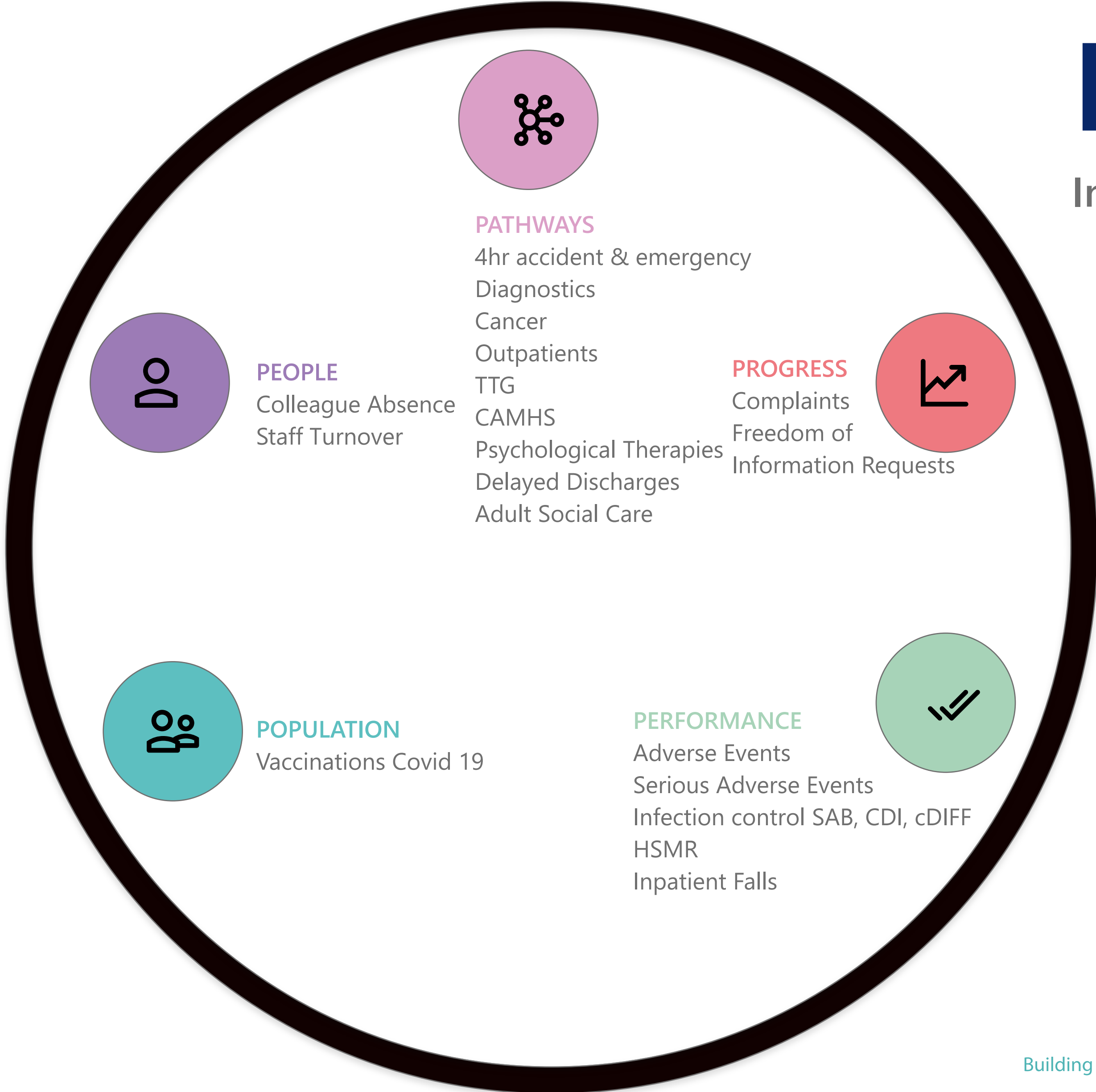


NHS Highland

Integrated Performance & Quality Report Dashboard (IPQR) January 2022 Update



Building a brighter future for health and care
2022 - 2027





Integrated Performance & Quality Report Dashboard (IPQR)

Population

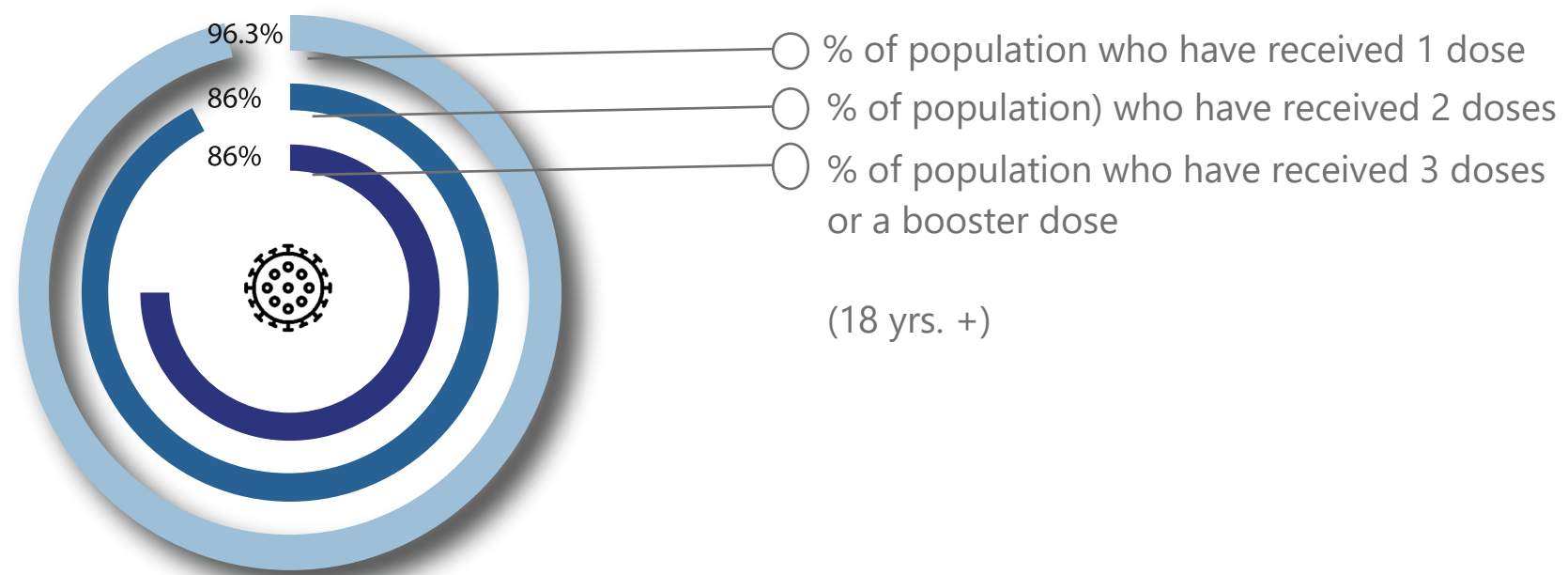
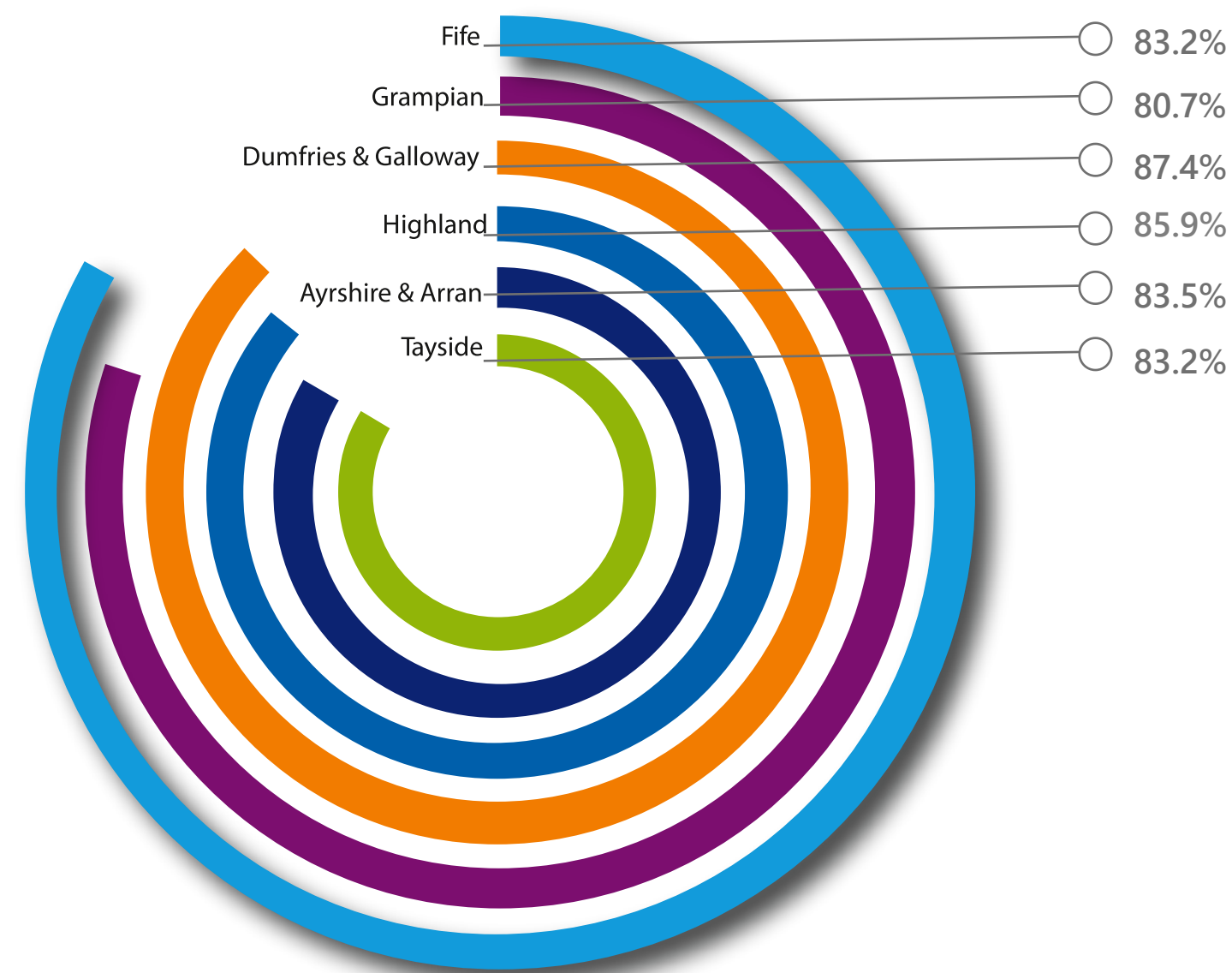
Vaccinations Covid 19



Context by Tim Allison
Director of Public Health & Policy

Progress for COVID vaccination has been good and the 80% booster target for end of 2021 was achieved. Focus now is on maximising uptake in tranche 2 of the programme, reaching new cohorts such as 5-11 year olds and planning for tranche 3 and full implementation of the vaccination transformation programme.

