NHS Highland

NHS Highland

Meeting:	NHS Highland Board
Meeting date:	30 July 2024
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 Board for:

- Assurance

This report relates to:

Workforce, Quality and Performance across NHS Highland

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 NHS Highland Board Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on performance, workforce and quality based on the latest information available.

### 2.1	Situation

In order to allow full scrutiny of the intelligence presented in the IPQR, Board is asked to review the intelligence presented so that a recommendation on level of assurance can be given. The outcomes and priority areas have been incorporated for this Board are aligned with Together We Care and the Annual Delivery Plan.

As part of Blueprint for Good Governance we have a spotlight on patient experience of CAMHS and NDAS included in this month's report.

Planned care trajectories for Financial Year (FY) 24/25 have been included for Outpatients and Treatment Time Guarantee in this IPQR.

As in previous IPQRs, Discovery data has been utilised for benchmarking comparator purposes to further examine the NHSH performance position against that of other Boards.

A paper was recently submitted the Clinical Governance Committee on the quality/outcomes elements of IPQR, these are now being planned for inclusion in subsequent versions. The following performance areas are also being scoped for inclusion in subsequent IPQRs and we are considering the performance element and the quality element to align to the appropriate governance committees:

Item	Area	Estimated IPQR Inclusion Date
1	Additional vaccination data	September 2024
2	Dementia indicators	September 2024
3	Long term conditions indicators	September 2024
4	Palliative and End of Life Care	September 2024
5	CAMHS trajectories and further data	September 2024
6	NDAS and postcode analyses	September 2024
7	NDAS and postcode analyses	September 2024
8	Emergency breakdown of cancer activity	September 2024
9	Additional public health indicators being scoped	September 2024 (partial) - November 2024
10	Community Services Waiting Lists	September 2024
11	Dental registrations	September 2024

2.2   Background

The IPQR is an agreed set of performance, quality and workforce indicators across the health and social care system. The background to the IPQR has been previously discussed in this forum.

2.3   Assessment

A review of these indicators will continue to take place as business as usual and through the agreed Performance Framework.

2.4   Proposed level of Assurance
This report proposes the following level of assurance:

Substantial		Moderate	
Limited	x	None	

The level of assurance has been proposed as limited due to the current pressures faced by HHSCP in Acute and Community care delivery. The system requires to redesign systematically to maximise efficiency opportunities and to enable service changes that bolster resilience and utilise resources that are cost effective for the Board and maximise value for the patient.

3   Impact Analysis

3.1   Quality/ Patient Care
IPQR provides a summary of quality and patient care across the system.

3.2   Workforce
This 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 Board is asked:

- To note limited assurance and the continued and sustained pressures facing both NHS and commissioned care services.
- To consider the level of performance across the system.

4.1   List of appendices

The following appendices are included with this report:
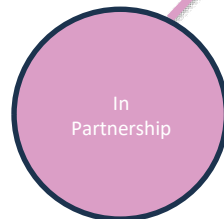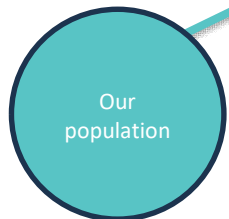
- Integrated Performance and Quality Report – July 2024

Integrated Performance and Quality Report

NHS Highland Board
July 2024

Together We Care
With you, for you

Our population

Our People

In Partnership

Perform Well

Progress Well

Executive Summary of Performance

Well Theme	Area	Current Performance	National Target	ADP Trajectory Met	Performance Rating
Stay Well	COVID Vaccinations	62.6%			
Stay Well	Smoking Cessation	229		Not met (336 target)	Not meeting target
Stay Well	Alcohol Brief Intervention	3323		Not met (3688 target)	Not meeting target
Stay Well	Drug & Alcohol Waiting Times	85.3%	90%		Variation – Target not met for 1 month only
Thrive Well	CAMHS	71.7%	90%		Not meeting target – 1 month of improved performance
Respond Well	Emergency Access	76.8%	95%	Not met	Variation – not meeting target but stable
Care Well	Delayed Discharges	207	95 (local)	Not met	Decreased performance from last month
Treat Well	Treatment Time Guarantee	57.8%	100%	ADP and long waits not met	Variation – increased performance from last month
Treat Well	Outpatients	39.6%	100%	ADP and long waits not met	Decreasing performance. Below lower control limit
Treat Well	Diagnostics - Radiology	68.9%	80%	Not Met	Variation – not meeting target but stable
Treat Well	Diagnostics – Endoscopy	70.2%	80%	Not Met	Variation - not meeting target but stable
Journey Well	31 Day Cancer Target	95.2%	95%	Met	Target met – 3 months of improved performance
Journey Well	62 Day Cancer Target	75.3%	95%	Not Met	Variation – Inconsistent pattern on this target
Live Well	Psychological Therapies	87.3%	90%		Improving – 6 months of improved performance

Guide to Performance Rating

- 🟩 Improving is 2/3 months of improved performance
- 🟥 Decreasing – 2/3 months of decreased performance
- 🟧 Variation – Inconsistent pattern of performance/stable not meeting target

Notes for Highlighting

Where applicable upper and lower control limits have been added to the graphs as well as an average mean of performance.

Additional detail has been added in each performance section on when the target was last met and how many times. If target was not met an indication has been given of the highest performance over the previous 24 months.

Within the narrative section areas where action was highlighted in the previous IPQR all Exec Leads have been asked for assurance of progress and next steps for improvement by September 2024.

**Dr. Tim Allison
Director of Public
Health**

COVID Vaccination Performance
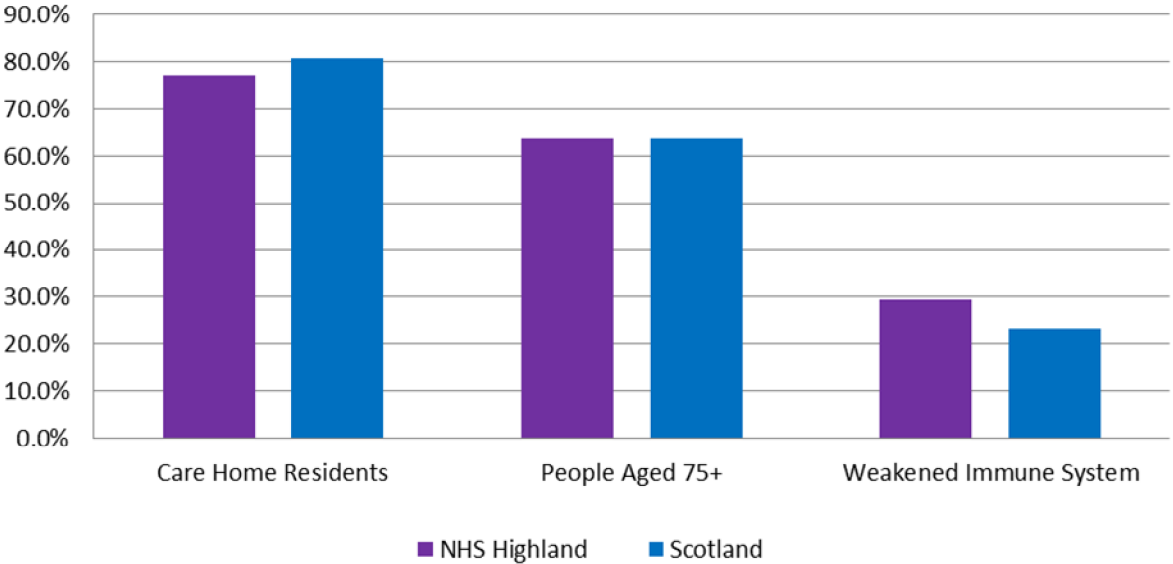
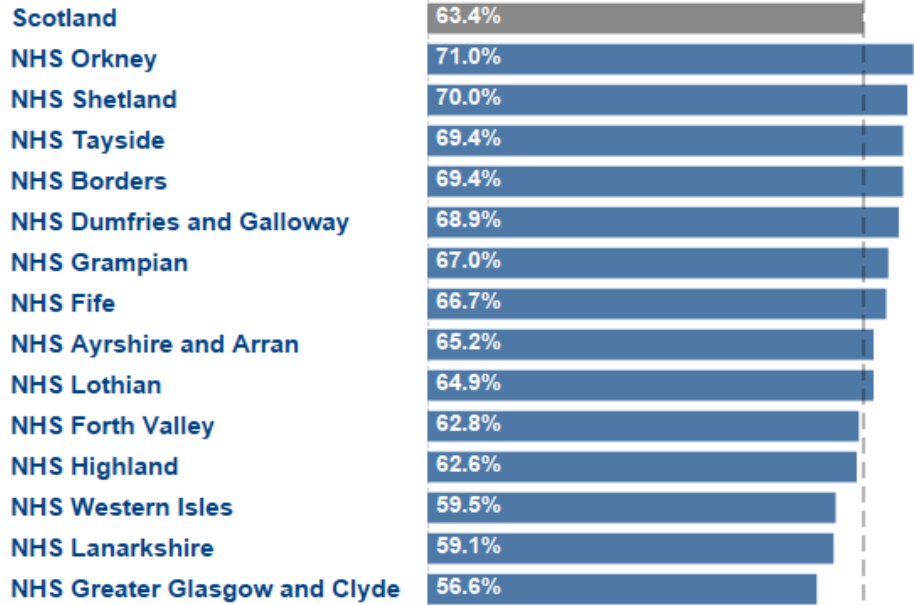| Progress Made	Next Steps	Timescale
•Overall COVID & 'Flu uptake has been reasonable, but the quality of performance delivery needs to be improved as does uptake in these programmes and for children's vaccination. •The spring COVID vaccination programme has been undertaken for people aged 75+ and those more vulnerable. Other adult and child programmes also continue.	• Scottish Government is working with Highland HSCP in level 2 of its performance framework. • Public Health Scotland is acting as a critical friend. The peer review has been carried out and recommendations are being implemented. • Options are being considered for delivery models in Highland HSCP.	• Ongoing

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Stay Well

Latest Performance	62.6%
ADP Trajectory Agreed	n/a
ADP Trajectory	n/a
Performance Guide	Just commenced
National Benchmarking	65.8%
National Target	n/a
National Target Achievement	n/a

COVID Vaccine Uptake at 06/06/24

Legend: NHS Highland, Scotland

Benchmarking across Scotland

Scotland	63.4%
NHS Orkney	71.0%
NHS Shetland	70.0%
NHS Tayside	69.4%
NHS Borders	69.4%
NHS Dumfries and Galloway	68.9%
NHS Grampian	67.0%
NHS Fife	66.7%
NHS Ayrshire and Arran	65.2%
NHS Lothian	64.9%
NHS Forth Valley	62.8%
NHS Highland	62.6%
NHS Western Isles	59.5%
NHS Lanarkshire	59.1%
NHS Greater Glasgow and Clyde	56.6%

Smoking Cessation

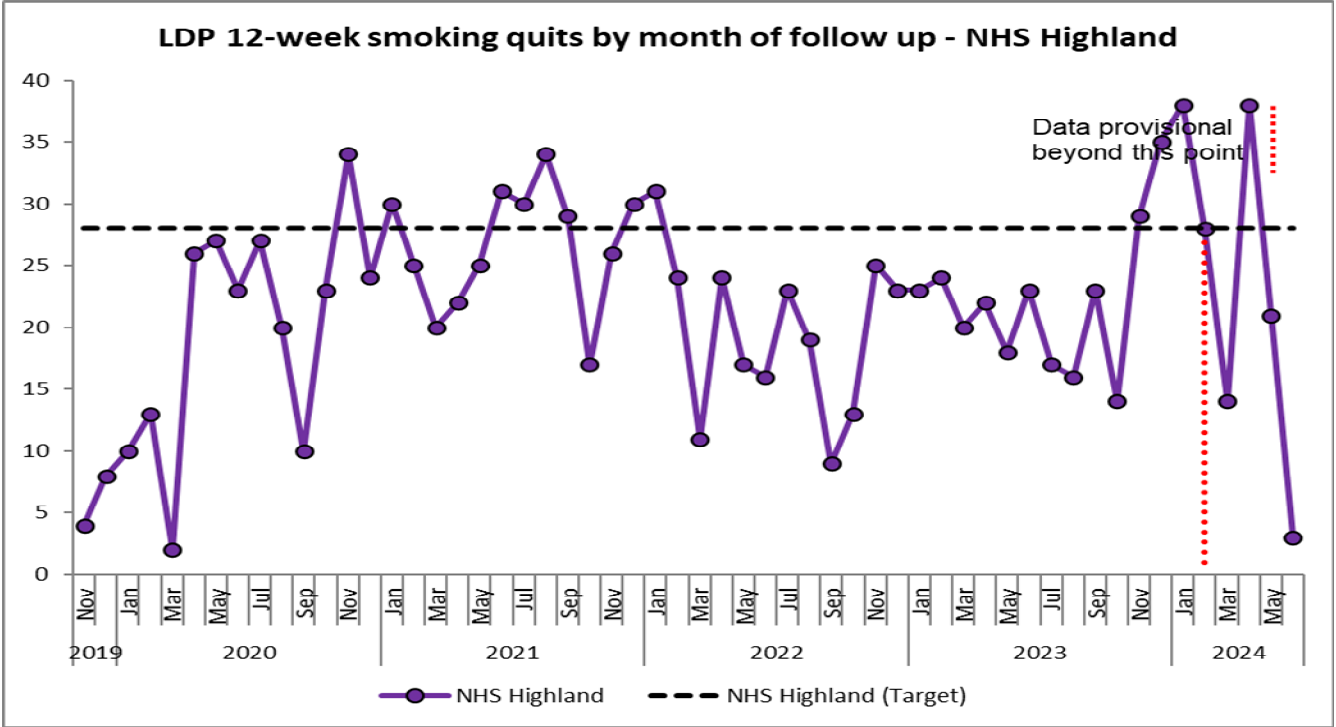| Previous IPQR Actions	Next Steps	Improvements to be made by September 2024
• Training on the SOPs to improve Community Pharmacy data has been delivered to most of our advisers. • Advisers working closely with assigned Community Pharmacies and relationships are being built. Delivery of training is challenging due to capacity issues within Community Pharmacy. • Additional adviser capacity in outpatients Raigmore and training with pre-assessment being planned.	• SOP training to remaining advisers • Additional capacity required for prison therefore some adviser time within the community has had to be diverted to the prison. • Roll out training to Community Pharmacies. • Focus in next quarter will be in improving quality of smoking cessation data.	• Review to be commenced at the end of June 2024 • The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. Of those setting a quit date from 1st April 2023 to 31st March 2024, there were 229 successful quits in the 40% most deprived, however these figures will not be finalised until end of July 2024.

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Dr. Tim Allison
Director of Public Health

ADP Trajectory Agreed	Yes
ADP Trajectory	Below Target
Performance Guide	Decreasing

LDP 12-week smoking quits by month of follow up - NHS Highland

Data provisional beyond this point

NHS Highland — NHS Highland (Target)

![Together We Care logo]

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**Dr. Tim Allison,
Director of Public
Health**

Alcohol Brief Interventions

Progress Made	Next Steps	Timescale
• Over the 12 months reported, 2023/24 ABI delivery has remained below the target trajectory in each month for NHS Highland. •ABI delivery remains above trajectory for Highland H&SCP area largely due to delivery in GP Settings. •There has been a small number of ABIs recorded in Q4 in Argyll & Bute for wider settings.	• Progress with updating LES. Develop 2024/2025 plan. Continue further evaluation of training to determine practical application. Plan for trainers' development session.	• Review end July 2024.

Latest Performance	
ADP Trajectory Agreed	No
ADP Trajectory	
Performance Guide	Below target
National Benchmarking	
National Target	
National Target Achievement	

NHS Highland - Alcohol Brief Interventions 2023/24 Q4

Setting Contribution 2023/24
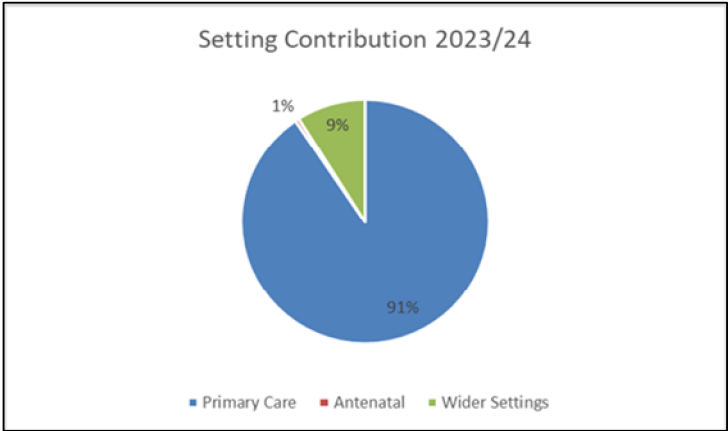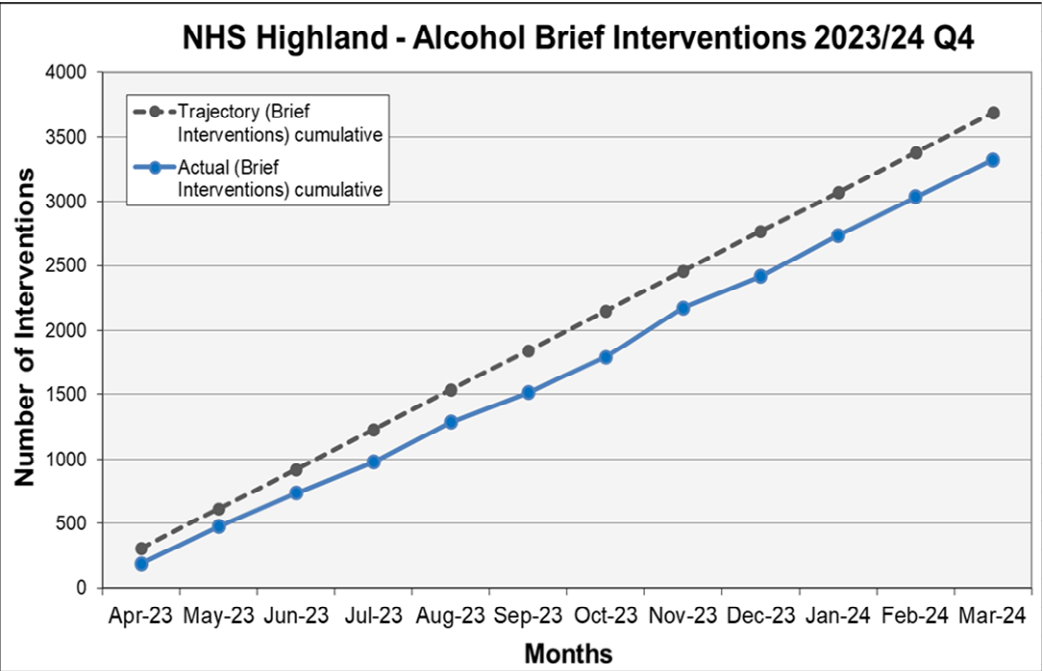
Area	Q1 Trajectory	Q1 Delivery	Q2 Trajectory	Q2 Delivery	Q3 Trajectory	Q3 Delivery	Q4 Trajectory	Q4 Delivery
Highland	919	739	1841	1514	2764	2415	3688	3323
NH	664	739	1330	1491	1995	2317	2660	3137
A&B	255	0	511	23	769	98	1028	186

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Pamela Cremin
Chief Officer
HHSCP

Drug & Alcohol Waiting Times

| Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Waiting list initiatives are being explored and will be initiated • Additional financial support is being provided to enable recruitment to progress • Confirmation of MAT allocation for 2024-25 will also support recruitment to additional posts	Highland continue to perform above the Standard with 93.4% of people seen within 3 weeks for first treatment.	Waiting list initiatives have been implemented. This work is ongoing Confirmation of MAT allocation for 2024-25 remains outstanding. Confirmation will enable recruitment to additional posts to support continued delivery

Latest Performance	85.3%
Scottish Average	90%
NHSS Target	90%
Performance Rating	**Target not met**
When was target last met? **Target met in last 24 months**	**November 2023** **6 times**
Benchmarking	9h out of 14 Boards

Benchmarking with Other Boards

Drug & Alcohol Waiting Times Less Than 3 Weeks From Referral to Treatment

Mean=87.2%
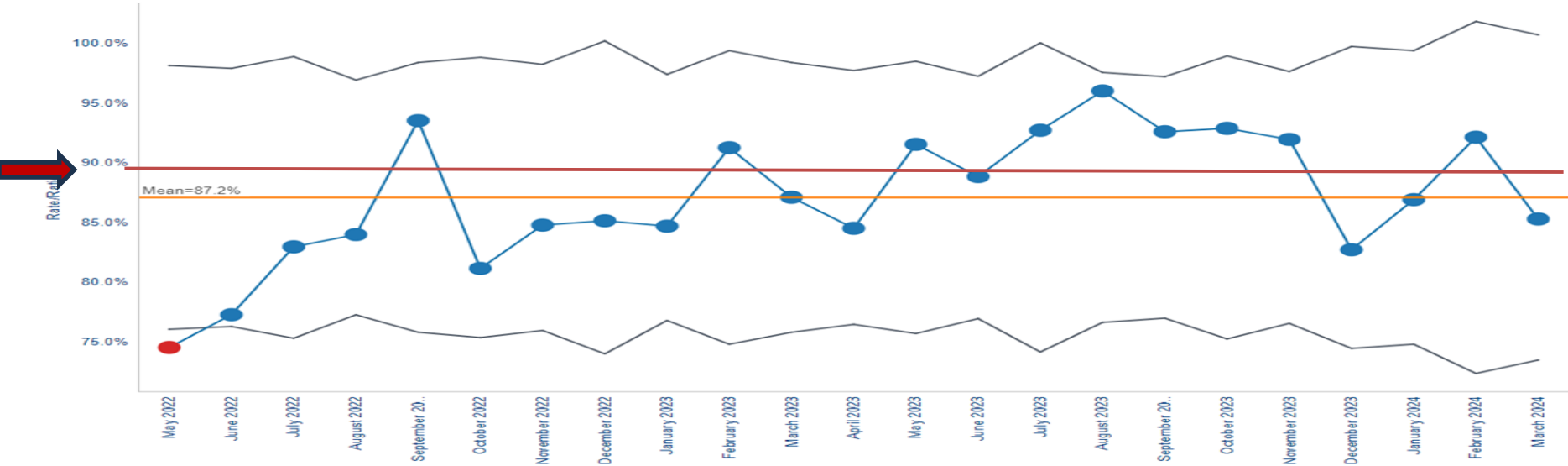
Board	%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Dumfries & Galloway	99.1%
NHS Ayrshire & Arran	98.3%
NHS Borders	97.3%
NHS Greater Glasgow & Clyde	96.3%
NHS Grampian	96.3%
NHS Fife	94.9%
NHS Highland	93.4%
NHS Lanarkshire	92.4%
NHS Forth Valley	88.6%
NHS Lothian	88.4%
NHS Tayside	86.9%
NHS Western Isles	83.3%

Child & Adolescent Mental Health Services

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Engagement appointments commencing for all new referrals from 3rd May. Excess capacity directed to waiting list cases. • Further recruitment required to implement and support further improvement; delayed due to uncertainty over mental health framework budget allocation.	• Engagement appointments commenced for all new referrals to the service. Excess capacity directed to waiting list cases. • Early findings from engagement appointments - Data shows currently sitting at a 50% conversation rate, ie half cases being deemed appropriate for CAMHS and either seen for treatment or put on wait list and the other half discharged as not requiring CAMHS treatment. Under the old vetting system, decisions based on written information only, 100% of cases reaching that vetting stage would have been placed on wait list Engagement appointment is a 45 minute on line assessment by an experienced CAMHS clinician	Uncertainty over mental health framework budget allocation remains, directly impacting on recruitment to recently vacated posts •To continue to work towards achieving aims set out in the improvement plan, including improving RTT, it is essential that the service continues to build on the current workforce. •Resolution to financial capacity issues to allow recruitment to essential post to progress.

