

NHS Highland



Meeting: NHS Highland Board
Meeting date: 31 JANUARY 2023
Title: Integrated Performance and Quality Report
Responsible Executive/Non-Executive: David Park, Deputy Chief Executive
Report Author: Lorraine Cowie, Head of Strategy & Transformation

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Annual Operating Plan

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

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

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

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

2.1 Situation

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

2.2 Background

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

2.3 Assessment

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

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

Due to the continued challenges health and social care services face limited assurance on performance is provided at this time. The Annual Delivery Plan ensures we have a collaborative understanding.

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

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

3.3 Financial

The financial summary is now separate.

3.4 Risk Assessment/Management

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

3.5 Data Protection

The Plan does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No relevant impacts.

3.8 Communication, involvement, engagement and consultation

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

3.9 Route to the Meeting

Through the appropriate Governance Committees.

4 Recommendation

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

4.1 List of appendices

- IPQR – January 2023



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Integrated Performance and Quality Report

January 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. The Argyll & Bute data is not included in this month's report as they are refreshing their approach.

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

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



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Integrated Performance & Quality Report

Objective 1
Outcome 3
Priority 3A

Our Population
Stay Well (Screening)

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



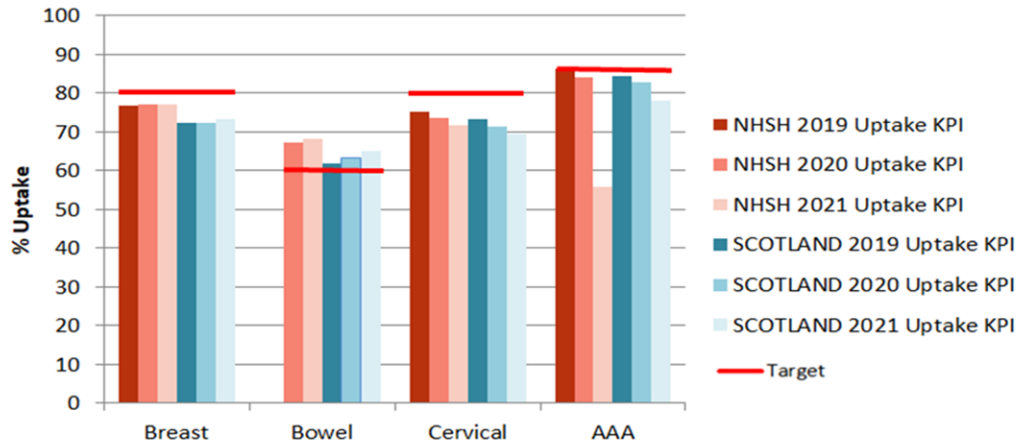
Dr Tim Allison,
Director of Public Health

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

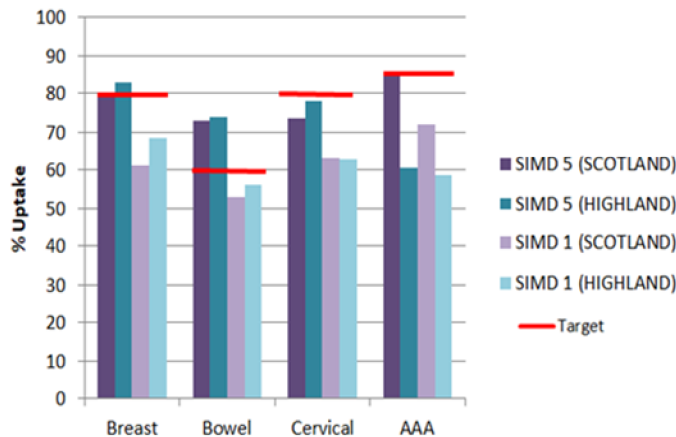
In Scotland there are 6 adult, 1 preschool and 2 newborn screening programmes.

The 6 adult programmes are: Bowel screening (men and women between 50-74), Breast screening (women between 50 to up to age 71), Cervical 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. Newborn programmes are bloodspot and hearing screening, and the preschool programme is vision screening. Adult screening was paused during the COVID pandemic. Since remobilisation, all programmes have had to address the needs of those not invited during this gap whilst inviting newly eligible people.

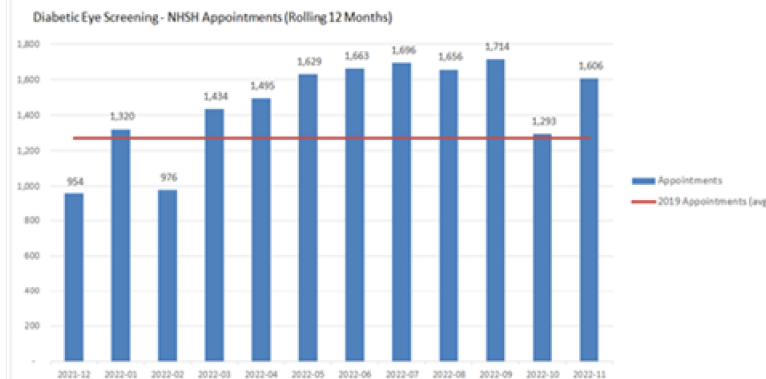
Performance of Screening Uptake in NHS Highland



Inequality in Screening Uptake in NHS Highland 2020/21*



NHSH AAA Backlog (Count of overdue men awaiting appointments)	01-Jul-22	01-Aug-22	01-Sep-22	01-Oct-22	01-Nov-22
Number initial participants who are >66	507	429	330	124	114



Performance Overview

Comparing screening performance to previous year results and against Scottish benchmarks, demonstrated that NHSH screening participation is consistently higher than seen throughout Scotland.

The exception to this is for AAA screening in 2021 where pressures in the Argyll & Bute resulted in a backlog in men being invited for screening. This position is now improved as a result of improvements and capacity increases. There are no formal KPIs for Diabetic Eye Screening. New KPIs have been developed but not yet released nationally. However, management data has assured that appointment capacity has returned to pre-COVID levels.

There is currently no KPI monitoring data for Pregnancy and Newborn screening due to data issues within BadgerNet. There are no KPIs for Child Vision screening.

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



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Integrated Performance & Quality Report

Objective 1
Outcome 3
Priority 3A

Our Population
Stay Well (Vaccinations)

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

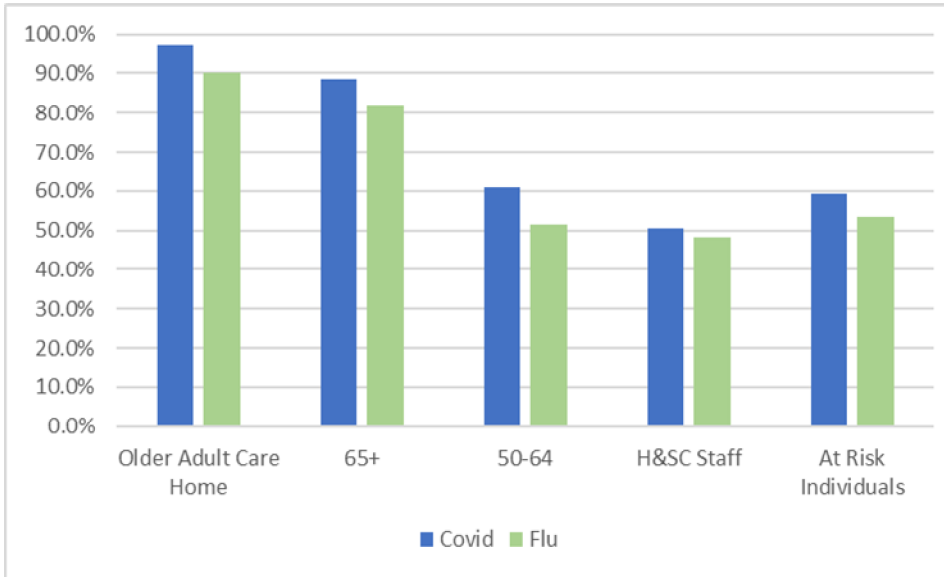


Dr Tim Allison,
Director of Public
Health

The autumn COVID and influenza vaccination programme has been delivered by Board staff except for some islands where there has been practice delivery. There are 28 vaccination centres in the Argyll and Bute HSCP area and 65 in the Highland HSCP area in addition to school, care home and domiciliary vaccination locations.

As part of the Vaccination Transformation Programme, other vaccinations such as those for young children and school-aged children are in the process of transfer to board delivery.

Vaccination uptake as at 18/12/2022



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

Performance Overview

COVID and influenza vaccination uptake has overall been slightly lower in NHS compared with the average for Scotland. However, for care home residents and health and social care staff the local rates have exceeded national averages. Argyll and Bute uptake is higher than that for Highland. Overall uptake for COVID vaccination was 70.9% at the end of December against a target of 80%. The opportunity for catch-up vaccinations remains.

Overall Vaccination uptake by Health Board

	Covid	Flu
Ayrshire & Arran	72.9%	63.8%
Dumfries & Galloway	77.1%	71.1%
Fife	71.9%	63.8%
Grampian	72.3%	63.8%
Highland	70.9%	62.5%
Tayside	72.2%	63.8%



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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.

Integrated Performance & Quality Report

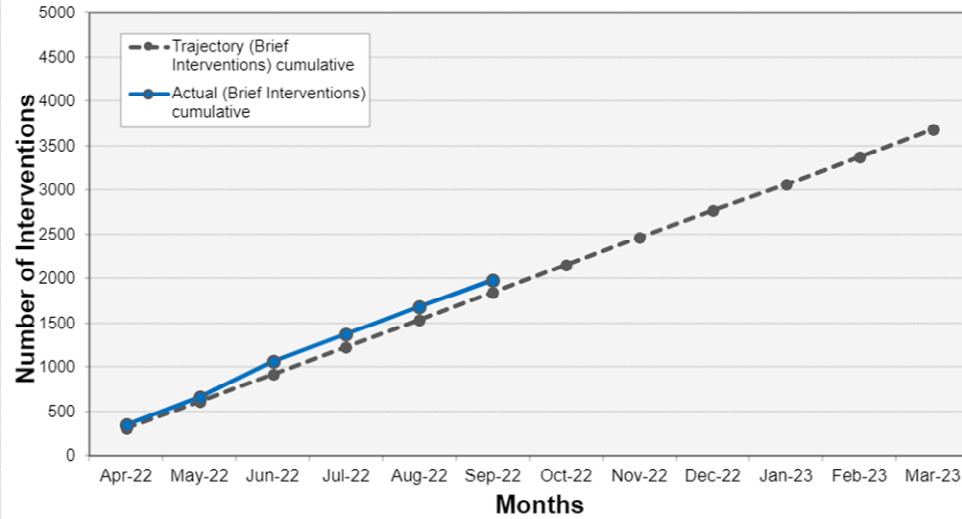
Objective 1
Outcome 3

Our Population
Stay Well (Alcohol Brief Interventions)

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

New indicator

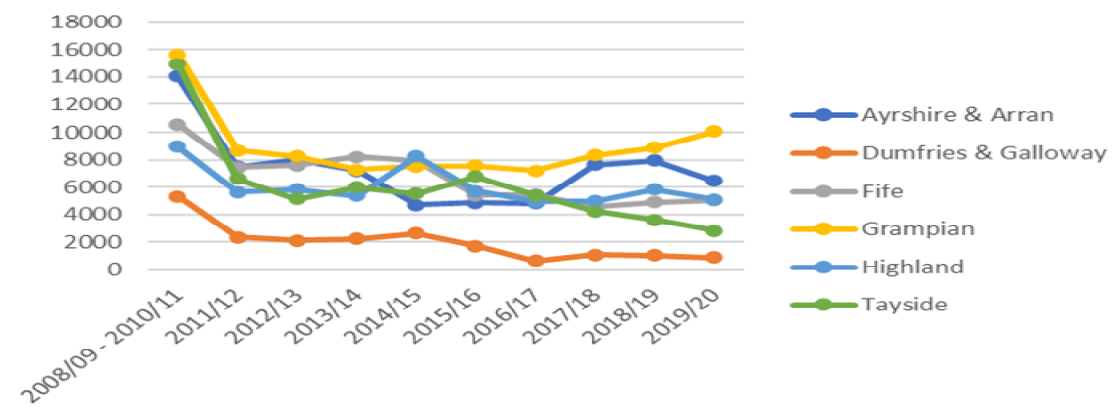
NHS Highland - Alcohol Brief Interventions 2022/23 Q2



Performance Overview

NHS Highland is currently above target with 1976 ABIs completed in total during the first 2 quarters of 2022/23 (above trajectory of 1841). However, current activity is not spread evenly and the overall target is being achieved through the work of a part of the system. The number of ABIs reported are for Highland area H&SCP with the majority from GPs. Very few cases being reported in the wider setting and no ABIs are available from Argyll and Bute. Delivery and reporting from secondary care needs to be addressed as reporting ceased during the pandemic and an improvement plan is needed for Argyll and Bute.

ABIs delivered





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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 currently being negotiated with Scottish Government with representation from NHS Highland. This may include increasing reach and success, particularly with priority groups.

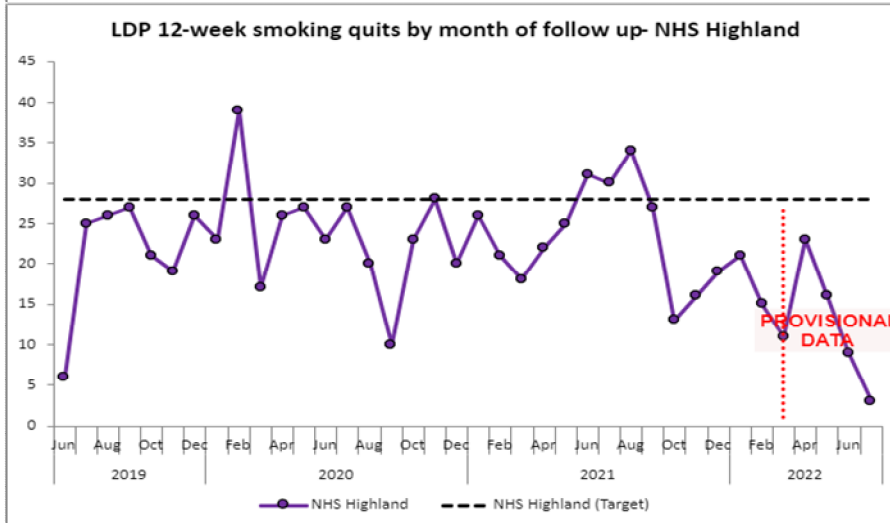
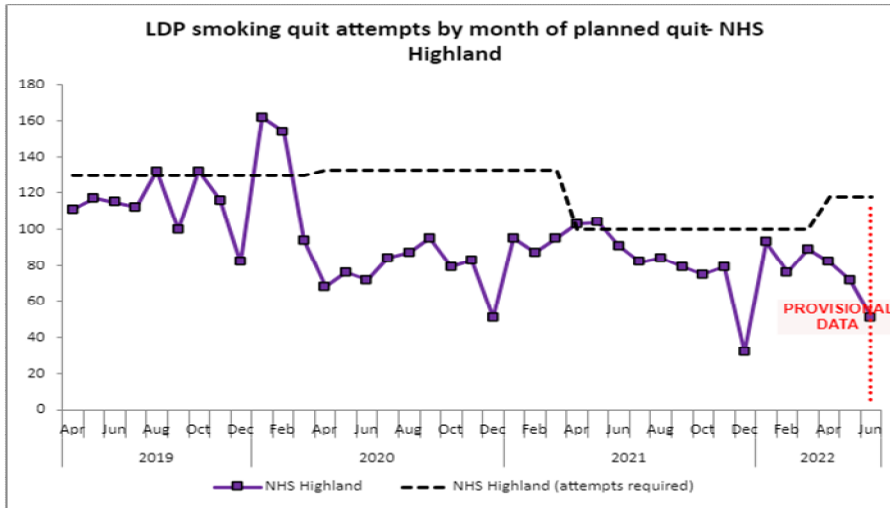
Integrated Performance & Quality Report

Objective 1
Outcome 3

Our Population
Stay Well (Smoking Cessation)

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

New
indicator



Performance Overview

The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. 57 successful quits were achieved in the first quarter at 12 weeks in the 40% most deprived (significantly below trajectory of 84).

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 significant since the beginning of COVID. Work is taking place with the aim of improving this.