Booster or dose 3 in aged 40+, selected NHS Boards, Scotland, 24.12.2021



Risk & Mitigation

No.	Risk	Mitigation
1	Risk that tranche 2 delivery will be inadequate	Delivery structures and clinic plans in place
2	Risk that planning for future vaccine delivery will be inadequate	Vaccination programme board set up and plans being developed for management and governance
3	Risk that staffing and finance will be inadequate for future vaccine delivery	Workforce analysis undertaken for dialogue with Scottish Government

Covid 19 Vaccine uptake by eligible age cohort at 12.01.2022





Integrated Performance & Quality Report Dashboard (IPQR)

People

Colleague absences and Turnover

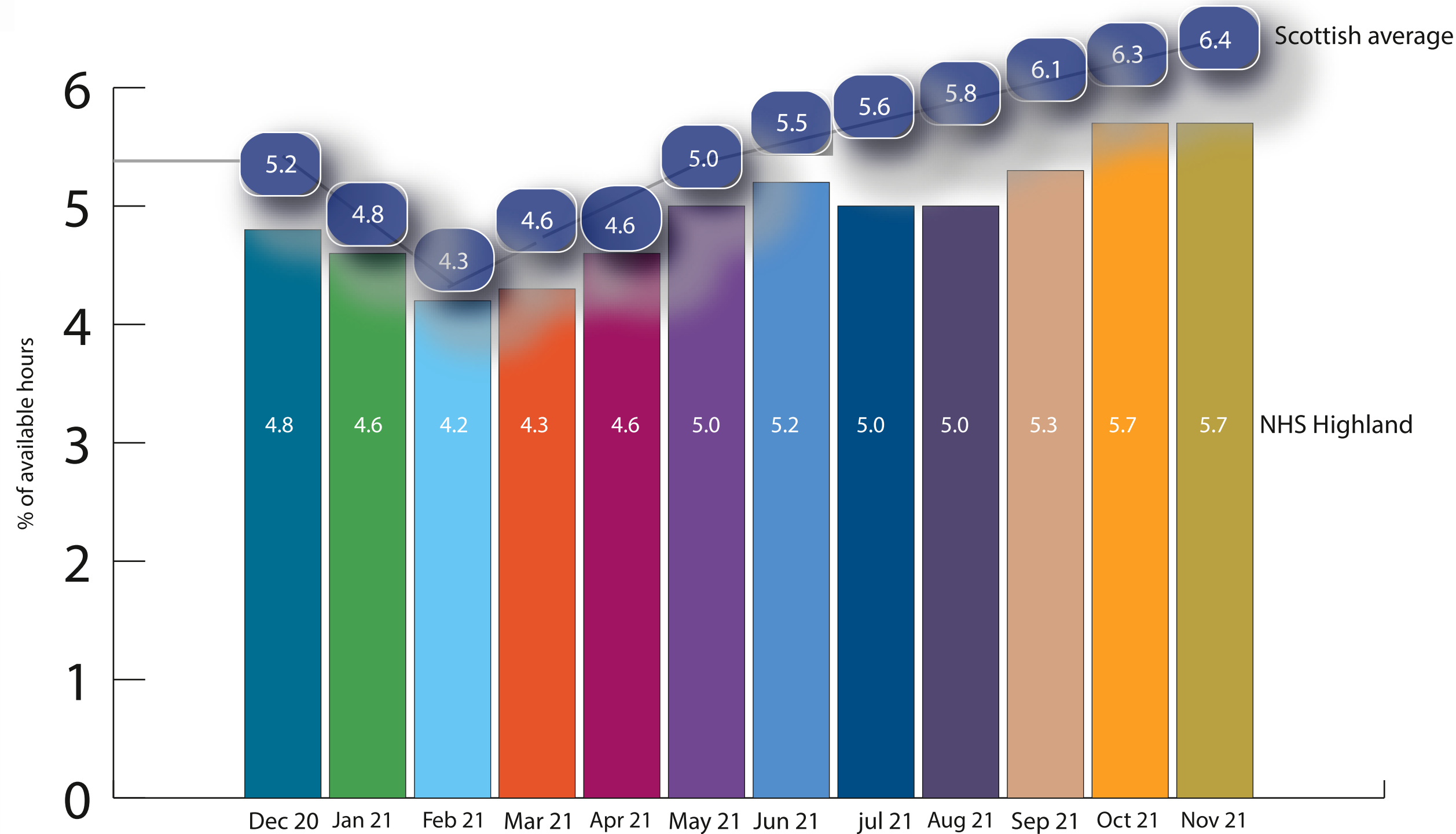
NHS Boards to achieve a sickness absence rate of 4% or less

Colleague absence



Context by Fiona Hogg
 Director of People & Culture
 Whilst absence rates remain over the national 4% target and have increased, we continue to track below the NHS Scotland rates. Improving management and support for absence is a key priority and will be a key strand of our People Plan for 2022 as well as our Health and Wellbeing strategy which is under development.

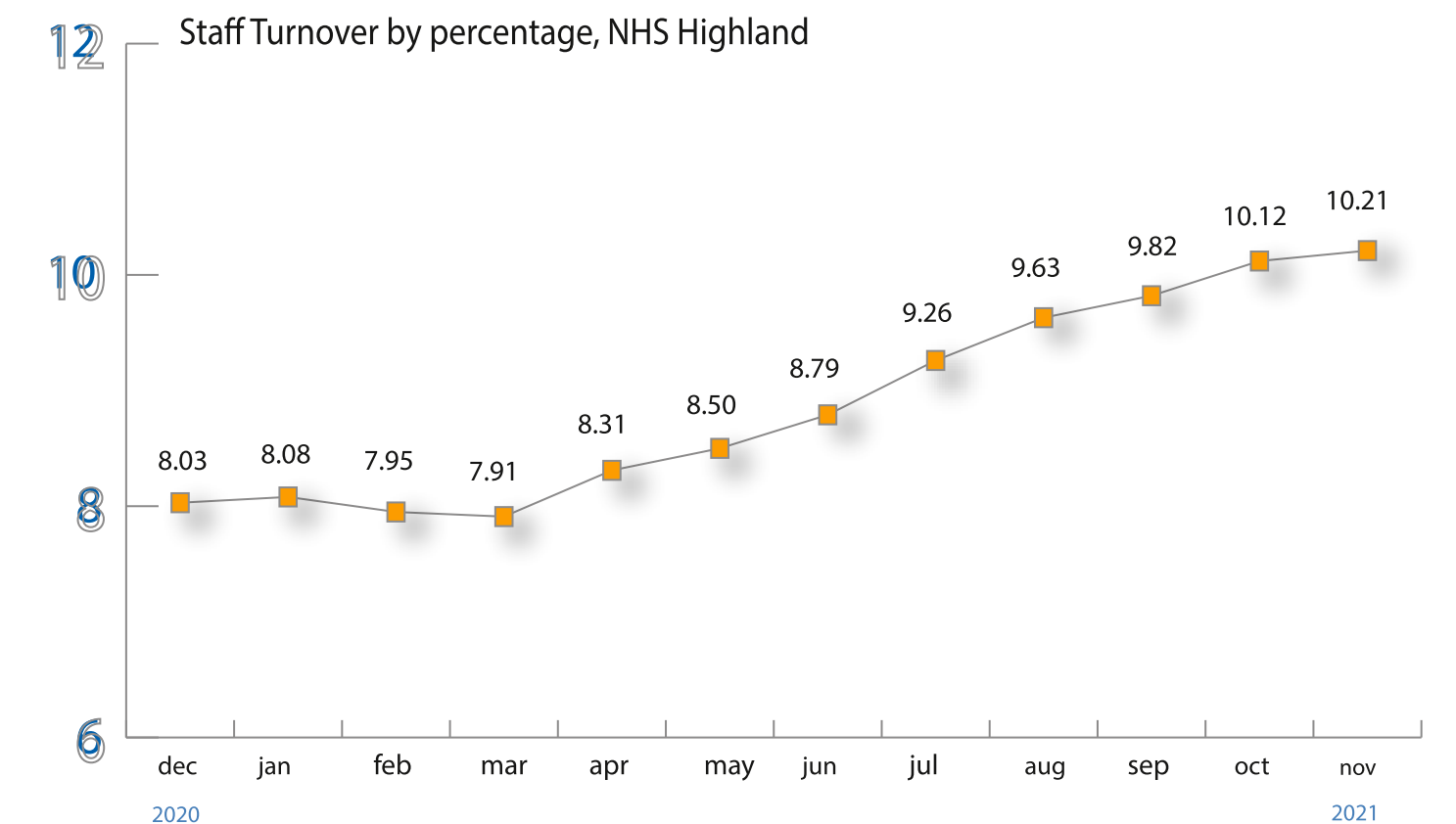
Following a period of declining turnover from around 2020, there is a steady increase back to previous levels. A retention strategy and plan is being developed as part of the overall People plan, but with high numbers eligible for retirement now and imminent, solutions will need to be targeted and data further broken down to understand opportunity.