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Exec Lead
Katherine Sutton
Chief Officer, Acute

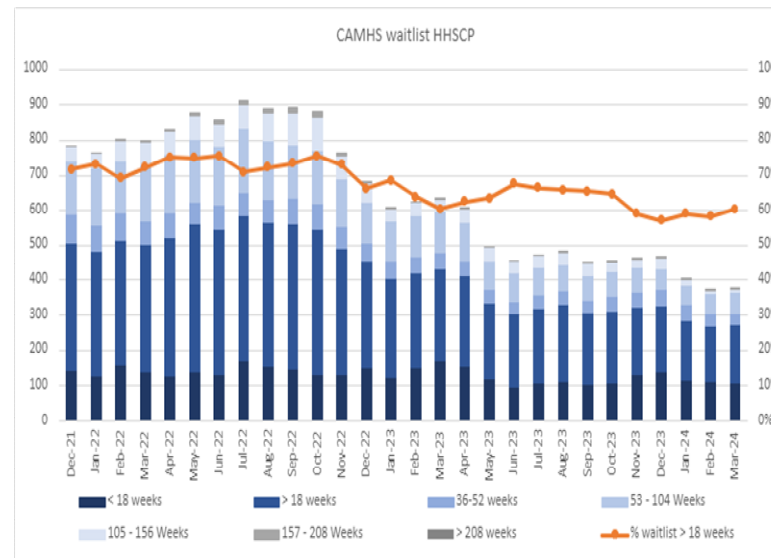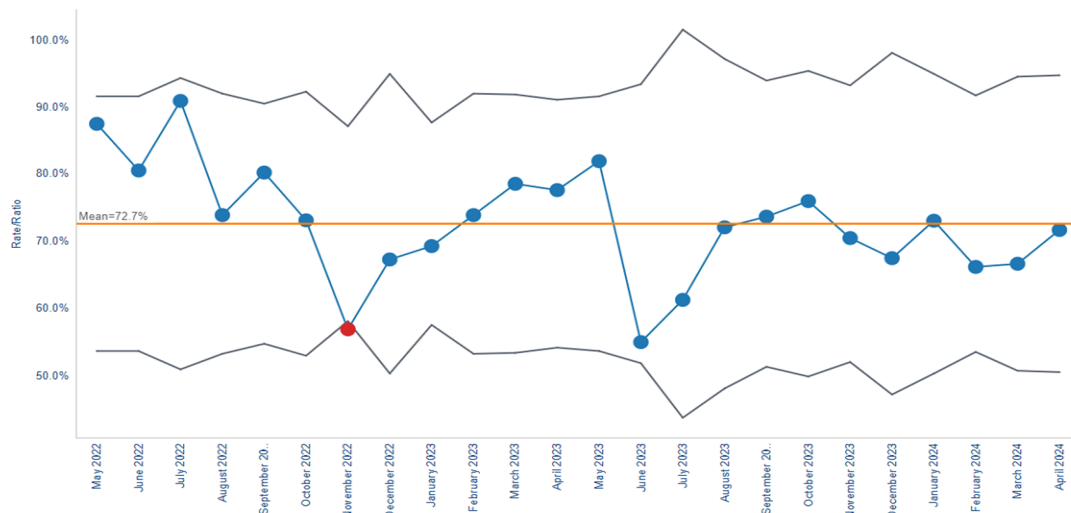|	
Latest Performance	71.7%
Scottish Average	81.4%
NHSS Target	90%
Performance Rating	Target not met 3 below mean
When was target last met? Target met in last 24 months	July 2022 1 time
Benchmarking	10th out of 14 Boards Against trend of Scotland

Benchmarking with Other Boards

CAMHS Waiting Time < 18 weeks

Selected Time Period: April 2024
(click on a circle in timetrend to change the selected time period)

Board	%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Western Isles	100.0%
NHS Ayrshire & Arran	99.1%
NHS Forth Valley	98.0%
NHS Grampian	97.4%
NHS Greater Glasgow & Clyde	96.4%
NHS Tayside	95.8%
NHS Fife	80.7%
NHS Highland	71.7%
NHS Dumfries & Galloway	69.2%
NHS Borders	64.3%
NHS Lothian	62.8%
NHS Lanarkshire	39.9%

CAMHS waitlist HHSCP

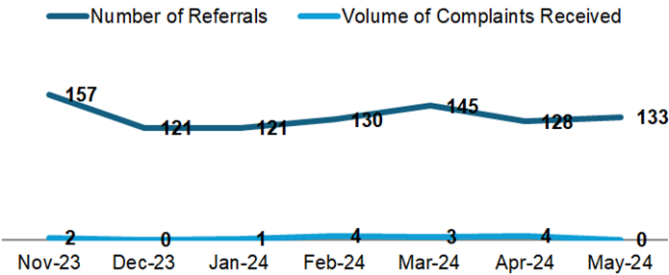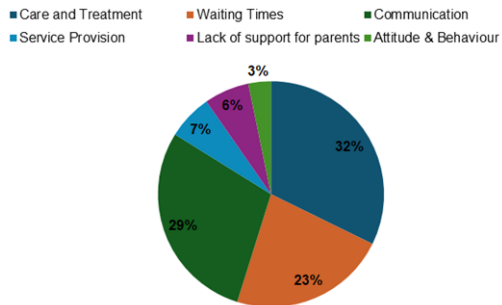| Progress Made	Next Steps	Timescale
• The number of handlers has increased to share the volume	• Progress Care Opinion for the service including the promotion of the child friendly feedback service	• August 2024

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Dr Boyd Peters Board Medical Director

The total volume of CAMHS referrals received is since Nov 2023 is 935, with a total of 14 complaints giving a conversion
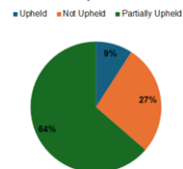
NHS Highland – Listening and Responding to our Patients

Volume of CAMHS referrals received in relation to number of Formal Complaints

— Number of Referrals — Volume of Complaints Received

	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Referrals	157	121	121	130	145	128	133
Complaints	2	0	1	4	3	4	0

Complaint Reasons Relating to CAMHS

- Care and Treatment
- Waiting Times
- Communication
- Service Provision
- Lack of support for parents
- Attitude & Behaviour

- 32%
- 23%
- 29%
- 7%
- 6%
- 3%

Decision outcome for CAMHS related complaints

- Upheld
- Not Upheld
- Partially Upheld

- 9%
- 27%
- 64%

The Patient Said..
They have concerns with the administering of child's medications

What We Did..
Apologised for any confusion, explained the process but also advised an audit has commenced which will identify if there are changes required with current process

The Patient Said..
They are concerned with timescales, and what support is there available until the assessment?

What We Did..
Apologised for the delay, explained the timescales. Also, provided points of support which could be accessed in the meantime.

The Patient Said..
She has been advised, that if her child receives treatment from the Primary Mental Health Team (PMHT), her CAMHS assessment is withdrawn.

What We Did..
Apologised for any confusion, clarified, patient's position, and how current community support is available to escalate referrals to CAMHS following assessment from PMHT

The Patient Said..
They were given inconsistent information on child transferring from CAMHS to PMHT

What We Did..
Apologised for lack of clarity, and a weekly meeting now takes place in the service to identify and progress the cases which transition to PMHT from CAMHS

Since November 2023, 7 of the 14 complaints were progressed with some level of improvement activity

Neurodevelopmental Assessment Service

Performance Rating	Decreasing
National Benchmarking	n/a
National Target	Full compliance to the Nat ND Service Spec by end March 2026.
National Target Achievement	n/a

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Exec Lead
Katherine Sutton
Chief Officer, Acute

Previous IPQR Actions

- Authority Framework is in place.
- Scottish Approach for Service Design is adopted at an ICSP level.
- ICSP ND Programme .Board is established and has met.
- NDAS Model update completed and in practice.
- NDAS Eligibility Criteria reviewed, updated and in practice.
- Waiting list cleansing exercise is completed.
- ICSP GIRFEC and Child Planning training for MDT`s rolled out.

Assurance of Completion

Due to resignations within the clinical workforce service capacity has reached a critical level and will not be in a position to deliver assessments in August, and limited provision from September onwards.

The NDAS North Highland/Highland Council position was presented to Fiona Davies, Chief Executive NHS Highland & Derek Brown, Chief Executive, Highland Council on 3rd June 2024
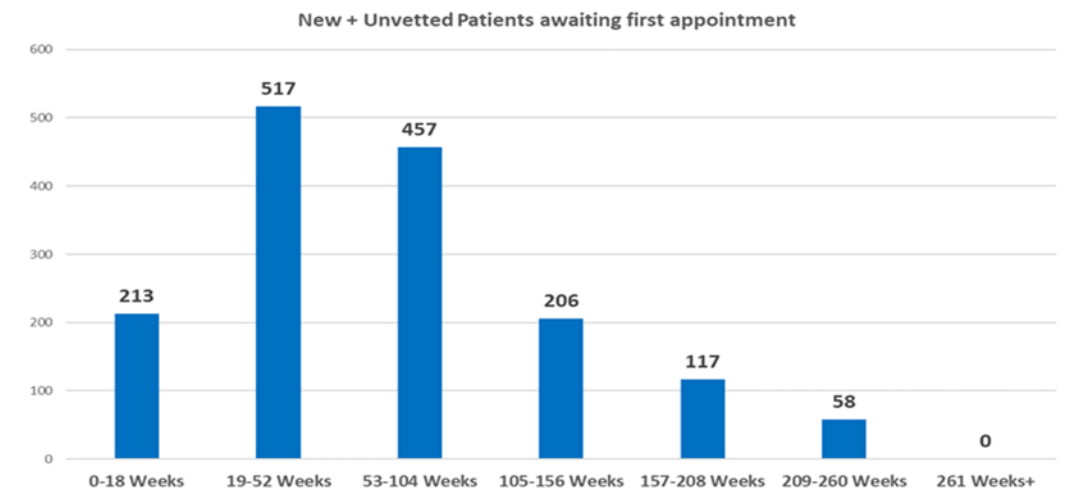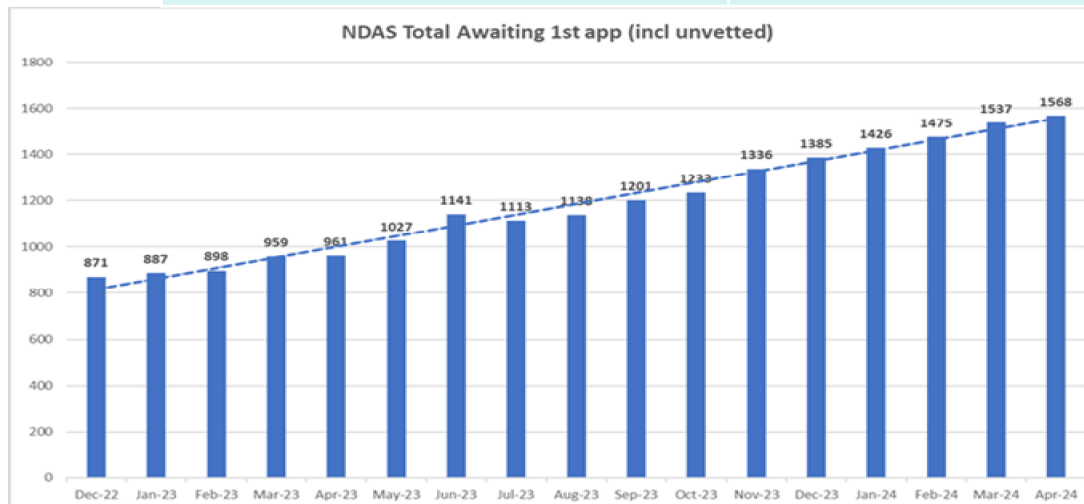
Improvements to be made by September 24

Actions agreed at CEO meeting being progressed
-Review of timeline of local history relating to the development of the NDAS service identifying critical decision points.
· Progression of joint leadership to improve NDAS position across NHSH North/ HC Co-chaired Programme Board.
· Neurodevelopmental training event.
· Mapping of services (and associated resource) that contribute to Neuro-diversity pathways(to include health and education).
· Review of key data from across Education, HC Childrens services, NHS H North systems.
· Communication with service users and professionals

NDAS Total Awaiting 1st app (incl unvetted)

Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
871	887	898	959	961	1027	1141	1113	1138	1201	1233	1336	1385	1426	1475	1537	1568

New + Unvetted Patients awaiting first appointment

0-18 Weeks	19-52 Weeks	53-104 Weeks	105-156 Weeks	157-208 Weeks	209-260 Weeks	261 Weeks+
213	517	457	206	117	58	0

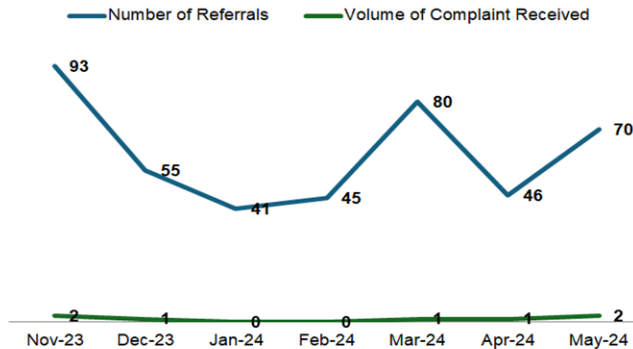| Progress Made	Next Steps	Timescale
• Clarification have been made regarding who is responsible for what aspects of response with NDAS, supporting the process of response with Highland Council	• To support the service with navigating the Child Friendly Complaint Procedure and utilising Care Opinion for feedback.	• End of August 2024

**Together We Care**
with you, for you

Dr Boyd Peters
Board Medical Director

The total volume of NDAS referrals received is since Nov 2023 is 430, with a total of 7 complaints giving a conversion rate of 1.6%

NHS Highland – Listening and Responding to our Patients

Volume of NDAS referrals received in relation to number of Formal Complaints

— Number of Referrals — Volume of Complaint Received

93, 55, 41, 45, 80, 46, 70
2, 1, 0, 0, 1, 1, 2
Nov-23, Dec-23, Jan-24, Feb-24, Mar-24, Apr-24, May-24

Complaint Reasons Relating to NDAS

■ Waiting Times ■ Process and Procedure ■ Care and Treatment
■ Communication ■ Decision of assessment
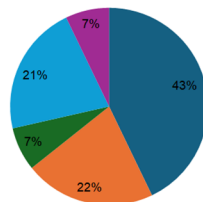
43%, 22%, 7%, 21%, 7%

Decision outcome for NDAS related complaints

■ Upheld ■ Not Upheld ■ Partially Upheld

33%, 17%, 50%

The Patient Said..
How is the NDAS assessment and triage processed? Parent is concerned with the delay in assessments.

What We Did..
Apologised for the delay and explained the process in triaging assessments.

We gave to the patient the points of contact for support in the meantime, along with clarification of the FOI process for future requests for information.

The Patient Said..
The parent of the patient has explained their concerns with the delay, and asked what should they look for in a private care provider?

What We Did..
Apologised for the delay, explained the process and the NICE framework which we within, which the parent may wish to explore with private care providers

The Patient Said..
They are concerned with the delay. They also asked if the assessment confirms their child's mental health status, will they have access to more additional resources from education.

What We Did..
Apologised for the delay, we explained access to the relevant support should be sought for children and families through the education setting or named person, following the Getting it Right for Every Child (GIRFEC) underpinning framework

Since November 2023, 3 of the 7 complaints were progressed with some level of improvement activity

Emergency Department Access – Performance Indicator

Together We Care with you, for you

Katherine Sutton
Chief Officer, Acute

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• New version of OPEL tool (V14) being tested to reflect unstaffed surge capacity • New version of OPEL score/Level 4 actions to provided a more structured response to capacity pressures for Raigmore • 3 PDSAs taking place to improve Turn around Time of patient transfers from Emergency Department to downstream areas (adapted safe to sit model, enhanced handover)	• OPEL update tested and awaiting sign off which will provide more proactive response to capacity pressures • 24/7 flow and Discharge lounge in place providing greater control in all levels of OPEL and facilitating early movement • Phased Flow embedded which supports SAS TAT • Safe to sit model embedded in AMU and ED	• Step up/step down process to be tested • Trak ED to support operational visibility across all front door areas • IHI Age-Friendly 4M model in ED to support early intervention for patients with frailty • AMU assess to admit model phase 2 testing • Standard work to be developed for acute receiving physicians • Develop patient management pathways across FNC/AEC/OOH/ED • Explore the triage process in OOH and the potential for Near Me clinics

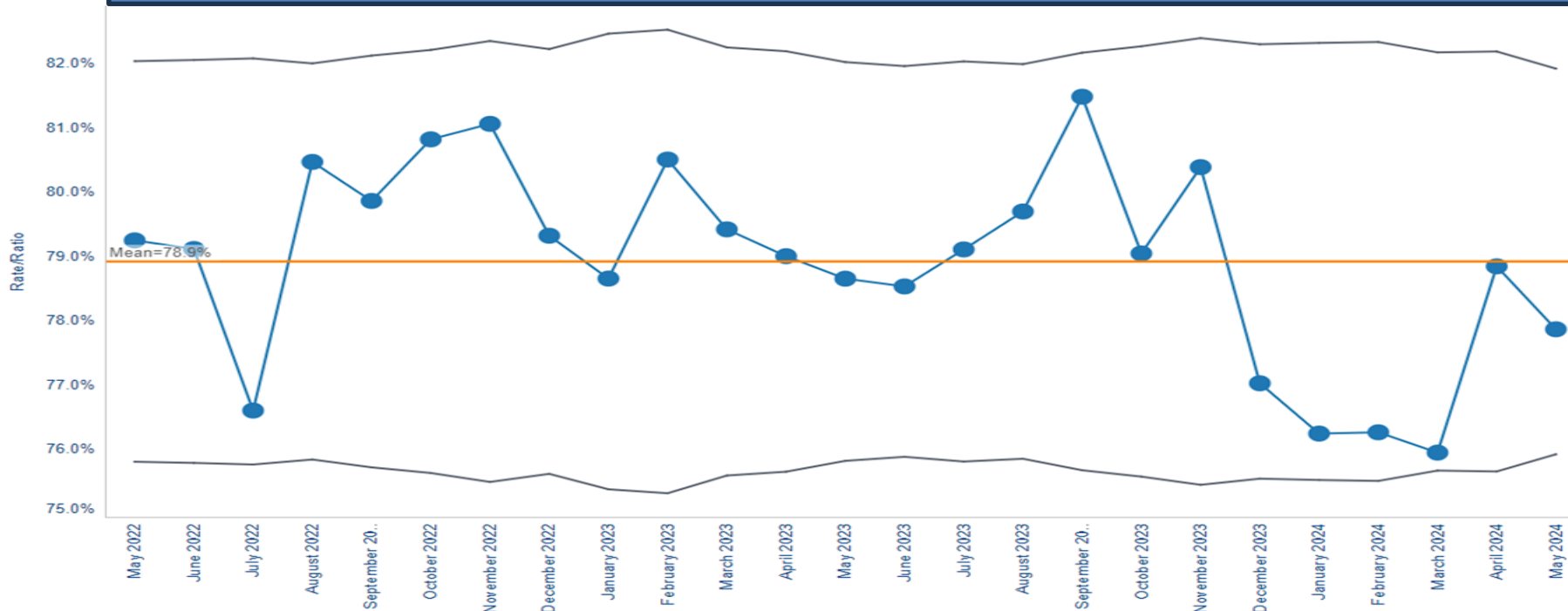|	
Latest Performance	76.8%
Scottish Average	69.6%
NHSS Target	95%
Performance Rating	Relatively stable performance although below target
When was target last met? **No of times in last 24 months**	July 2020 0
Benchmarking	6th out of 14 Boards

