

**Meeting:** Highland Health and Social Care Committee

**Meeting date:** 6 March 2024

**Title:** Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)

**Responsible Executive/Non-Executive:** Pamela Cremin, Chief Officer, HHSCP

**Report Author:** Lorraine Cowie, Head of Strategy & Transformation

## 1 Purpose

**This is presented to the Committee for:**

Assurance

**This report relates to a:**

Annual Delivery Plan

**This aligns to the following NHS Scotland 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	X	Live Well	X	Respond Well	X	Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform Well		Progress Well					

## 2 Report summary

The HHSCP Integrated Performance & Quality Report (IPQR) is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that HHSCP provides aligned to the Annual Delivery Plan.

A subset of these indicators will then be incorporated in the Board IPQR.

## 2.1 Situation

In order to standardise the production and interpretation, a common format is presented to committee which provides narrative on the specific outcome areas and aims to provide assurance.

It is intended for this developing report to be more inclusive of the wider Health and Social Care Partnership requirements and to further develop indicators with the Community Services Directorate, Adult Social Care Leadership Team and members that align to the current strategy and delivery objectives.

It is proposed we refresh the HHSCP IPQR approach in line with data that has been developed at district level and to understand performance of health teams in more detail in line with the non MMI waiting lists.

## 2.2 Background

The IPQR for HHSCP has been discussed at previous development sessions where the format of the report and the Adult Social Care indicators were agreed.

## 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 type="checkbox"/>
Limited	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>

Given the ongoing challenges with the access to social care, funding and delayed discharges limited assurance is offered today.

## 3 Impact Analysis

### 3.1 Quality / Patient Care

IPQR provides a summary of agree performance indicators across the Health and Social Care system primarily across Adult Social Care.

### 3.2 Workforce

IPQR gives a summary of our related performance indicators affecting staff employed by NHS Highland and our external care providers.

### **3.3 Financial**

The financial summary is not included in this report.

### **3.4 Risk Assessment/Management**

The information contained in this IPQR is managed operationally and overseen through the appropriate groups and Governance Committees

### **3.5 Data Protection**

This report does not involve personally identifiable information.

### **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**

This report has been previously considered by the following stakeholders as part of its continued development:

- Health and Social Care Committee Development Session
- Adult Social Care Leadership Team
- Management feedback and narrative from respective operational leads

## **4 Recommendation**

The Health and Social Care Committee and committee are asked to:

- Consider and review the agreed performance framework identifying any areas requiring further information or inclusion in future reports.
- To accept limited assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.#
- The approach is refreshed in line with newly developed data

### **4.1 List of appendices**

The following appendices are included with this report:

- **HHSCP IPQR Performance Report, March 2024**



Together We Care  
with you, for you



# Highland Health and Social Care Partnership Integrated Performance and Quality Report

6 March 2024

The Highland Health and Social Care Partnership (HHSCP) Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that the HHSCP provide as aligned with the Annual Delivery Plan. The performance indicators should primarily be reported to the Health and Social Care Committee for scrutiny, assurance and review. A subset of these indicators will then be incorporated in the Board Integrated Performance and Quality Report.

# Highland Health & Social Care Partnership

In order to standardise the production and interpretation a common format is being introduced for all dashboards within NHS Highland. There is a need to establish targets for improvement measures and these will be developed for incorporation into the Annual Delivery Plan for NHS Highland.

It is **recommended** that:

- Committee consider and review the agreed Performance Framework **identifying any areas requiring further information or inclusion** in future reports.
- Committee to note that although the continued focus is on Adult Social Care data, additional data on DHDs and Mental Health is included.



# Development

In line with the NHS Highland IPQR, it is intended for this developing report to be more inclusive of the wider HHSCP requirements and to further develop indicators in agreement with the Community Services Directorate, Adult Social Care SLT, and HHSCC members that will align with the new 'Together We Care' Strategy and the Annual Delivery Plan objectives.

A Development sessions was held with committee in September 2022 where the format of the report and ASC indicators were discussed in detail with discussion on possible indicators to be included in future reports.

## **Content:**

- Care-at-Home and Care Homes – slides, 4-7 & 8-9
- Delayed Discharge – slides 10-11
- Self Directed Support/Carer Short Breaks – slides 12-14
- Adult Protection included – slide 15
- Mental Health Psychological Therapies and Community Mental Health Services – slides 16-17
- HHSCP Drug & Alcohol Recovery Services – slide 18
- Non MMI Non Reportable Specialties Waitlists – slides 19 & 20
- National Integration and relevant Ministerial indicators – to be reported as an annual inclusion

# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

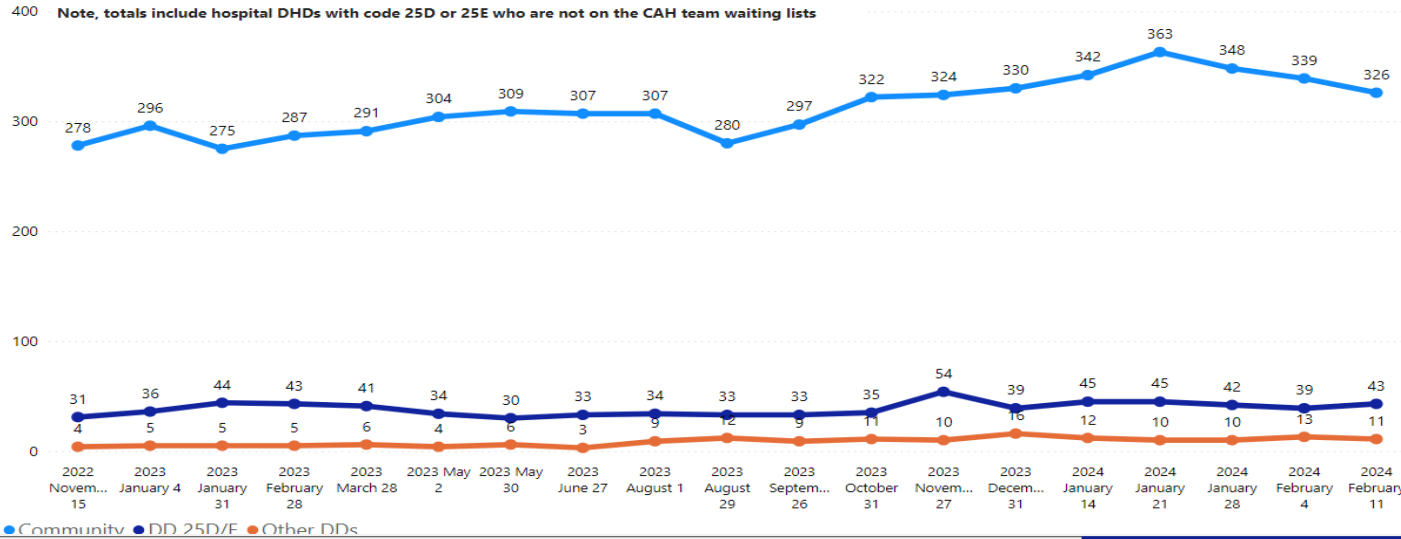
**Priority 2** - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart



## HHSCP Care at Home – Unmet need

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



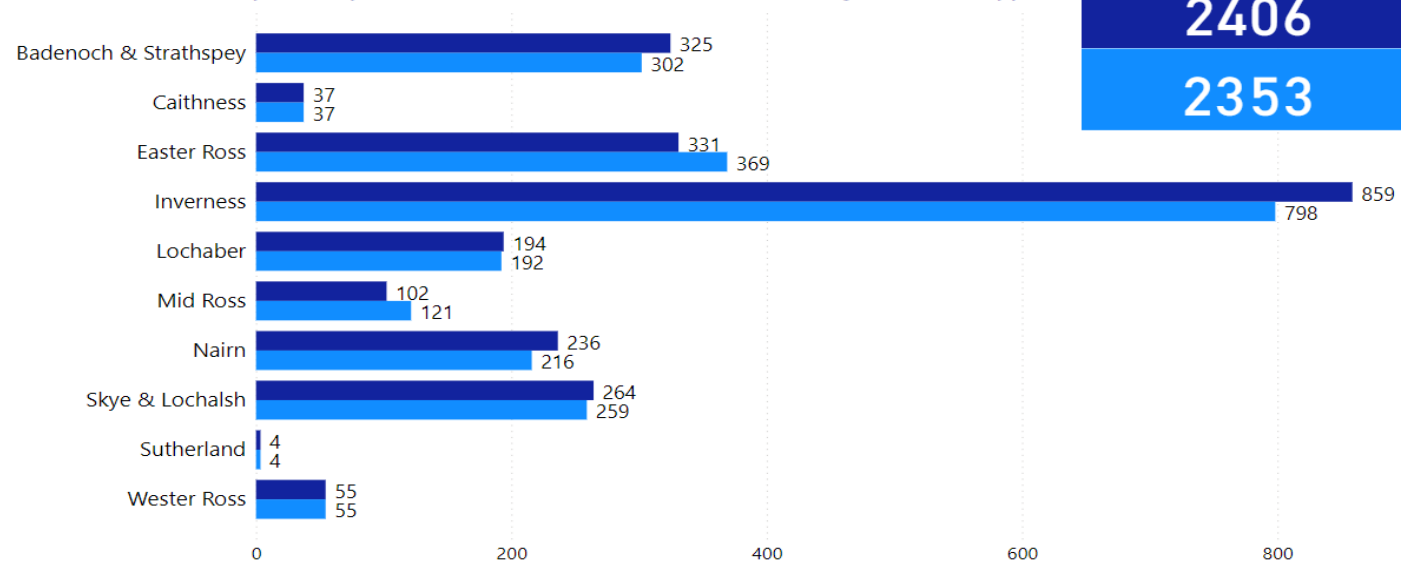
Currently provided weekly as part of the Public Health Scotland (PHS) weekly return.

Graph 1 - All HHSCP delayed hospital discharges (DHD's) are included which show those assessed as requiring CAH in either a hospital, or at home.

- Community - 326 awaiting a care at home service
- DHDs – 43 awaiting a care at home service
- DHDs – 11 awaiting a service for other coded DHDs (complexity)

This data is published by PHS and weekly returns from CAH officers are provided to allow for validation and analysis.

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



Graph 2 – Care at Home (District level) - the total number of weekly hours of unmet need for those above and includes hours required for people in receipt of a service with required additional hours.

Despite significant ongoing organisational and provider effort to improve flow, the overall unmet need for CAH is 2406 planned hours per week.