8.91% of total, mental health absences 2020-2021

Risk & Mitigation

No.	Risk	Mitigation
1	Absence rates increase impacting on workforce and services	Local support in place for managers. Developing our wellbeing strategy and plan. People Partners supporting SLTs to understand their data and deliver targeted support.
2	Turnover increases further in the hard to fill job families	Focus on working longer and returning after retirement as well as redesigning roles and career pathways to improve access are being delivered as part of our People Plan





Integrated Performance & Quality Report Dashboard (IPQR)

Pathways

4 Hour Emergency Access Target: 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment

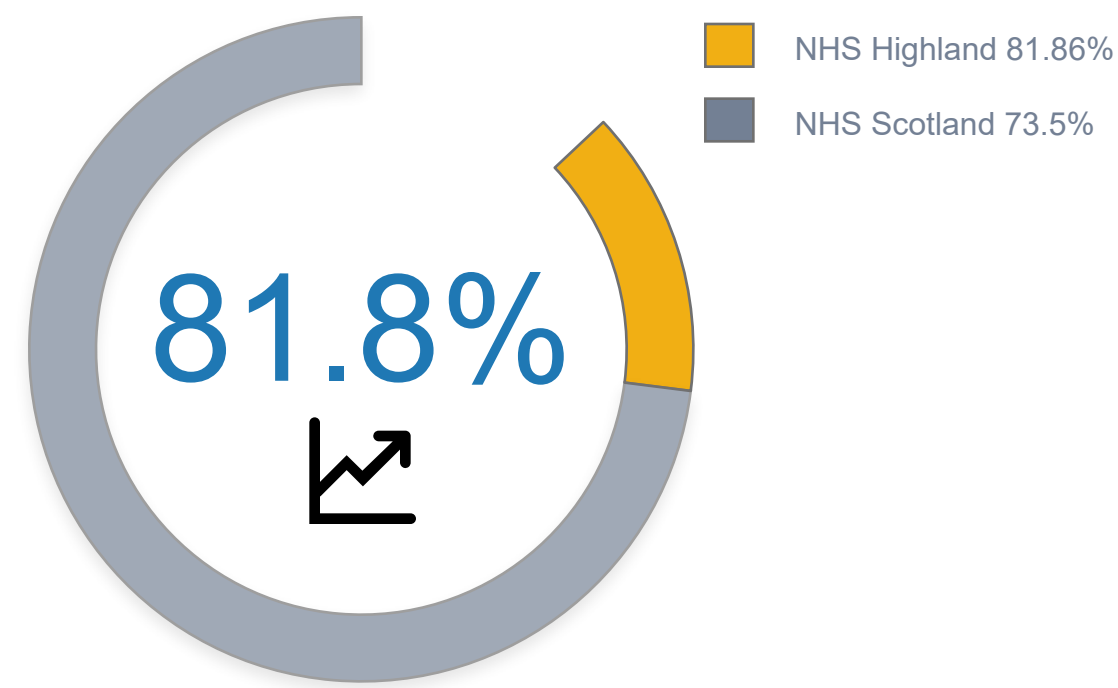


Context by Katherine Sutton
Chief Officer Acute

Performance against the 4 hour target has been challenging from April to September. The volume of activity through the summer months has been significant with the most frequent reason for ED breach at Raigmore being the wait for access to medical beds. The Medical Directorate's bed occupancy over this period has been high leading to delayed transfer from ED to medical inpatient wards.

The main reason for the RGHS performance has been the wait for transport, with the second being waiting to access medical beds - again the Health and Social Care Systems surrounding the RGHS have also been under significant pressure.

Current Performance 14.01.2022

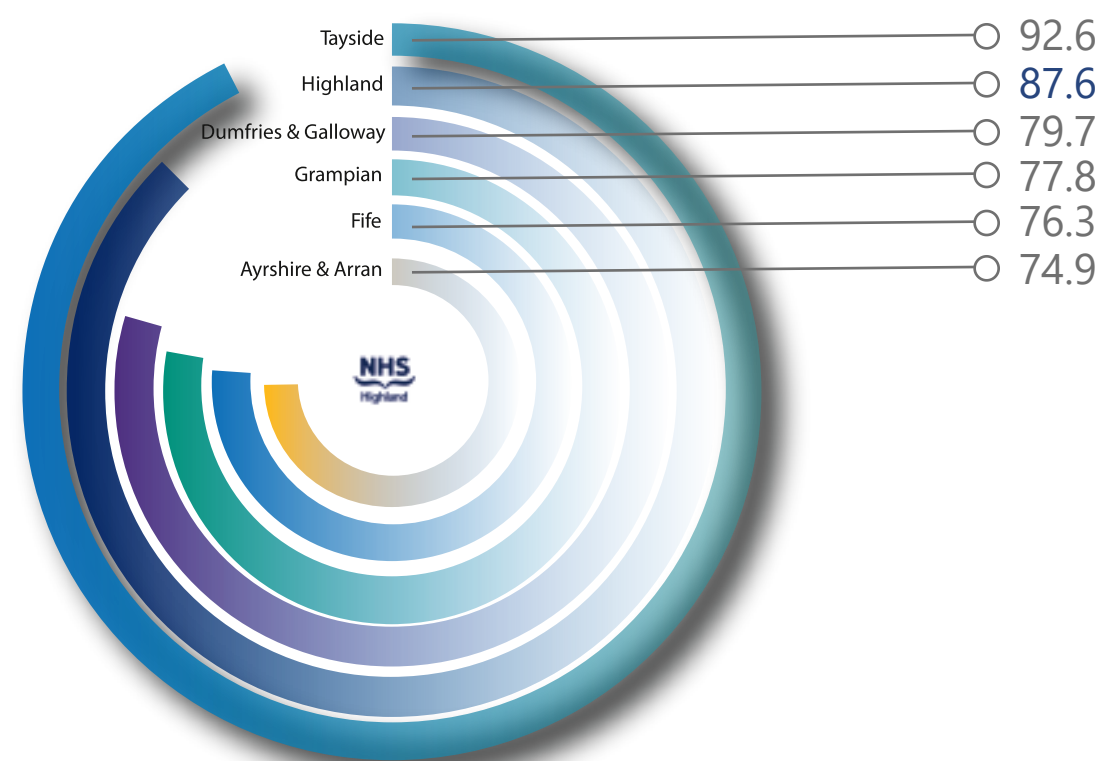


Measure	NHS Highland	Scotland
4 hour wait to treatment (target 95%)	81.8%	73.5%
ED conversion rate	20.3%	
Emergency (EDIS) attendances	66.3%	
Minor Injury (MIU) attendances	33.7%	
Total Monthly attendances	7,208	124,211

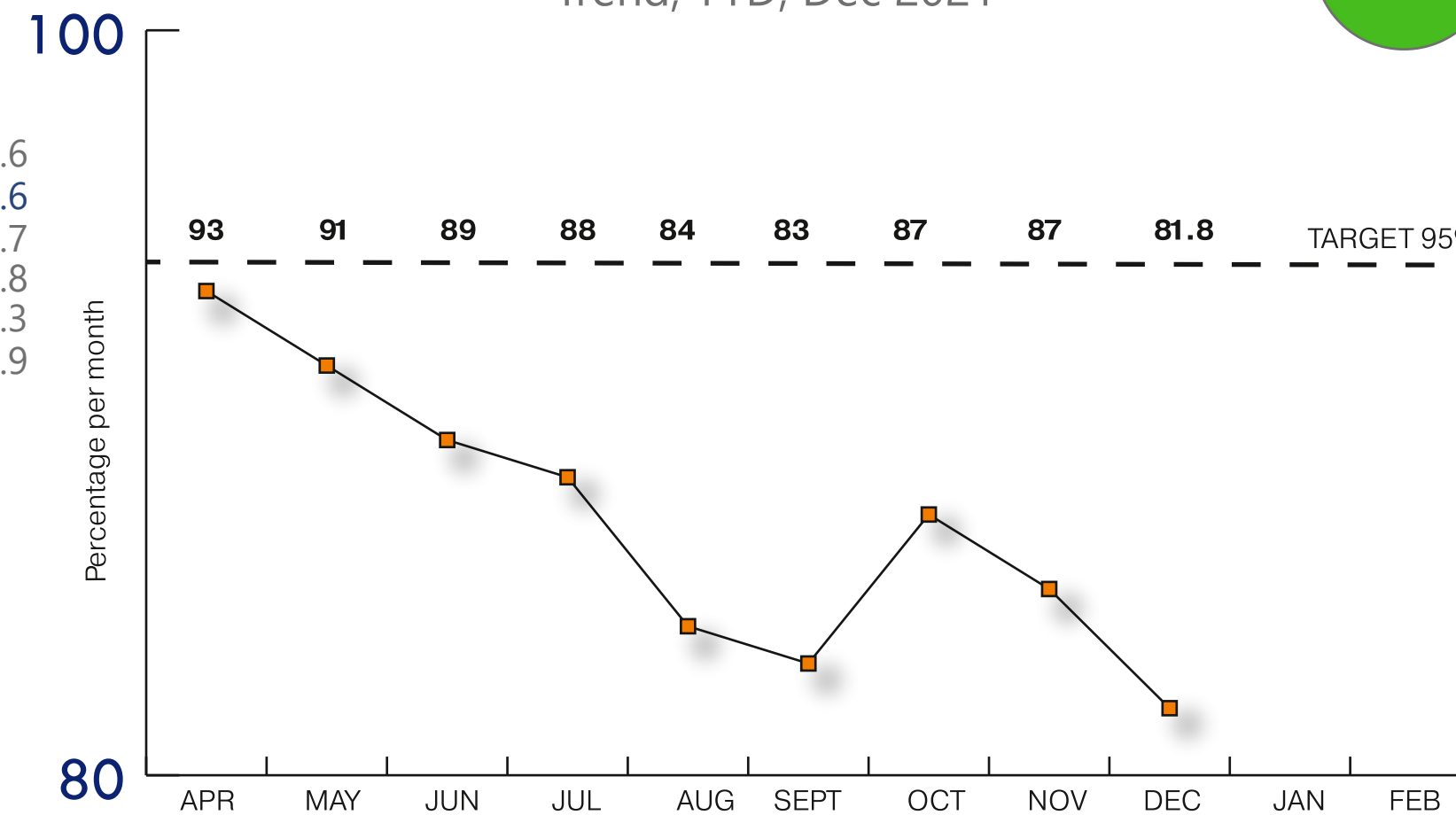
Risk & Mitigation

No.	Risk	Mitigation
1	Available Medical InPatient Capacity	Raigmore is aiming to increase available inpatient capacity and plans are being progressed to improve and streamline discharge processes to support a reduction in length of stay
2	Availability of transport due to long distances	Holding capacity is being explored outwith the Eds at the RGHS
3	EDs reaching capacity	Capacity escalation plans are in place. In addition whole system escalation plans are being developed
4	Workforce capacity	ED business case has been completed and workforce is actively being recruited to

Comparative Performance Nov 2021



Trend, YTD, Dec 2021



Data Highlights

2.32%

of the population of highland visited one of our four Emergency Departments during the last month. This slightly above the National average (2.3%) but performance is better than the National average.