Benchmarking with Other Boards

Selected Time Period: May 2024
(click on a circle in timetrend to change the selected time period)

Board	Value
NHS Western Isles	94.8%
NHS Tayside	93.1%
NHS Orkney	91.4%
NHS Shetland	89.8%
NHS Dumfries & Galloway	79.5%
NHS Highland	76.8%
NHS Fife	72.8%
NHS Greater Glasgow & Clyde	70.9%
NHS Grampian	69.5%
NHS Lothian	67.2%
NHS Ayrshire & Arran	62.4%
NHS Borders	61.1%
NHS Lanarkshire	58.8%
NHS Forth Valley	55.0%

ED seen < 4 hours

Mean=78.9%

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NHS Highland : System Pressures
Weekly Ambulance Handover Results : Under 60 minutes
Source : Scottish Ambulance Service (SAS) weekly report

NHS Highland : System Pressures
Weekly ED Patients Waiting 12-hours plus
Source : EDIS First Attendance Unplanned plus Unplanned Returns

Delayed Discharges
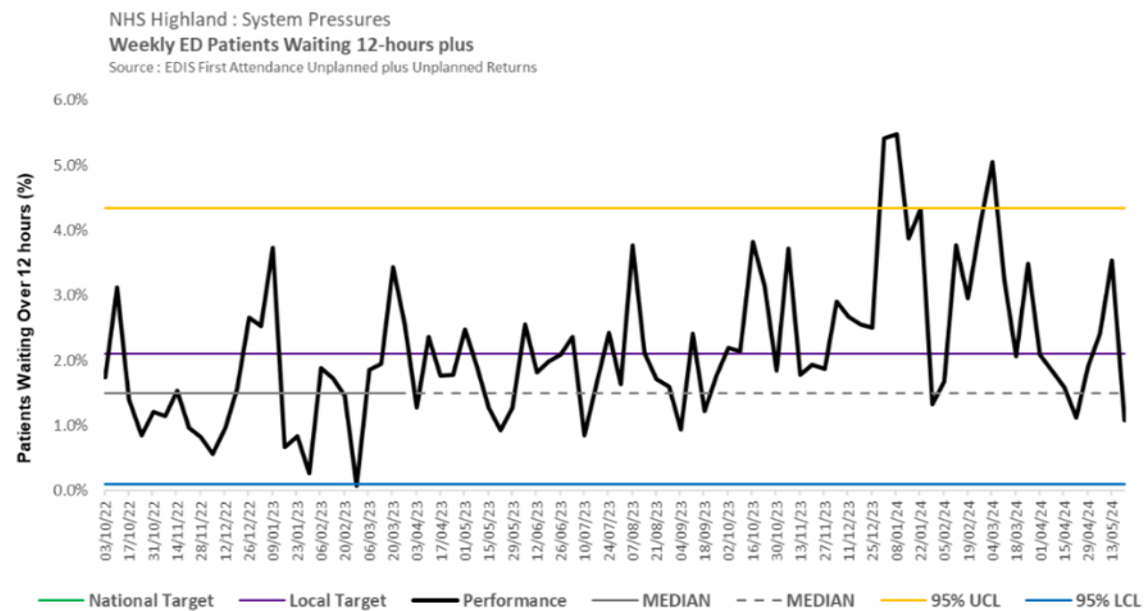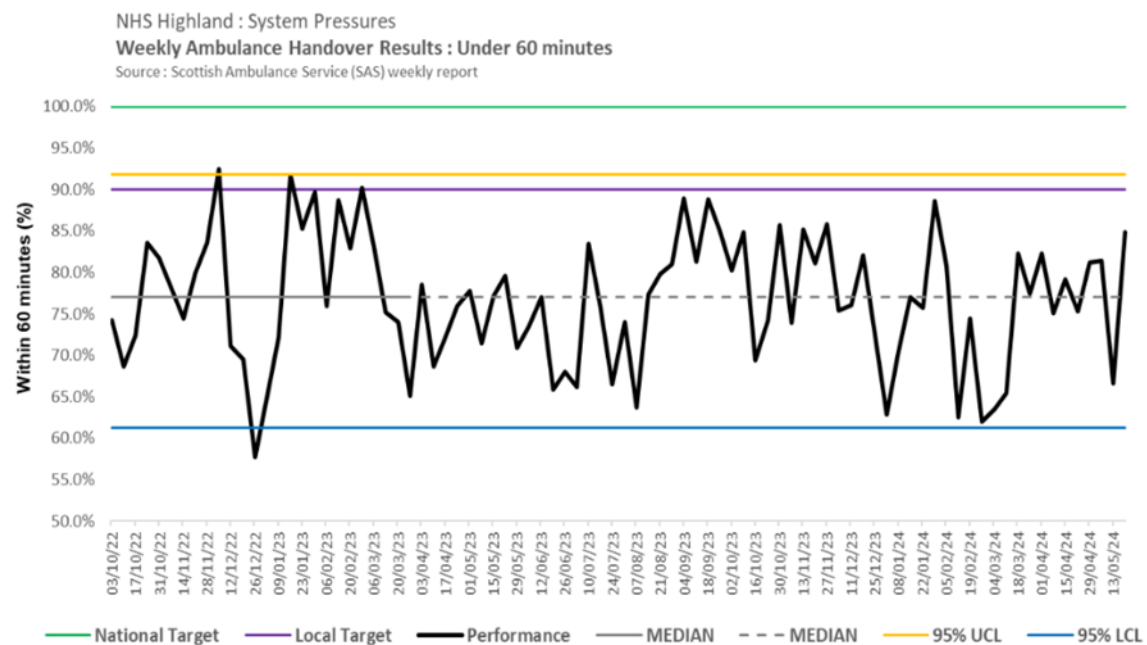
![Together We Care logo, with you, for you]

Pam Cremin
Chief Officer, HHSCP

| Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Prioritisation of unscheduled care plan for 24/25 • Delayed Discharges identified as Centre for Sustainable Delivery (CfSD) leverage point – plan submitted and feedback received. Integral to the unscheduled care plan. • Targeted Care At Home methodology in Inverness to be rolled out. • Extend use of App in New Craigs and RGHs • Pause, stop and restart standard work implemented.	• Dedicated medical and operational leadership are overseeing an improvement project plan to reduce length of stay in community hospitals, in conjunction with aligned projects in the acute sector. • This work is overseen by the Unscheduled Care Programme Board.	• Geographical improvement plans in Inverness and Caithness to be implemented. • Focus on ensuring whole system pathways and processes and are in place in our pressures escalation system. • Data improvement in the recording of Planned Date of Discharge. • Standard Operating Procedure to be developed for recording PDD. • Engagement and oversight with Collaborative Response and Assurance Group. Developing baseline and trajectory for improvement in flow and outcomes for people experiencing delay.

PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Latest Performance	207 at Census Point 6213 bed days lost
NHSH Target	95 DDs
Target Achievement	Not Met
Performance Rating	Increasing DDs
Performance Benchmarking	14th out of 14 Boards

Delayed Discharges at Monthly Census Point

Benchmarking with Other Boards/Local Authorities

DD's at Monthly Census Point Combined
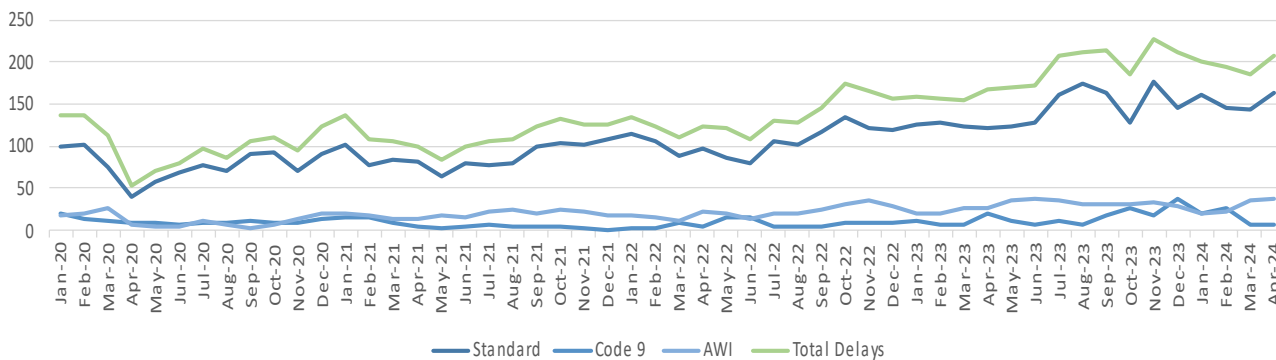
Standard — Code 9 — AWI — Total Delays

Chart 4 - Delays at monthly census point per 100,000 18+ population[1], by Local Authority, March 2024

Delays at monthly census point per 100,000 18+ population

Local Authority — Scotland

Outpatients (NOP Seen/12 week target) – Target 1

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Reduction of patients being added to the waiting list due to the implementation of the CFSD initiatives • Waiting times reduced • Workshop with key stakeholders mid May to ascertain future options for Outpatients across NHS Highland • Project Initiation Document and Strategic Assessment completion	• Measures have been implemented specific to services and the work is ongoing. • NECU initiatives understood and underway, dermatology is the most recent service to be included. • NHS Highland Outpatient Strategy – Workshop completed and attended by Stakeholders on 29th May 2024. • Strategy first draft issued and in review.	• Reduction in OPWL long waiters by using CfSD measures and SG waiting list funding, coupled with attention to detail of job planned clinics.

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Katherine Sutton
Chief Officer, Acute

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	39.6%
Scottish Average	42%
NHSS Target	95%
Performance Rating	Target not met Below lower control limit
When was target last met? **Highest performance**	Never been met 80% in January 2020
Benchmarking	11th out of 14 Boards

Outpatients seen < 12 weeks
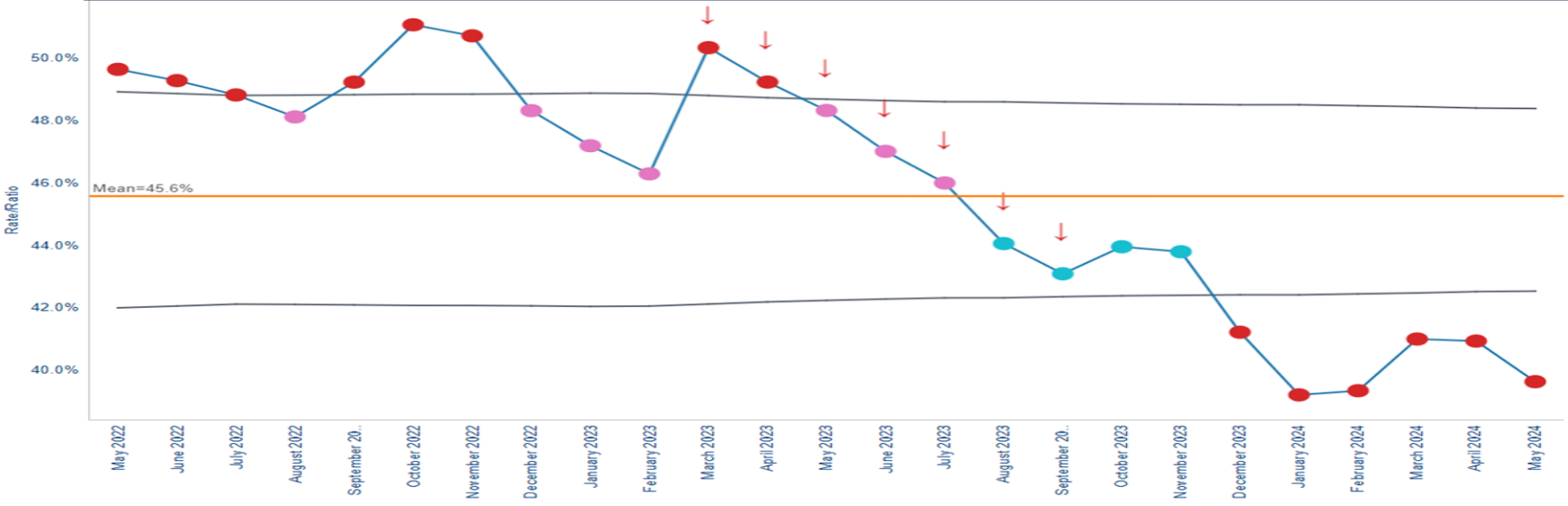
Benchmarking with Other Boards

Selected Time Period: May 2024
(click on a circle in timetrend to change the selected time period)

Board	Value
NHS Forth Valley	70.1%
NHS Western Isles	61.7%
NHS Shetland	58.8%
NHS Dumfries & Galloway	53.6%
NHS Tayside	49.2%
NHS Grampian	46.0%
NHS Orkney	45.3%
NHS Lothian	42.2%
NHS Fife	41.6%
NHS Greater Glasgow & Clyde	41.1%
NHS Highland	39.6%
NHS Borders	37.4%
NHS Ayrshire & Arran	35.1%
NHS Lanarkshire	34.6%
Golden Jubilee	15.9%

Outpatients (ADP – Target 2 / Long Waits – Target 3)

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Reduction of patients waiting for an outpatient appointment, particularly patients waiting over 52 weeks • Implementation of CfSD initiatives • Progress development of Local Access Policy and implementation of new Waiting Times Guidance	• Reduction of OP long waiters (>52 weeks) will be visible due to government funded waiting list initiative activity • CfSD initiatives will be further embedded	Marked reduction in OPWL >52 weeks, actual numbers to be calculated on commencement of WLI activity on a cumulative update basis. Further work to be completed on waiting list projections

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**Katherine Sutton
Chief Officer, Acute**

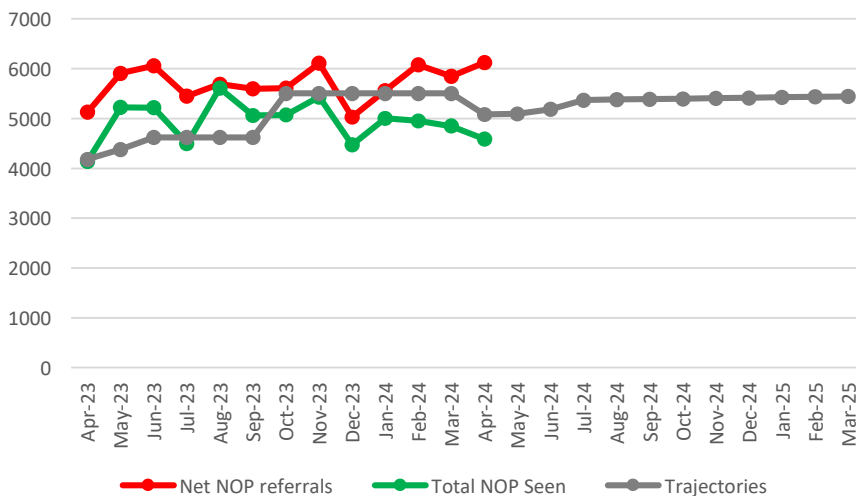| ADP Target	Not met 0.8% below
Long Waits Target	Not met 3200 > 52 weeks

Target 2 – ADP Target

Yearly Trajectory	YTD Performance	Patients Seen- April 24	Overall
64,045	5,084 (7.9%)	4,586 (7.1%)	0.8% below target

Target 3 – Long Waits

OP Patients Waiting Over 52 Weeks
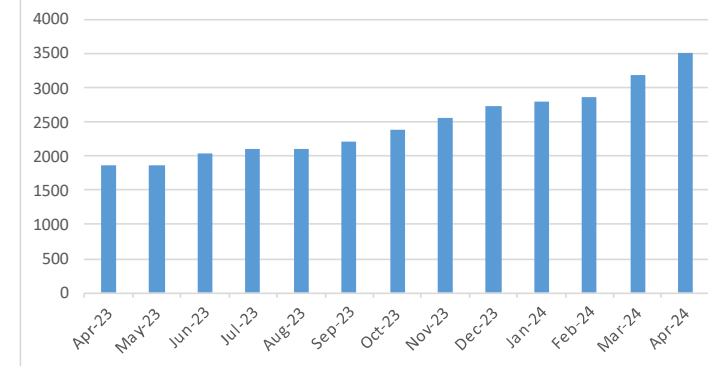
New Outpatient Referrals, Patients Seen & Trajectories

Legend: Net NOP referrals, Total NOP Seen, Trajectories

New Outpatient Total Waiting List & Projection

Legend: Total NOP waits, Total NOP Waits forecast

Treatment Time Guarantee (Target 1 - TTG 12 week target)

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Chief Officer, Acute

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Reduce of the number of patients in particular patients waiting over 52 weeks • Increased theatre capacity from 4th June by opening of an additional theatre in Raigmore which will allow additional activity for Ortho 3 days and ENT 2 days per week focus on long waiting and Cancer Patients (Funded by SG) • Infix rolled out for Orthopaedics and Ophthalmology further Specialties will follow with support	• Monitor the number of patients waiting over 52 weeks • Implementation of theatres efficiencies group • Theatres Dashboard almost ready to be introduced to teams to monitor improvements	• **Reduction of the number of patients waiting over 52 week for surgery** • **Reduce the number of non-reportable USC patients within ENT**

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	57.8%
Scottish Average	59%
NHSS Target	100%
Performance Rating	Target Not Met; Above mean for 1 month
When was target last met? Highest performance	Never been met 69.5% in Mar 2022
Benchmarking	8th out of 14 Boards
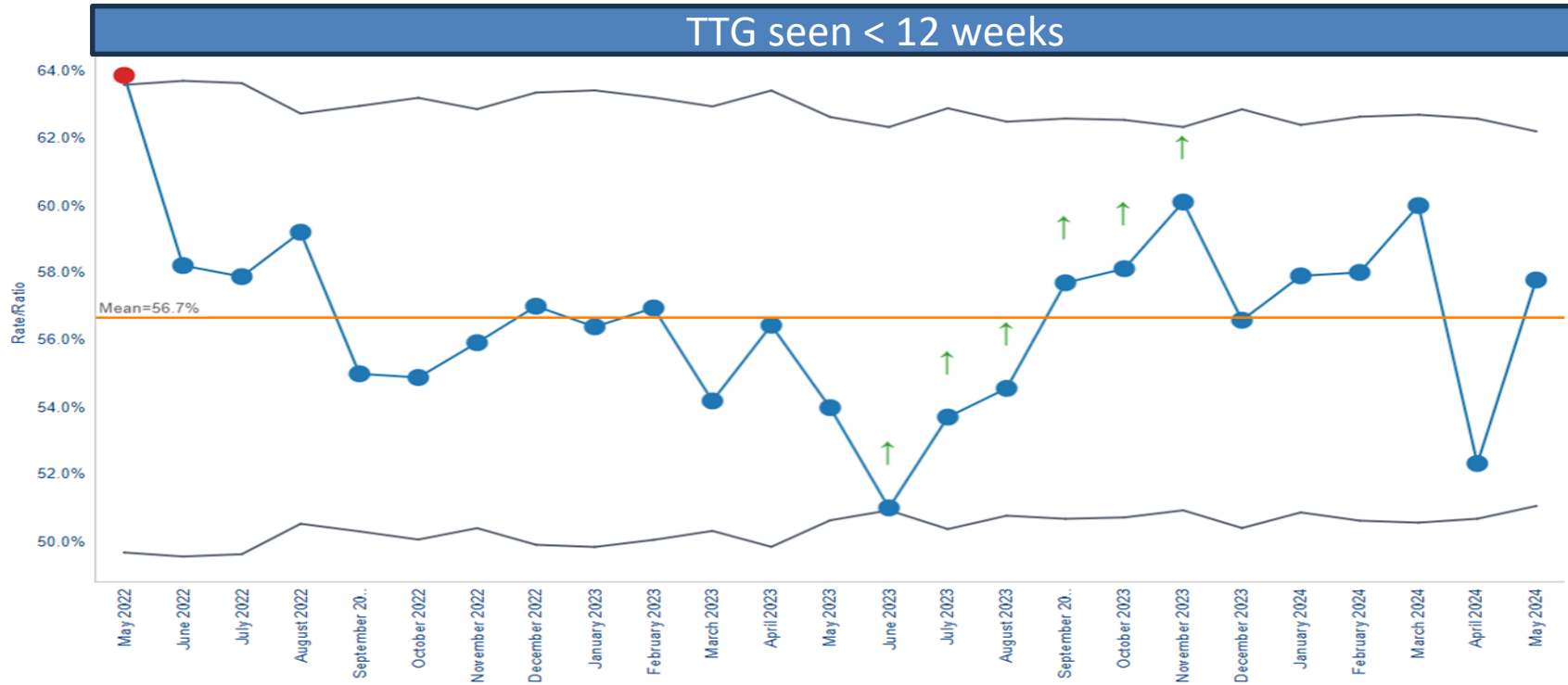
TTG seen < 12 weeks