**Update 16/02/2024**

# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

**Priority 2** - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

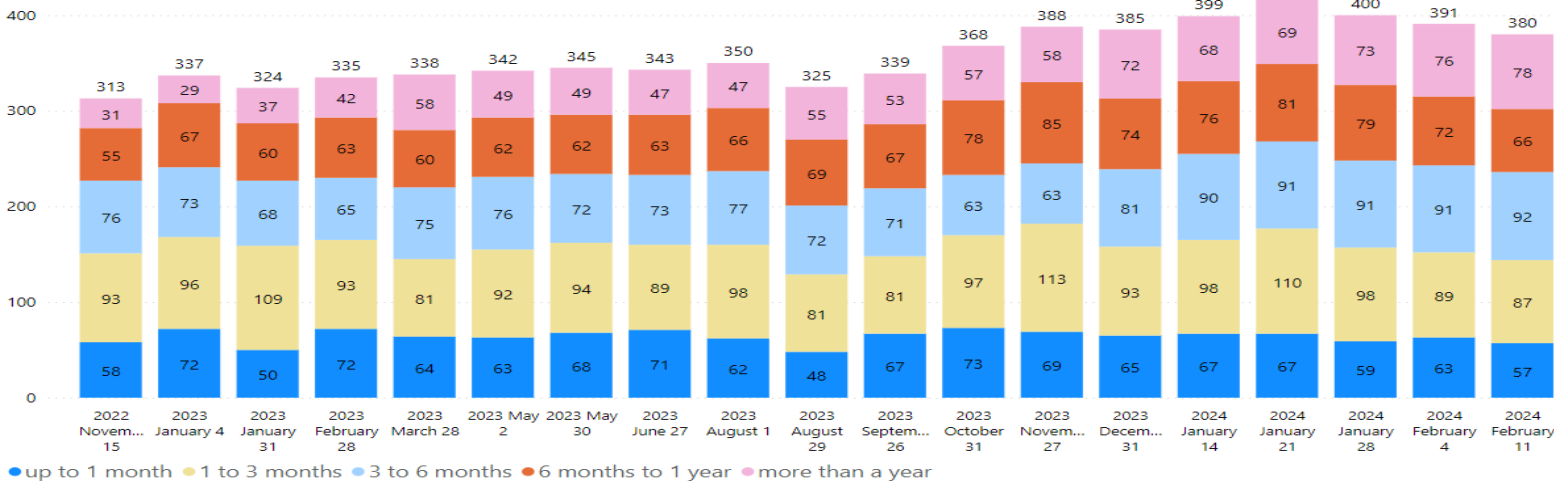
**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart



## HHSCP Care at Home – Unmet need

Care at Home waiting list for new service, by length of wait

Note, totals include hospital DHDs with code 25D or 25E who are not on the CAH team waiting lists



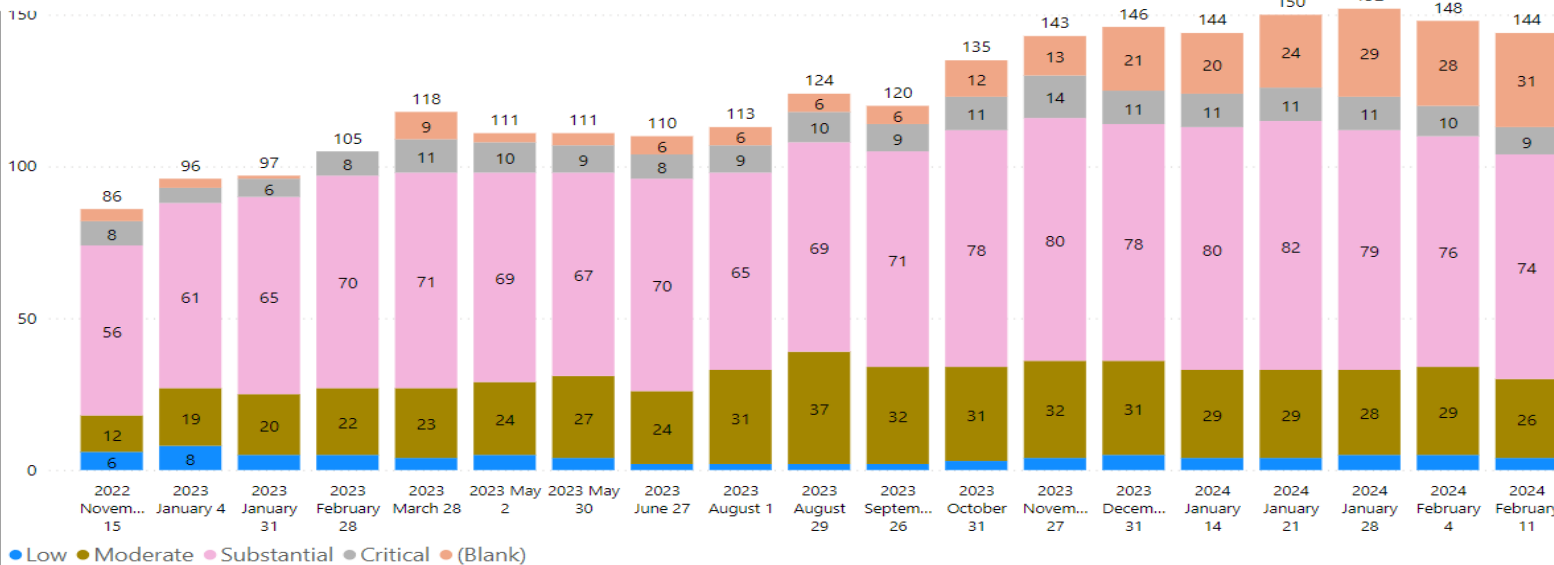
Graph 1 - HHSCP unmet need for care at home, including waiting list. Total number waiting for a care at home service is 380 as at last available data point.

The number has reduced by 38 from the last reported period to committee.

- Up to 1 month – 57
- 1 to 3 months – 87
- 3 to 6 months – 92
- 6 to 12 months – 66
- More than a year - 78

Care at Home waiting list for new service (those waiting 6 months and over), by level of need

Note, totals include hospital DHDs with code 25D or 25E who are not on the CAH team waiting lists



This data is published by PHS and weekly returns from CAH officers.

Graph 2 – Further breakdown of those waiting longer than 6 months for a service by level of need.

Update 16/2/2024



# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

**Priority 2** - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

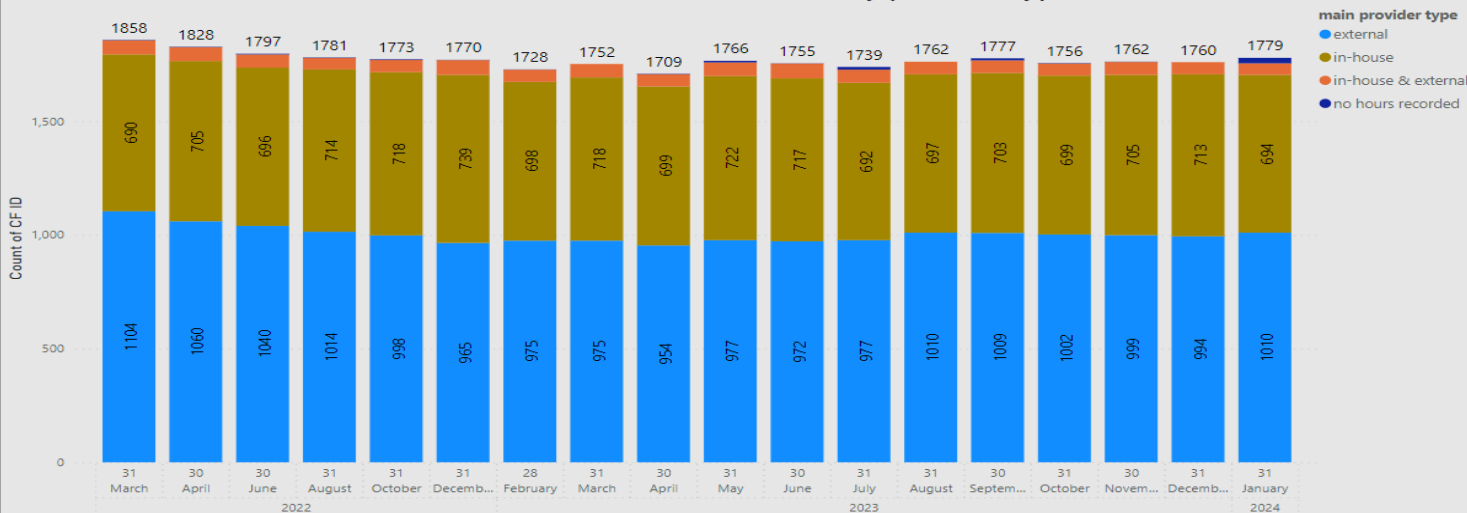
**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart



## HHSCP Care at Home

## HHSCP Care at Home

Care at Home - count of clients by provider type



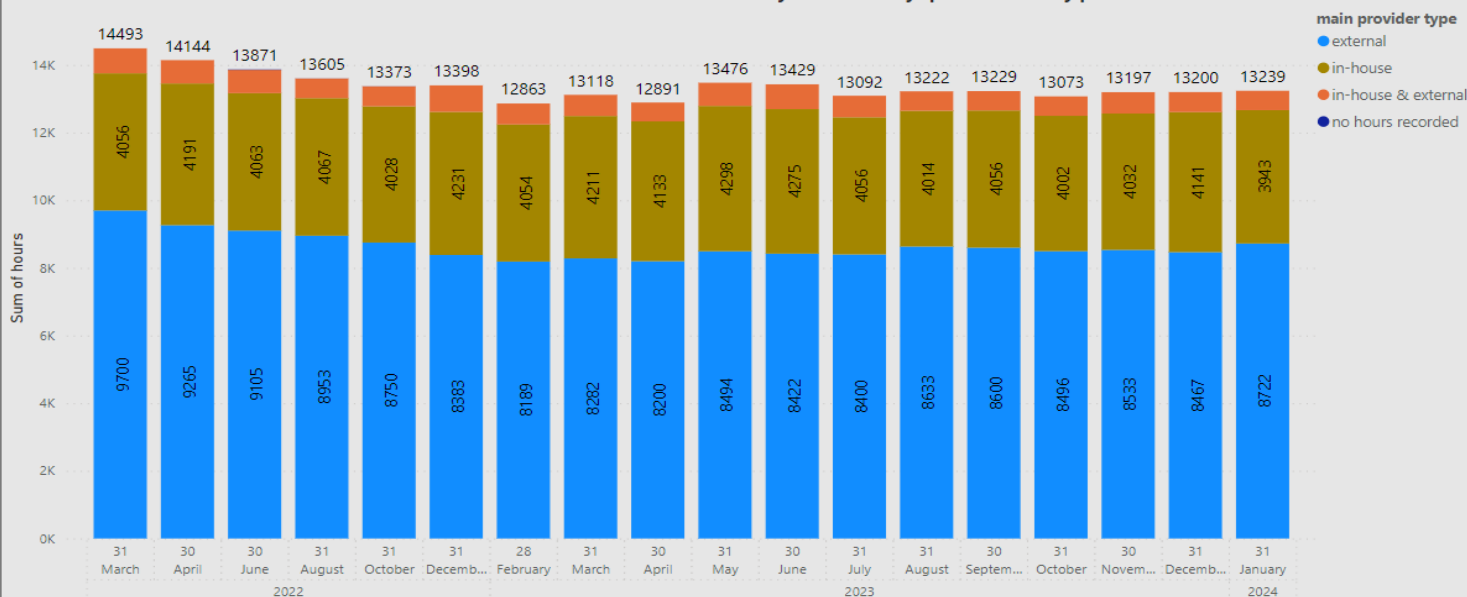
During Aug and Sept 2023, we have seen some small signs of growth although service delivery is down overall after a period of sustained reductions. NHS Highland (NHS) and care providers continue to operate in a pressured environment

We have not seen the expected growth in external care at home and low levels of recruitment and the loss of experienced care staff continue to be the primary concern expressed by providers in our frequent and open discussions.

NHS and care providers still await the specific details on the proposed £12ph minimum wage increase due April 24 with modelling rate options in progress.

The impact of lower levels of service provision on flow within the wider health and social care system is significant, and this needs to be recognised as part of the approach to, and solutions around, addressing care at home capacity.

Care at Home - sum of weekly hours by provider type



A short life working group (SLWG) has co created and co-developed proposals to try and address capacity and flow issues. The SLWG has co-produced and agreed eight commissioning proposals, and these have been endorsed by NHS at the Care Programme Board and by Joint Officers Group.

In identifying and developing proposals, the SLWG considered it necessary to establish a **clear vision** for service provision with commissioning principles set.

- Person directed and outcome focussed
- Individual, holistic, functional and accurate assessments informed by good conversations
- Realistic achievable and sustainable
- Professional recognition and value
- Sector wide flexible workforce

Progress around this area is dependent on available resourcing to take forward.

