**IMPROVEMENT COMMITTEE – ASSURANCE REPORT**  
**Meeting on 5 September 2011**

The Committee’s role and remit is to scrutinise NHS Highland’s performance and ensure remedial action is taken, as required.

### 1 REVIEW OF BOARD ASSURANCE REPORT ACTIONS

<table>
<thead>
<tr>
<th>Issues/Risks</th>
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</table>
| **Smoking in pregnancy**  
The smoking status of a proportion of women is not known.  
Not all women have a quit date.  
Need to improve follow up rate, and support women who stop smoking during pregnancy to remain quit after the birth. | One of the lowest “not known” status rates in Scotland – 3.4% compared with 14% nationally.  
Progress is being made. Training in smoking cessation brief advice is continuing with a view to improving the percentage of ‘not known’ smoking status.  
An increase in referrals to the service has been noted.  
Reduction in number of women who are smoking at their booking date. | Figures relating to Argyll & Bute quit rate to be clarified.  
**Action: D Leslie**  
Pick up mothers after the birth to encourage maintenance of quit status.  
**Action: Operational Units** |
| **Breastfeeding**  
Latest figures (December 2010) indicate we are behind trajectory.  
North CHP:  
Peer support initiative has not proved successful.  
Caithness mothers delivering in Raigmore have a higher uptake of breastfeeding.  
Issue around data recording in relation to 6 – 8 week health checks. | Although the trajectory is unlikely to be met, it is anticipated that Highland will achieve the national rate of 32%.  
The position in Caithness is improving, however mixed feeding remains an issue.  
An antenatal buddy scheme has been put in place.  
Telephone referrals between Raigmore and Caithness which proved very effective previously, to be re-established.  
Local audits are being undertaken to identify and address any areas of concern.  
Use of supplementary audit forms has been implemented in all maternity | Data recording issues to be followed up with the Operational Units.  
**Action: K MacKay** |
<table>
<thead>
<tr>
<th><strong>New Outpatient Appointment DNA Rates</strong></th>
<th><strong>Dementia Registration</strong></th>
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<tbody>
<tr>
<td>Argyll &amp; Bute CHP: Performance is variable across most of the sites. The rate is high in Lorn &amp; Isles Hospital, particularly in general surgery, and in Argyll &amp; Bute Hospital (mental health). Impact of ongoing redesign process in respect of medical records and administrative support, and organisational changes. Patient focused booking system only partially implemented. Issue around interaction with NHS Greater Glasgow &amp; Clyde.</td>
<td>Argyll &amp; Bute CHP: Currently not on target. Previous seconded support ended and improvements have not been maintained.</td>
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<td>Series of actions underway to improve the position. Confident of retuning to trajectory by January 2012 on completion of the redesign process and the restructuring of medical records.</td>
<td>An additional dementia nurse specialist has been seconded to work with and support practices who remain outliers. Anticipate achieving target by mid November 2011. The need was acknowledged to have a sustainable service in place that does not rely on specialist input.</td>
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<td>Update required for March 2012 Improvement Committee on impact of planned improvements to DNA rates. <strong>Action: D Leslie</strong></td>
<td>Update required for January 2012 Improvement Committee on impact of secondment and identify actions put in place to ensure sustainability. <strong>Action: D Leslie</strong></td>
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Healthy Weight of Children:

Update from Argyll & Bute CHP: Not meeting trajectory. Challenges in recruiting to full X programme

Introduction of new schools based programme in the autumn may improve uptake of full X programme.

To review evidence of the effectiveness of the current programmes.
Update on activity under the Healthy Weight Strategy and other initiatives targeting the whole population and the impact of these activities.
Report to be prepared for the next meeting of the Improvement Committee.
Action: M Somerville

2.1 BALANCED SCORECARD 2011 – 2012 HEAT TARGETS

<table>
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<tr>
<th>Issues/Risks</th>
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<tr>
<td>Alcohol Brief Interventions:</td>
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<td>In addition to continuing engagement with primary care, focus attention on secondary care A&amp;E, admissions units and Outpatient departments, using every opportunity to raise awareness of alcohol issues and the purpose of the interventions. Also maximise use of staff who are trained in the delivery of ABIs to support GP activity. Action: M Somerville/General Managers</td>
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<td>North CHP:</td>
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<td>Not meeting trajectory.</td>
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<td>Need to increase GP sign up and delivery,</td>
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<td>and tackle some of the perceived cultural issues.</td>
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<td>Mid CHP:</td>
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<td>Continuing engagement with GPs to deliver and record ABIs. Embedding ABI practice and ensuring sustainability of delivery.</td>
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<td>Raigmore:</td>
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<td>Difficulties with electronic recording of ABIs in the Emergency Department. Issue around training for staff in Raigmore to deliver ABIs.</td>
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<td>Mid CHP has met its monthly target for ABIs. An action plan has been developed in collaboration with key stakeholders to enable the CHP to continue to meet the target.</td>
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<tr>
<td>Changes are being made to improve electronic capture of data in A&amp;E.. A retrospective review is being undertaken covering March – April 2011 to clarify the position in relation to numbers of ABIs delivered.</td>
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**ARGYLL & BUTE CHP:**
Engagement with GPs.
Issue around the reporting process.
Not all the ABIs delivered can be counted towards the target.