Benchmarking with Other Boards

Selected Time Period: May 2024
(click on a circle in timetrend to change the selected time period)

| Board	%
Golden Jubilee	90.6%
NHS Borders	82.4%
NHS Orkney	73.8%
NHS Shetland	70.1%
NHS Western Isles	66.5%
NHS Greater Glasgow & Clyde	61.1%
NHS Lothian	60.4%
NHS Highland	57.8%
NHS Ayrshire & Arran	57.0%
NHS Tayside	56.7%
NHS Dumfries & Galloway	53.3%
NHS Fife	47.3%
NHS Grampian	45.0%
NHS Lanarkshire	44.9%
NHS Forth Valley	44.8%

Treatment Time Guarantee (TTG Seen/TTG Target)

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Reduction in the number of patients waiting for surgery. • Improve theatre utilisation and efficiencies	• TTG activity being monitored at Specialty level • ISP performance group monitoring activity on a weekly basis	• Reduce the number patients waiting over 52 weeks for their surgery • Reduce the number of overruns in theatres • Further work to be completed on waiting list projections

Katherine Sutton
Chief Officer, Acute

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

ADP Target	Not met 15% below
Long Waits Target	Not met 390 >104 weeks 780 > 78 weeks

Target 2 – ADP Target

Yearly Trajectory	YTD Performance	Patients Seen-April 24	Overall
17,603	1,469 (8.3%)	1,216 (6.9%)	1.4% behind target

Planned Care Additions, Patients Seen & Trajectories
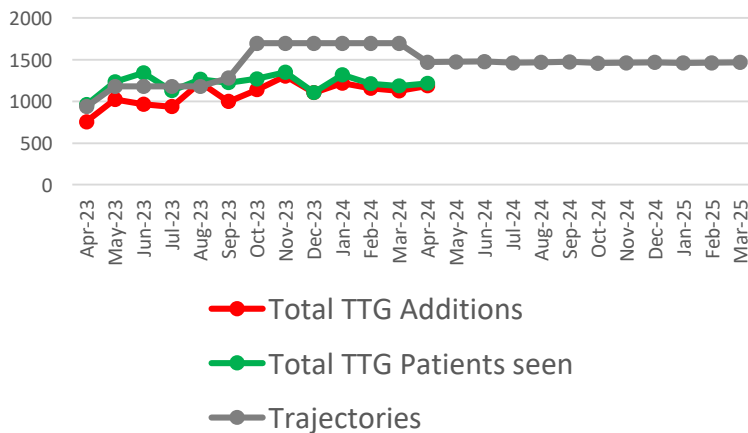
Total TTG Waits & Projection
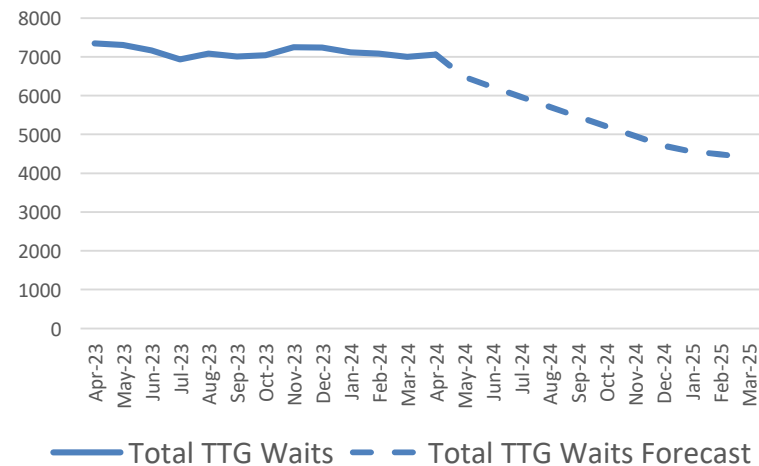
Target 3 – Long Waits
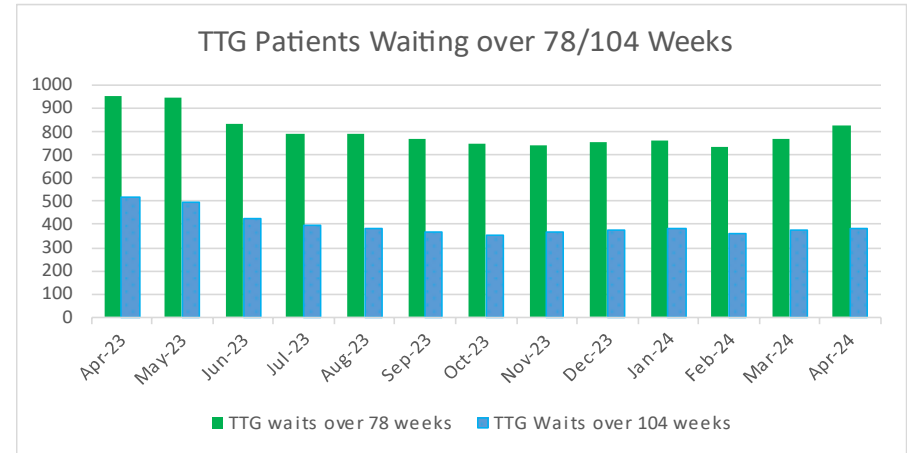
TTG Patients Waiting over 78/104 Weeks

Diagnostics - Radiology

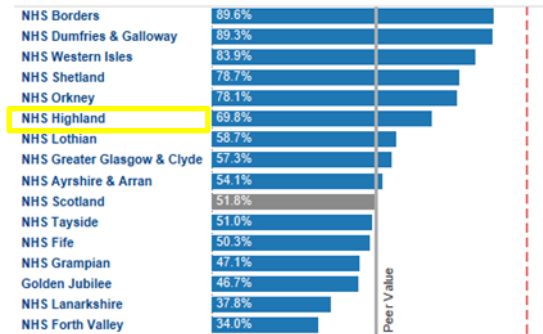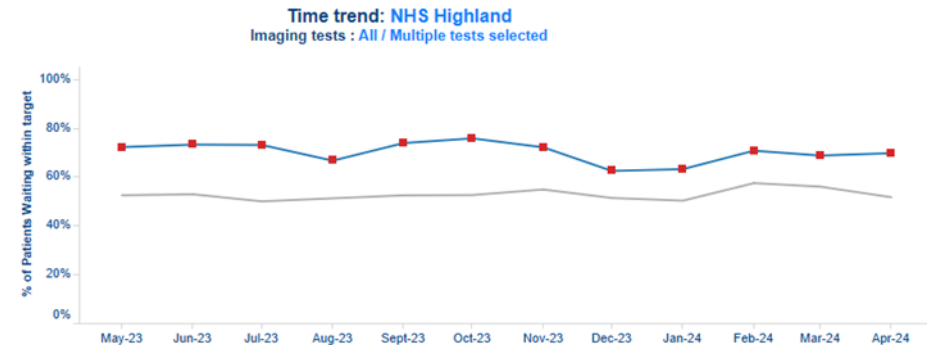| Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Utilisation of the additional capacity • Implementation of AI within MRI service providing additional test and reporting capacity	• Provision of Mobile MRI Unit for whole of 24/25	• Additional Prostate MRI slots to be made available through roll out of AI - scan time reduced from 40 to 30 mins. • Consideration of extended working day for CT and MR • Funding to be secured to create additional US Room to meet capacity within 6 weeks

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Katherine Sutton
Chief Officer, Acute

|	
Latest Performance	68.9%
Scottish Average	51.8%
NHSS Interim Target NHSS Overall Target	80% 90%
Performance Rating	Stable – Target not met
When was target last met? Highest performance	August 2022 81%
Benchmarking	6th out of 14 Boards

Imaging Tests: Maximum Wait Target 6 Weeks

Time trend: NHS Highland
Imaging tests : All / Multiple tests selected

Benchmarking with Other Boards

Achieved target			
Not achieved target			
Scotland			

NHS Borders	89.6%
NHS Dumfries & Galloway	89.3%
NHS Western Isles	83.9%
NHS Shetland	78.7%
NHS Orkney	78.1%
NHS Highland	69.8%
NHS Lothian	58.7%
NHS Greater Glasgow & Clyde	57.3%
NHS Ayrshire & Arran	54.1%
NHS Scotland	51.8%
NHS Tayside	51.0%
NHS Fife	50.3%
NHS Grampian	47.1%
Golden Jubilee	46.7%
NHS Lanarkshire	37.8%
NHS Forth Valley	34.0%

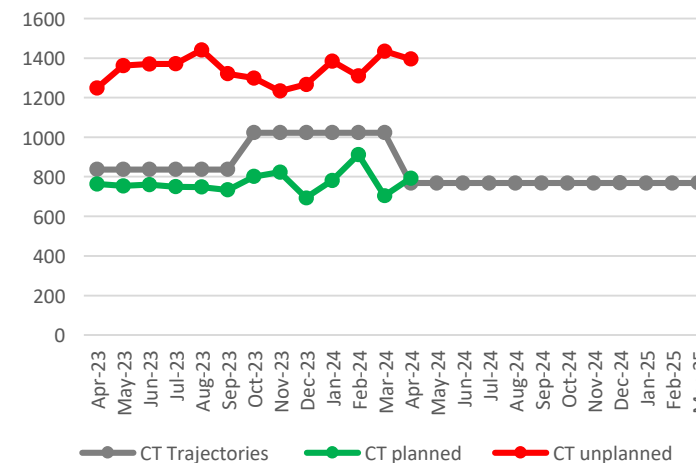| Yearly Trajectory	YTD Target	Patients Seen-April 2024	Overall
33,229	2,768 (8.33%)	2,970 (8.94%)	0.61% above target

Non-Obstetric Patients Seen & Trajectories
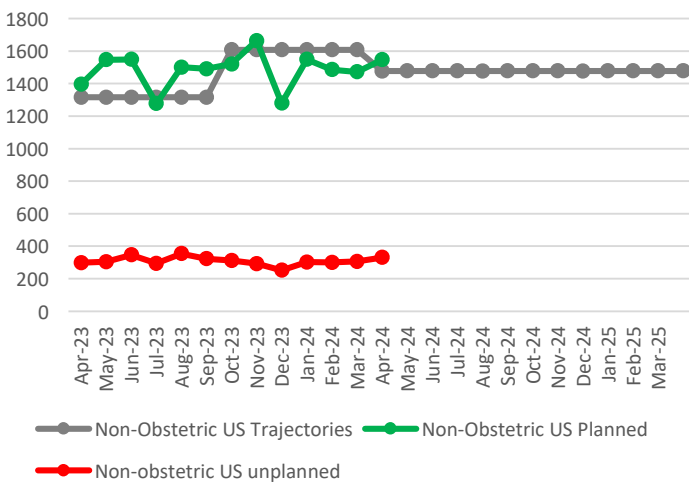
MRI Patients Seen & Trajectories
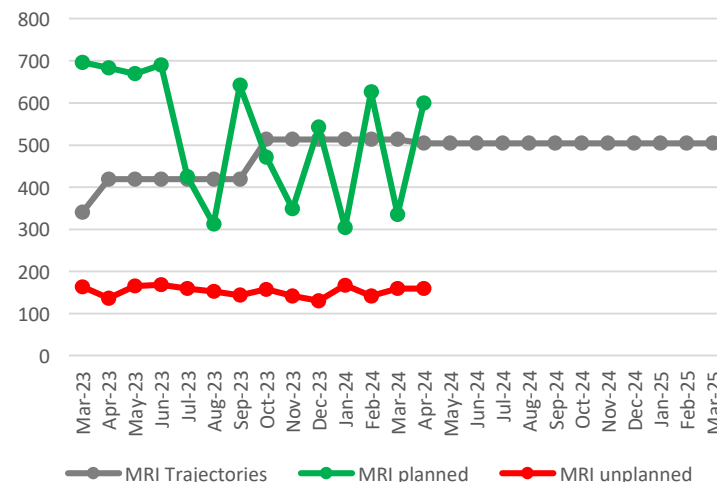
CT Patients Seen & Trajectories

Diagnostics - Endoscopy

| Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Continue to sustain quality metrics • Complete the JAG actions • Clinical Applications team working on moving the new target on PMS from local 28 day standard to national 42day target • Clinical Applications team working on adding risk and indication categories to PMS for all surveillance to comply with national programme	• ENTS (Endoscopy non-technical skills) course hosted in June 2024 on site in Inverness • All return/surveillance patients due in 2023 across Highland have been invited to arrange appointment • USC position recovered after downtime for decontamination washer breakdown	• Ehealth to provide formstream for electronical referral process • Advert pending for Practice Development Nurse • Band 5 nurse interviews arranged, will enable preassessment of high-risk patients (JAG) • Endoscopy Practitioner approved at vacancy committee, awaiting executive approval – open to staff groups including PAs, nurses etc (JAG) • Nurse assistant band 4 posts – current postholder independent in October (all coursework completed, practical assessments pending). New postholder started in June 2024. • Improved USC position - new process in place to protect capacity based on 2023 demand data by scope type and site

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Katherine Sutton
Chief Officer, Acute

|	
Latest Performance	70.2%
Scottish Average	39.6%
NHSS Target Interim Target	90% 80%
Performance Rating	Stable - Target not met
When was target last met? Highest performance	Nov 2023 2 times
Benchmarking	3rd out of 14 Boards
ADP Target	Met 10.68% Over

Time trend: NHS Highland
**Endoscopy tests : All / Multiple tests selected**
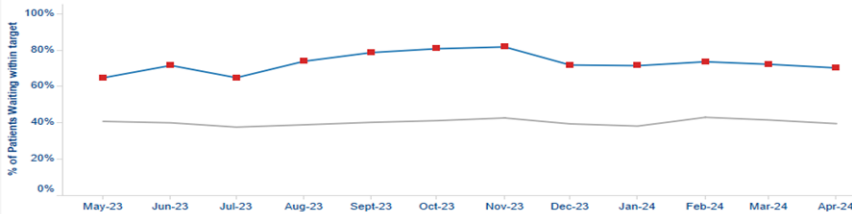
- Achieved target
- Not achieved target
- Scotland

Endoscopy Tests: Maximum Wait Target 6 Weeks

Benchmarking with Other Boards

NHS Shetland	100.0%
NHS Dumfries & Galloway	80.4%
NHS Highland	70.2%
NHS Fife	69.1%
NHS Borders	66.5%
NHS Forth Valley	65.5%
NHS Western Isles	59.7%
NHS Ayrshire & Arran	52.3%
NHS Orkney	50.9%
NHS Lanarkshire	44.9%
NHS Lothian	39.9%
NHS Scotland	39.6%
NHS Greater Glasgow & Clyde	34.5%
NHS Tayside	32.7%
NHS Grampian	22.9%

Colonoscopy & Cystoscopy: Patients Seen & Trajectories

- Colonoscopy Trajectories
- Colonoscopy Patients seen
- Cystoscopy Trajectories
- Cystoscopy Patients seen

Flexi Sig & Upper GI: Patients Seen & Trajectories
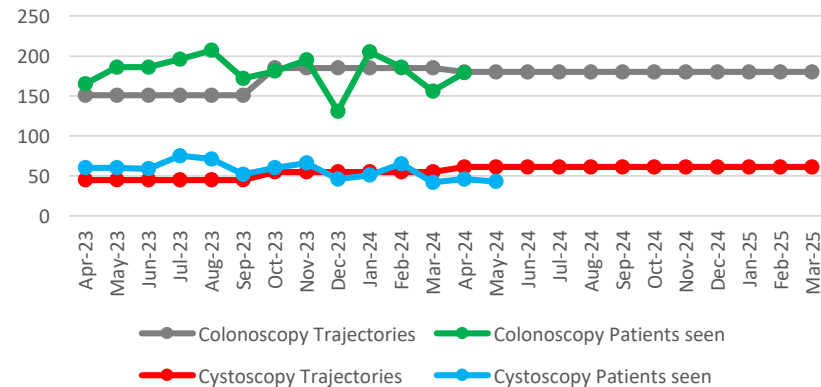
- Flexi sig Trajectories
- Flexi sig Patients seen
- Upper GI Trajectories
- Upper GI Patients seen
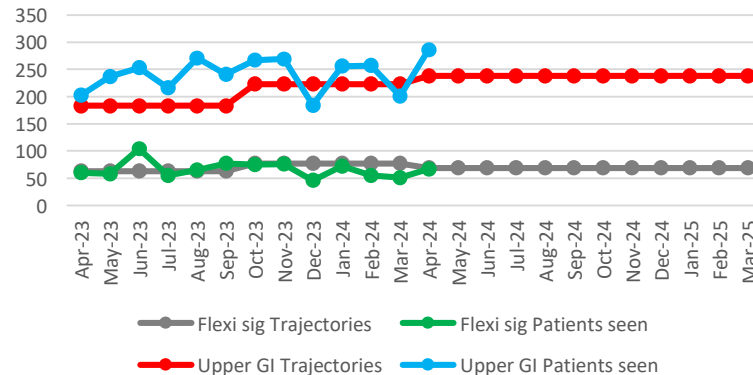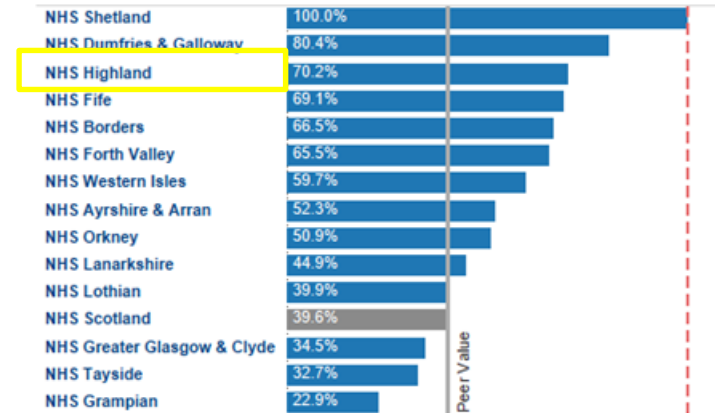
Yearly Trajectory	YTD Target	Patients Seen	Overall
6,576	548 (8.33%)	578 (8.79%)	0.46% over target

31 Day Cancer Waiting Times

Katherine Sutton
Chief Officer, Acute

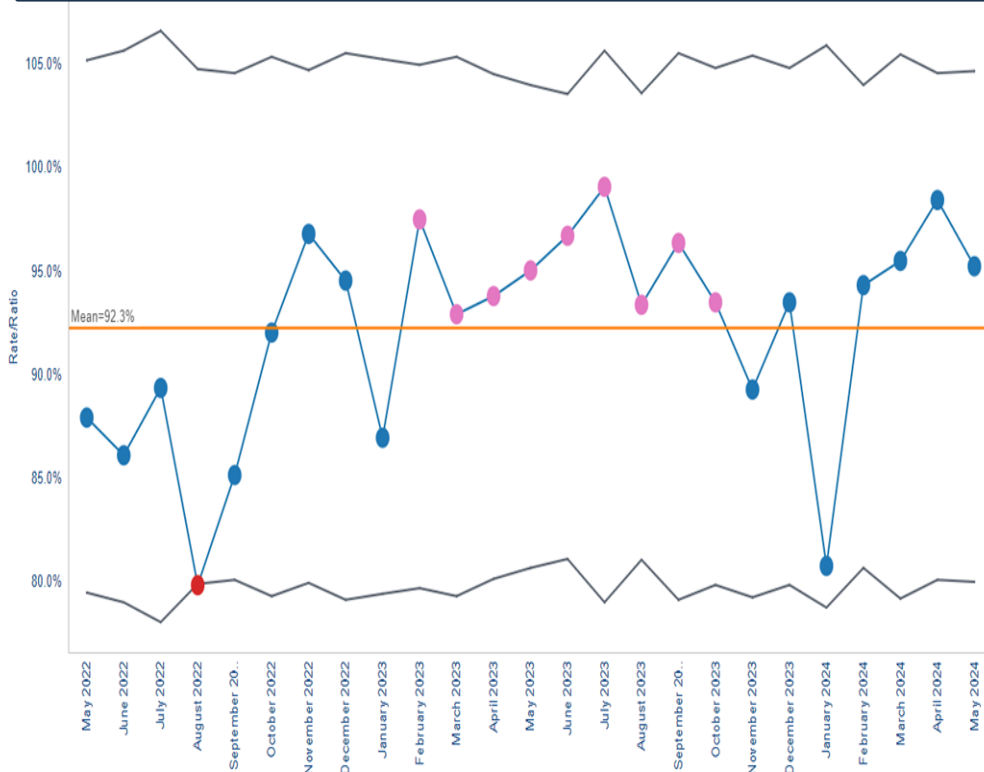| Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• Review of theatre schedule to maximise capacity in tumour types at greatest risk • Further renewed efforts to recruit to vacant posts. • Development of contingencies involving regional and national centres to provide Consultant management capacity • Recruit to one of the vacant Consultant posts within Oncology	• Review of Breast and Renal Pathways in particular to maximise opportunities for improvement. • To include additional efforts to recruit to vacant Consultant Radiologist posts and also review options to appoint at Radiographer grade. • Agreement of funding priorities to key gaps for the provision of Oncology treatment.	• Provision of additional capacity within Breast • Participation in national review of Oncology service and agreement of preferred model.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	95.2%
Scottish Average	94.6%
NHSS Target	95%
Performance Rating	Target Met – 3 months in a row
When was target last met? **No of times in last 24 months**	March 2024 8 times
Benchmarking	9th out of 15 Boards

