

NHS Highland



Meeting: NHS Highland Board

Meeting date: 28th March 2023

Title: Performance and Quality Report

Responsible Executive/Non-Executive: David Park, Deputy Chief Executive

Report Author: Rhiannon Boydell, Head of Strategy and Transformation

1 Purpose

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

This is presented to the Board for:

- Assurance

This report relates to a:

Annual Delivery Plan

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

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

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

2.1 Situation

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

2.2 Background

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

2.3 Assessment

As per Appendix 1

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

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

3.3 Financial

Financial analysis is not included in this report.

3.4 Risk Assessment/Management

The information contained in this report is managed operationally and overseen through the appropriate Programme Boards and Governance Committees. It allows consideration of the intelligence presented as a whole system.

3.5 Data Protection

The report does not contain personally identifiable data.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document.

3.9 Route to the Meeting

Through the relevant Governance Committees.

4 Recommendation

The NHS Highland Board are asked to:

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

4.1 List of appendices

The following appendices are included with this report:

- **IPGR Performance Report, March 2023**



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Integrated Performance and Quality Report

March 2023

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

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

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



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Dr Tim Allison,
Director of Public Health

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

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

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

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

Integrated Performance & Quality Report

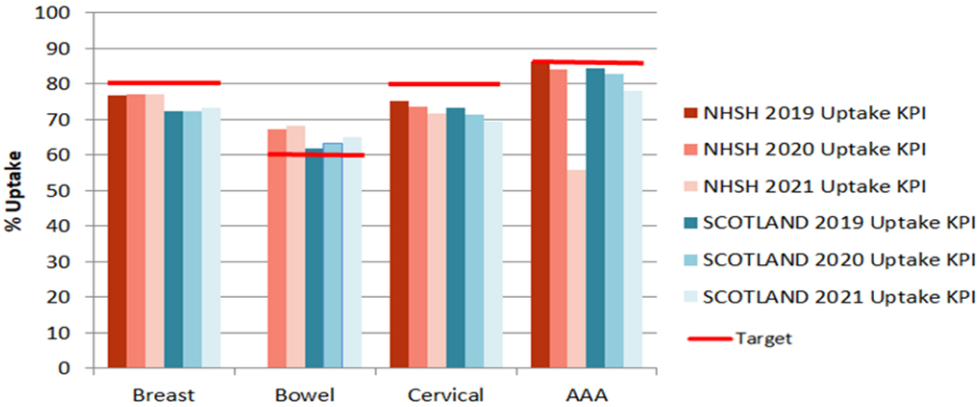
Objective 1
Outcome 3
Priority 3A

Our Population
Stay Well (Screening)

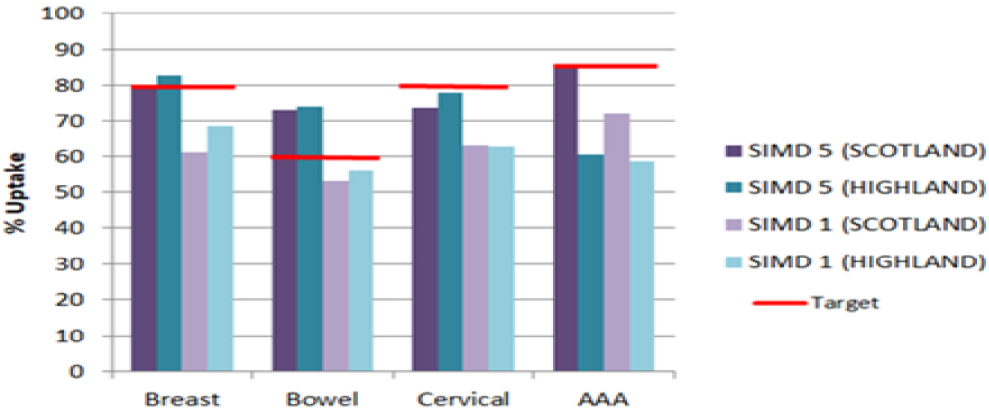
“Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population”



Performance of Screening Uptake in NHS Highland



Inequality in Screening Uptake in NHS Highland 2020/21*



Performance Overview

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

The exception to this is for AAA screening in 2021 when 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, and the backlog of overdue men in Argyll & Bute has now been removed.

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

The publication of screening programme statistics by Health Improvement Scotland (HIS) for review of data up to the end of March 2022, is expected to be released and published from March 2023 on the HIS website.



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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.

Integrated Performance & Quality Report

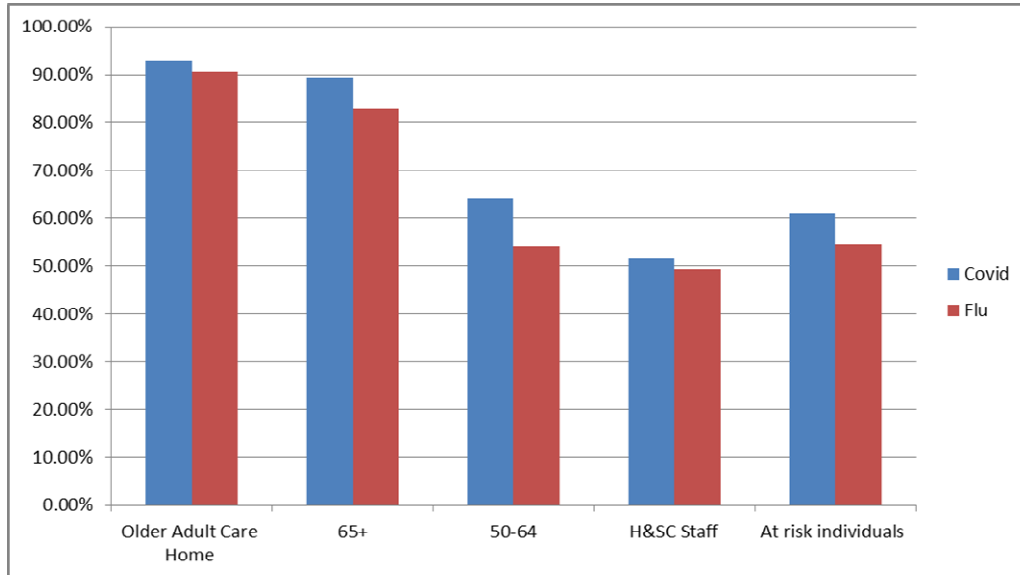
Objective 1
Outcome 3
Priority 3A

Our Population
Stay Well (Vaccinations)

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



Vaccination uptake as at 18/12/2022



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

Performance Overview

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

Overall Vaccination uptake by Health Board

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



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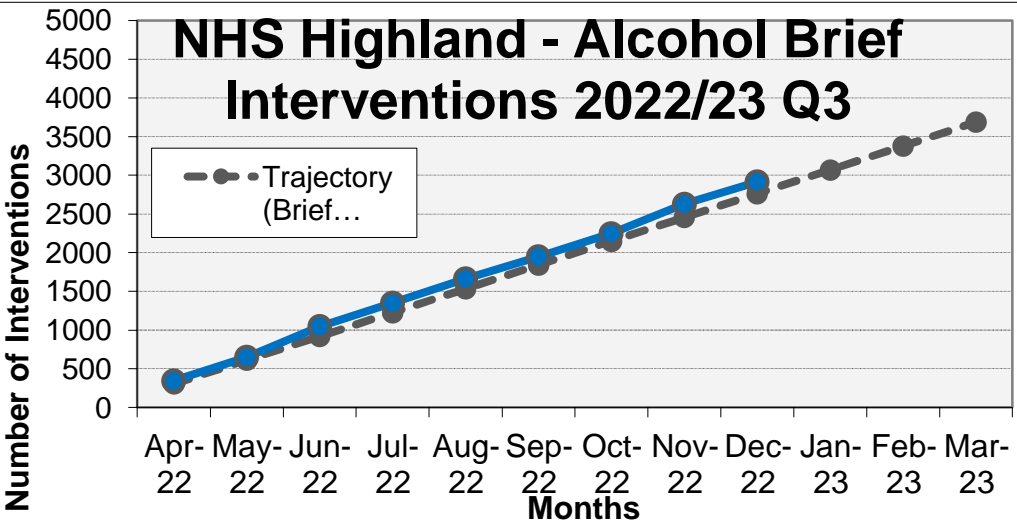
Dr Tim Allison,
Director of Public
Health

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
Priority 3B

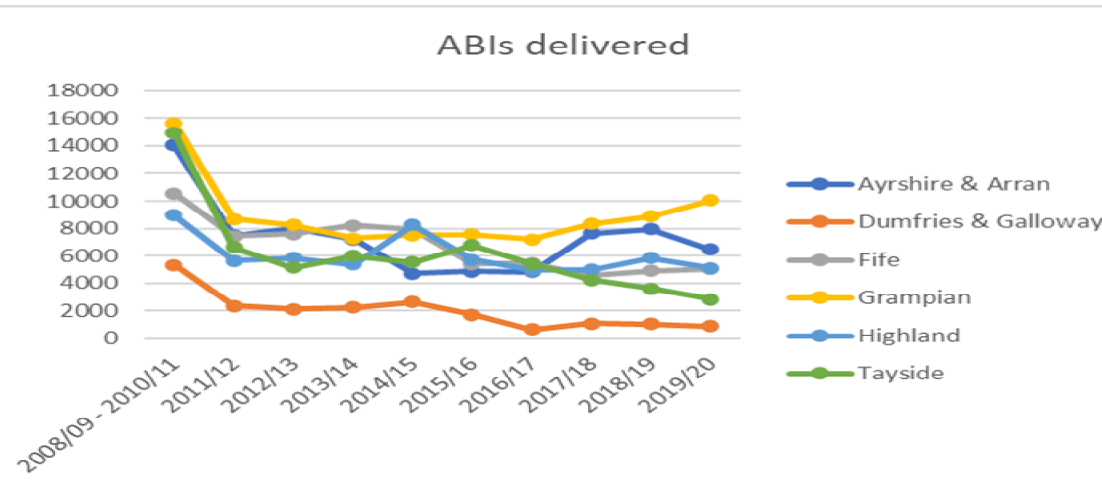
Our Population
Stay Well (Alcohol Brief Interventions)
"Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk"



Performance Overview

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

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





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Dr Tim Allison,
Director of Public Health

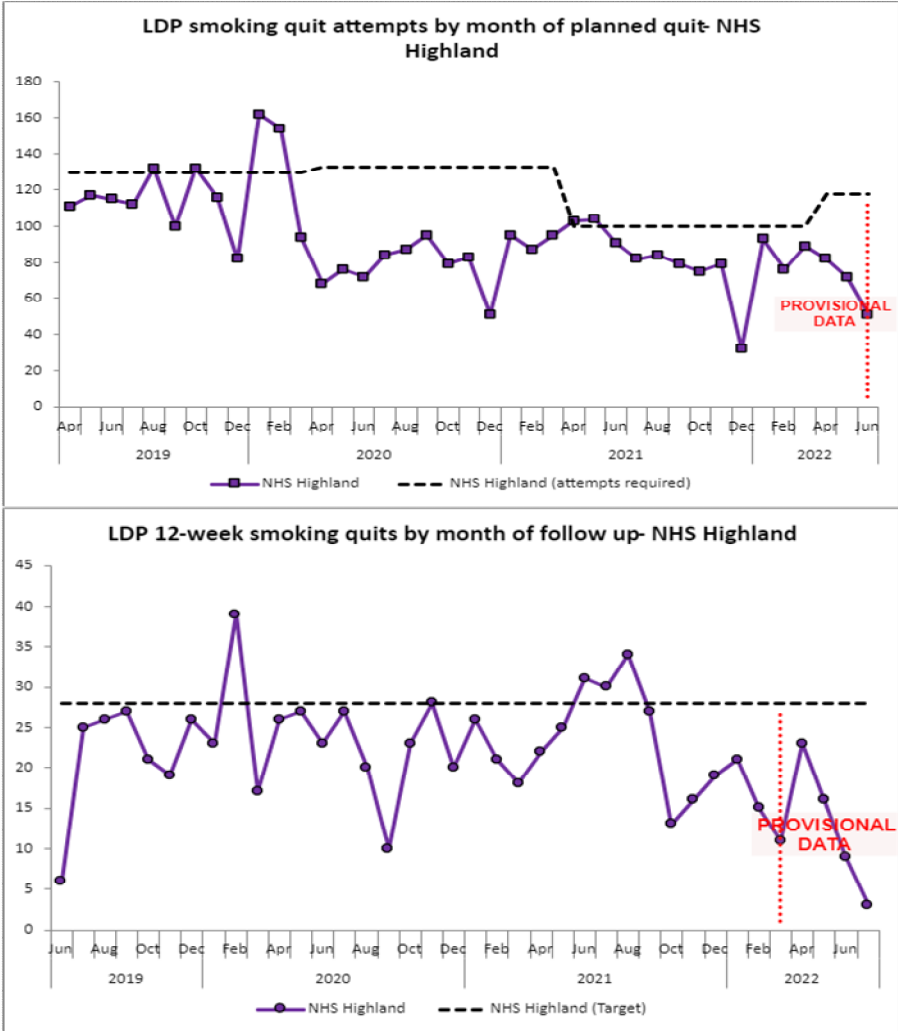
Smoking cessation is one of the most effective ways to prevent disease and improve the health of the population. The target for smoking cessation is based on quits in deprived areas where the burden of smoking is the greatest.

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

Integrated Performance & Quality Report

Objective 1
Outcome 3
Priority 3B

Our Population
Stay Well (Smoking Cessation)
"Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk"



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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Pam Cremin
Interim 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.

