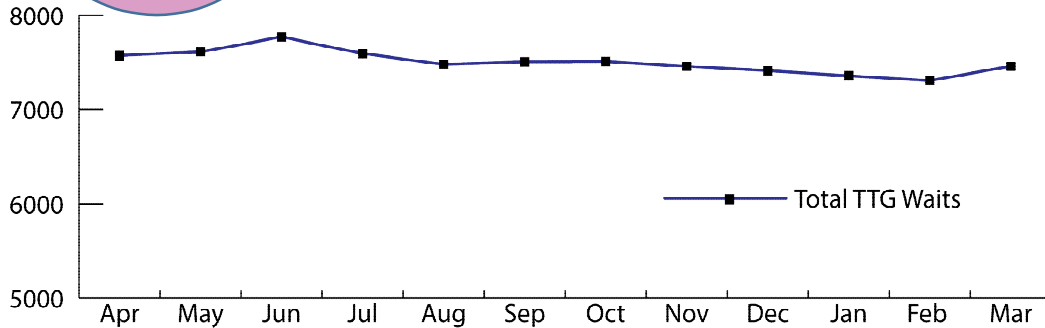
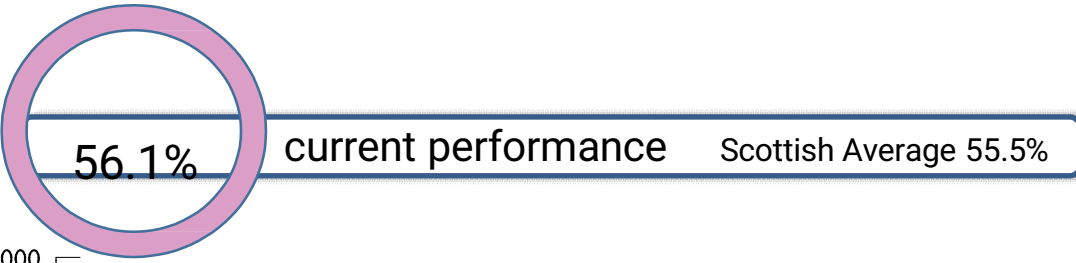
Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12A

In Partnership

Treat Well (Treatment Time Guarantee)

“Ensure that our population have timely access to planned care through transforming the way that we deliver our care and ensuring that they have the best experience possible”



Performance Overview

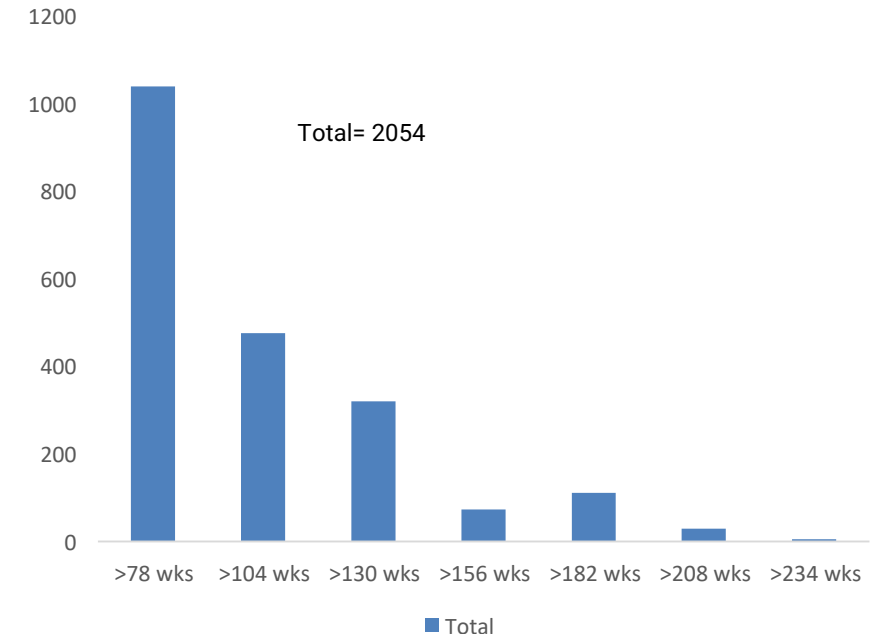
The national target for Treatment Time Guarantee (TTG) is that no patient will wait >12 weeks from decision to treat to treatment however SG have recently added interim targets for the majority of specialties that are described below. The 56.1% related to the overall TTG target.

- a) No > 78 week waits for inpatient/daycases by September 2023*
- b) No > 52week waits for inpatient/daycases by September 2024*

The TTG waiting list is reducing. There is focused work on reducing our population waits of >2 years .

Against National target of 0 patients waiting over 104 weeks as at 30th September 2022, NHS Highland had 679 patients waiting over 104 wks at this date.

Projected TTG waits over 78 weeks September 2023 as at 3rd April 2023





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Objective 3
Outcome 12
Priority 12B

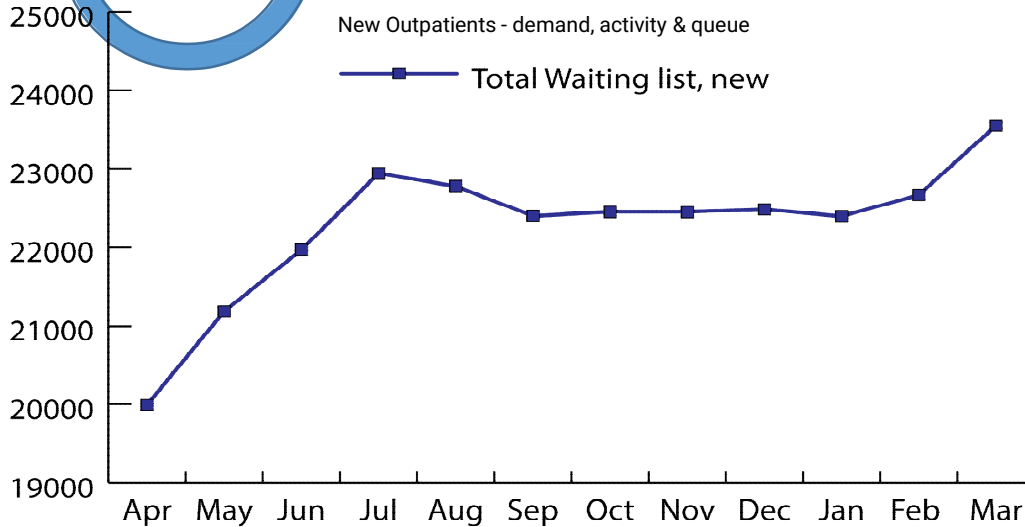
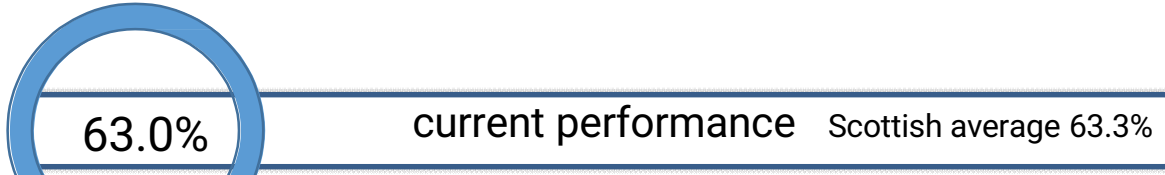
In Partnership
Treat Well (Outpatients)

“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”



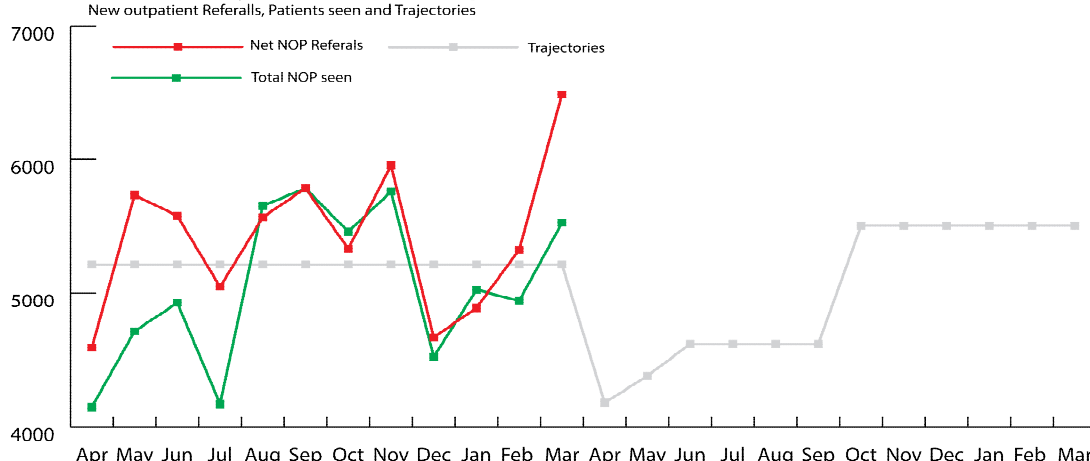
Katherine Sutton
Chief Officer, Acute

We are focusing on 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. We are linking closely with The Centre for Sustainable Delivery for efficiency improvements. There have been significant improvements in the number of patients waiting longer than we would wish for a first outpatient appointment. We have reduced the number of patients waiting over 52 weeks significantly from a peak of 2,409 in July 2022 to 1,857 at the end of December 2022. We are expecting this to further reduce to approximately 1,600 by the end of March 2022. The most significant backlog is currently in Ophthalmology with approximately one third of long waiting patients. NHS Highland, throughout 2022-2023, has achieved this reduction by a combination of different initiatives including significant modernisation of delivery. This includes use of patient initiated returns, Active Clinical Referral Triage and virtual activity where possible. We have also developed a “patient hub” methodology which is a digital patient engagement system with a view to reducing DNAs and maximising clinic efficiency.



F2F appts
Feb 23
72%

DNA rate
Feb 23
5.55%



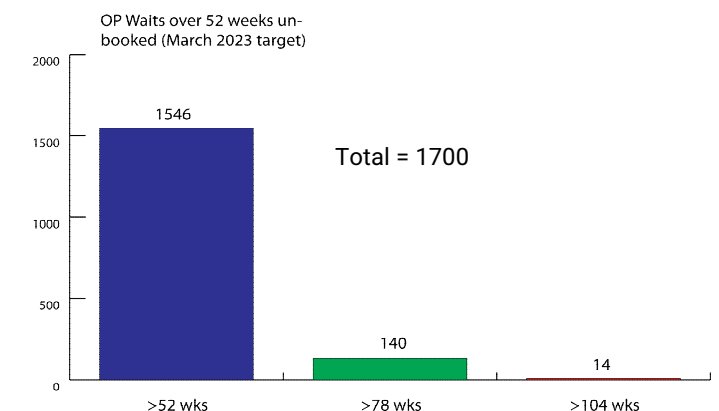
Performance Overview
The national target for outpatients (OP) is that no patient will wait >12 weeks from referral to appointment however SG have recently added interim targets for the majority of specialties that are described below. The 63.0% related to the overall OP target.

