

Meeting: NHS Highland Board
Meeting date: 25th July 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

Please select one item in each section *and delete the others*.

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. Additions to the IPQR include trajectories for Treat Well Treatment Time Guarantee, Outpatients and Diagnostics.

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, July 2023**



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Board Integrated Performance and Quality Report

July 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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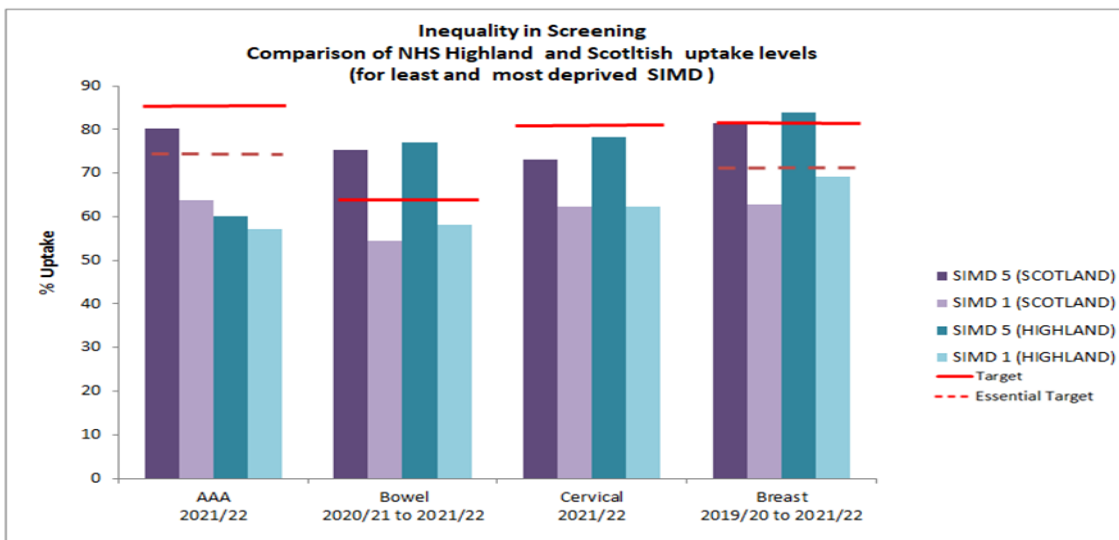
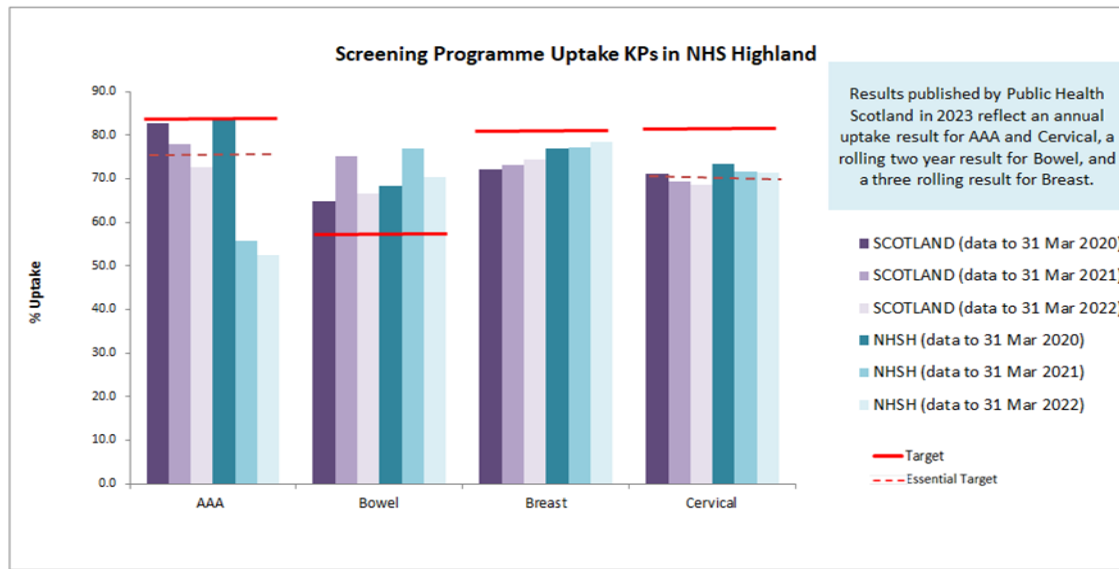
Dr Tim Allison,
Director of Public Health

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.



Progress made to improve position

A comparison of screening performance to previous year results, and Scottish benchmarks shows that screening participation for NHSH is consistently higher than uptake throughout Scotland. The exception to this is AAA screening due to pressures in the Argyll & Bute service where a backlog of men being invited for screening accumulated. This issue is now resolved as a result of service improvements and capacity increases. Although the backlog has reduced from >500 men to zero, improvements were not implemented until Aug 2022, so were not reflected in the recently published programme metrics. For the AAA screening programme, a text reminder service is being implemented as part of a national initiative to improve uptake.

To improve performance monitoring for Pregnancy & Newborn screening, actions to improve data quality and reporting from Badgernet are on-going. Provision of Diabetic Eye Screening (DES) KPIs and KPI monitoring from Public Health Scotland is still pending, so it is not possible to report on performance for DES.

Immediate Next Steps

Within the AAA programme, work continues to drive resilience to prevent recurrence. Across all screening programmes, 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.

Timescales

AAA resilience actions are to be implemented this financial year. Testing for a AAA text reminder service is progressing with timescales driven nationally. Timescales for equality initiatives are driven by 2023 Screening & Inequalities Plan.



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Integrated Performance & Quality Report

Objective 1
Outcome 3
Priority 3A

Our Population
Stay Well (Vaccinations)

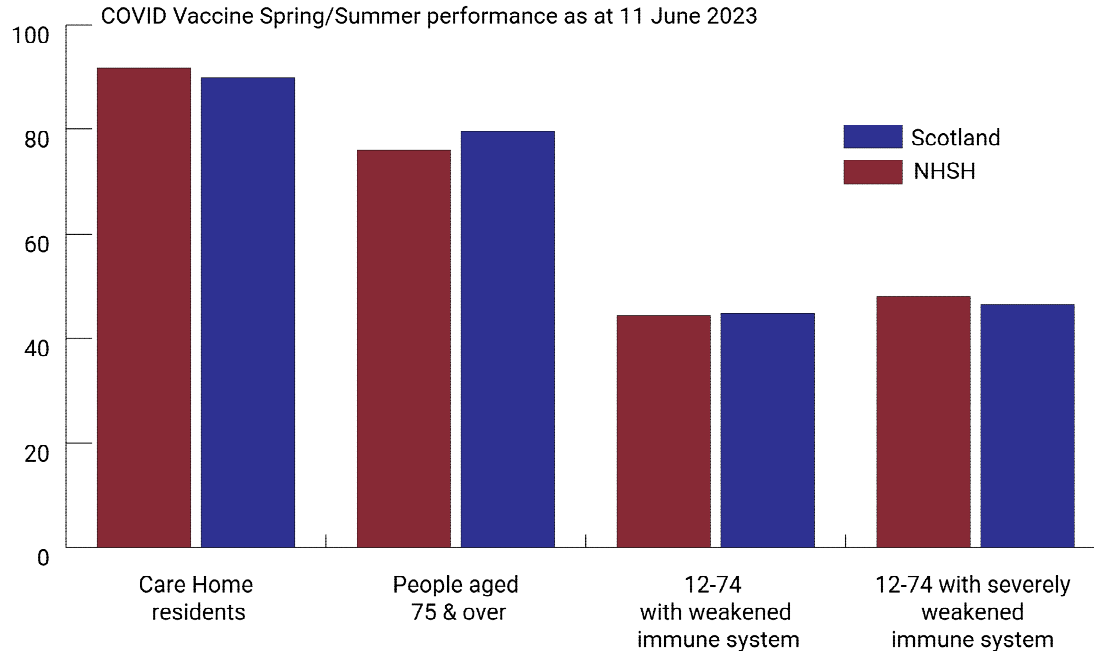
“Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population”



Dr Tim Allison,
Director of Public Health

The spring/summer COVID vaccination programme has been delivered by Board staff except for some islands where there has been practice delivery. This programme is designed to reach those more at risk of illness.

As part of the Vaccination Transformation Programme, other vaccinations such as those for young children and school-aged children have been transferred from general practice delivery to Board delivery.



Performance Overview

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

Comparative Covid vaccine uptake for people aged 75 and over:

NHS Board	Covid
Ayrshire & Arran	80.2%
Dumfries & Galloway	85.0%
Fife	77.9%
Grampian	83.5%
Highland	76.0%
Tayside	79.3%



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Integrated Performance & Quality Report

Objective 1
Outcome 3
Priority 3B

Our Population

Stay Well (Alcohol Brief Interventions)

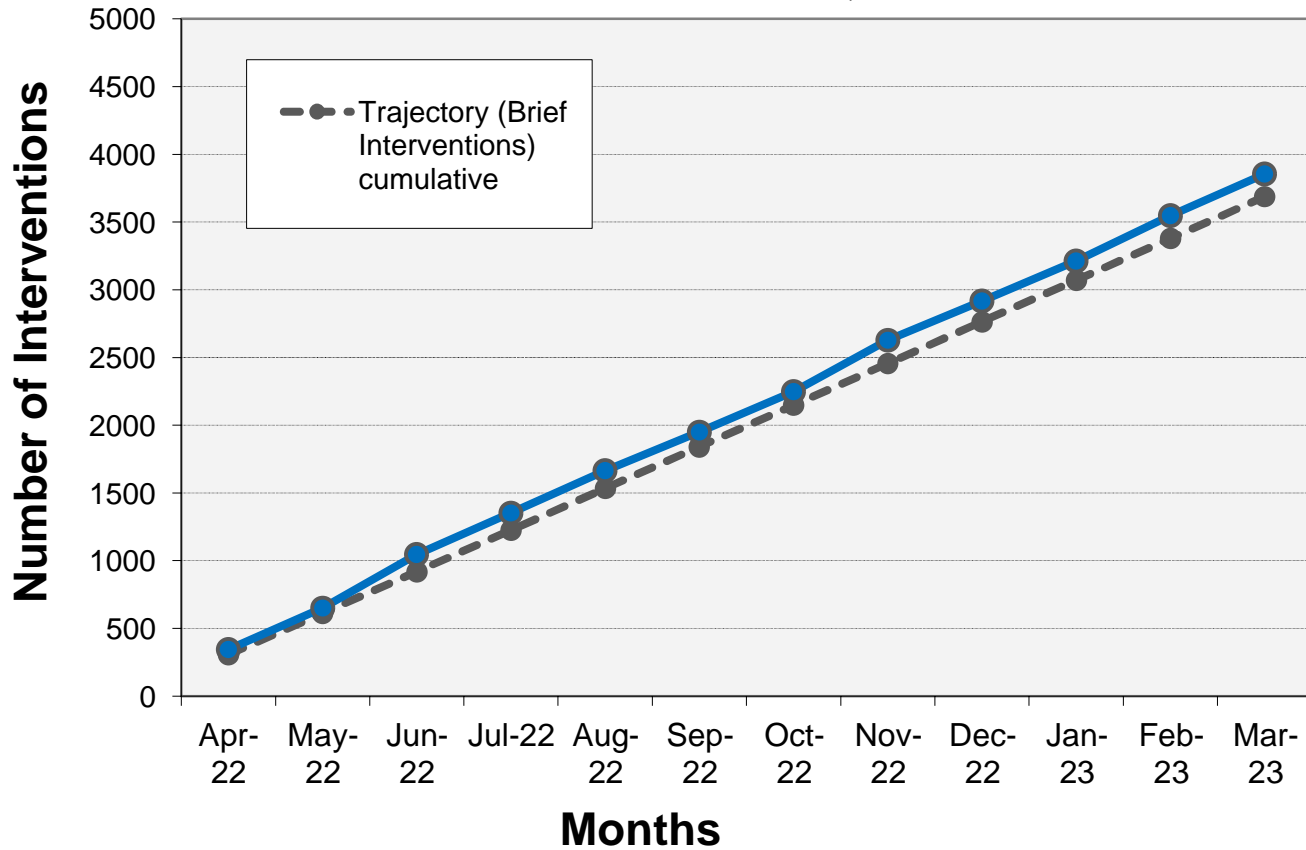
“Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk”



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 ABI's is to deliver 3688 ABI's in priority settings (Primary Care, A&E and Antenatal) and expand delivery in wider settings (quarterly). There is currently no specific targeted focus on inequalities. The Locally Enhanced Service for Alcohol Screening and Brief Interventions Service Level Agreement is currently being revised and updated.

NHS Highland - Alcohol Brief Interventions 2022/23 Q4

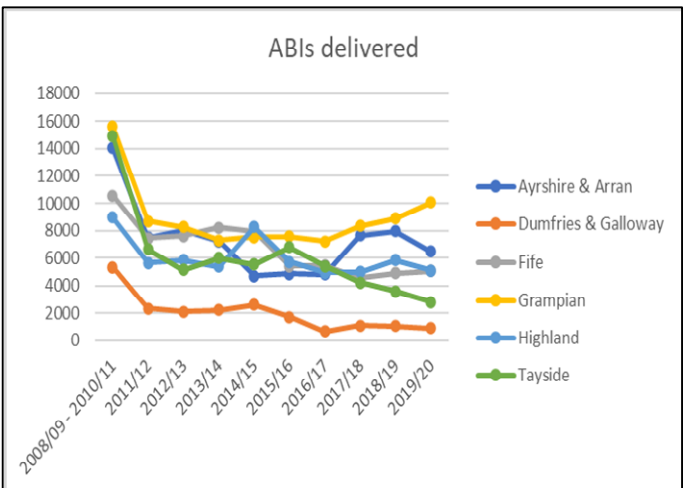


Performance Overview

Progress made to improve position. ABI training calendar available on Turas for 2023/2024. Communications Plan to promote courses being applied. Train the Trainers session delivered for new Specialist Midwife (Drugs & Alcohol) posts, staff in Argyll & Bute, and Highland.

Immediate Next Steps. Small test of change to improve Wider Settings reporting underway. Form is ready for testing with teams (x2).

Timescales. Will review end July.





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Integrated Performance & Quality Report

Objective 1

Outcome 3

Priority 3B

Our Population

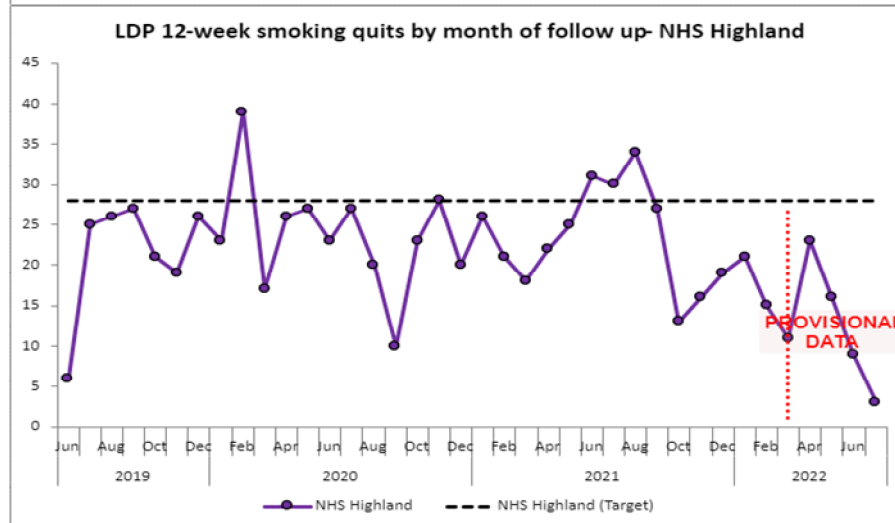
Stay Well (Smoking Cessation)

“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

Progress made to improve position

Develop and pilot 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. Review online training for Community Pharmacy. Recruitment has taken place for a significant number of vacancies.

Immediate Next Steps

Develop a communications and engagement plan to re-establish links with GP's, the community, hospitals and community pharmacies to increase referrals. Carry out an in-depth investigation into smoking data over the last 5 years. Meet with community pharmacy colleagues and roll out of SOPs.

Timescales

Review end of July.

The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. 189 successful quits were achieved up to March 2023 at 12 weeks in the 40% most deprived (significantly below trajectory of 252). Final figures will not be available until September 2023.

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 have also been a significant number of vacancies within the team.