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

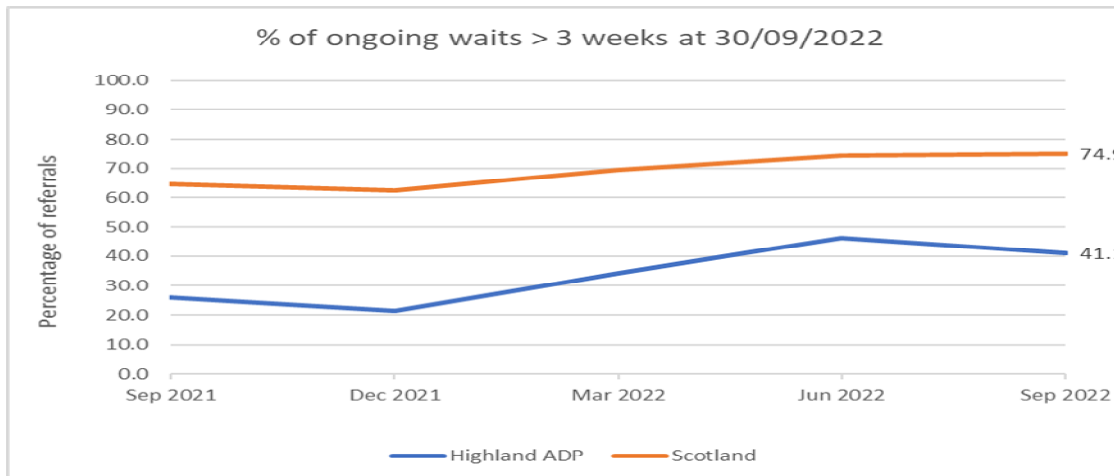
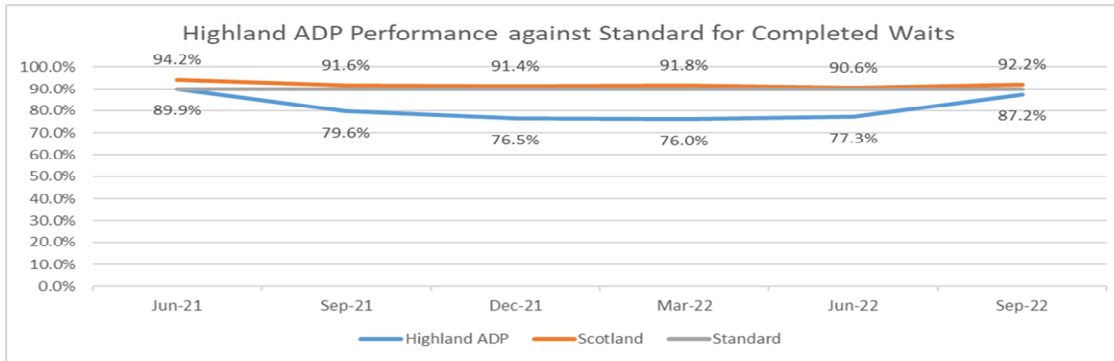
Our Population
Stay Well (Drug and Alcohol waiting times)
“No patient will wait longer than 3 weeks for commencement of treatment”



Louise Bussell
Chief Officer, NHHSCP

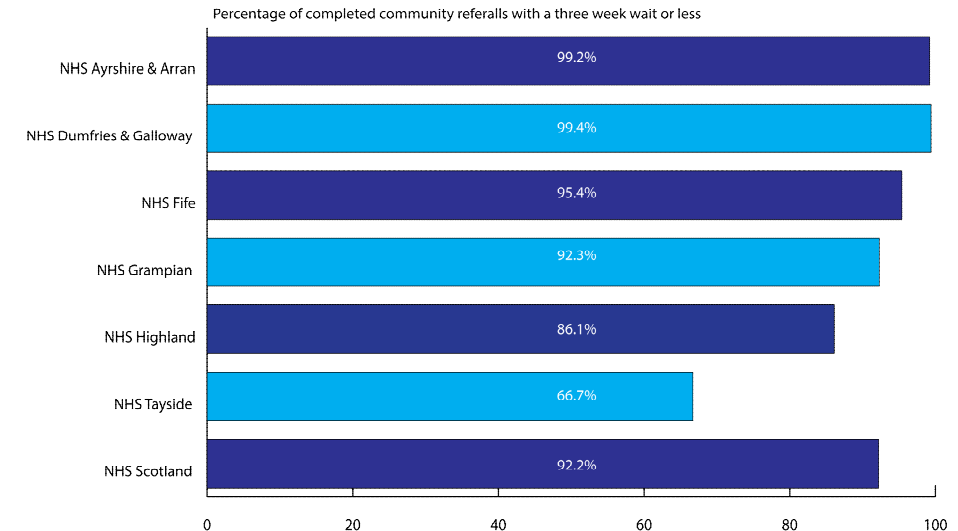
As identified last quarter there has been and continues to be a marked improvement in ADP performance against completed waits. In addition, there has been a reduction in the % of ongoing waits of more than 3 weeks. This relates to the service implementing new approaches and recruiting to new posts to support people across Highland. They continue to provide immediate assessment rather than delay, caseload supervision to ensure flow, and have redesigned the pathway.

**North Highland Drug & Alcohol Services September 2022 - 87.2%,
Please note the standard was achieved for people for Drug treatment in this
quarter
Scotland 92.2%**



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.





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Katherine Sutton
Chief Officer, Acute

Start Well aims to give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before and during pregnancy. The Maternity & Neonatal Programme Board is the collective strategic governing body to ensure we meet Start Well objectives through robust and rigorous planning, escalation and risk management.

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

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

Integrated Performance & Quality Report

Objective 1

Outcome 1

Priority 1A, 1C

Our Population

Start Well (Maternity Services)

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



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 91.8% and is one of the highest performing boards in Scotland as at June 2022.

YTD Cumulative Summary (1 Jan 2022 - 30 Nov 2022)*

	Number of Bookings	Number of Deliveries
Skye and Lochalsh CMU	85	12
Caithness CMU	225	10
Fort William CMU	164	25
Raigmore Maternity	1451	1721

*Trends of this chart stratified by location will be available for the next IPQR.



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Katherine Sutton
Chief Officer, Acute

Integrated Performance & Quality Report

Objective 1

Our Population

Outcome 2

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

Priority 2C

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



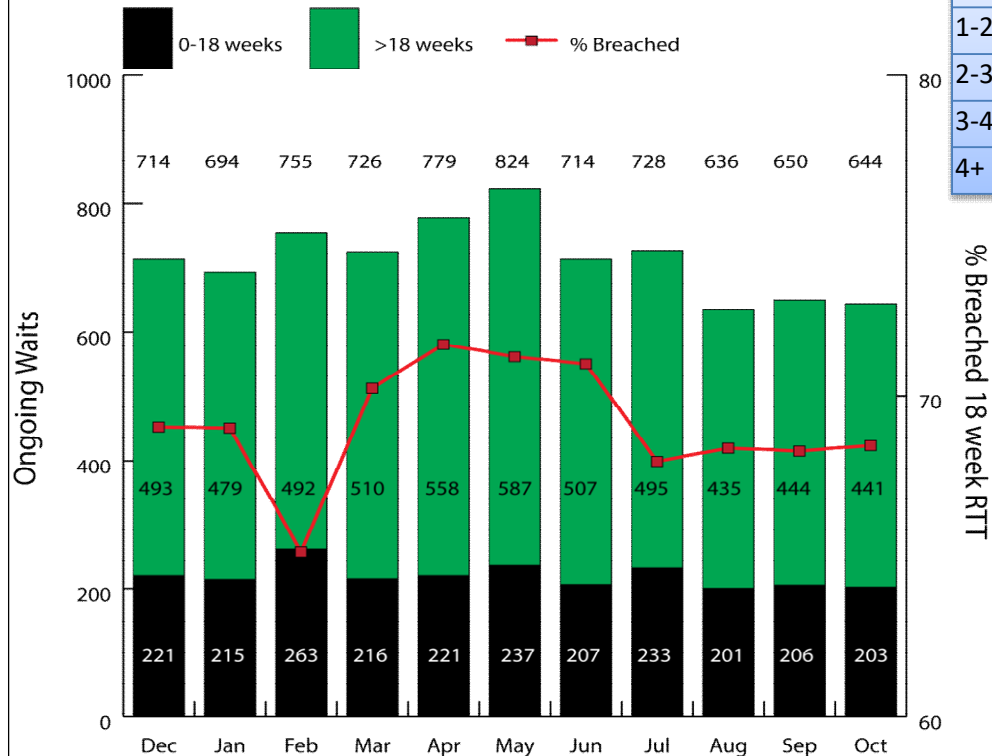
73.1% CAMHS current performance

Performance Overview

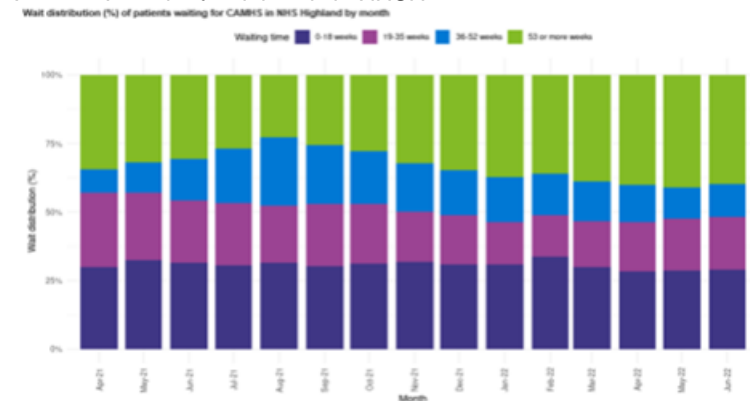
The national target for CAMHS is that 90% of young people to commence specialist CAMHS services within 18 wks of referral.

A total of 644 children and young people are waiting to be seen of which 441 have waited over 18 weeks and 203 under 18 weeks. 274 have waited over 1 year, the longest wait being over 3 years. Benchmarking shows that we have a higher than average distribution of long waits to access services.

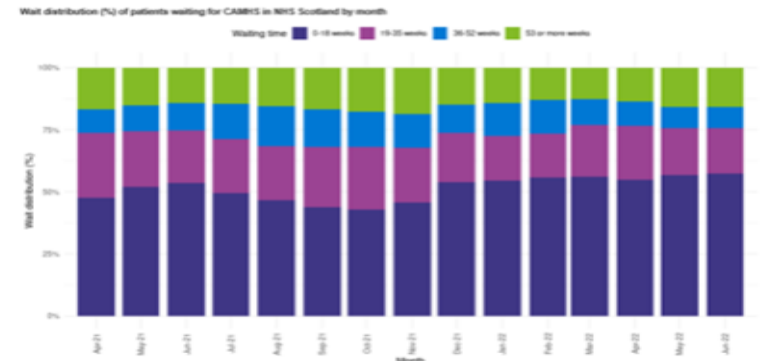
CAMHS waiting list 31.10.2022



Years	NH	A&B
1-2	151	12
2-3	92	0
3-4	19	0
4+	0	0



Average Length of wait bands in NHS Scotland



A number of actions are underway in line with the CAMHS improvement plan. The areas being addressed for action include scoping ways to improve reporting and monitor intelligence better, restructure and enhance management and leadership capacity and review of clinical pathways to ensure improved concentration of flow, throughput and activity. Waiting list validation exercises are currently underway including a manual trawl of case files to ensure duplications and errors are cleansed. Waiting list initiatives commenced November 2022 which will run until the end of March. CAMHS are also in the process of scoping commissioning external assessment capacity through a small scale test of change pilot while also scoping a larger scale SLA/contract of independent sector to help clear back log. The CAMHS Programme Board has been established to support the delivery of the CAMHS strategic improvement plan. Review of clinical models ongoing including de-centralising core CAMHS to locality delivery model and realigning intensive home treatment from Unscheduled care delivery to wrap around model with core CAMHS.



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Integrated Performance & Quality Report

Objective 1

Our Population

Outcome 2

Thrive Well (NDAS / Integrated Childrens Services)

Priority 2C *“Support children who have mental health or neurodiversity needs with timely, accessible care and a “no wrong door” approach”*

New
indicator



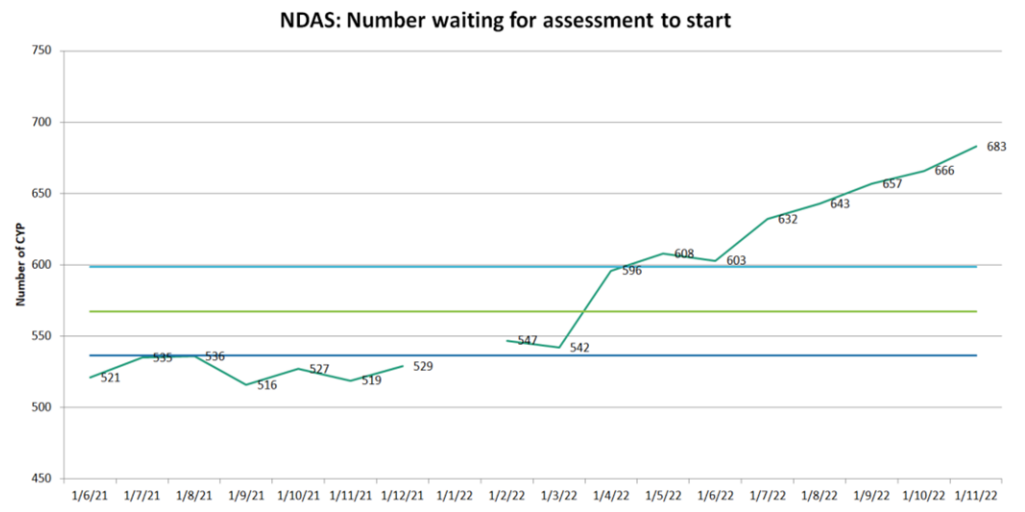
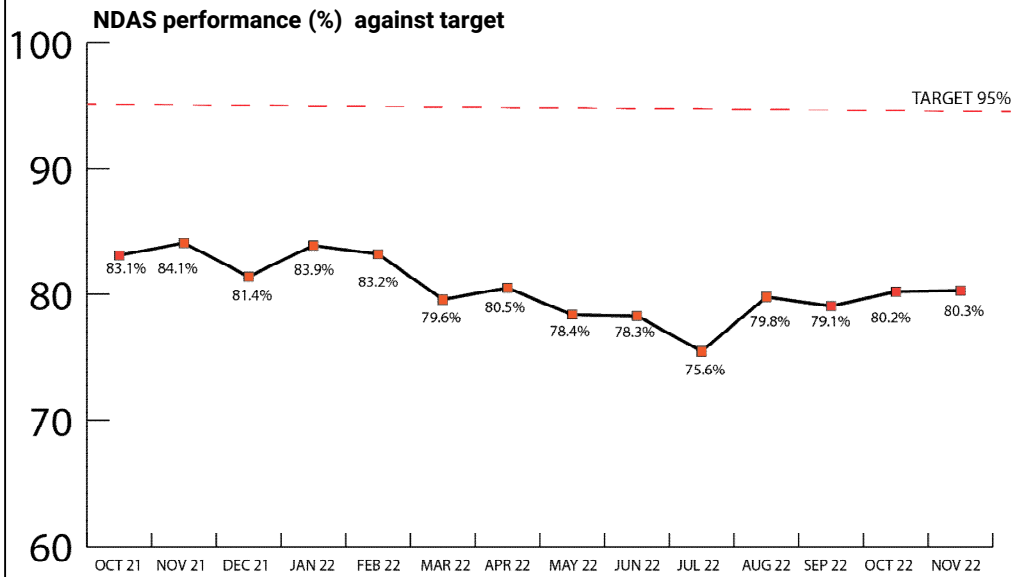
Performance Overview
There are 655 C&YP waiting to start the assessment process with a significant proportion waiting more than 2 years for this to commence.



Katherine Sutton
Chief Officer, Acute

The Highland Council provided Clinical and Service leadership to NDAS to progress the change plan. NDAS currently has waits of just over 3 years to start assessment, with around 900 CYP waiting to start or conclude assessment. Longest waits impact when Clinical Psychology is required. Funding (2022/23) from Scottish Government Mental Health Recovery and Renewal Fund – Phase 2- Access to Specialist ND Professionals. Highland’s ND Service is a cross agency, multi-disciplinary pan Highland service. This creates a number of pressures inherent to the whole system clear leadership and governance is being implemented to support impact through the proposed “hub and spoke” model.