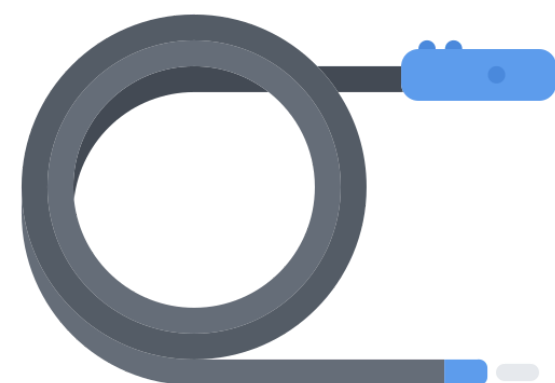




Integrated Performance & Quality Report Dashboard (IPQR)

Pathways

Diagnostics, Scopes



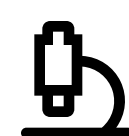
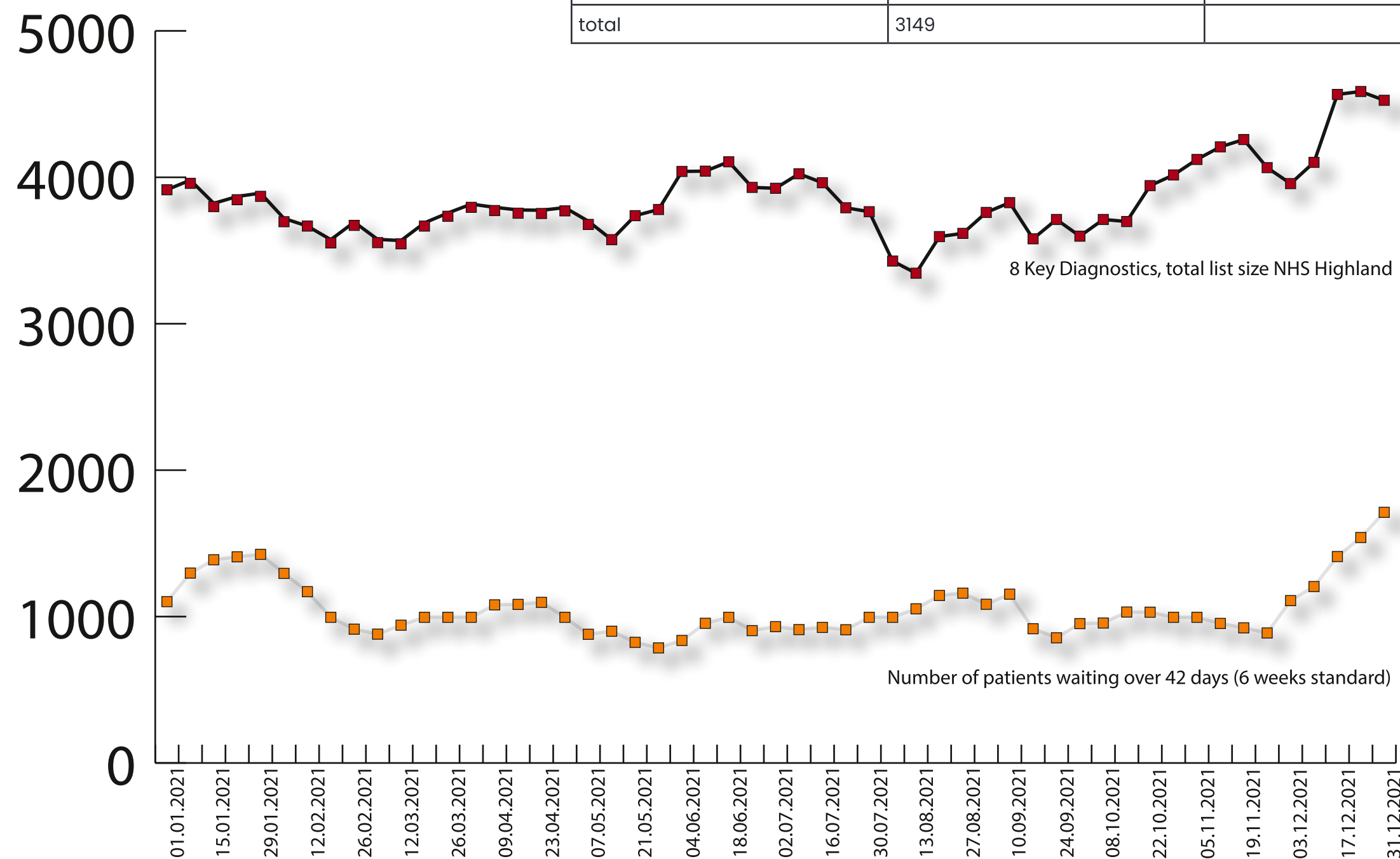
8 Key Diagnostics December 2021

8 key diagnostics	number of patients seen	% of total
upper endoscopy	180	6%
lower endoscopy	43	1%
colonoscopy	142	5%
cytology	57	1%
CT scan	944	30%
MRI scan	602	19%
barium studies	23	1%
non obstetric ultrasound	1158	37%
total	3149	3149 total



Context by Katherine Sutton
Chief Officer Acute

Numbers on the list have increased over the course of December. A number of waiting list initiatives had been commenced during November to help impact the longest waiting people on the Out-Patient lists and these have converted to request for diagnostic test.