31 Day Cancer Waiting Times

Patients Seen on 31 Day Pathway

— Eligible Referrals
— Eligible Referrals treated within standard
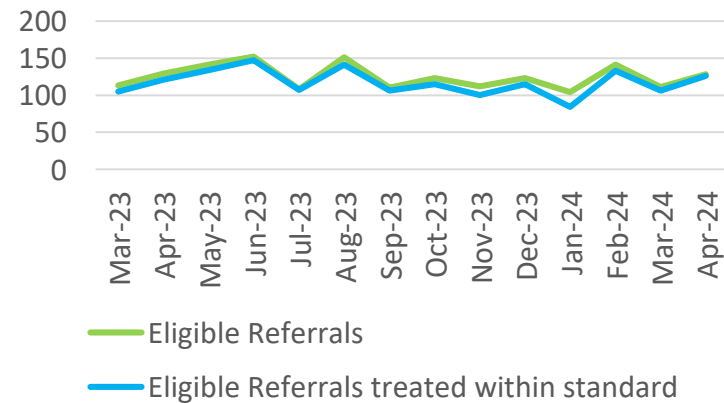
31 Day Benchmarking with Other Boards

Selected Time Period: May 2024
(click on a circle in timetrend to change the selected time period)

Board	Value
NHS Dumfries & Galloway	100.0%
NHS Forth Valley	100.0%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Western Isles	100.0%
NHS Lanarkshire	98.8%
NHS Greater Glasgow & Clyde	97.2%
Golden Jubilee	97.1%
NHS Ayrshire & Arran	96.2%
NHS Fife	96.1%
NHS Highland	95.2%
NHS Borders	93.9%
NHS Tayside	93.0%
NHS Lothian	92.5%
NHS Grampian	90.8%

62 Day Cancer Waiting Times

Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• As per 31 Day Actions on previous slide • Continued compliance with FECM • Development of much improved Prostate performance - best in Scotland and fro 27 per cent of all USC activity	• Focus upon improvements within Breast and Renal pathways	• Reduction in waiting times for Cystoscopy using additional SGHD funding. • Improvements to Breast pathways as per previous slide

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Katherine Sutton
Chief Officer, Acute

Latest Performance	75.3%
Scottish Average	72.9%
NHSS Target	95%
Performance Rating	Target Not Met 3 months above mean
When was target last met? Highest Performance	Never Met 82.2% Sept 2023
Benchmarking	7th out of 14 Boards

62 Day Cancer Waiting Times
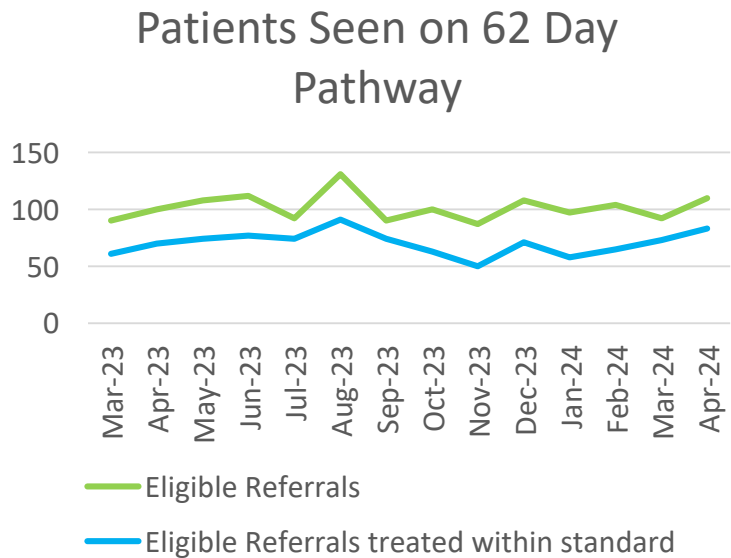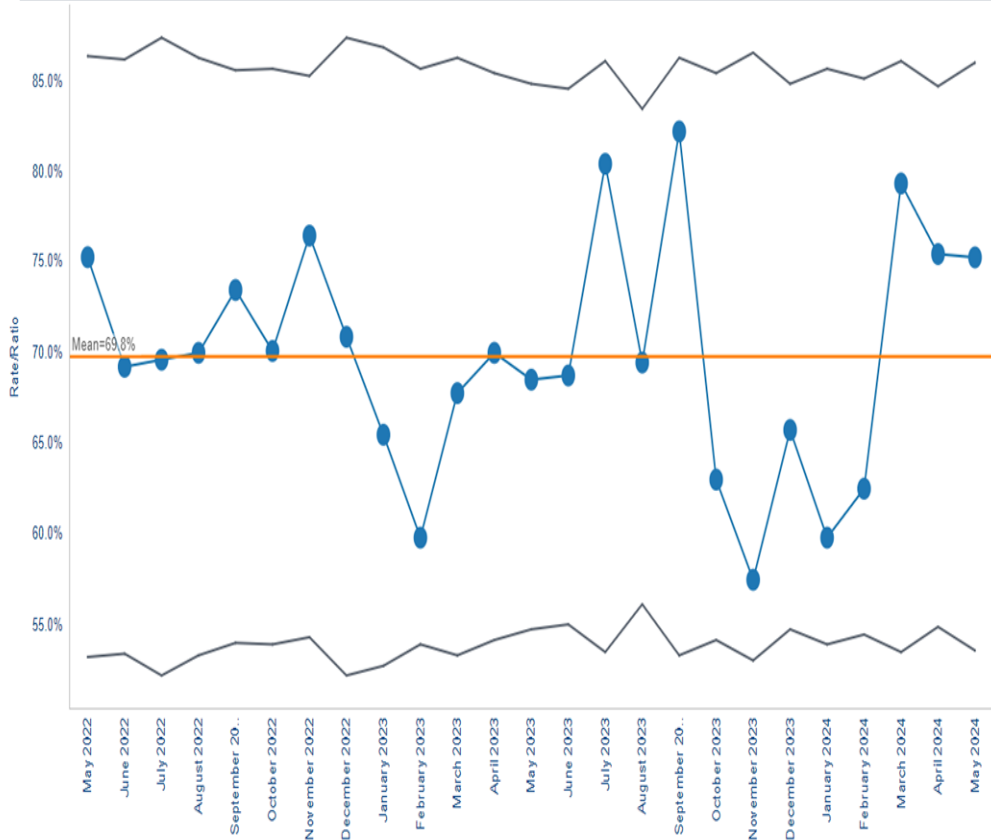
Patients Seen on 62 Day Pathway

— Eligible Referrals
— Eligible Referrals treated within standard
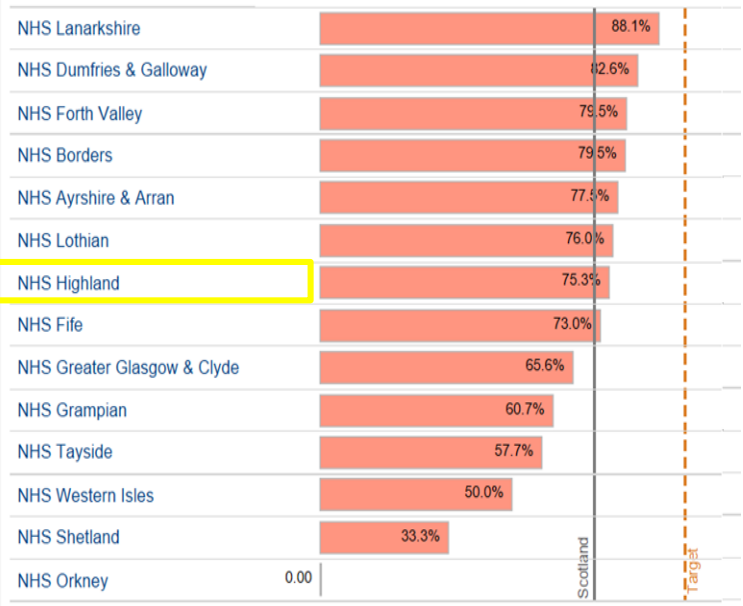
62 Day Benchmarking with Other Boards

Selected Time Period: May 2024
(click on a circle in timetrend to change the selected time period)

NHS Lanarkshire	88.1%
NHS Dumfries & Galloway	82.6%
NHS Forth Valley	79.5%
NHS Borders	79.5%
NHS Ayrshire & Arran	77.5%
NHS Lothian	76.0%
NHS Highland	75.3%
NHS Fife	73.0%
NHS Greater Glasgow & Clyde	65.6%
NHS Grampian	60.7%
NHS Tayside	57.7%
NHS Western Isles	50.0%
NHS Shetland	33.3%
NHS Orkney	0.00

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**Pamela Cremin
Chief Officer, HHSCP**

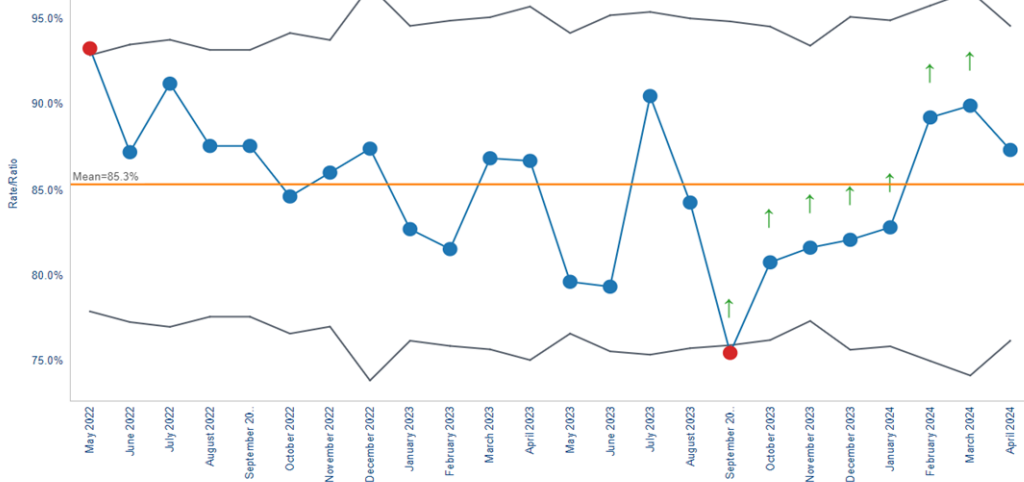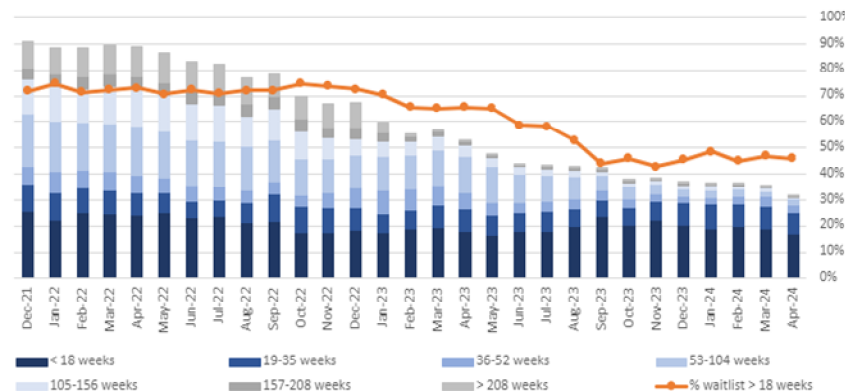| Previous IPQR Actions	Assurance of Completion	Improvements to be made by September 2024
• We are in regular dialogue with the CAPTND national team and have alerted NHS Highland eHealth of the estimated software patch release dates • Data field is an ongoing process and will update in July 2024 • SG Assessment is an on-going process, and we are in dialogue with SG regarding improvements to the national tool. • Waiting times are continually monitored for reduction in our wait times and then focus on RTT 18 weeks regarding our performance • Workforce is on-going and we will forward our requests for increase as part of the mental health outcomes framework • We will be exploring if there more collaborative alliance with other Scottish Health Boards to address inequities in service	•Before eHealth can complete the questionnaire implementation, they need to receive a software patch from InterSystems, which is estimated to be sent around June 2024 •Existing data fields identified for data quality improvement as part of going process •We have completed the SG assessment as we are part of the pilot. We are still refining how we improve engagement and quality of performance. We are working with SG to make improvements to the usability of the tool nationally •Waiting times are continuing to reduce •Workforce recruitment is part of an on-going process. We have identified gaps within our service provision related to our workforce structure	•We are in regular dialogue with the CAPTND national team and have alerted NHS Highland eHealth of the estimated software patch release dates •Data field is an ongoing process and will update in September 2024 •SG Assessment is an on-going process, and we are in dialogue with SG regarding improvements to the national tool. •Waiting times are continually monitored for reduction in our wait times and then focus on RTT 18 weeks regarding our performance •Workforce is on-going and we will forward our requests for increase as part of the mental health outcomes framework •We will be exploring if there more collaborative alliance with other Scottish Health Boards to address inequities in service

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	87.3%
Scottish Average	80.1%
NHSS Target	90%
Performance Rating	Target Not Met Improving for 6 months
When was target last met? **No of times in <24 months**	March 2024 2 times
Benchmarking	4th out of 14 Boards
ADP Target	Not applicable

Benchmarking with Other Boards

Patient seen < 18 weeks

Mean=85.3%

Psychological Therapies Waitlist HHSCP

Legend: < 18 weeks | 19-35 weeks | 36-52 weeks | 53-104 weeks | 105-156 weeks | 157-208 weeks | > 208 weeks | % waitlist > 18 weeks

Selected Time Period: April 2024
(click on a circle in timetrend to change the selected time period)

Board	%
NHS Orkney	100.0%
NHS Western Isles	100.0%
NHS Greater Glasgow & Clyde	90.8%
NHS Highland	87.3%
NHS Ayrshire & Arran	85.2%
NHS Grampian	83.4%
NHS Lothian	79.4%
NHS Lanarkshire	77.8%
NHS Borders	71.4%
NHS Forth Valley	70.8%
NHS Tayside	70.3%
NHS Dumfries & Galloway	68.0%
NHS Fife	67.9%
NHS Shetland	65.2%

Dr Boyd Peters
Board Medical Director

Complaint Activity: Last 3 months

Progress Made	Next Steps	Timescale
• Preparing for the SPSO Child Friendly Complaint Handling Procedure	• Working group in place, with actions progressing	• July 2024
• Training for Medical Division regarding Quality	• Training sessions arranged on how to construct a robust and quality response	• End June 2024
• HHSCP - Drivers Diagram workshop	• Workshop to define actions for improvements in performance and quality	• July 2024

PEFORMANCE OVERVIEW
Strategic Objective:
Outcome Area:

Latest Performance (Target 60%)	April 29%

Highland Wide Stage 2 Complaint Volumes Received and % Performance Achieved

- Volume of Stage 2 received
- Percentage Performance Achieved
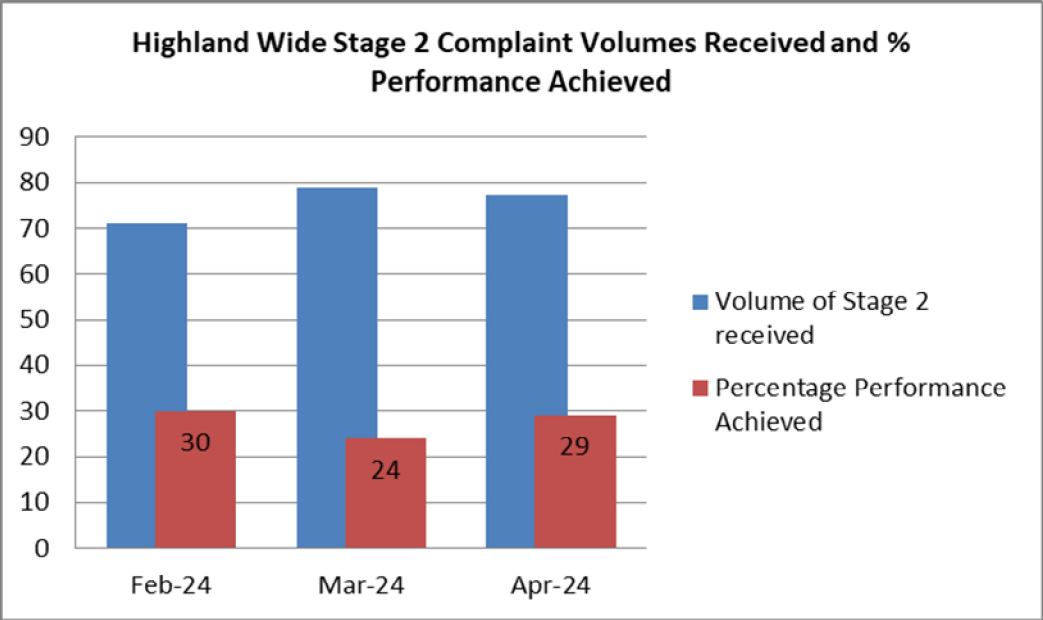
Factors which Influenced complaint volumes has been:
- Lack of ADHD care and service provision
- Lack of Adult Social Care provision
- Delays in Urology treatments and communications around delays
- PoTS - delivery of service and communication to patients
- GP – Provision of service
- Lack of sexual health provision in A&B

Factors which influenced performance has been:
- Quality of investigations and responses creating multiple re-drafts
- Administrative delays in sign-off
- Complaint handler changes and delays caused
- Continuously high volumes of complaints being logged
- Complaints are more complex impacting investigation times
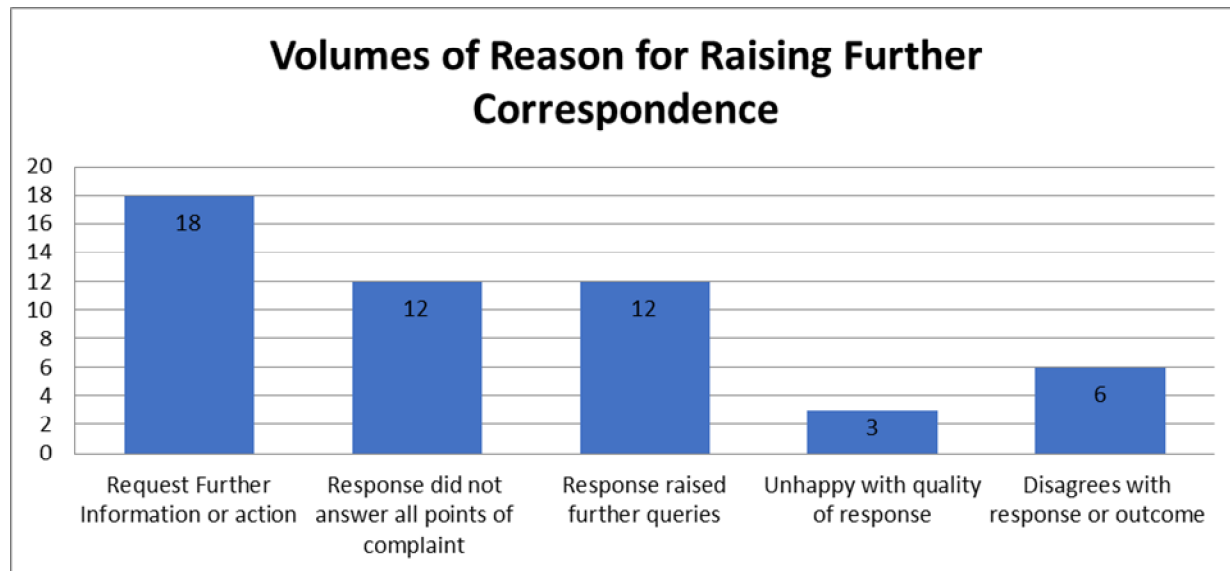
Top 3 Complaint Issues:

- Care & Treatment - delayed diagnosis, delay in treatment, quality of nursing care, missed diagnosis
- Waiting Times - Delay in CAMHS / NDAS assessments, Urology appts, MRI scans, Surgical procedures, adult social care assessments
- Communication - cancelled appointments, inward patient progress, referrals, conversations with clinicians, contact with social work

The aim of this slide is to review aspects of Feedback Team workstreams which may give indication on the standards of NHS Highland complaint handling.