Update 19/02/2024

# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

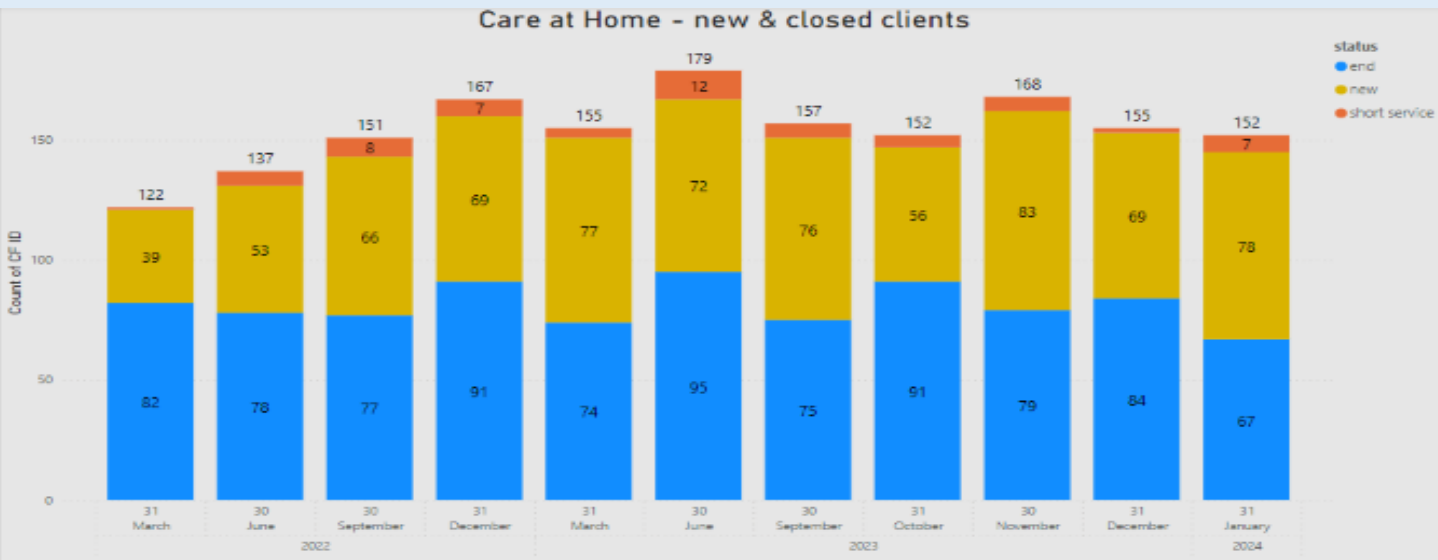
**Priority 2** - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart



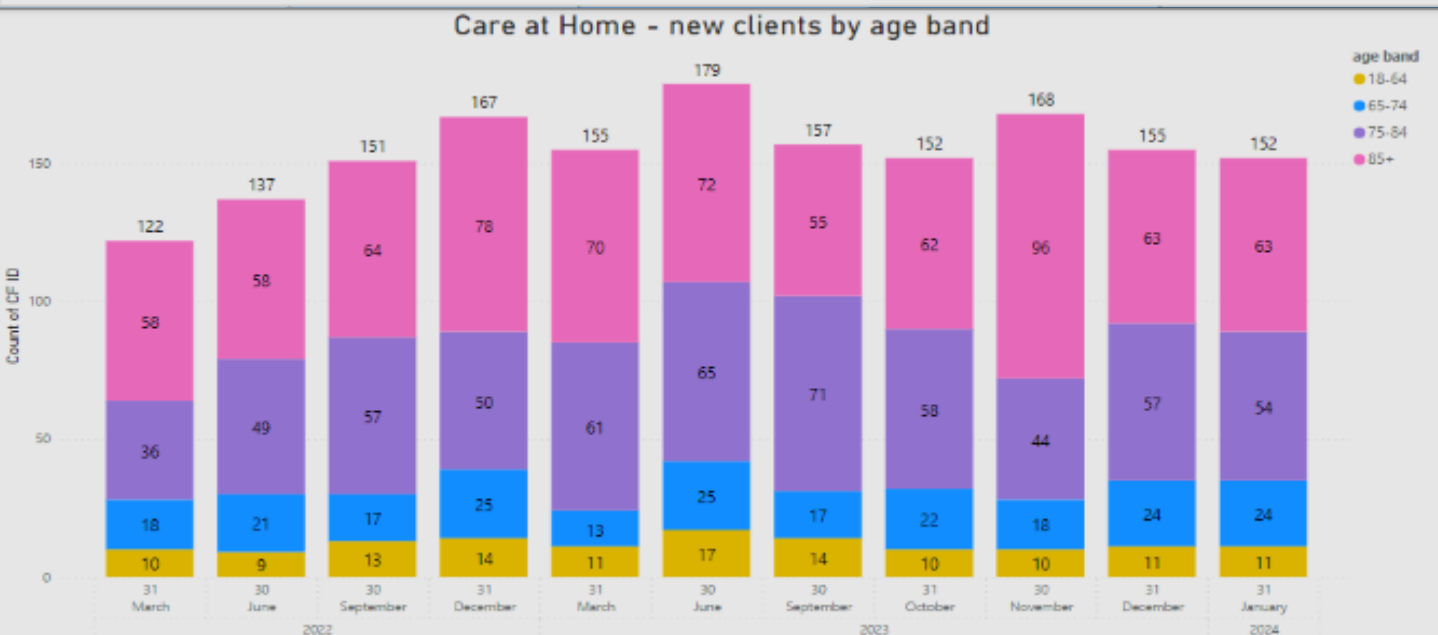
## HHSCP Care at Home

## Care at Home – New & Closed Packages



Graph 1 – Shows the number of new and closed packages per month.

Please note that available capacity to provide care-at-home to new service users is particularly challenging during the winter months due to staffing related pressures in our in house and commissioned external services.



Graph 2 – Shows the number of **new** care at home service users split by age band over the same period.

The number of new clients receiving care at home has been reducing from the peak of March 2023. Flow is particularly challenging for care at home due to staffing related pressures across the care sector.

Update 16/02/2024

# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

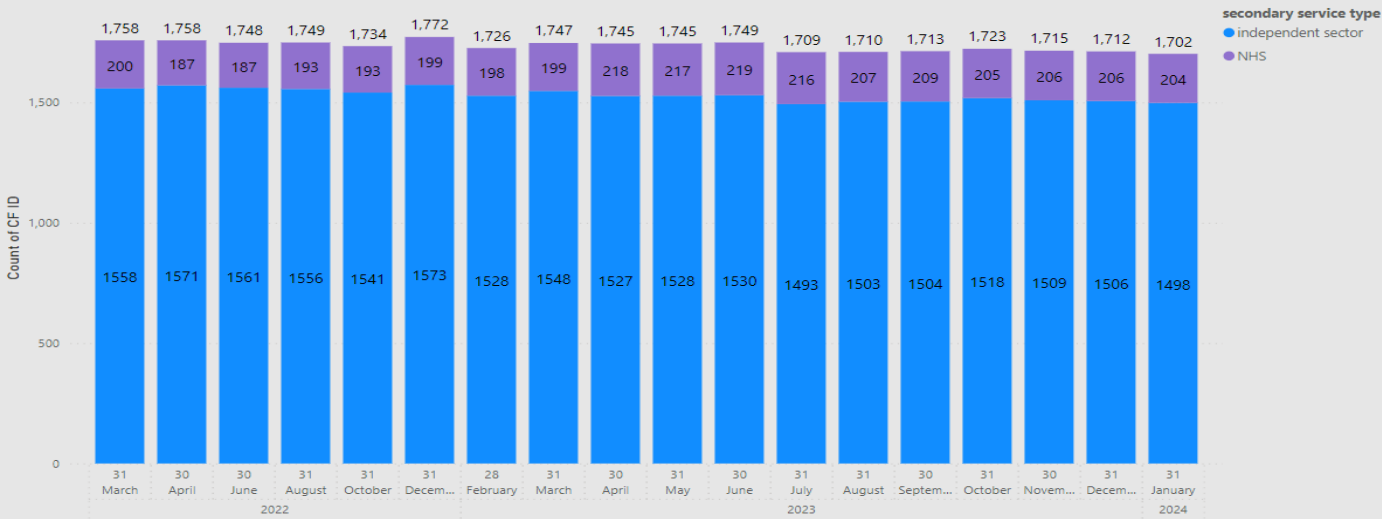
**Priority 2** - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart

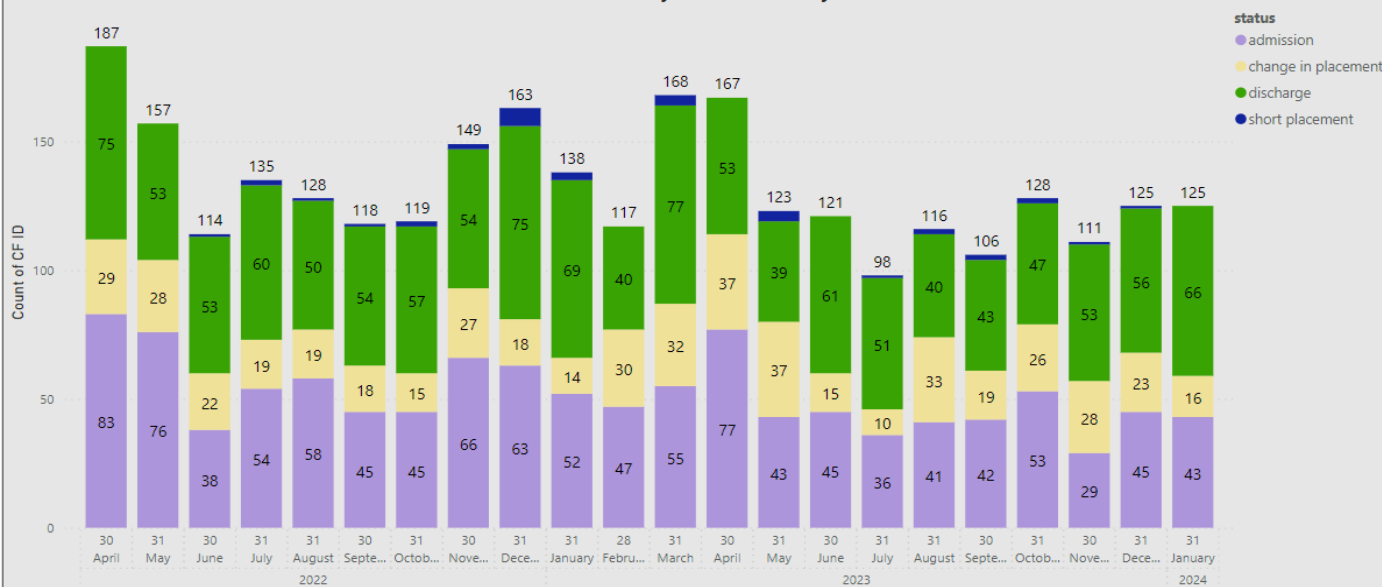


## HHSCP Care Homes

Long-stay Care Home placements by provider type



Care Homes by Bed Activity Status



## HHSCP Care Homes

From March 2022 to date, there has been significant turbulence within independent sector care home market related to operating on a smaller scale, and the challenges associated with rural operation - recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compounds the challenges.

A further compounding factor of this turbulence relates to the current National Care Home Contract (NCHC) – this is insufficient to cover their costs and particularly disadvantages Highland as the NCHC rate is predicated on a fully occupied 50 bed care home – in Highland only 8 of the 47 independent sector care homes are over this size.

In-house care homes and some care home providers are still experiencing staffing resource shortages. As at 12/2/24, 19 care home beds are unavailable in 3 in-house care homes due to low staffing levels.

Since March 2022, 5 independent sector care homes have closed. During this period, the partnership also acquired a care home in administration to prevent the closure of this facility and a further loss of bed provision.

This year, 3 in house care homes have also closed although two are closed on a temporary basis and the closures are in small rural and remote communities with closure due to acute staffing shortages.

This reduced care home bed availability is having an impact on the wider health and social care system, and in particular the ability to discharge patients timely from hospital. There is a need for a Care Home strategy to be developed in 2024-25.