The LES has been changed and reporting simplified.
A programme of staff training is underway. Anticipate that the number of ABIs delivered by Community Mental Health Teams will have a significant impact on meeting the target.

South East CHP is on trajectory and anticipates exceeding target by March 2012.

**SMOKING CESSATION**

Mid CHP:
Deteriorating position. Staffing capacity issue. Need to consider extending the role of staff engaged in health improvement to cover a range of interventions (smoking, ABIs, etc). Good uptake once referral received.

Argyll & Bute CHP:
Issue around completeness of data and timeliness of submissions

Recovery plan in place. Anticipate return to planned trajectory within three months, provided sufficient referrals are made to the service.

Continue to monitor actions taken to ensure position improves.
**Action:** G McVicar and D Leslie

**ALL CANCER TREATMENTS**

Delays to endoscopy, breast triple assessment clinics, and radiotherapy.
Staffing capacity and equipment

Action plans developed to address the issues relating to capacity and equipment. Maximising use of Belford endoscopy lists to try and

Further discussion to take place at Senior Management Team regarding endoscopy service.
**Action:** C McIntosh/C Lyons
# IMPROVEMENT COMMITTEE – ASSURANCE REPORT

Meeting on 5 September 2011

## Issues
- Quarter 2 position worst in four years.
- Breaches in Quarter 3.
- Variation in GP referral rates.
- Need to ensure patients are not placed inappropriately on the pathway.

## Improvement Actions
- Align capacity with demand.
- Work being done under new QOF around clinical pathways.
- Significant event review undertaken for each patient who breaches waiting time guarantee.

## 18 Weeks Referral to Treatment:

| Percentage of linked pathways is low. |
| Need to achieve a high level of systematic linkage. |
| Existing PAS data to be cleansed. |
| A small number of patients who were on the active waiting list before PAS upgrade have not yet been allocated a UCPN. |
| Issue around return patients. |

### Argyll & Bute:
- Interface with NHS Greater Glasgow & Clyde in relation to data collection, monitoring and management of pathways.

### 18 weeks RTT performance:
- Improvement position, since the system upgrade nearly all new referrals to a consultant led service have a UCPN and RTT clinic outcome codes are applied (91%).
- Argyll & Bute CHP have reported 100% completeness of data.

### Further discussions to take place in relation to return patients and clock stopping. Update to be submitted to the next meeting.

**Action:** M Thompson/General Managers

## 2.2 BALANCED SCORECARD 2011 – 2012 – STANDARDS

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<td>New Outpatient Waiting times – maximum wait 12 weeks:</td>
<td>A series of measures being taken to reduce numbers of breaches in orthopaedics and ENT.</td>
<td>Position to continue to be monitored and managed to ensure no patients breach the 12 week maximum wait for outpatient appointments from September onwards.</td>
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Raigmore:
Breach occurring, in particular in orthopaedics, ENT, and restorative dentistry.
Delays also occurring in endoscopy.

North CHP:
Issue around securing skilled locum cover for pain clinics.

Restorative dentistry remains a national issue and is being reviewed by the North of Scotland Planning Group.
Capacity for endoscopy at Belford being explored.

Inpatient/Day Case Waiting Times – Maximum Wait 9 Weeks:
Breaches occurring in a number of specialties, in particular breast surgery, plastic surgery, urology, endoscopy and ophthalmology.

Plans in place to secure additional capacity, both in-house and from external providers.

Position to continue to be monitored and managed to ensure no patients breach the 9 week maximum wait for inpatient/day case procedures from September onwards.

Action: C Lyons

3 TOPIC: SCOTTISH PATIENT SAFETY PROGRAMME

Issues/Risks | Assurance | Actions
--- | --- | ---
North CHP: No issues identified. | Highland have been awarded a 3.5 on the SPSP/IHI assessment scale. There is evidence to demonstrate the effectiveness of the programme in improving patient care and safety. North CHP achieving sustained improvement, the programme is widely spread within Caithness General Hospital. | Roll out of SPSP across all relevant areas to continue in line with targets for December 2012. Further update required for the March 2012 Improvement Committee. Action: General Managers

Action: C Lyons
IMPROVEMENT COMMITTEE – ASSURANCE REPORT
Meeting on 5 September 2011

Mid CHP:
Target difficult to achieve in some specific areas due to low volume of clinical activity.

Argyll & Bute CHP:
No issues identified.

Raigmore:
Challenging to spread all the bundles to all relevant areas.