Number waiting for assessment split by length of wait - 1st December; Trak	0-18 weeks	19-35 weeks	36-52 weeks	53-77 weeks	78-104 weeks	>104 weeks	Grand Total
	209	89	81	86	79	111	655





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Katherine Sutton
Chief Officer, Acute

The improvements to urgent and unscheduled care are being supported through a number of governance arrangements. The Respond Well Programme Board is chaired by the Chief Officer for Argyll and Bute. The programme board aims to support delivering transformational change to address and bring about improvements to flow and capacity across the integrated systems of Argyll and Bute and Highland Council area including the Acute Hospitals. Robust winter plans have been developed and deployed supported by a newly introduced OPEL escalation framework. In addition programme improvements are being taken forward within the Acute Hospitals which target improvement in the Emergency Department performance

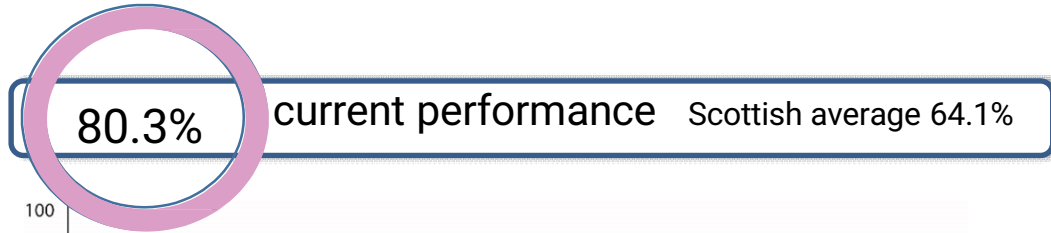
Integrated Performance & Quality Report

Objective 3
Outcome 11
Priority 11B

In Partnership

Respond Well (Urgent and Unscheduled Care)

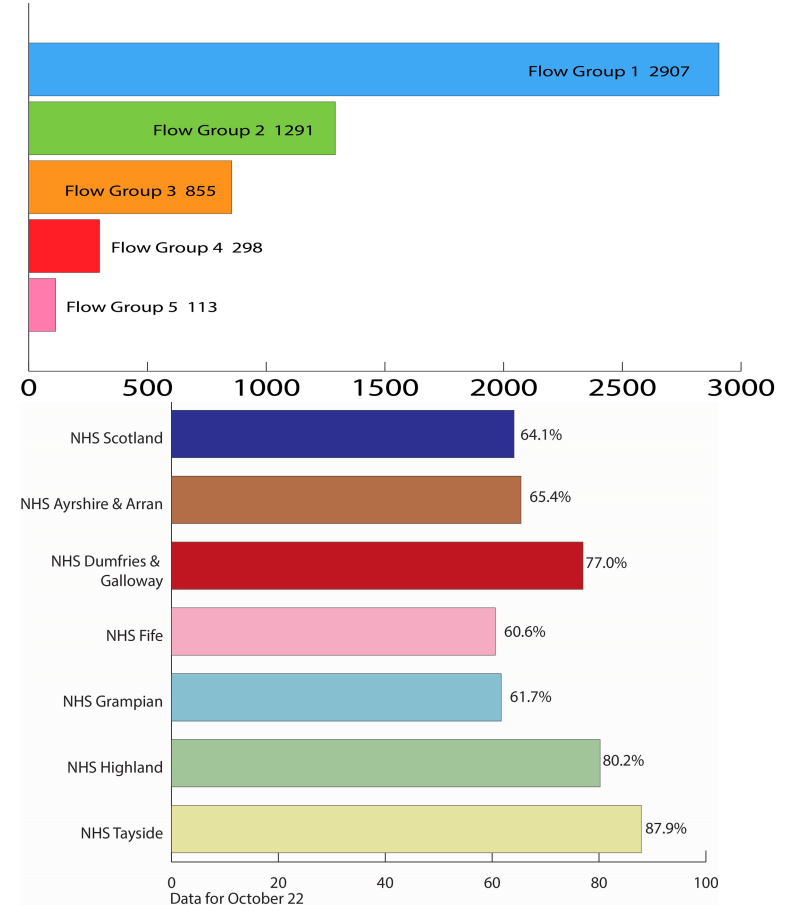
“Ensure that those people with serious or life threatening emergency needs are treated quickly”



	Oct 22	Nov 22
4 hour wait to treatment	80.2%	80.3%
ED conversion rate	21.97%	23.10%
Emergency (EDIS) att.	5485	4991
Total ED attendances	6012	5464

Performance Overview

The national target for ED is 95% of our population will wait no longer than 4 hrs. from arrival to admission, discharge or transfer for ED treatment. ED performance is 80.3%.





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Katherine Sutton
Chief Officer, Acute

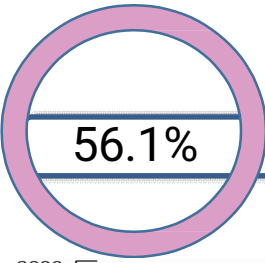
The Treat-well Strategy Programme Board is well established and chaired by the Deputy Medical Director Acute with an identified SRO and Programme Manager. Significant focus has gone into ensuring the numbers of long waiting patients are reducing. These actions have improved NHS Highland performance and we are now performing at Scottish average. The most challenged speciality continues to be Orthopaedics. We are aware that the NTC-H is coming on line April 2023. Work is ongoing to identify all opportunities and options to increase capacity for Orthopaedic patients. NHS Highland has engaged and responded well as a part of NHS Scotland remobilisation response. Looking forward there are significant challenges predicted to the current progress with recovery due to ongoing system pressures, bed and staffing availability. Scaling back of the elective programme is being planned as a part of planning for winter to help support the ongoing flow issues being experienced within Raigmore Hospital and reduce risks to compromising patient care. Recently announced reduction of funding to support recovery will impact the potential rate of recovery

Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12A

In Partnership
Treat Well (TTG)

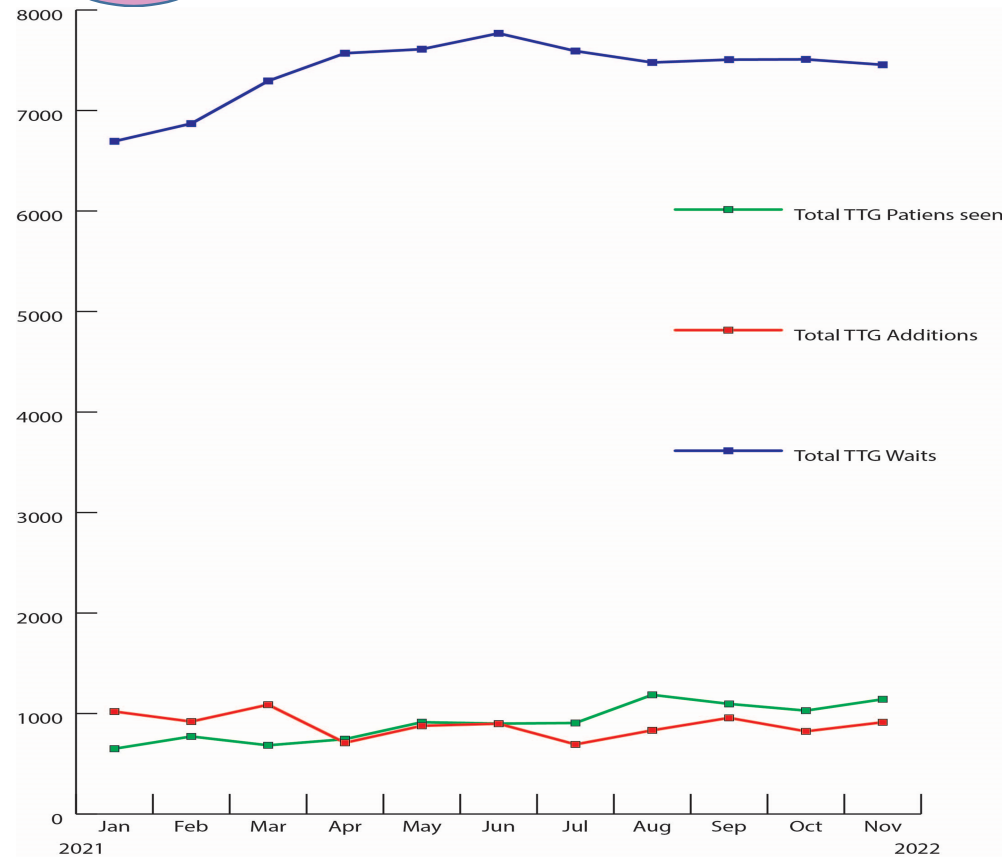
“Ensure that our population have timely access to planned care through transforming the way that we deliver our care and ensuring that they have the best experience possible”



56.1%

current performance

Scottish Average 55.5%



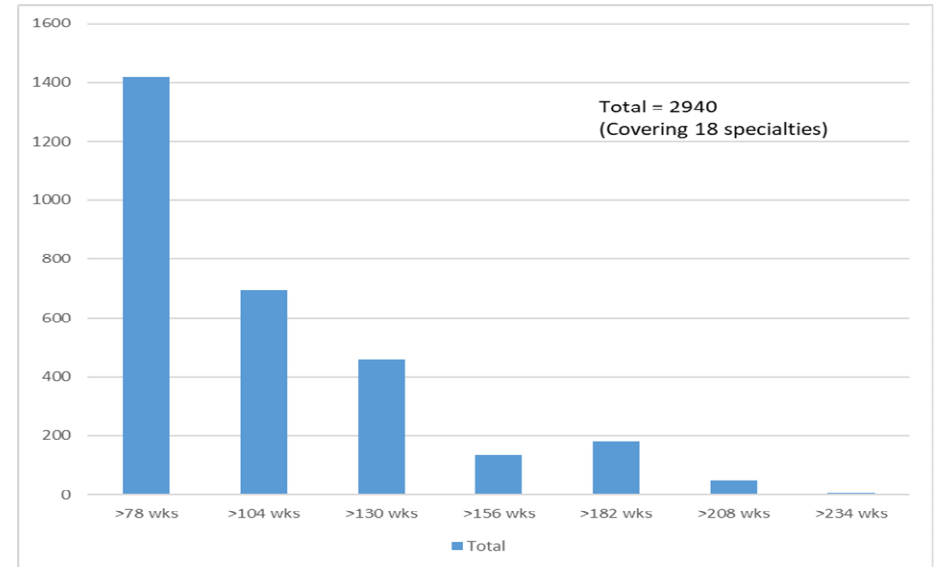
Performance Overview

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

- a) No > 78 week waits for inpatient/daycases by September 2023*
 - b) No > 52week waits for inpatient/daycases by September 2024*
- The TTG waiting list is reducing. There is focused work on reducing our population waits of >2 years .

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

Projected TTG waits over 78 weeks September 2023 as at 30th November 2022





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Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12B

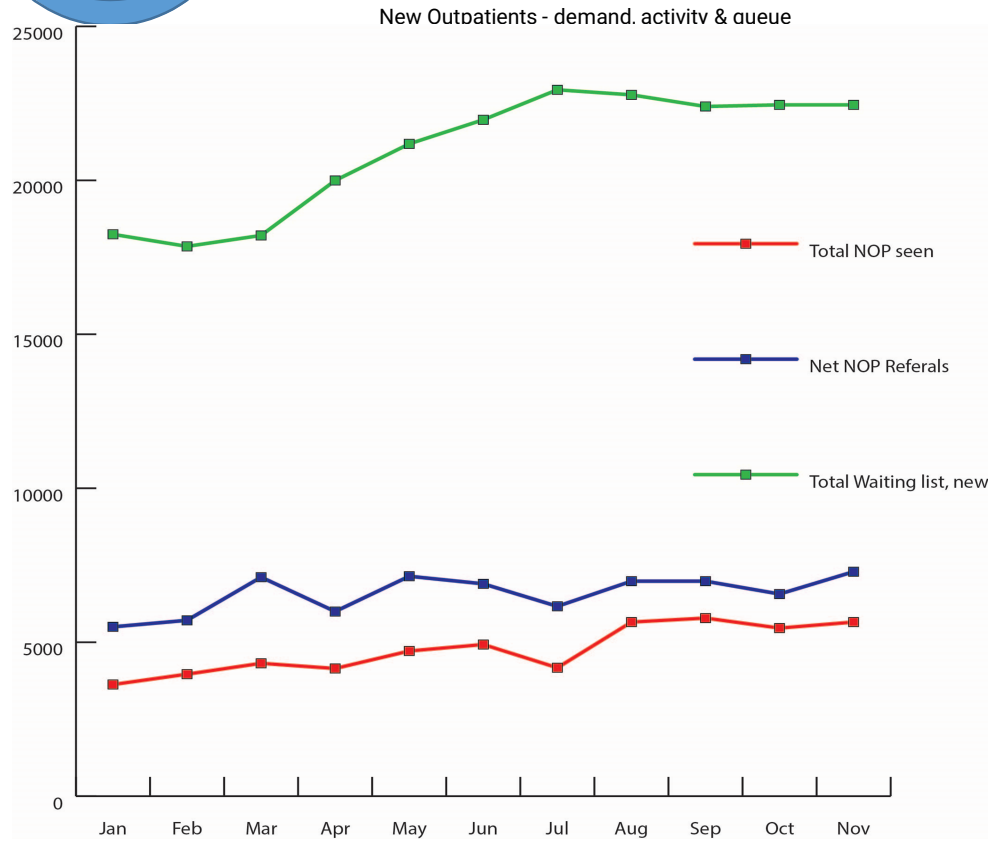
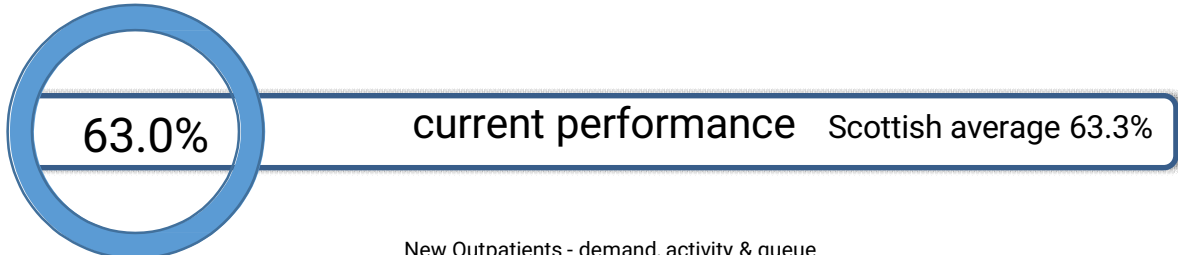
In Partnership
Treat Well (Outpatients)

“Deliver a Hospital without walls system that transforms the way we deliver outpatient services that will rethink the boundaries between patient and clinician to make the most of our valuable resources”



Katherine Sutton
Chief Officer, Acute

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



F2F appts
78%

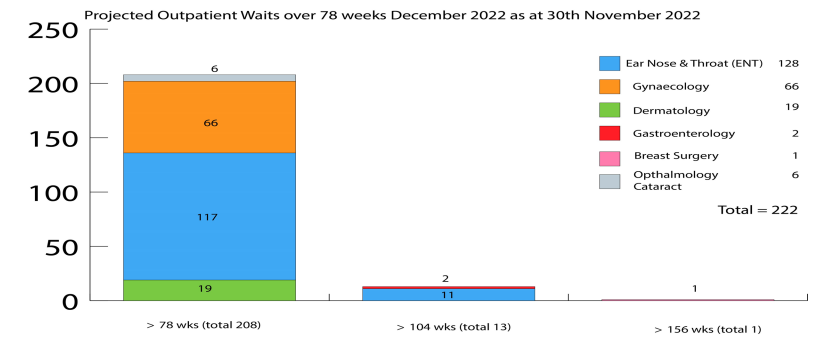
DNA rate
Nov 2022
6.16%

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

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

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

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





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Katherine Sutton
Chief Officer, Acute

A diagnostics sub-group of the Treat well Programme Board has been established. This will mainly focus on improvements relating to access to Imaging and Endoscopy.

The endoscopy service has benefited from new technology to provide a diagnosis including QFit, Colon Capsule Endoscopy and Cytosponge. We have also increased the training capacity to create a more sustainable workforce and introduced a patient-centred booking process across all Northern Highland, with plans to include Oban from Spring 2023.

Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12C

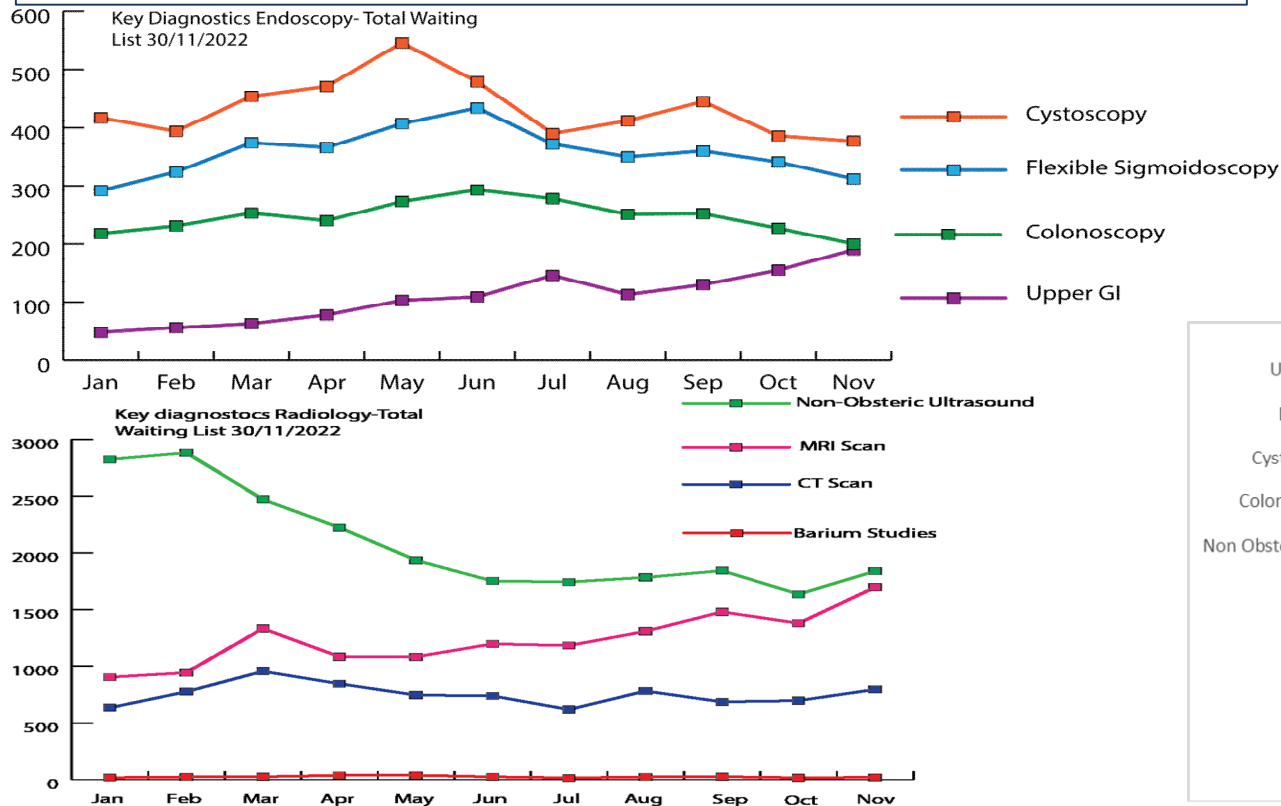
In Partnership
Treat Well (Diagnostics)

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

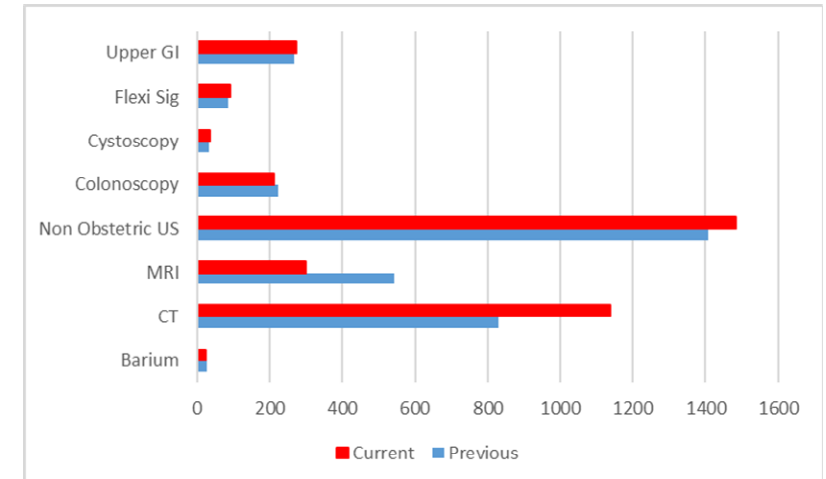


Performance Overview

The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test. We have 5436 people waiting for a key diagnostic test. 1698 patients are waiting for an MRI and there will be a requirement for increased activity in non-obstetric ultrasound to reduce the waiting list further. We are actively looking at how we improve analysis and reporting of diagnostic compliance targets.



8 KEY DIAGNOSTICS November 2022	Total Waiting list size	NUMBER OF PATIENTS SEEN
Upper GI	377	274
Flexible Sigmoidoscopy	200	91
Colonoscopy	312	211
Cystoscopy	190	37
CT Scan	797	1138
MRI Scan	1698	299
Barium Studies	21	24
Non Obstetric Ultrasound	1841	1485
Total	5436	3559





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Katherine Sutton
Chief Officer, Acute

The Programme Board approach is being refreshed to develop a strategic improvement plan that addresses workforce, real estate and diagnostic challenges that are impeding service reliability. The strategic board is supported by an operational delivery group. The implementation of the principles of the Scottish Cancer Framework are being refreshed at service level.

Integrated Performance & Quality Report

Objective 3

Outcome 13

Priority 13A, 13B, 13C

In Partnership

Journey Well (Cancer Care)

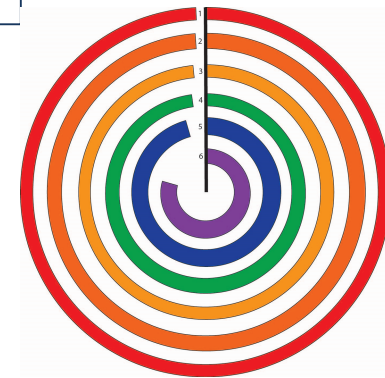
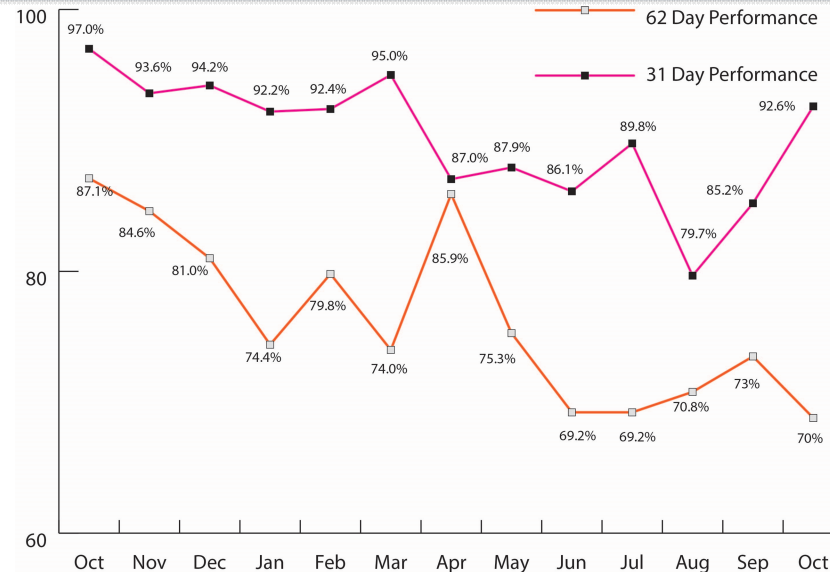
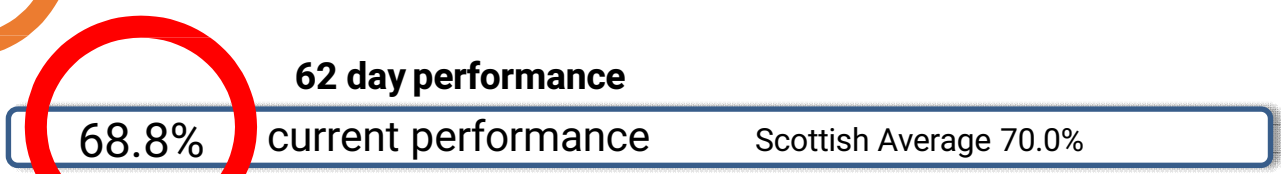
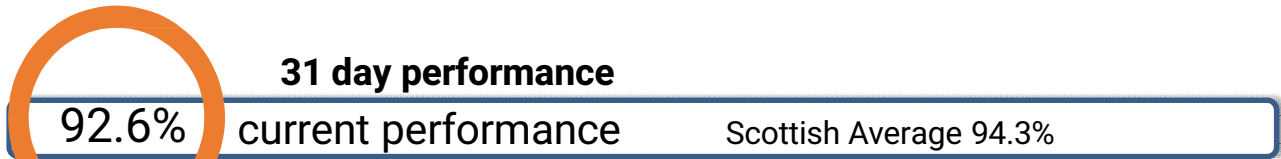
"Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment and personal support"



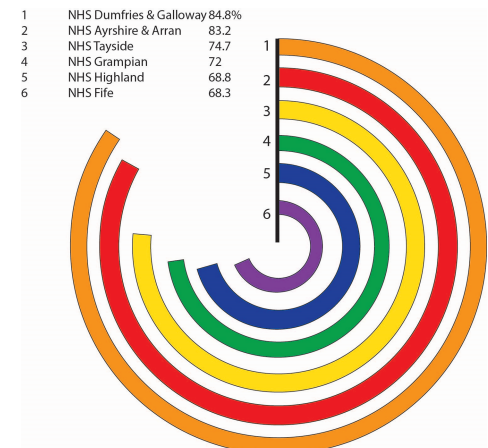
Performance Overview

The national targets for cancer are a) 95% of all patients diagnosed with cancer to begin treatment within 31 days b) 95% of USC referrals to begin treatment within 62 days

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



1	NHS Ayrshire & Arran	99.2%
2	NHS Grampian	98.25
3	NHS Fife	96.7
4	NHS Tayside	95.8
5	NHS Dumfries & Galloway	96.3
6	NHS Highland	92.6



1	NHS Dumfries & Galloway	84.8%
2	NHS Ayrshire & Arran	83.2
3	NHS Tayside	74.7
4	NHS Grampian	72
5	NHS Highland	68.8
6	NHS Fife	68.3



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Integrated Performance & Quality Report

Objective 3

In Partnership

Outcome 13

Journey Well (Cancer Care)

Priority 13A

“We will work together to raise population awareness of the symptoms of cancer to facilitate earlier and faster diagnosis”

New
indicator

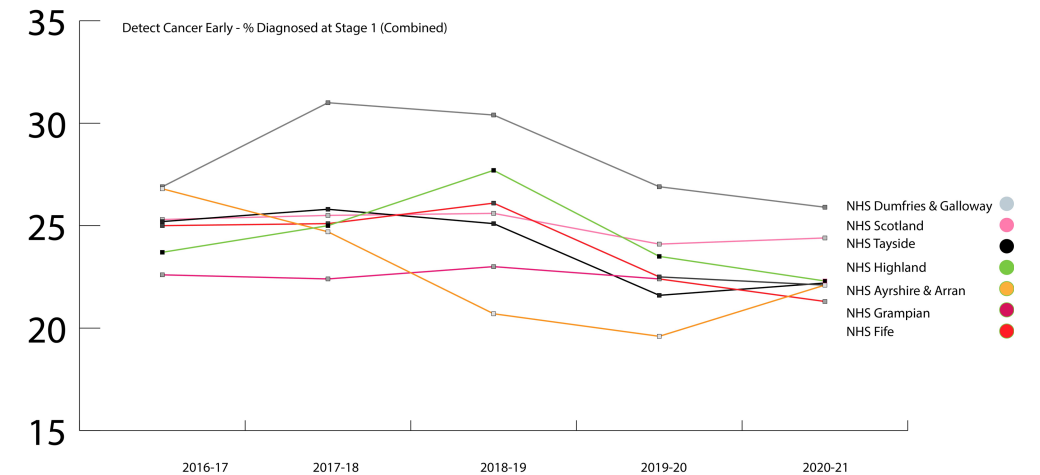
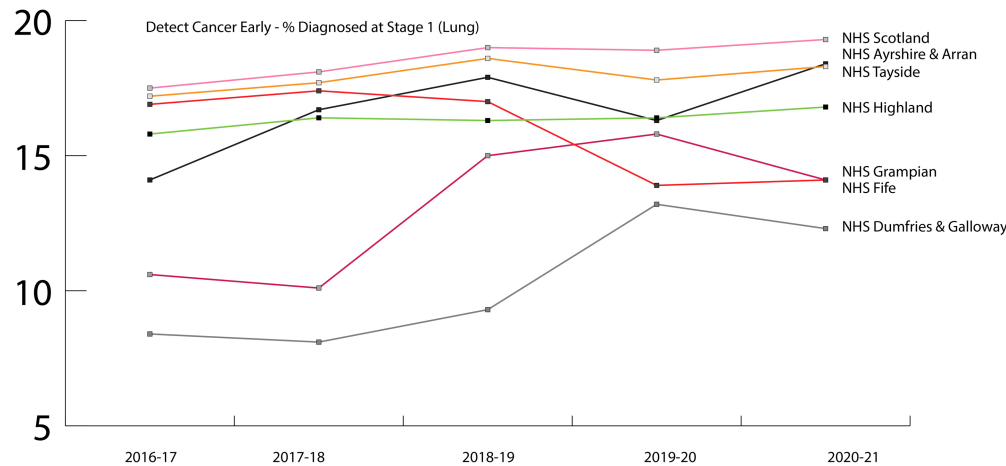
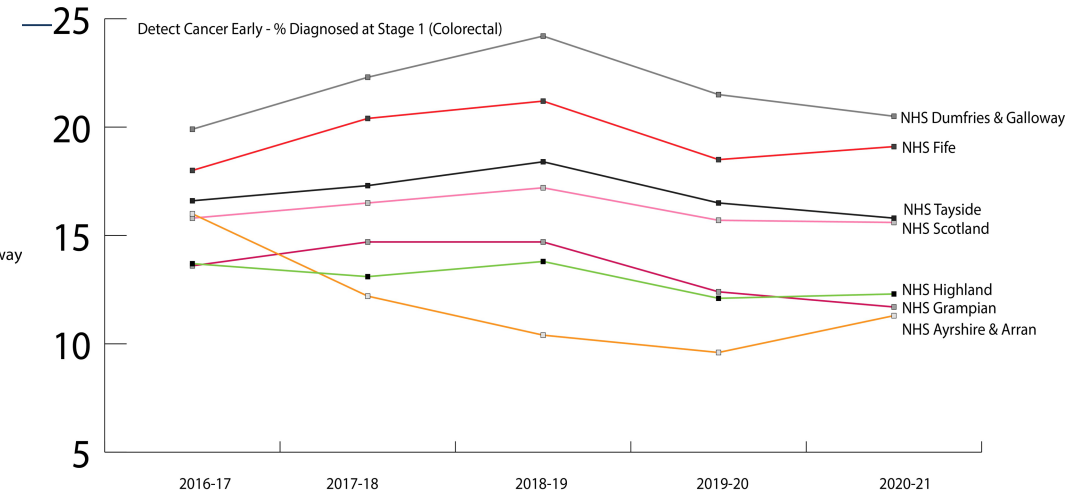
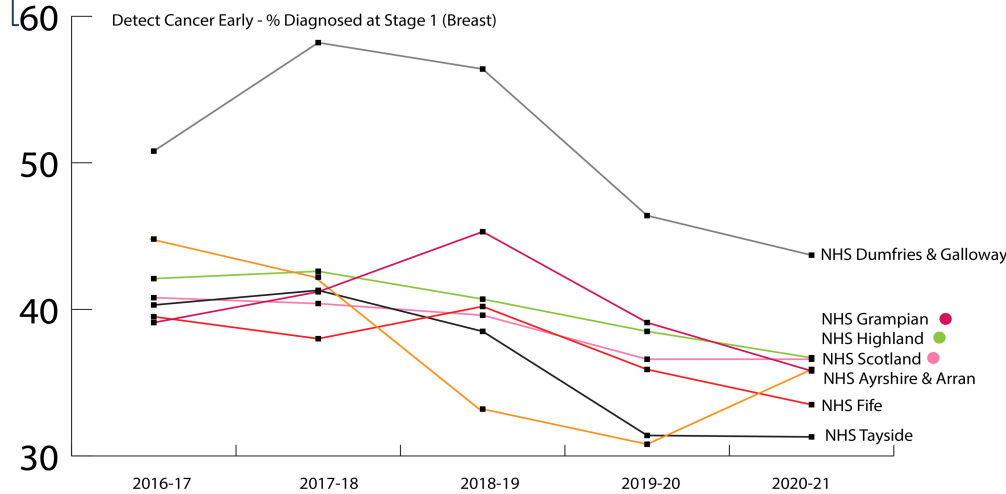


Katherine Sutton
Chief Officer, Acute

The Programme Board approach is being refreshed to develop a strategic improvement plan that addresses workforce, real estate and diagnostic challenges that are impeding service reliability. The strategic board is supported by an operational delivery group. The implementation of the principles of the Scottish Cancer Framework are being refreshed at service level.