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 made to improve position

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

Immediate Next Steps

Utilising quality improvement methodology, all locality-based drug and alcohol services will be supported to implement plans aimed at meeting RTT standard.

Timescales

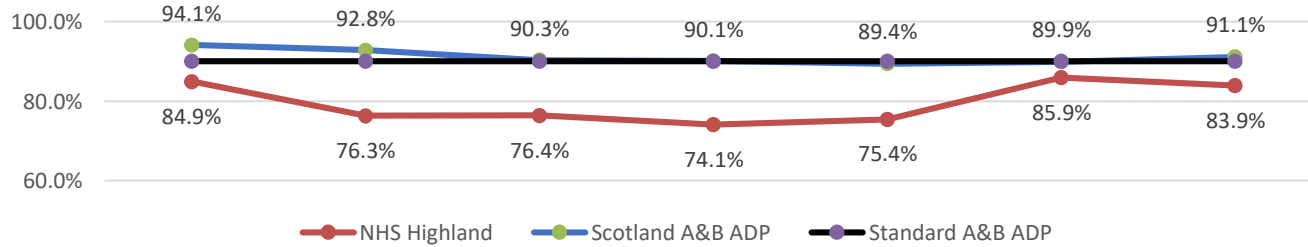
Anticipated to achieve compliance within 2nd quarter 2023-2024

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

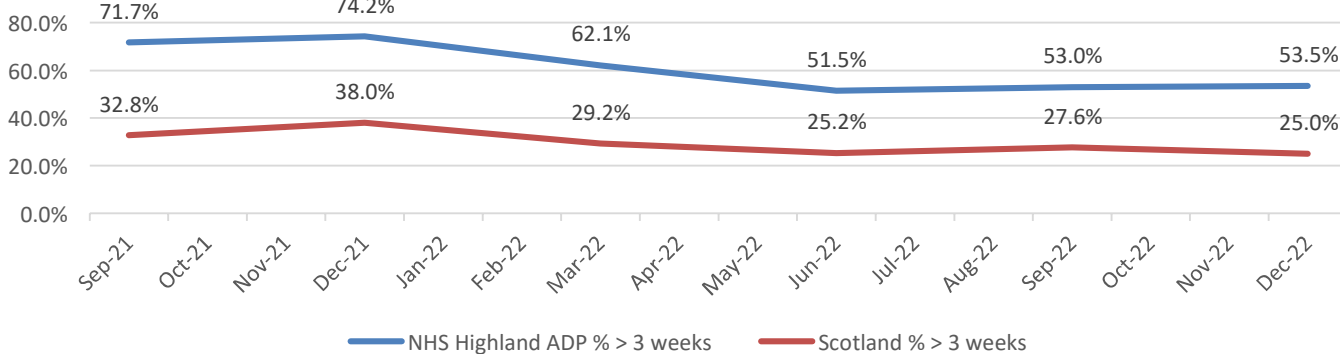
Performance Overview

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

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

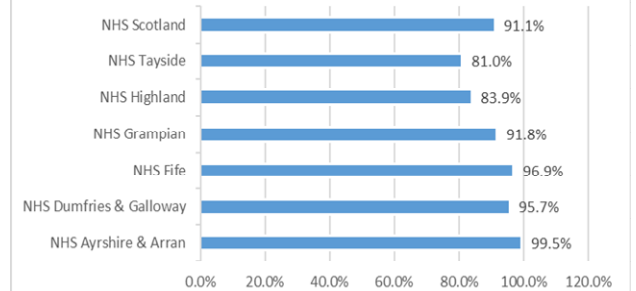


NHS Highland - % Ongoing Waits at quarter end waiting more than 3 weeks

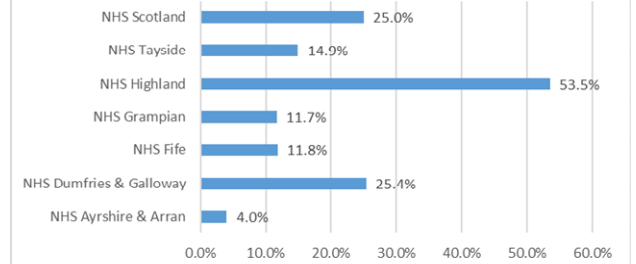


Board Comparisons

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

Progress made to improve position

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

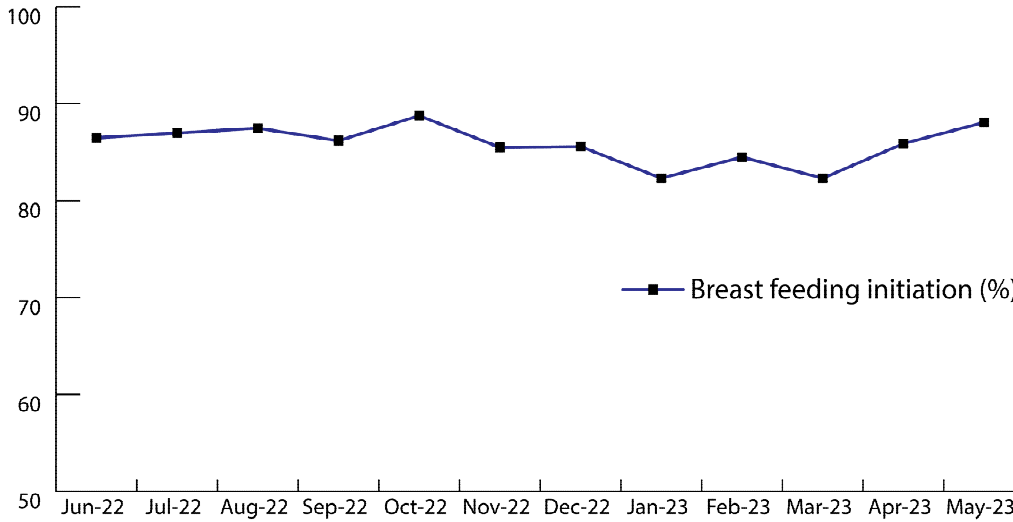
Immediate Next Steps

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

Timescales

- Project Teams fully operational by end of August.
- First iteration of dashboard live by end of August.

Breast Feeding Initiation & in North Highland

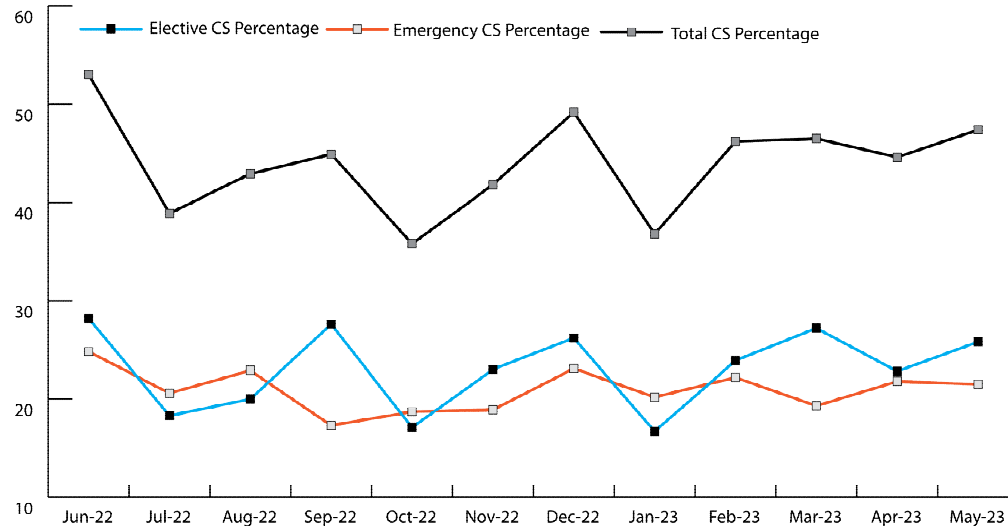


Performance Overview

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 93.3% and is one of the highest performing boards in Scotland as at December 2022.

C-Section Trends in N.Highland as a % of all Registrable births





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Katherine Sutton
Chief Officer, Acute

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Objective 1

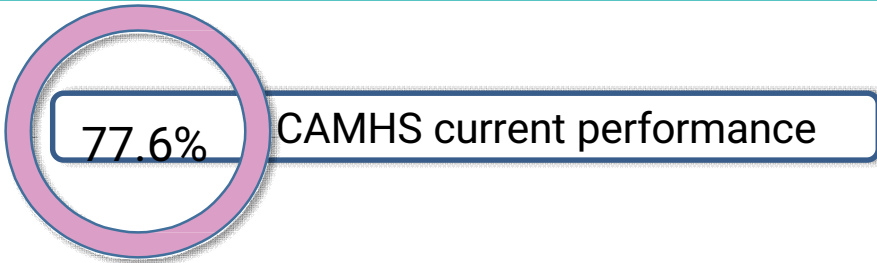
Our Population

Outcome 2

Thrive Well (Child and Adolescent Mental Health Service)

Priority 2C

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



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 506 children and young people are waiting to be seen of which 287 have waited over 18 weeks and 219 under 18 weeks with the longest wait being over 3 years.

Progress made to improve position

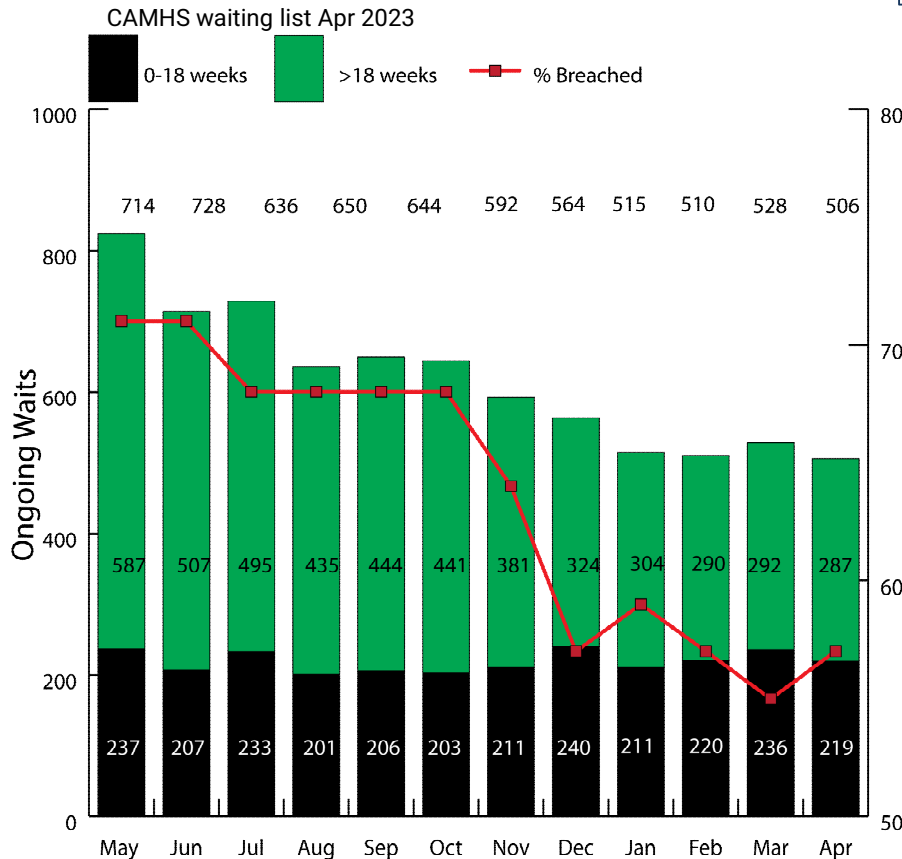
- Data cleansing exercise of wait list
- Review of PMS outcome codes to ensure accurate recording
- Review of wait list cases for validation exercise
- Wait list initiative (Nov 22 – March 23) to provide extra clinical capacity
- Increase in substantive clinical capacity ongoing through recruitment
- Implementation of more robust clinical activity recording and monitoring

Immediate Next Steps

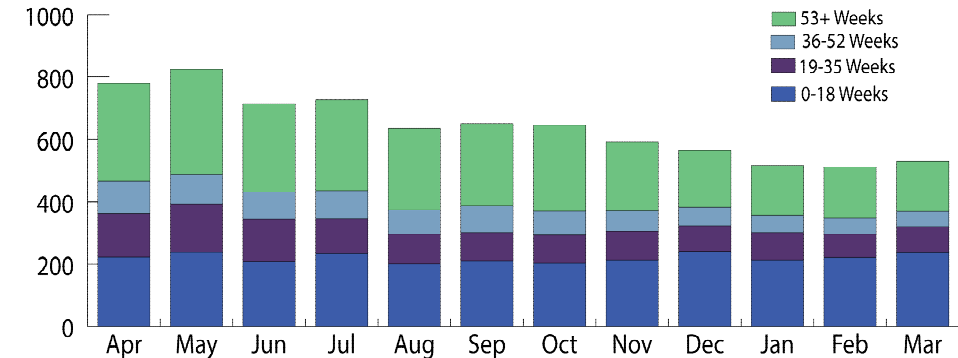
- Consider additional short term recruitment/international recruitment to target backlog
- Ongoing recruitment to substantive posts
- Workforce diversification whilst protecting discipline specific critical floor
- Diversification of intervention models to more group based delivery

Timescales

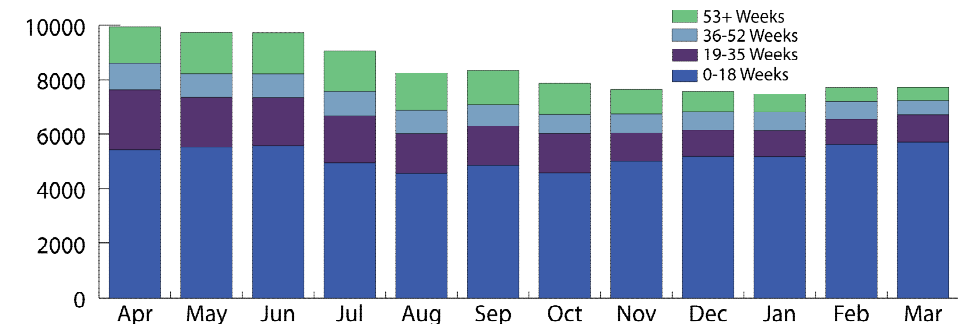
- Ongoing
- Trajectories set until March 24



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

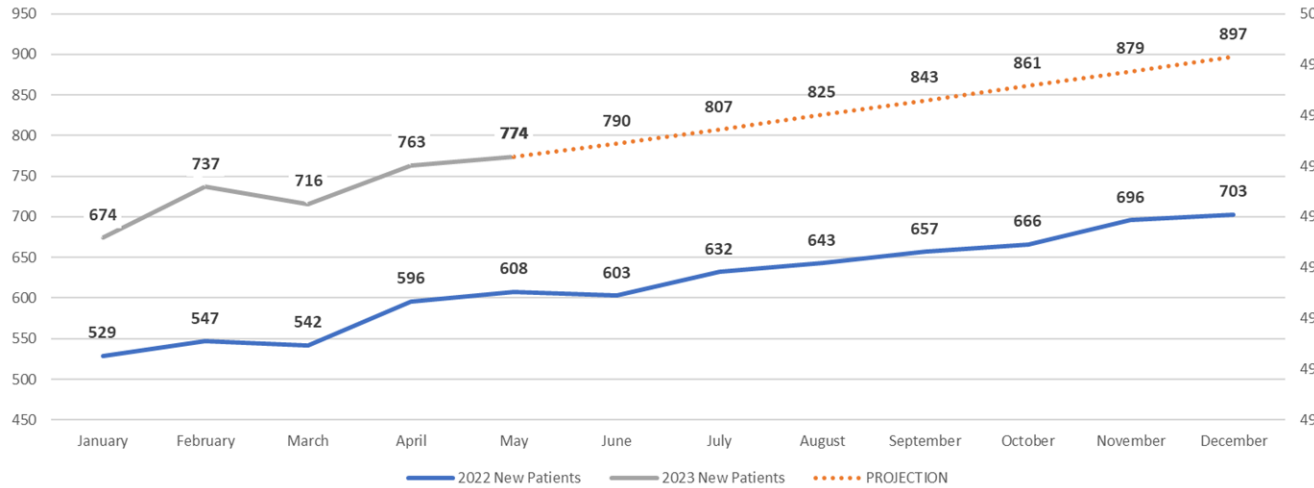
Progress made to improve position

- Senior service manager recruited
- Longest waits have started to reduce since clinical psychologist commenced.
- Early conclusion pathway for infants to the age of 6 years which is helping.
- Increased communication and support for families to prevent escalation to formal complaints.