- a) No >78 week waits for new outpatients by December 2022 is the next target to reach.
- b) No >52 week waits for new outpatients by March 2023

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

Against National target of 0 patients waiting over 104 weeks as at 31st August 2022, NHS Highland had 4 patients waiting over 104 wks at this date.

Against National target of 0 patients waiting over 78 weeks as at 31st December 2022, NHS Highland had 478 patients waiting over 78 wks at this date.





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Katherine Sutton
Chief Officer, Acute

Endoscopy: Endoscopy services contribute to our cancer recovery. We are in the process of developing a single NHS Highland wide Endoscopy service which standardises patient access across the NHS Highland area. The Endoscopy Team are in the process of seeking Joint Advisory Group (JAG) accreditation which will be a significant achievement for NHS Highland and mean staff training can take place in the Highlands.

Radiology: Local and national demand for CT and MRI has increased significantly. These figures only display planned care however unscheduled care (in-patient) demand has had a major impact on our waiting times. All patients over 6 weeks for CT have now been allocated appointments which should result in an increase in performance in the coming quarter. Cardiac CT is the exception to this however, we have very recently secured additional capacity at GJH

Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12C

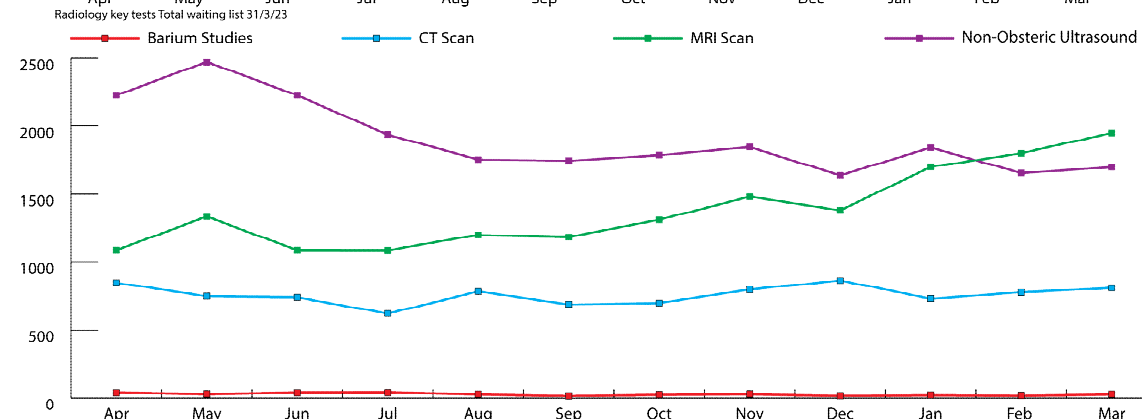
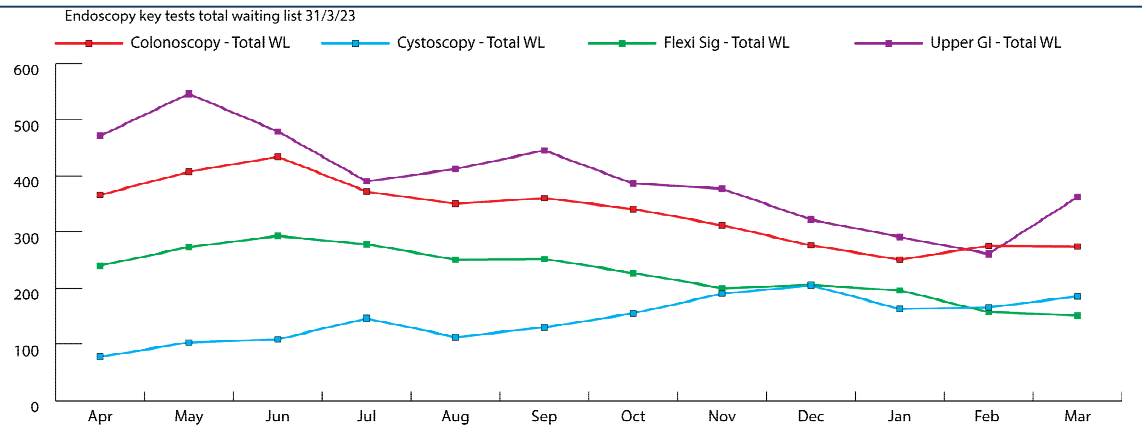
In Partnership
Treat Well (Diagnostics)

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

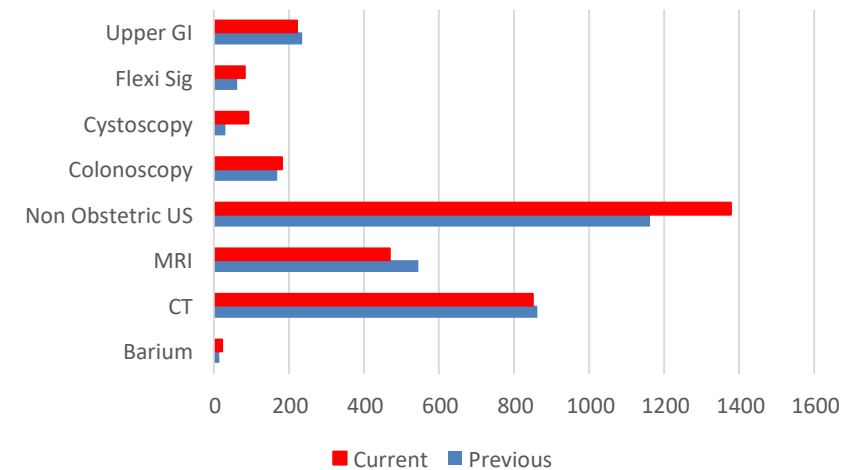


Performance Overview

The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test. We have 5452 people waiting for a key diagnostic test. 1949 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 January 2023	Total Waiting list size	NUMBER OF PATIENTS SEEN
Upper GI	362	197
Flexible Sigmoidoscopy	151	111
Colonoscopy	274	200
Cystoscopy	185	52
CT Scan	808	1071
MRI Scan	1949	696
Barium Studies	26	13
Non Obstetric Ultrasound	1697	1534
Total	5452	3874





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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"

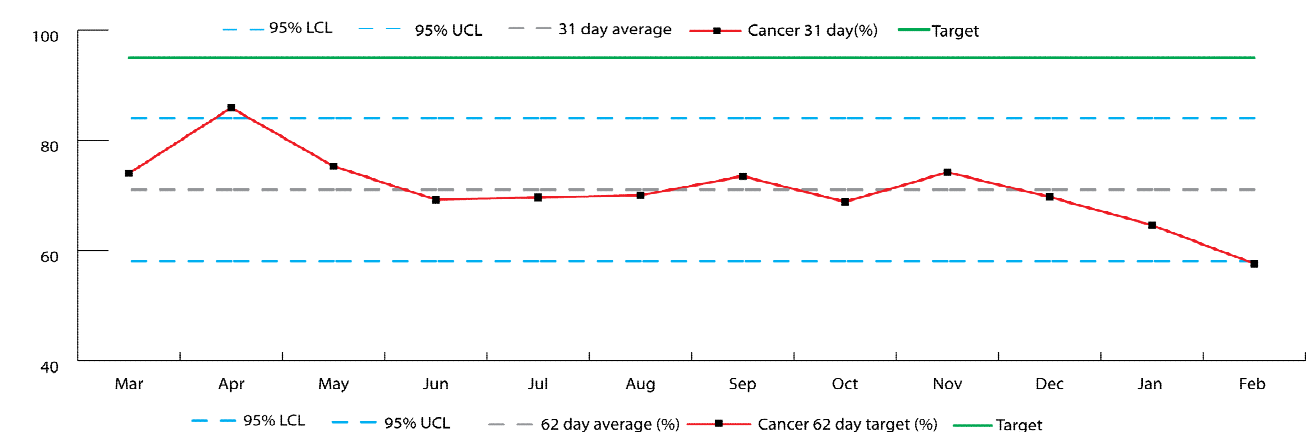
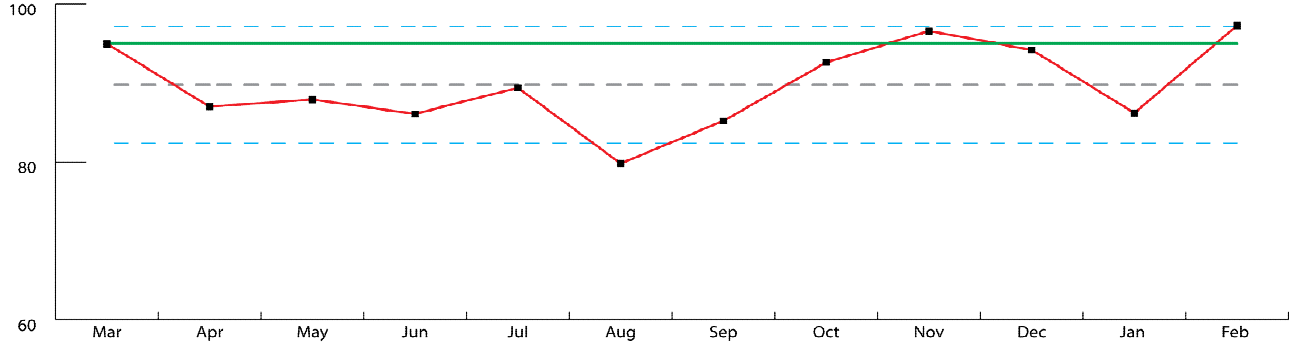
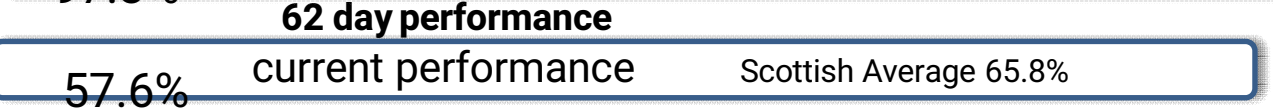
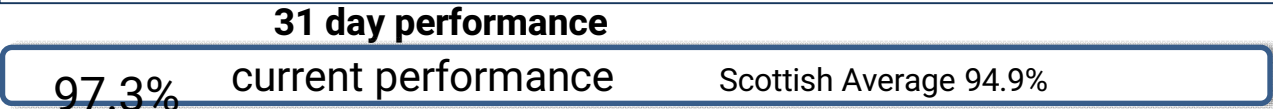


Performance Overview
The national targets for cancer are a) 95% of all patients diagnosed with cancer to begin treatment within 31 days b) 95% of Urgent Suspected Cancer (USC) referrals to begin treatment within 62 days
Performance for the 31 day target remains static and there is a slight increase in performance of the 62 day performance.