Performance Overview

Increased detection of cancer at stage 1 is part of the LDP standards. For breast we in line with Scottish average and for colorectal and lung below Scottish average. Overall we are below Scottish average and within ADP we have work on improving awareness to support behaviour change.





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Louise Bussell
Chief Officer, NHHSCP

Delayed discharges continue to be a significant challenge locally and nationally.

The number of delayed discharges overall has not changed significantly over the period. Until October of this year however the bed days data was showing a reducing trend with people overall spending less time in hospital.

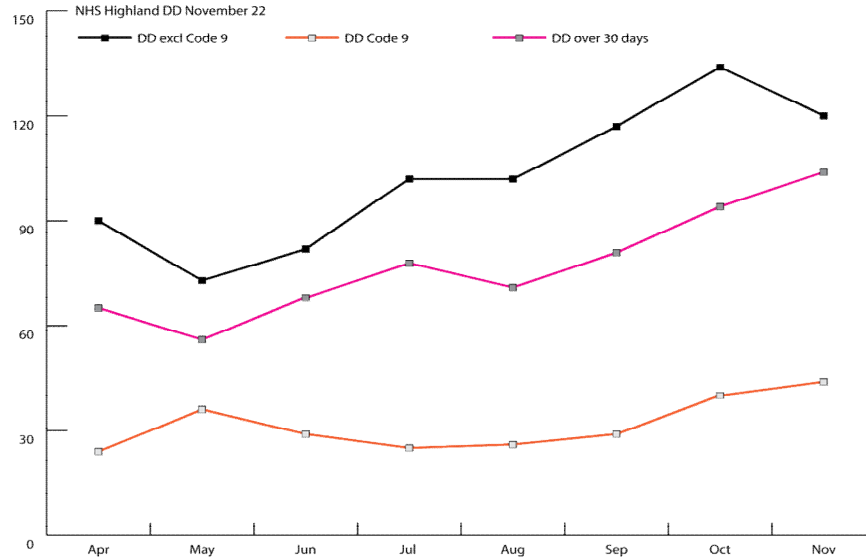
There is a high level of service redesign and development underway, aimed at improving flow and reducing delayed discharges over the coming months, albeit the challenge of adult social care capacity remains. This includes implementation of an agreed planned date of discharge for all patients and systems to establish community pull. Discharge without delay and improved pathway work continue with good multi-professional engagement.

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 138 delayed discharges @ November m/e with 37 of those code 9 (complex) 95 delayed discharges are >30 days.

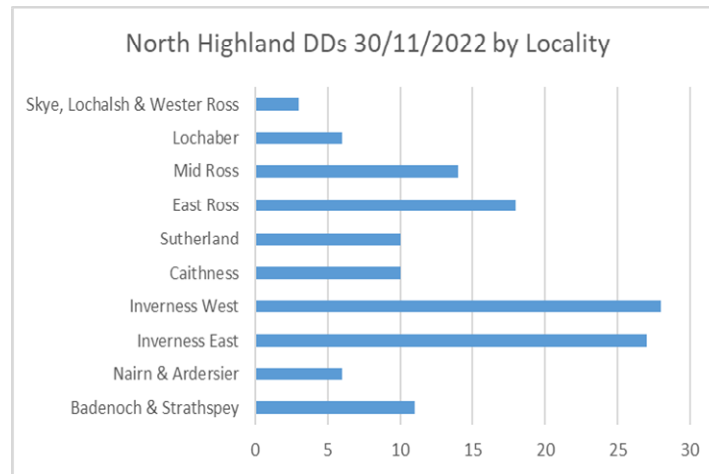
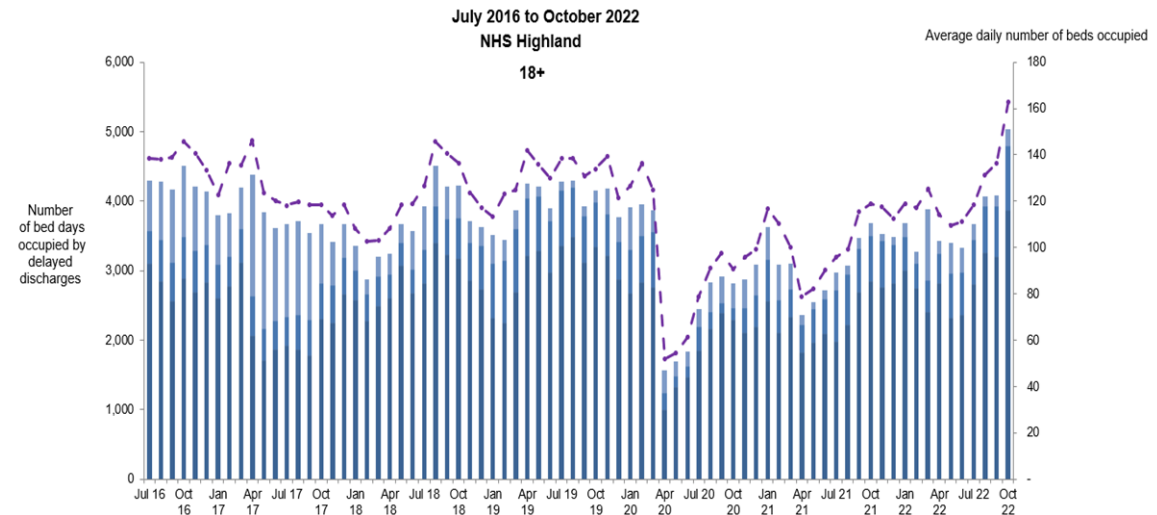


Chart 1 - Bed Days Occupied by Delayed Discharges





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Louise Bussell
Chief Officer, NHHSCP

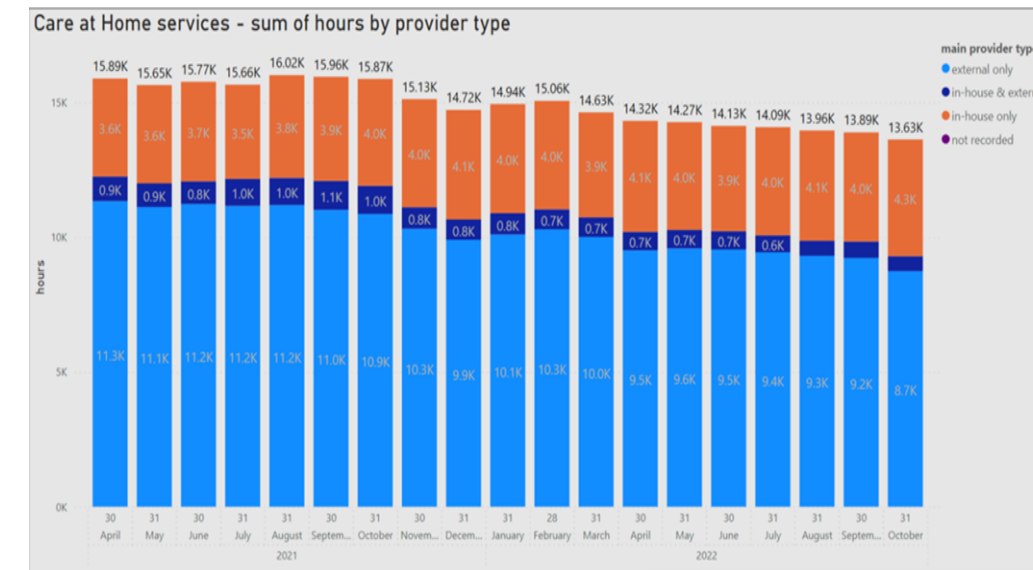
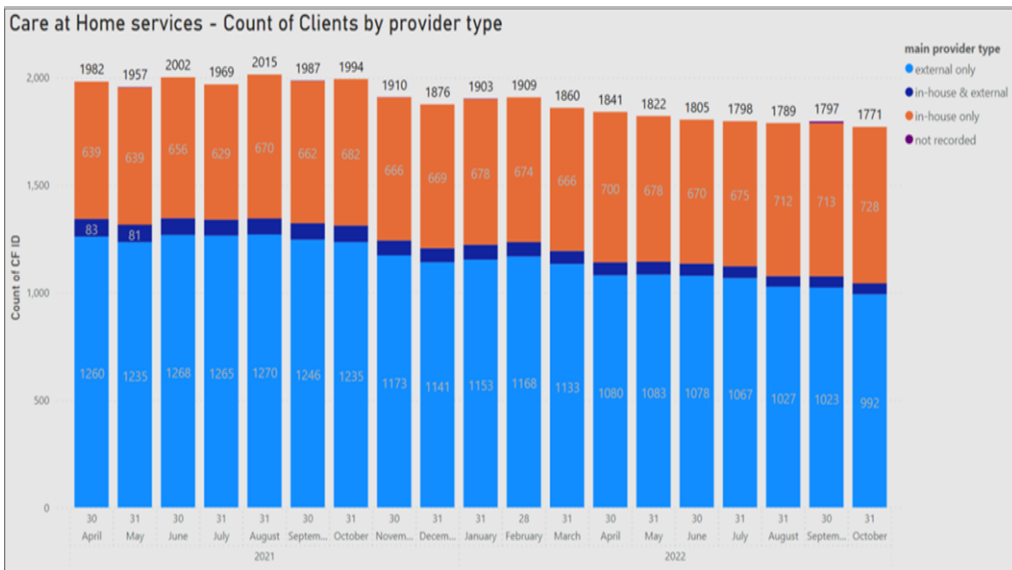
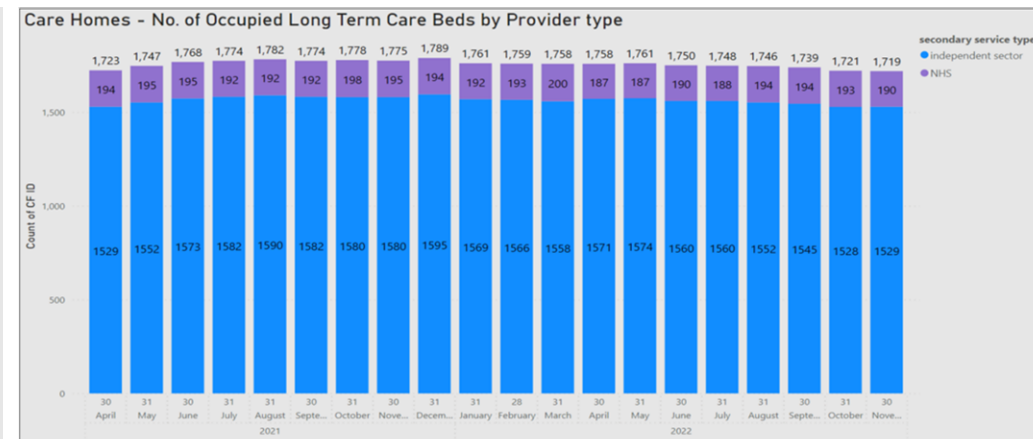
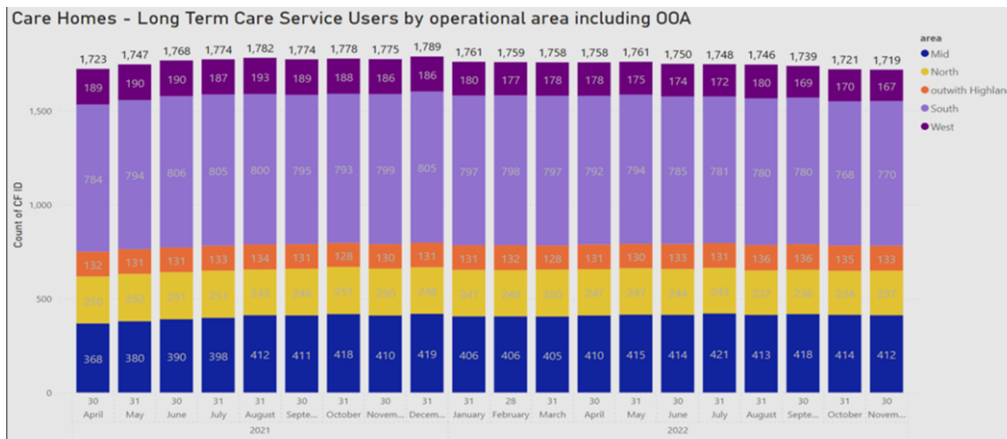
The number of people in care homes has shown a slight reduction. The rationale for this varies but in many cases relates to challenges with ensuring safe staffing levels and temporary bed closures for a variety of reasons. This does have an impact on delayed discharges, particularly in remote and rural locations. The number of care at home hours provided has reduced. This is due to a retraction of hours from independent providers who are finding recruitment and retention a real challenge. In-house capacity has increased in an attempt to respond although coverage across all areas is more costly and difficult to achieve. The team are working closely with providers to explore alternative approaches such as block funding and support with mileage rates and rapid recruitment events are being held in all districts.