Immediate Next Steps

- Clinical lead to be advertised
- Discussion with spoke staff to consider capacity to commit to NDAS, (Paediatrician, Occupational Therapist, ADHD Nurse Specialist (core staff account for 3.8 WTE with spoke staff adding 1.2 WTE equivalent.)
- Referrals continue to increase from 28 pre COVID to 43+ per month now, this is a similar picture nationally- work being carried out with wider team, education and assessment tools to be embedded.

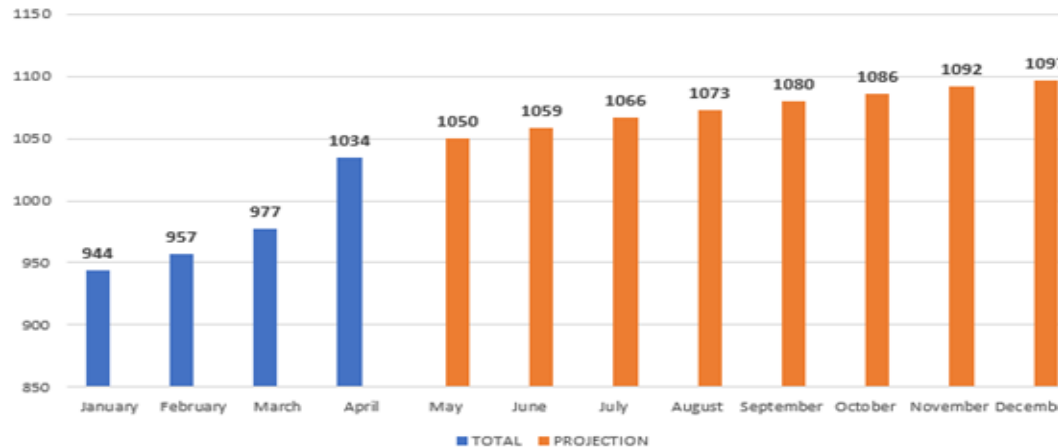
New Patients waiting first appointment 2022 v 2023



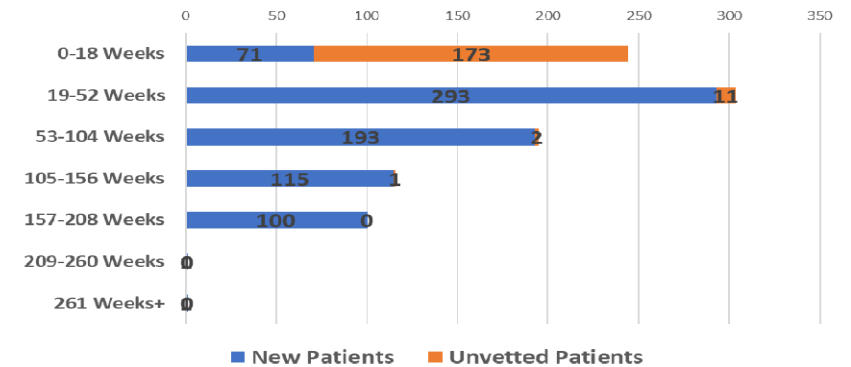
Performance Overview

All graph data is as of **31/05/2023**, but does not contain the data for May which hasn't been collated yet. Currently there is a waitlist of 774 patients classed as 'new awaiting their first appointment', however with a further 231 awaiting triage and 75 patients with ongoing assessments so a case load of 1080 patients. There has been an increase on referrals this year, last year an average 45 a month, so far this year it is 71.

New + Return + Unvetted 2023 Projection



New + Unvetted Patients awaiting first appointment





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Katherine Sutton
Chief Officer, Acute

Progress made to improve position

- Redirect / Reschedule Where appropriate
- Rapid Triage & early investigation
- Streaming ED and minors flow
- Early SDM input to patient pathway
- Accelerated investigations and results
- Alternate admission pathways
- Prompt speciality input when needed
- Introduction of Phased Flow

Immediate Next Steps

- Focused MIU improvement group
- Admitting rights to AEC
- SAS Safe handover at Hospital
- Data collection for speciality reviews
- Phased Flow extended trial

Timescales

- By 31st July 2023 Improve the 4-hour access standard by optimising patient flow in MIU, increasing Flow Group 1 performance from 90% to >95%
- By 31st August 2023 optimise patient flow by increasing proportion of patients on a RAC/short stay pathway by 10% and improve Flow Group 2 performance from 75% to 85%

Integrated Performance & Quality Report

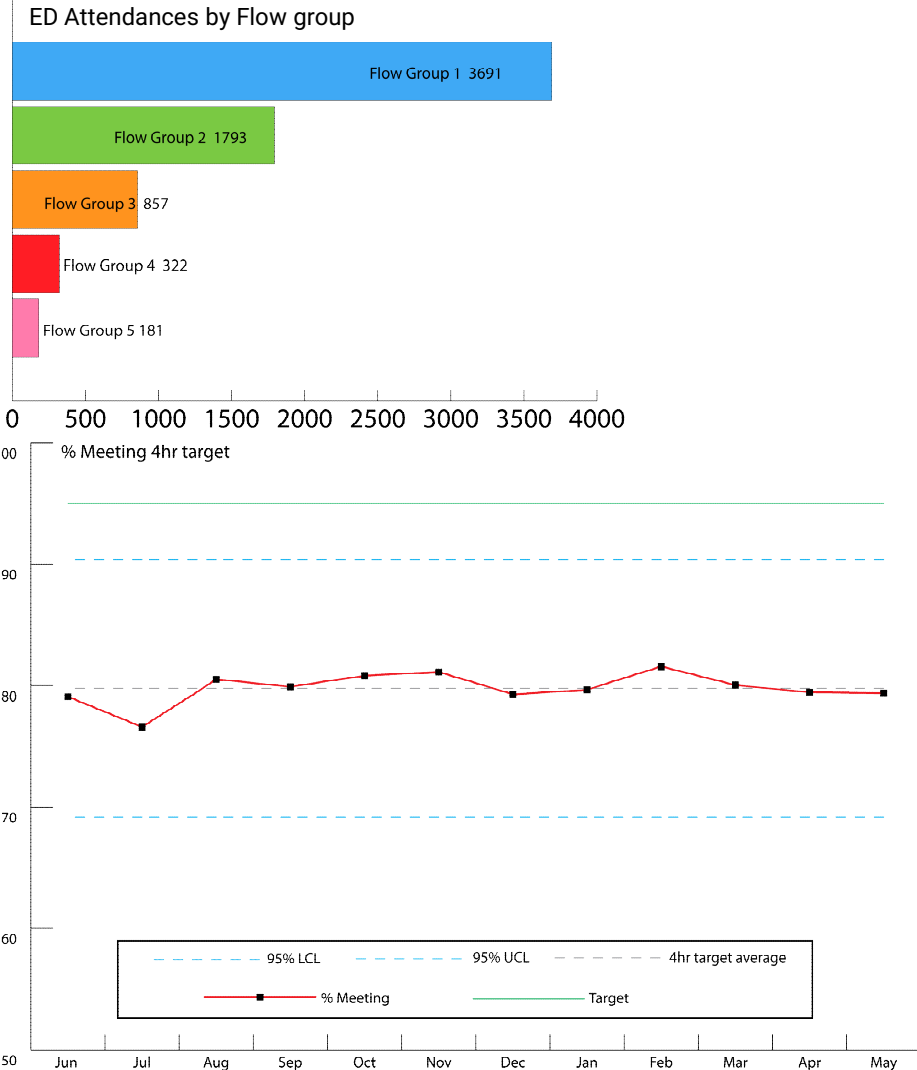
Objective 3
Outcome 11
Priority 11B

In Partnership
Respond Well (Urgent and Unscheduled Care)

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



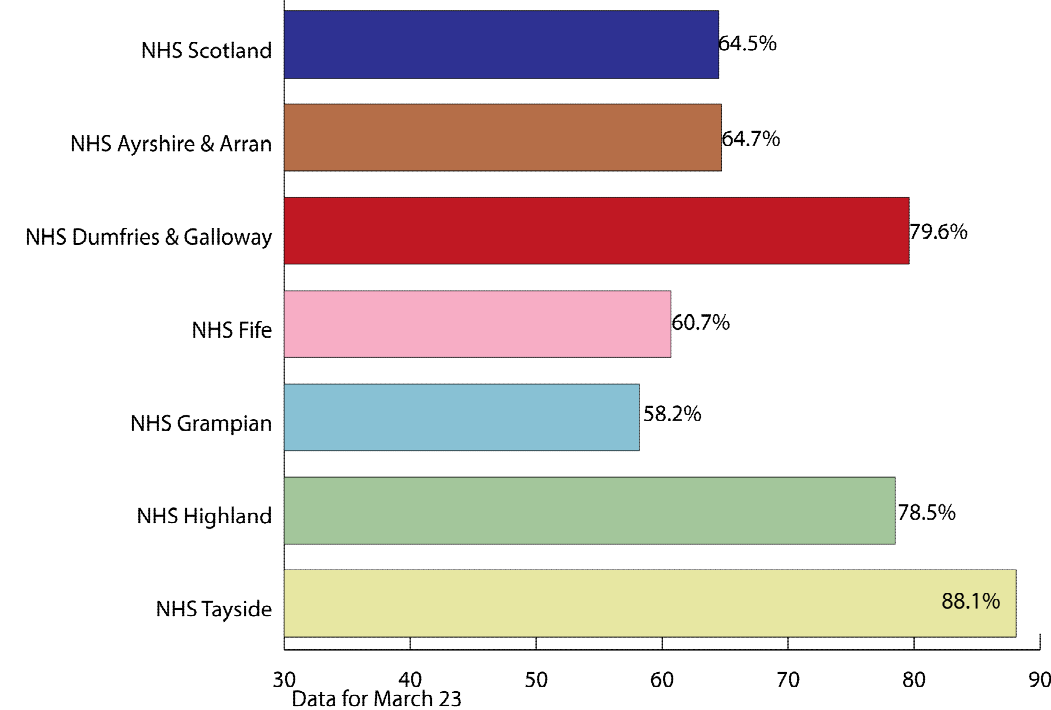
78.5% Mar 23 performance Scottish average 64.5%



Performance Overview

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

ED performance comparison





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Katherine Sutton
Chief Officer, Acute
Progress made to improve position

- Theatre Scheduling tool purchased
- Theatre Picking List in test for NTCH
- Specialty by specialty implementation for day case and theatre scheduling tools commenced with ENT
- Patient Hub waiting list validation roll out for inpatients
- Maximised day case surgery

Immediate Next Steps

- Commence implementation of Theatre Scheduling tool
- Improve theatre picking list and extend use across NTCH
- ENT coded patient lists
- Continued roll out of Patient Hub

Timescales

- Theatre scheduling tool implementation – Oct23
- Operational theatre picking list – Sep23
- Coded list in ENT – Sep23
- Patient Hub rolled out Mar24

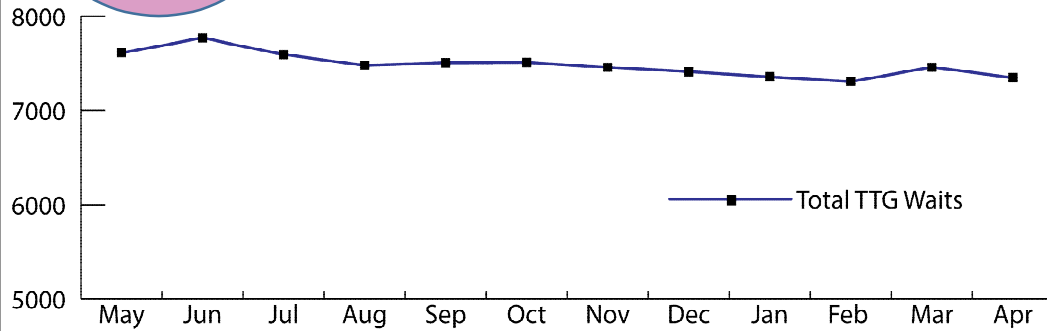
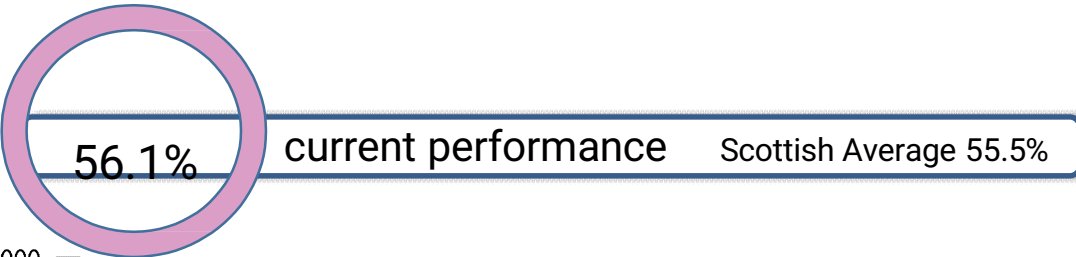
Integrated Performance & Quality Report

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”



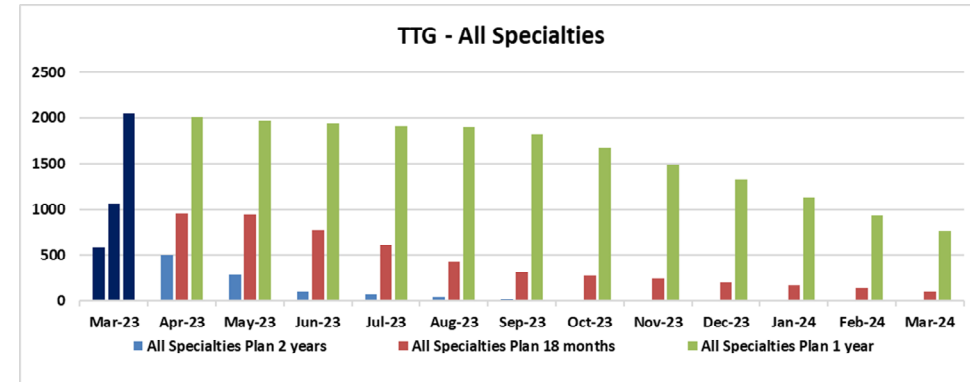
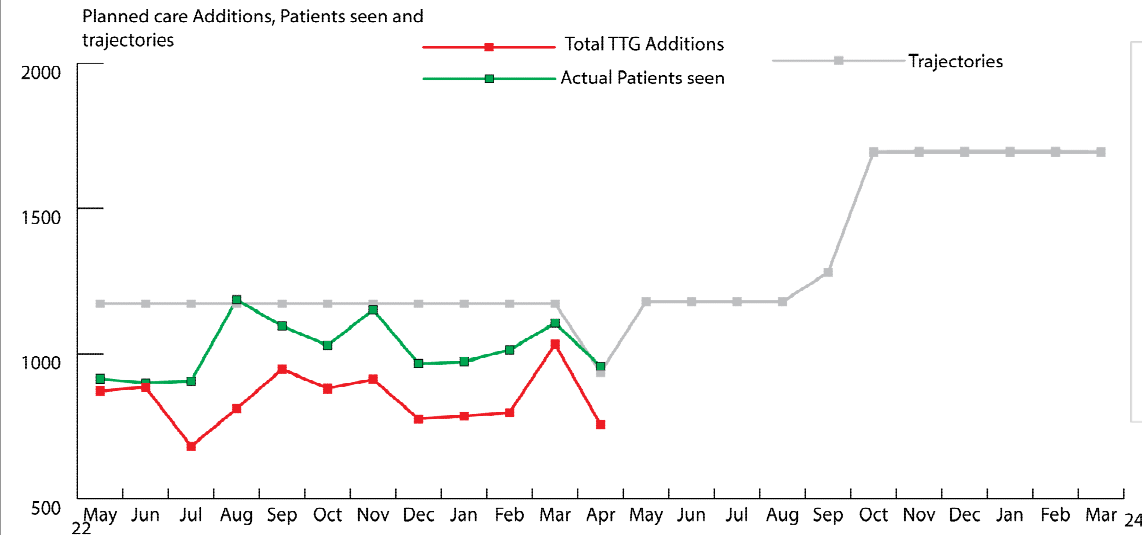
The national target for Treatment Time Guarantee (TTG) is that no patient will wait >12 weeks from decision to treat to treatment. In 22/23 SG provided interim targets with the timescales below. NHS has submitted in our Activity Plan for 23/24 how many patients we anticipate to be waiting >104 weeks and >78 weeks at the end of each quarter.