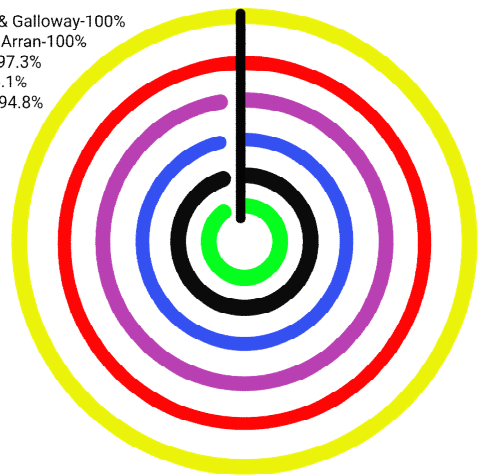
Katherine Sutton
Chief Officer, Acute

The Board's performance against the 31 day standard has improved during the course of 22/23 with the performance in December in line with the Scottish average at 94.5 per cent. The performance in the autumn did deteriorate as a result of challenges in the Breast pathway with staff absence resulting in a drop in capacity. This has since been addressed. The Board's 62 Day performance is an area of concern. The graph demonstrates a Board performance of 69.7 per cent against the Scottish average of 72.1. A senior manager has been aligned to address both cancer and diagnostic performance. With cancer services realigned to The Clinical Support Directorate. Prioritisation of cancer patients will be rigorously scrutinised.



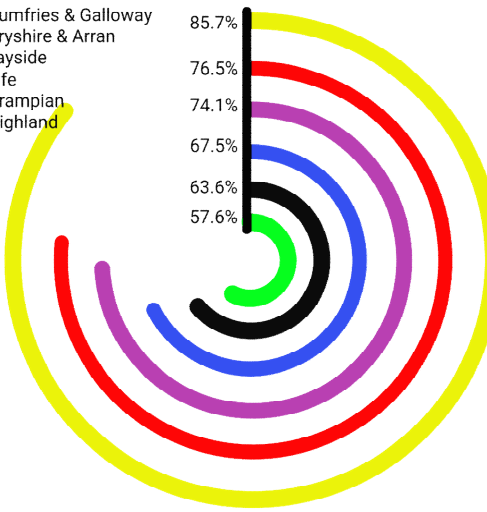
Cancer 31 Day performance

- 1- NHS Dumfries & Galloway-100%
- 2-NHS Ayrshire & Arran-100%
- 3-NHS Highland -97.3%
- 4-NHS Tayside-96.1%
- 5-NHS Grampian-94.8%
- 6-NHS Fife-90.1%



Cancer 62 Day Performance

- 1.NHS Dumfries & Galloway
- 2.NHS Ayrshire & Arran
- 3.NHS Tayside
- 4.NHS Fife
- 5.NHS Grampian
- 6.NHS Highland





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Pam Cremin
Interim Chief Officer,
NHHSCP

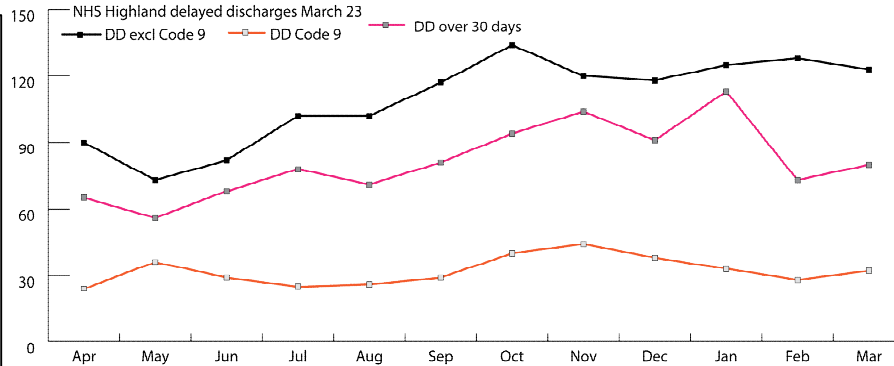
The number of patients experiencing delays to discharge continues to be a significant challenge. Whilst the number of Delayed Discharges (DDs) has reduced since the previous reporting period, the overall position remains variable. Important factors that impact on DDs are the reducing number of care home beds (loss of a total of 104 beds within the past yr) with a further care home closure imminent within the next couple of months and the loss of a further 37 beds. Additionally, regularly there are a significant number of beds unavailable due to staffing challenges. Capacity within care at home services also remains an ongoing challenge. Service redesign and development work continues, aimed at improving flow, reducing length of stay and DDs. This is a priority area of service development.

Integrated Performance & Quality Report

Objective 3
Outcome 11
Priority 11C

In Partnership
Respond Well & Care Well (Delayed Discharges)

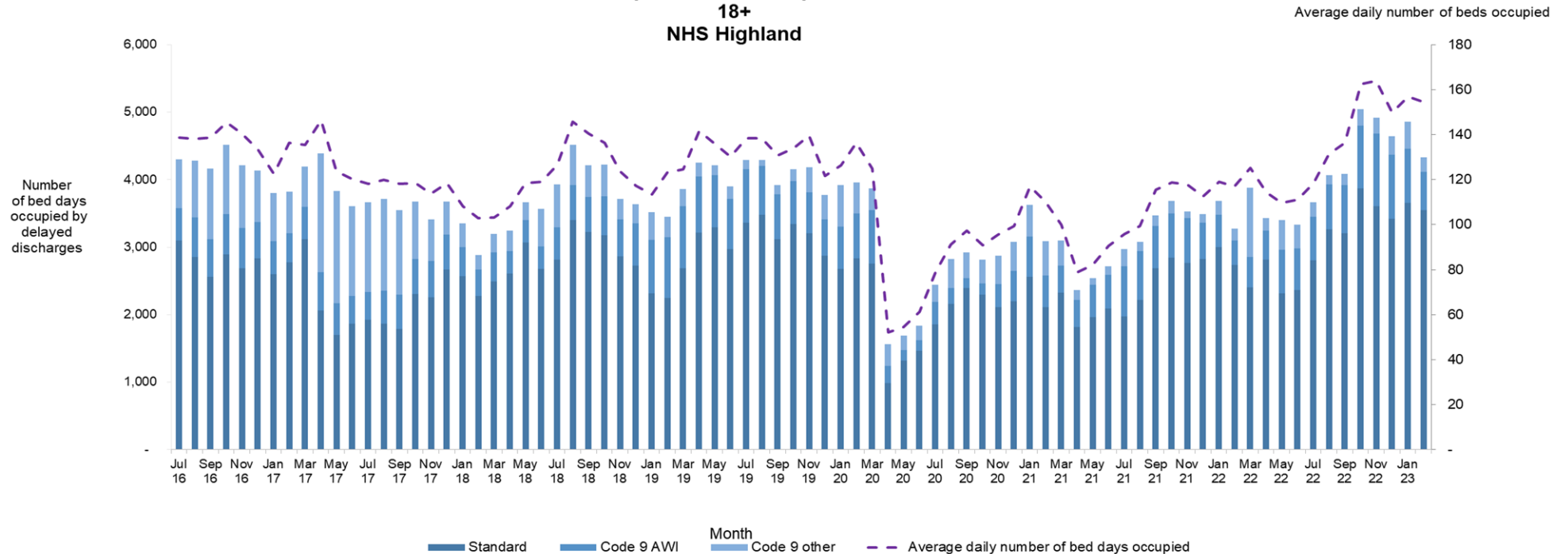
“Ensure that our services are responsive to our population's needs by adopting a “home is best” approach”



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 158 delayed discharges @ November m/e with 33 of those code 9 (complex) 113 delayed discharges are >30 days.

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





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Pam Cremin
Interim Chief
Officer, NHHSCP
Care at Home

Overall numbers continue to fall after a period of sustained reductions during 2021 and 2022 to the number of people receiving external Care at Home (CAH) due to workers leaving their employment. Low levels of recruitment and the loss of experienced care staff is the primary concern expressed by providers in our frequent and open discussions. Some providers are now exploring and securing overseas workers albeit, in a highly competitive market. NHS and external care at home providers continue to operate in a pressurised environment. Current strategic steps include:

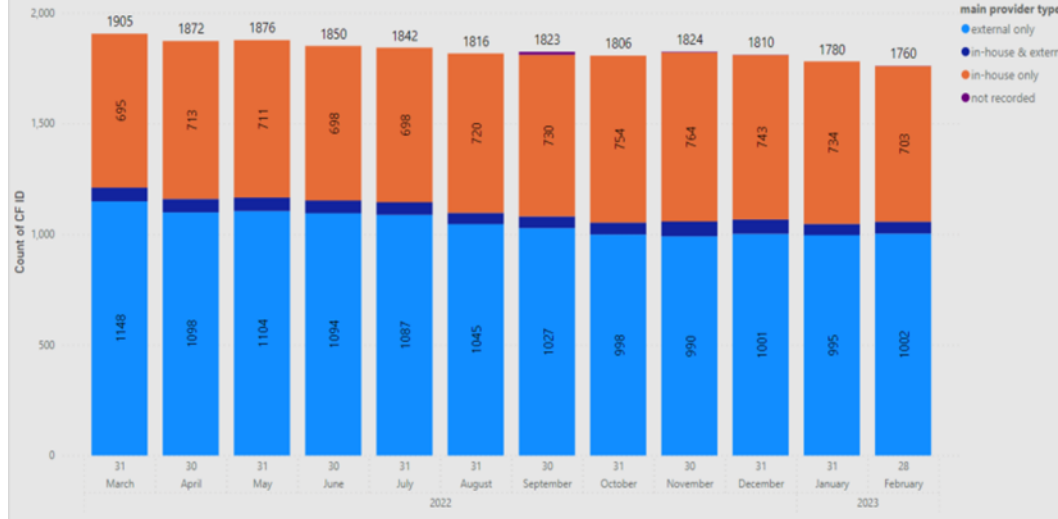
- Continuing with localised recruitment events
- Employment services conducting process review to reduce recruitment and on boarding delays.
- Promotion of all Self Directed Support Options
- Alternative commissioning approaches.