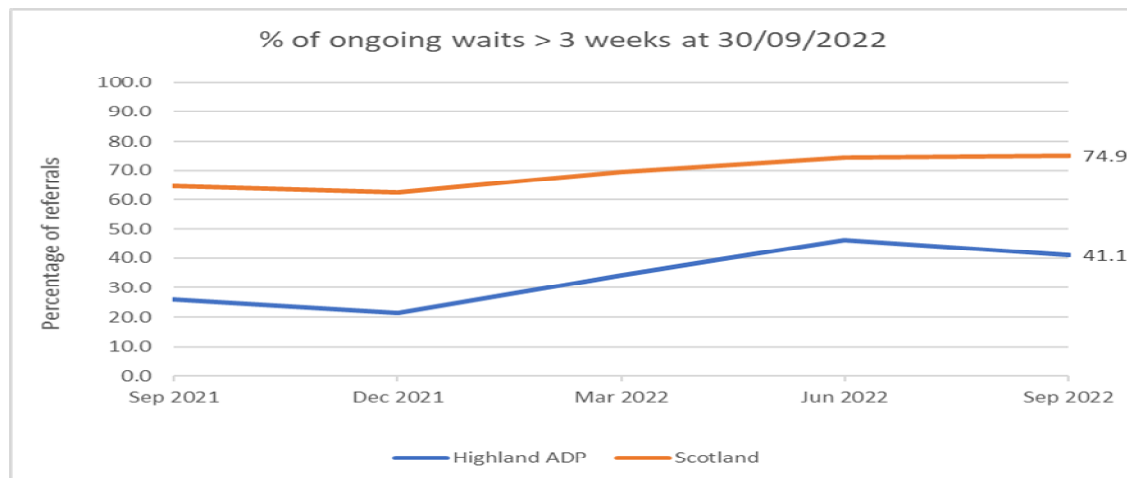
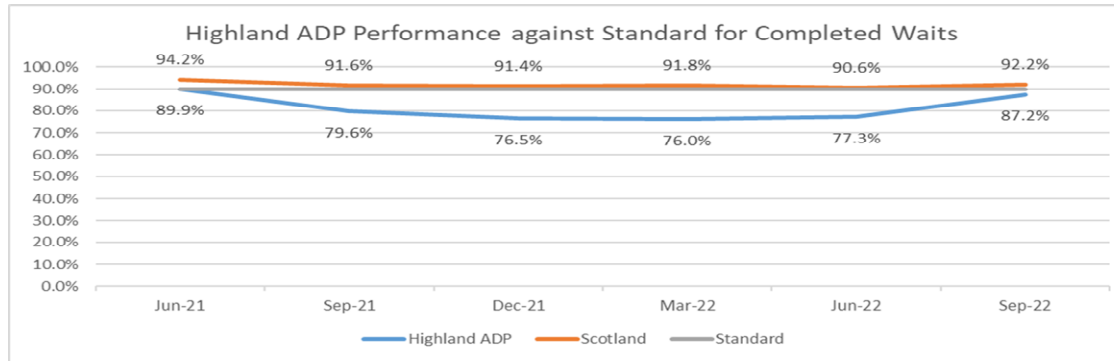
Integrated Performance & Quality Report

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"

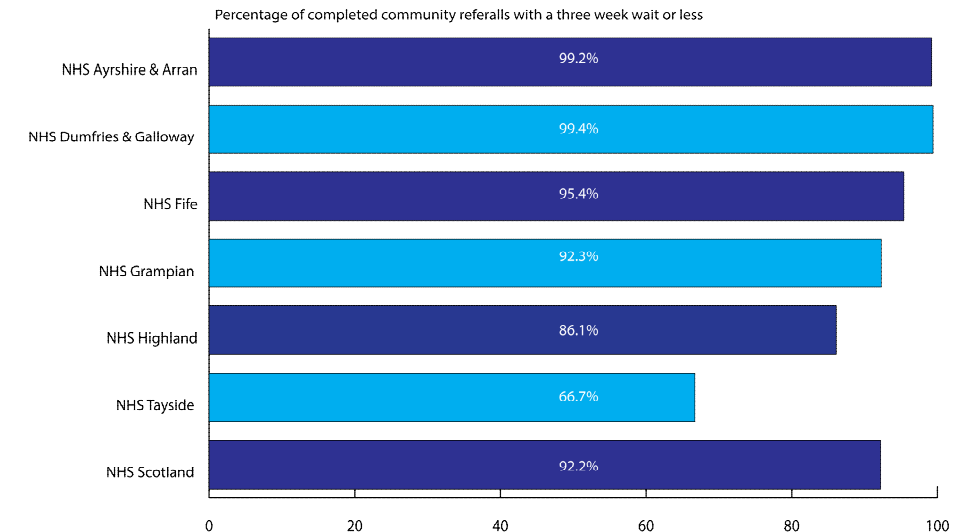


North Highland Drug & Alcohol Services September 2022 - 87.2%,
Please note the standard was achieved for people for Drug treatment in this
quarter
Scotland 92.2%



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.

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

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"



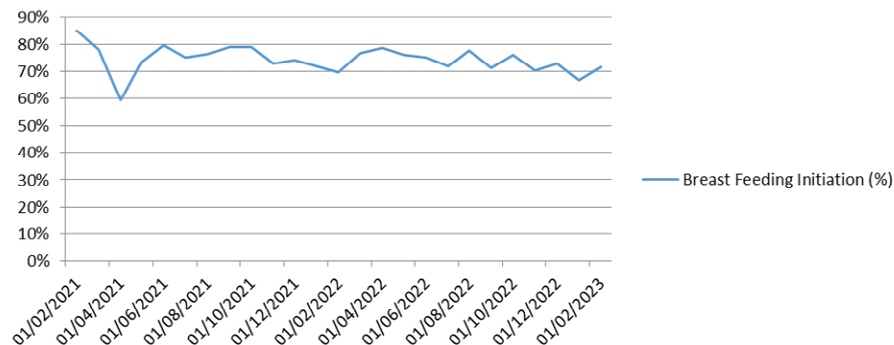
CMU locality	Number of women choosing CMU as place of birth	Actual number of CMU births	Actual CMU birth as % of total women choosing CMU birth	Total number of births for locality	Actual CMU birth as % of total women giving birth from locality
Skye and Lochalsh	16	7	43.8%	91	7.7%
Fort William and Lochaber	45	19	42.2%	181	10.5%
Caithness	14	9	64.3%	253	3.6%

Performance Overview

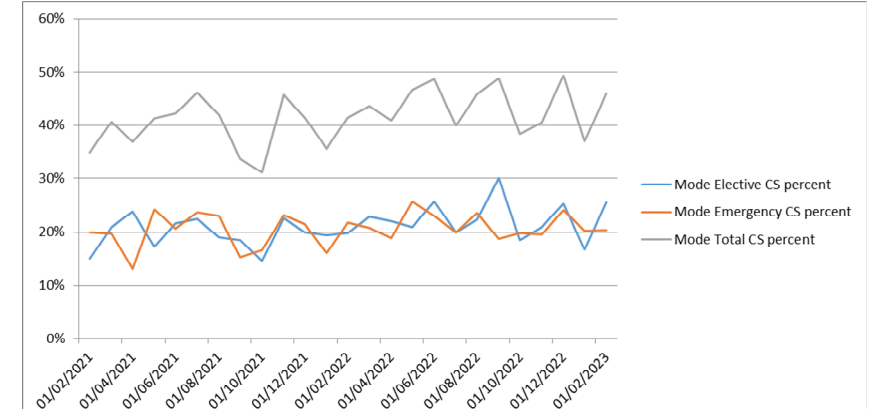
The breast feeding comparison and c-section rates are new indicators and have been benchmarked against other boards. These will be discussed at the Clinical Governance Committee so is given for information only. Trend data will be presented as a comparison in future IPQRs.

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

Breast Feeding Initiation % in North Highland



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





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Katherine Sutton
Chief Officer, Acute



The CAMHS Programme Board has a clear focus on the following workstreams:

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

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

Integrated Performance & Quality Report

Objective 1

Outcome 2

Priority 2C

Our Population

Thrive Well (CAMHS)

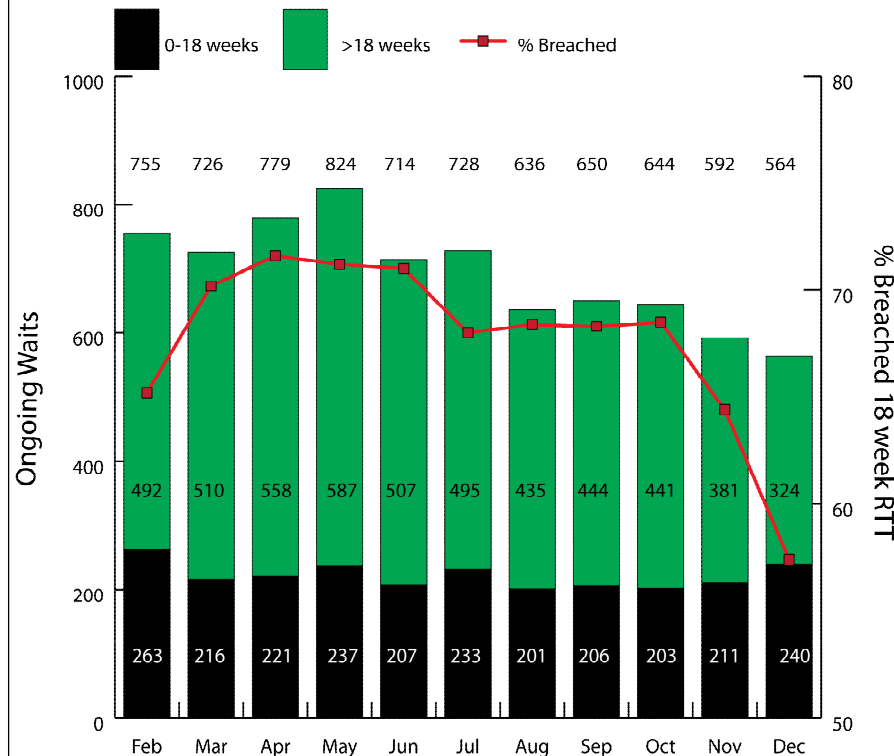
"Support children who have mental health or neurodiversity needs with timely, accessible care and a "no wrong door" approach"



67.3%

CAMHS current performance

CAMHS waiting list Dec 2022



Performance Overview

The national target for CAMHS is that 90% of young people to commence specialist CAMHS services within 18 wks of referral. As we continue to address the longest waits this impacts this percentage as expected. A total of 564 children and young people are waiting to be seen of which 324 have waited over 18 weeks and 240 under 18 weeks. 183 have waited over 1 year, the longest wait being over 3 years. This is a significant reduction since September.

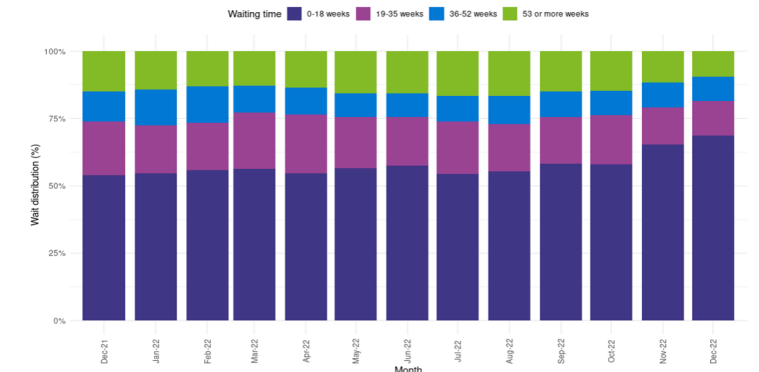
Average Length of wait bands in NHSH

Wait distribution (number) of patients waiting for CAMHS in NHS Highland by month



Average Length of wait bands in NHS Scotland

Wait distribution (%) of patients waiting for CAMHS in NHS Scotland by month





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Katherine Sutton
Chief Officer, Acute

The Neurodevelopmental Assessment Service is an integrated service for NHS Highland and Highland Council. At the time of writing there are 677 children and young people waiting to start assessment, with waits of up to 3 years. A further 75 CYP are part way through assessment, with some waiting more than 3 1/2 years to conclude where Clinical Psychology input is required. Total waits have reduced for the last 3 months from a high number of 879 in Nov 2022 to 754 currently (15% reduction). Skill mix has been altered and recruitment to newly developed Neurodevelopmental Practitioner posts has been successful. Neurodevelopmental Support Practitioners are being trialled through a Test of Change. Plans are being developed to further reduce waiting times with an extra 170-200 assessments per year, beyond the current rate with an aim of reducing numbers waiting by approximately two thirds and waiting times to within 1 year, and by March 2025 to within the target dependent on staffing and ongoing funding.

Integrated Performance & Quality Report

Objective 1

Our Population

Outcome 2

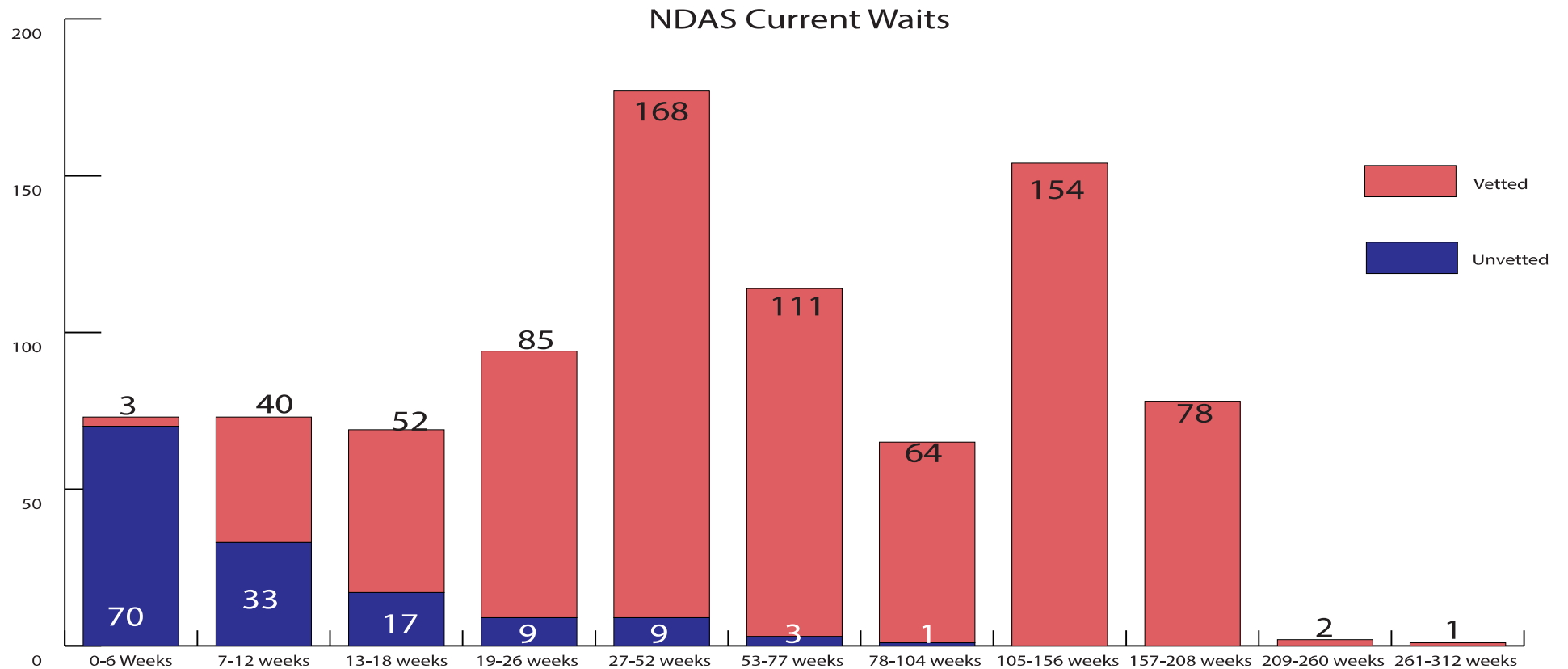
Thrive Well (NDAS / Integrated Childrens Services)

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



Performance Overview

There are 758 vetted C&YP waiting to start the assessment process with a further 142 unvetted referrals recorded with a significant proportion waiting more than 2 years.