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Dr Boyd Peters Board Medical Director

Further Correspondence Activity: Since September 2023 total of 621 Stage 2 have been logged and 28 of those became a Further Correspondence (4.5% conversion rate)

Volumes of Reason for Raising Further Correspondence

Reason	Volume
Request Further Information or action	18
Response did not answer all points of complaint	12
Response raised further queries	12
Unhappy with quality of response	3
Disagrees with response or outcome	6

Quality Improvement Recommendations for Complaint Handling

- Mandatory contact made with complainant when the complaint is received
- To not enter the complaint handling process until contact is made and clarifications on the complaint have been secured with full understanding and expectations given to complainant
- More meetings with complainants/families to explain outcomes of investigations
- Training on drafting a quality response
- Quality Management System with audits and structured feedback for continuous improvement
- Improved contacts lists for ensuring Professional Leads are involved at earlier stages of the complaint process

SPSO Activity April 2024 - May 2024

5 New SPSO Enquiries Received. 3 for ACUTE and 1 for HHSCP, 1 for A&B and 1.

Topics of new complaints:
    Delay/ Misdiagnosis
    Care in Oban Hospital
    Primary Care - care and treatment
6 closed SPSO Enquiries. All 6 NTF
Recommendations relate to complaint handling, timeliness of response and responding to all points of complaint

SAER and Level 2A (Case Reviews): Last 13 months

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Dr Boyd
Peters
Board Medical Director

| Progress Made	Next Steps	Timescale
• A look back audit on SAER and Level 2a has been undertaken to ensure appropriate level of investigation. A few cases have been identified that require a case assessment review. • Building capacity to Lead and support SAERs • Working with each operational area to ensure open actions are progressing • All incidents reported in Datix are reviewed through the Quality Patient Safety review structure.	• Incident management training for A&B • SAER training arranged for HHSCP on 13 and 15 August • CGST working with areas to review outstanding actions • Clinical Governance will continue to support to help ensure investigations are efficient , and the correct people are involved at the earliest opportunity.	• By end of September 2024 • By end of August

Volumes of SAER & 2A Investigations Closed in last 13 months

- ■ Volumes of SAER Closed over last 13 Months
- ■ Volume of Level 2A investigations Closed over last 13 months

	ACUTE	A&B	HHSCP	Other	Pharmacy	Corporate
SAER Closed	4	7	7	2	0	0
Level 2A Closed	126	31	110	1	1	1
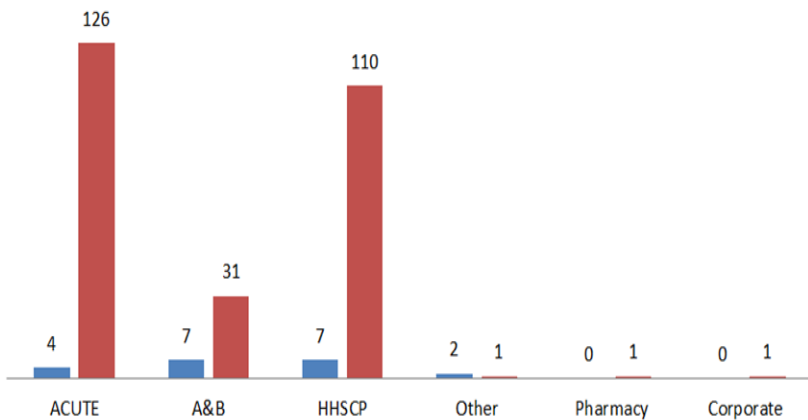
Volumes of SAER & 2A Investigations opened in last 13 months

- ■ Volumes of SAER Declared over last 13 Months
- ■ Volume of Level 2A investigations opened over last 13 months

	ACUTE	A&B	HHSCP
SAER Declared	12	9	8
Level 2A opened	35	11	25
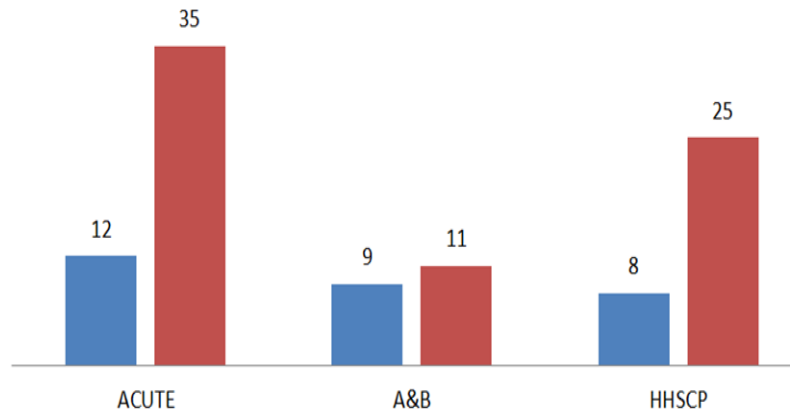
In the 13-month period a total of 17343 incidents have been raised across North Highland and A&B. A total of 29 SAERs have been declared, giving a conversion rate of 0.16%.

Current Status :
- 64 Major and Extreme cases awaiting decision
- 23 Active level 1 cases
- 54 Active Level 2 cases

Clinical Governance
Hospital Inpatient Falls | Run Chart and Site Harm/No Harm Outcome

Louise Bussell
Director of Nursing

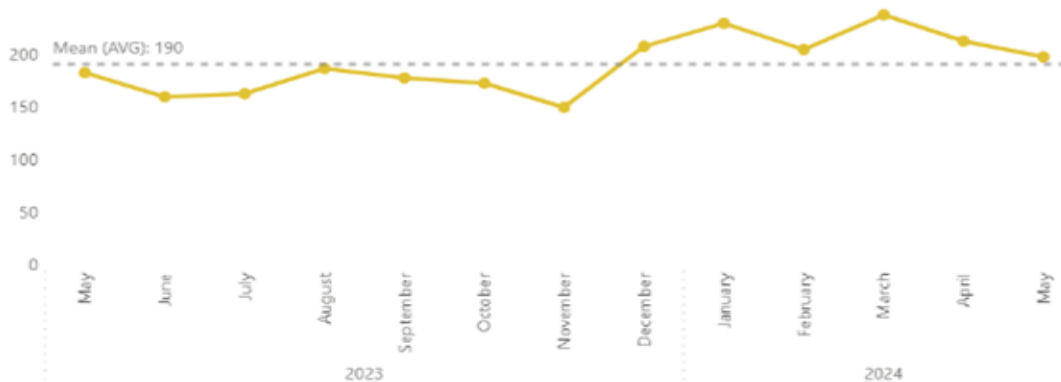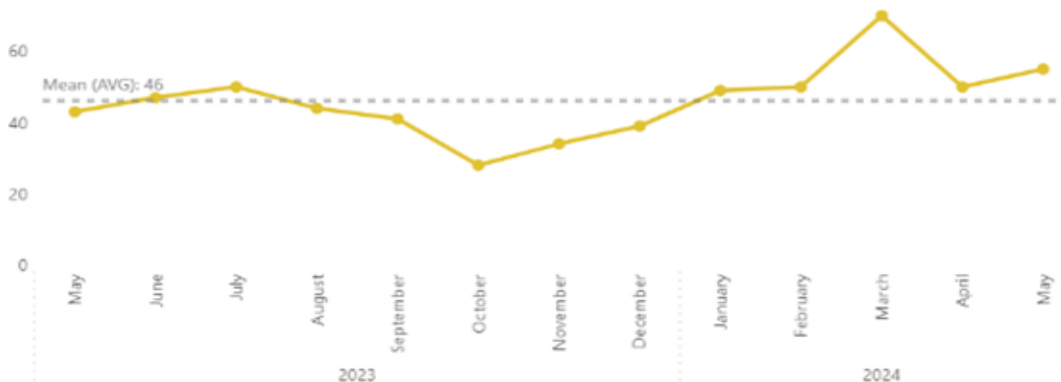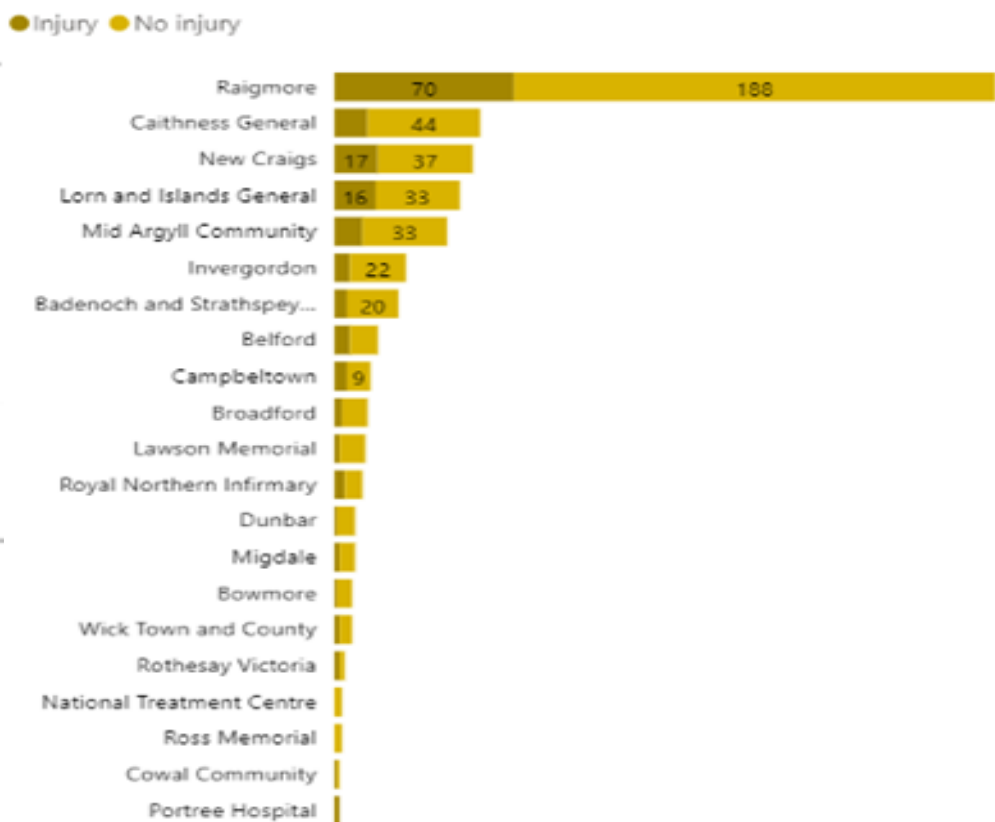| Progress Made	Next Steps	Timescale
• Focus on areas of highest falls using revised audit tool – feedback through steering group to identify common themes and share learning and areas of good practice. Initial audits identifying lack of L&S BP checks • Meeting with HIS to discuss high falls rate Rosebank ward and potential strategies to reduce falls • Red flag medicines list agreed and being uploaded to TAM • First draft of post falls review document reviewed by steering group	• Single page prompt sheet to be developed aligned to SPSP driver diagram • Review of lifting equipment across Community Hospitals and identify training needs	31/07/24 31/08/24

Number of Hospital Inpatient Falls | Last 13 Months

Mean (AVG): 190

Number of Hospital Inpatient Falls with Harm | Last 13 Months

Mean (AVG): 46

Number of Hospital Inpatient Falls | Sites | Result | Last 3 Months

● Injury   ● No injury

Site	Injury	No injury
Raigmore	70	188
Caithness General		44
New Craigs	17	37
Lorn and Islands General	16	33
Mid Argyll Community		33
Invergordon		22
Badenoch and Strathspey...		20
Belford		
Campbeltown	9	
Broadford		
Lawson Memorial		
Royal Northern Infirmary		
Dunbar		
Migdale		
Bowmore		
Wick Town and County		
Rothesay Victoria		
National Treatment Centre		
Ross Memorial		
Cowal Community		
Portree Hospital		

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Number of Hospital Inpatient Falls | Sites | Injury Type | Last 3 Months

● Abrasion (inc scratches) ● Bruise/Swelling ● Fracture ● Laceration ● Multiple Injuries ● Musculoskeletal Injuries ● Other ● Pain only (no obvious injury) ● Sprain/Strain
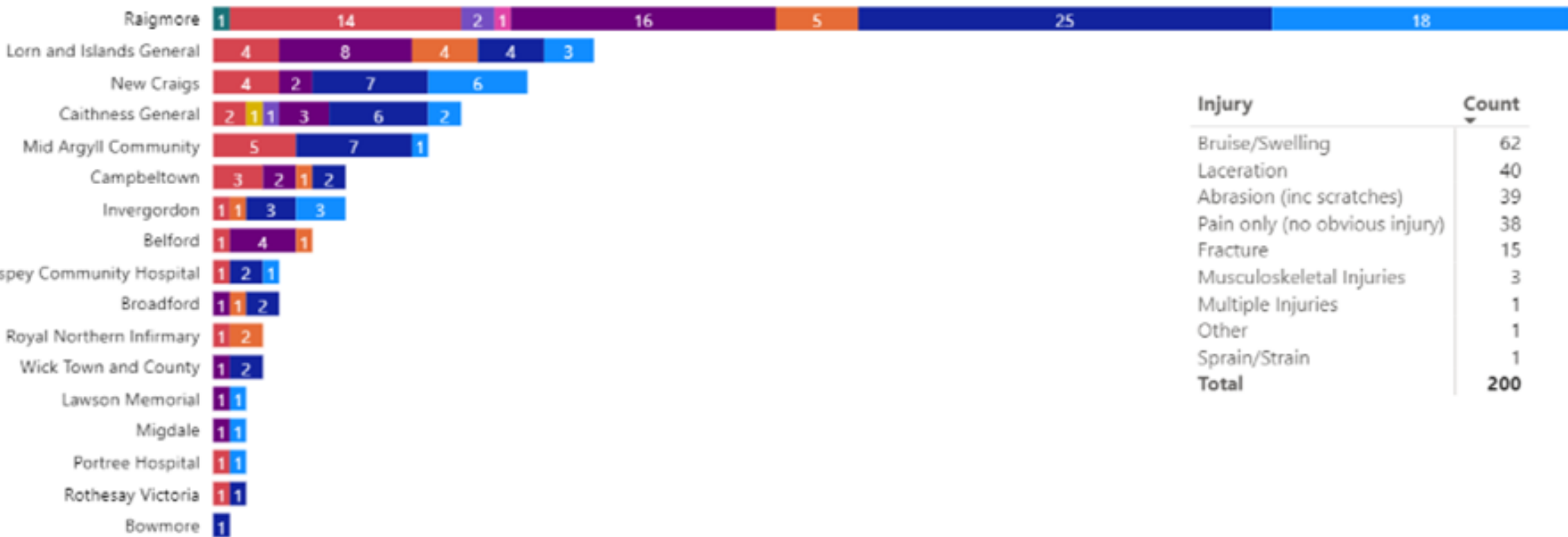

Injury	Count
Bruise/Swelling	62
Laceration	40
Abrasion (inc scratches)	39
Pain only (no obvious injury)	38
Fracture	15
Musculoskeletal Injuries	3
Multiple Injuries	1
Other	1
Sprain/Strain	1
Total	**200**

Clinical Governance

Tissue Viability Injuries | Grade 2/3/4 | Overall and Subcategory Detail

**Louise Bussell
Director of Nursing**

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Progress Made

- Target aim to reduce pressure ulcers agreed
- Discussions undertaken with SAS re pilot pressure damage risk assessment and implementation of risk reduction measures for patients delayed waiting in ambulances.
- aSSKINg model - have commenced trials on some Raigmore wards.
- Identified potential improvements to patient care from the standardisation of the Red Day Tool (HIS document) across acute and community settings - potential to improve compliance, interventions and communication across patient journey.
- aSSKINg model to be trialled in community
- ELearning for pressure ulcers in progress
- Hybrid mattress evaluation and results being compile
- HIS consulted on need to reduce Grade 1 and Grade 2 PUs rather than overall reduction in line with hybrid mattress evaluation results. Discussion with other TVNs suggest

Next Steps

- Reduction of hospital acquired PUs by 20%
- SAS investigating options to access pressure relieving equipment.
- Consideration of including pressure damage risk assessment in SAS triage tool.
- Development of an aide memoir for all users for aSSKINg
- Plan community team trial to commence aSSKINg
- Evaluate acute trial with QI team for Hybrid mattress in progress
- TV Lead to liaise with HIS re potential to make changes and next steps after trial of aSSKINg tool
- ELearning for Pressure ulcers with updated tools
- Follow up with HIS re: Grade 1 and Grade 2 % r
- TVLG in abeyance so work continues areond above steps, pending TOR review

Timescale

- June 2024
- June 2024
- June 2024
- August 2024
- May 2024
- May 2024
- May 2024

- June 2024
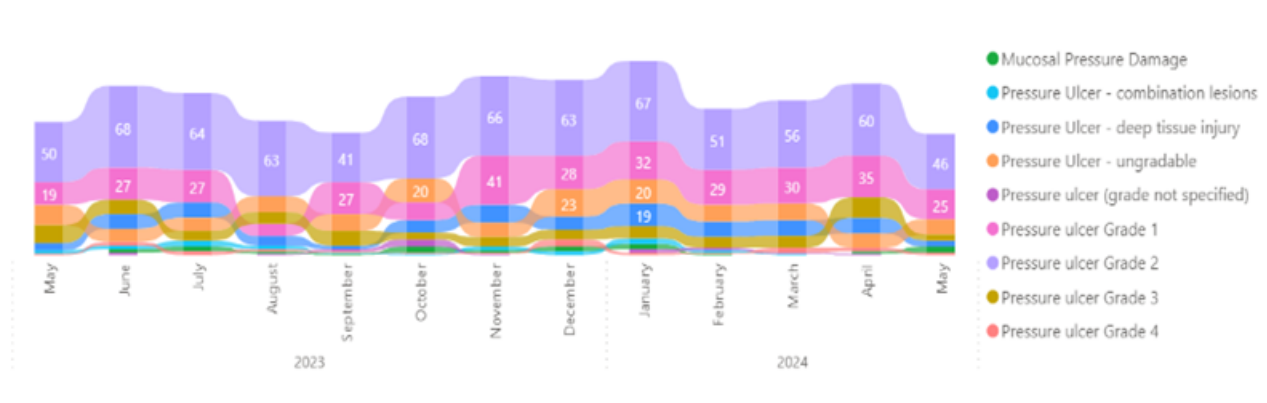- September 2024

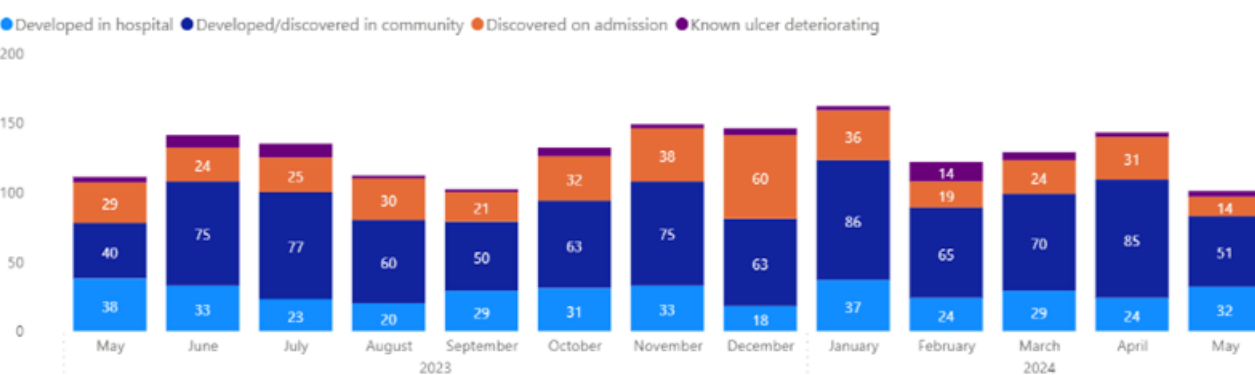Number of Tissue Viability Injuries | All Subcategories and Injury grades
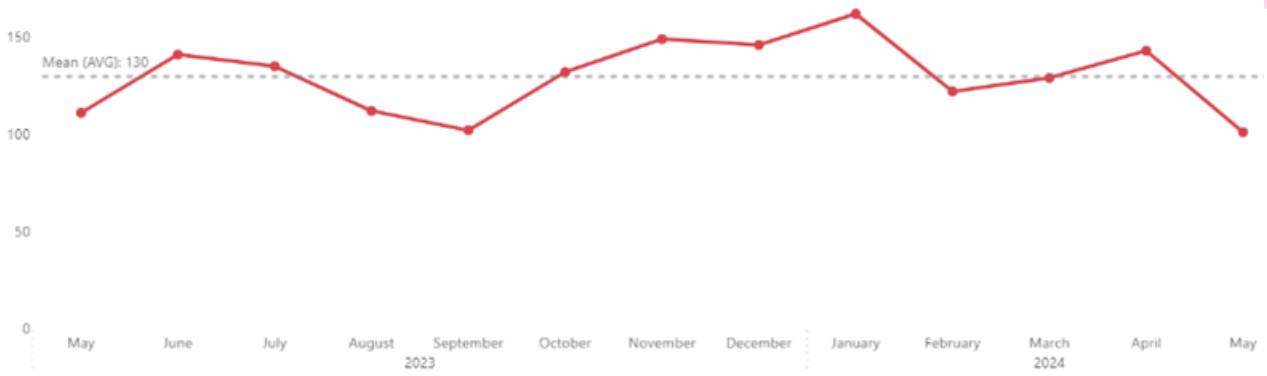
Sub-category | Injury
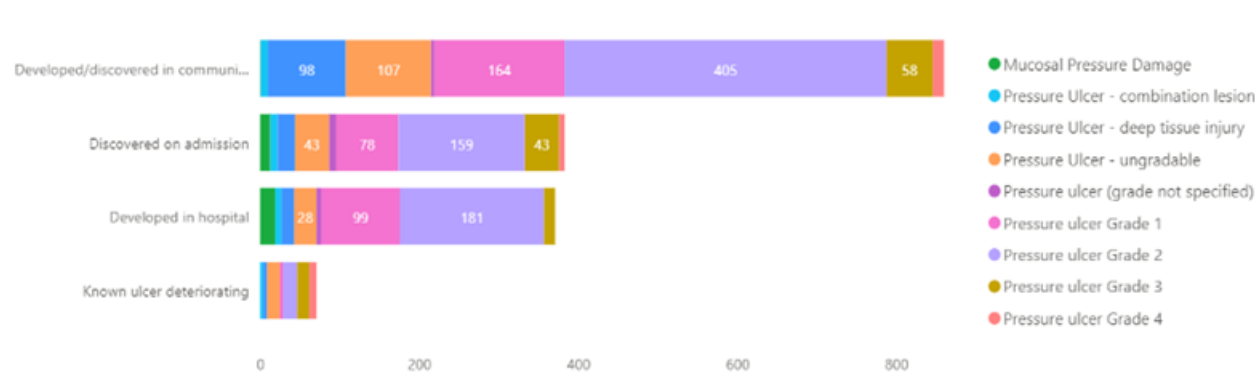
Number of Tissue Viability Injuries | Injury Grade

Sub-category

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Progress Made

- The current reduction aims are: Clostridioides difficile healthcare associated infection rate of 15.6 per 100,000 total occupied bed days by April 2024. Staphylococcus aureus bacteraemia rate of 15.3; and EColi bacteraemia rate of 17.1
- Current NHS Highland and published PHS data identifies a rate of 24 (75 cases) for CDI 2023/24. This reduction aim will not be met
- Current NHS Highland and published PHS data identifies a rate of 15.2 (47 cases) for SAB 2023/24. This reduction aim may be met
- Current NHS Highland and published PHS data identifies a rate of 23 (74 cases) for EColi 2023/24. This reduction aim will not be met.
- NHS Highland was not above normal variation when analysing trends over the past three years and remains within predicted limits.