Integrated Performance & Quality Report

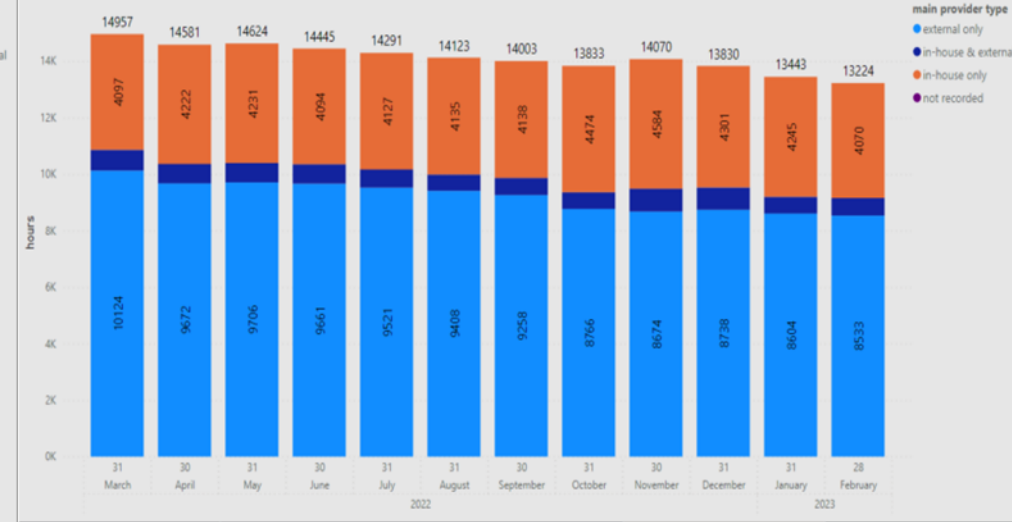
Objective 3
Outcome 9
Priority 9A, 9B, 9C

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"

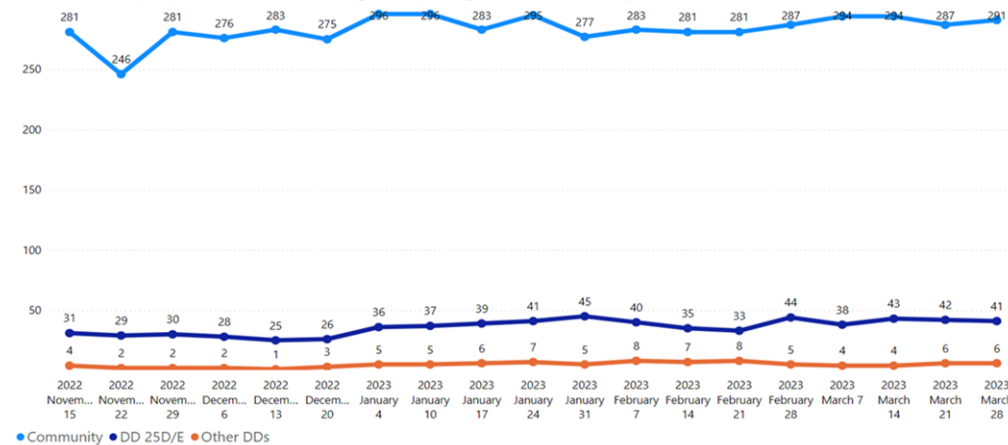
Care at Home - count of clients by provider type



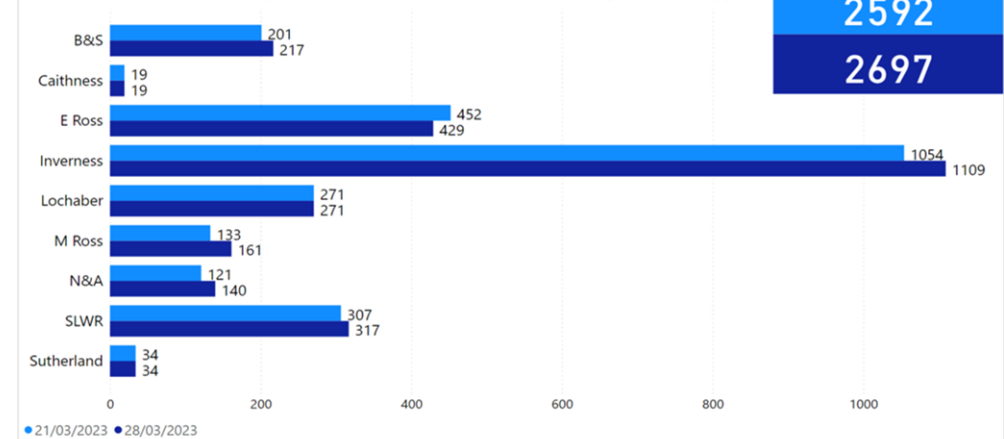
Care at Home - sum of hours by provider type



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



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





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Pam Cremin
Interim Chief Officer,
NHHSCP
Care Homes

The Partnership is working closely with care home providers as the overall number of available beds has continued to reduce during 2022-23. This reduction in available beds continues to challenge flow with a number of providers expressing concerns about the future.

In house care homes and some other independent care providers are also experiencing significant staffing resource shortages.

During 2022-23, 3 external care homes closed and members will be aware that in recent months, a care home in Ullapool closed and one in Invergordon is closing. Colleagues and care home staff are working tirelessly at this difficult time to support families and ensure individuals move to a suitable and alternative care home.

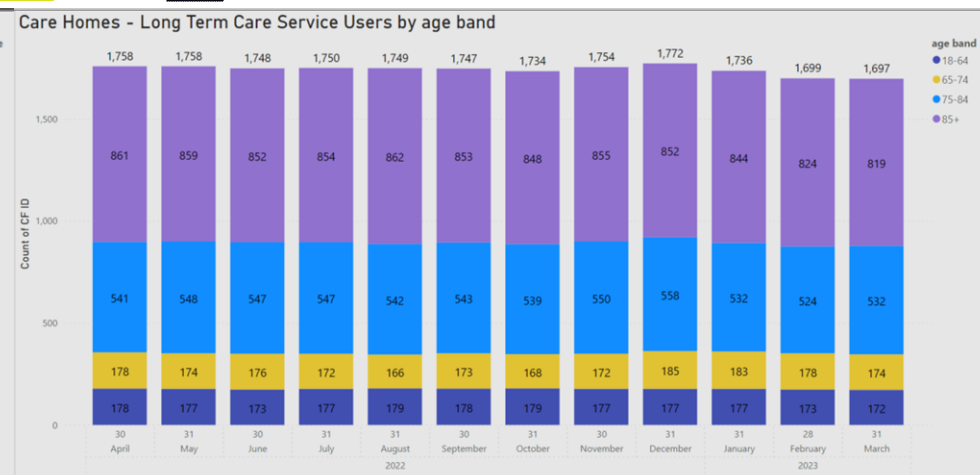
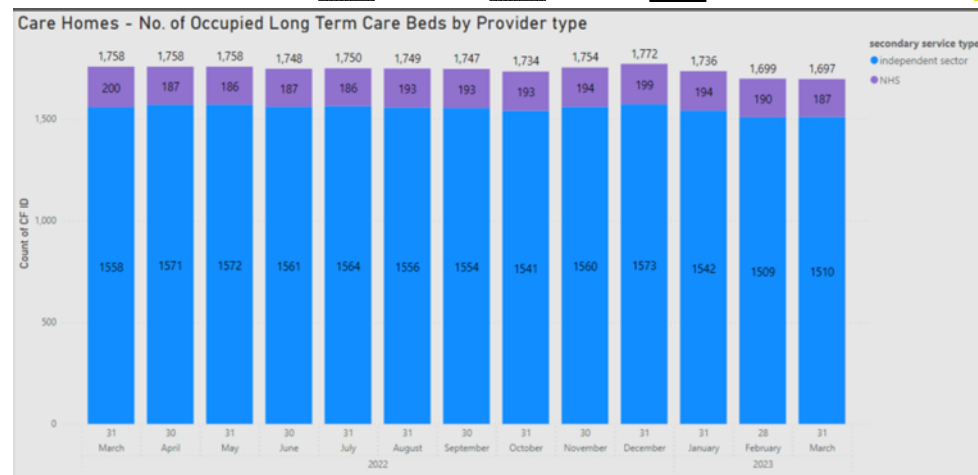
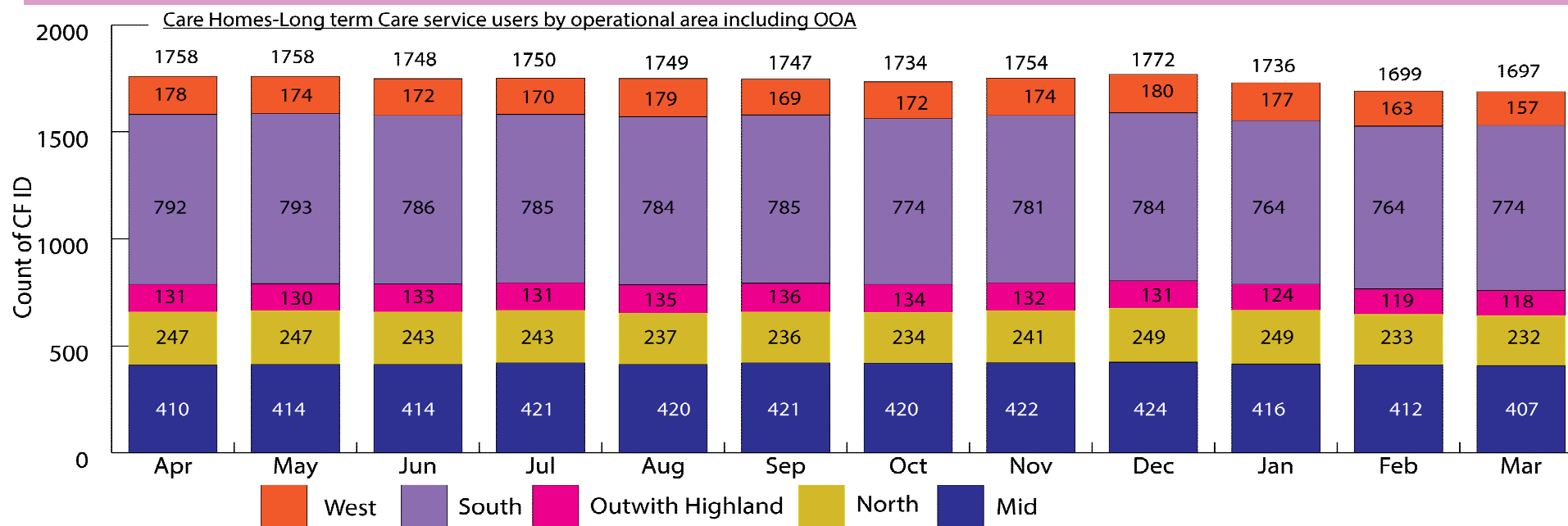
The Partnership is working with the Highland Council to develop a strategy for care homes and an implementation plan to span the short to longer term care environment.