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Katherine Sutton
Chief Officer, Acute

Within Raigmore which is the most challenged site in terms of flow and performance significant improvement work is being progressed through the unscheduled care programme board. The work is focussed on improving the performance by flow group with a number of initiatives to support improvement and a return to the expected standard of performance. In addition to focussed work within the hospital work is progressing in an integrated way across community and acute management teams. This work will support the required transformational change to redesign services to meet need.

Integrated Performance & Quality Report

Objective 3
Outcome 11
Priority 11B

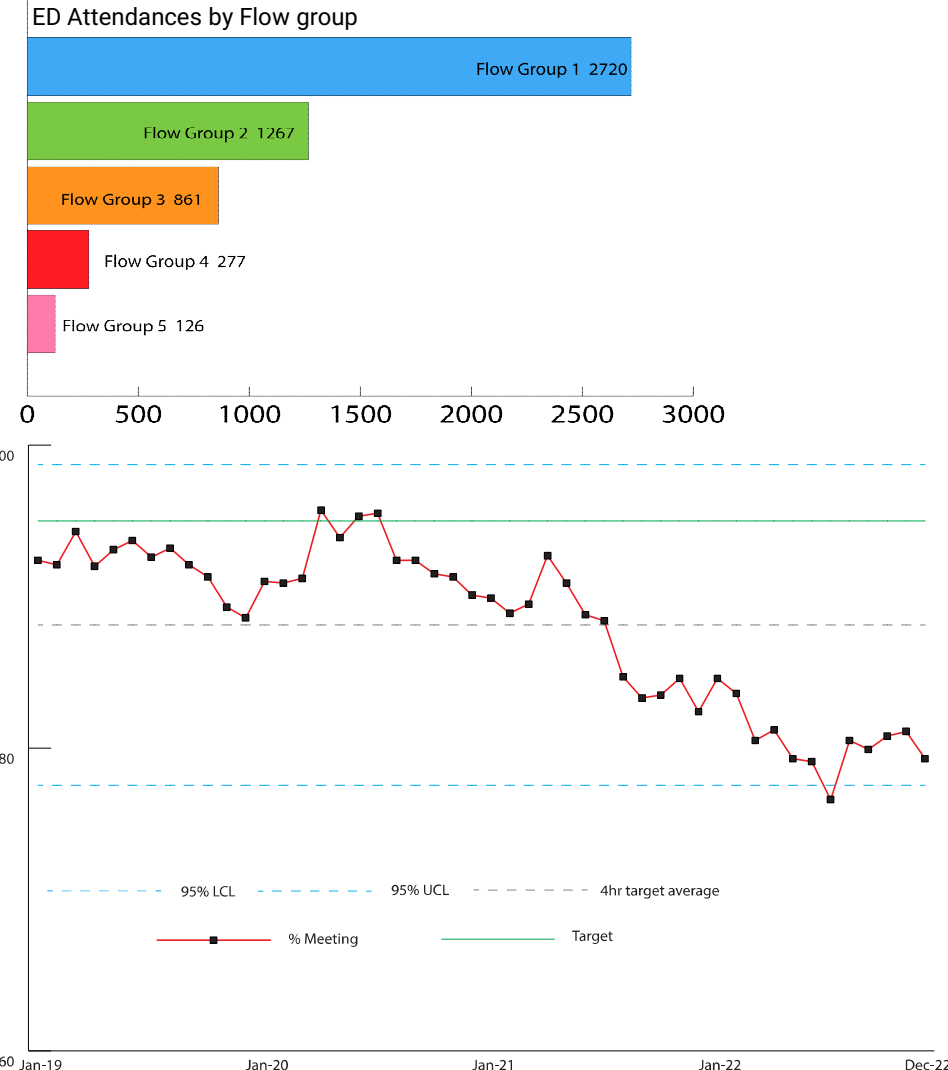
In Partnership

Respond Well (Urgent and Unscheduled Care)

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

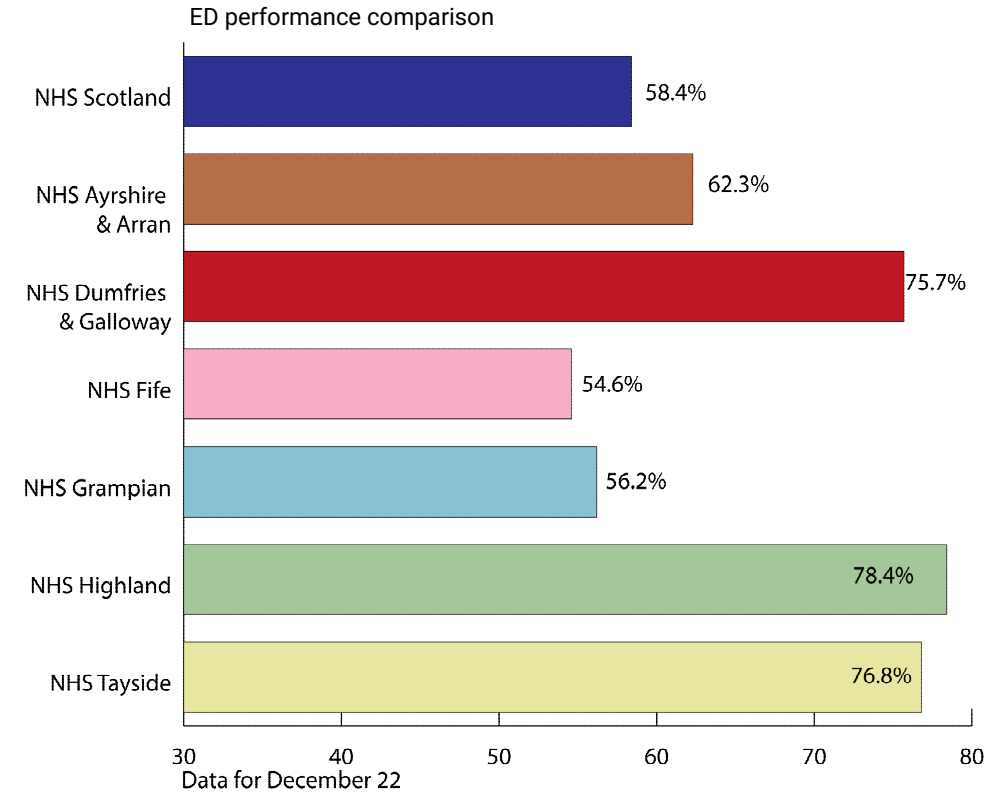


78.4% current performance Scottish average 64.1%



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 78.4%.





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Katherine Sutton
Chief Officer, Acute

Plans are in place to increase capacity for Orthopaedics as the National Treatment Centre opens in Spring 2023 and revolutionise pathways for all eye care services.

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

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

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

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

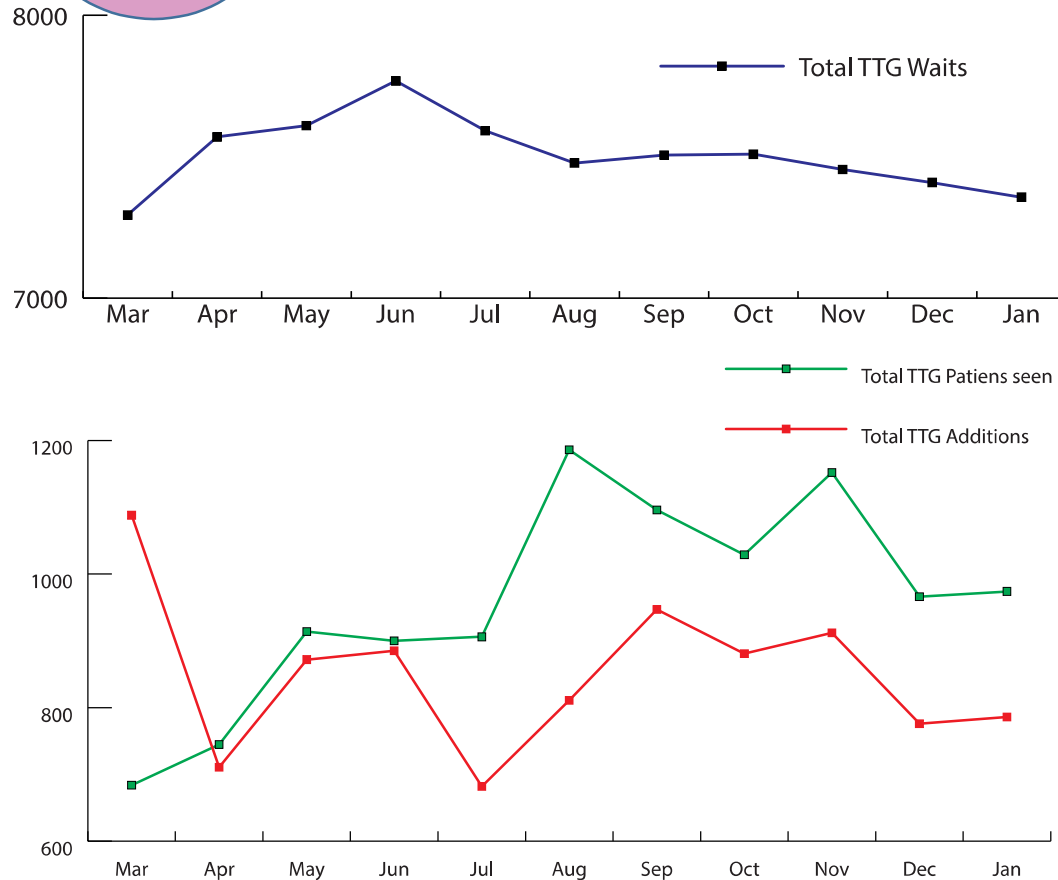
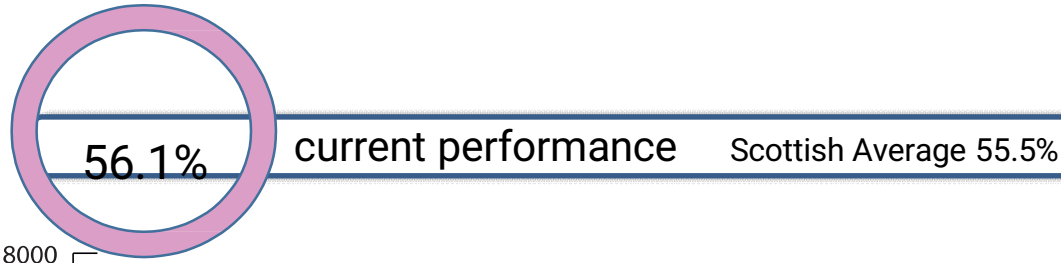
Detailed planning is ongoing to examine ways of enhancing the productivity of the NHS Highland core capacity through transformational intervention.

Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12A

In Partnership
Treat Well (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”



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.**

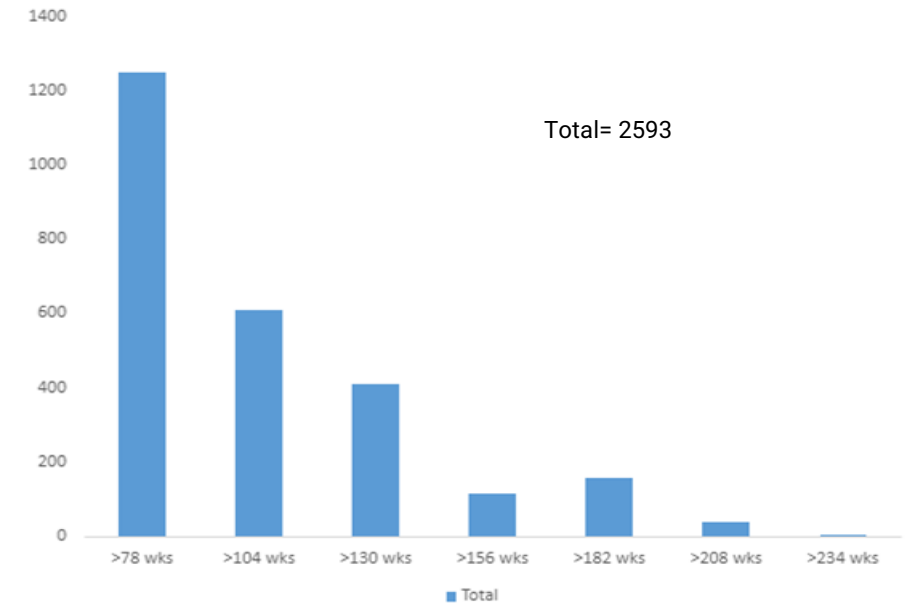
a) No > 78 week waits for inpatient/daycases by September 2023*

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 1st January 2023





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Katherine Sutton
Chief Officer, Acute