The 56.1% related to the overall TTG target.

a) 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.

Projected TTG waits over 78 weeks September 2023 as at 4th May 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"



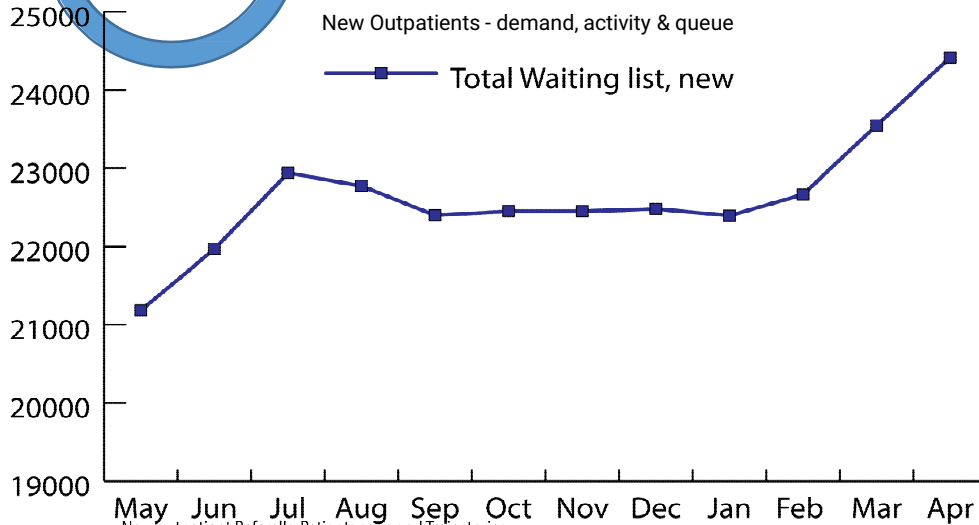
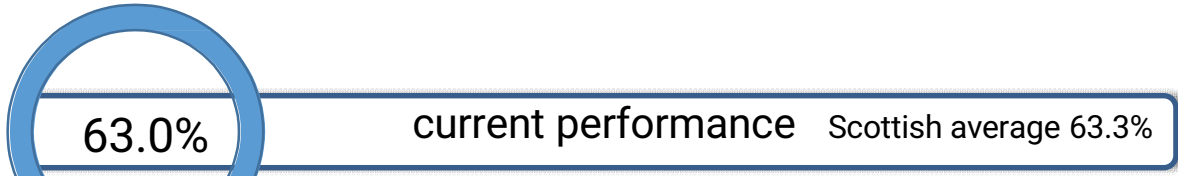
Katherine Sutton
Chief Officer, Acute

Progress made to improve position

- Review of evidence for Near Me and organisational position statement on "Virtual First" appointments cascaded to teams
- Charter for use of General Outpatients department (Raigmore) developed
- Roll out of Patient Hub waiting list validation for return outpatients started
- Ahead of target to deliver Activity Plan by end of May 23

Immediate Next Steps

- General Outpatients Department (Raigmore) Clinic timetable to be developed, implemented and monitored
- ACRT/PIR standard work to be developed to support right advice at right time for patients



F2F appts
Feb 23

78%

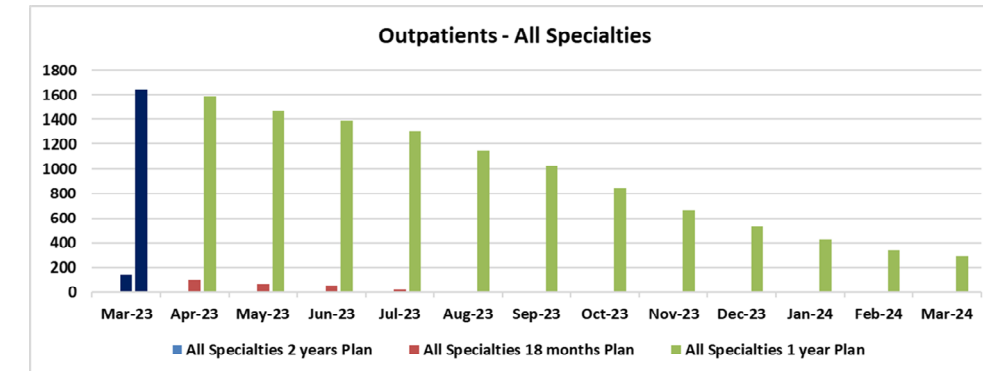
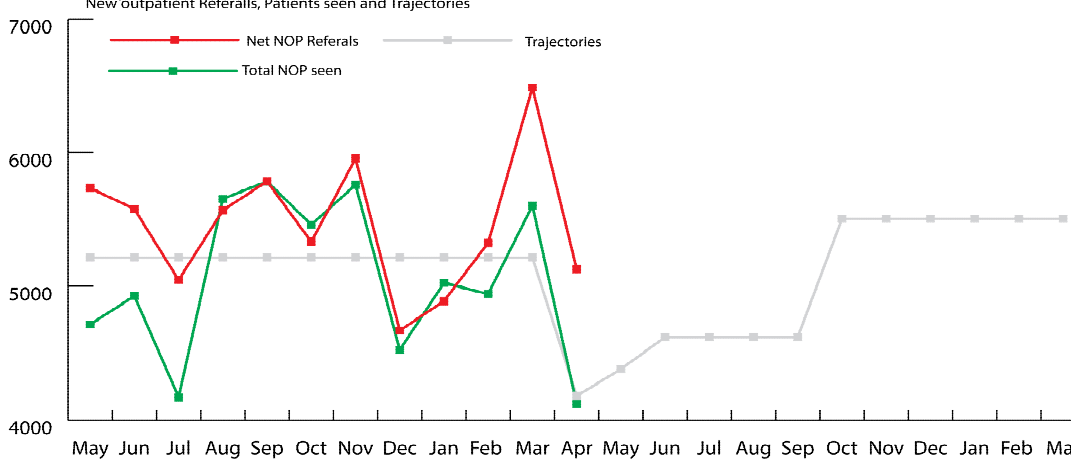
DNA rate
Feb 23

5.88%

Performance Overview

The national target for outpatients (OP) is that no patient will wait >12 weeks from referral to appointment. In 22/23 SG provided interim targets with the timescales below. NHSH has submitted in our Activity Plan for 23/24 how many patients we anticipate to be waiting >104 weeks, >78 weeks and >52 weeks at the end of each quarter.

The 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.





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Katherine Sutton
Chief Officer, Acute
Progress Made to improve position

- Collaborative work to review workforce capacity
- Outsourcing of radiology reporting needs more robust processes
- Equitable access across our geography
- Conventional radiology is under significant pressure which is not reflected in planned care targets
- Third MRI scanner plan being developed which will give 50% capacity to diagnostics

Key Risks

- The unplanned activity is higher than the planned activity in CT and this needs a clinically led way forward developed
- The increase in prostate cancer MRI activity is having an overall impact on capacity
- The MRI activity does not reflect complexity and therefore is a risk to overall capacity
- Workforce recruitment and retention continues to be a challenge
- Removal of MRI van capacity in future year will impact on ability to meet demand

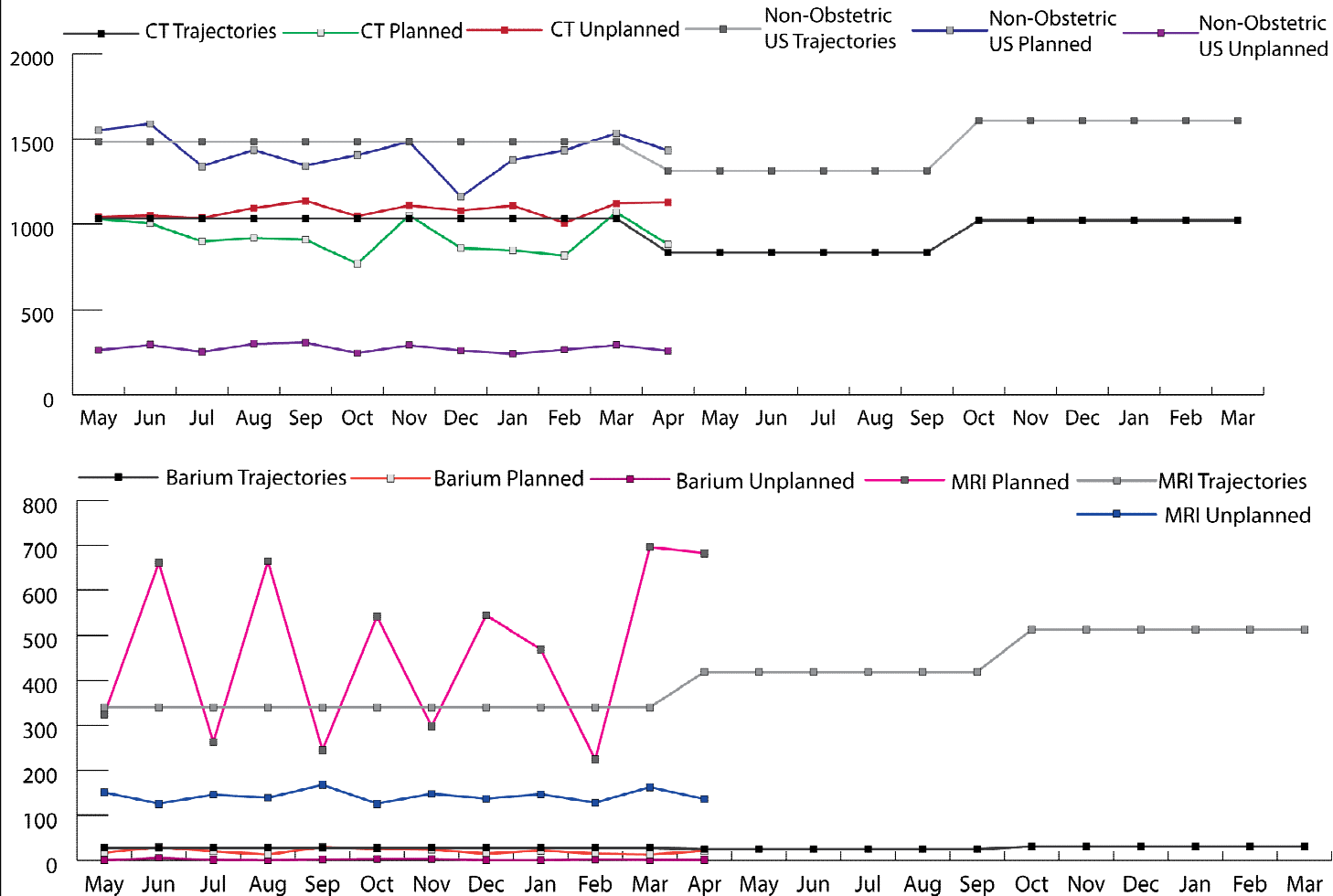
Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12C

In Partnership
Treat Well (Diagnostics-Radiology)
“Optimise diagnostic and support services capacity and improve efficiency with new service delivery models”



Radiology Key tests-Activity and Trajectories



Performance Overview

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

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



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Katherine Sutton
Chief Officer, Acute
Progress made to improve position

- Centralised booking across NHS for GI Endoscopy
- Shared lower GI referral guidelines with all endoscopists to ensure standardised practice is being applied
- Dedicated training sessions to improve future workforce capacity

Immediate Next Steps

- Introduce electronic referral system for GI Endoscopy
- Create plan around Colon Capsule Endoscopy (CCE) funding ceasing on 31st December 2023
- Advertise for 2 non-medical trainee endoscopists
- Advertise for a consultant endoscopist

Timescales

- Electronic referral – 31st October
- CCE – 31st August
- Job adverts – 31st July

Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12C

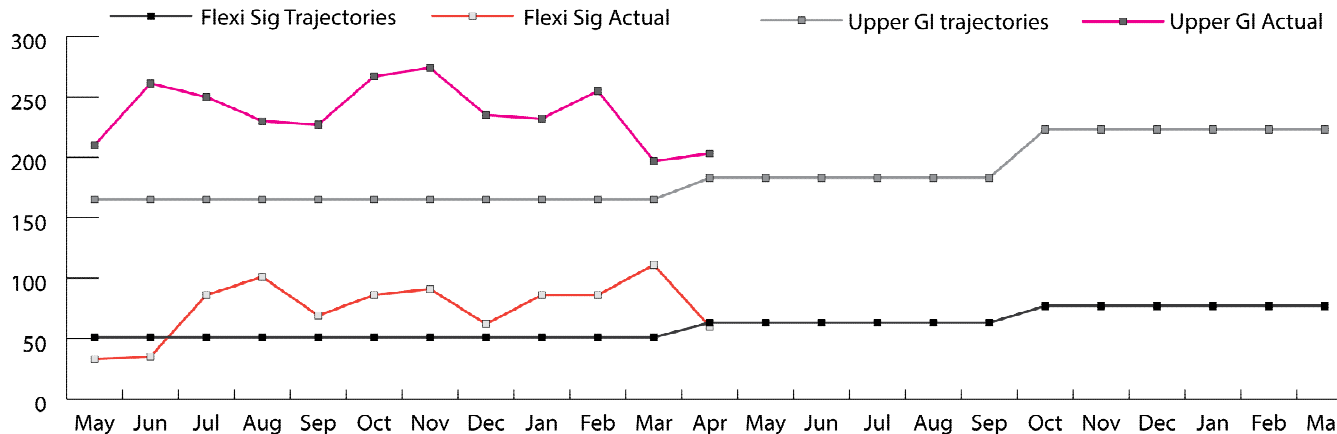
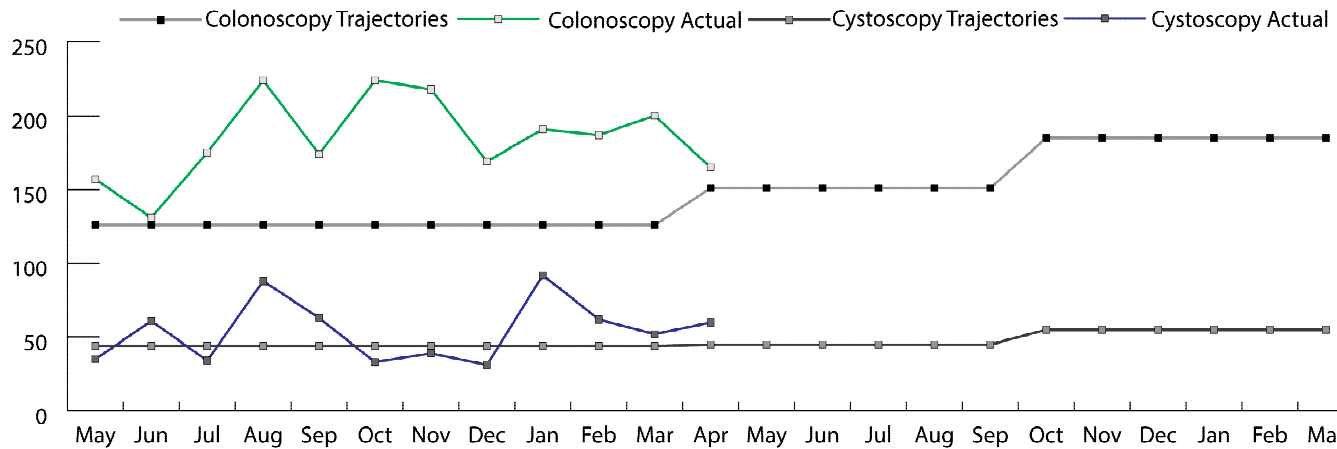
In Partnership
Treat Well (Diagnostics-Endoscopy)
“Optimise diagnostic and support services capacity and improve efficiency with new service delivery models”



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 4810 people waiting for a key diagnostic test. 1809 patients are waiting for an MRI and there will be a requirement for increased activity in non-obstetric ultrasound to reduce the waiting list further. We are actively looking at how we improve analysis and reporting of diagnostic compliance targets.

Key Endoscopy tests Activity and trajectories



Performance Overview
The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test. We have 982 people waiting for an Endoscopy test. 390 patients are waiting for an Upper GI test.