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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Pam Cremin
Interim 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

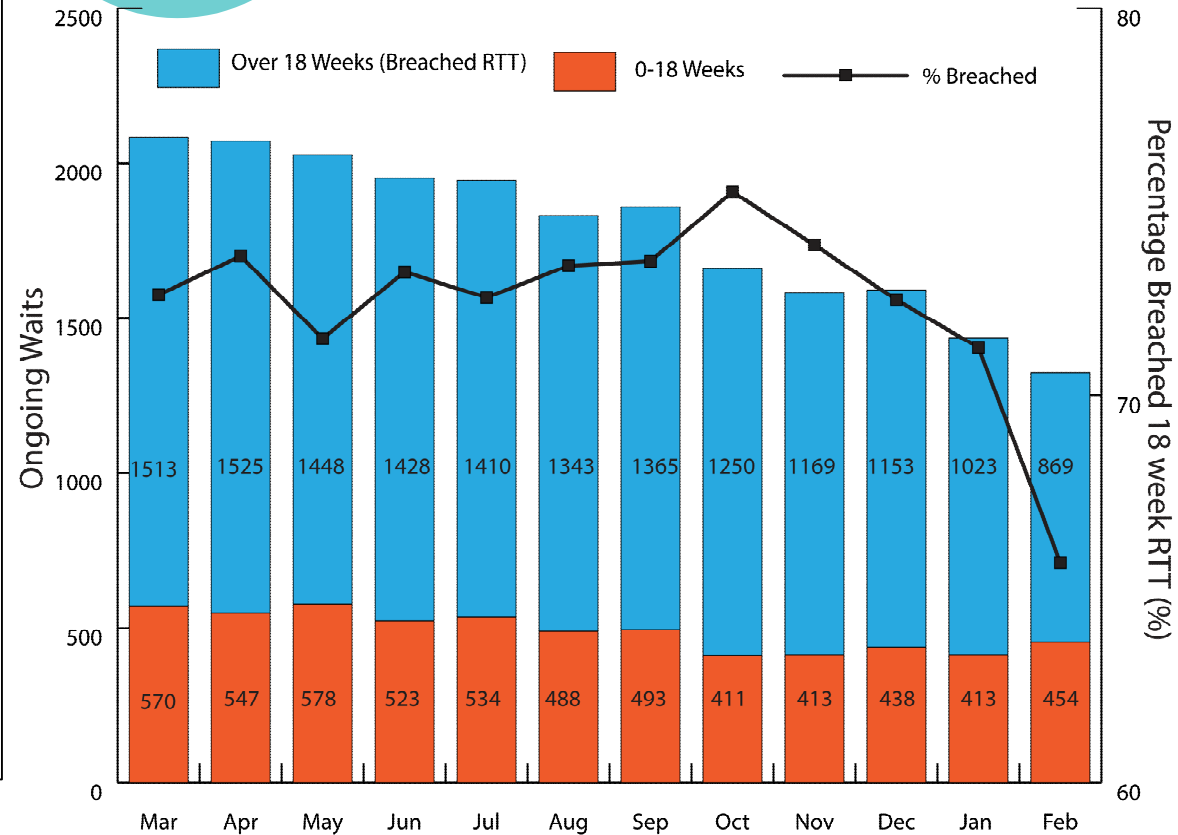
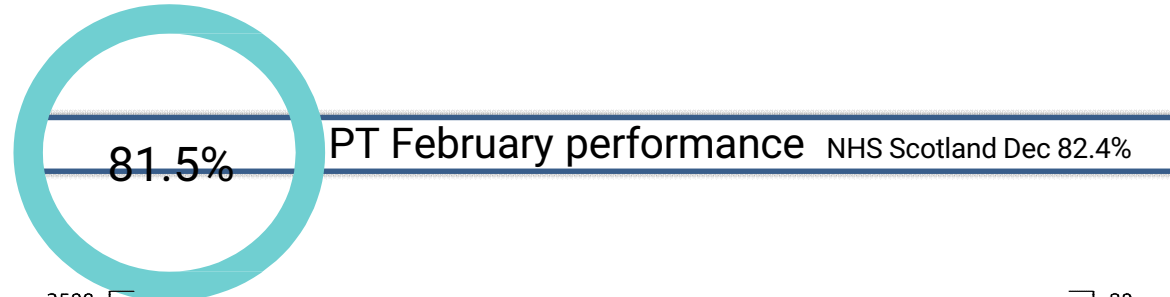
Outcome 10

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”



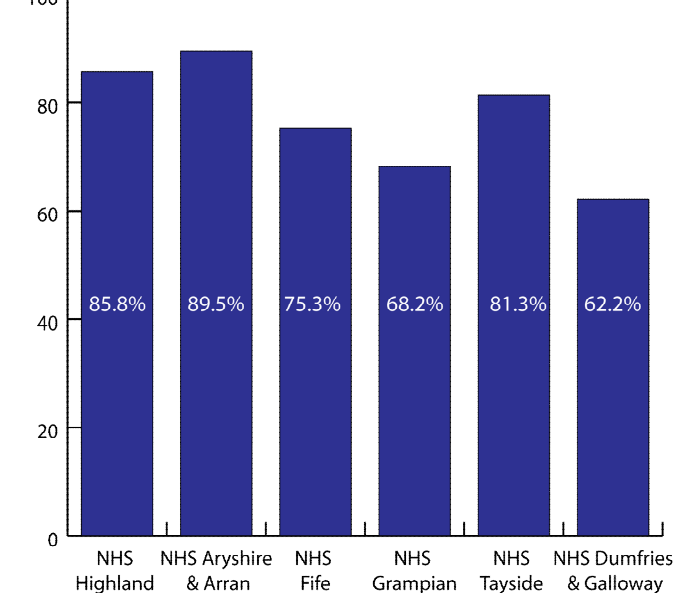
Performance Overview NHS Highland

The national target is that 90% of our population commence Psychological Therapies (PT) based treatment within 18 weeks of referral.

February 2023: Current performance 81.5%

We have 1323 of our population waiting to access PT services. 869 patients are waiting >18 weeks (65.7% breached target) of which 488 have been waiting >1 year. Of the 1323 waiting, 108 of those are waiting for North Highland neuropsychology services of which 70 are waiting > 1 year. A significant reduction from 339 in December 2022.

Psychological therapies performance (%) 2022, PHS Quarter summary Oct-Dec



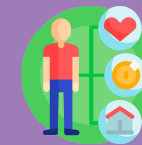


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Integrated Performance & Quality Report

Objective 3 Our People



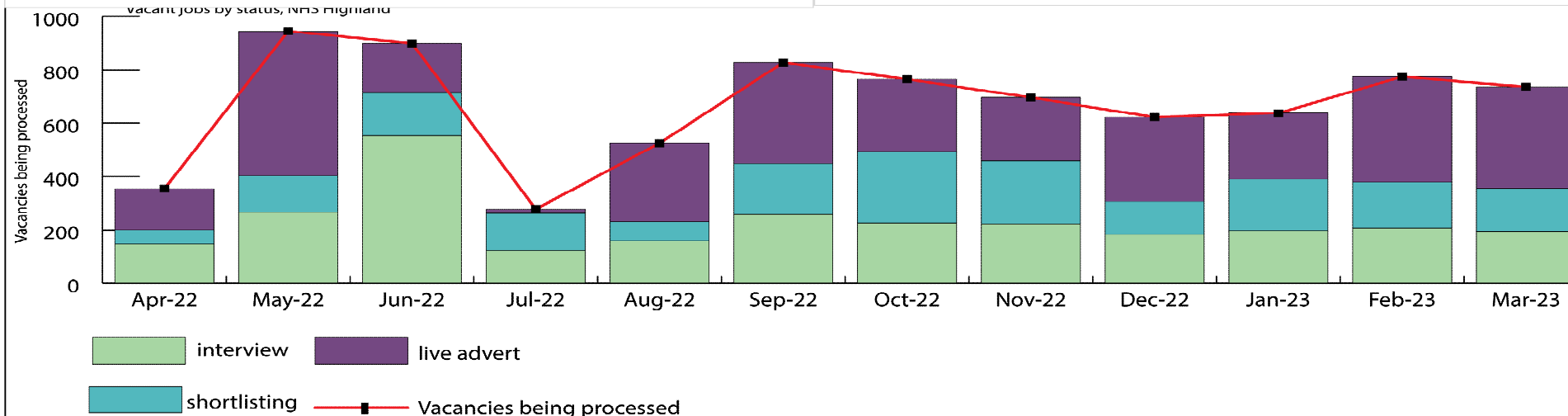
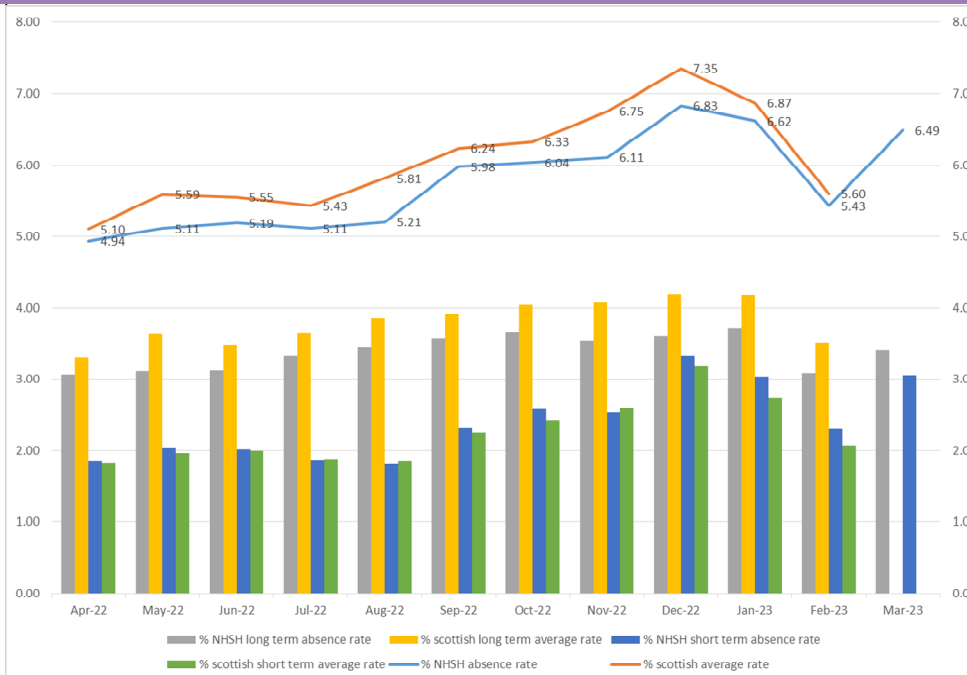
Fiona Hogg
Director of People & Culture

Sickness absence dips in February based on number of days lost for that month and continues to be below the national rate. Short term absences in Cold, Cough, Flu remain high as well as gastro-intestinal problems. Absences recorded with an unknown cause/not specified reflect over 25% of reported absences and managers are encouraged to ensure an appropriate reason is recorded. Long term absences are mostly related to other musculoskeletal problems and anxiety/stress which contributes to staffing pressures within teams. The People Services Team continue to review long-term absences with managers. Regular online training session on the NHSS Workforce Attendance Policy are available via TURAS which provides guidance on dealing with attendance concerns and the process for managing attendance.

Turnover remains consistent with previous years trends, peaks in ends of fixed term contracts and retirement age. Recruitment processing activity remains high. The team have had another member of staff leave this month and have had to reallocate their caseload to remaining recruitment officers until the vacancy is filled. This applies further pressure to the team as a period of training will be required to allow the new member of staff to build their caseload.

Via the North Region International Recruitment Group we have advertised, interviewed and conditionally offered 22 band 5 nursing posts in Inverness to international nurses. It is anticipated the first cohort of 5 will arrive in Scotland in July 2023 with further cohorts arriving each month until November 2023. Cohorts will go straight to Aberdeen to undertake a 3 week OSCE training programme provided by the north region IR group before sitting the OSCE exam and arriving in Inverness.

In Q1 2023/24 we are planning to review processes to maximise efficiency and effectiveness.