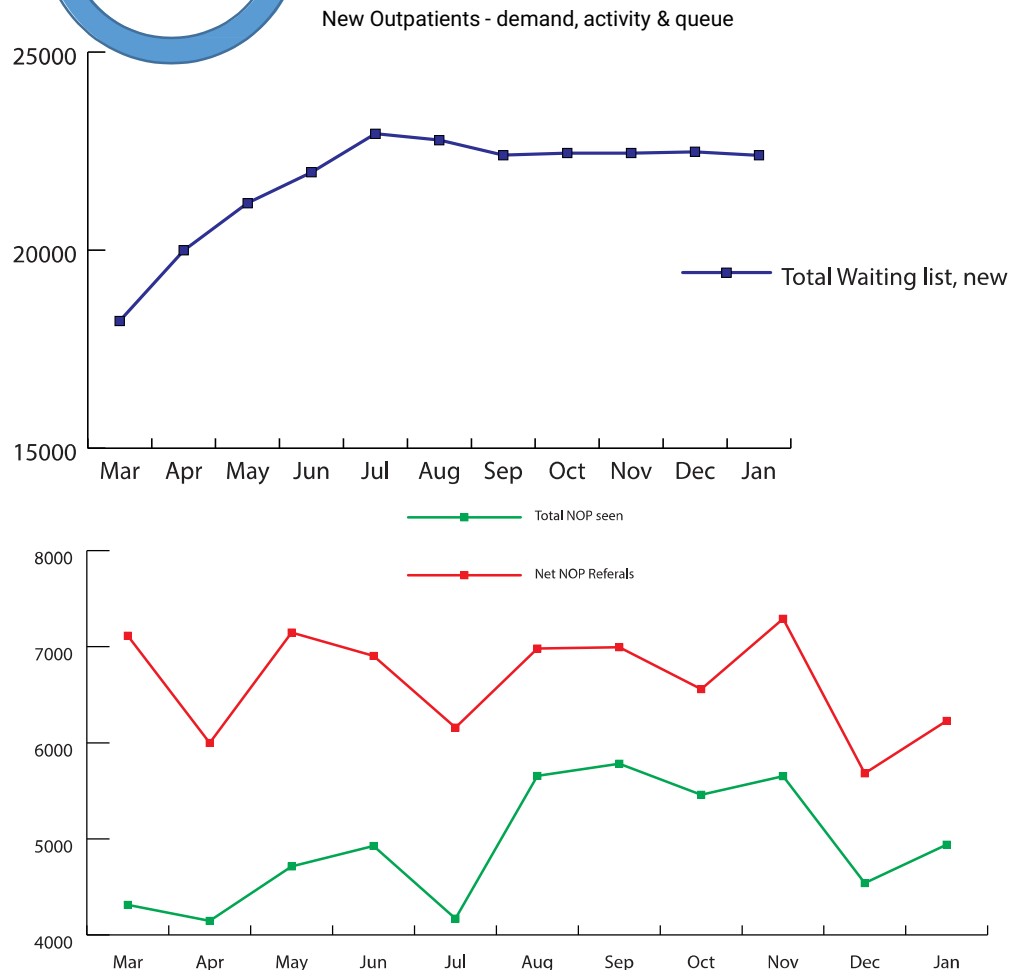
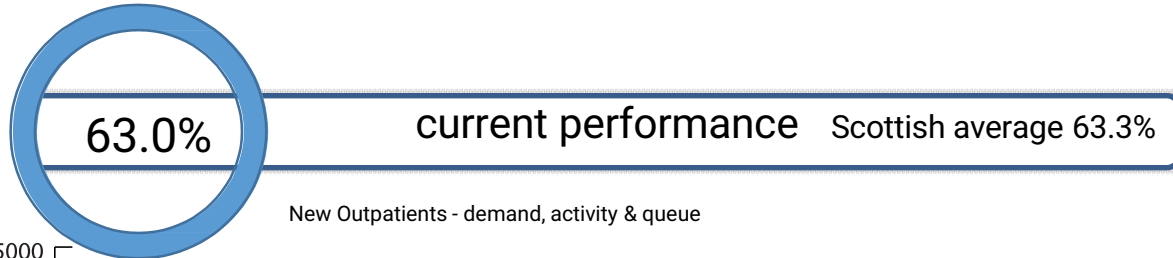
We are focusing on increasing the number of appointments offered weekly to patients either via virtual or face to face contact. Plans have been developed at speciality level with Clinical Leadership at the forefront. We are linking closely with The Centre for Sustainable Delivery for efficiency improvements.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

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"



F2F appts
Dec 22

77%

DNA rate
Dec2022

6.49%

Performance Overview

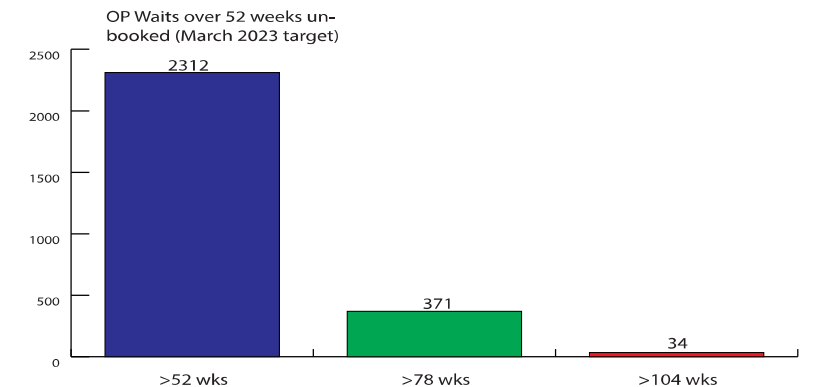
The national target for outpatients is that no patient will wait >12 weeks from referral to appointment however SG have recently added interim targets for the majority of specialties that are described below. The 63.0% related to the overall OP target.

- 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.

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





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Katherine Sutton
Chief Officer, Acute

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

Radiology: MRI is the most challenged speciality. Additional MRI capacity is being provided through a North of Scotland visiting service. Capacity planning is ongoing with government.

Integrated Performance & Quality Report

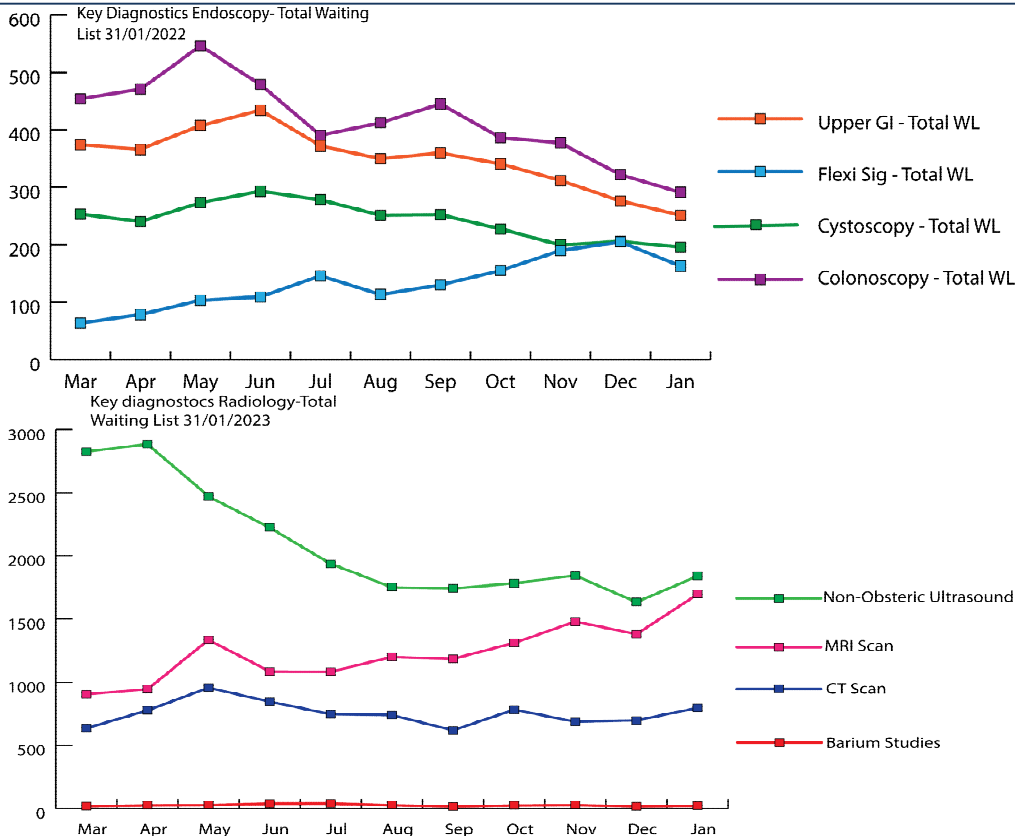
Objective 3
Outcome 12
Priority 12C

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

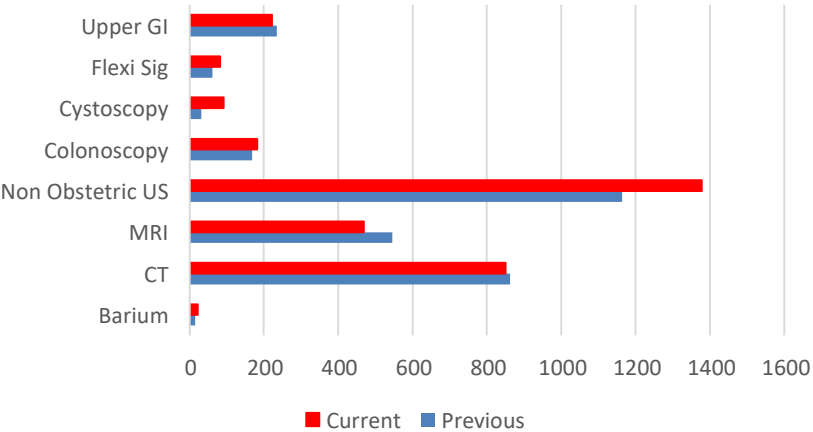


Performance Overview

The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test. We have 5072 people waiting for a key diagnostic test. 1590 patients are waiting for an MRI and there will be a requirement for increased activity in non-obstetric ultrasound to reduce the waiting list further. We are actively looking at how we improve analysis and reporting of diagnostic compliance targets.



8 KEY DIAGNOSTICS January 2023	Total Waiting list size	NUMBER OF PATIENTS SEEN
Upper GI	291	222
Flexible Sigmoidoscopy	196	83
Colonoscopy	251	182
Cystoscopy	163	92
CT Scan	729	850
MRI Scan	1590	469
Barium Studies	14	22
Non Obstetric Ultrasound	1838	1378
Total	5072	3298





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Katherine Sutton
Chief Officer, Acute

The Board's performance against the 31 day standard has improved during the course of 22/23 with the performance in December in line with the Scottish average at 94.5 per cent. The performance in the autumn did deteriorate as a result of challenges in the Breast pathway with staff absence resulting in a drop in capacity. This has since been addressed.

The Board's 62 Day performance is an area of concern. The graph demonstrates a Board performance of 69.7 per cent against the Scottish average of 72.1. A senior manager has been aligned to address both cancer and diagnostic performance. With cancer services realigned to The Clinical Support Directorate. Prioritisation of cancer patients will be rigorously scrutinised.

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

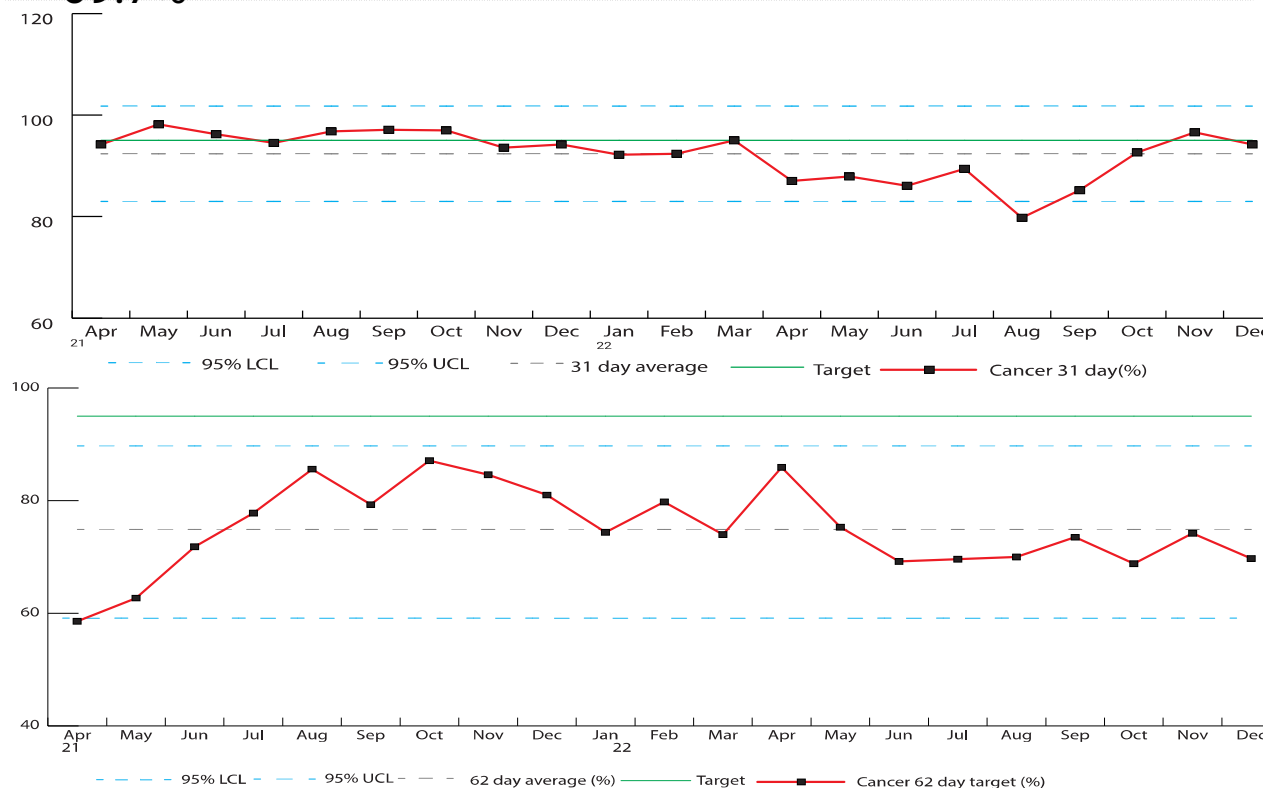
Performance for the 31 day target remains static and there is a slight increase in performance of the 62 day performance.