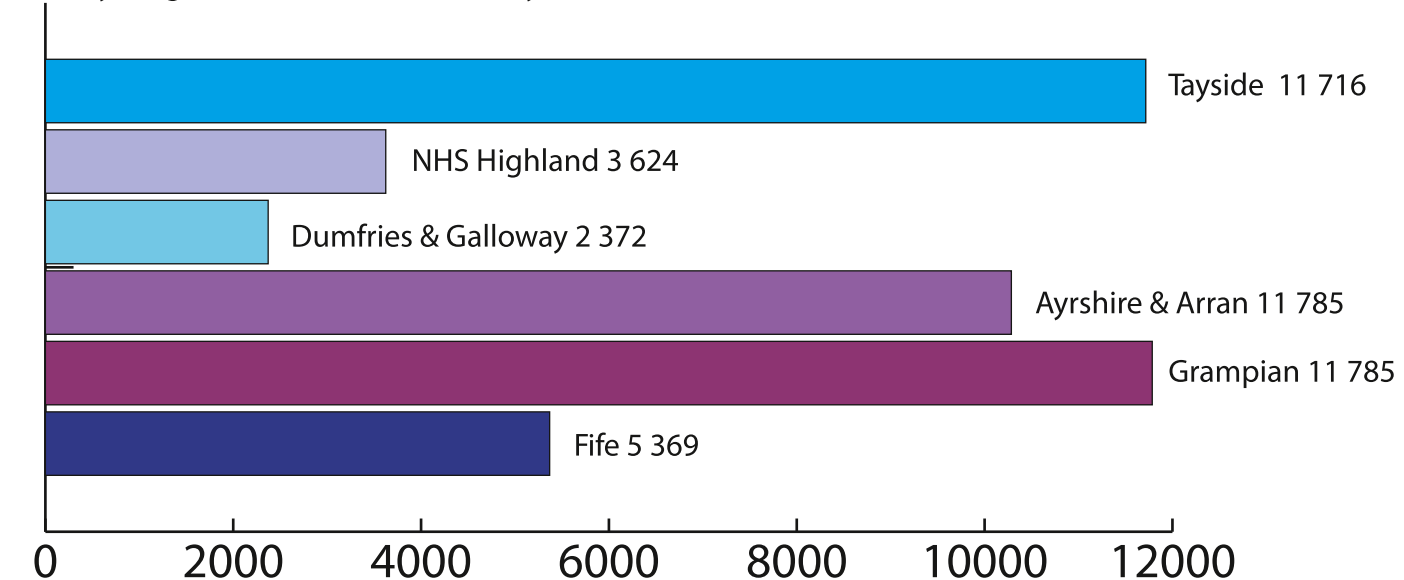


Longest wait at 31.12.2021 was 120 weeks

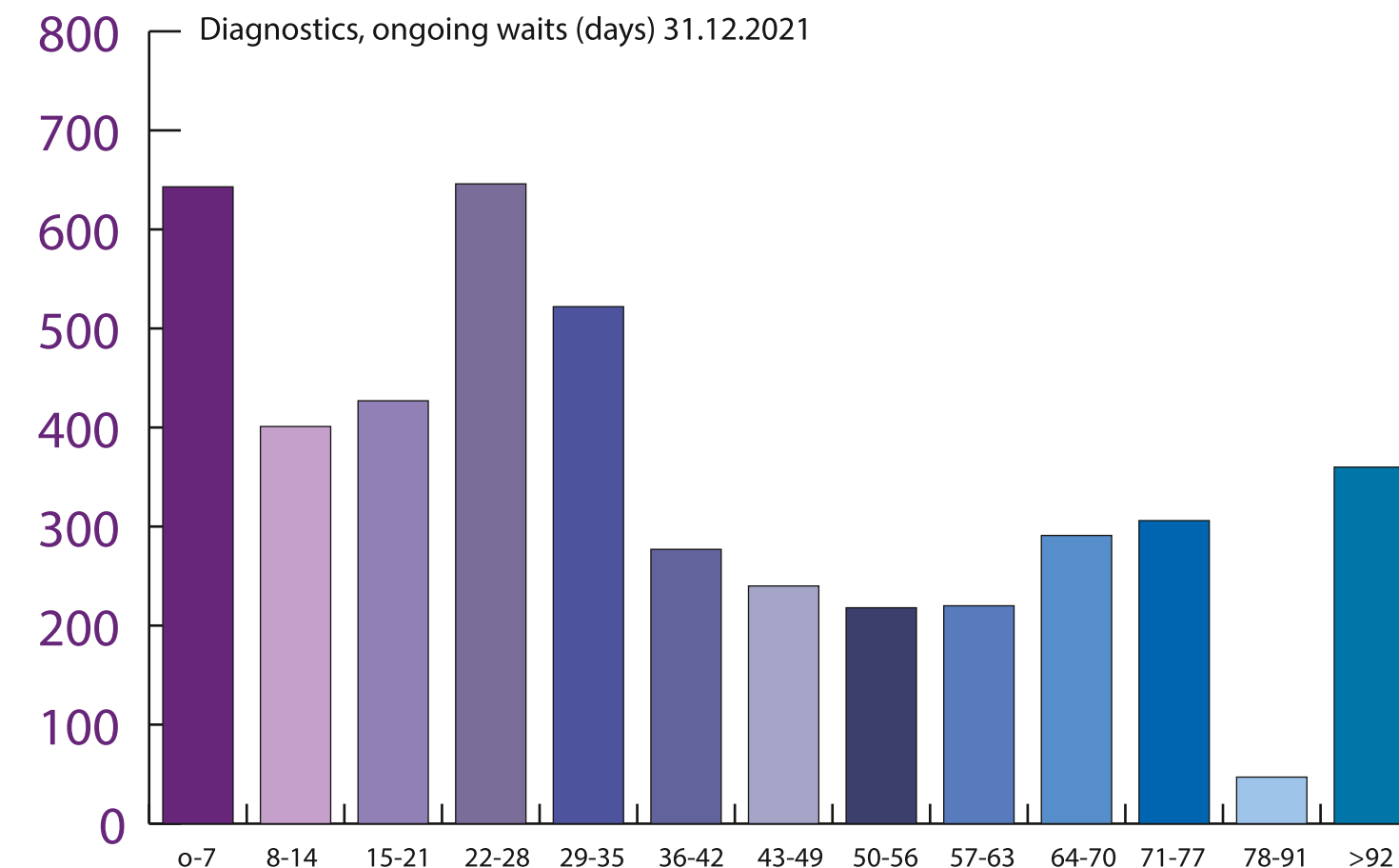
Risk & Mitigation

No.	Risk	Mitigation
1	Workforce capacity and resilience	Recruitment continues for endoscopists and Radiologists Service development with introduction of technology to support teams with implementation
2	Pressures build with increasing demand through work to clear the out-patient waiting lists	Whole system planning to performance recovery
3	Available financial capacity to deliver increased levels of diagnostic activity	Engagement with SG over an increased financial capacity for remobilisation
4	Further Covid / Pandemic resurgence	Covid containment, escalation and de-escalation plans.

8 Key Diagnostics, numbers on list, by Health Board 30.09.2021



Source: Public Health Scotland



Integrated Performance & Quality Report Dashboard (IPQR)