A **Care Programme Board** is established to oversee:

- Acquisitions, closures and sustainability
- Forward Planning and Strategy

**Update 19/02/2024**

# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

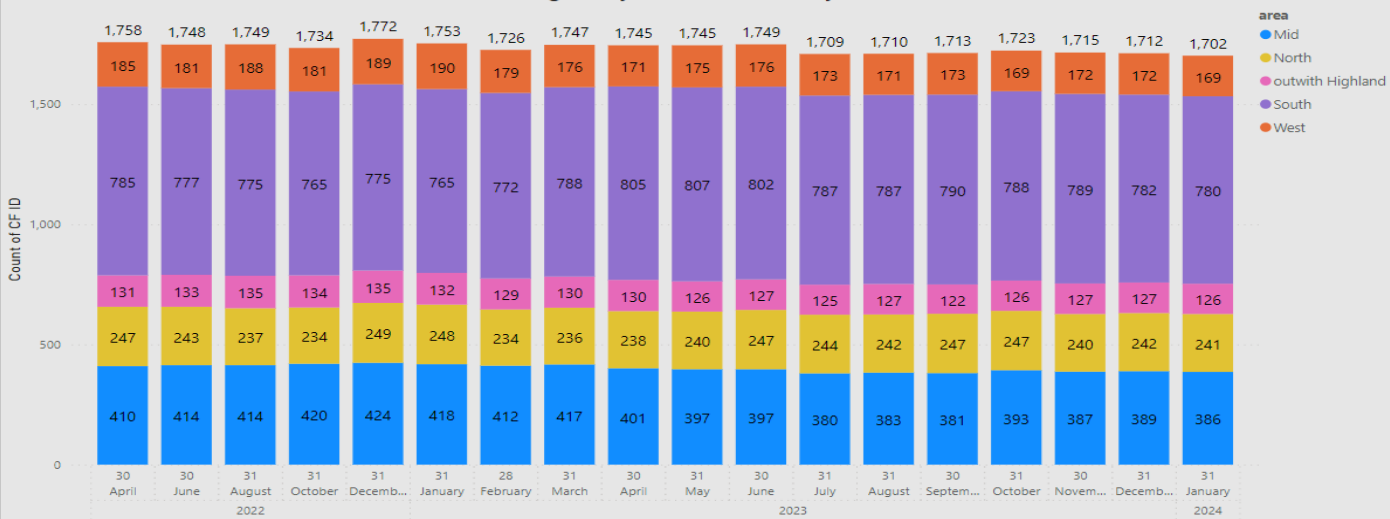
**Priority 2** - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart



## HHSCP Care Homes

Long-stay Care Homes by area



## HHSCP Care Homes

These graphs provide an overview of the **occupied** long term care beds during the month for both external and NHS managed care homes by providing a breakdown by area and those placed out of area but funded by HHSCP.

South: 780 occupied beds

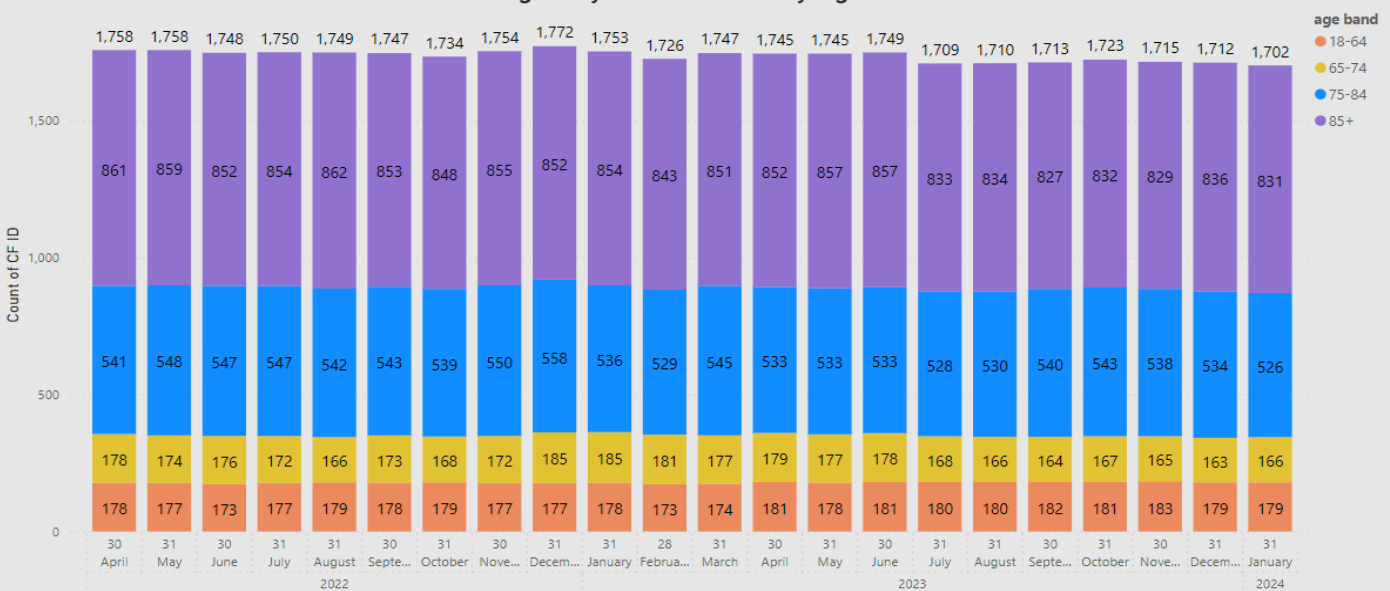
Mid: 386 occupied beds

North: 241 occupied beds

West: 169 occupied beds

Out of Area: 126 occupied beds

Long-stay Care Homes by age band



In addition, a further breakdown is provided by the current age of those service users for HHSCP only, **showing 49%** currently over the age of 85 in both residential and nursing care settings.

Update 16/02/2024

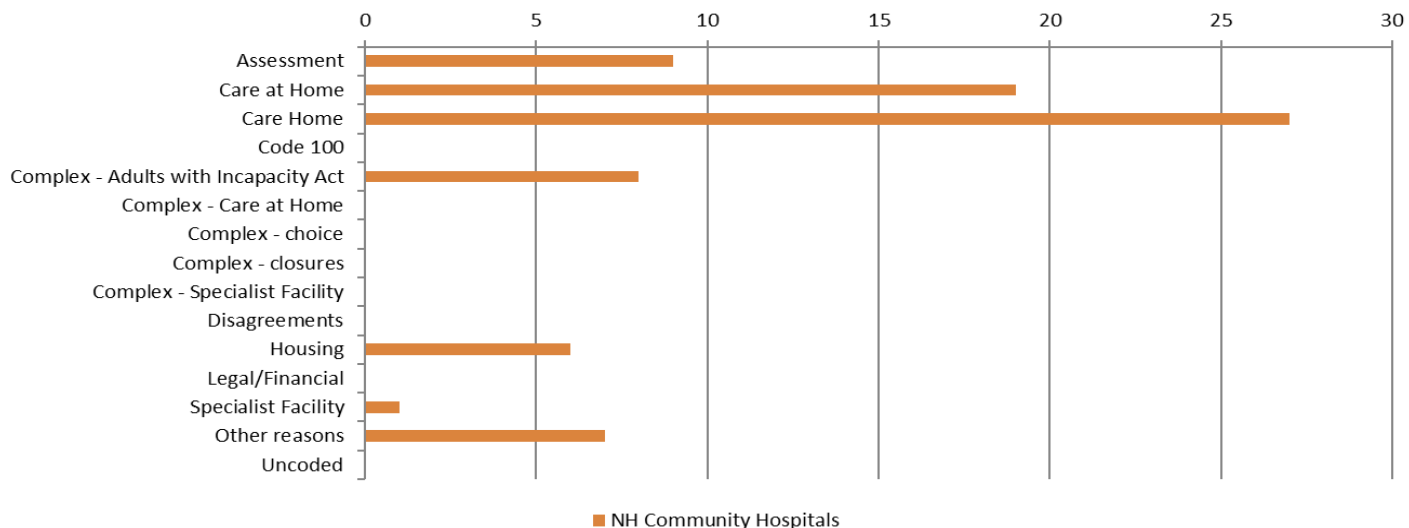
## Strategic Objective 3 Outcome 11 – Respond Well & Care Well (Delayed Discharges)

**Priority 3** - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a “home is best” approach

**Priority 11C** – Ensure that our services are responsive to our population’s needs by adopting a “home is best” approach.



### NH Community Hospitals at 07/02/2024



### HHSCP Community Hospital DHD's

There is no national target for delayed discharge, but we aim to ensure we get our population cared for in the right place at the right time.

Of the 189 delayed discharges at 07/02/2024, 77 are in HHSCP Community Hospitals, 15 are in New Craigs hospital and the remaining 97 are delayed in acute hospitals.

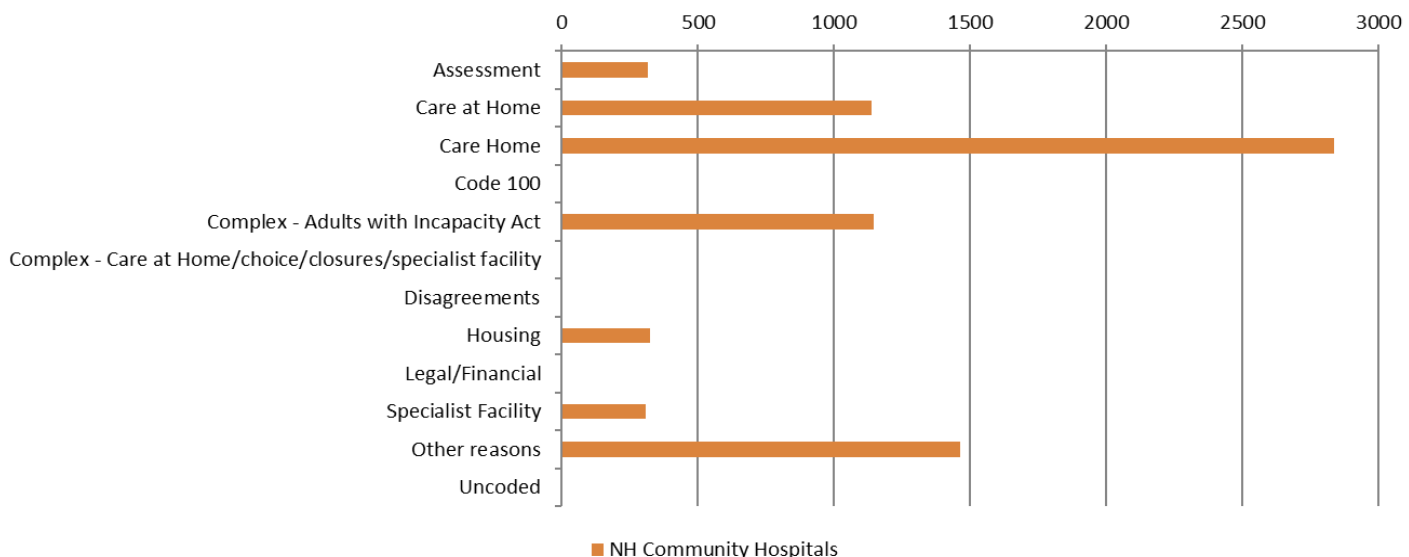
Work continues on the implementation of standard work, including daily huddles and the setting of accurate PDDs for all inpatients across all hospital sites. Early notification to community DMTs of people on pathways 2, 3 and 4 is recognised as crucial in terms of timely discharge planning and facilitating community pull. Communication between acute and community remains a challenge with capacity issues within the Discharge Support Team and significant delay in introduction of the discharge app.

Daily oversight and collective problem-solving remains a key feature of DMT meetings in each of the Districts.

Focused work ongoing in CAH to ensure maximisation and most efficient targeting of limited resources. Work also ongoing with teams in relation to the maximisation of digital/technological aids.

Work ongoing across acute and community regarding the importance of realistic conversations with service users and their families. Distribution and implementation of refreshed Choice Guidance week beginning 19/02/24.