Integrated Performance & Quality Report

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

In Partnership
Care Well (Adult Social Care)

"Work together with health and social care partners by delivering care and support together that puts our population, families and carers experience at the heart"





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**Louise Bussell - Chief
Officer, NHHSCP**

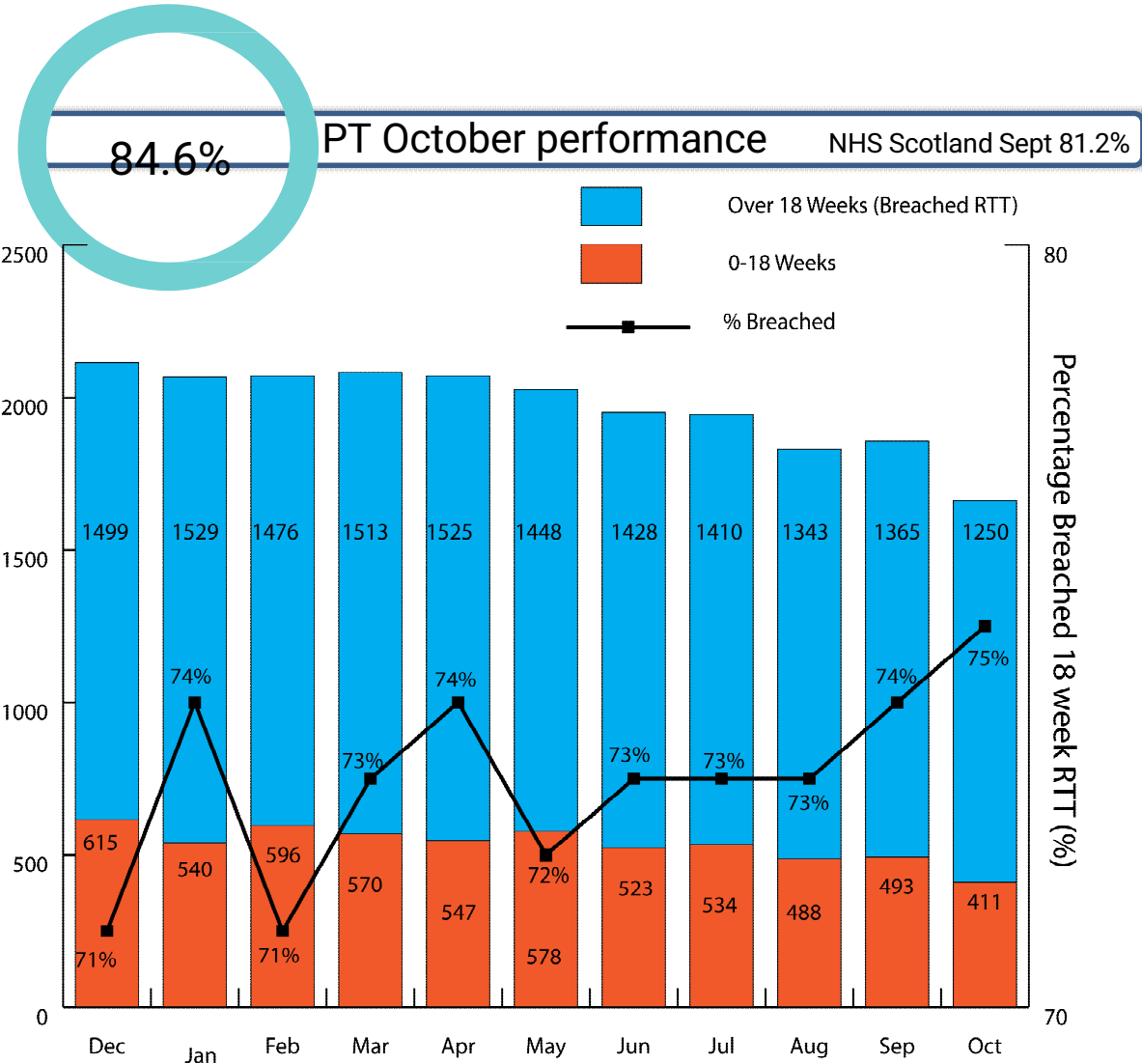
The information provided shows a sustained trajectory of reduced ongoing waits and the Board benchmarks positively across Scotland. This is in line with the work set out in the comprehensive psychological therapies improvement plan. Whilst we are moving in the right direction there is still a significant amount of work to do. The team have dedicated staff triaging both the general adult and the neuropsychology waiting lists and developing much clearer pathways for referrals for the future. Recruitment remains the main challenge with lower levels of psychology staff in post than other boards. The Director of Psychology is actively leading on improving this position.

Integrated Performance & Quality Report

Objective 3
Outcome 10
Priority 10A, 10B, 10C

In Partnership
Live Well (Psychological Therapies)

“Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing”



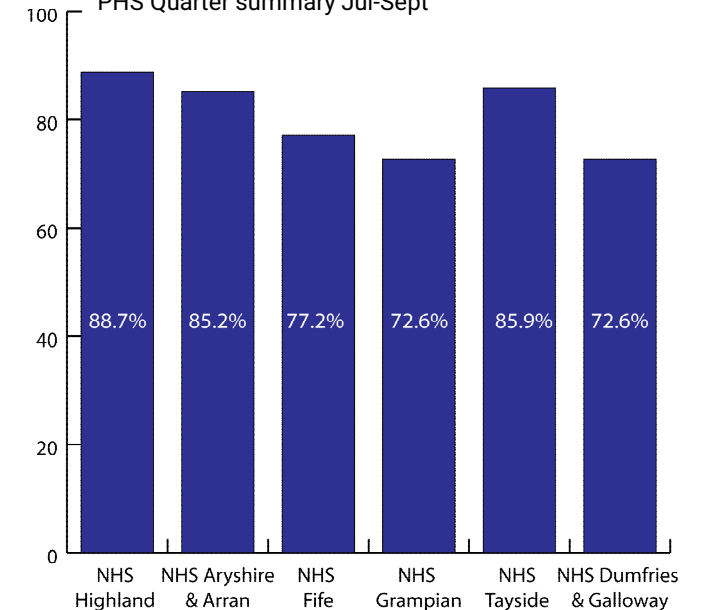
Performance Overview

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

October 2022: Current performance 84.6%

We have 1661 of our population waiting to access PT services. 1250 patients are waiting >18 weeks (75.3% breachd target) of which 869 have been waiting >1 year. Of the 1661 waiting, 344 of those are waiting for North Highland neuropsychology services of which 322 are waiting > 1 year. This is an improved position on previously reported position.

Psychological therapies performance (%) 2022, PHS Quarter summary Jul-Sept





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Louise Bussell - Chief Officer, NHHSCP

The data shows poor compliance with the current standards as well as a reduction in people in Highland referred for post diagnostic support for dementia.

The data will be reviewed by the mental health programme board and followed up to ensure that a comprehensive plan is developed with the aim of improving the overall position.

Improved pathways need to be established in relation to primary and secondary care and through to Alzheimer's Scotland, who provide post diagnostic support alongside our community mental health team staff.

Integrated Performance & Quality Report

Objective 3 In Partnership
Outcome 10 Live Well (Dementia Post-Diagnostic Support)
Priority 14B "We will take a person-centred and flexible approach to providing support at all stages of the care journey for anyone who has dementia or depression"

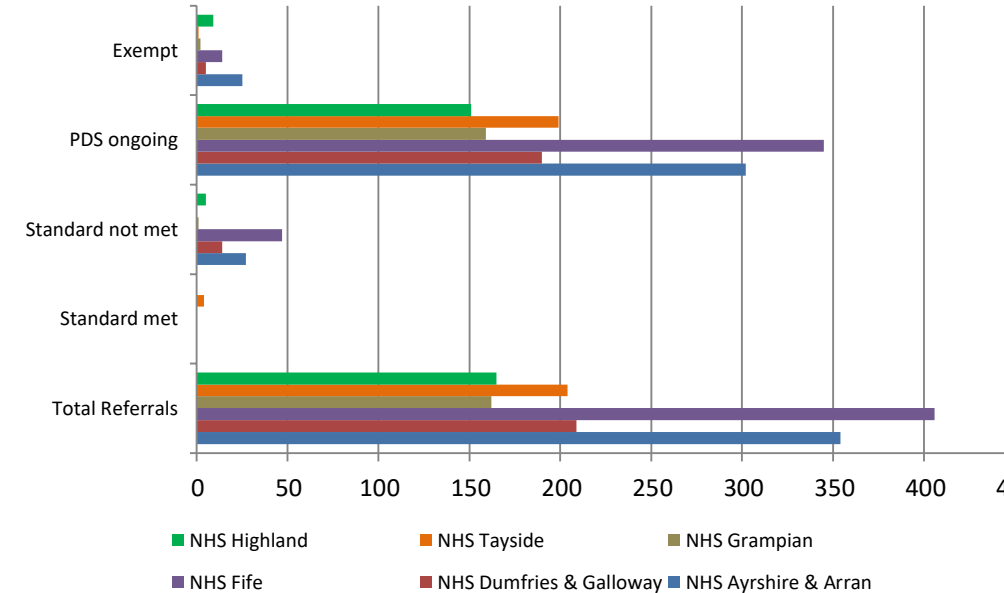
New to IPQR
LDP Standard



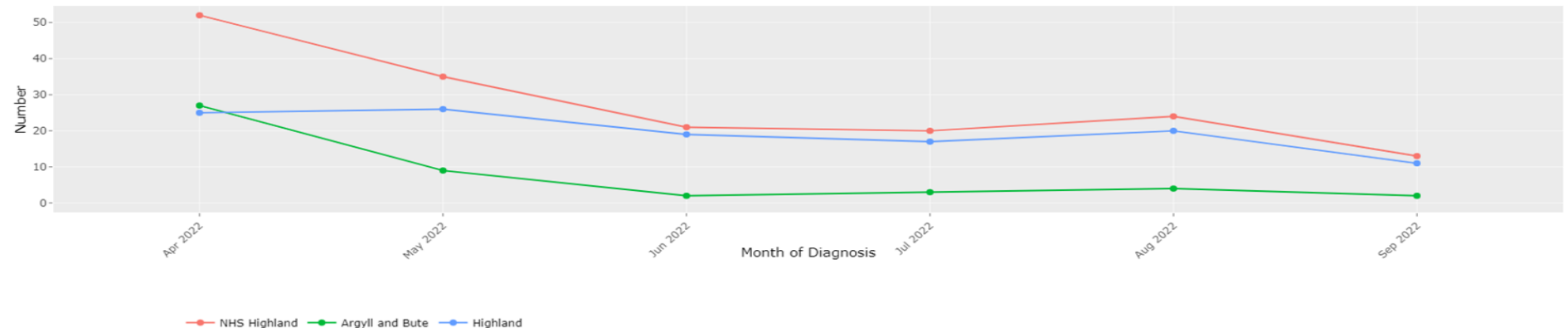
2021/22 Annual Reporting

	Health Board	Integration Joint Board (IJB)	
	NHS Highland	Argyll and Bute	Highland
Total Referrals	428	99	329
Standard Met	102	42	60
Standard Not Met	99	9	90
PDS Ongoing	187	34	153
Exempt	40	14	26
% Met Standard/Exempt	58.9%	86.2%	48.9%

Current Position - Number of Individuals Relating to PDS Standard – Benchmarked Up to Q2 FY 22/23



Number of Individuals Diagnosed and Referred for PDS – NHS Highland





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Fiona Hogg
Director of People & Culture

Sickness absence continued to increase in October and November and is now above the 6% for the first time for NHS Highland, although we are still below the national rates which were also above 6% in September too. Long term resource gaps are a factor, as well as an aging workforce and the sustained level of pressures as we also see winter levels of illness. Covid related illness from September now being recorded as sickness also contributes to this and as winter progresses we can expect further increases. We are working with teams to provide support and ensure leave and breaks are being taken and long term absences and return to work are managed effectively.

Turnover rose in November after falls in the previous 3 months, there's no specific reason other than typically less people are actively job hunting in summer and less posts are advertised, and this is the end of the process. However, it is below the peaks earlier in the year, which were influenced by high levels of retirements in part. Our onboarding and exit surveys will launch shortly and help us centrally gather feedback on the issues people experience in joining us, as well as why they leave.

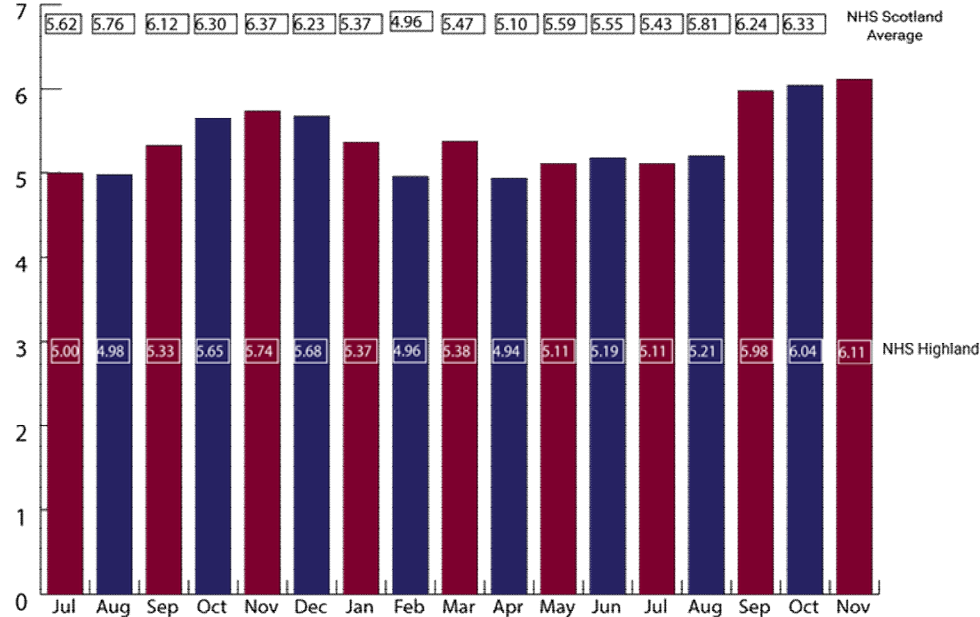
Vacancies fell in October and November with more balance between the numbers at advert, shortlisting and interview stage, so workload is more stable and positions are progressing through the process. Work to plan recruitment campaigns and use always on adverts, which are more efficient for volume roles is underway.

Integrated Performance & Quality Report

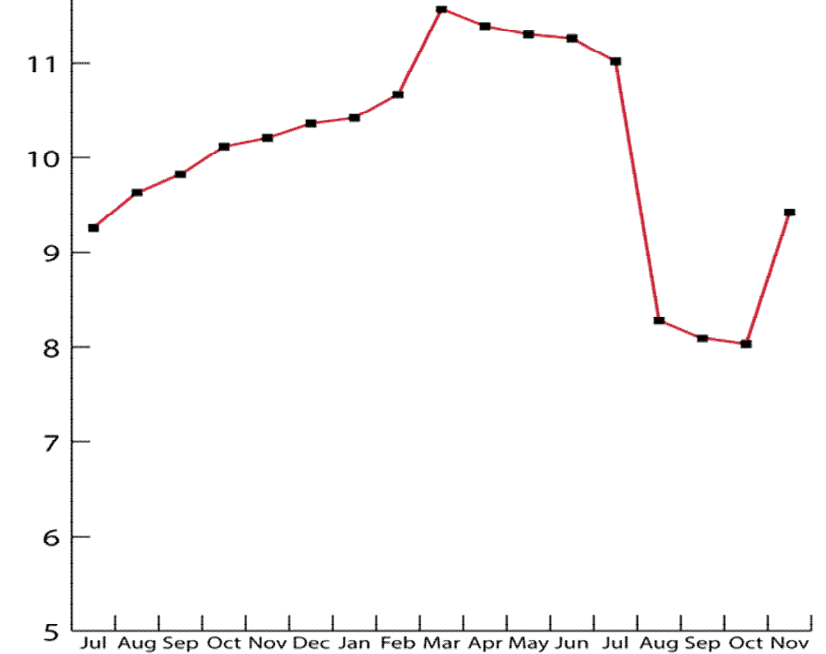
Objective 3 Our People



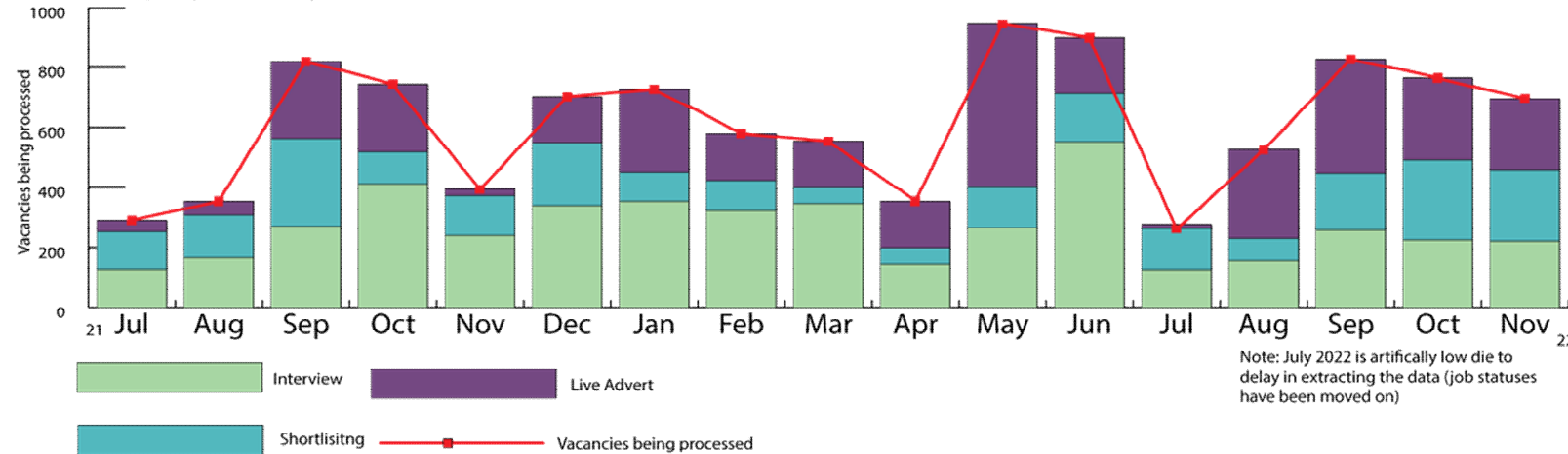
Colleague Absence rates by Month (%), NHS Highland