31 day performance

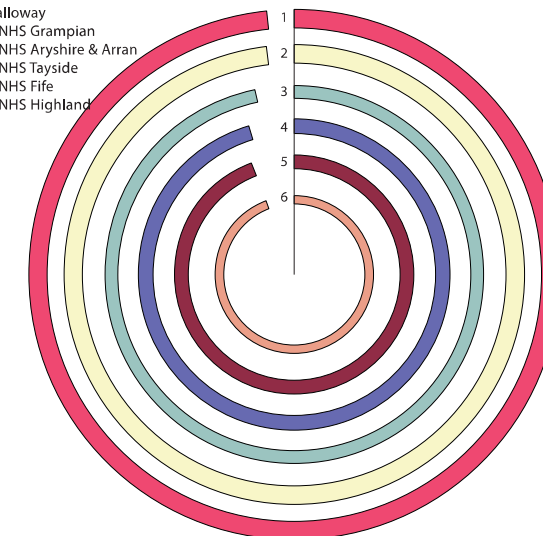
94.2% current performance Scottish Average 94.5%

62 day performance

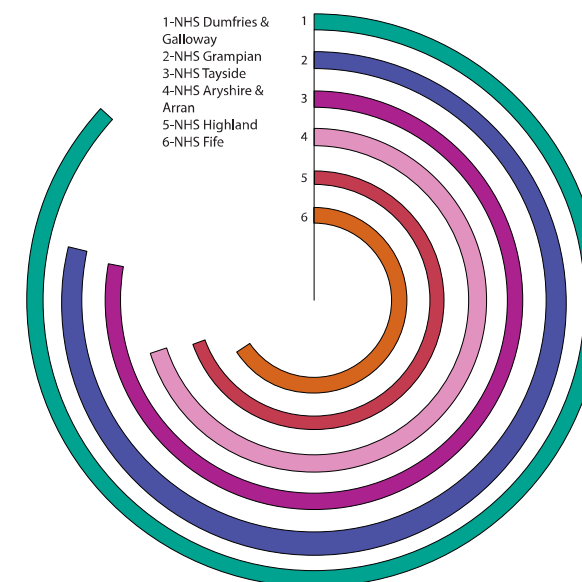
69.7% current performance Scottish Average 72.1%



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



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





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Pam Cremin
Interim Chief Officer,
NHHSCP

The number of patients experiencing delays to discharge continues to be a significant challenge. Whilst the number of DDs has reduced since the previous reporting period, the overall position remains variable. Important factors that impact on DDs are the reducing number of care home beds (loss of a total of 104 beds within the past year) with further care home closures imminent. In addition, regularly there are a significant number of beds unavailable due to staffing challenges. Capacity within care at home services also remains an ongoing challenge. Service redesign and development work continues, aimed at improving flow, reducing length of stay and DDs. This is a priority area of service development and includes implementation of an agreed planned date of discharge for all patients and systems to establish community pull.

Integrated Performance & Quality Report

Objective 3
Outcome 11
Priority 11C

In Partnership
Respond Well & Care Well (Delayed Discharges)

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



Performance Overview

There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time. We had 158 delayed discharges @ November m/e with 33 of those code 9 (complex) 113 delayed discharges are >30 days.

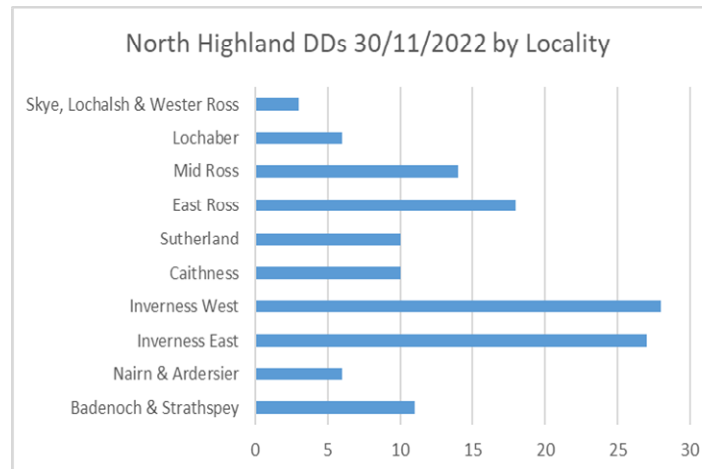
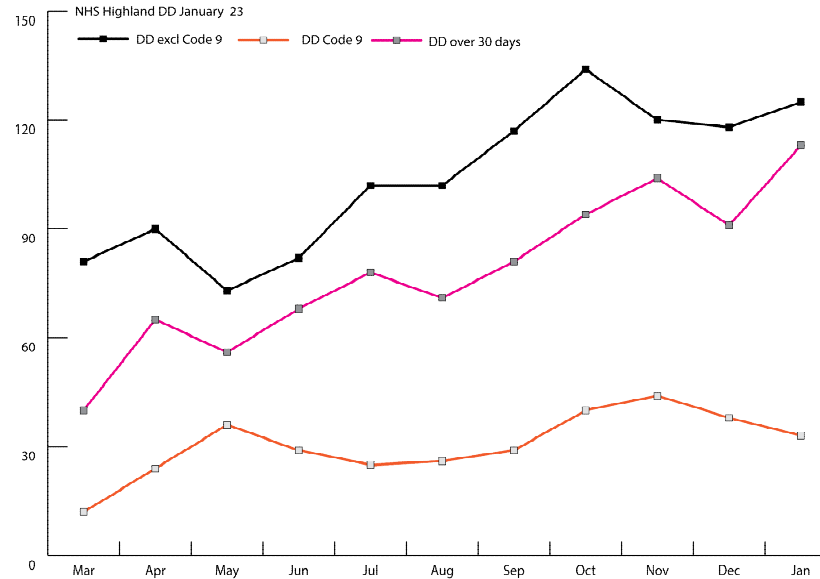
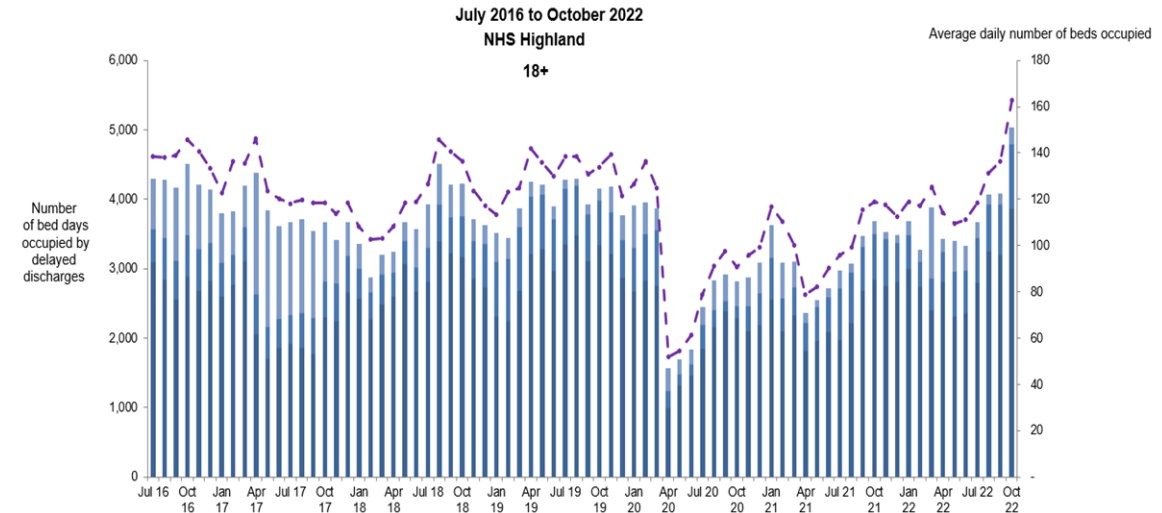


Chart 1 - Bed Days Occupied by Delayed Discharges





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Pam Cremin
Interim Chief Officer,
NHHSCP

Narrative yet to be confirmed.

Care Homes

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

Care at Home

After a period of significant and sustained reduction in the number of people receiving external care at home due to workers leaving employment, the last two months have seen a stabilising of that position; however we are concerned that this is a temporary situation. Low levels of recruitment continues to be the key concern expressed by providers in our frequent discussions. NHS and external care at home and care home providers continue to operate in a pressurised environment working in collaboration despite sustained staffing pressures

Integrated Performance & Quality Report

Objective 3

Outcome 9

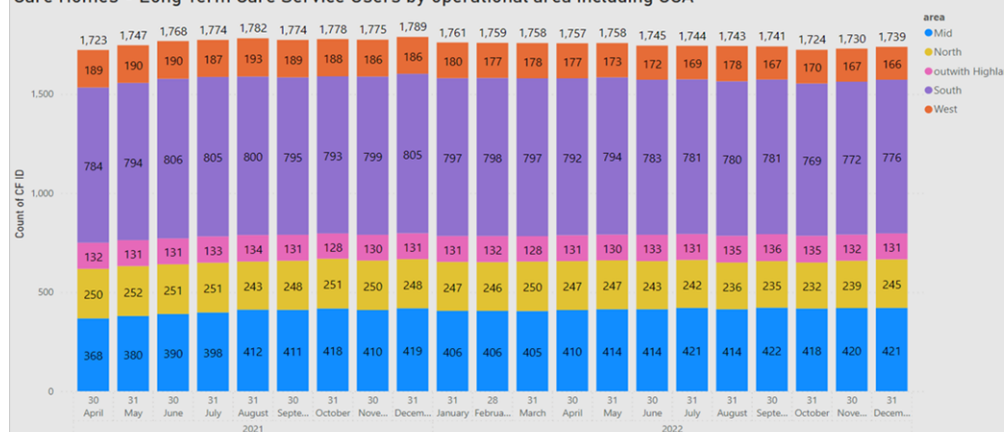
Priority 9A, 9B, 9C

In Partnership

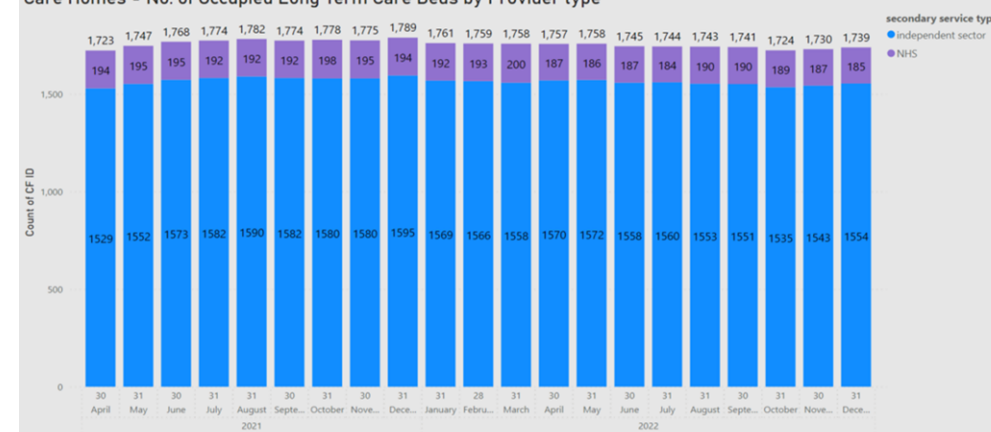
Care Well (Adult Social Care)

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

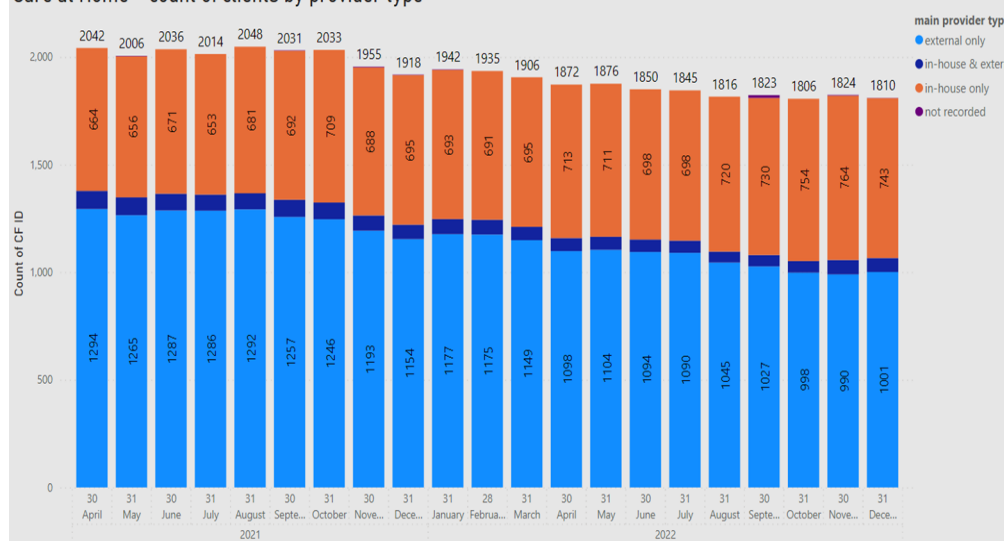
Care Homes - Long Term Care Service Users by operational area including OOA



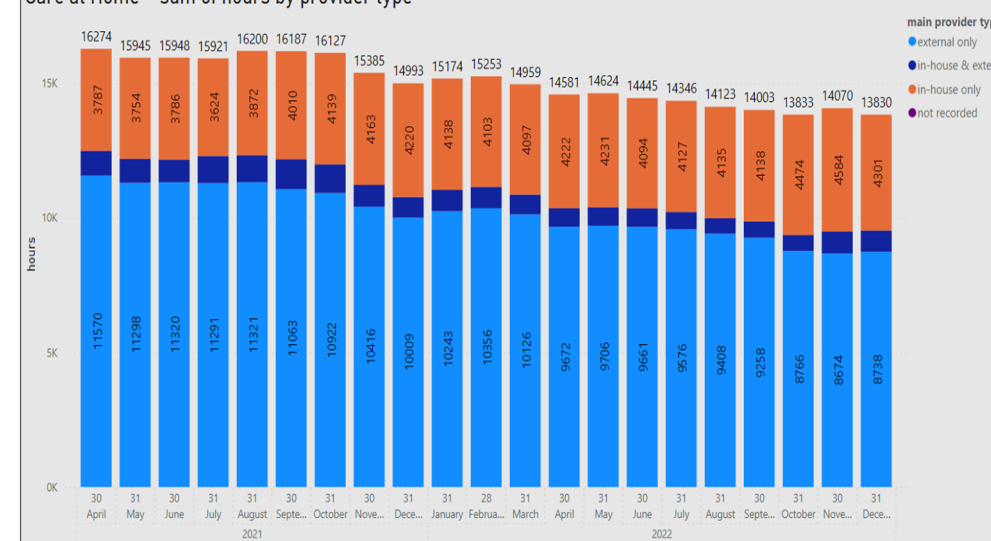
Care Homes - No. of Occupied Long Term Care Beds by Provider type



Care at Home - count of clients by provider type



Care at Home - sum of hours by provider type





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Pam Cremin
Interim Chief Officer,
NHHSCP

The information provided shows a sustained trajectory of reduced ongoing waits and the Board benchmarks positively across Scotland.