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Katherine Sutton
Chief Officer, Acute
Progress made to improve
position

- More timely allocation and reporting of radiology.
- Specialities are actively engaged with performance reviews
- Training is being rolled out to the new pathway plus system to allow individual specialities to track their own patients.
- Daily management of cancer tracking with weekly performance meeting
- Monthly reporting to ASLT

Key Risks

- Capacity for reporting of pathology which does not have an immediate solution
- Capacity within urology and gynaecology
- SACT capacity in colorectal although very limited numbers receive this as first treatment

Timescales

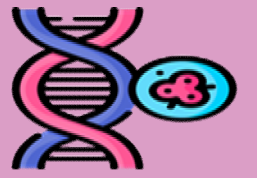
New targets for improvement have now been set and accepted with Scottish Government similar to the planned care targets. NHS Highland is aiming to maintain 95% (or above) for the 31 day pathway and achieve 83%* for the 62 day by the end of Q1 this year with that being incrementally increased during the other 3 quarters of 23/24.

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

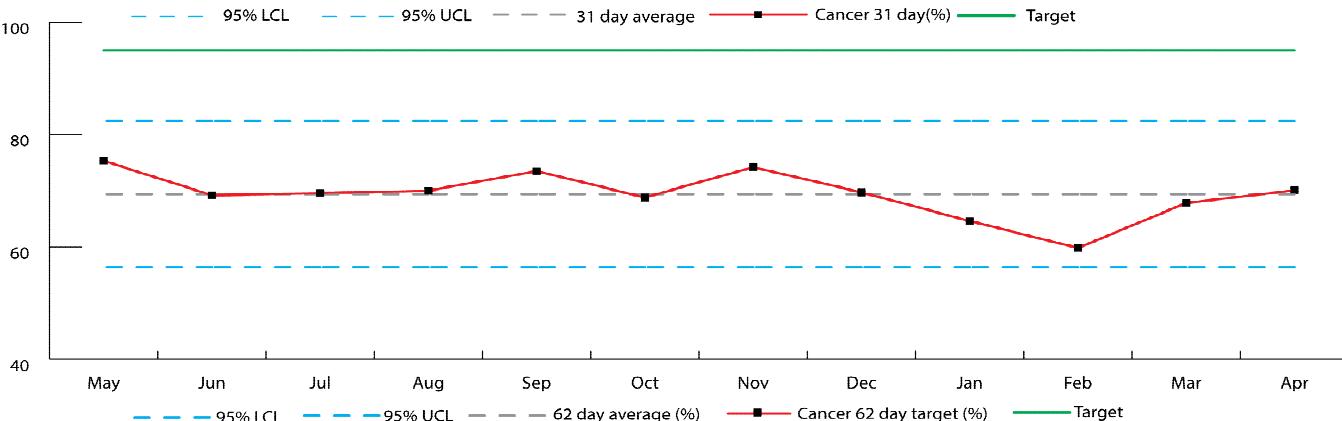
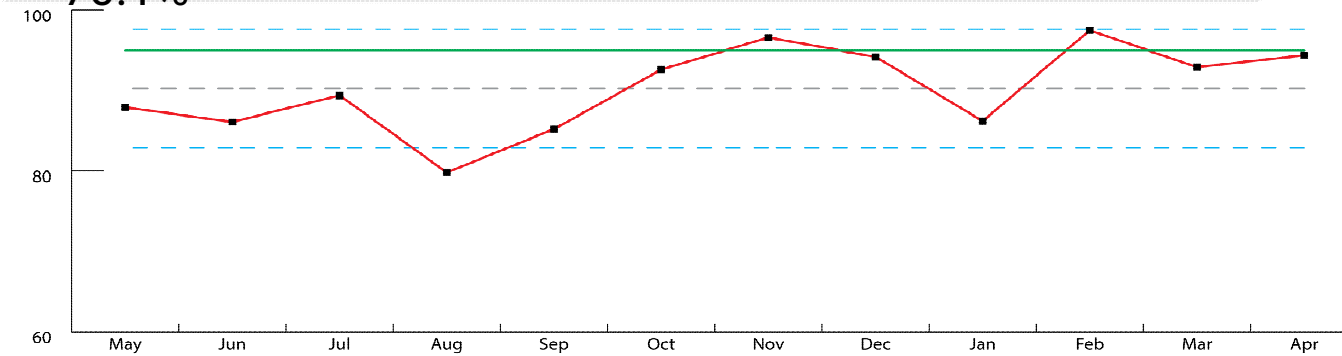
Performance for the 31 day target remains static and there is a slight increase in performance of the 62 day performance.

31 day performance

94.4% current performance Scottish Average 95.2%

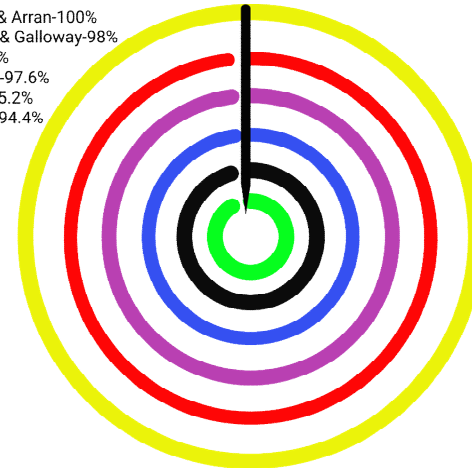
62 day performance

70.1% current performance Scottish Average 74.8%



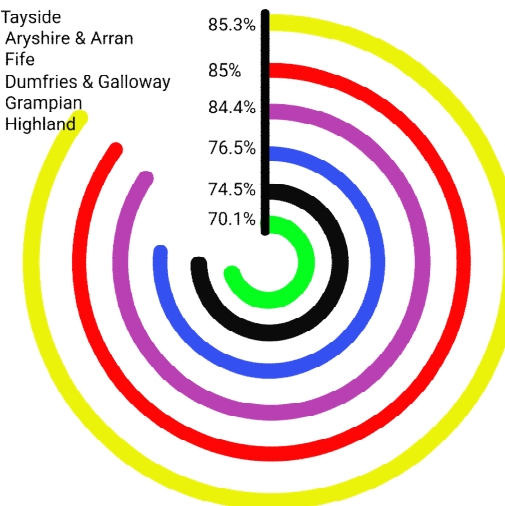
Cancer 31 Day performance

- 1- NHS Ayrshire & Arran-100%
- 2-NHS Dumfries & Galloway-98%
- 3-NHS Fife- 97.9%
- 4-NHS Grampian-97.6%
- 5-NHS Tayside-95.2%
- 6-NHS Highland-94.4%



Cancer 62 Day Performance

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





Together We Care
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Pam Cremin
Interim Chief Officer,
NHHSCP

Progress made to improve position

- Majority of patients across all hospital sites are assigned to a pathway and have PDDs set
- Daily oversight and focused planning for all people who are delayed, in addition to timely discharge of patients before they become delayed
- Daily MDT DMTs within each District also focus on preventative support for people within community to avoid inappropriate admissions

Immediate Next Steps

- Review of CAH provision to ensure most efficient use of limited resources
- Consistent implementation of updated Choice Guidance across all hospital sites
- Roll-out of updated information leaflet & poster advising of why it is not an option to remain in hospital once medically fit for discharge
- Development of wrap-around models of care

Timescales

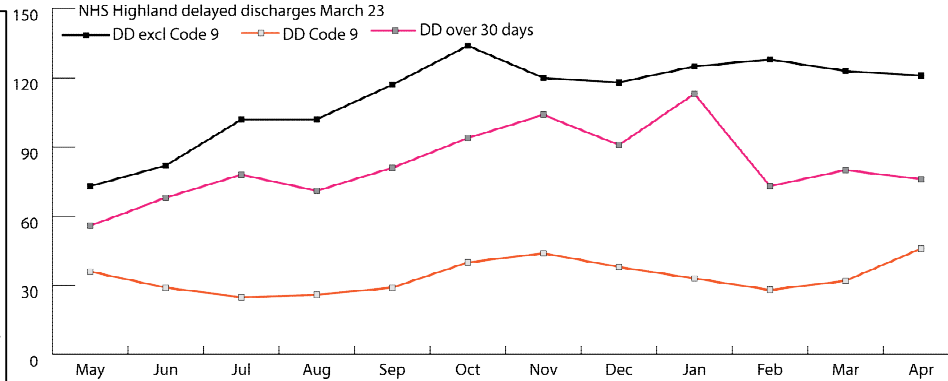
- Bullets points 1,2 & 3 – 3 months
- Bullet point 4 – 6 months

Integrated Performance & Quality Report

Objective 3
Outcome 11
Priority 11C

In Partnership
Respond Well & Care Well (Delayed Discharges)

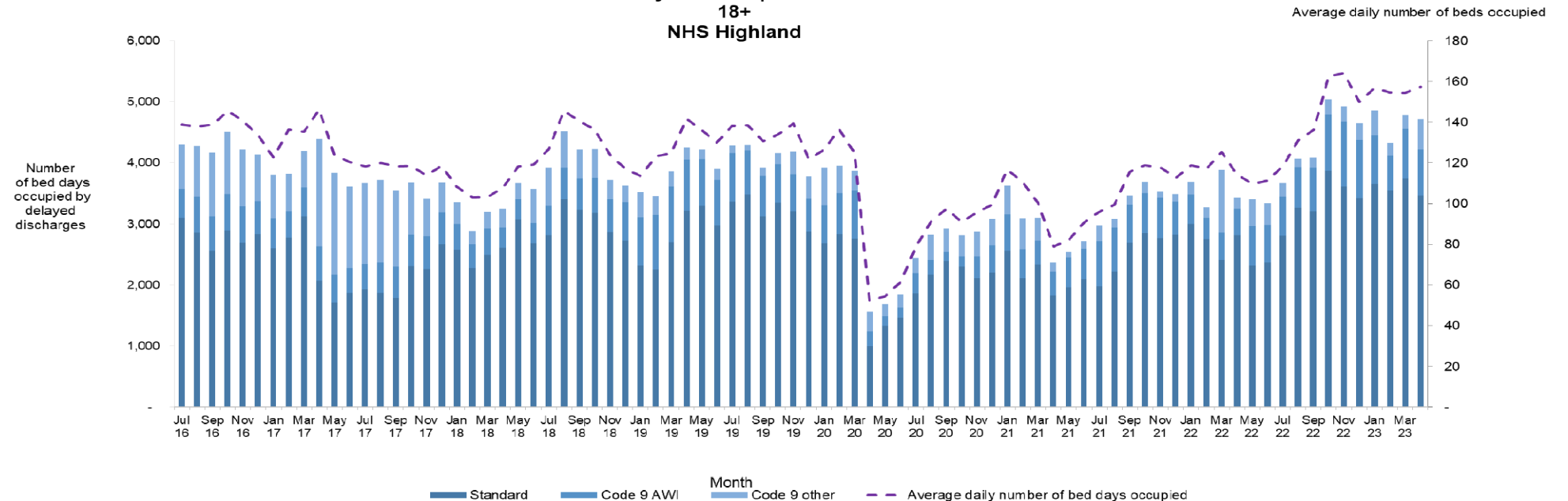
“Ensure that our services are responsive to our population's needs by adopting a “home is best” approach”



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 121 delayed discharges @ April m/e with 46 of those code 9 (complex) 76 delayed discharges are >30 days.

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





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Pam Cremin
Interim Chief
Officer, NHHSCP
Care at Home
Position Overview:

Overall, numbers continue to fall after period of sustained reduction during 2021 and 2022. Trajectory of unmet need and those awaiting a service increasing despite significant collaboration with external sector.

Progress to improve position:

- Localised recruitment events
- Promotion of all SDS approaches
- Alternative commissioning approaches, e.g. block
- Overall capacity is finite, low levels of care staff

Next Steps

- Programmed area of work
- Five key objectives agreed

Timescales

- Up to a 5 year transformation/resourced plan to be developed

Integrated Performance & Quality Report

Objective 3

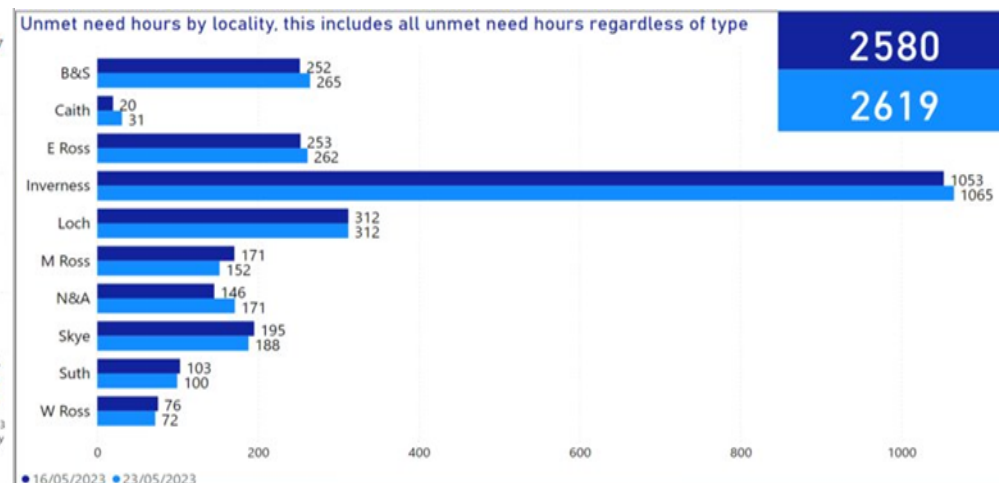
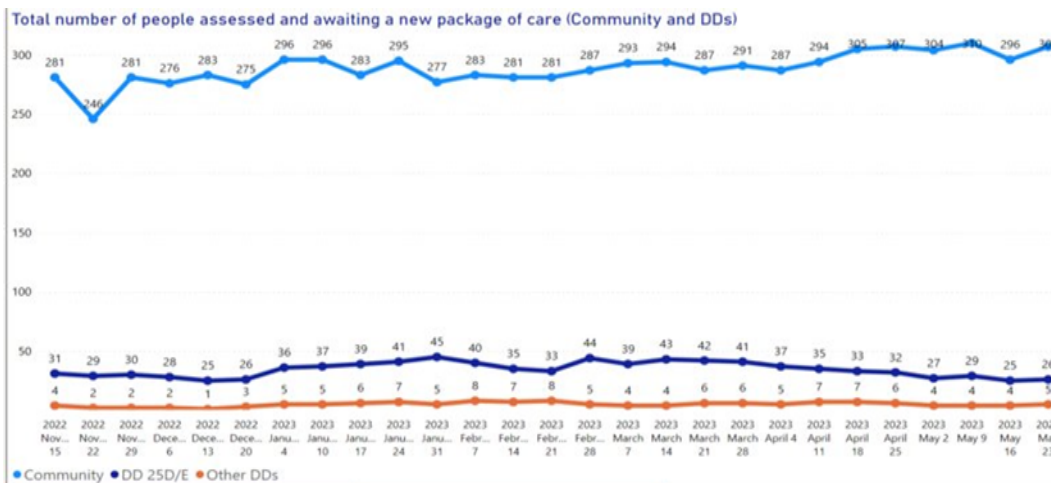
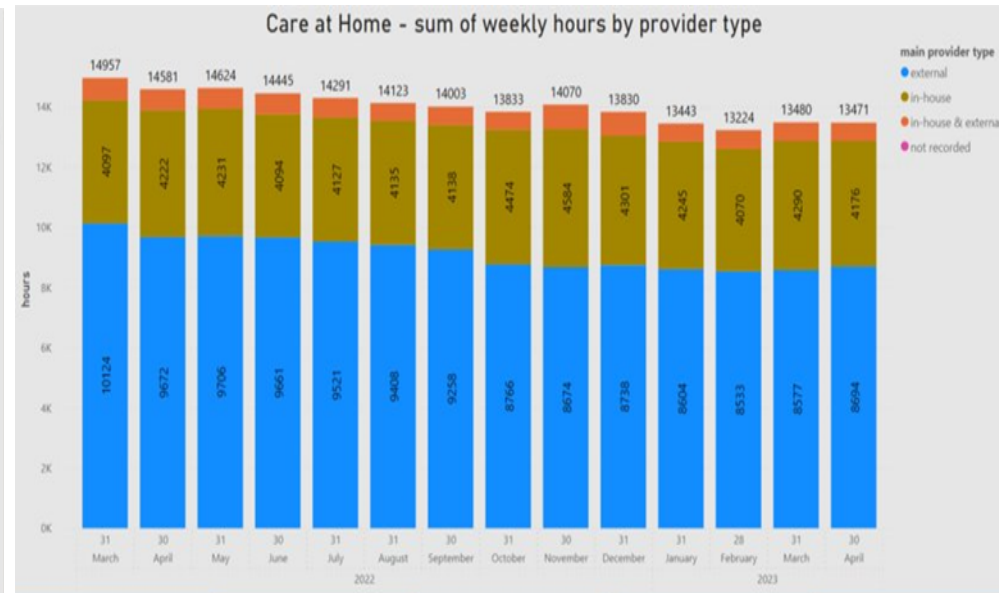
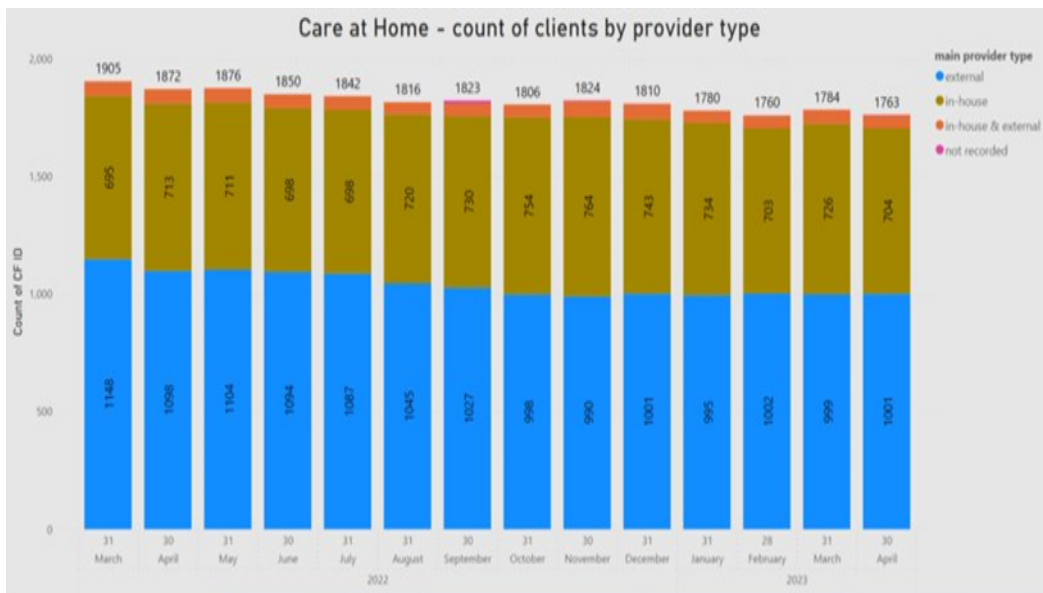
Outcome 9