Staff Turnover(%), NHS Highland



Vacant jobs by status, NHS Highland



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



Clinical Governance January 2022

Stage 2 Complaints information – October 2021 to October 2022 (EXTRACT 12.12.22) *excludes cases with stage of further correspondence and SPSO*

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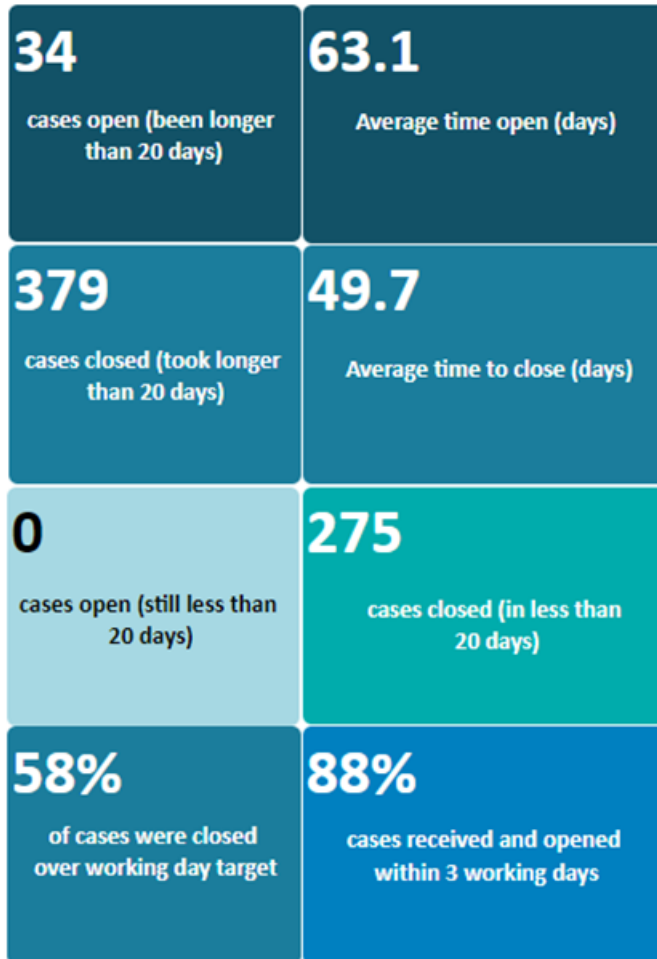
with you, for you NHS Highland stage 2 case overview



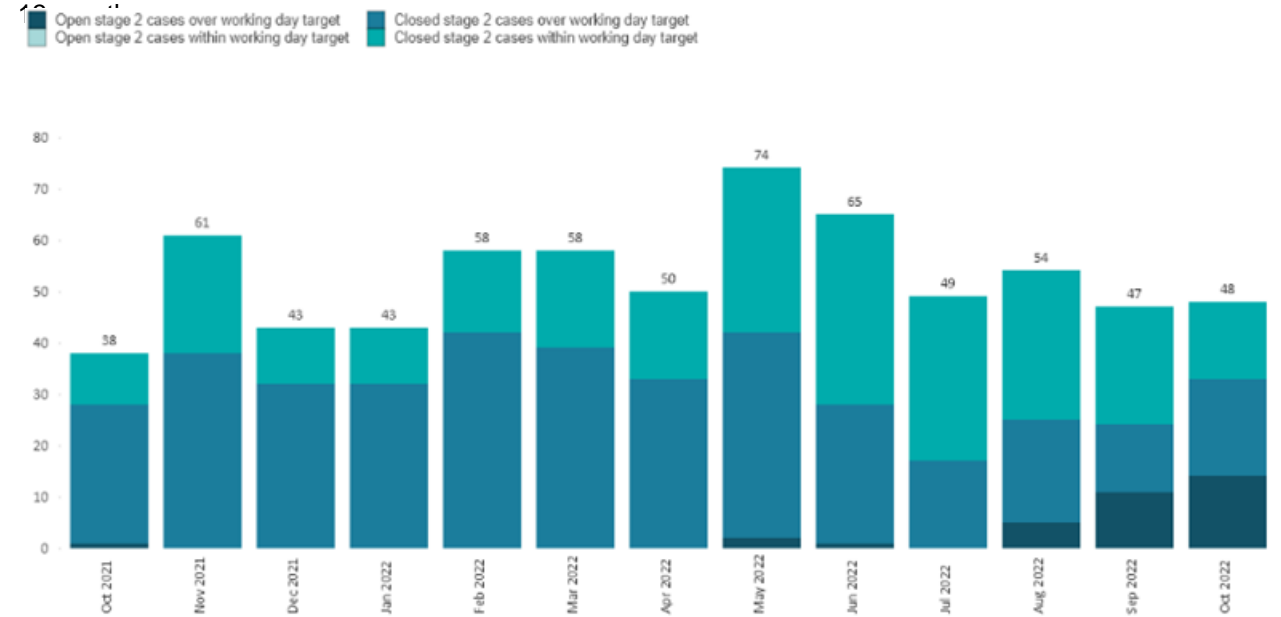
Context by Dr. Boyd Peters
Medical Director

Complaints:

Data show performance against 20 working day target response time improved in July but has slipped back to 31 % in October. This is being closely monitored through EDG and SLTs to understand what factors have affected performance and what is needed to bring about improvement.



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

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Highland	26%	38%	26%	26%	28%	33%	34%	43%	57%	65%	54%	49%	31%
Argyll & Bute	38%	57%	25%	33%	29%	60%	25%	14%	0%	40%	67%	14%	13%
Acute	0%	31%	21%	29%	34%	21%	30%	61%	64%	73%	60%	54%	31%
HHSCP	50%	39%	42%	7%	14%	67%	44%	20%	56%	75%	36%	62%	43%



Clinical Governance January 2022

Freedom of Information – October 2021 to October 2022 (EXTRACT 12.12.22)

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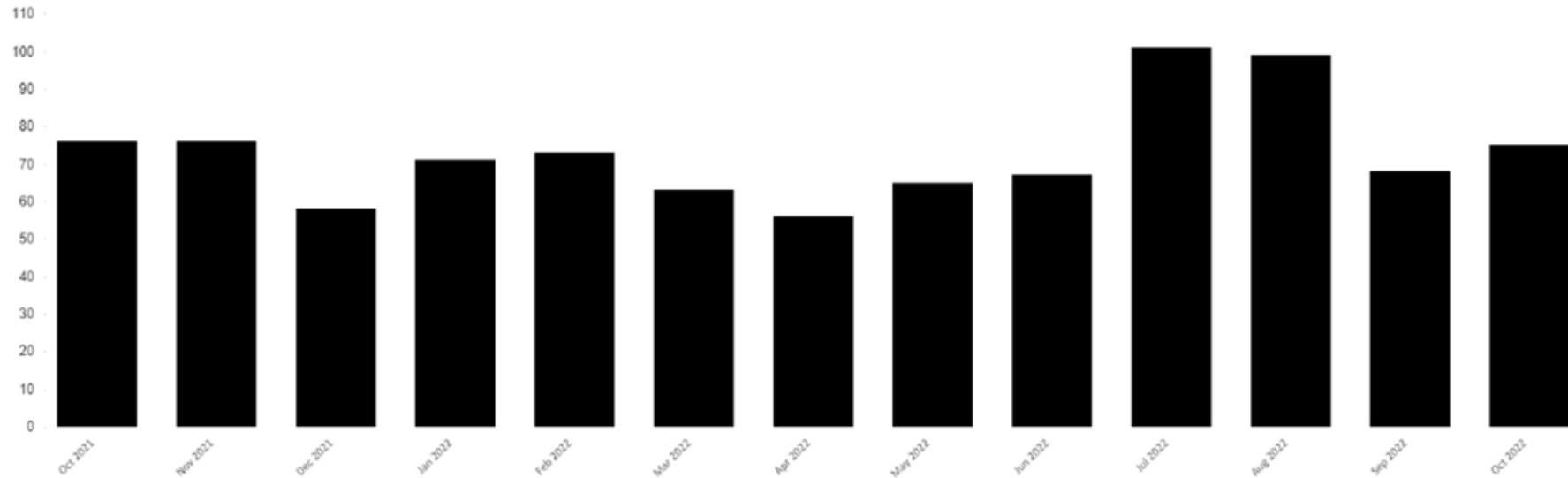
Context by Dr. Boyd Peters
Medical Director

Freedom of Information:

The Board is under a Level 2 Intervention by the Scottish Information Commissioner. Each quarter we require performance requires to be above 90%.

The performance target is 95% of FOI being responded to within 20 working days. The first quarter compliance was 92%. The second quarter was 99%. Performance of 96% was achieved in October. Increased activity in July & August was noted, thought to be linked to parliamentary recesses.

Number of freedom of information requests received in NHS Highland over last 13 months



NHS Highland working day % performance (closed within 21 days) over last 13 months

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
%	62%	87%	81%	90%	68%	86%	96%	95%	90%	95%	100%	100%	96%



Clinical Governance January 2022

Adverse Event information – September 2022 to November 2022 (EXTRACT 12.12.22)

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

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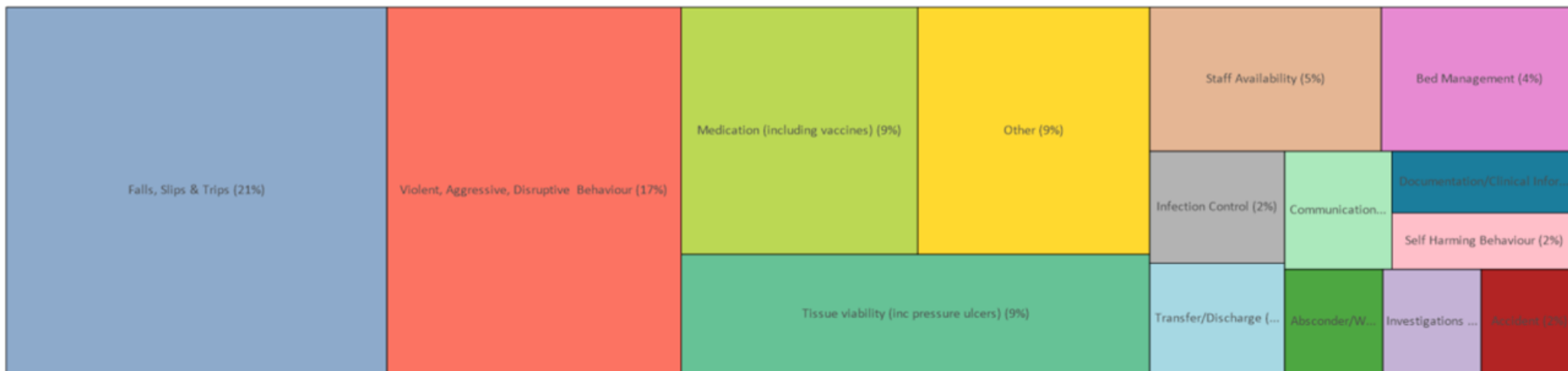


Context by Dr. Boyd
Peters
Medical Director

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. Work is underway to review all adverse events categorised as "other" to identify new categories that need to be added to datix.

Top 15 adverse event categories recorded in NHS Highland last 3 months % Share (September 2022 – November 2022)





Clinical Governance January 2022

Adverse Event information – November 2021 to November 2022 (EXTRACT 12.12.22)

	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

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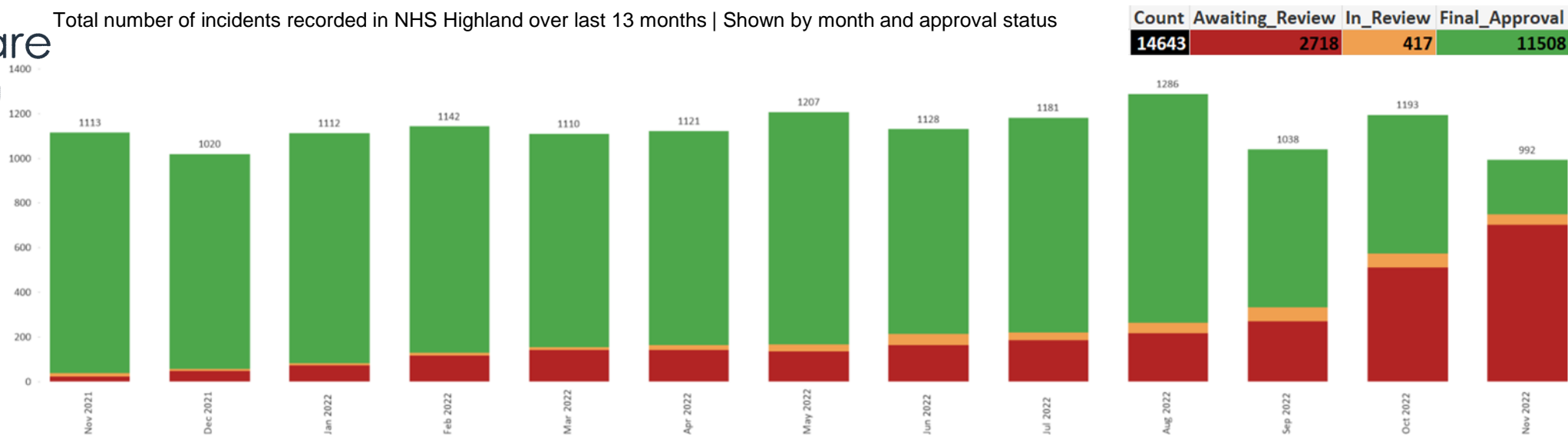
Context by Dr. Boyd Peters
Medical Director

Adverse Events:

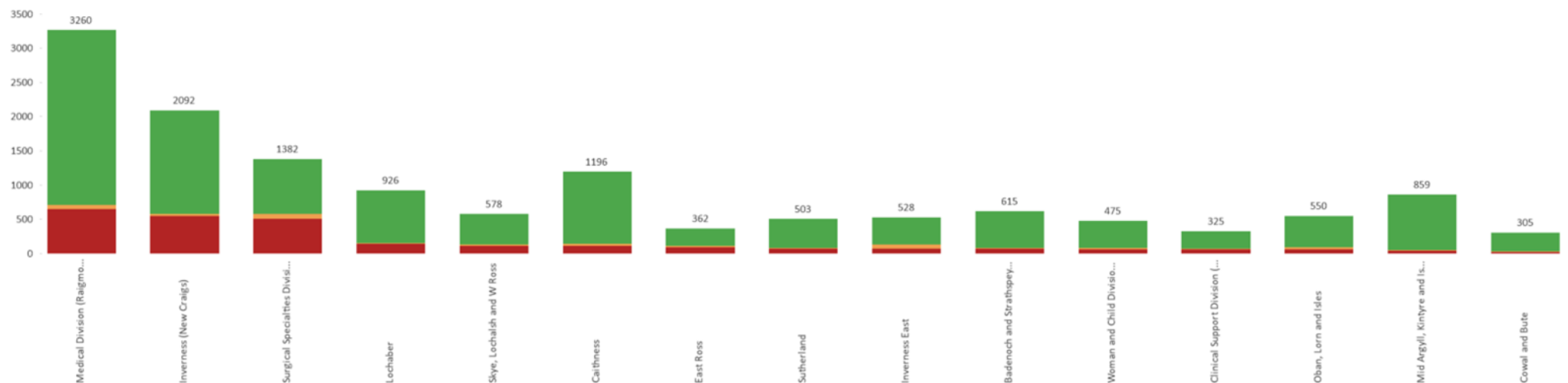
Clinicians report there is greater risk in the system particularly in Acute, as a result of increased length of stay, patient flow and patient acuity. A rise in number of Datix awaiting review is a concern. Work is in progress to reduce the number of adverse events awaiting review.

Better information on themes within 1000+ datix per month is needed in order to provide focus for improvement.

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')





Clinical Governance January 2022

Significant Adverse Event Review information – November 2021 to November 2022 (EXTRACT 12.12.22)

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

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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. SAER system improvement work continues in line with the internal audit plan. Backlog issues are being addressed, although this is more challenging in some parts of the organisation especially where the case is complex, for instance in Mental Health services.

The internal audit work is reported to Clinical Governance Committee and to the Audit Committee.