This is in line with the work set out in the comprehensive psychological therapies improvement plan.

Whilst we are moving in the right direction there is still a significant amount of work to do. The team have dedicated staff triaging both the general adult and the neuropsychology waiting lists and developing much clearer pathways for referrals for the future.

Recruitment remains the main challenge with lower levels of psychology staff in post than other boards. The Director of Psychology is actively leading on improving this position.

Integrated Performance & Quality Report

Objective 3

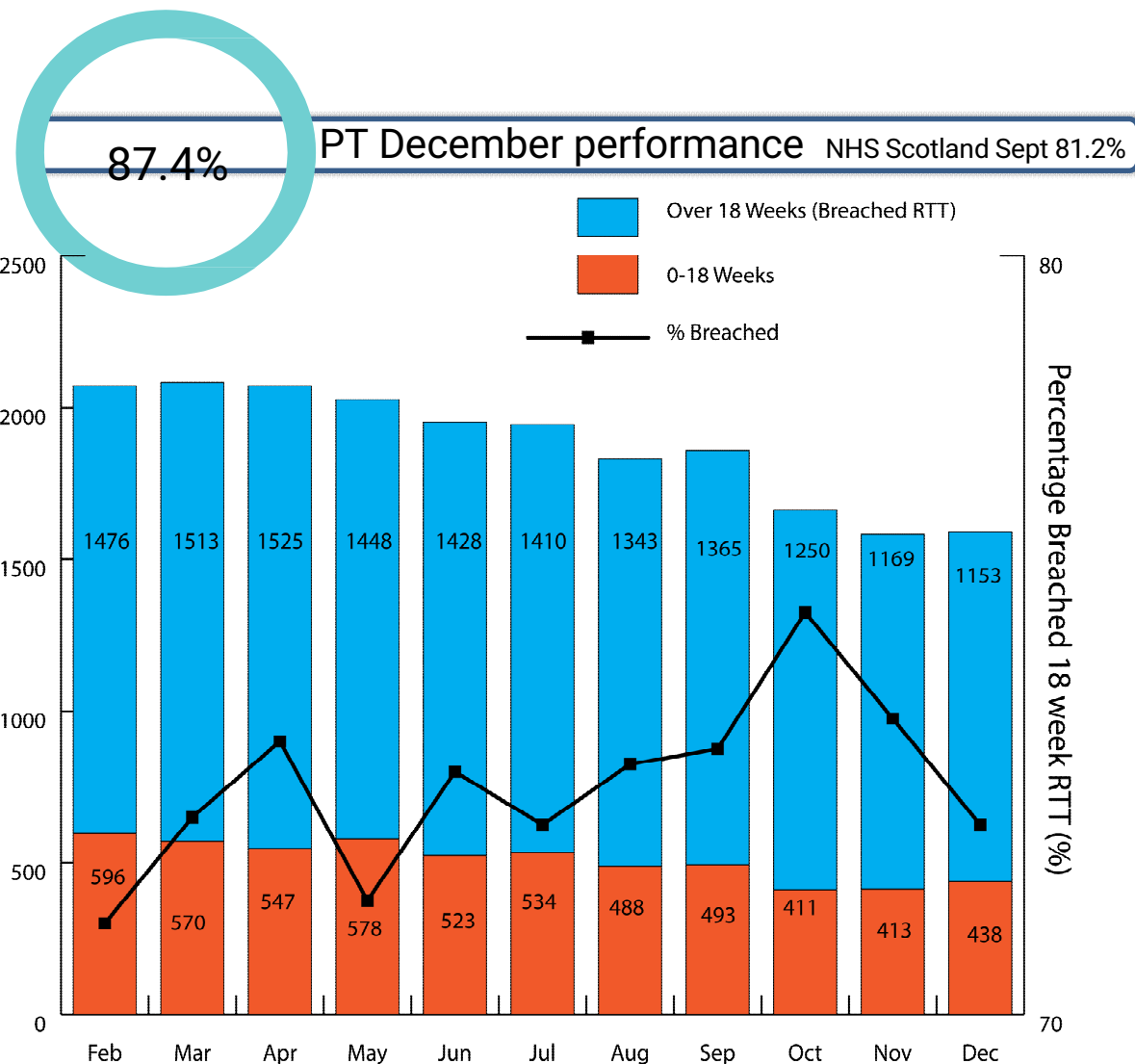
Outcome 10

Priority 10A, 10B, 10C

In Partnership

Live Well (Psychological Therapies)

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

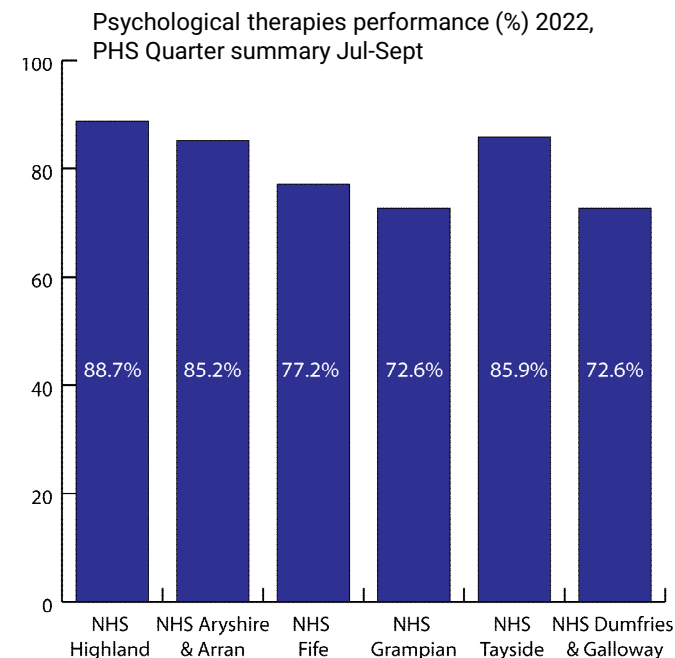


Performance Overview

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

December 2022: Current performance 87.4%

We have 1591 of our population waiting to access PT services. 1153 patients are waiting >18 weeks (72.5% breached target) of which 755 have been waiting >1 year. Of the 1591 waiting, 339 of those are waiting for North Highland neuropsychology services of which 307 are waiting > 1 year.





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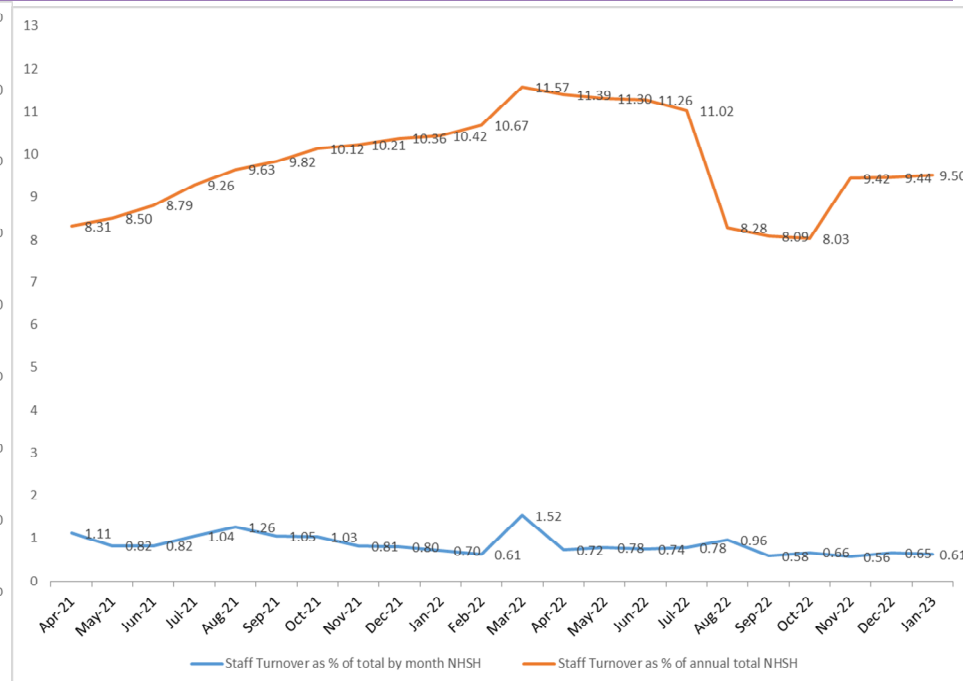
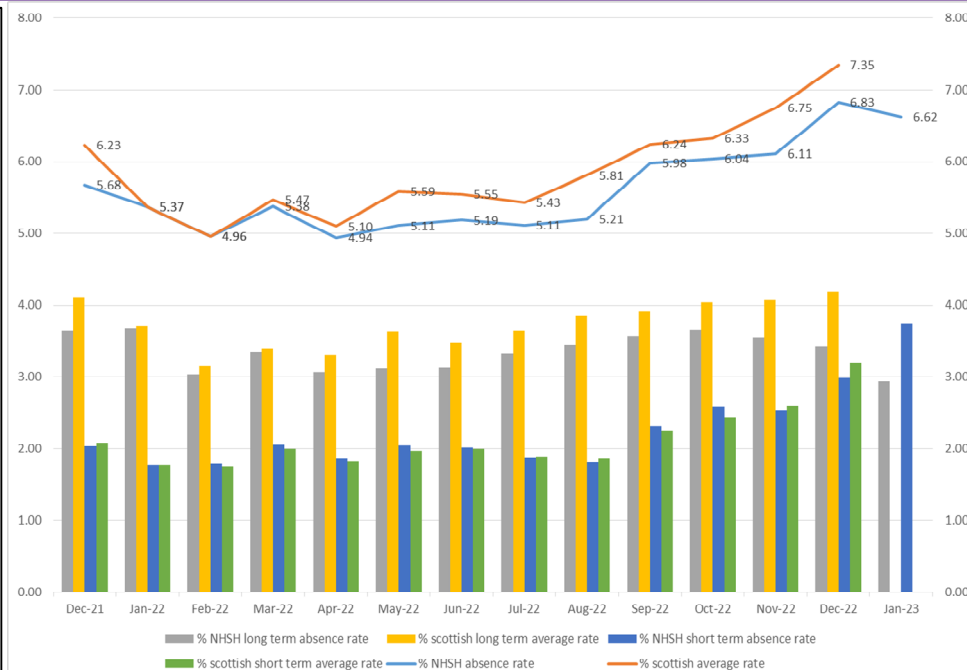
Fiona Hogg
Director of People & Culture

Sickness absence continues to remain above 6% since October 2022 although we are still below the national rates which is 7.35% as of December 2022, this increase compared to past years is mainly being driven by short term absence increases, with Dec 21 at 2.03% and Dec 22 at 2.99% as whilst long term absence accounts for more, it's slightly reduced from 3.65% in Dec 21 to 3.43% in Dec 22. Short term absences in Cold, Cough, Flu remain high as well as gastro-intestinal problems, and 25% don't specify, which we are addressing with managers. Return to work conversations and a focus on practical wellbeing such as taking breaks, taking leave, availability of food and fluid, reflective practice and rest areas are part of our actions on this. Long term absences are mostly related to other musculoskeletal problems and Anxiety/stress and early intervention and engagement with Occupational Health and active management and conversations whilst off make a return more successful.

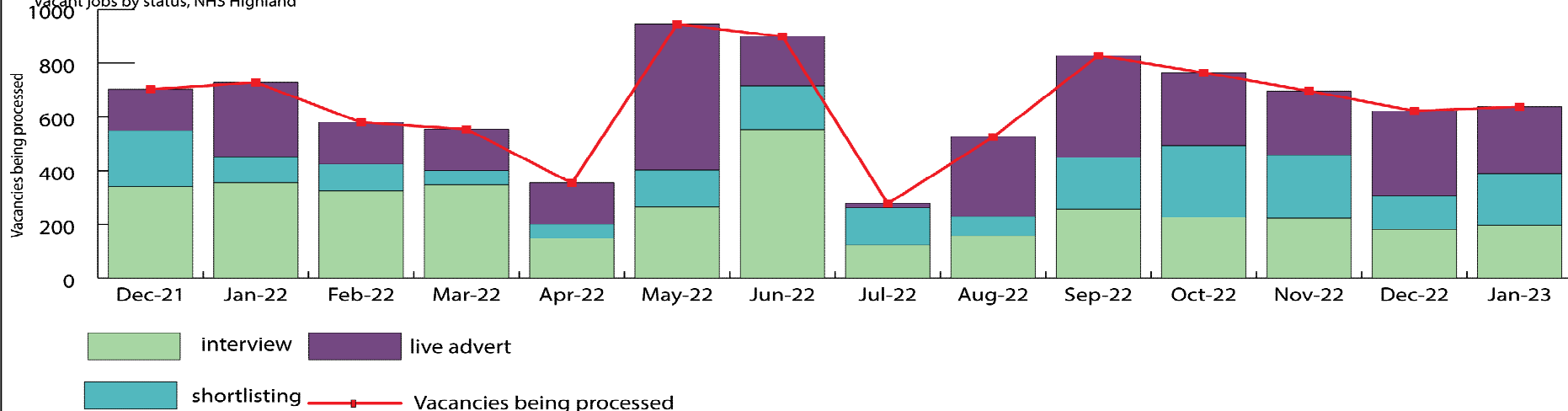
Turnover remains consistent with no specific reasons identified Work is in progress with launch of our new exit survey being available from March which will help to inform our data further. We are also gathering more information on retire and return take up and how to factor this in. Recruitment volumes remains high with a large number of posts moving through Job Train, we are working on time to recruit data, and better use of recruitment campaigns and always on adverts are encourages, which are more efficient and can lead to greater engagement and promotion. A prioritisation process is underway to ensure our workforce needs are aligned to our revised 3 year financial plan.