Next Steps

- The Infection Prevention and Control Team actively monitor each patient with a reported episode of infection for learning and to prevent future occurrences. Information is disseminated to the wider teams.
- IPC annual work plan continues to be monitored, and a detailed report is submitted to Clinical Governance Committee for assurance.
- Await confirmation of future national reduction aims for 2024/2025. At present NHS Highland will roll over current reduction aims
- Local review of the management of CDIFF cases in acute care settings has commenced, antimicrobial prescribing practices changed

Timescale

- Review end of year validated position validated position July 2024
- Local review of the management of CDIFF cases underway, antimicrobial changes to be measured Sept 24
- Await forthcoming publication of reduction aims for 2024/25

Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2023/2024
Includes validated and published data by Public Health Scotland (PHS), and NHS Highland unvalidated data when unavailable
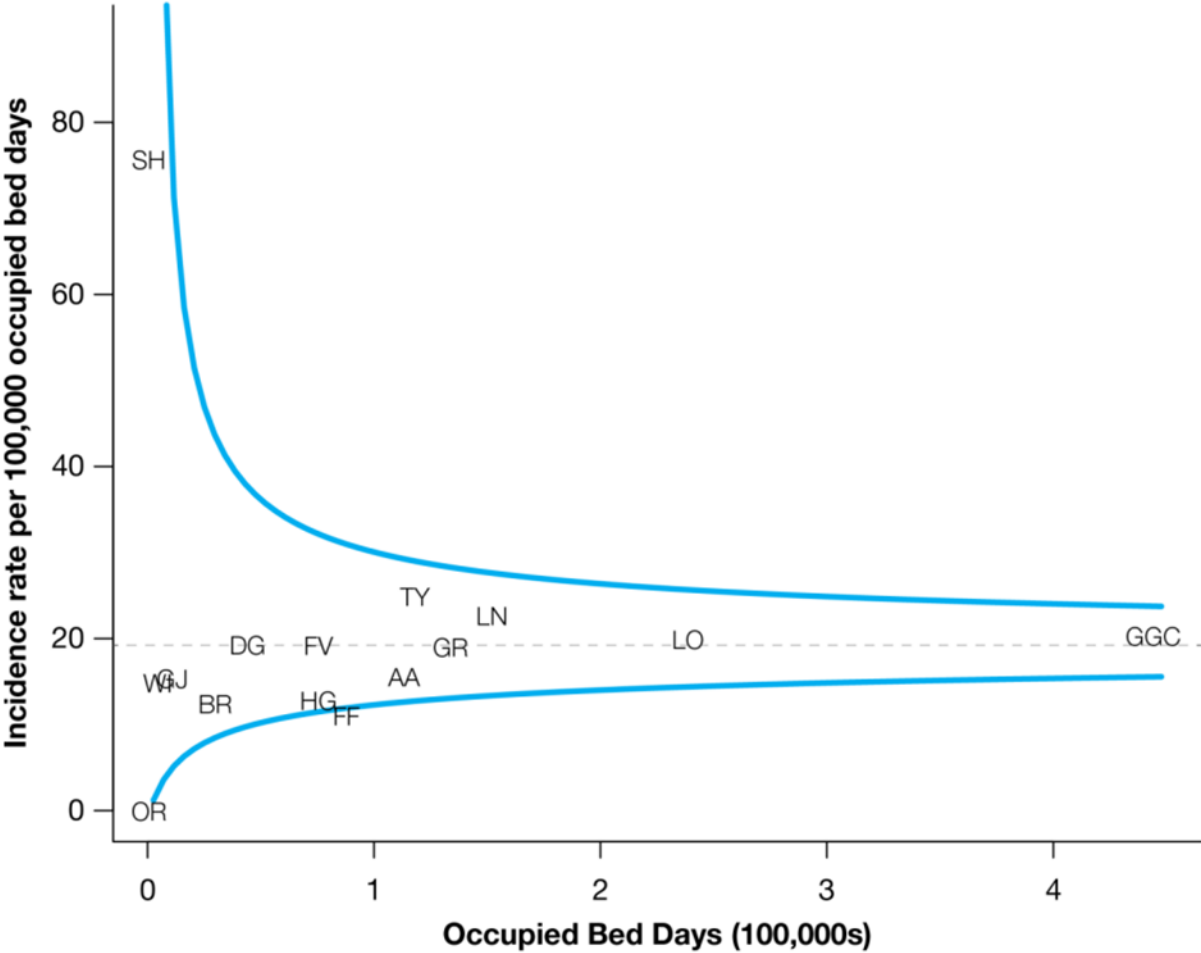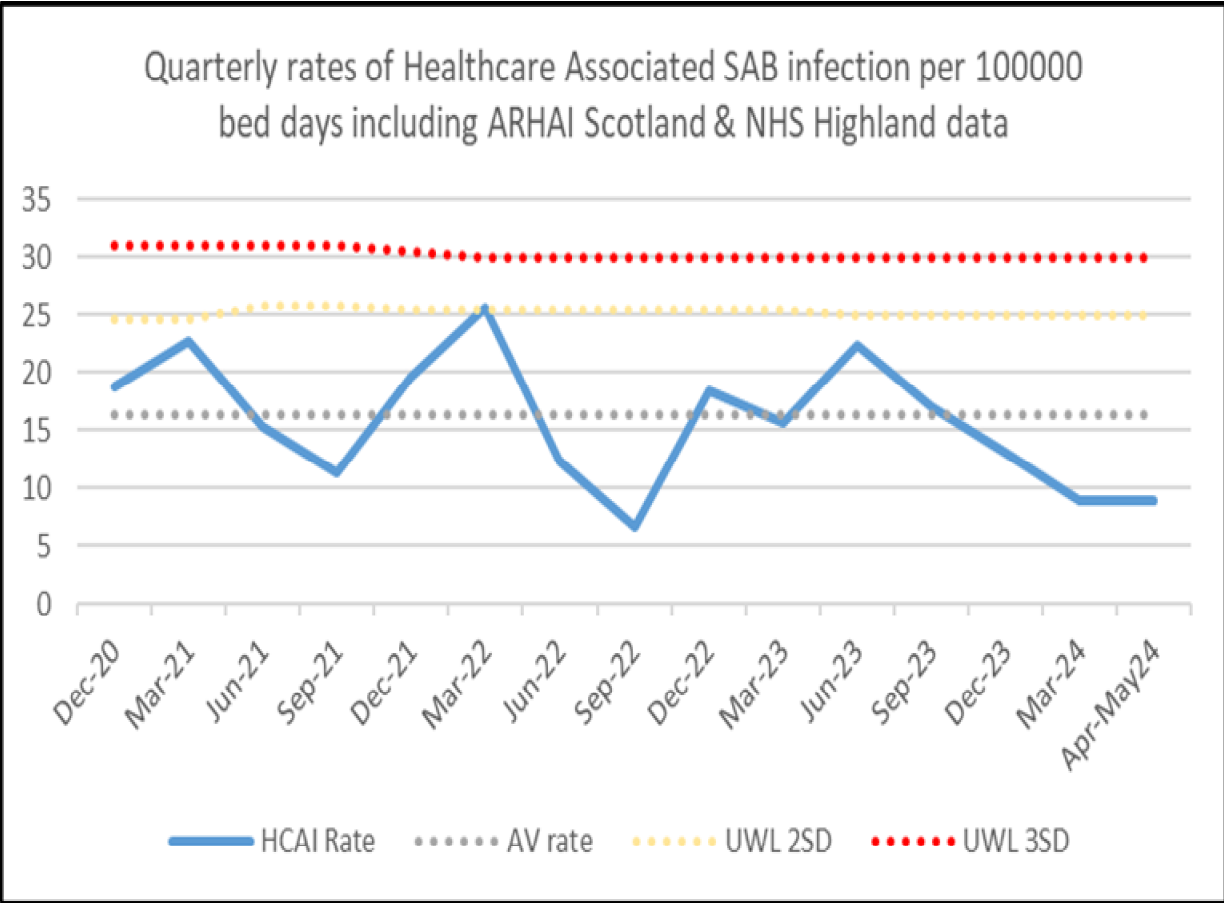
Period	Apr-Jun 2023 Q1	Jul-Sep 2023 Q2	Oct-Dec 2023 Q3	Jan-Mar 2024 Q4 (NHS HIGHLAND DATA – NOT VALIDATED)
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	22.4	16.9	12.8	9
SCOTLAND	18.3	18.1	19.2	n/a
C. DIFFICILE				
NHS HIGHLAND	18.5	31.2	21.8	25
SCOTLAND	15.8	15.5	14.3	n/a
E.COLI				
NHS HIGHLAND	23.8	31.2	27.0	14
SCOTLAND	37.6	37.8	34.7	n/a

Staphylococcus Aureus Bacteraemias (SABs)

Discovery data | Infection rate per 100,000 bed days | NHS Highland quarter ending December 2023   HG – NHS Highland

Quarterly rates of Healthcare Associated CDI per 100000 bed days including ARHAI Scotland & NHS Highland data

Legend: HCAI Rate · AV rate · UWL 2SD · UWL 3SD

Discovery data | Infection rate per 100,000 bed days | NHS Highland quarter ending December 2023   HG – NHS Highland

Quarterly rates of Healthcare Associated ECB infections per 100000 bed days including ARHAI Scotland & NHS Highland data

Legend: HCAI Rate — AV rate — UWL 2SD — UWL 3SD

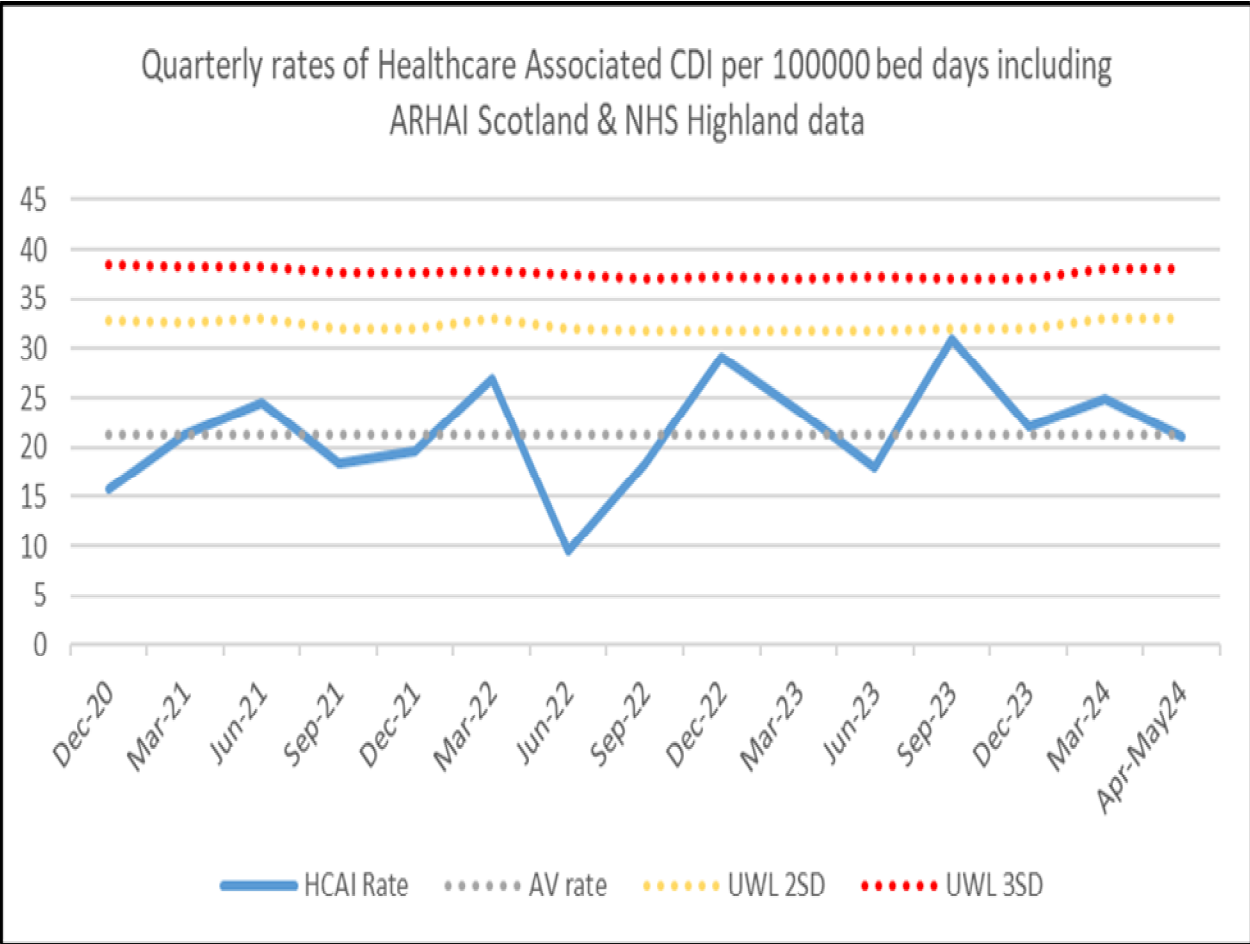Discovery data | Infection rate per 100,000 bed days | NHS Highland Quarter ending December 2023   HG – NHS Highland

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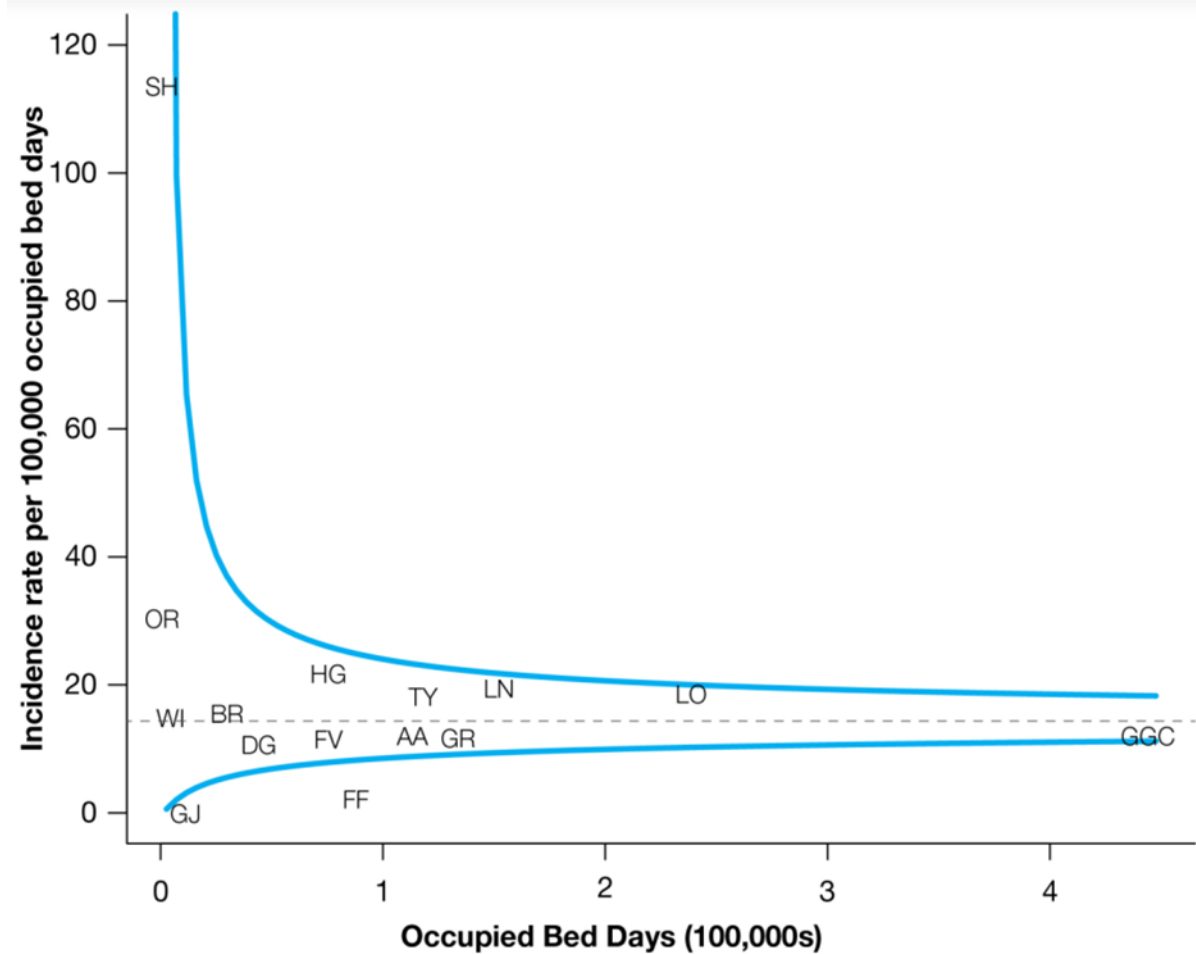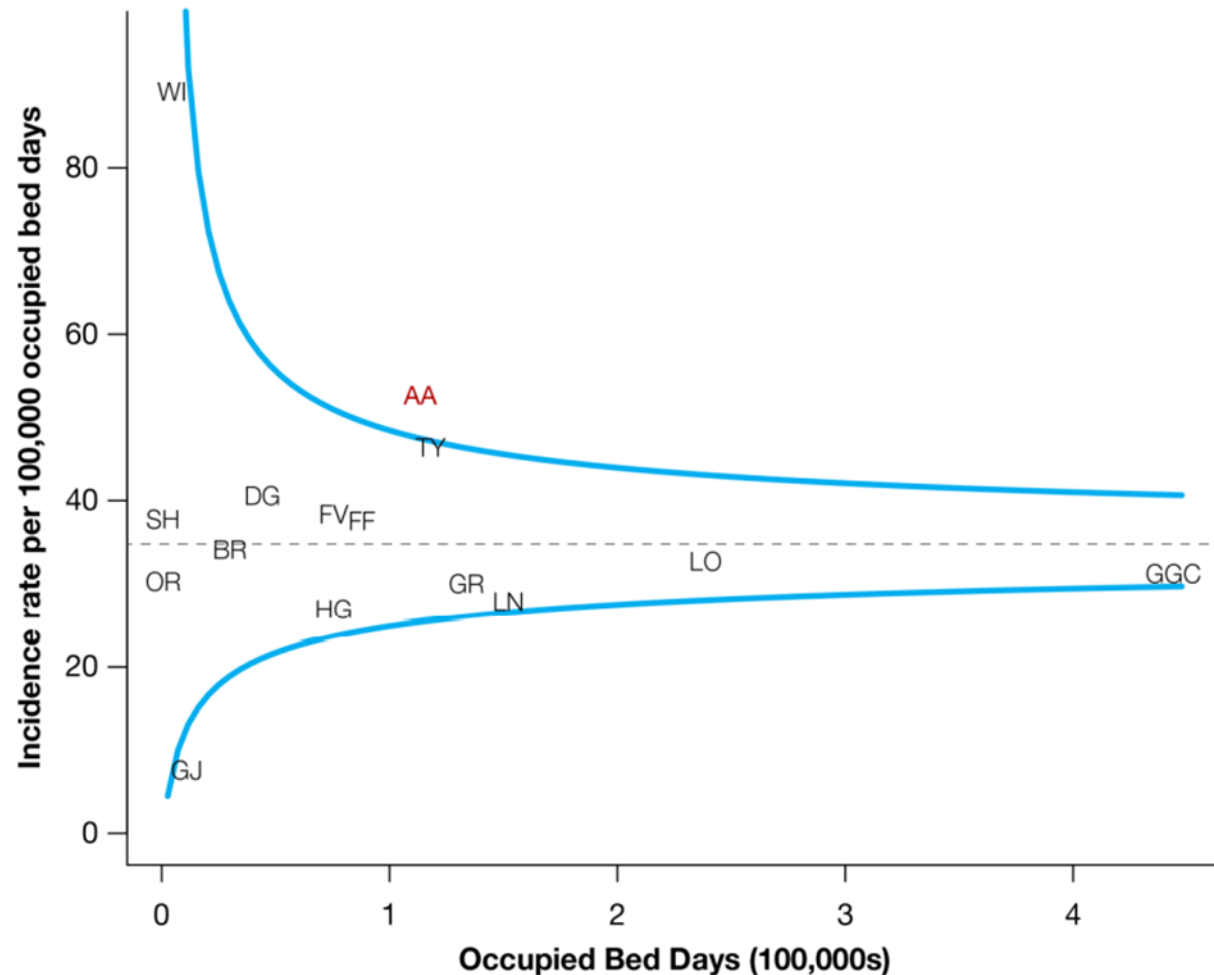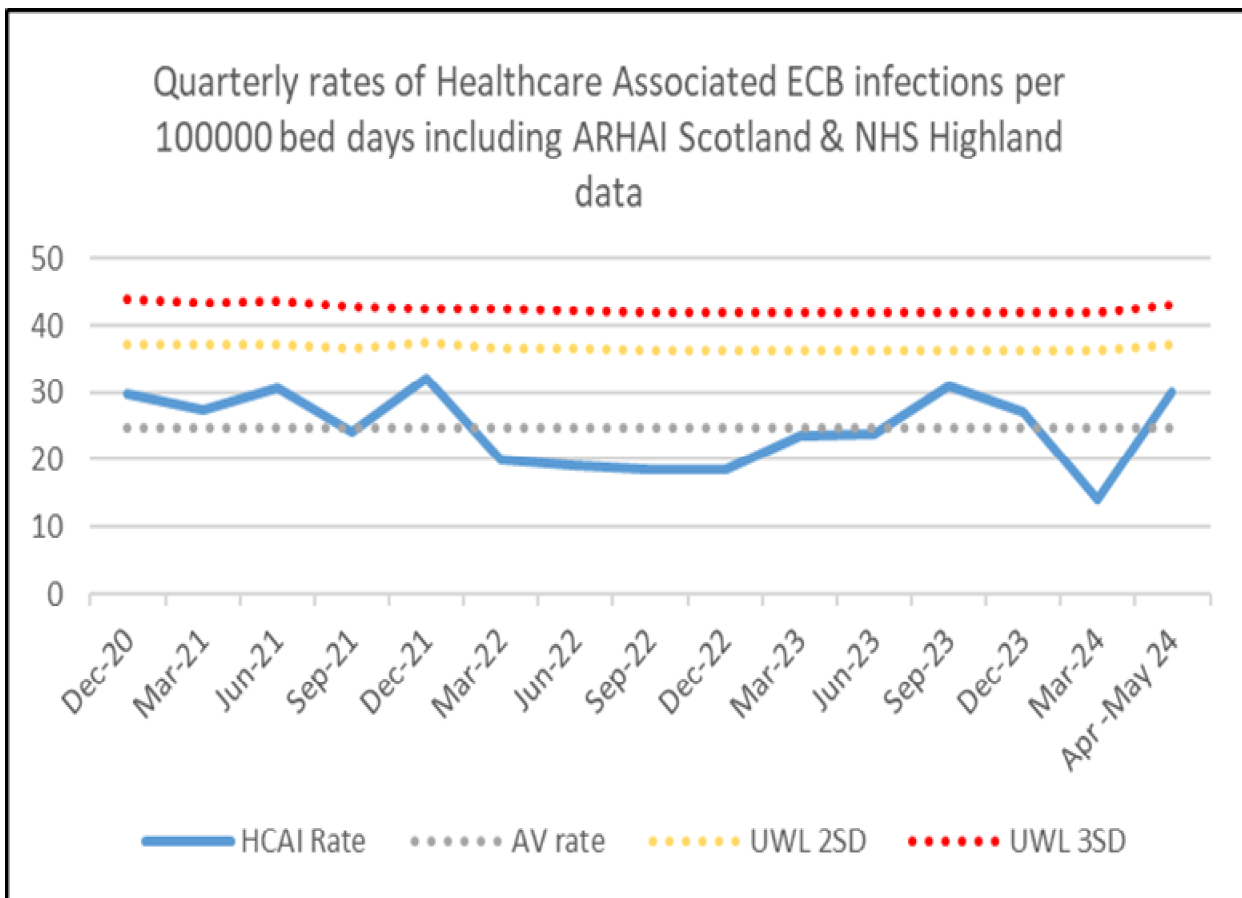
Gareth Adkins
Director of People and Culture