Number of SAERs declared in NHS Highland

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Highland	1	3	2	0	0	1	1	0	3	0	0	1	1
Argyll and Bute	0	0	1	0	0	0	0	0	1	0	0	1	1
HHSCP	0	2	0	0	0	0	0	0	2	0	0	0	0
Acute	1	1	1	0	0	1	1	0	0	0	0	0	0

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

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



Clinical Governance January 2022

Hospital inpatient falls – November 2021 to November 2022 (EXTRACT 12.12.22)

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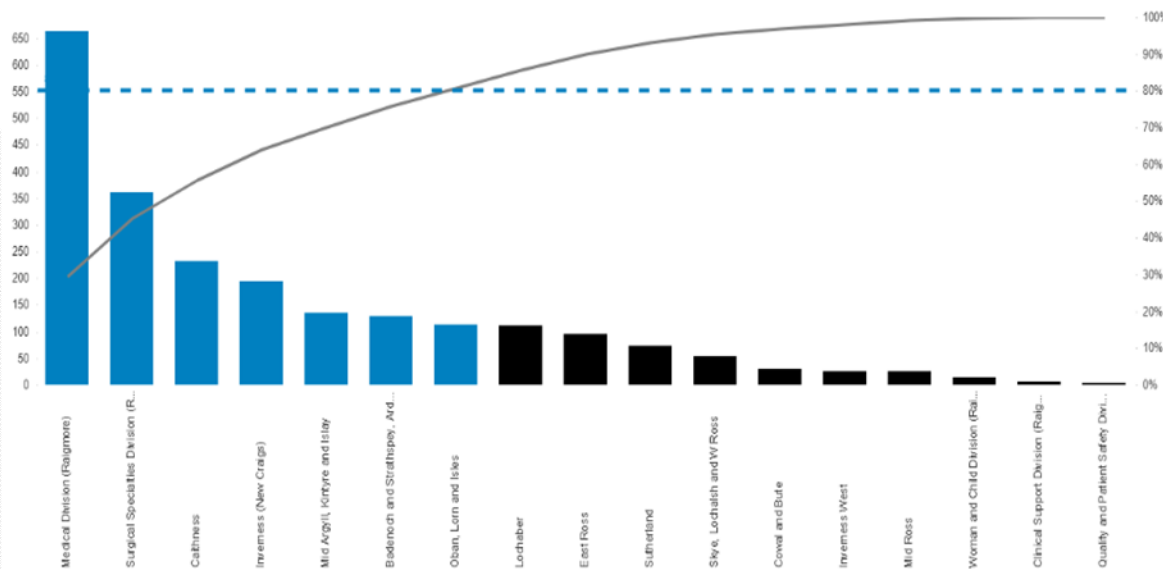
Context by Kate Patience-Quate
Interim Nurse Director

Taking a targeted approach to those areas with the highest incidence of falls and introducing daily care planning, with hourly care rounding has led to a significant improvement in the rate of total falls in those areas. Now this approach has been successfully tested, there will be planned roll out of this approach across areas of concern. Additional leadership capacity has been identified to support this work and a plan of priority areas for additional support is being drafted to commence in Jan 2023.

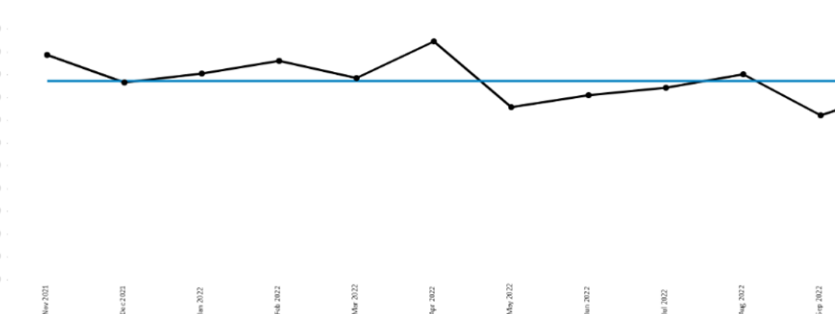
6 of the last 7 months have been below the 13 months rolling average for total falls as have falls with harm. Falls with harm remain consistent as a proportion of total falls and therefore continued focus on reducing all falls is critical.

A public awareness campaign on falls prevention and the to highlight the importance of strength and balance has commenced.

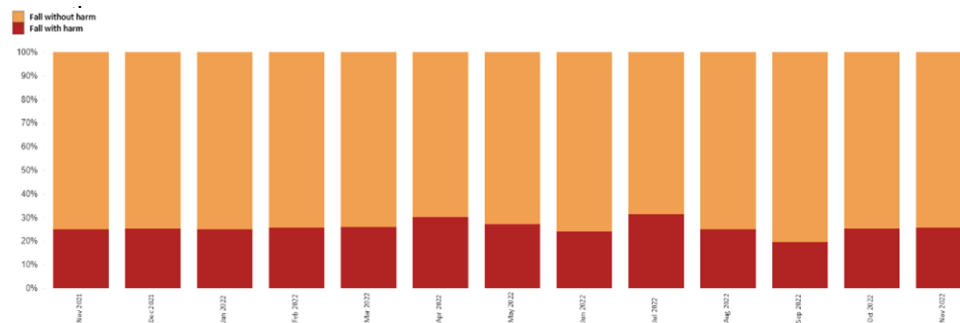
Pareto graph count of NHS Highland hospital inpatient falls by district/division over last 13 months



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



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



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



Clinical Governance January 2022

Tissue Viability – November 2021 to November 2022 (EXTRACT 12.12.22)

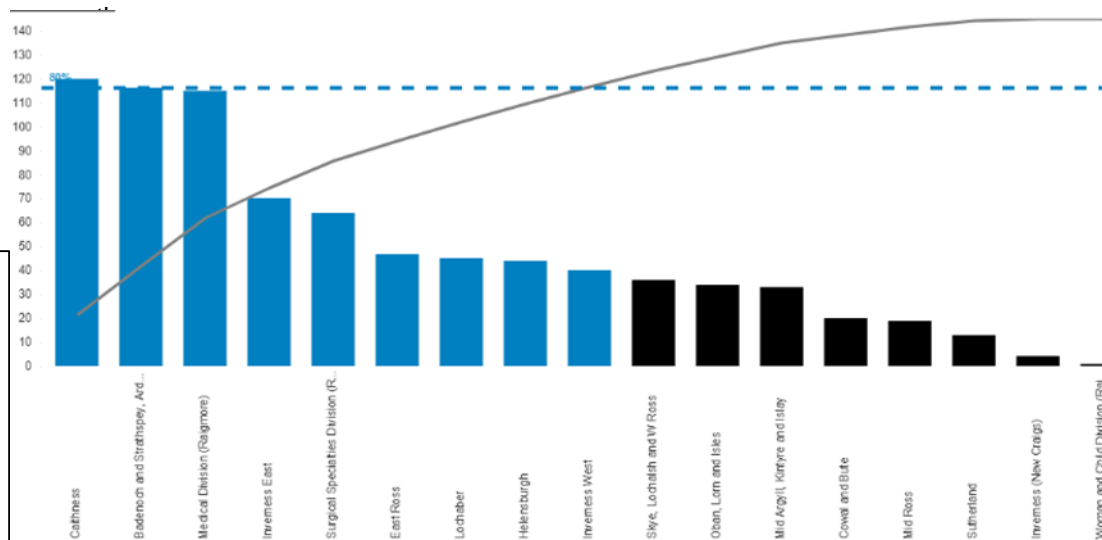
Together We Care
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Context by Kate Patience-Quate,
Interim Nurse Director

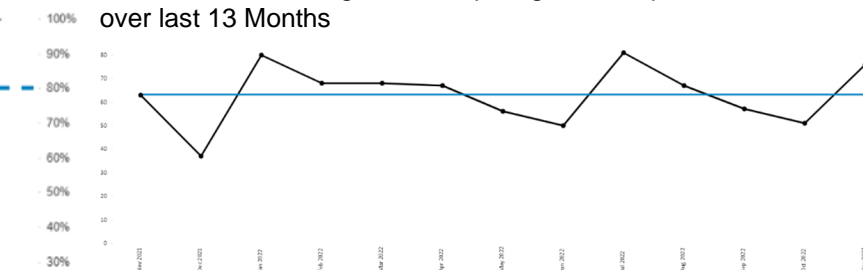
Healthcare Improvement Scotland, Scottish Patient Safety Programme have convened a national working group to refocus and launch the Pressure Ulcer Prevention Programme with targets to be agreed for hospitals and Care Homes in early 2023. NHH Highland agreed in the TVLG to commence by focusing on a 10% reduction of hospital acquired pressure ulcers. A key clinical/ leadership post for this service is currently in the recruitment process. Pressure relieving equipment is being reviewed within the organisation. Wound Formulary now available on the TAM.

	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 NHH e-clinic are beginning to outstrip existing capacity	<ol style="list-style-type: none"> 1. Changes to the e-clinic referral pathway to educate referrers to other routes for accessing support before specialist input is required 2 All below ankle wounds referred to podiatry for specialist review and shared care 3.Review and monitoring impact of enhanced care home support to referral rates.

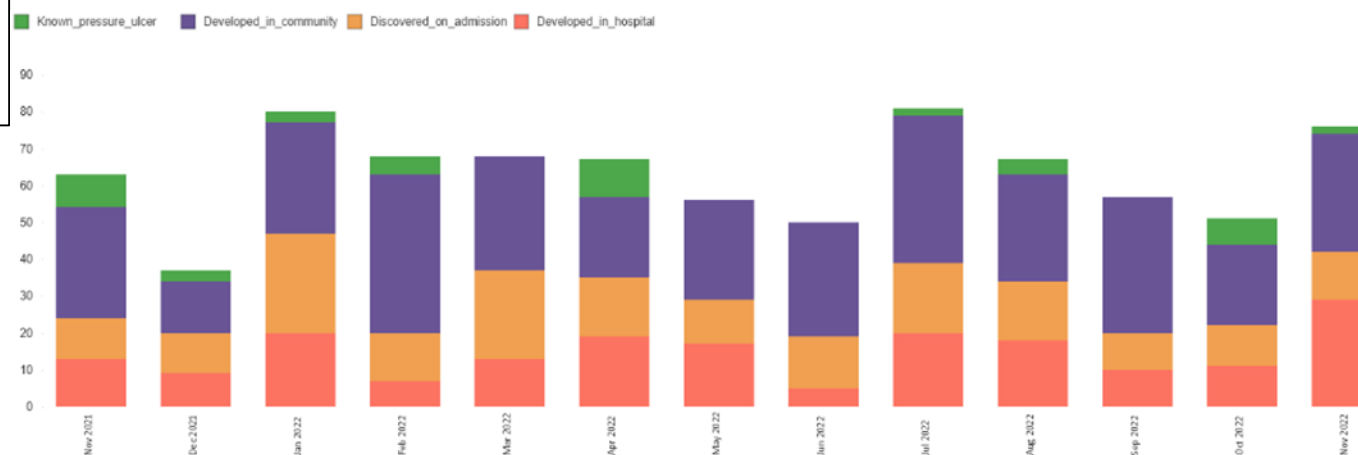
Pareto graph count of NHS Highland grade 2-4 pressure ulcers by district/division over last 13



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



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



Developed_in_hospital	191
Discovered_on_admission	197
Developed_in_community	388
Known_pressure_ulcer	45



Clinical Governance January 2022

**Infection Prevention, E Coli, SAB and C Diff Infection Rates per 100,000 population
(EXTRACT 13.12.22)**

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Context by Kate Patience-Quate
Interim Nurse Director

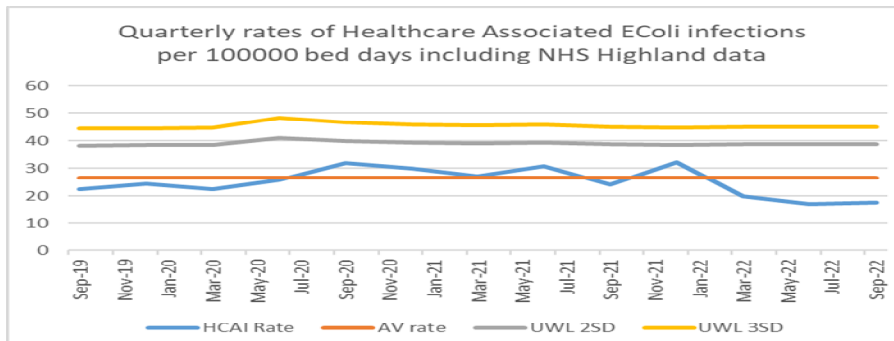
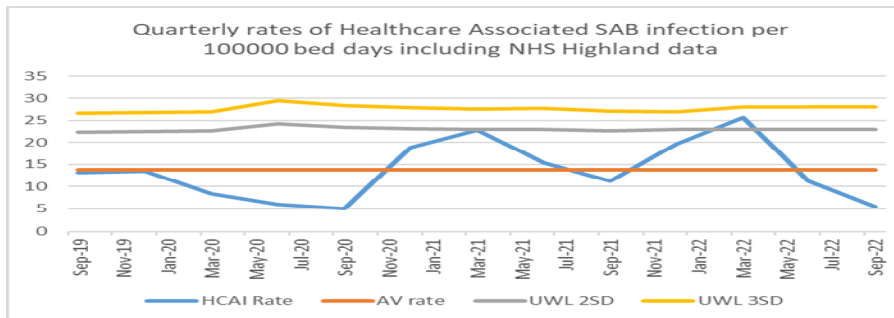
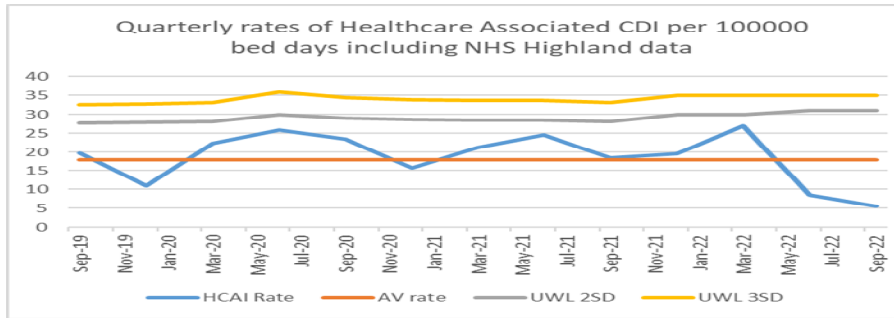
Published data from ARHAI (antimicrobial Resistance Healthcare associated infection) Scotland for the June – Sept quarter will not be available till 17.01.2023. Unvalidated NHS Highland data for quarter 3 (Oct-Dec22) will not be available until 7.1.2023.

NHS Highland data for the first 2 quarters of the year (April to Sept) identifies NHS Highland is under the performance rate for SAB and CDI infections. NHS Highland EColi rate is at 17.1 which is the performance target.

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

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

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



	Risk	Mitigation
1	Risk of harm to patients and a poor care experience due to development of health care associated Staphylococcus Aureus, Bacteraemia, Clostridium difficile and E coli infections	An annual work plan is in place to support the reduction of infection. Cases are monitored and investigated on an individual basis; causes are identified, and learning is fed back to the operational units. Where present themes are addressed through specific action plans.
2	Sustained, increased pressures on Infection Prevention and Control specialists due to workload and new untrained staff being supported in post	Additional capacity provided to enhance IPC clinical resource with non-recurring SG funding due to end March 2023, and Business case under review following workforce review

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

Period	Apr-Jun 2022 Q1 (Validated by PHS)	Jul-Sep Q2 (NHS unvalidated data)	Oct-Dec Q3	Jan-Mar Q4
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	12.4	5.5	n/a	n/a
SCOTLAND	17.3	n/a	n/a	n/a
C. DIFF				
NHS HIGHLAND	9.6	5.5	n/a	n/a
SCOTLAND	14.3	n/a	n/a	n/a
E.COLI				
NHS HIGHLAND	19.2	17.8	n/a	n/a
SCOTLAND	34.8	n/a	n/a	n/a

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



Together We Care
with you, for you

Integrated Performance & Quality Report
Argyll & Bute Integration Joint Board

There is no performance report going to Argyll & Bute IJB meeting this month and therefore no intelligence within this IPQR. A&B are in a transition phase of development and governance transfer to Clinical and Care Governance committee. Their next report is due November together with their APR therefore we will reflect this in the next IPQR.