Pathways

31 day standard 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat

62 day standard 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral

Risk & Mitigation



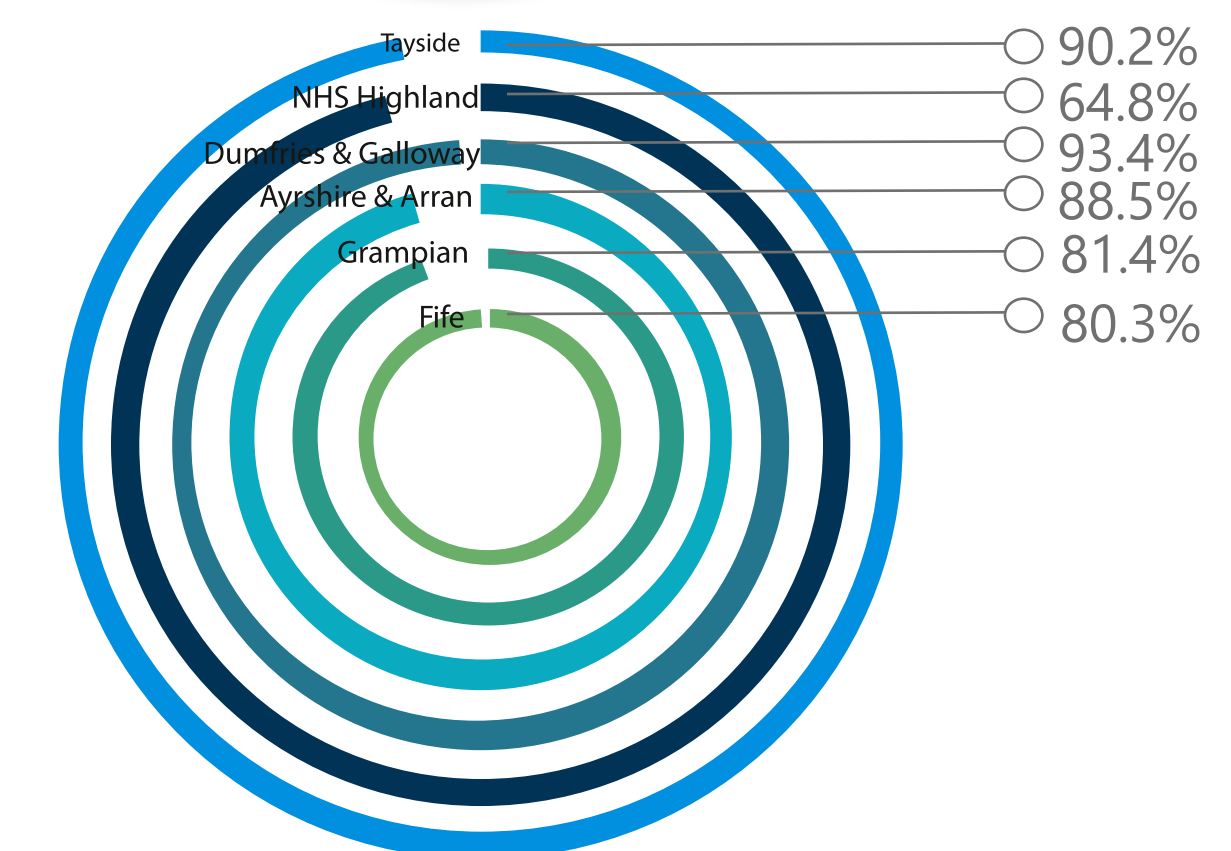
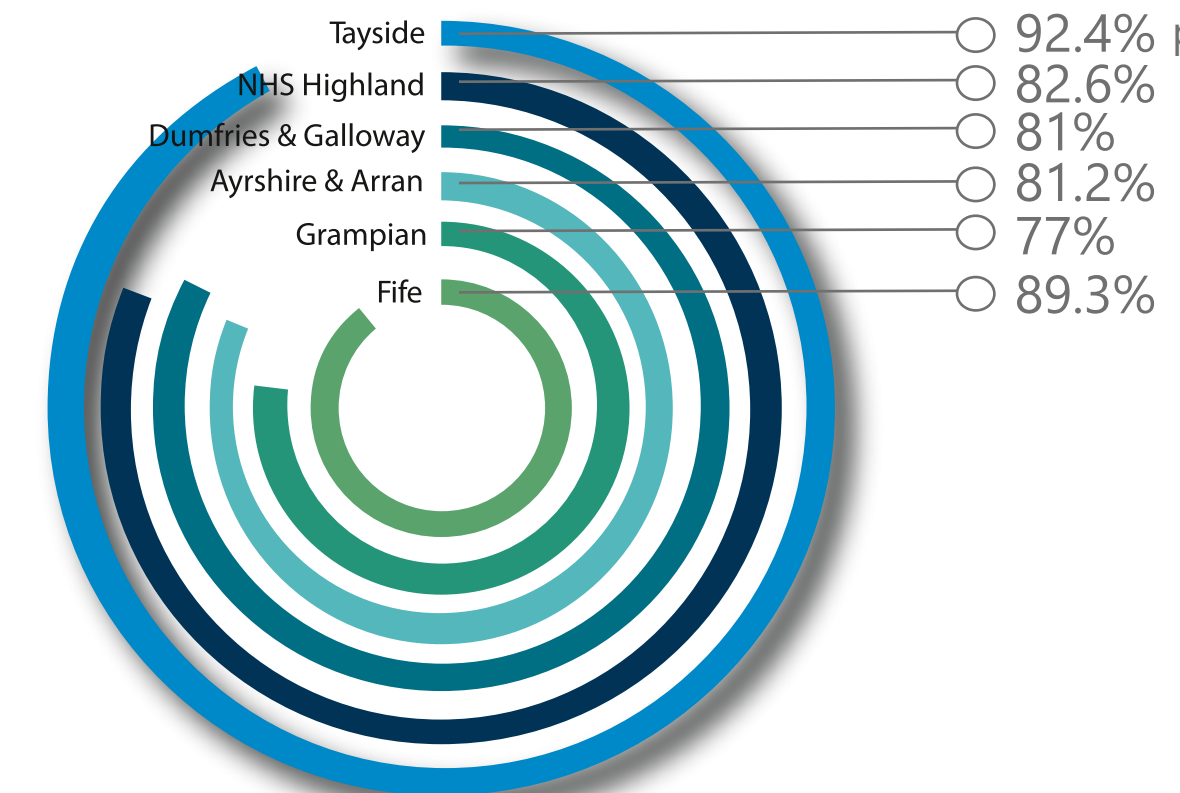
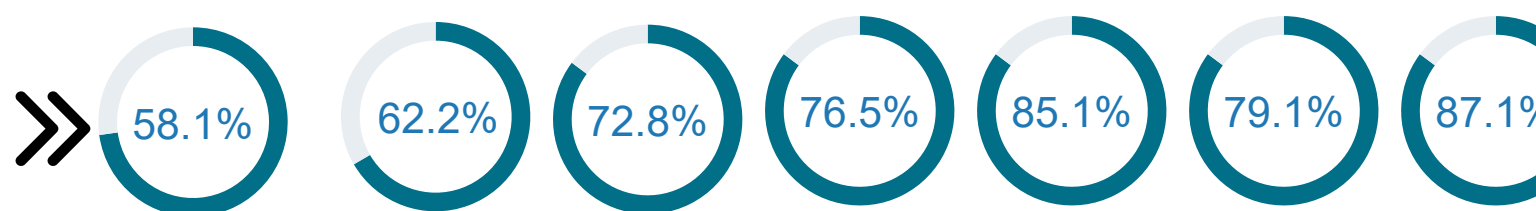
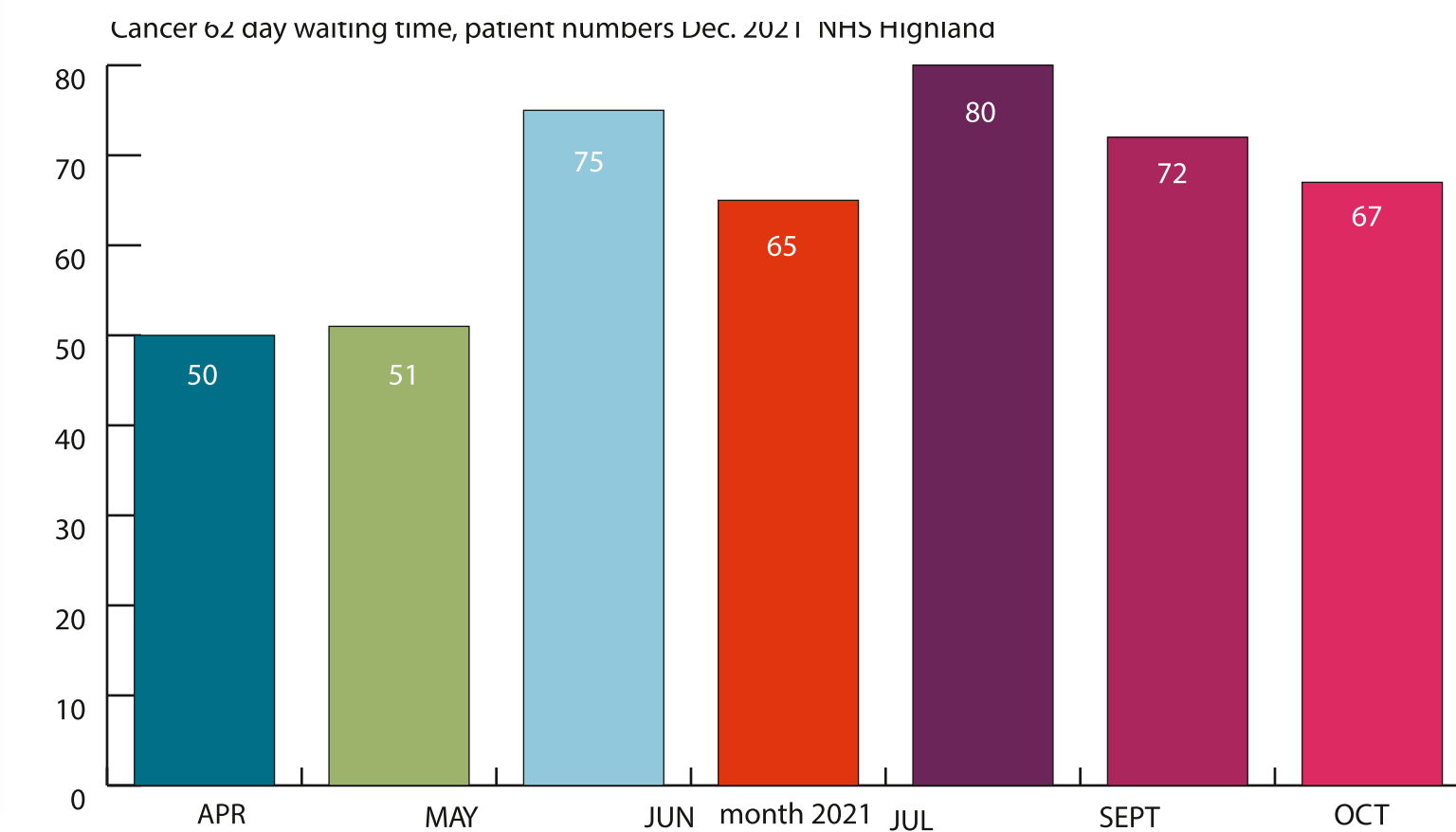
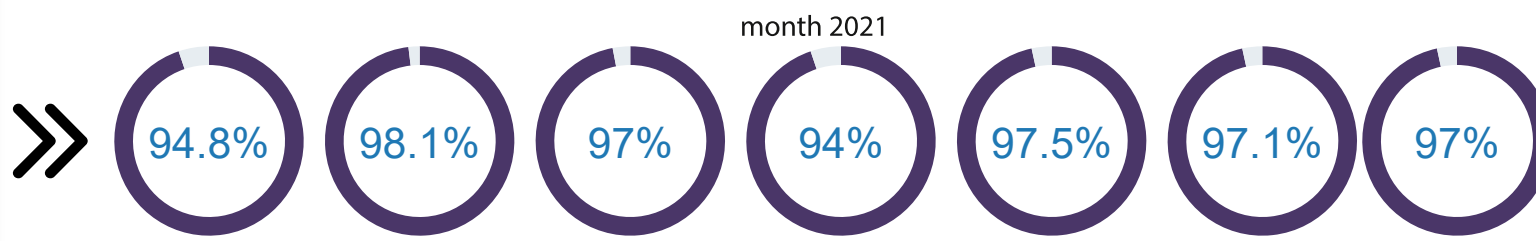
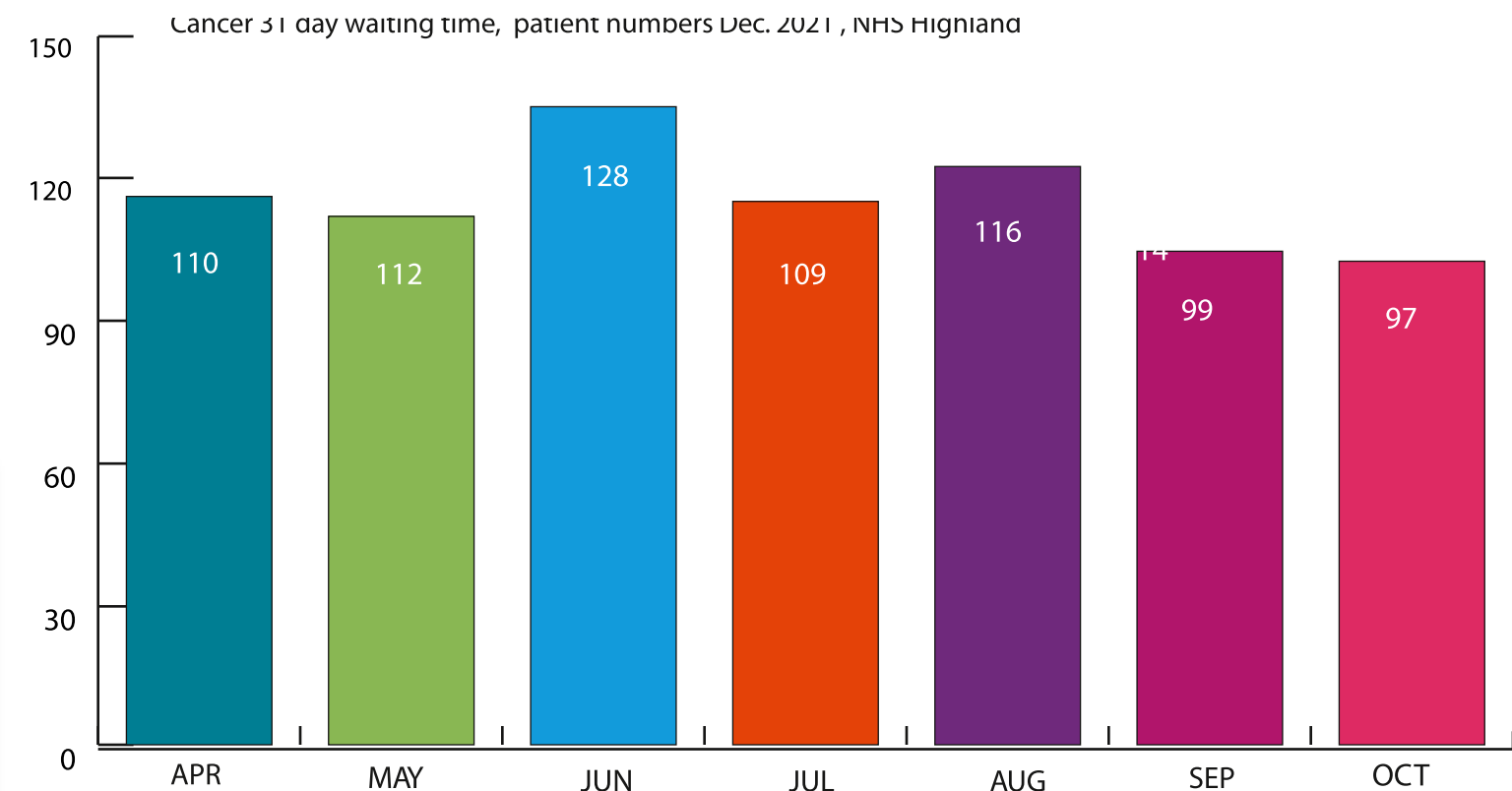
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2022 - 2027