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

Care Homes

Position Overview:

Significant external sector care home fragility during 2022 and 2023. Single biggest challenge is to recruit and retain care staff in the remote and rural context of NHS. Finite number of beds

Progress to improve position:

- Sustainability of remaining care home provision is key
- Lowest number of available external beds for years
- 4 care home closures since March 22
- 5th care home due to close end of June 23
- NHS acquired external care home March 2023

Next Steps

- National fee rate yet to be agreed for 2023-24
- Joint strategy for care homes being developed

Timescales

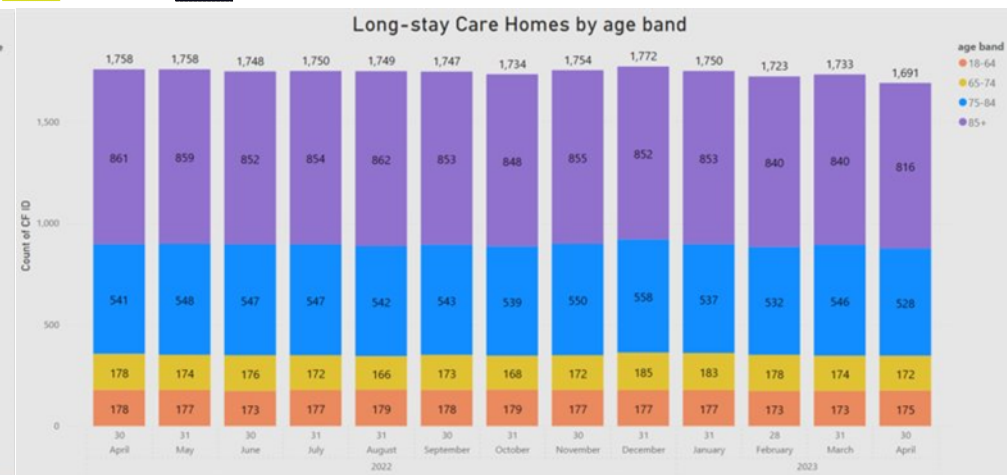
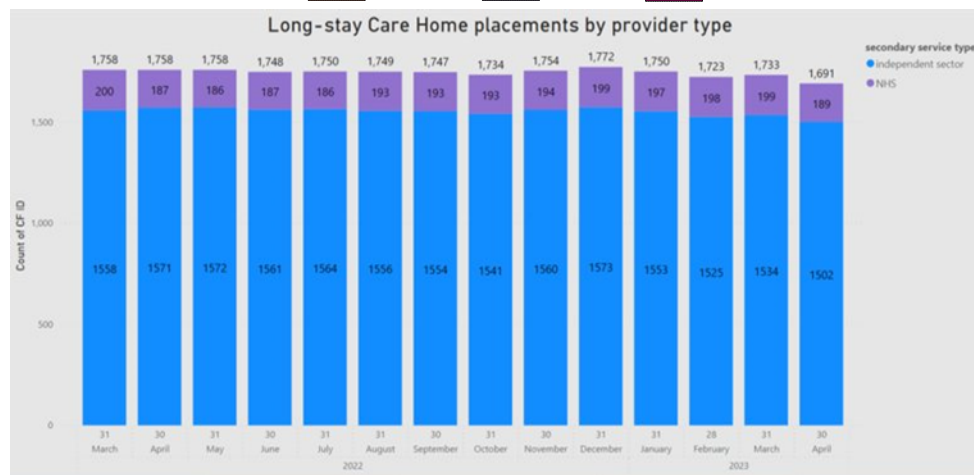
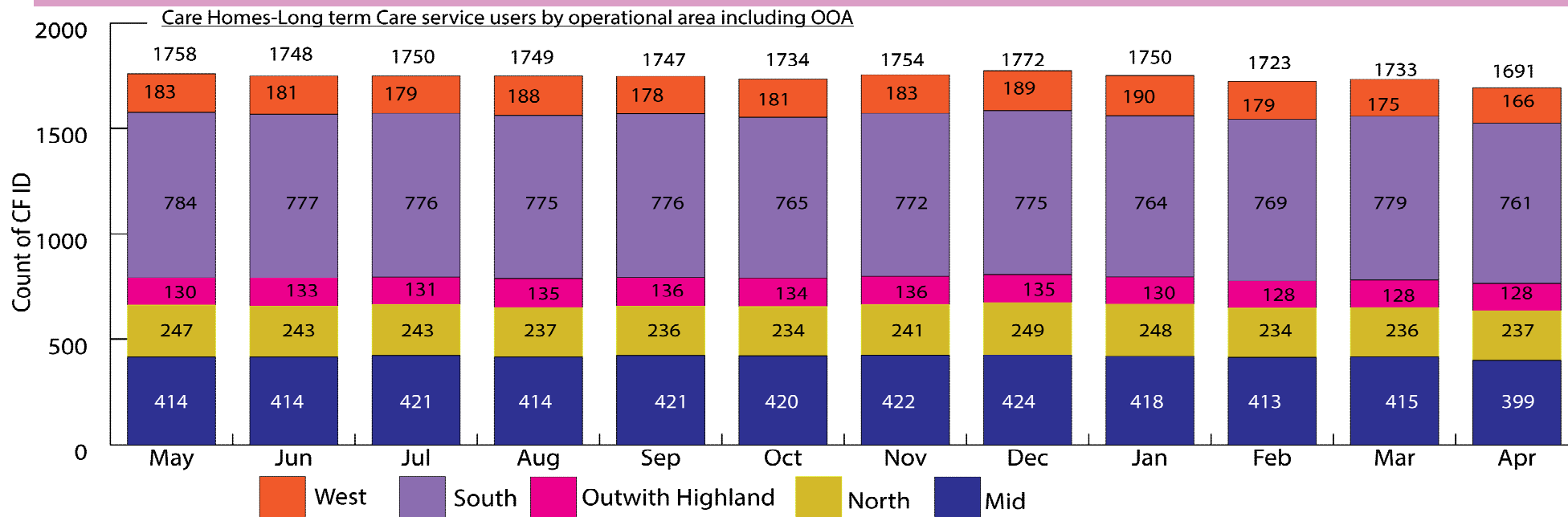
- Key focus is sustainability
- No short term fix

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

Progress made to improve position

- STEPPS training complete
- Waiting list review complete
- Workforce and funding review to assess SM post feasibility complete

Immediate Next Steps

- Advertise and appoint Senior Service Manager (Sept 23)
- CAPTND data set capture system operational (Sept 23)
- Implementation of PT specification (Sept 23)
- Increase uptake and alternatives for digital therapies (Nov 23)

Timescales

- Included above

Integrated Performance & Quality Report

Objective 3

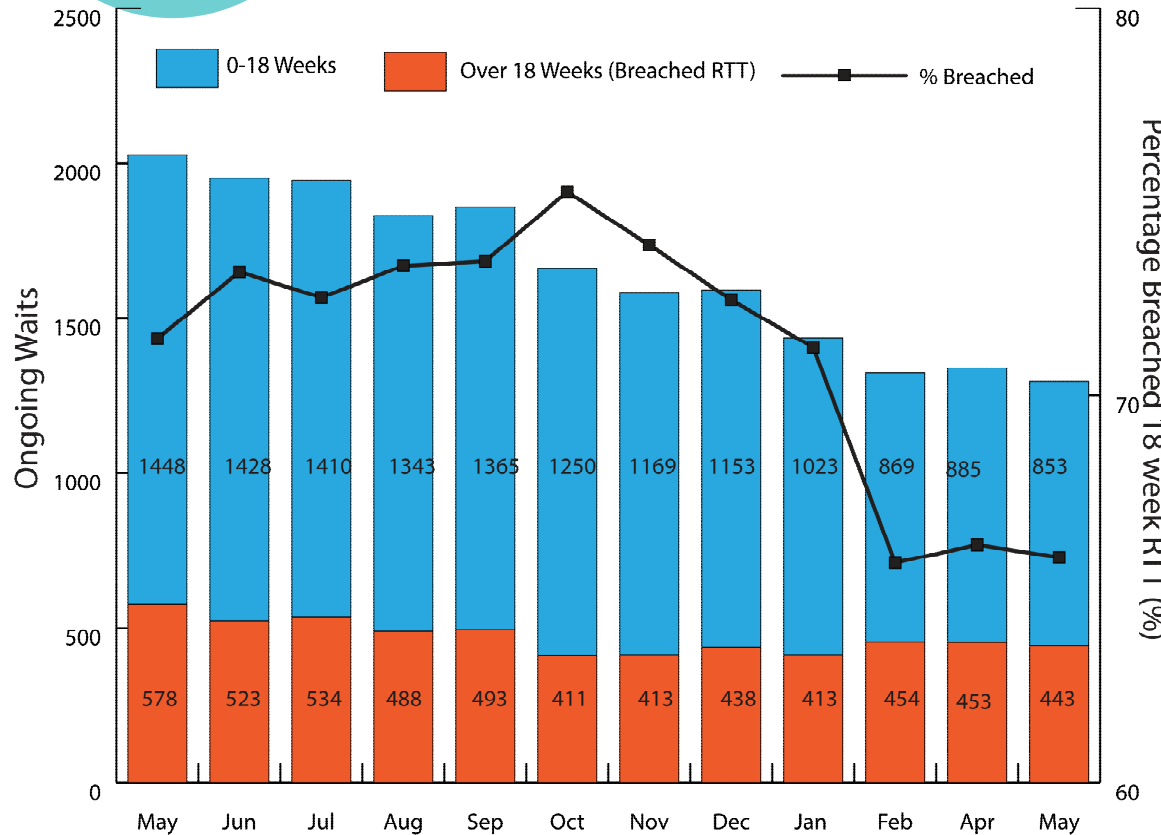
Outcome 10

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”



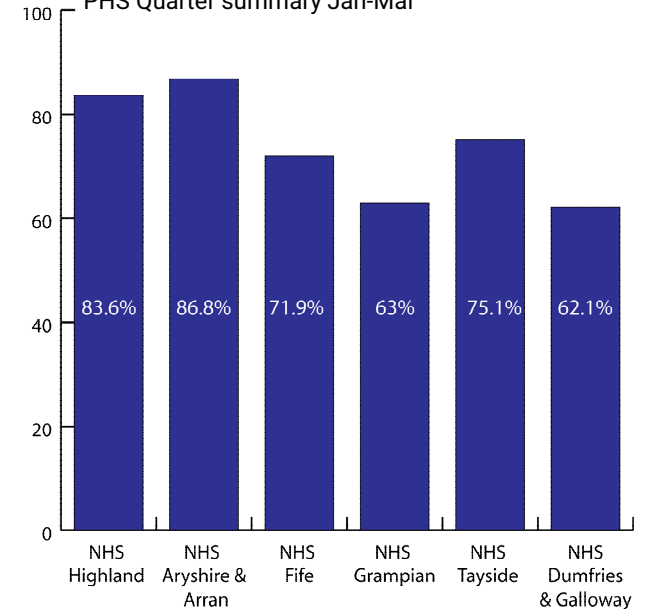
Performance Overview NHS Highland

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

April 2023: Current performance 86.7%

We have 1296 of our population waiting to access PT services. 853 patients are waiting >18 weeks (65.8% breached target) of which 471 have been waiting >1 year. Of the 1296 waiting, 108 of those are waiting for North Highland neuropsychology services of which 59 are waiting > 1 year. A significant reduction from 307 in December 2022.

Psychological therapies performance (%) 2023, PHS Quarter summary Jan-Mar





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Integrated Performance & Quality Report

Objective 3 Our People



Gareth Adkins
Director of People & Culture

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

Turnover remains consistent with previous years trends, peaks in ends of fixed term contracts and retirement age. Recruitment processing activity remains high. Areas are encouraged to consider the workforce plans in order to progress appropriate vacancies. Our first 5 international nursing recruits for this year arrived this month with further cohorts arriving each month until November 2023. Training will be completed in Aberdeen before sitting the OSCE exam and arriving in Inverness.