South East CHP:
Current infrastructure, capacity and capability around SPSP is insufficient at present to support implementation in community hospitals and community care.

Mid CHP position improving, action plan in place to deliver sustained improvement.

Argyll & Bute CHP making progress in a number of areas, the programme is well embedded in Lorn & Isles Hospital.

Raigmore – a number of work streams are currently being progressed. A plan has been developed to inform the spread of the bundles across the relevant areas.

Discussions ongoing regarding the need for a specific programme to meet the needs of community settings.

4 TOPIC: DENTAL BALANCED SCORECARD – CAPACITY ISSUES

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<td>Registrations, in particular 0 – 2 year old children. Cultural issues to address around registering children into continuing care at a young age.</td>
<td>In North Highland continuing upward trend in both adult and child registrations. The growth in the latter has been through the Salaried Dental Service. A number of work streams are ongoing to encourage and support all children into dental</td>
<td>Strategy to be developed for communicating capacity. <strong>Action: C Lush</strong></td>
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registration as early as possible. Anticipate that these plans will start to address the issues across the whole of Highland including Argyll & Bute which has similar challenges in relation to the 0 – 2 year old registrations. Access has significantly improved in some areas. Potential for cross boundary flow between Mid CHP and Inverness, to utilise available capacity. Increasing engagement with GDPs. Developing links with partners in education and social care to further improve accessibility of dental services.

5  TOPIC: CHILD AND ADOLESCENT MENTAL HEALTH TIER 3 SERVICE

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<td>Currently not on target. Unlikely that the 26 week target for 2012/13 will be met within existing service and staffing structures. Recruitment of CAMHS trained staff is a challenge across Scotland.</td>
<td>Ongoing review of Raigmore service delivery. A range of actions is in place to address waiting list issues. A review of service provision in the peripheral clinic at Fort William is planned, the waiting list has been 'blitzed'. Argyll &amp; Bute has action plan in place to address staffing capacity issues. A review of the SLA with NHS Greater Glasgow &amp; Clyde is underway.</td>
<td>Review of patients on the waiting list to be undertaken. Position report to be prepared for the January 2012 meeting on the impact of actions taken. <strong>Action: C Lyons/S Amor</strong></td>
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<td>Update on how the redesign of posts has impacted on waiting lists. <strong>Action: D Leslie</strong></td>
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### TOPIC: FINANCIAL UPDATE 2011/12 - MONTH 4 - JULY 2011

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<td>Savings yet to be delivered or identified by the Operational Units. The Raigmore position is particularly challenging.</td>
<td>Work ongoing in Raigmore to identify potential efficiencies.</td>
<td>Operational Units to continue to identify/deliver savings and manage cost pressures and ensure that the most accurate assessment of their financial position is reported.</td>
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<td>Mid CHP predicts achieving breakeven position, although there are concerns around prescribing and locum costs.</td>
<td>Action: General Managers</td>
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<td>Argyll &amp; Bute is confident of improving the position in relation to the forecast overspend.</td>
<td>Ensure financial position is fully discussed at Operational Unit Governance Committees.</td>
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<td>North CHP has made an improvement in relation to prescribing costs. Various options are being explored in terms of service redesign and delivery to identify areas of potential savings. However, the plans in place will not achieve sufficient savings to make breakeven.</td>
<td>Action: Chairs and General Managers</td>
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<td></td>
<td>South East CHP is making progress with savings, however a significant proportion of these will be non-recurrent.</td>
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### TOPIC: SERVICE IMPROVEMENT GROUP UPDATE

Noted that the meeting scheduled for 22 August 2011 was cancelled. The next meeting is due to be held on 24 October 2011.
8 FUTURE AGENDA ITEMS

Meeting on 31 October 2011
- Healthy weight of children
- 18 weeks RTT
- Sickness Absence, in particular Argyll & Bute
- Screening
- Data collection and reporting
- Stroke
- A&E Attendance Rate Update

Future meetings:
- Highland Ethnicity Recording (January 2012 meeting)
- Dementia Registration – Argyll & Bute (January 2012 meeting)
- CAMHS (January 2012 meeting)
- Dental Balanced Scorecard – Children’s Fluoride Varnish/Childsmile Programme (January 2012 meeting)
- Reduce carbon emissions/energy consumption (January 2012 meeting)
- New Outpatient Appointment DNA Rates (March 2012 meeting)
- Scottish Patient Safety Programme (March 2012 meeting)
- Patient Focussed Booking
- Living and Dying Well Action Plan
- New to Return Ratio
- DNA
- EQIA Compliance
- Quality Outcomes Framework

9 ANY OTHER COMPETENT BUSINESS

a. NHS Highland Annual Review 2011

This year’s Annual Review will take place on Monday 3 October.
The Improvement Committee will meet on the following dates in 2012:-

(Mondays, 13:30)
- 9 January
- 5 March
- 30 April
- 2 July
- 3 September
- 5 November