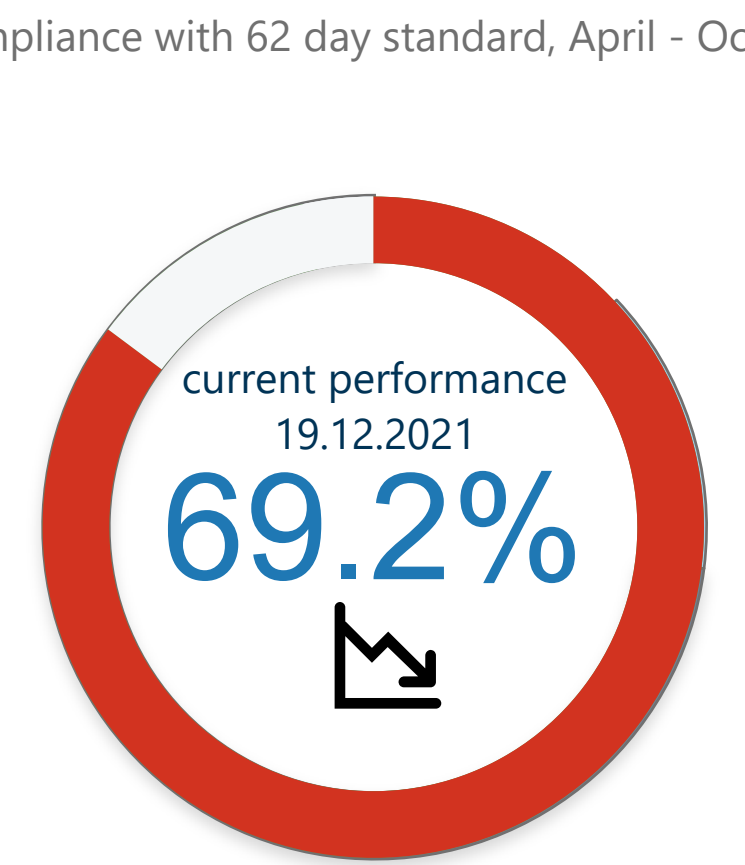
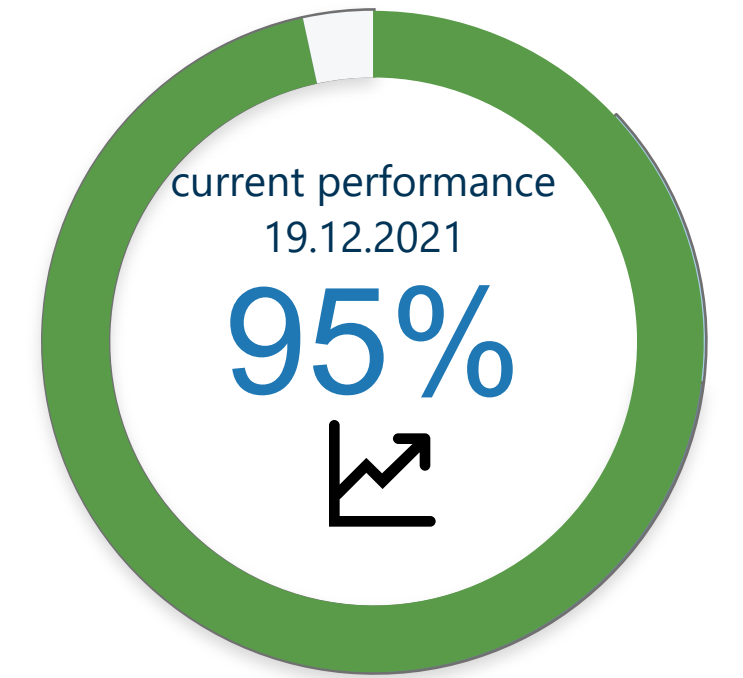
Context by Katherine Sutton
Chief Officer Acute

Performance has improved markedly over the course of 2021 as a result of improvements in the Urology pathways following the introduction of the Highland Urology Centre (HUC) in June 2021.

This improved compliance against the Scottish National Effective Cancer Management Framework.



No.	Risk	Mitigation
1	Workforce capacity and resilience	Recruitment campaigns across a range of clinical specialties and across nursing and Consultant staff.
2	Diagnostics	Responsiveness of diagnostic services within the 14 day target due to capacity issues
3	Reliance on external health-board capacity for specialist services; Robotic services, Brachytherapy and PET CT scanning	Business cases are currently in development for provision of PET CT. Local provision of robotic prostatectomy surgery pending recruitment. Engaging with Lothian and Glasgow regarding Brachytherapy





Integrated Performance & Quality Report Dashboard (IPQR)

Pathways

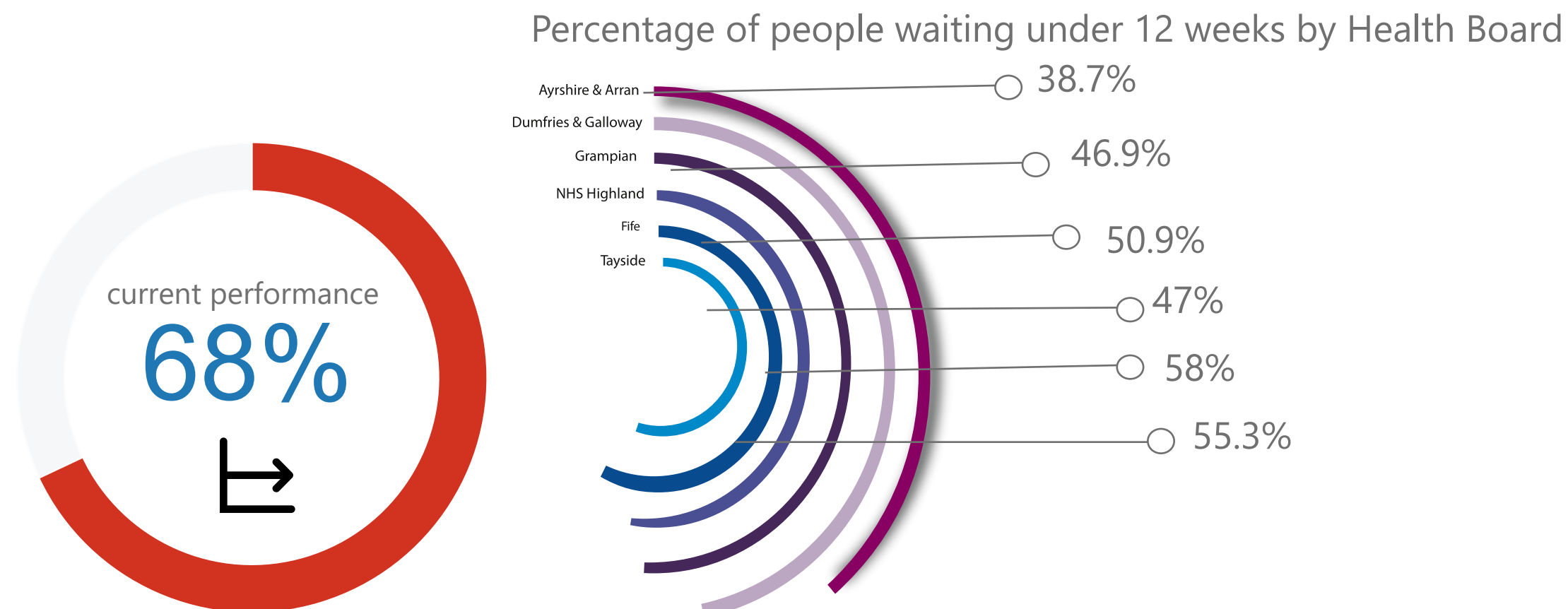
No Patient will wait longer than 12 weeks for a first outpatient appointment