Building a brighter future for health and care
2022 - 2027



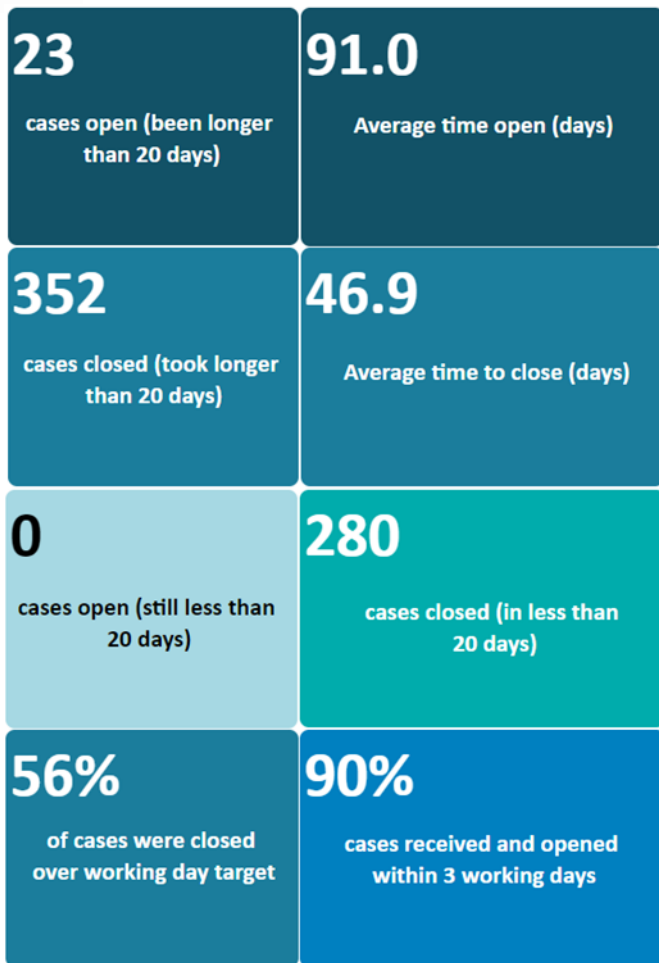
Context by Dr Boyd Peters
Medical Director

Complaints:
Data show performance against 20 working day target response time improved in July but since then there has been a decline. Performance was 39% in January 2023 but still significantly lower than summer 2022. This continues to be closely monitored through EDG, SLTs and weekly Operational Unit meeting. New reports have been introduced detailing high-level complaints. QA of a random selection of responses is underway to check quality and format.

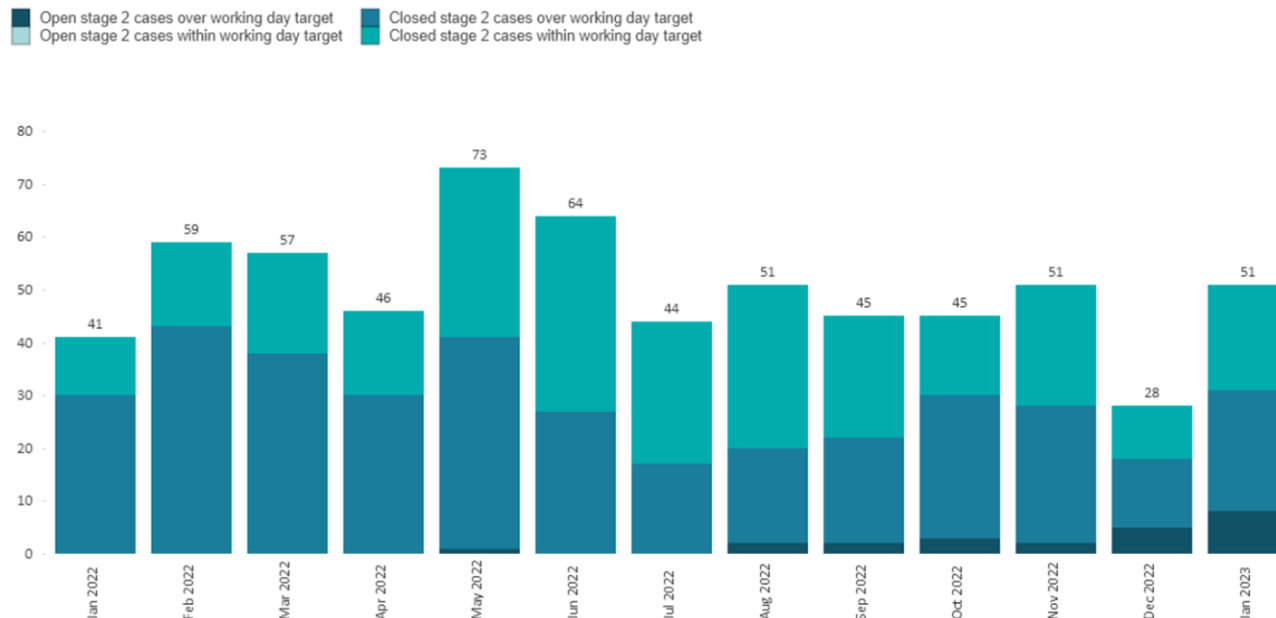
Clinical Governance March 2023

Stage 2 complaint case information – January 2022 to January 2023 (EXTRACT 29.03.23) *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

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Highland	27%	27%	33%	35%	44%	58%	61%	61%	51%	33%	45%	36%	39%
Argyll & Bute	33%	25%	60%	0%	14%	0%	38%	67%	14%	14%	29%	50%	43%
Acute	32%	34%	21%	33%	63%	66%	71%	70%	62%	32%	54%	33%	47%
Highland Health & Social Care Partnership (HHSCP)	7%	14%	67%	44%	20%	59%	70%	38%	57%	46%	39%	35%	23%



Building a brighter future for health and care
2022 - 2027



Context by Dr Boyd Peters
Medical Director

Adverse Events:

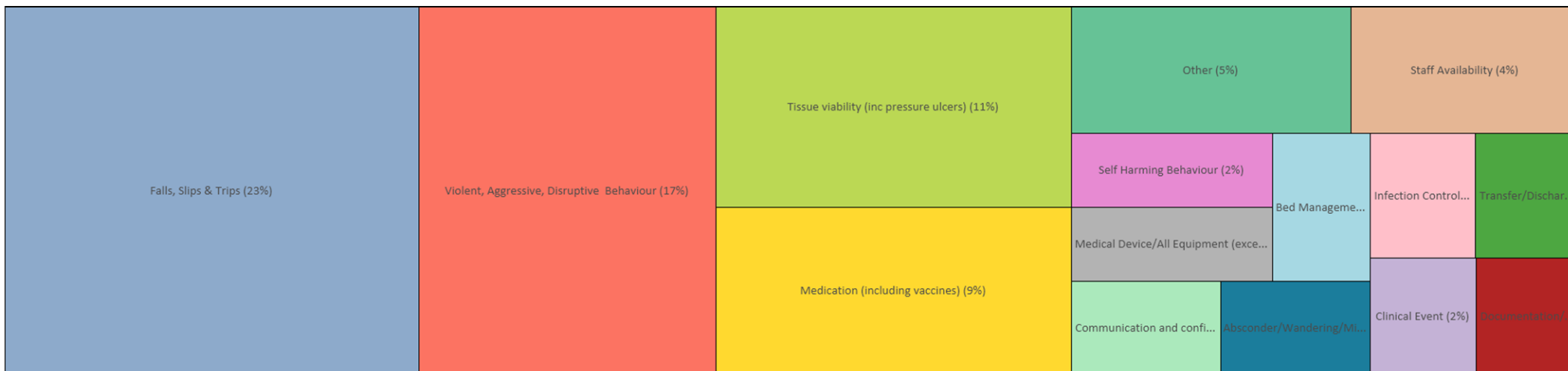
The main categories of adverse events reported in the last three months remains unchanged. Groups are in place to review and monitor these categories. A new form for maternity adverse events was introduced week commencing 17 April. This replaces the paper based system.

Clinical Governance March 2023

Adverse Event information – December 2022 to February 2023 (EXTRACT 29.03.23)

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

Top 15 adverse event categories recorded in NHS Highland last 3 months % Share (December 2022 – February 2023)





Building a brighter future for health and care
2022 - 2027



Context by Dr Boyd Peters
Medical Director

Adverse Events:

There is still concern about the number of adverse events on datix awaiting review. Work is in progress in operational units to reduce the numbers in the red category. Quarterly reports are being issued to the Operational Units by the Clinical Governance Support Team

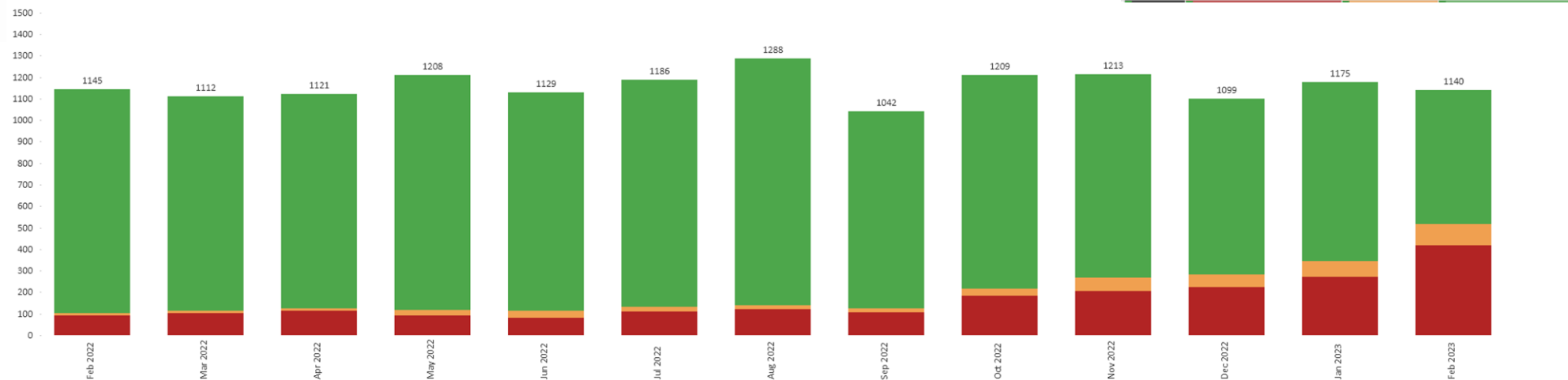
Clinical Governance March 2023

Adverse Event information – February 2022 to February 2023 (EXTRACT 29.03.23)

	Risk	Mitigation
1	Operational pressures adversely affect datix reviews	Ensure processes supported in operational units
2	Reduced Organisational learning, missed opportunities to learn/improve	Maintain QPS activities
3	Quality adversely affected	Oversight of responses by key senior staff