Integrated Performance & Quality Report

Objective 3 Our People



Vacant jobs by status, NHS Highland





Clinical Governance February 2022

Stage 2 Complaints information – December 2021 to December 2022 (EXTRACT 22.02.23) *excludes cases with stage of further correspondence and SPSO*

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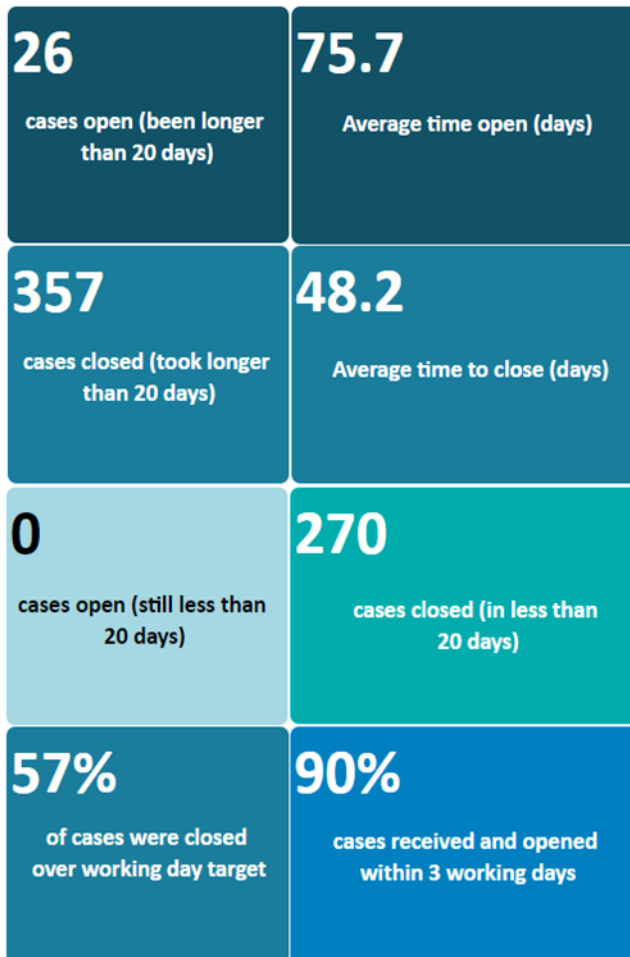
with you, for you NHS Highland stage 2 case overview



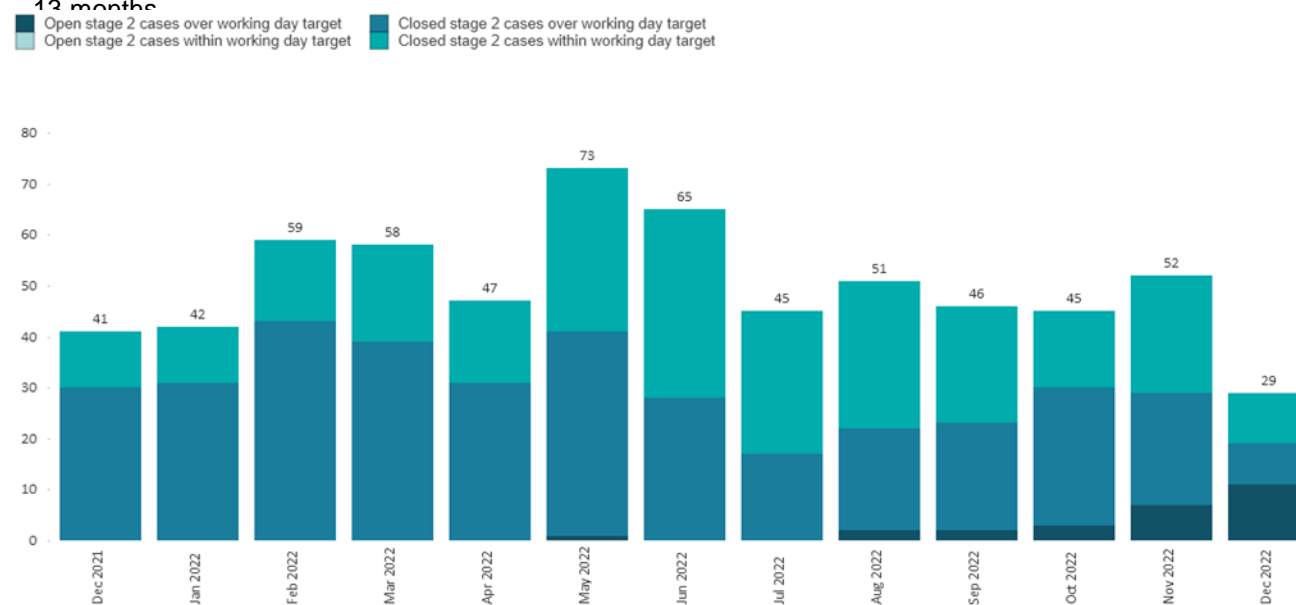
Context by Dr. Boyd
Peters
Medical Director

Complaints:

Data show performance against 20 working day target response time improved in July but since then there has been a decline. Performance was 34% in December 2022. This continues to be closely monitored through EDG and SLTs. Weekly meetings are held with the Feedback Team and the Operational Units to ensure progress is being made. New reports are being prepared to identify volumes of high- level complaints.



Working day status graph displaying number of stage 2 cases received for NHS Highland over last 13 months



Working day performance (closed within 20 days) for stage 2 cases | Shown by operational unit

	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Highland	27%	26%	27%	33%	34%	44%	57%	62%	57%	50%	33%	44%	34%
Argyll & Bute	33%	33%	25%	60%	0%	14%	0%	38%	67%	14%	14%	29%	50%
Acute	21%	30%	34%	21%	32%	63%	64%	72%	64%	59%	32%	50%	30%
HHSCP	42%	7%	14%	67%	44%	20%	59%	70%	38%	57%	46%	41%	35%



Clinical Governance January 2023

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

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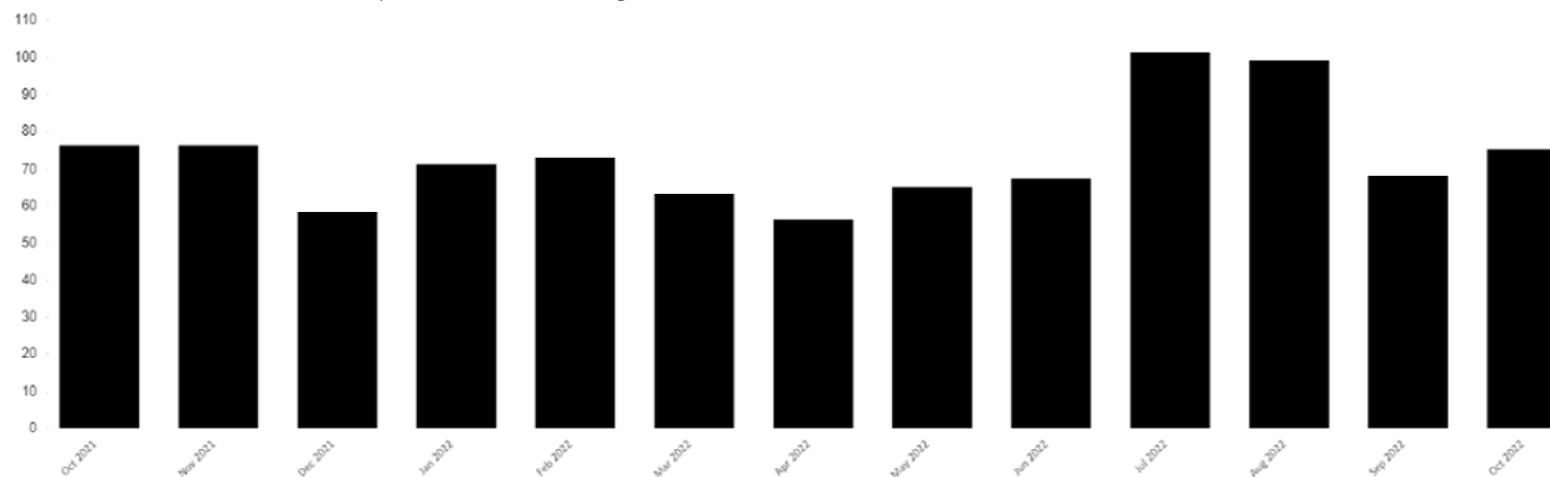
Context by Dr. Boyd Peters
Medical Director

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

November 2022

Adverse Event information – November 2022 to January 2023 (EXTRACT 22.02.23)

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

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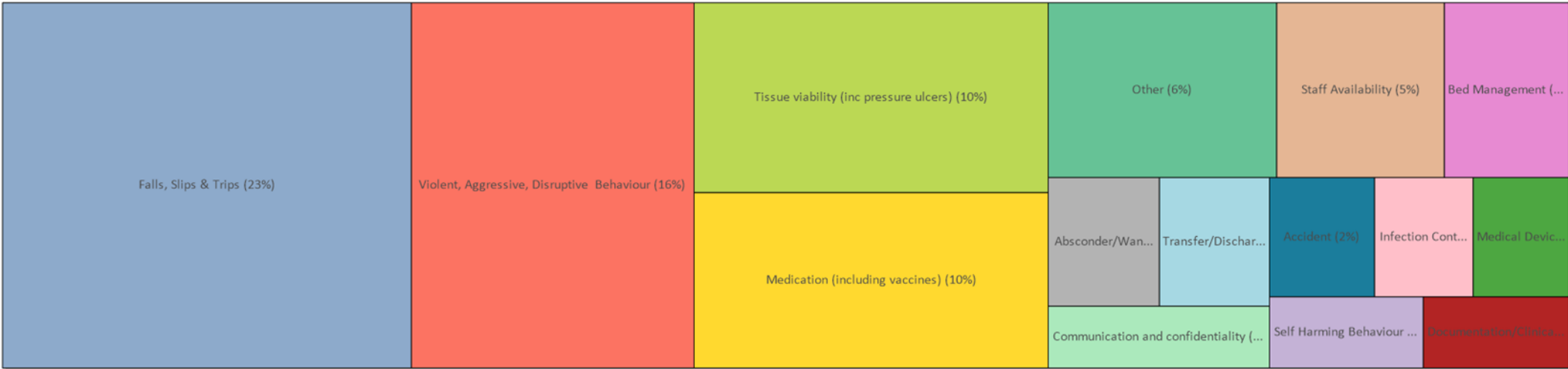


Context by Dr. Boyd
Peters
Medical Director

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. New categories of adverse events have been added to datix and new guidance notes prepared. Over the last two months there has been a reduction in adverse events classified as " other"

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





Clinical Governance November 2022

Adverse Event information – January 2022 to January 2023 (EXTRACT 22.02.23)

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

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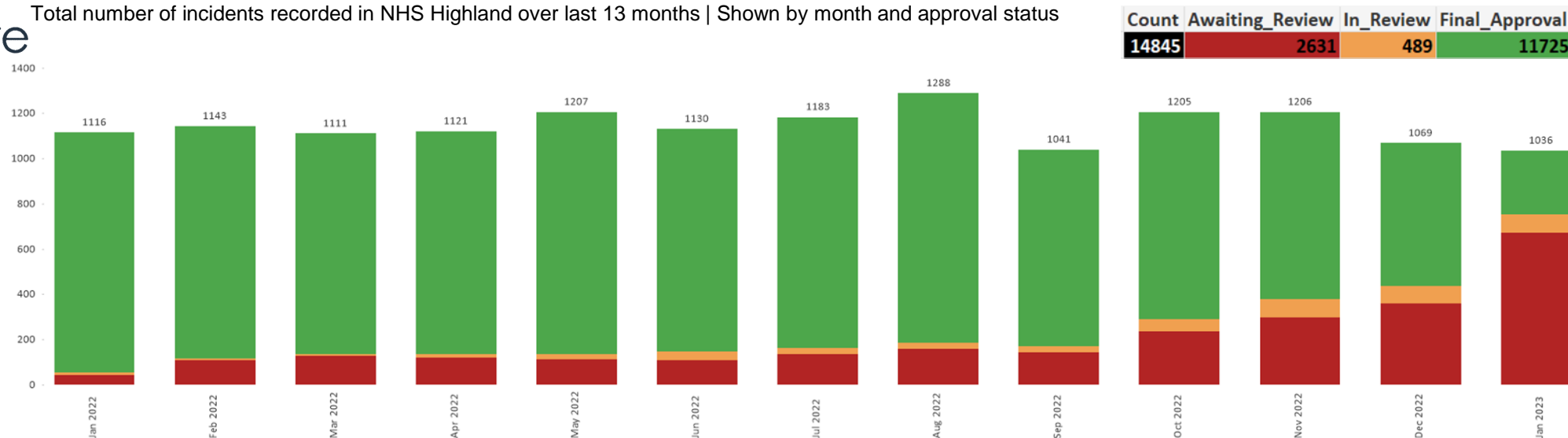


Context by Dr. Boyd
Peters
Medical Director

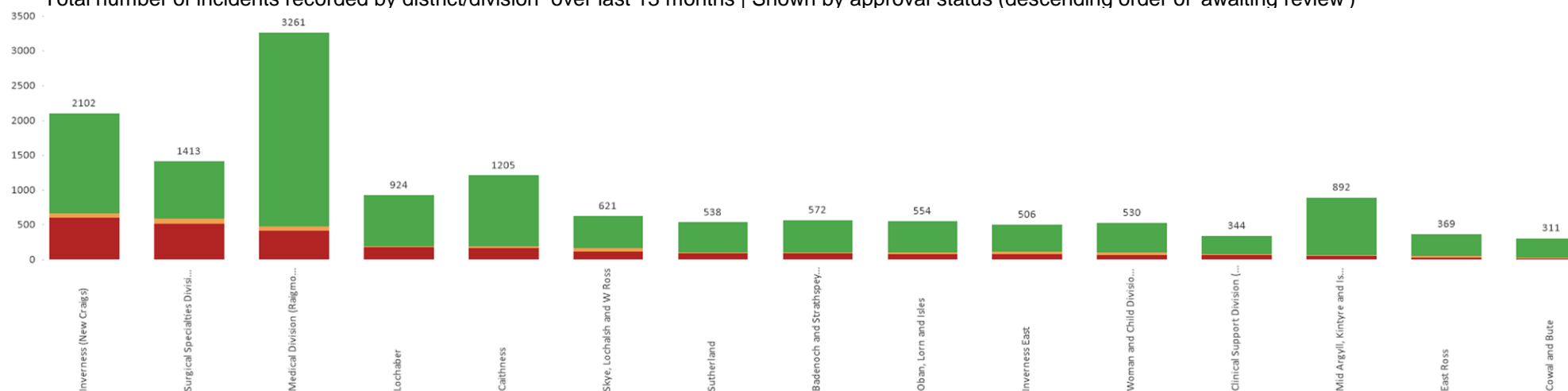
Adverse Events:

The number of datix adverse events have shown a decline in the last two months. This is being monitored. A rise in number of Datix awaiting review continues to be a concern. Work is in progress to reduce the number of adverse events awaiting review, with quarterly reports being issued to the Operational Units.