### NH Community Hospitals - Bed Days By Reason

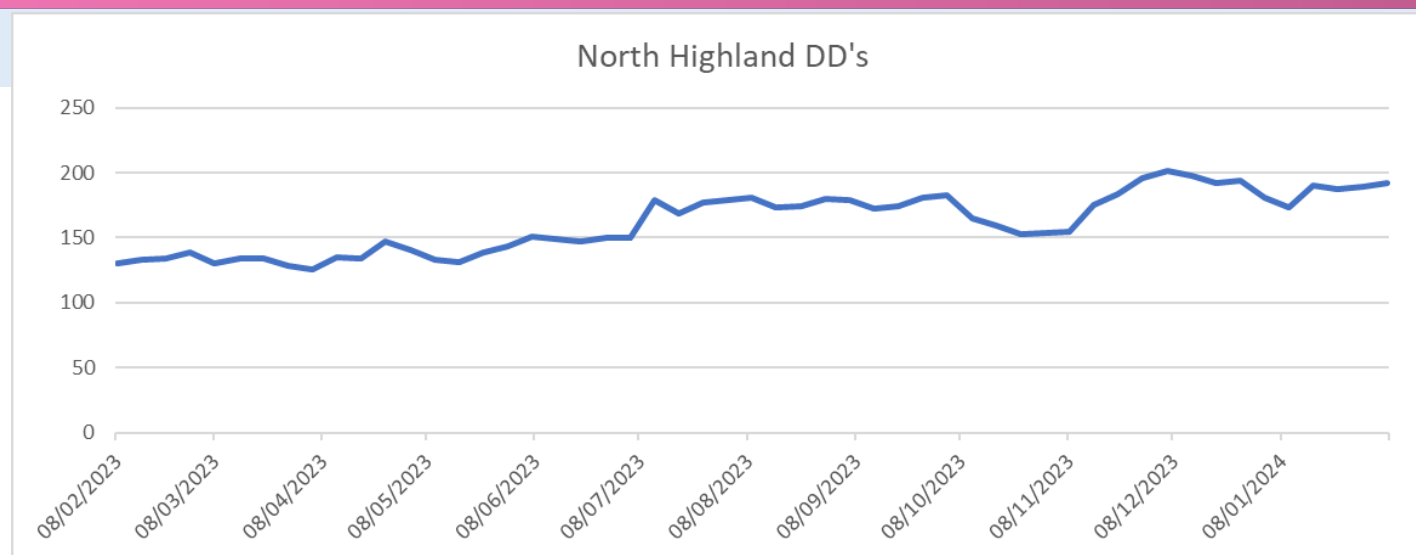


**Update 21/02/2024**

# Strategic Objective 3 Outcome 11 – Respond Well

**Priority 3** - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a “home is best” approach

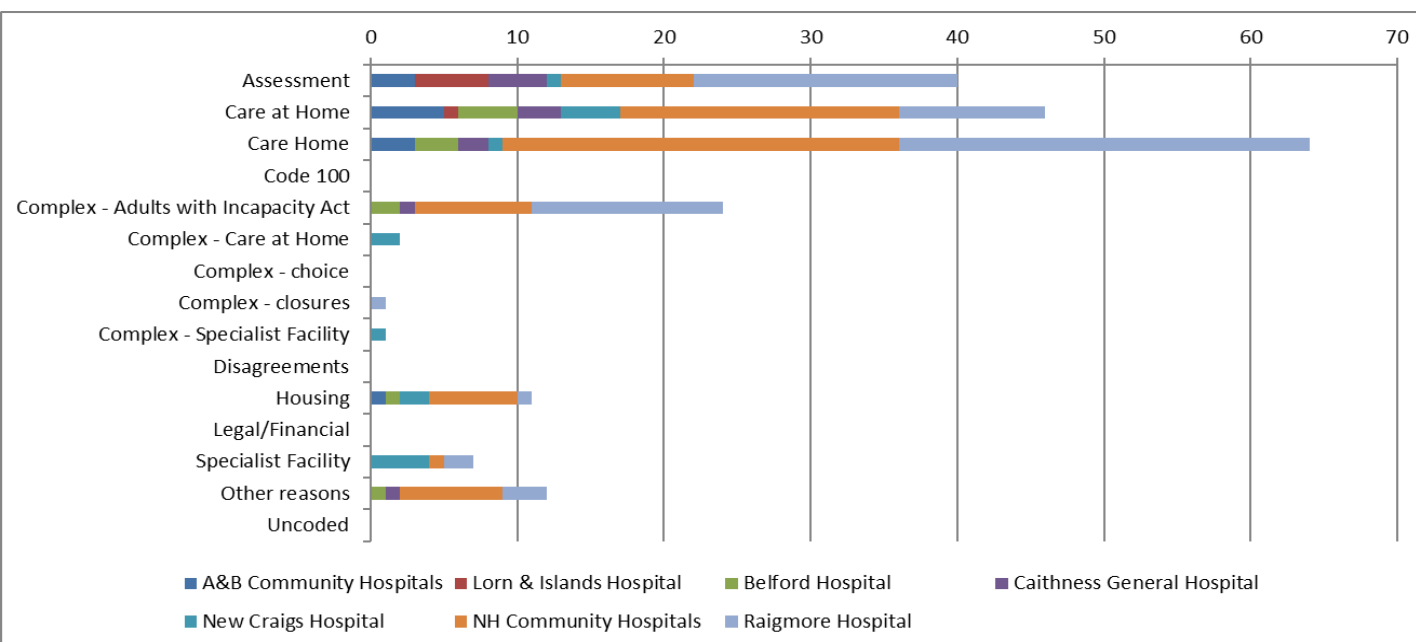
**Priority 11C** – Ensure that our services are responsive to our population’s needs by adopting a “home is best” approach



## HHSCP DHD's

**Update:** 189 delayed discharges @ 07/02/2024 of which 26 of those are code 9 (complex-AWI), 43 are awaiting social care arrangements to return home (care at home/adaptations), 10 are awaiting housing; 29 awaiting outcome of assessment and 65 awaiting care home placement. Additional delay reasons include complexity, patient exercising choice, family/other reasons and ward closure.

The graphs show the trend for total delayed discharges for HHSCP and the reason for those awaiting discharge shown at a hospital level.



- Delayed discharges remain a significant concern.
- Discharge without Delay and Optimising Flow Groups continue to have a focus of working across acute and community services to establish more efficient systems and processes to facilitate community pull, respective operational and management units now need to ensure these are embedded and sustained. This remains the key challenge.
- Ongoing work includes review of care at home provision to ensure most efficient and effective use of limited resources and the development of wrap-around models of care.
- Cross system working and adopting a whole system approach remains key to ensuring the success of this work. If one or more arms of the service do not work to agreed process it has an overall impact on flow and delivery of desired outcomes.
- On a journey of cultural change - still some way to go in some areas regarding pace of discharge planning and adopting a daily mantra of **why not home today?**

**Update 21/02/2024**

# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

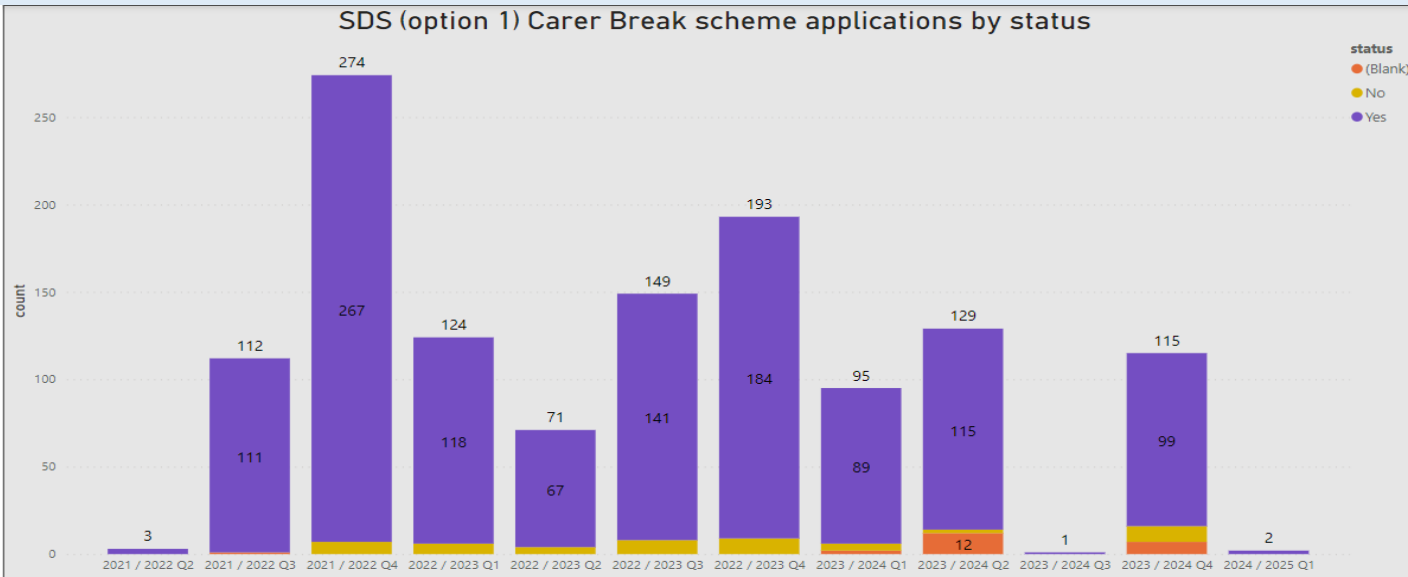
**Priority 2** - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart

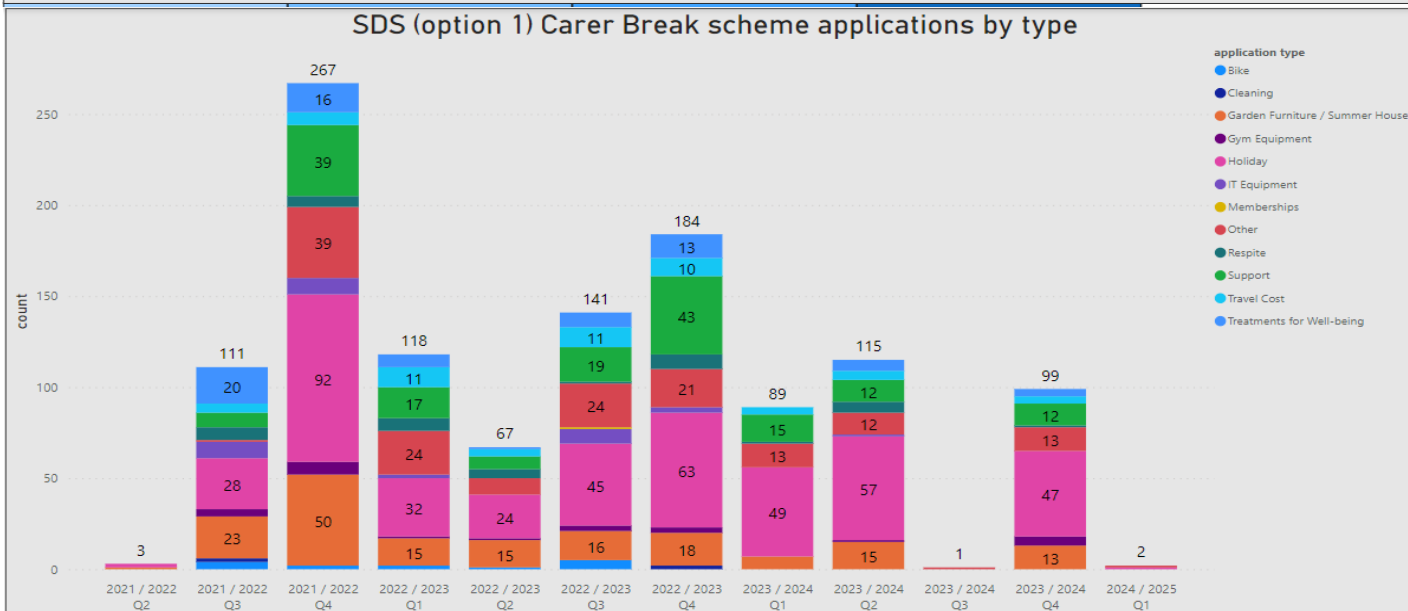


## Carer Breaks – Option 1 (DP)

SDS (option 1) Carer Break scheme applications by status



SDS (option 1) Carer Break scheme applications by type



## SDS Option 1 (Carer Well-being fund)

We are continuing to use powers within the Carers Act to provide an Option 1 Well-being fund for unpaid carers. It seeks to make resources available to carers via a simple application process supported by a social worker or a carers link worker etc. The scheme is largely free from resource allocation decision-making processes and seeks to rely on professionals and carers coming together to identify the kind of help that would be right for them. Help is targeted to support unpaid carers to be willing and able to maintain their caring role.

This is consistent with our aims to:

- Ensure that resources and supports are used effectively and efficiently to meet people's needs and outcomes: and are complementary to other sources of support
- Maximise people's choice, control and flexibility over the resources available to them

Work has recently concluded national colleagues - via the award of "Promoting Variety" funding - to provide our local workers with "outcomes-focused" good conversations training to ensure that resources are used to their best effect.