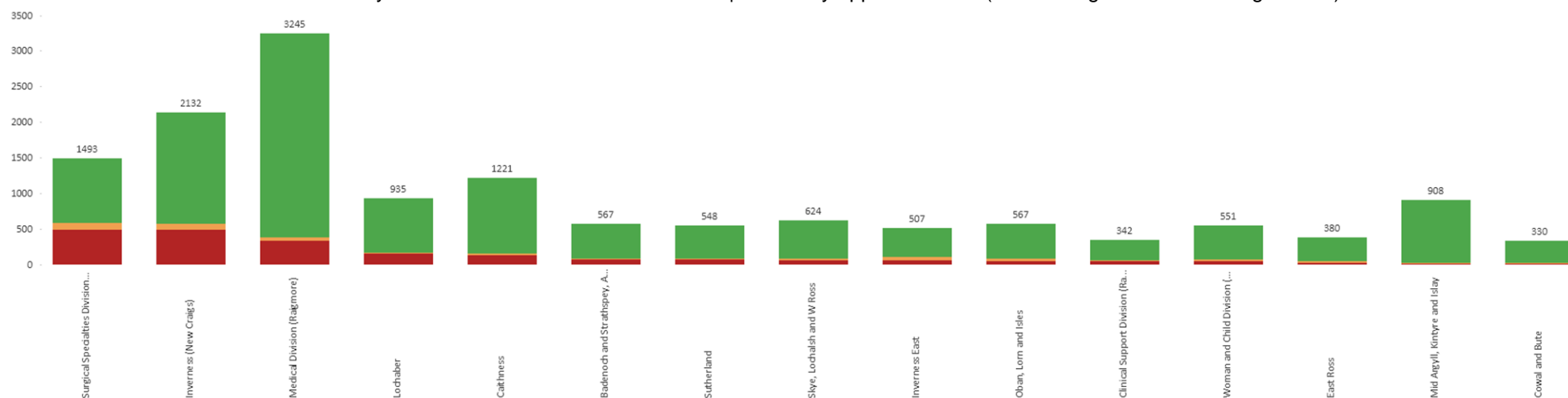
Total number of incidents recorded in NHS Highland over last 13 months | Shown by month and approval status

Final_Approval In_Review Awaiting_Review



Count	Awaiting_Review	In_Review	Final_Approval
15067	2117	483	12467

Total number of incidents recorded by district/division over last 13 months | Shown by approval status (descending order of 'awaiting review')





Building a brighter future for health and care
2022 - 2027



Context by Dr Boyd Peters
Medical Director

SAERs:

Reported numbers of SAERs remains low, giving rise to the question of whether there should be others which have not been identified. There are four SAERs that have taken longer than the nationally agreed target of 26 weeks. All SAERs are being reviewed by the CGST and are reported monthly. SAER training is being organised for Argyll and Bute in early June.

Clinical Governance March 2023

Significant Adverse Event Review (SAER) information – February 2022 to February 2023
(EXTRACT 29.03.23)

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

Number of SAERs declared in NHS Highland

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Highland	0	0	1	1	0	3	0	0	1	3	5	2	0
Argyll and Bute	0	0	0	0	0	1	0	0	1	2	4	0	0
HHSCP	0	0	0	0	0	2	0	0	0	1	0	1	0
Acute	0	0	1	1	0	0	0	0	0	0	1	1	0

Open SAERs declared in NHS Highland over working day target by month declared

July 2020 – 1
September 2021 – 1
April 2022 – 1
July 2022 - 2



Clinical Governance March 2023

Hospital inpatient falls – February 2022 to February 2023 (EXTRACT 29.03.23)

Building a brighter future for health and care
2022 - 2027



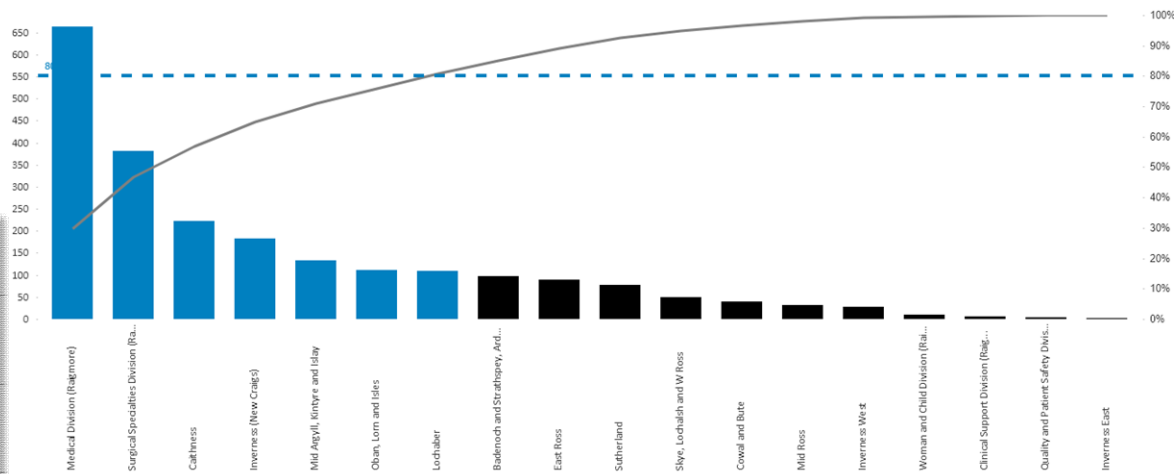
Context by Louise Bussell
Nurse Director

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

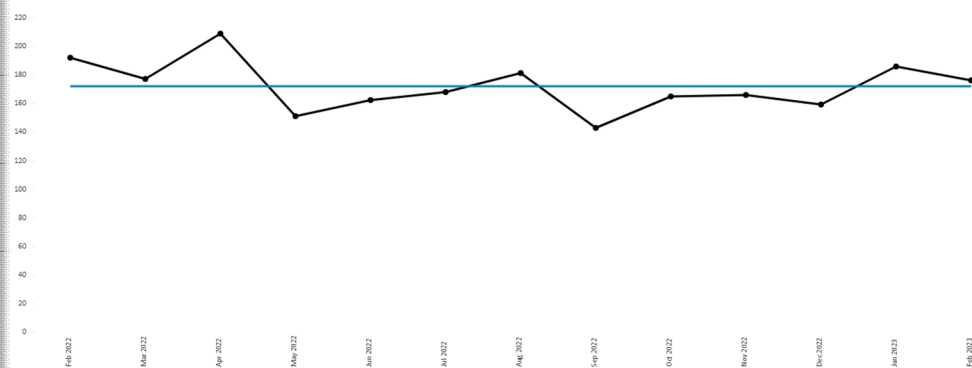
Work is ongoing to review the falls policy and complete the review of the bed rails policy and risk assessment. SLWG reviewing evidence around use of sensor technology and footwear to inform policy. We will ensure this is widely circulated and implemented with our training programme and staff support reviewed in line with the policies

National team visited on 10 March to support Falls risk management work. Good engagement through Inpatient falls risk management group

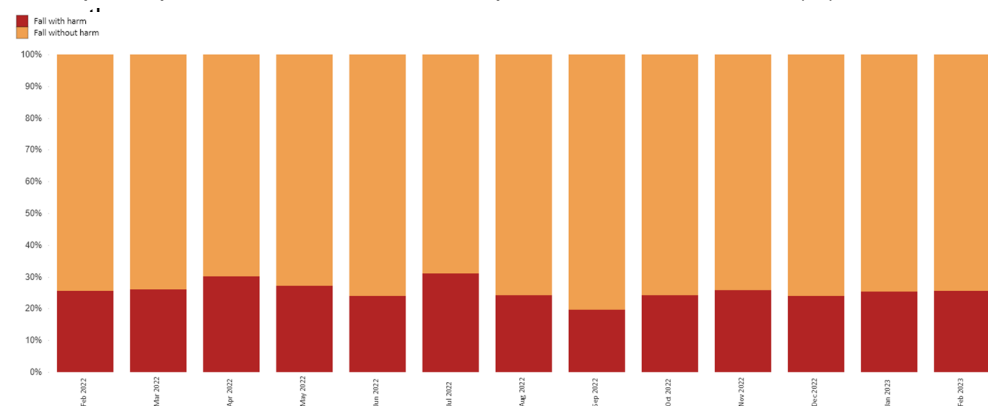
Pareto graph count of NHS Highland hospital inpatient falls by district/division over last 13 months



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



Hospital inpatient falls with harm and 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. Opening of additional bed capacity in the Acute environment is also increasing the risk	<p>Key principles of falls prevention are universally applied as part of essentials of safe care</p> <p>Daily care plan training delivered to all educators and senior nurses. Roll out of Daily Care Plan will commence Lorn and Isles and Raigmore 2 May 2023</p> <p>Patients' mobility status and falls risk communicated as part of shift handover and at bed space using 'I can'</p> <p>Regular monitoring of staffing level and escalation of concerns through Real Time Staffing Resource</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>Education sessions on delirium and End PJ paralysis principles being delivered to promote principles of positive risk taking and safe mobilisation</p> <p>Patient and family Falls leaflet developed</p> <p>Staff identified to attend national SPSP falls event on 20th April with expectation to share learning</p>



Clinical Governance March 2023

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



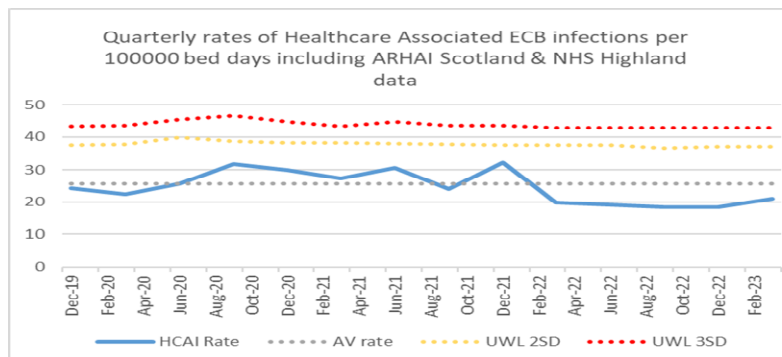
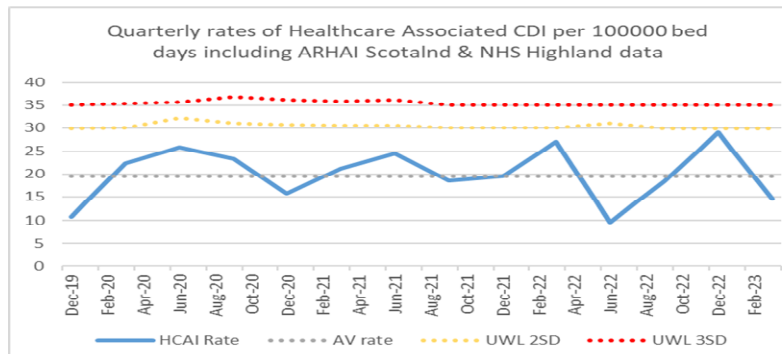
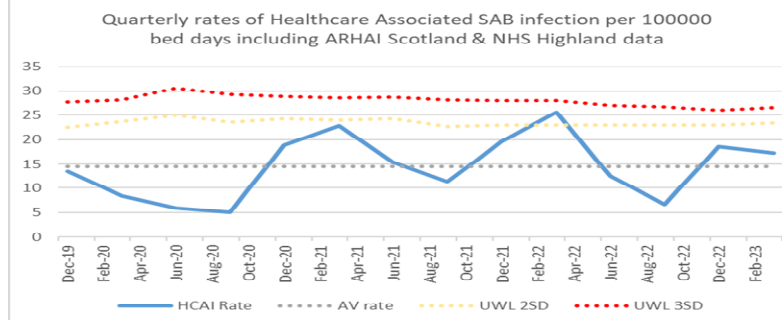
Context by Louise Bussell
Board Nurse Director

Data identifying the end of year performance against the reduction aims will be published in July 2023. 22/23 data identifies NHS Highland is not on track to meet the reduction aims for EColi bacteraemia and CDI infections. However, we remain within predicted limits. We are on track to meet the SAB reduction aim. The reduction aims for CDI, SAB and EColi will remain unchanged for 2023/24.