Organisational Metrics May 2024

Sickness Absence Rate (%)
5.92

Long Term SA Rate (%)
3.58

Short Term SA Rate (%)
2.36

Recorded Absence Reason (%)
74.82

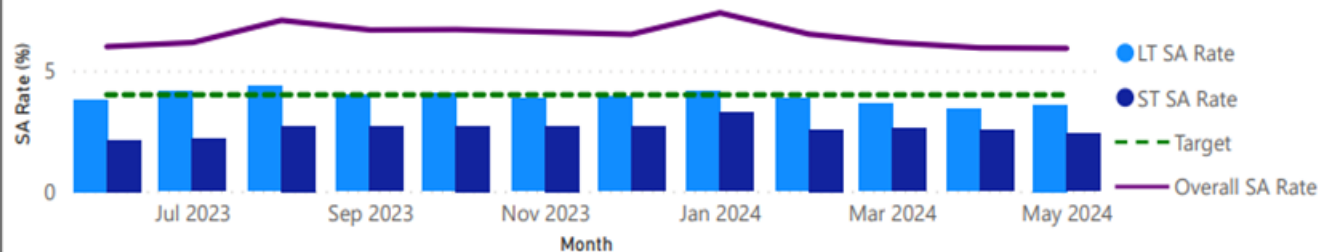**Vacancy Time to Fill (Days)**
133.75

Annual Employee Turnover (%)
8.74

Sickness Absence Rates (%) by Month

- LT SA Rate
- ST SA Rate
- Target
- Overall SA Rate

Vacancy Time to Fill (Days) by Month

Annual Employee Turnover (%) by Month

- Annual Turnover
- Target
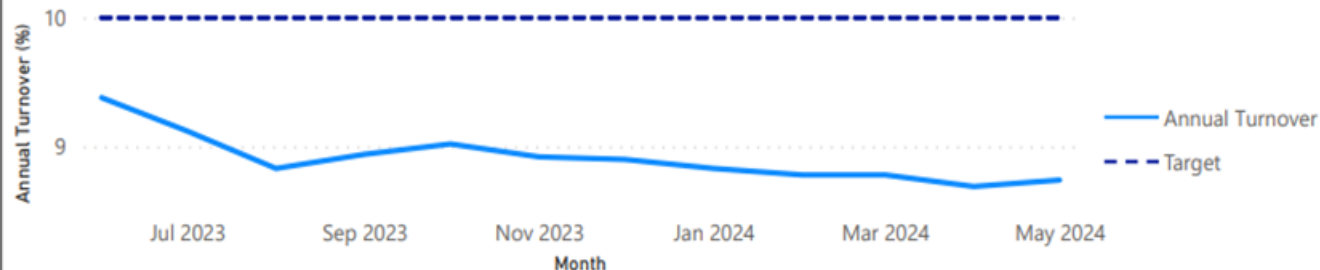
Recorded Absence Reason (%) by Month

![Together We Care - with you, for you]

Gareth Adkins
Director of People and Culture

Training Metrics May 2024

Mandatory eLearning Completion (%)
71.5

Note that from Feb 2024 V&A e-Learning module has been excluded from Mandatory Training compliance figures until new course is launched in June for all Job Families.

V&A Practical Training Completion Rate (%)
39.3

M&H Practical Training Completion Rate (%)
32.3

Appraisal Completion Rate (%)
27.8

Core Mandatory eLearning Completion Rate (%) by Month

Practical Training Completion Rate (%) by Month

Appraisal Completion Rate (%) by Month

Our People – Workforce and Staff Governance Metrics Narrative

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Gareth Adkins
Director of People
and Culture

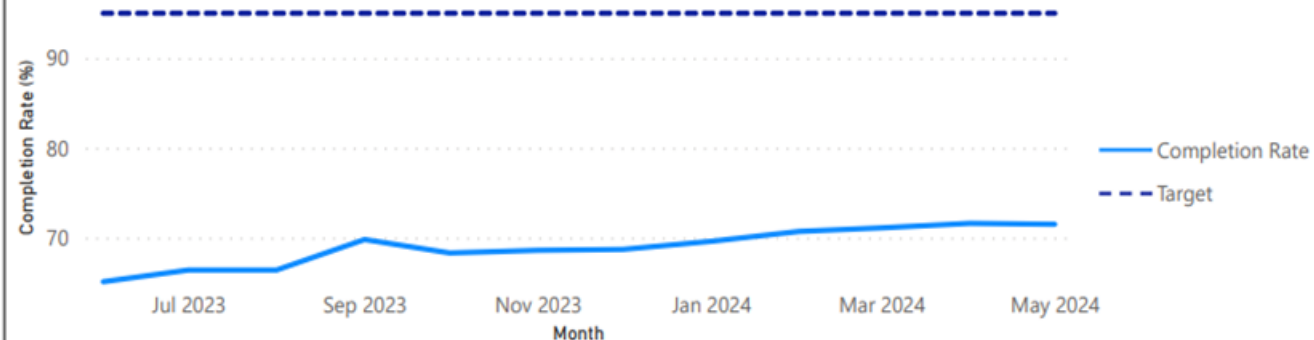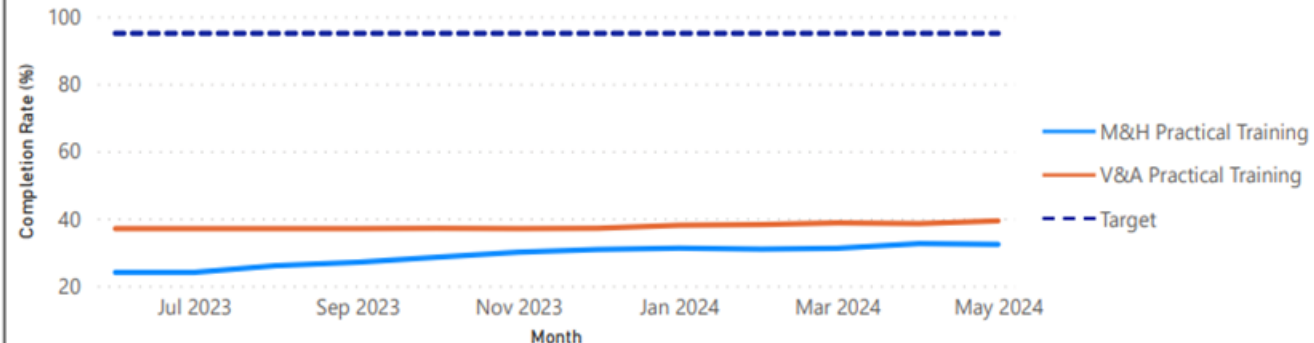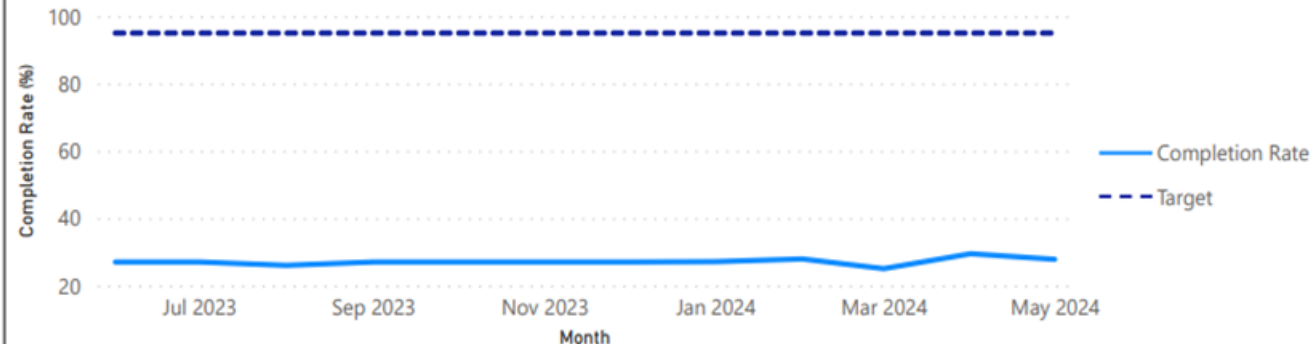- NHS Highland absence remains above the national 4% target and over 5.9% for April and May 2024 . The absence rate has increased each year since 2022. 23% of Long-term absences are related to anxiety/stress /depression/other psychiatric illnesses. Short term absences in Cold, Cough, Flu (19% of absences) remain high as well as gastro-intestinal problems (15% of absences). Covid related illness accounts for 6%.

- Absences with an unknown cause/not specified remain high (accounting for around 26%), although this is a decrease of 4% from last report. Managers are asked to ensure that an appropriate reason is recorded and continuously updated.

- Attendance remains low for Once for Scotland policy training including Attendance. Reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and eLearning. The People Services team continue to work closely with managers of long-term absent employees.

- Sickness absence workstream is being progressed to focus on specific areas with high sickness absence rates. Targeted support will be planned to enable changes which may see a reduction in the level of absence. Absence dashboard is now live for managers to use for their areas.

- The NHS Highland Health and Wellbeing Strategy consultation has now closed with the feedback being considered. The final Strategy will be launched over the summer months. The Strategy details our commitment to supporting health and wellbeing but also what resources and support is already available to our workforce. An action plan detailing the short, medium and long term actions is being progressed by the Health & Wellbeing Group.

- The average time to fill vacancies remains above the NHS Scotland KPI of 116 days. This data includes vacancies approved at vacancy management group but doesn't include those pre vacancy management group approvals or where staff have left post and the manager hasn't started the replacement process. To support the progression of vacancies in the system, hiring managers can help by ensuring that they have time arranged to review applications and undertake the process of shortlisting as soon after the closing date as possible and interview dates are arranged well in advance. An Executive Vacancy Monitoring group has been established to consider all vacancies across North Highland

- NHS Highland's turnover remains stable in line with the other Boards across Scotland, reporting 8.74% in May, a decrease from the last report. We continue to see high levels of leavers related to retirement (35%) and voluntary resignation (25%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 20% of our leavers. Further encouragement is required to capture leaving reasons.

- Refreshed awareness sessions for managing PDP&R has been launched with monitoring of attendance. This will provide information on how to successfully and meaningfully undertake a PDP&R with individuals. The content of the sessions will be regularly reviewed to ensure alignment with policy and good practice. The People Partners will work with the senior leadership teams in ensuring that plans exist for increase in the amount of PDPs undertaken. As part of the Culture and Leadership Framework, new PDP&R training will be offered to all colleagues to improve understanding of the benefits and reasons for regular feedback and development and to increase completion rates. In addition an improvement plan is being progressed regarding the completion of PDPs commencing with senior managers.

- A 6 month monitoring period is near completion for improvement in compliance with statutory and mandatory training. Each month reports are shared with EDG colleagues and their direct reports on the compliance levels against the agreed improvement trajectory for the core elearning modules. An oversight group is established reporting to EDG and APF consisting of representatives from across the organisation. An action plan is being progressed to support overall compliance.

Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
3	Covid Vaccine Uptake	Monthly	July 2024	September 2024
3	Board Comparison % Covid Vaccine Uptake	Monthly	July 2024	September 2024
4	LDP 12-week smoking quits by month of follow up-NHS Highland	Monthly	July 2024	September 2024
5	NHS Highland-Alcohol brief interventions 2023/24 Q2	Quarterly	July 2024	September 2024
5	Setting Contribution 2023/24	Annual	New	September 2024
5	ABI Trajectory & Delivery	Quarterly	New	September 2024
6	Drug and Alcohol Wait Times	Monthly	July 2024	September 2024
6	Board Comparison % Drug & Alcohol Waiting Times	Monthly	July 2024	September 2024
7	18 Weeks CAMH Services Treatment	Monthly	July 2024	September 2024
7	Board Comparison % Met waiting time standard	Monthly	July 2024	September 2024
7	CAMHS Waitlist HHSCP	Monthly	July 2024	September 2024
8	Volume of CAMHS Referrals Received in Relation To Number of Formal Complaints	Monthly	July 2024	September 2024
8	Complaint Reasons Relating to CAMHS	Monthly	July 2024	September 2024
8	Decision Outcome for CAMHS Related Complaints	Monthly	July 2024	September 2024
9	NDAS Total Awaiting 1st App (incl unvetted)	Monthly	July 2024	September 2024
9	New + Unvetted Patients Awaiting First Appointment	Monthly	July 2024	September 2024
10	Volume of NDAS Referrals Received in Relation to Number of Formal Complaints	Monthly	July 2024	September 2024
10	Complaint Reasons Relating to NDAS	Monthly	July 2024	September 2024
10	Decision Outcome for NDAS Related Complaints	Monthly	July 2024	September 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
11	A&E – 4 Hour Target	Monthly	July 2024	September 2024
11	Board Comparison % meeting Waiting Time Standard	Monthly	July 2024	September 2024
12	Weekly Ambulance Handover Results: Under 60 Minutes	Monthly	July 2024	September 2024
12	Weekly ED Patients Waiting 12-Hour Plus	Monthly	July 2024	September Pber 2024
13	Delayed Discharges at Monthly Census Point	Monthly	July 2024	September 2024
13	Delayed Discharge Benchmarking with Other Boards/Local Authorities	Monthly	July 2024	September 2024
14	New Outpatients 12 Week Waiting Times (Ongoing)	Monthly	July 2024	September 2024
14	Board Comparison % Met waiting time standard	Monthly	July 2024	September 2024
15	New Outpatients Referrals, Patients seen and Trajectories	Monthly	July 2024	September 2024
15	New Outpatient Total Waiting List & Projection	Monthly	July 2024	September 2024
15	OP Patients Waiting Over 52 Weeks	Monthly	July 2024	September 2024
16	Inpatient or Day Case 12 Week Waiting Times (Completed)	Monthly	July 2024	September 2024
16	Board Comparison % Met waiting time standard	Monthly	July 2024	September 2024
17	Planned Care Additions, Patients Seen and Trajectories	Monthly	July 2024	September 2024
17	Total TTG Waits & Projection	Monthly	July 2024	September Weber 2024
17	TTG Patients waiting over 78/104 weeks	Monthly	July 2024	September 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
18	Imaging Tests: Maximum Wait Target 6 weeks	Monthly	July 2024	September 2024
18	Board Comparison % met Waiting time standard	Monthly	July 2024	September 2024
18	Non-Obstetric Patients Seen & Trajectories	Monthly	July 2024	September 2024
18	MRI Patients Seen & Trajectories	Monthly	July 2024	September 2024
18	CT Patients Seen & Trajectories	Monthly	July 2024	September 2024
19	Endoscopy Tests: Maximum Wait Target 6 Weeks	Monthly	July 2024	September 2024
19	Board Comparison % met Waiting time standard	Monthly	July 2024	September 2024
19	Colonoscopy & Cystoscopy: Patients Seen & Trajectories	Monthly	July 2024	September 2024
19	Flexi Sig Upper GI: Patients Seen & Trajectories	Monthly	July 2024	September 2024
20	Cancer 31 Day Waiting Times	Monthly	July 2024	September 2024
20	Board Comparison % Met waiting time standard	Monthly	July 2024	September 2024
20	Patients Seen on 31 Day Pathway	Monthly	July 2024	September 2024
21	Cancer 62 Day Waiting Times	Monthly	July 2024	September 2024
21	Board Comparison % Met waiting time standard	Monthly	July 2024	September 2024
21	Patients Seen on 62 Day Pathway	Monthly	July 2024	September 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
22	18 Weeks All Ages Psychological Therapy Treatment	Monthly	July 2024	September 2024
22	Board Comparison % Met waiting time standard	Monthly	July 2024	September 2024
22	Psychological Therapies Waitlist HHSCP	Monthly	July 2024	September 2024
23	Highland Wide Stage 2 Complaint Volumes Received and % Performance Achieved	Monthly	July 2024	September 2024
24	Volumes of Reason of Raising Further Correspondence	Monthly	July 2024	September 2024
25	Volumes of SAER and 2A Investigations Opened in Last 13 Months	Monthly	July 2024	September 2024
25	Volumes of SAER & 2A Investigations Closed in Last 13 Months	Monthly	July 2024	September 2024
26	Number of Hospital Inpatient Falls| Last 13 Months	Monthly	July 2024	September 2024
26	Number of Hospital Inpatient Falls with Harm| Last 13 months	Monthly	July 2024	September 2024
26	Number of Hospital Inpatient Falls| Sites| Result| Last 3 Months	Monthly	July 2024	September 2024
27	Number of Hospital Inpatient Falls| Sites| Injury Type| Last 3 Months	Monthly	July 2024	September 2024
28	Number of Tissue Viability Injuries| All Subcategories and Injury Grades	Monthly	July 2024	September 2024
28	Number of Tissue Viability Injuries| Injury Grade	Monthly	July 2024	September 2024
28	Sub-Category| Injury	Monthly	July 2024	September 2024
28	Sub-Category	Monthly	July 2024	September 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
29	Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2023/2024	Quarterly	July 2024	September 2024
30	Quarterly Rates of Healthcare Associated SAB Infection Per 100,000 Bed Days	Quarterly	July 2024	September 2024
30	Infection Rate Per 100,000 Bed Days	Quarterly	July 2024	September 2024
31	Quarterly Rates of Healthcare Associated CDI Per 100,000 Bed Days	Quarterly	July 2024	September 2024
31	Infection Rate Per 100,000 Bed Days	Quarterly	July 2024	September 2024
32	Quarterly Rates of Healthcare Associated ECB Infections Per 100,000 Bed Days	Quarterly	July 2024	September 2024
32	Infection Rate Per 100,000 Bed Days	Quarterly	July 2024	September 2024
33	Organisational Workforce Metrics	Bi-monthly	July 2024	September 2024
34	Workforce Training Metrics	Bi-monthly	July 2024	September 2024
35	Workforce IPQR Narrative	Bi-monthly	July 2024	September 2024