Organisational Metrics May 2023

Sickness Absence Rate (%)

5.97

Long Term SA Rate (%)

3.59

Short Term SA Rate (%)

2.39

Recorded Absence Reason (%)

69.85

Vacancy Time to Fill (Days)

125.68

Annual Employee Turnover (%)

9.41

Mandatory eLearning Completion (%)

64.2

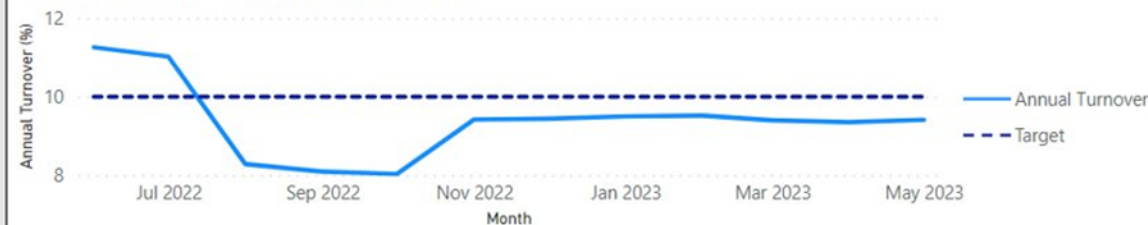
Sickness Absence Rates (%) by Month



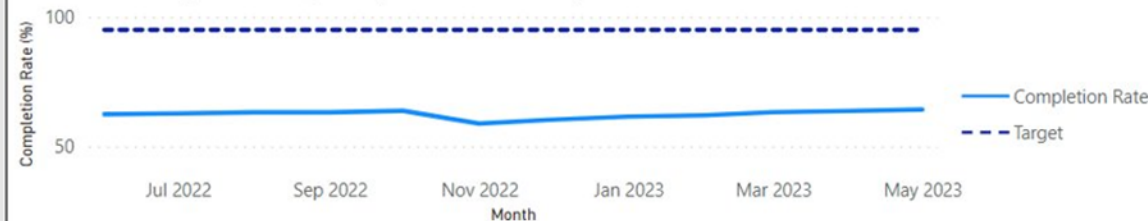
Vacancy Time to Fill (Days) by Month



Annual Employee Turnover (%) by Month



Core Mandatory eLearning Completion Rate (%) by Month





Building a brighter future for health and care
2022 - 2027



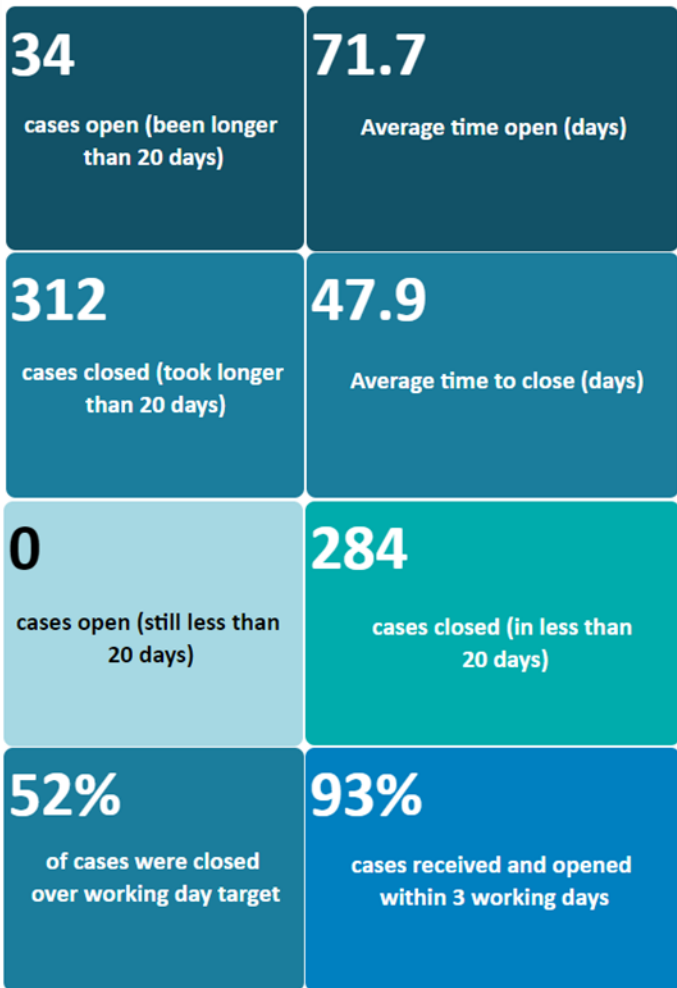
Context by Dr Boyd Peters
Medical Director

Complaints:
Data show performance against 20 working day target response time improved significantly in April 2023. This continues to be closely monitored through EDG, SLTs and weekly Operational Unit meeting. New reports have been introduced detailing high-level complaints which have been welcomed. Complaints Training was delivered to managers in Argyll and Bute on 9 June 2023.

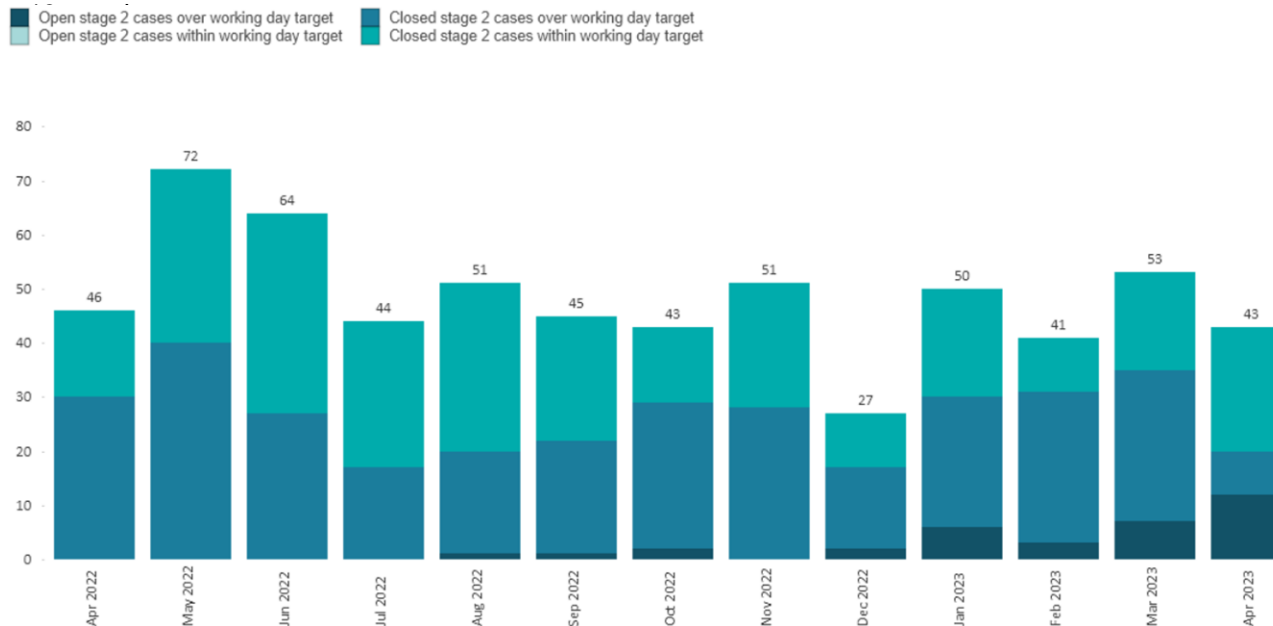
Clinical Governance June 2023

Stage 2 complaint case information – April 2022 to April 2023 (EXTRACT 09.06.2023) *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

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Highland	35	44	58	61	61	51	33	45	37	40	24	34	53
Argyll & Bute	0	17	0	38	67	14	14	29	50	43	20	40	20
Acute	33	64	66	71	70	62	29	54	33	48	27	41	61
Highland Health & Social Care Partnership (HHSCP)	44	20	59	70	38	57	50	39	38	23	20	19	56



Building a brighter future for health and care
2022 - 2027



Context by Dr Boyd Peters
Medical Director

Adverse Events:

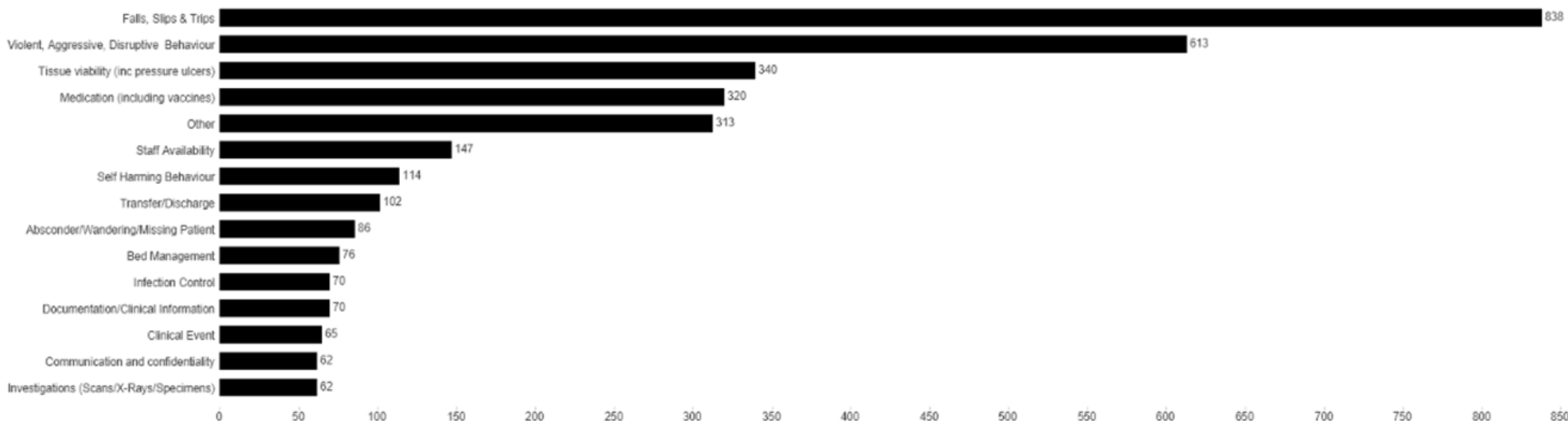
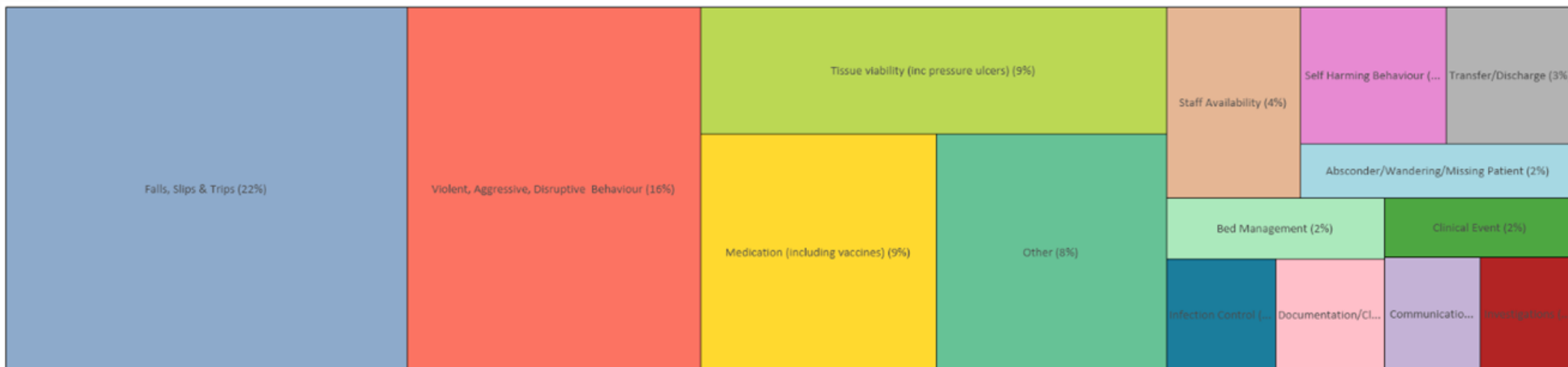
The main categories of adverse events reported in the last three months remains unchanged. Groups are in place to review and monitor these categories. A new form for maternity adverse events was introduced week commencing 17 April. This replaces the paper based system.

Clinical Governance June 2023

Adverse Event information – March 2023 to May 2023 (EXTRACT 09.06.23)

	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 (March 2023 – May 2023)





Building a brighter future for health and care
2022 - 2027



Context by Dr Boyd Peters
Medical Director

Adverse Events:

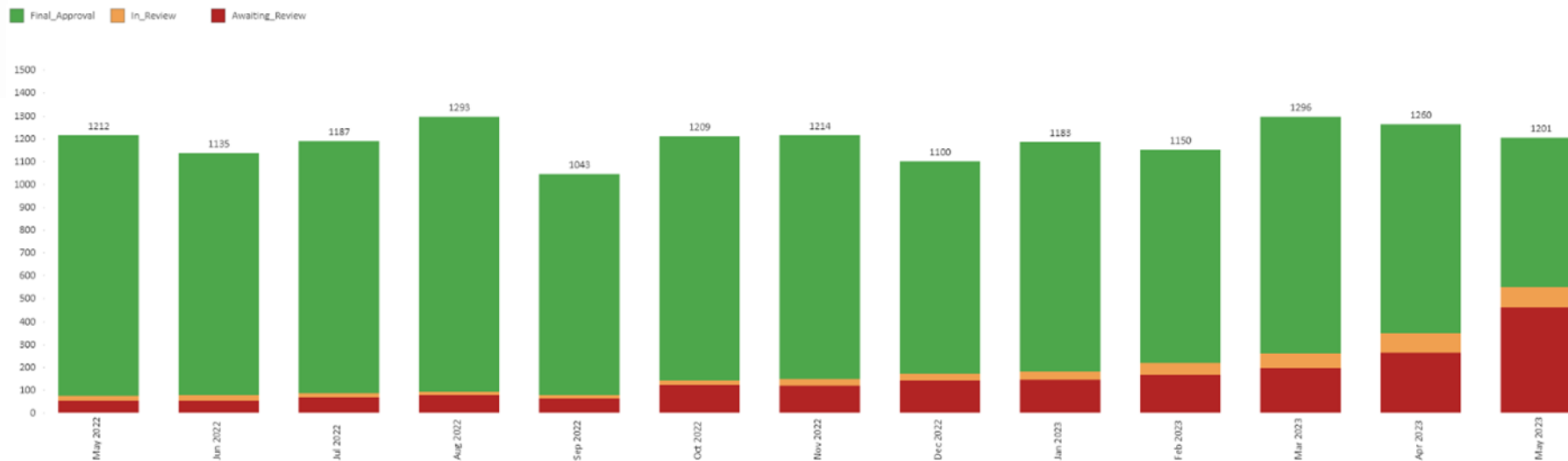
There is still concern about the number of adverse events on datix awaiting review. The chair of the Clinical Governance Committee has written to all Operational Area raising concerns about the volume of adverse events in the holding area awaiting review and under review. Each area is addressing this and progress is being made. Additionally, the CGST is sending out reminders and offering support.

Clinical Governance June 2023

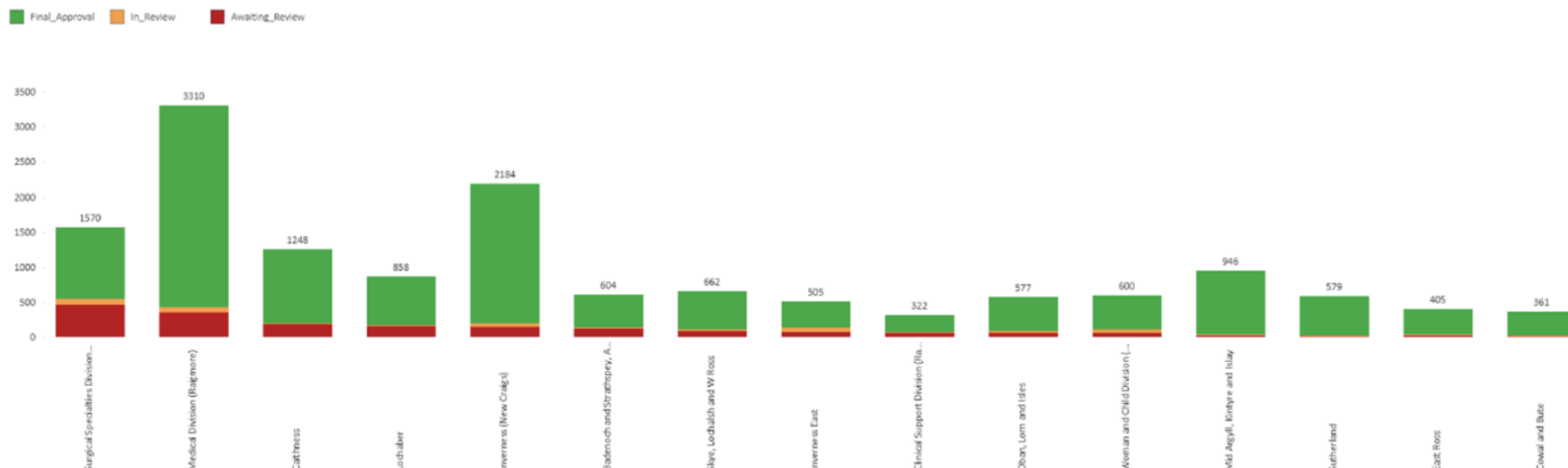
Adverse Event information – May 2022 to May 2023 (EXTRACT 09.06.23)

	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



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 six 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. The SAER process was covered at a training day on 9 June in Argyll and Bute.