We have also been liaising with our unpaid carers reps to ensure the scheme reflects their priorities. Currently the scheme works to a finite budget of around £1m per annum (£0.25m made available in quarterly tranches). Their suggestion is that there are financial ceilings set for different types of purchases used for a short break: i.e. limits of contributions for holidays, summer houses and e-bikes etc.

A new Carers Development Officer has just been appointed after the retirement of the previous post-holder.

Quarter 1 for 2024 has now reopened to new applicants this month so the data will be updated for the next committee when available.

**Update 16/02/24**

# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

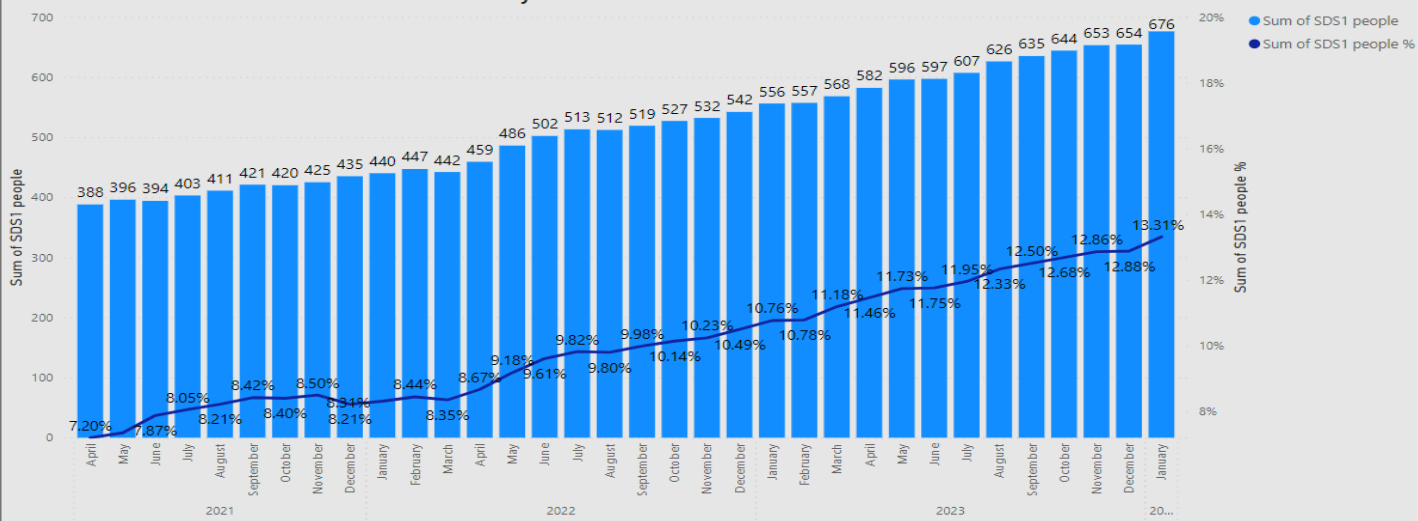
**Priority 2** - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart

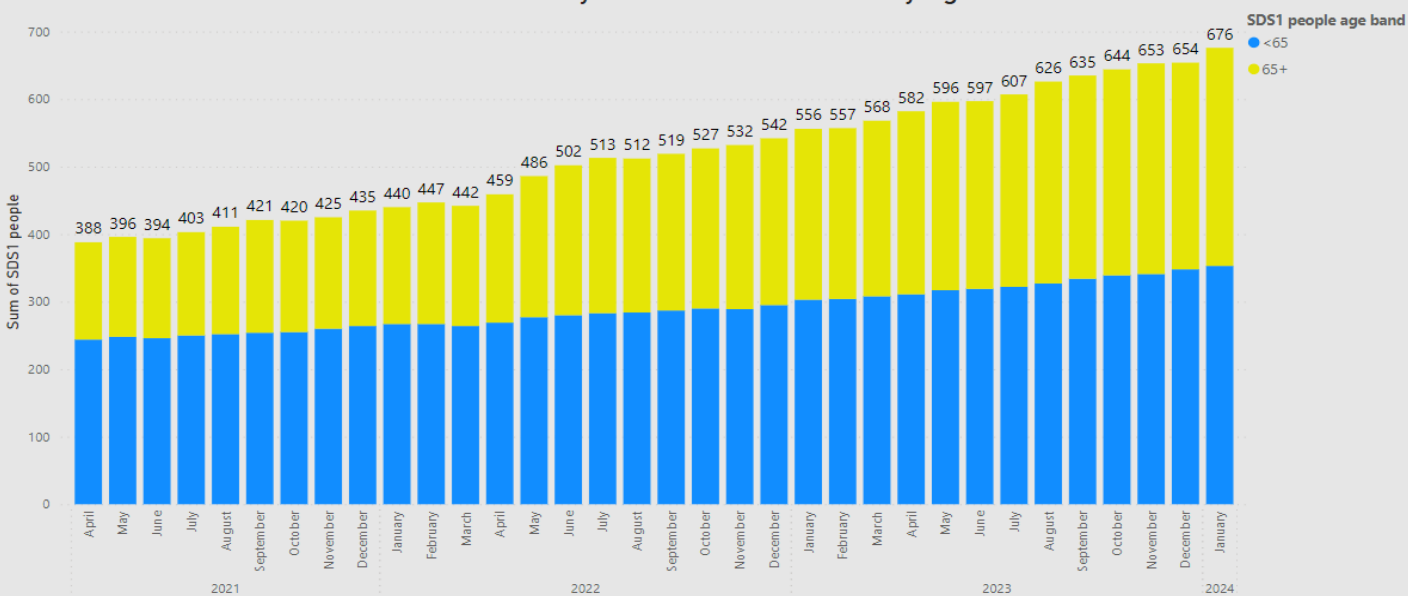


## Self Directed Support – Option1 (DP)

SDS1 Direct Payments - No. of clients & % of all ASC clients



SDS1 Direct Payments - No. of clients by age band



## SDS Option 1 (Direct Payments)

We have seen sustained levels of growth for both younger and older adults in our more remote and rural areas. There has been a steady increase in numbers since March 2022 with further growth expected to continue this financial year.

These increases do however highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services, strongly suggest a market shift in Adult Social Care service provision.

We are also aware of increasing numbers of Option 1 recipients who are struggling to retain and recruit personal assistants. This demonstrates the resource pressure affecting all aspects of care delivery. Work is underway to promote the opportunities that taking on Personal Assistant role can offer people.

NHS Highland has implemented in Oct 23, a co-produced urban, rural and remote hourly rate by establishing a transparent personal assistant hourly rate for Option 1s. This increase and new model has been very well received by users and families and will help to retain and recruit valued personal assistants. NHS and Option 1 recipients await the specific details on the proposed £12ph minimum wage increase due April 24 with modelling hourly rate options in progress.

This internal cost investment was required to ensure the sustainability of our Option 1 packages which are still the most cost effective and efficient delivery models which have significantly grown, primarily due to the absence of any other traditional delivery and more expensive care models.

Finally, NSH is committed to increasing the level of independent support across all service delivery options but due to the current financial constraints, officers are exploring any remaining funding available to procure independent sources of advice, information and support.



# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

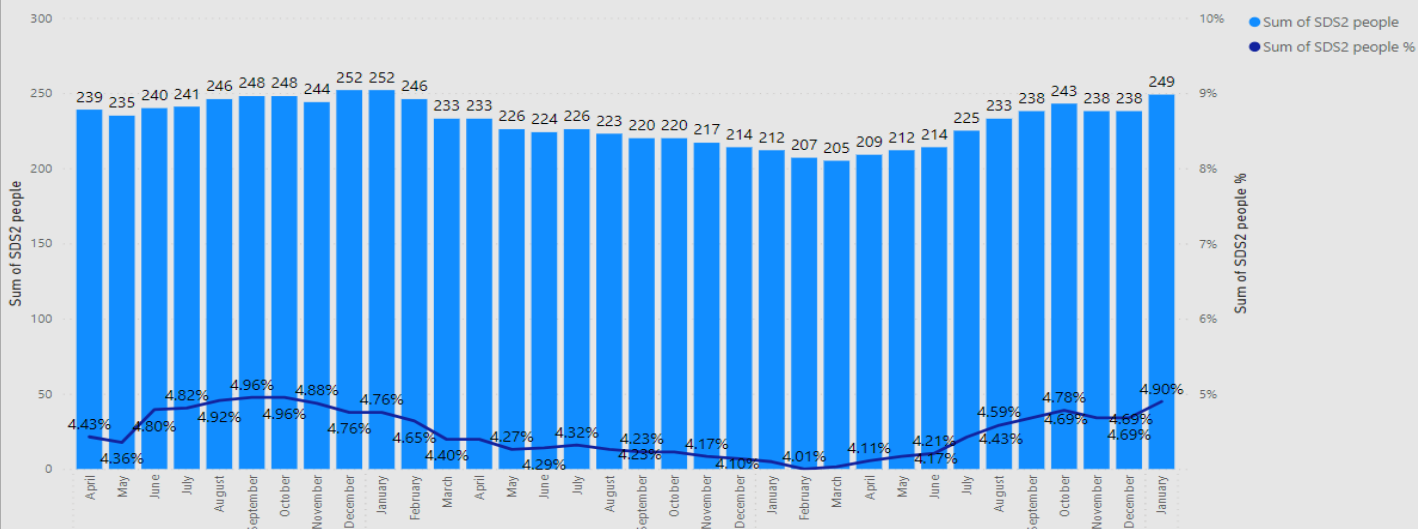
**Priority 2** - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart

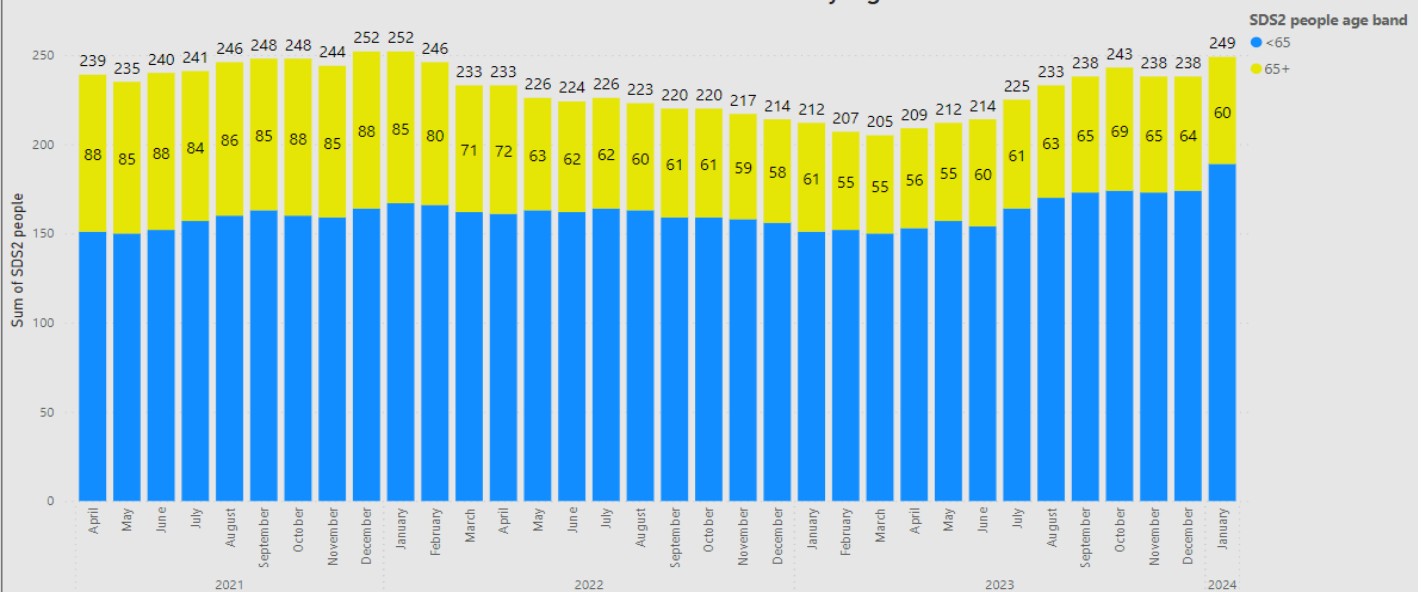


## Self Directed Support – Option2 (ISF)

SDS2 ISFs - No. of clients & % of all ASC clients



SDS2 ISFs - No. of clients by age band



## SDS Option 2 (Individual Service Funds)

ISFs steadily reduced during 2022 although we have seen a stabilising of the position in 2023 and note a welcome increase in commissioned service provision during the last 3 quarters.