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 November 2022

Significant Adverse Event Review information – January 2022 to January 2023 (EXTRACT 22.02.23)

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

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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. There are four SAERs that have taken longer than the nationally agreed target of 26 weeks. All SAERs are being reviewed by the CGST and discussions are ongoing with relevant Operational Units to ensure progress is being made.

Number of SAERs declared in NHS Highland

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

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

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



Clinical Governance November 2022

Hospital inpatient falls – January 2022 to January 2023 (EXTRACT 22.02.23)

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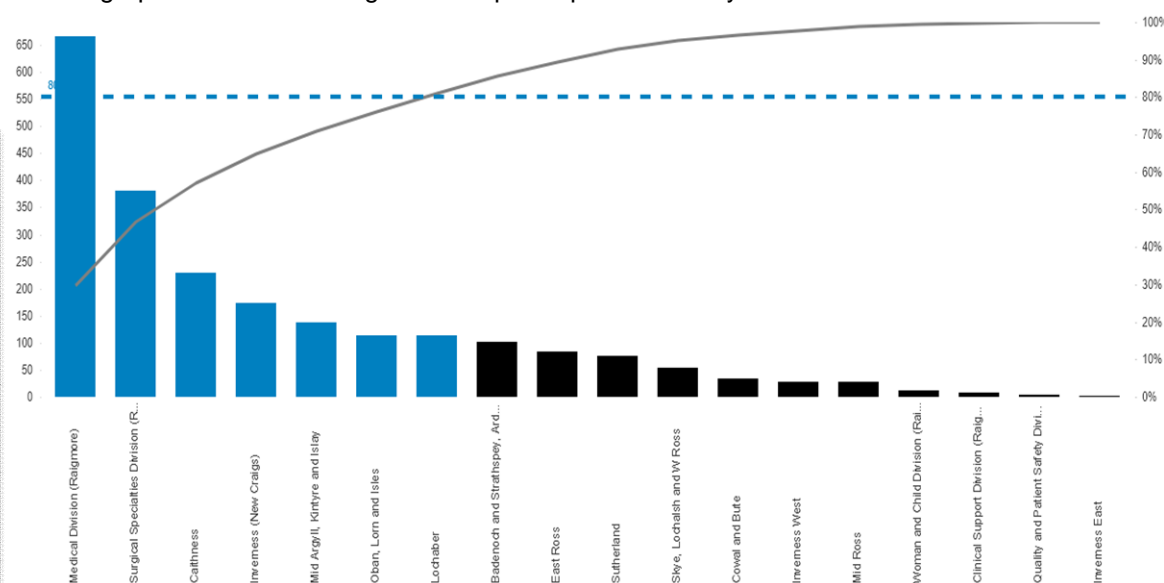
Context by Louise Bussell
Nurse Director

7 of the last 9 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.

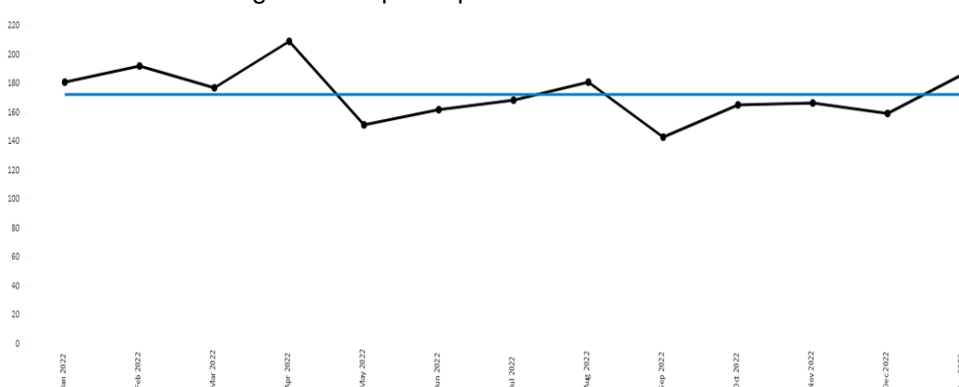
Work is ongoing to review the falls policy and complete the review of the bed rails policy and risk assessment. Both should be concluded before the next CGC.

Work is ongoing to develop the datix reporting system to capture increased detail about risk assessment and mitigation to facilitate better understanding of primary and secondary prevention of falls and offer assurance that appropriate steps are being taken. This will also help us target quality improvement support to target trends in cause.

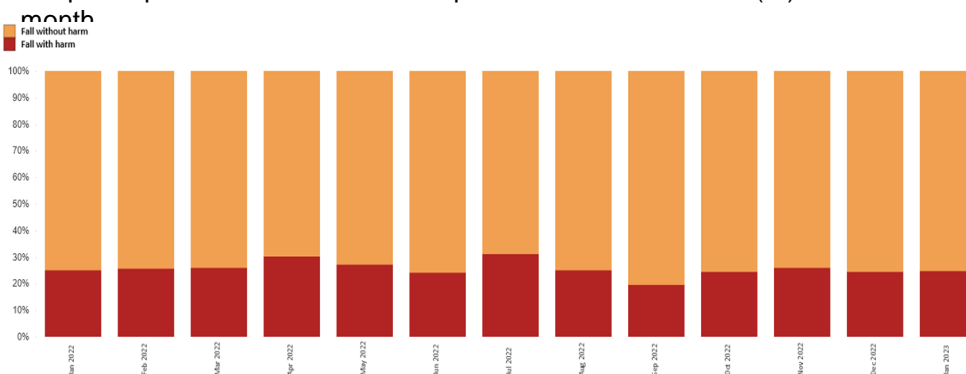
Pareto graph count of NHS Highland hospital inpatient falls by district/division over last 13 months



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 months



	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 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. Daily care plan to be rolled out by end April 2023</p> <p>Patients' mobility status and falls risk to be communicated as part of shift handover and at bed space using 'I can'</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>Education sessions on delirium and End PJ paralysis principles being delivered to promote principles of positive risk taking and safe mobilisation</p>



Clinical Governance November 2022

Infection Prevention, E Coli, SAB and C Diff Infection HCAI Rates per 100,000 population (EXTRACT 22.02.23)

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Context by Louise Bussell
Board Nurse Director

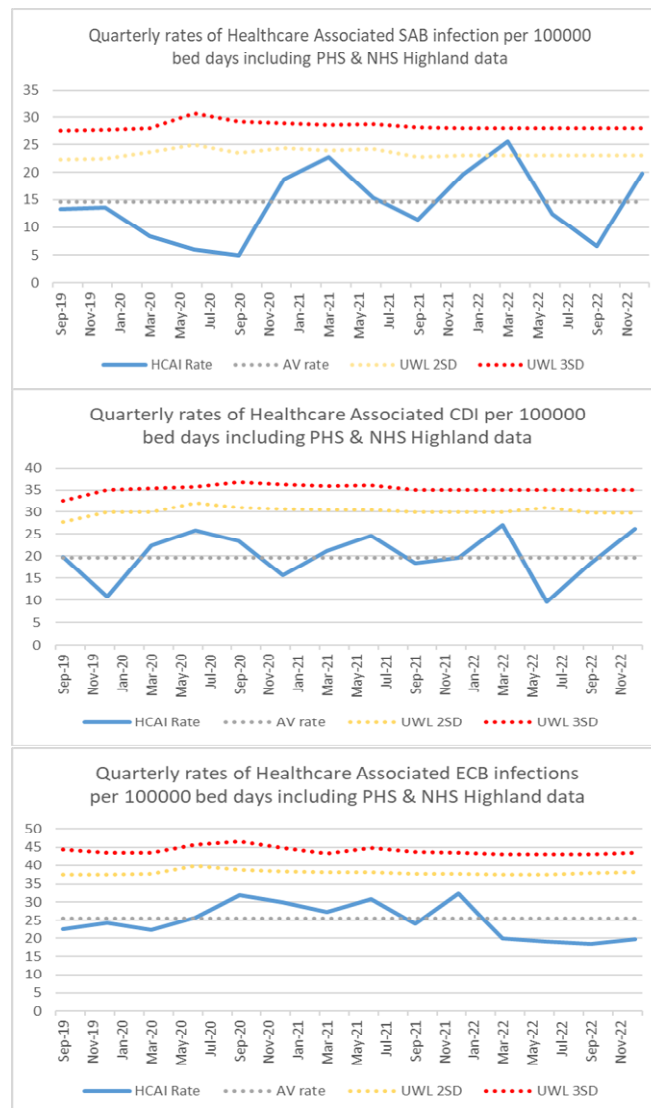
Published data from ARHAI (antimicrobial Resistance Healthcare associated infection) Scotland for the Oct -Dec quarter will not be available till March 2023. Unvalidated NHS Highland data for quarter 4 (Jan – Mar 23) will not be available until 7.4.2023.

NHS Highland data for the first 3 quarters of the year (April to Dec) identifies NHS Highland is not on track to meet the performance rate for EColi bacteraemia and CDI infections. However we remain within predicted limits. NHS Highland SAB rate is at 12.8 which is on track to meet 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. Discussions in place with accountant and Board Nurse Director re additional funding, and workload review of IPC team

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 (Validated by PHS)	Oct-Dec Q3 (NHS Highland data)	Jan-Mar Q4
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	12.4	6.6	19.7	n/a
SCOTLAND	17.3	17.1	n/a	n/a
C. DIFF				
NHS HIGHLAND	9.6	18.4	26.2	n/a
SCOTLAND	14.3	13.1	n/a	n/a
E.COLI				
NHS HIGHLAND	19.2	18.4	19.7	n/a
SCOTLAND	34.8	36.2	n/a	n/a



Clinical Governance November 2022

Tissue Viability – January 2022 to January 2023 (EXTRACT 22.02.23)

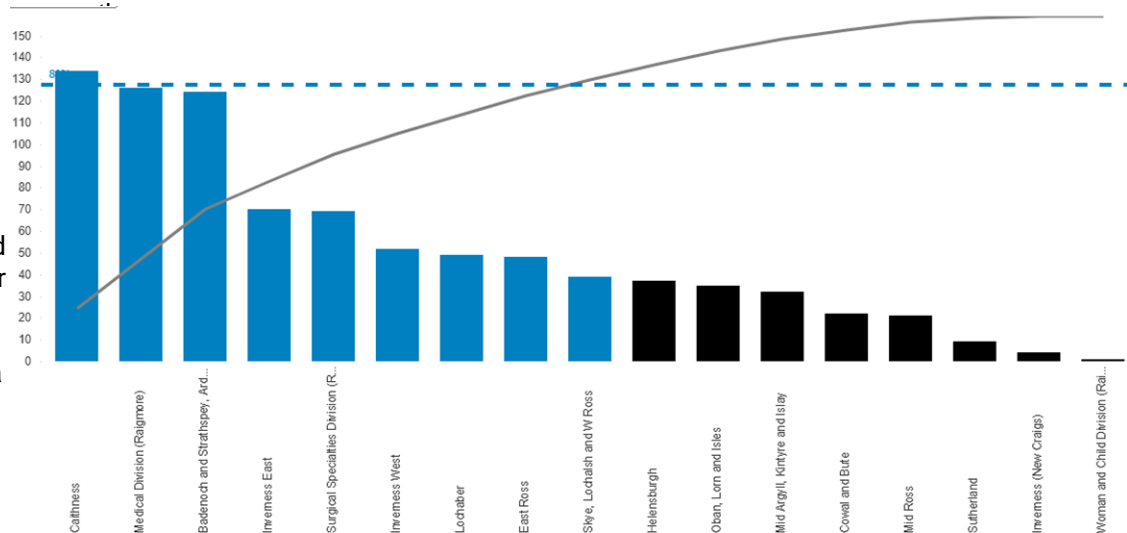
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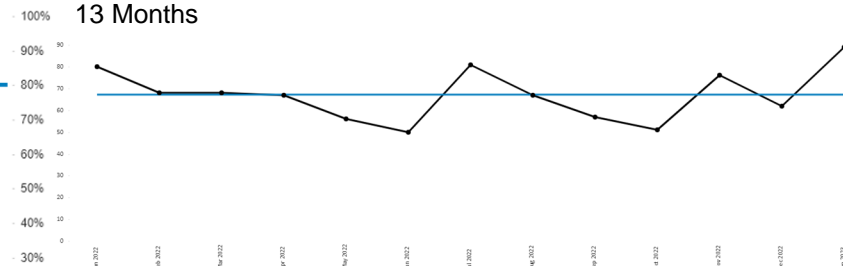
Context by Louise Bussell Board
Nurse Director

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

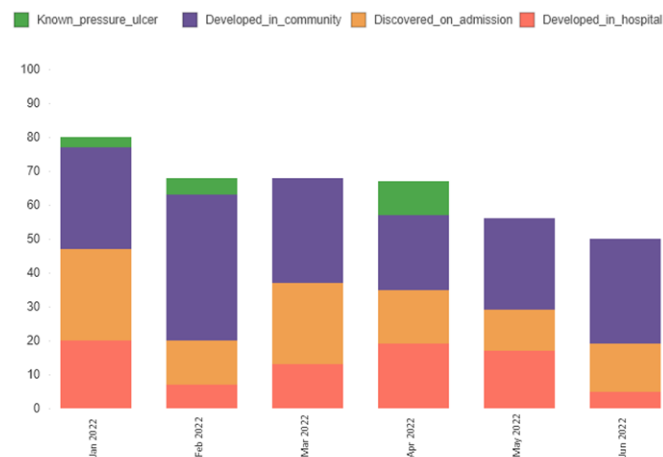
Pareto graph count of NHS Highland grade 2-4 pressure ulcers by district/division over last 13



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



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



Developed_in_hospital	200
Discovered_on_admission	222
Developed_in_community	409
Known_pressure_ulcer	41

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