Clinical Governance June 2023

Significant Adverse Event Review (SAER) information – May 2022 to May 2023 (EXTRACT 09.06.23)

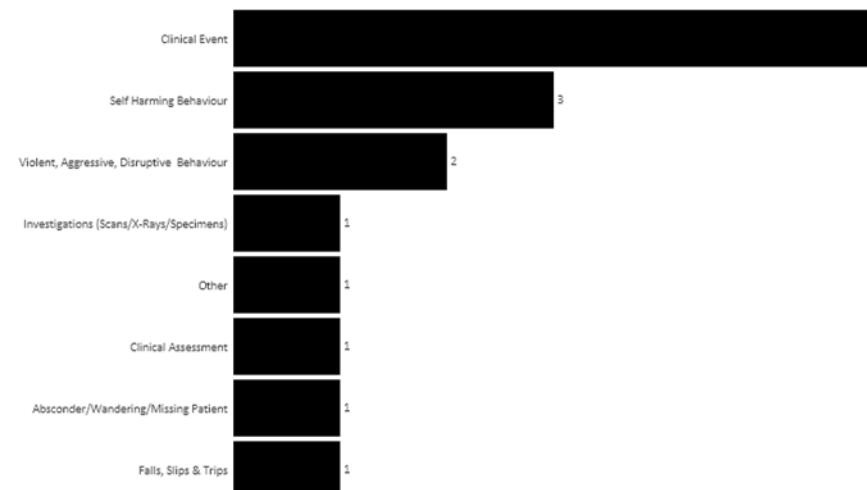
	Risk	Mitigation
1	Operational pressures	Ensure processes supported in operational units
2	Reduced Organisational learning	Maintain QPS activities
3	Quality adversely affected	Oversight of responses by key senior staff

Number of SAERs declared in NHS Highland over last 13 Months

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

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

April 2019 - 1
July 2020 – 1
July 2022 – 2
October 2022 – 1
November 2022 - 1





Clinical Governance June 2023

Hospital inpatient falls – May 2022 to May 2023 (EXTRACT 09.06.2023)

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2022 - 2027



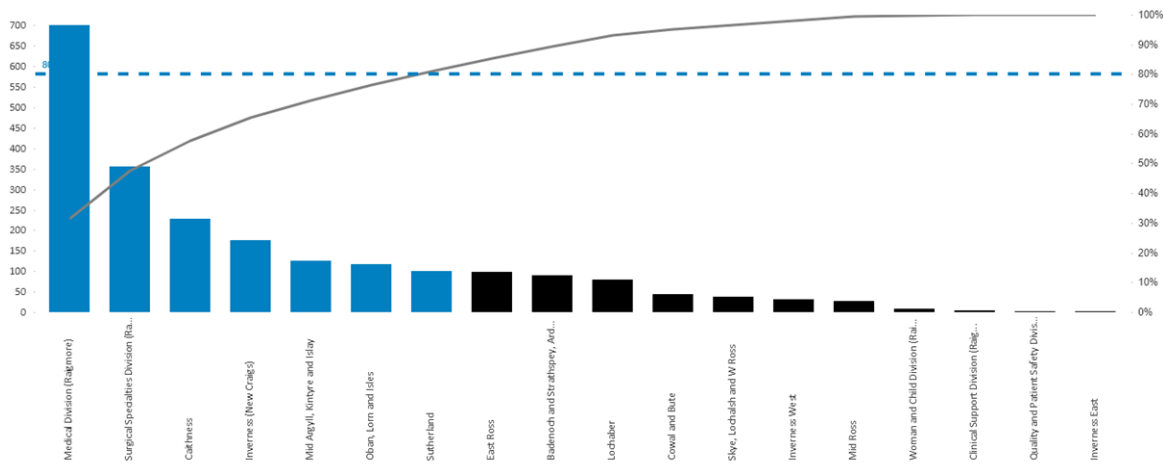
Context by Louise Bussell
Nurse Director

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

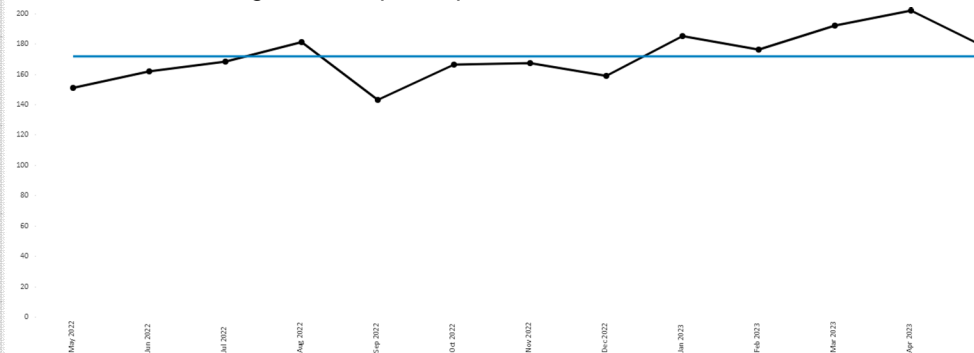
Work is ongoing to review the falls policy and complete the review of the bed rails policy and risk assessment. SLWG reviewing evidence around use of sensor technology and footwear to inform policy. We will ensure this is widely circulated and implemented with our training programme and staff support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

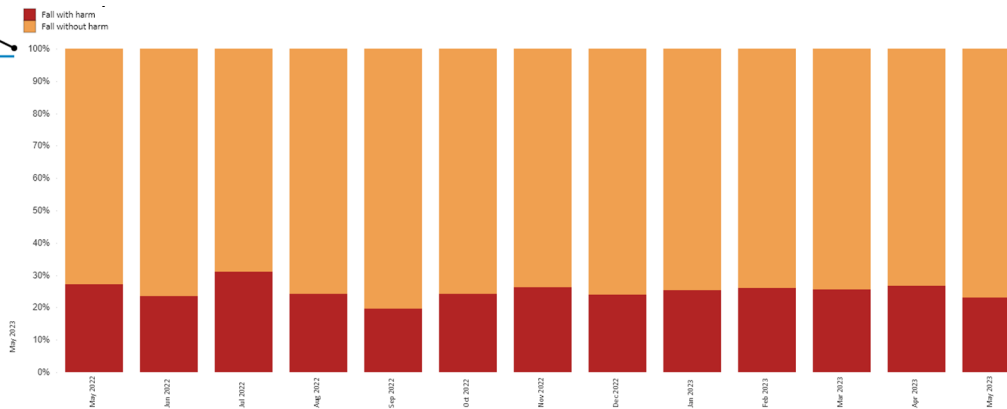
Pareto graph count of NHS Highland hospital inpatient falls by district/division over last 13 months



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 June 2023

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

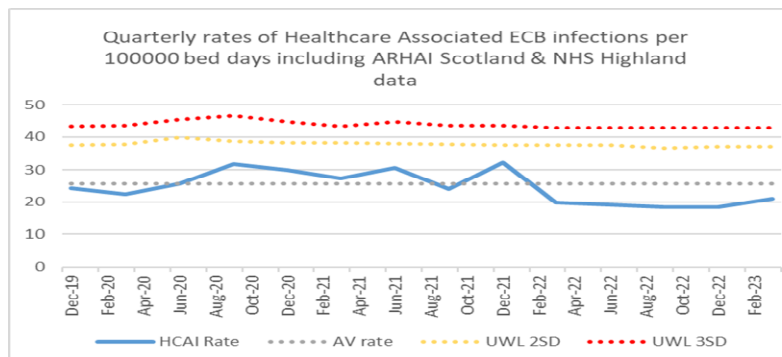
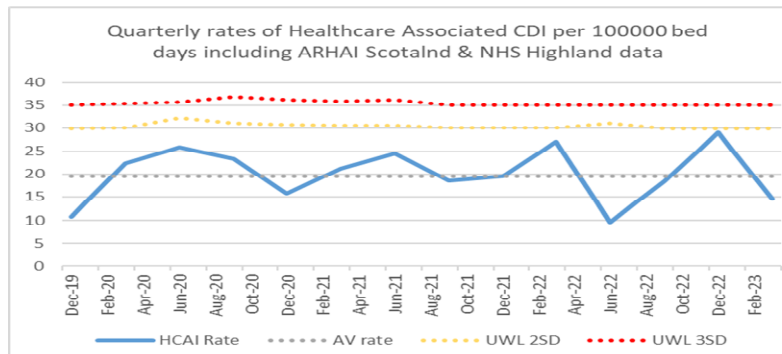
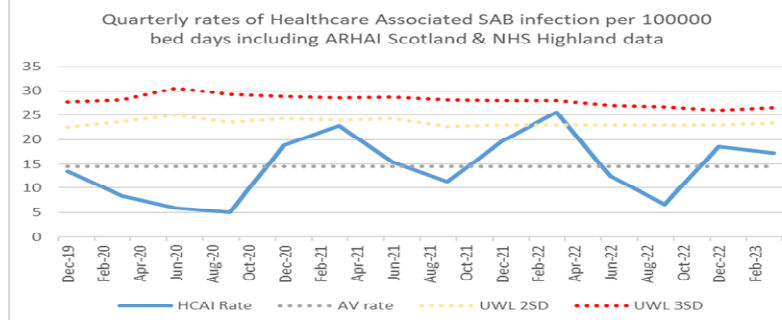


Context by Louise Bussell
Board Nurse Director

Data identifying the end of year performance against the reduction aims will be published in July 2023. NHS Highland data for 22/23 identifies that the reduction aims for EColi bacteraemia and CDI infections will not be met, although we remain within predicted limits (for CDI we are 2.4 over performance rate at 18, and for EColi we are 2.2 over the reduction aim at 19.1). The reduction aim for SAB will be met at 13.6 (1.7 under the performance rate). The HCAI data for Apr-June 2023 will not be available till July.

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

A detailed report is submitted to Clinical Governance Committees for 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	Sustained, increased pressures on Infection Prevention and Control specialists due to workload and new training posts being introduced to team.	Additional capacity to provide support to Care Homes and Care at Home Services ceases at the end of June 2023. Discussion is underway with Health Protection team to review this service provision going forward. There is a need to upskill the existing IPC workforce, and support new staff to complete training. The review of the National IPC Workforce Strategic plan will be used to inform future service need

Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2022/2023 including validated and published data by Public Health Scotland (PHS), and NHS Highland unvalidated data				
Period	Apr-Jun 2022 Q1 (Validated by PHS)	Jul-Sep Q2 (Validated by PHS)	Oct-Dec Q3 (Validated by PHS)	Jan-Mar Q4 (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 June 2023

Tissue Viability – May 2022 to May 2023 (EXTRACT 09.06.2023)



In keeping with the national picture, NHS Highland have seen an increase in pressure ulcers over the last 2 years however we are now starting to see some reduction over the last few months.

Areas of specific increased pressure ulcers incidence are being supported with several focussed interventions aimed at reducing the rate and improving the overall quality of skin care under the direction of the NHHSH Tissue Viability Leadership Group.

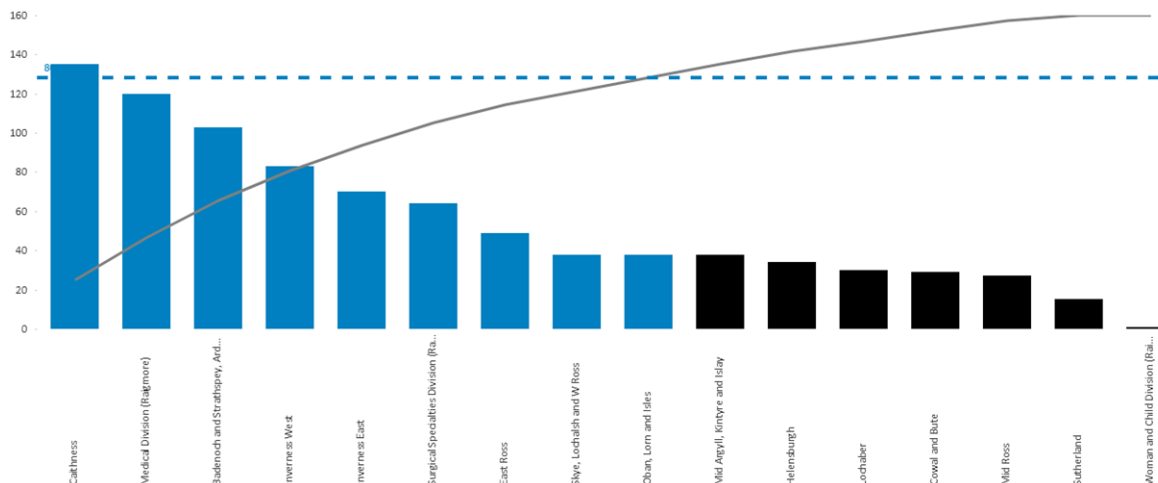
Ongoing specialist tissue viability workforce challenges look set to improve with the appointment of a senior nurse lead who will commence in August 2023.

Processes for specialist referral, access to pressure relieving equipment and pressure ulcer reporting via Datix and escalation through clinical governance systems are currently under review to ensure there is accurate and timely access to care and reporting of pressure ulcers.

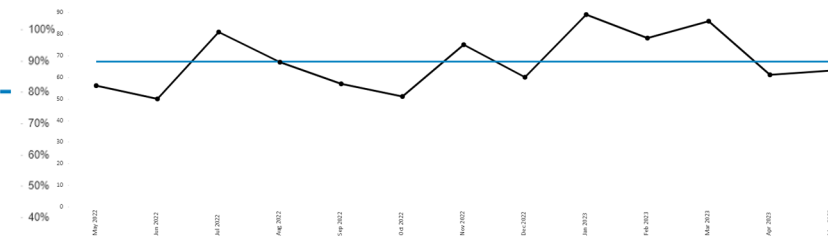
Health Improvement Scotland (HIS) have updated that the eagerly awaited national improvement work is due to be initiated imminently.

	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 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 NHHSH 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.

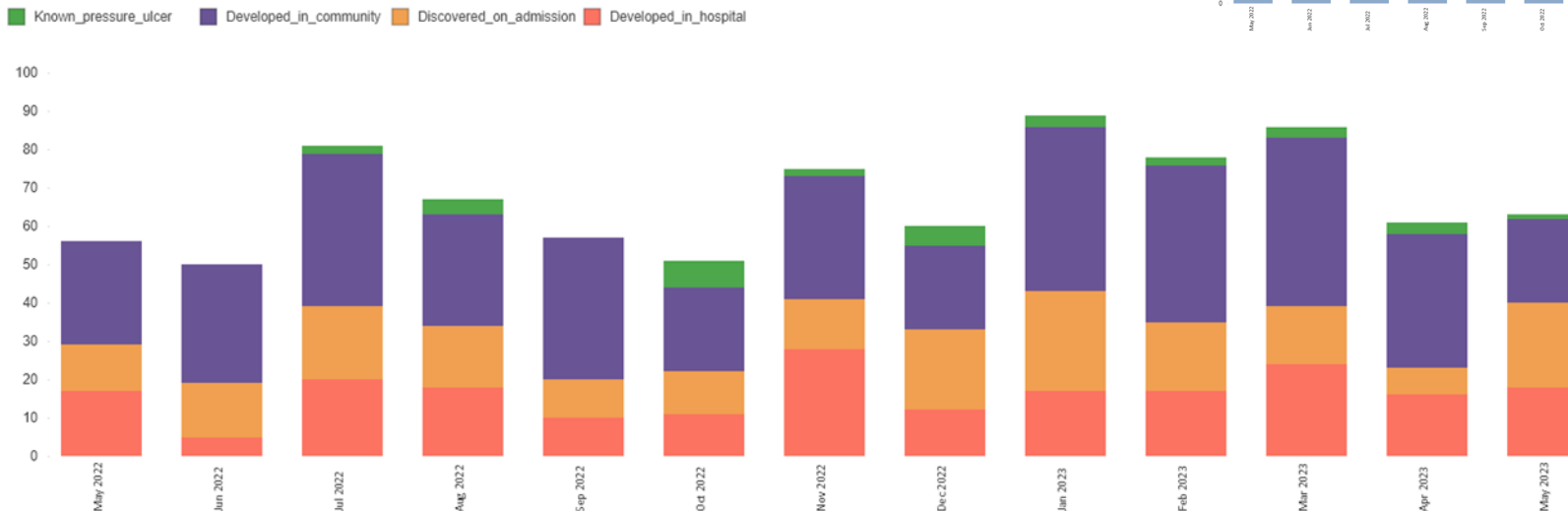
Pareto graph count of NHS Highland grade 2-4 pressure ulcers by district/division over last 13 months



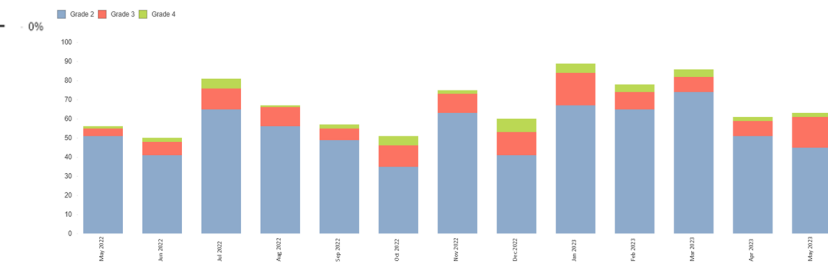
Run chart of NHS Highland grade 2-4 pressure ulcers over last 13 Months



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



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



Grade 2	703
Grade 3	129
Grade 4	42
Developed_in_hospital	213
Discovered_on_admission	204
Developed_in_community	425
Known_pressure_ulcer	32

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