Our current number of active service users is 249 with a projected annual cost of £5.37m.

Graph 2 - Overall number of ISFs split by age band, noting over 76% of our current service provision is provided under this commissioning option to younger adults.

After an inclusive inquiry into the operation of our Option 2 offer in Highland plans are now in place to increase the range and number of 'providers' who can offer an ISF within an overall programme for Promoting choice, flexibility and control.



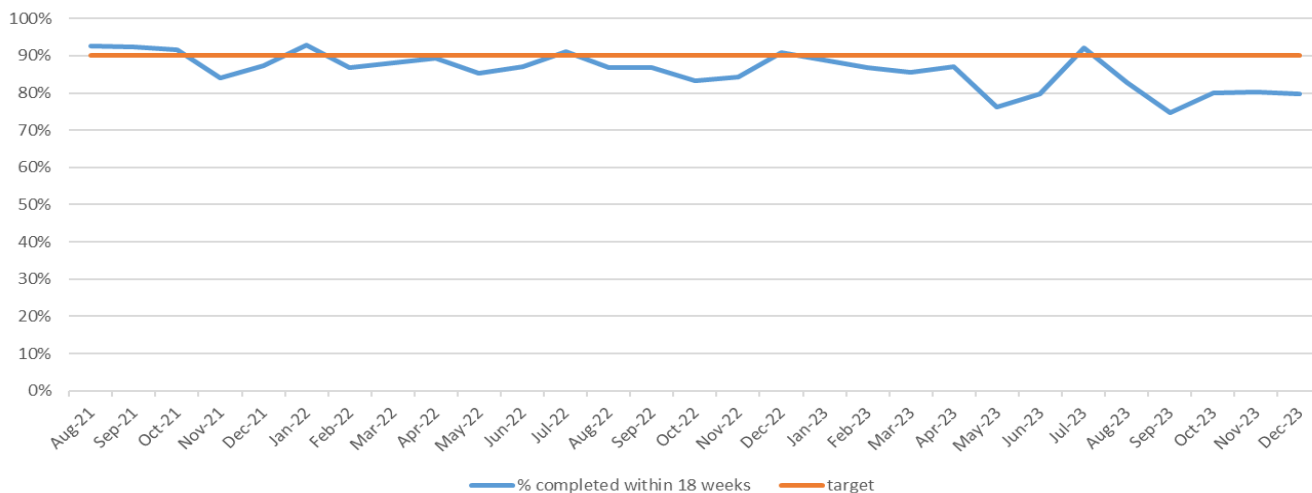
# Strategic Objective 3 Outcome 10 – Live Well (Psychological Therapies)

Priority 10A,10B,10C - 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”



## Psychological Therapies HHSCP Performance

North Highland Psychological Therapies Completed Waits <=18 weeks



## Psychological Therapies Performance Overview - HHSCP

The national target:

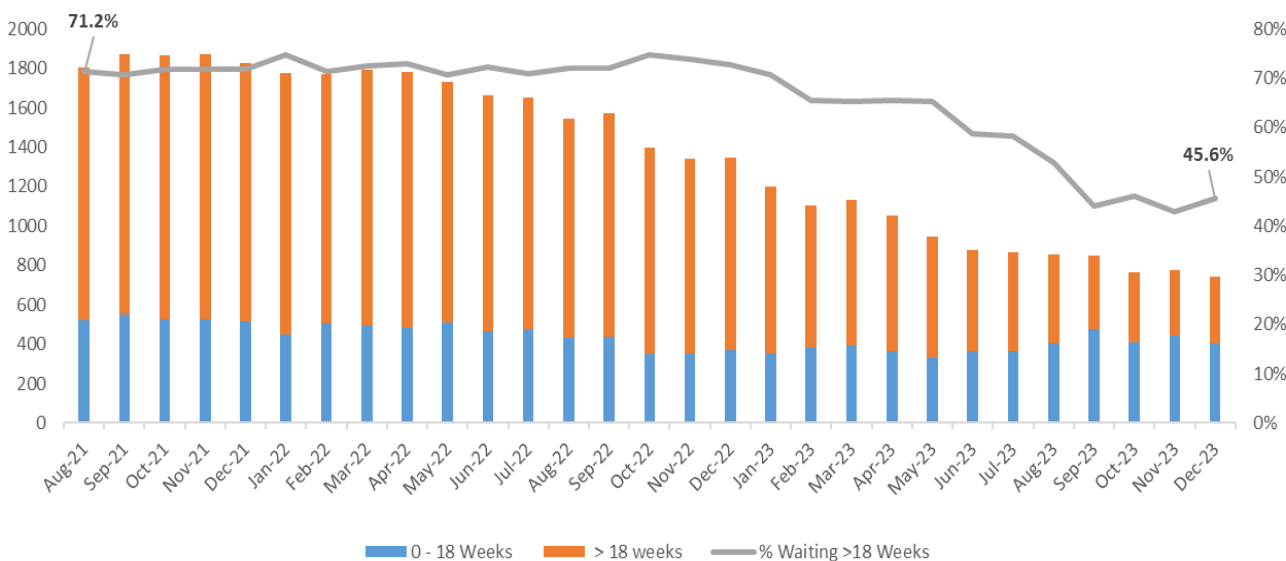
**90% of people commence psychological therapy based treatment within 18 weeks of referral.**

**December 2023 performance: 79.8%**

As at December 2023:

- 742 of our population waiting to access PT services in HHSCP.
- 338 patients are waiting >18 weeks (48% breached) of which 113 have been waiting >1 year.
- Of the 113 waiting >1 year, 49 are awaiting group therapies and 30 are awaiting AMH, making up the majority of these waits.

North Highland Psychological Therapies Ongoing Waits



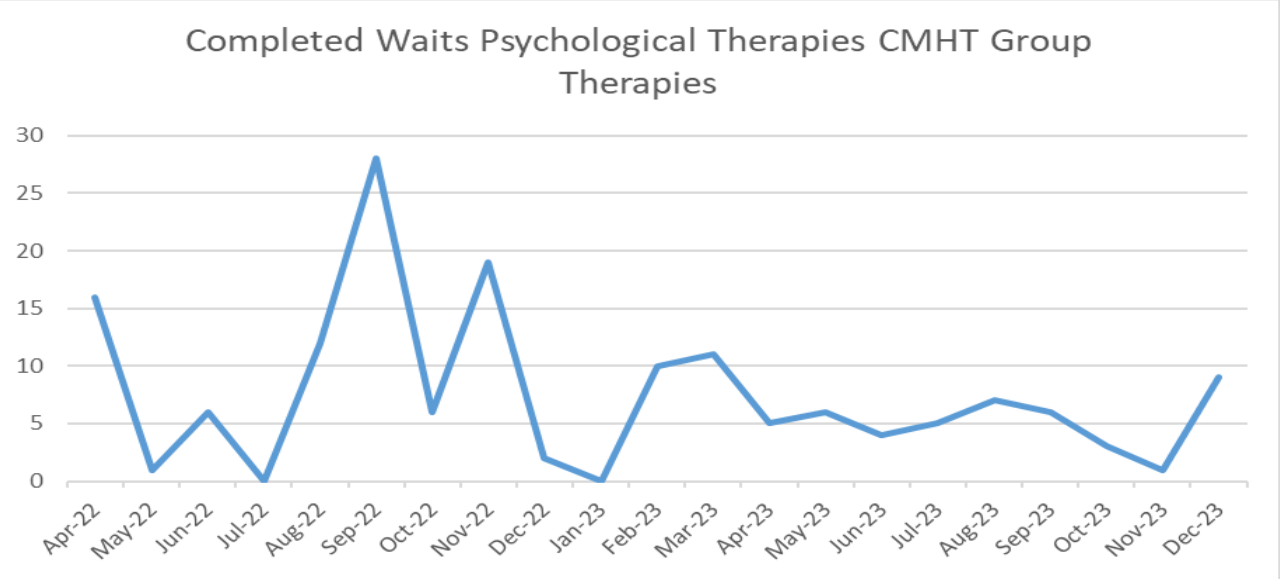
Psychological therapies services have had longstanding challenges with significant waiting times. There are a number of factors that have led to this including a lack of any other route for psychological interventions at an earlier stage. The development of Primary Care Mental Health services will help to fill this gap in provision along with the targeted use of community resources and the development of CMHT colleagues to work with their Psychological Therapy colleagues. It has also been identified that there is a gap in the provision of Clinical Health Psychology this is currently being addressed by the Board and Director of Psychology.

There will though always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. Recruitment and retention is difficult when national recruitment is taking place, however, there has been some success to date with the development of our Clinical Neuropsychology service which has proved effective in reducing a large number of our extended waits. The data provided here is already showing improvement overall with clear trajectories agreed with SG as we progress with our implementation plan.



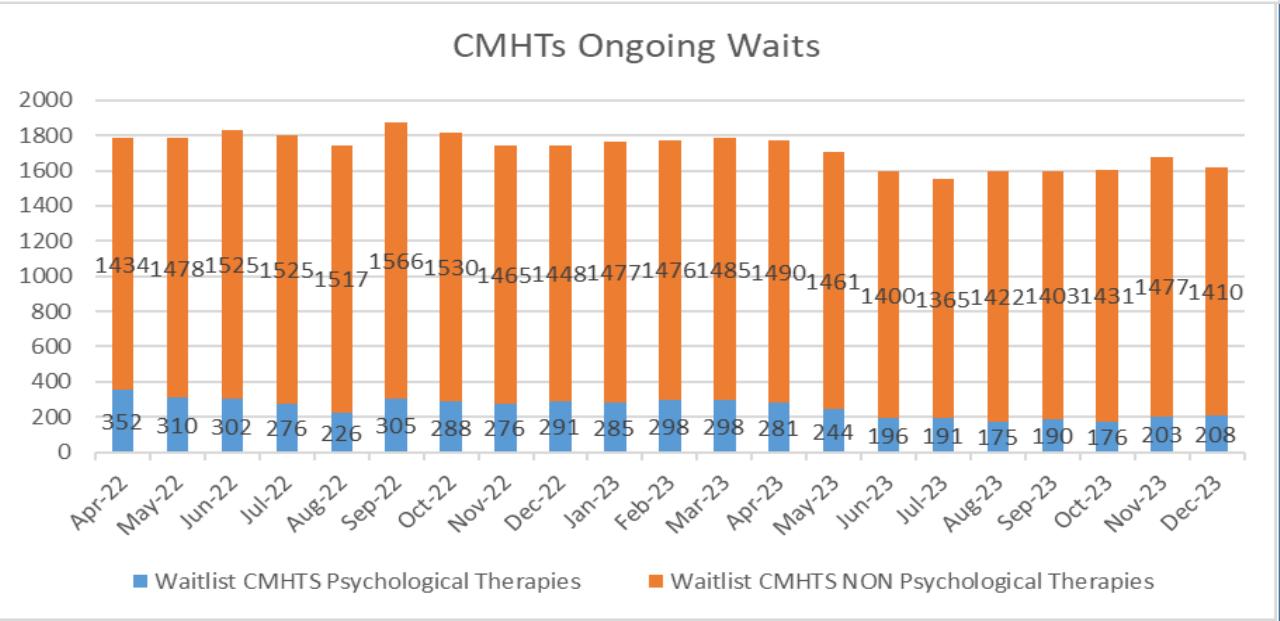
## Community Mental Health Teams

## Community Mental Health Teams



The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as STEPPS group therapies. The delivery of these group therapies was halted during COVID and the availability of an online method was slow to progress. This has resulted in a significant backlog in this area. There is a shortage in STEPPS trainers within the UK so we are therefore exploring a range of options for increasing NHS Highland STEPPS practitioner capacity.