Data from ARHAI (Antimicrobial Resistance Healthcare Associated Infection) Scotland for the Oct –Dec 22 quarter was published on the 28/03/2023 and identified as expected that NHS Highland were above the 95% confidence level for CDI HCAI rates. No commonalities or themes were identified during case reviews, and the case incidence has since fallen.

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 report is submitted to Clinical Governance Committees for assurance



Risk	Mitigation	
1	<p>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</p> <p>Sustained, increased pressures on Infection Prevention and Control specialists due to workload and new untrained staff being supported in post</p>	<p>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.</p> <p>Additional capacity provided to enhance IPC clinical resource initially funded by non-recurring SG funding (to end of March 23) has continued to be funded temporarily following discussion with the Board Nurse Director whilst a wider review of IPC staffing progresses in line with the national IPC Workforce Strategic plan</p>
2		

Period	Apr-Jun 2022 Q1 (Validated by PHS)	Jul-Sep Q2 (Validated by PHS)	Oct-Dec Q3 (Validated by PHS)	Jan-Mar Q4 (Validated by NHS Highland data)
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	12.4	6.6	18.5	17.2
SCOTLAND	17.3	17.1	19.2	n/a
C. DIFF				
NHS HIGHLAND	9.6	18.4	29.1	14.5
SCOTLAND	14.3	13.1	13.5	n/a
E.COLI				
NHS HIGHLAND	19.2	18.4	18.5	21.1
SCOTLAND	34.8	36.2	34.5	n/a



Clinical Governance March 2023

Tissue Viability – February 2022 to February 2023 (EXTRACT 29.03.23)

Building a brighter future for health and care
2022 - 2027



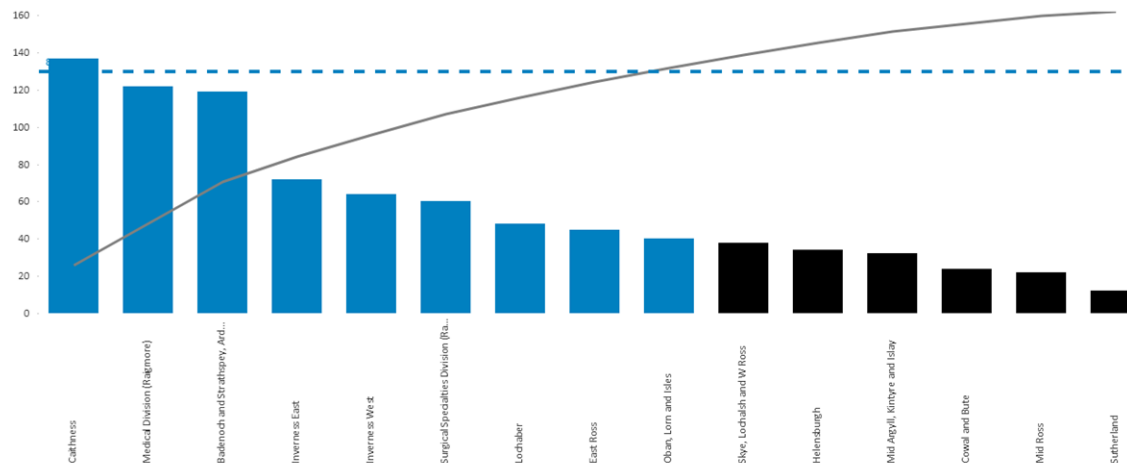
Context by Louise Bussell
Board Nurse Director

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.

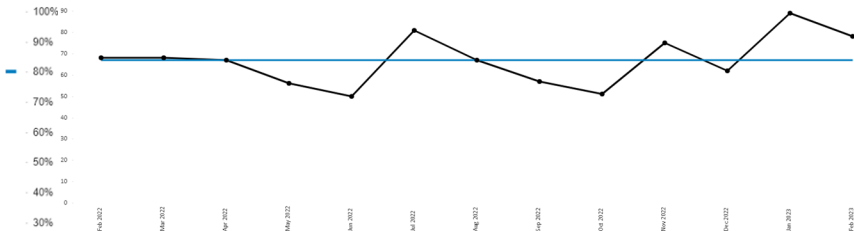
NHS Highland agreed in the TVLG commencing by focusing on a 10% reduction of hospital acquired pressure ulcers. A key clinical/ leadership post for this service has now been appointed to. Pressure relieving equipment has been reviewed and equipment purchased. Wound Formulary now available on the TAM.

	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.

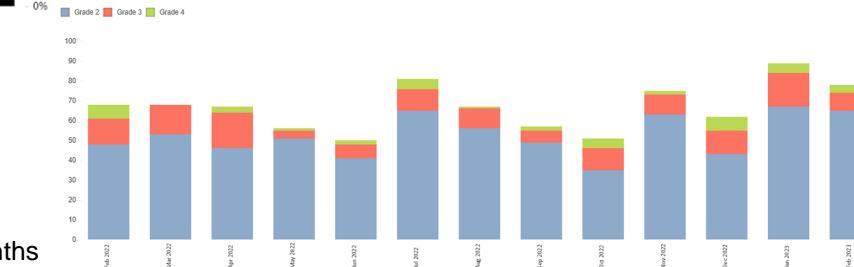
Pareto graph count of NHS Highland grade 2-4 pressure ulcers by district/division over last 13 months



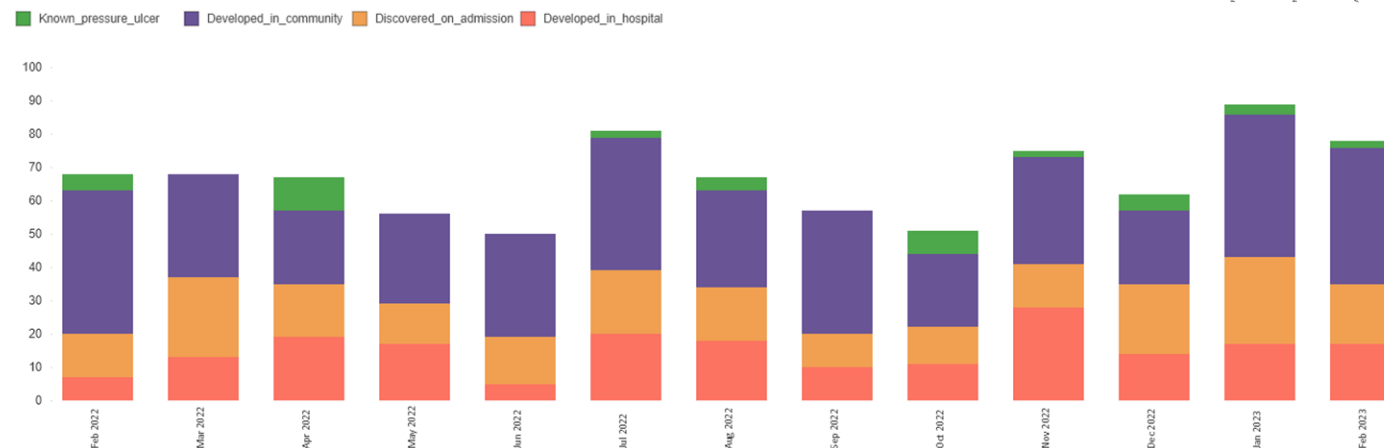
Run chart of NHS Highland grade 2-4 pressure ulcers over last 13 Months



Bar chart of NHS Highland 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



Grade 2 682
Grade 3 143
Grade 4 44

Developed_in_hospital	196
Discovered_on_admission	213
Developed_in_community	420
Known_pressure_ulcer	40

Appendix: IPQR Contents

Slide #	Report	Frequency of Update
2	Performance of screening uptake in NHS Highland	Yearly
2	Inequality in screening uptake in NHS Highland 2020/21	Yearly
2	Diabetic eye screening	Rolling 12 months
3	% of people fully vaccinated plus booster by age group	Monthly
3	% of people fully vaccinated plus booster aged 40 yrs+(Combined)	Monthly
4	NHS Highland-Alcohol brief interventions 2022/23 Q2	Monthly
4	ABIs delivered	Yearly
5	LDP smoking quit attempts by month of planned quit-NHS highland	12 weeks
5	LDP 12-week smoking quits by month of follow up-NHS highland	12 weeks
6	Highland ADP performance against standard for completed waits	Quarter
6	% of of ongoing waits> 3 weeks at 30/09/2022	Quarter
6	% of completed community referrals with a 3 week wait or less	Monthly
7	Breast feeding initiation	Ad hoc
7	C-section rates	Ad hoc
7	Antenatal Care by 12th week of gestation	Yearly
8	CAMHS waiting list	Monthly

Appendix IPQR contents Cont.

Slide #	Report	Frequency of update
8	Wait distribution (%) of patients waiting for CAMHS in NHS highland by month	Monthly
8	Average length of wait bands in NHS Scotland	Monthly
9	NDAS performance (%) against target	Monthly
9	NDAS: Number waiting for assessment to start	Monthly
10	ED attendances by flow group	Monthly
10	ED performance Benchmarking	Monthly
10	NHS highland ED 4hr wait performance	Monthly
11	TTG Waitlists	Monthly
11	Projected TTG waits over 78 weeks September 2023 at 30th November 22	
12	New outpatients-Demand, activity & queue	Monthly
12	Projected outpatient waits over 78 weeks December22 as at 30th November 22	
13	Key diagnostics Endoscopy-Total waiting	Monthly
13	Key diagnostics Radiology-Total waiting	Monthly
13	Monthly waiting list Comparison	Monthly
14	31v62 day performance	Monthly
14	NHS board comparison 31 day performance	Monthly

Appendix IPQR contents Cont.

Slide #	Report	Frequency of update
14	NHS board comparison 62 day performance	Monthly
15	Detect Cancer early-% diagnosed at stage 1 (Breast)	Yearly
15	Detect Cancer early- % diagnosed at stage 1 (Lung)	Yearly
15	Detect Cancer early-% diagnosed at stage 1 (Colorectal)	Yearly
15	Detect Cancer early- % diagnosed at Stage 1 (Combined)	Yearly
16	NHS Highland DD November 22	Monthly
16	North Highland DD's by Locality	Monthly
16	Delayed Discharge all types up to October 22	Monthly
17	Care homes-Long term care service user by operational area including OOA	Monthly
17	Care homes-No. Of occupied long tern care beds by provider types	Monthly
17	Care at Home services-Count of clients by provider type	Monthly
17	Care at Home services-Sum of hours by provider type	Monthly
18	Total PT waiting list	Monthly
18	Psychological therapies performance(%) 2022	Quarterly
19	Number of Individuals Relating to PDS Standard – Benchmarked Up to Q2 FY 22/23	Quarterly
19	Number of Individuals Diagnosed and Referred for PDS – NHS Highland	Monthly