Also, in addition the PD Service are going to lead by example with an on-line STEPPS for patients across NHS Highland. Three people have been identified for the impending training.



Graph 1 – shows the number of completed waits within the CMHT PT patients waiting on group therapies.

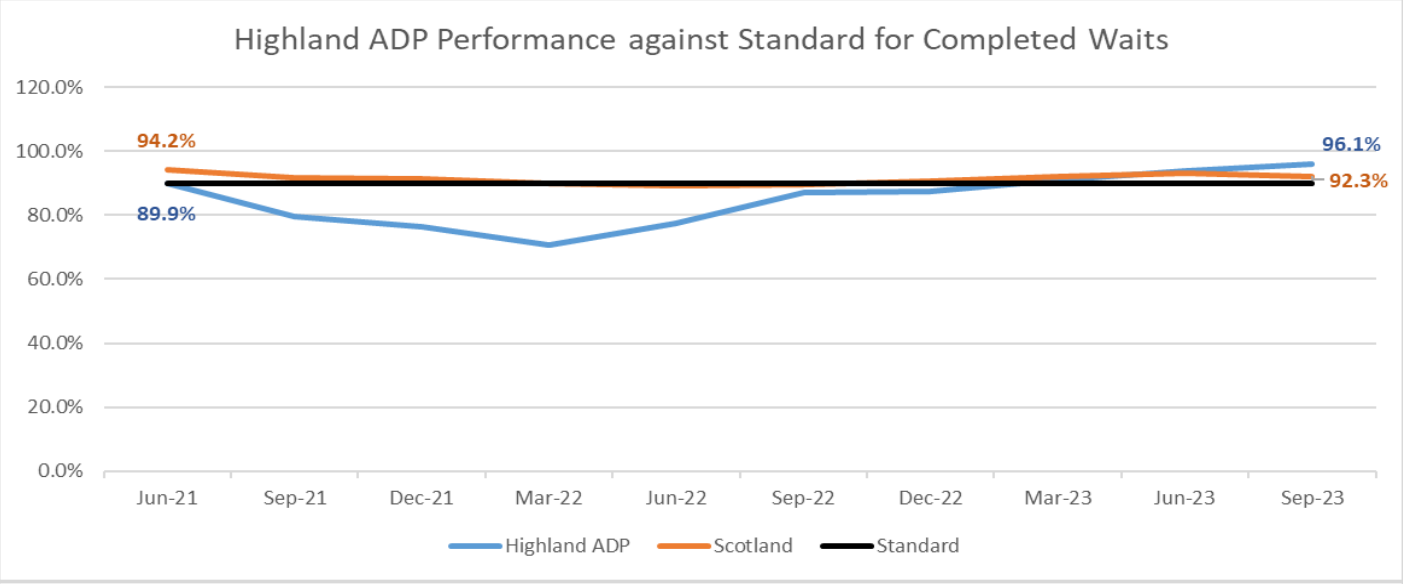
Graph 2 – shows the ongoing waits as recorded on PMS for the CMHTs, split between PT group therapies and other patients. Validation work is ongoing around this waitlist as has happened within PT.



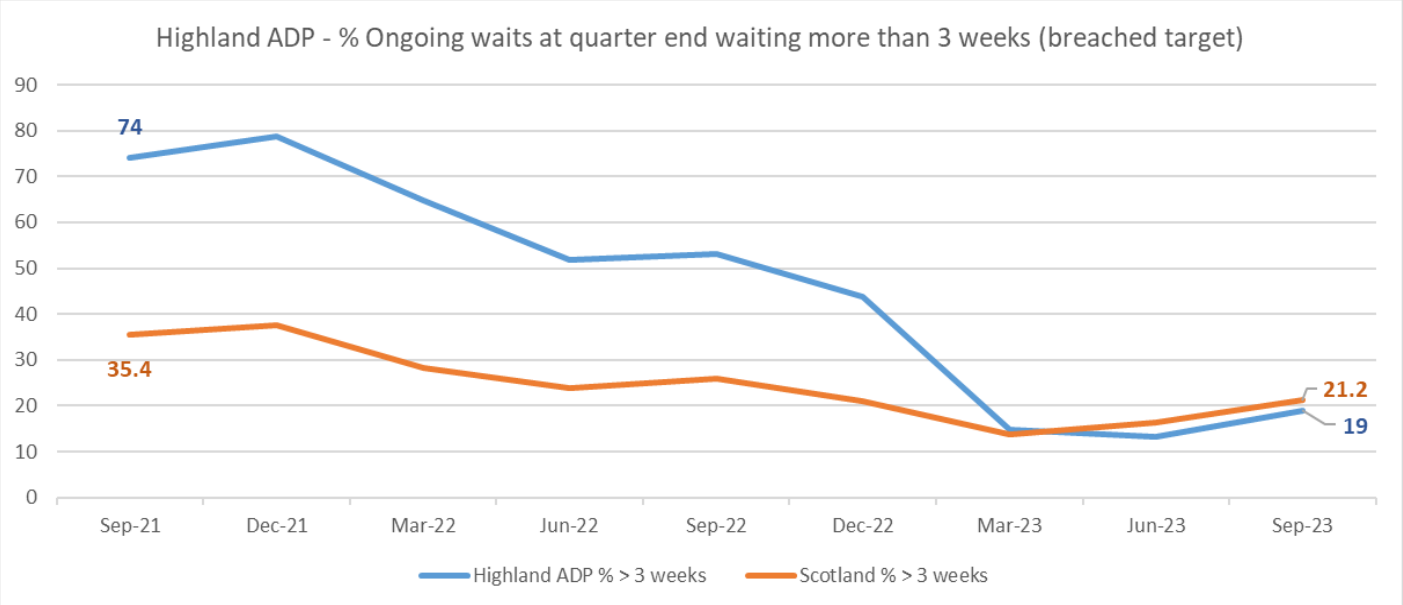
# Highland Drug & Alcohol Recovery Services

# HHSCP Drug & Alcohol Recovery Services Update PHS Publication September 2023

**HHSCP Drug & Alcohol Recovery Service performance against standard 96.1%, Scotland 92.3%**



NH IPQR - Highland only		
<b>No. of referrals to community based services completed in quarter end 30/09/2023</b>		
<i>Alcohol</i>	Highland ADP	
<i>Drug</i>		
<i>Co-dependency</i>		
<b>Total completed</b>	380	
<b>% of referrals to community based services completed within target in quarter end</b>		
	Highland ADP	Scotland
% completed <= 3 weeks - Alcohol	96.8%	91.2%
% completed <= 3 weeks - Drug	95.7%	94.0%
% completed <= 3 weeks - Co-dependency	91.7%	92.4%
<b>% completed &lt;= 3 weeks - All</b>	<b>96.1%</b>	<b>92.3%</b>
<b>TARGET</b>	<b>90%</b>	<b>90%</b>
> 3 weeks	3.9%	7.7%



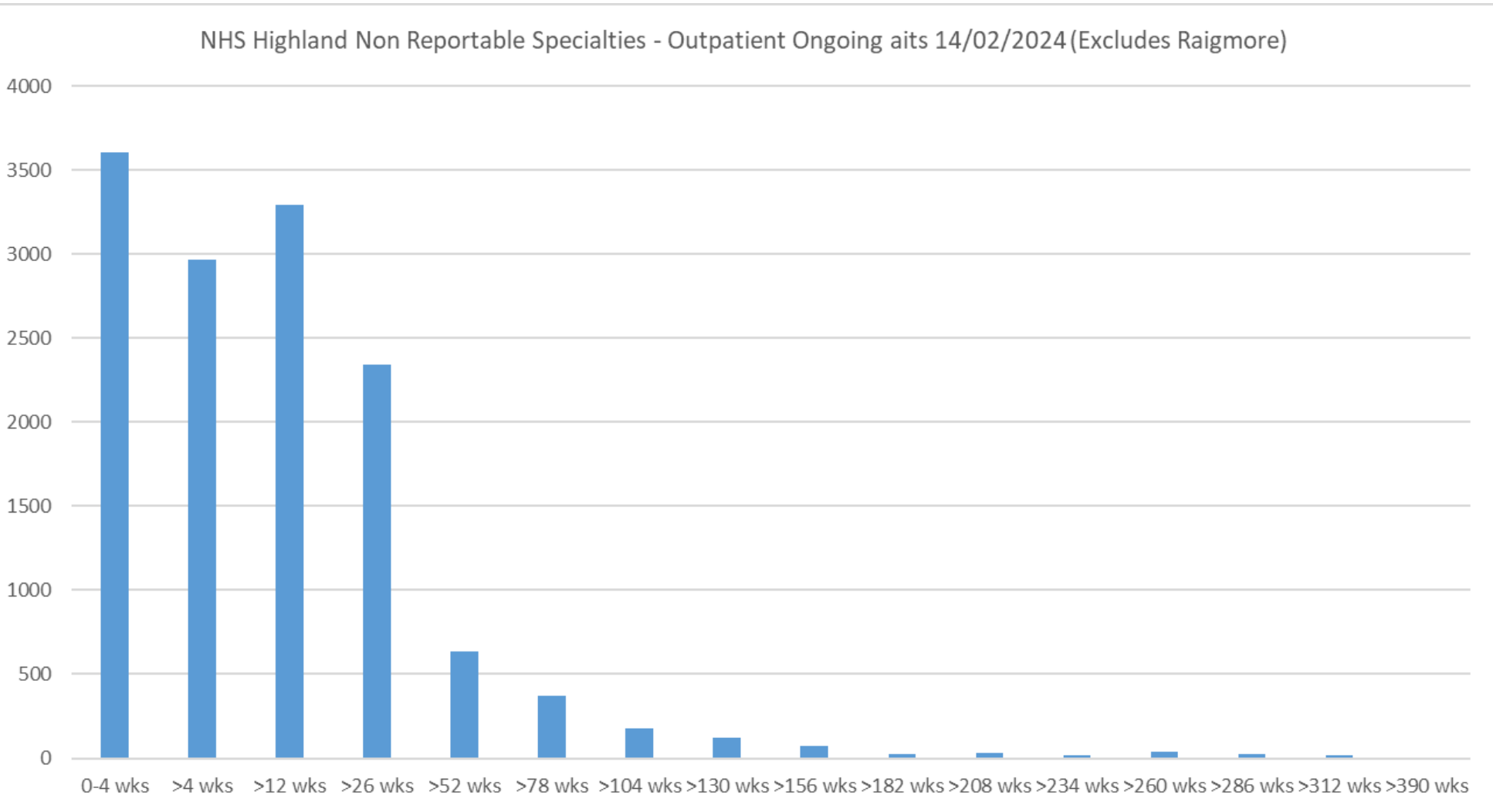
Ongoing referrals to community based services at quarter end 30/09/2023		
<b>Highland ADP</b>		
<i>Alcohol</i>	25	
<i>Drug</i>	9	
<i>Co-dependency</i>	8	
<b>Total ongoing</b>	42	
<= 3 weeks	34	
> 3 weeks	8	
<b>% breached ongoing waits as at quarter end 30/09/2023</b>		
	Highland ADP	Scotland
% ongoing > 3 weeks - Alcohol	32.0%	23.7%
% ongoing > 3 weeks - Drug	0.0%	19.9%
% ongoing > 3 weeks - Co-dependency	0.0%	13.8%
<b>% ongoing &gt; 3 weeks - All</b>	<b>19.0%</b>	<b>21.2%</b>

Priority areas include identifying areas for improvement using lean methodology and the method for improvement to release capacity in teams to further meet this standard. This work has started in some teams.



# Non Reportable Specialties – Ongoing Waits 14/02/2023

**Total Waiting List – 13,734**  
**Longest Wait > 390 weeks**



This is new data to the service so requires further consideration of what it is showing. An ongoing piece of waiting list validation work to uphold the data quality of the records continues.

We need closer scrutiny in each of the areas in relation to data cleansing, waiting list management, waiting time targets and forward service planning.

All areas will have a level of waiting times and we need to understand what is reasonable and where the service is outside of this what are our options to reduce waiting times.

**14/02/2024**