Context by Katherine Sutton
Chief Officer Acute

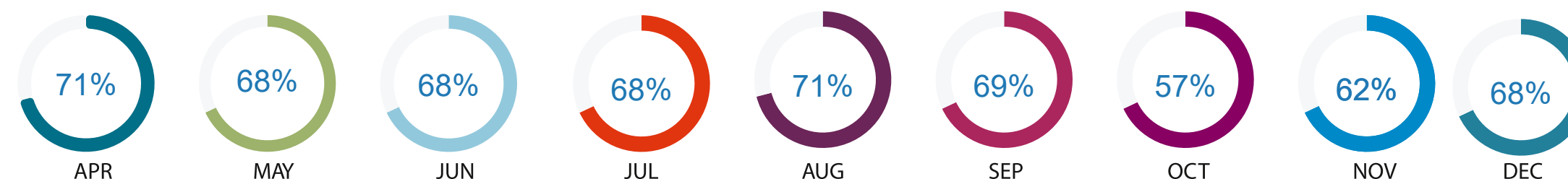
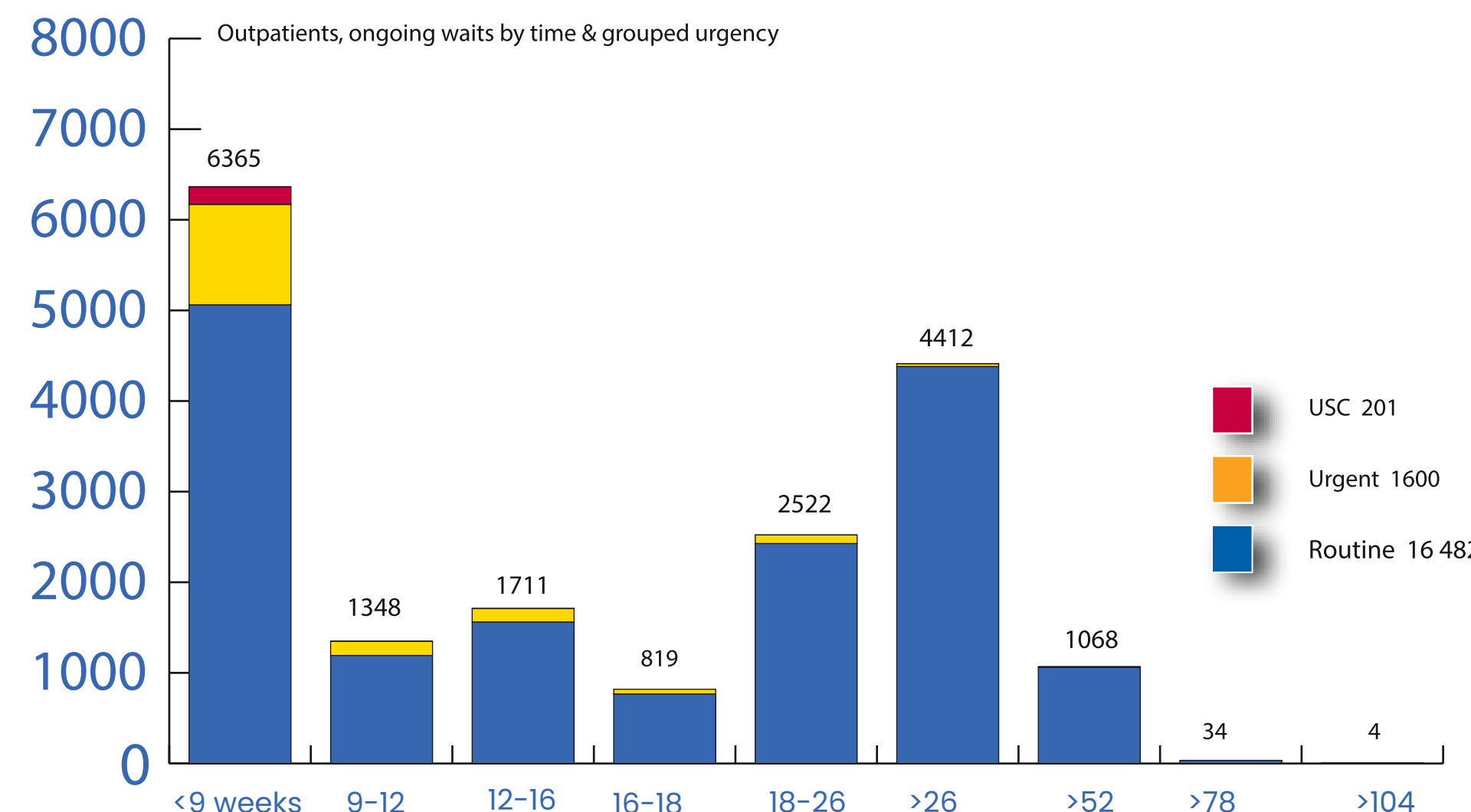
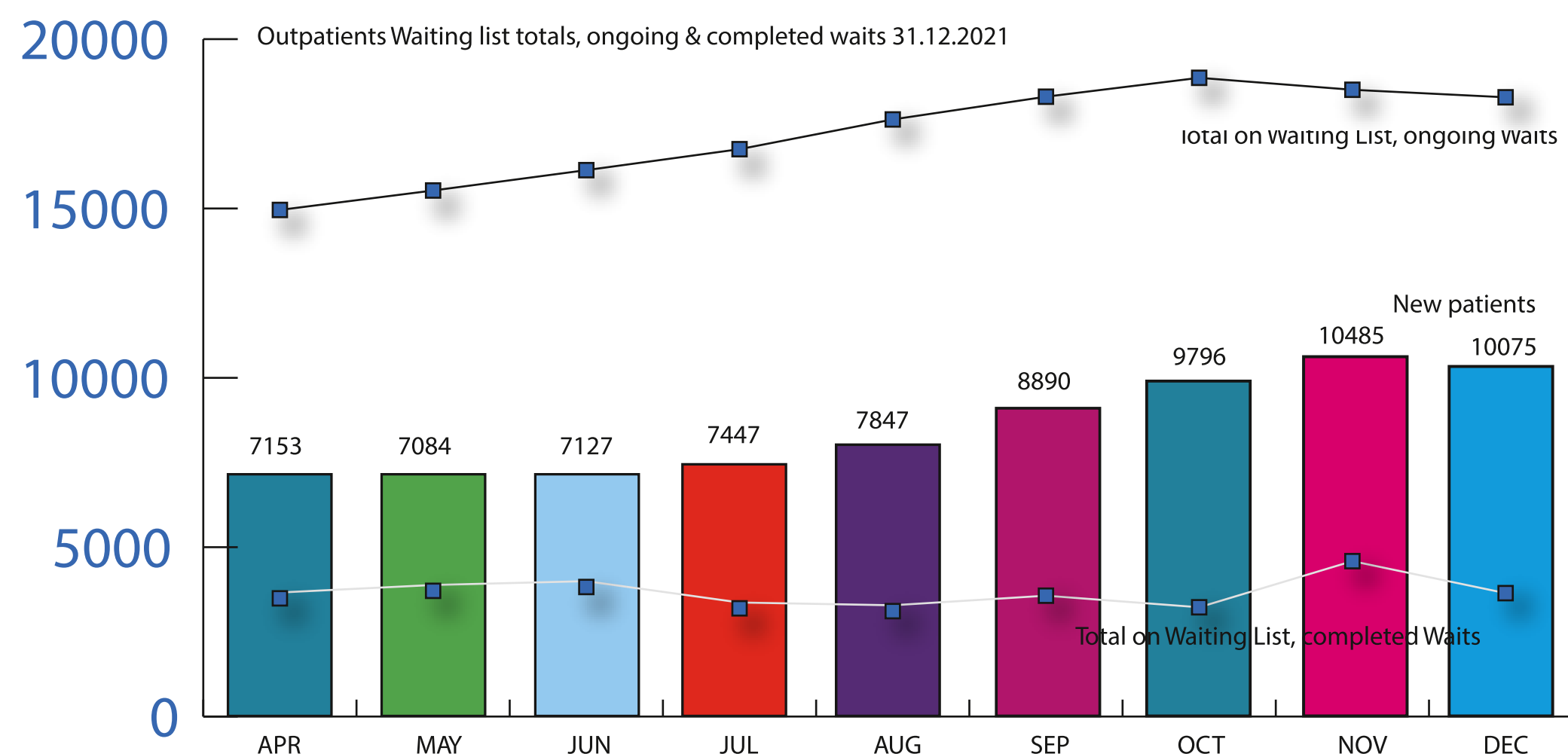
Performance and capacity to deliver out-patient appointments has been challenging as a result of the pandemic and the impact on service.

Remobilisation plans have focussed on delivery of additional capacity to improve the current position in terms of performance.



Risk & Mitigation

No.	Risk	Mitigation
1	Workforce capacity to deliver services	Increased capacity is accessed via the RMP funding and business case process Recruitment to additional staffing posts Private sector additional capacity Open return appointments Recruitment campaign Role and skills development within services
2	Physical space to deliver out-patient services	Utilisation of virtual consultations wherever possible
3	Post lockdown surge in demand to access services	Linking with GPs and the public to encourage early engagement with Acute services where appropriate
4	Currency of the waiting list	Regular review and validation of waiting lists to ensure accuracy and governance



★★★★☆ Please rate the usefulness of this data





Integrated Performance & Quality Report Dashboard (IPQR)

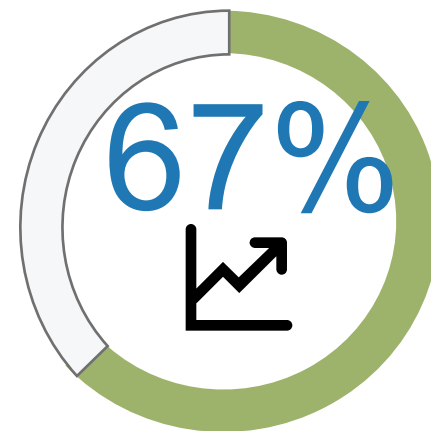
Pathways

Treatment Time Guarantee (TTG) No Patients will wait longer than 12 weeks for inpatient or day case treatment



Context by Katherine Sutton
Chief Officer Acute

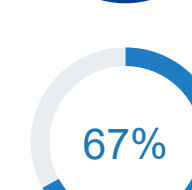
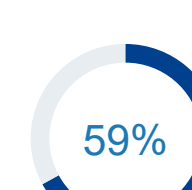
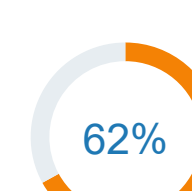
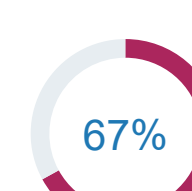
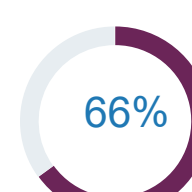
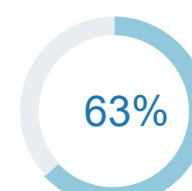
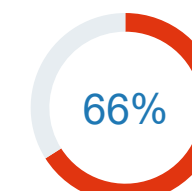
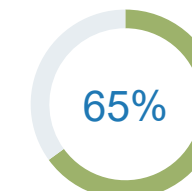
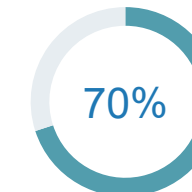
Performance has deteriorated as a result of pressures due to COVID and system pressures which have impacted available bed and theatre capacity. Remobilisation plans are being developed for a restart of activity as soon as system pressures reduce. Additional operating at the RGH sites has offered capacity to patients waiting for less complex procedures.



Percentage seen within 12 weeks 31.12.2021

P1 Seen within 72 hours: 0%

P2 Seen within 4 weeks: 69%



Risk & Mitigation

No.	Risk	Mitigation
1	Workforce capacity and resilience	Recruitment campaigns across a range of clinical specialties and across nursing and Consultant staff.
2	System pressures and processes to facilitate seamless patient journeys through the Health and care system.	Improved processes and capacity as a per the USC plan
3	Available financial capacity to deliver increased levels of surgical activity across the Acute system.	Engagement with SG over an increased financial capacity for remobilisation
4	Further Covid / Pandemic resurgence	Covid containment, escalation and de-escalation plans.

APRIL 2021

rounded %

MAY

JUN

JUL

AUG

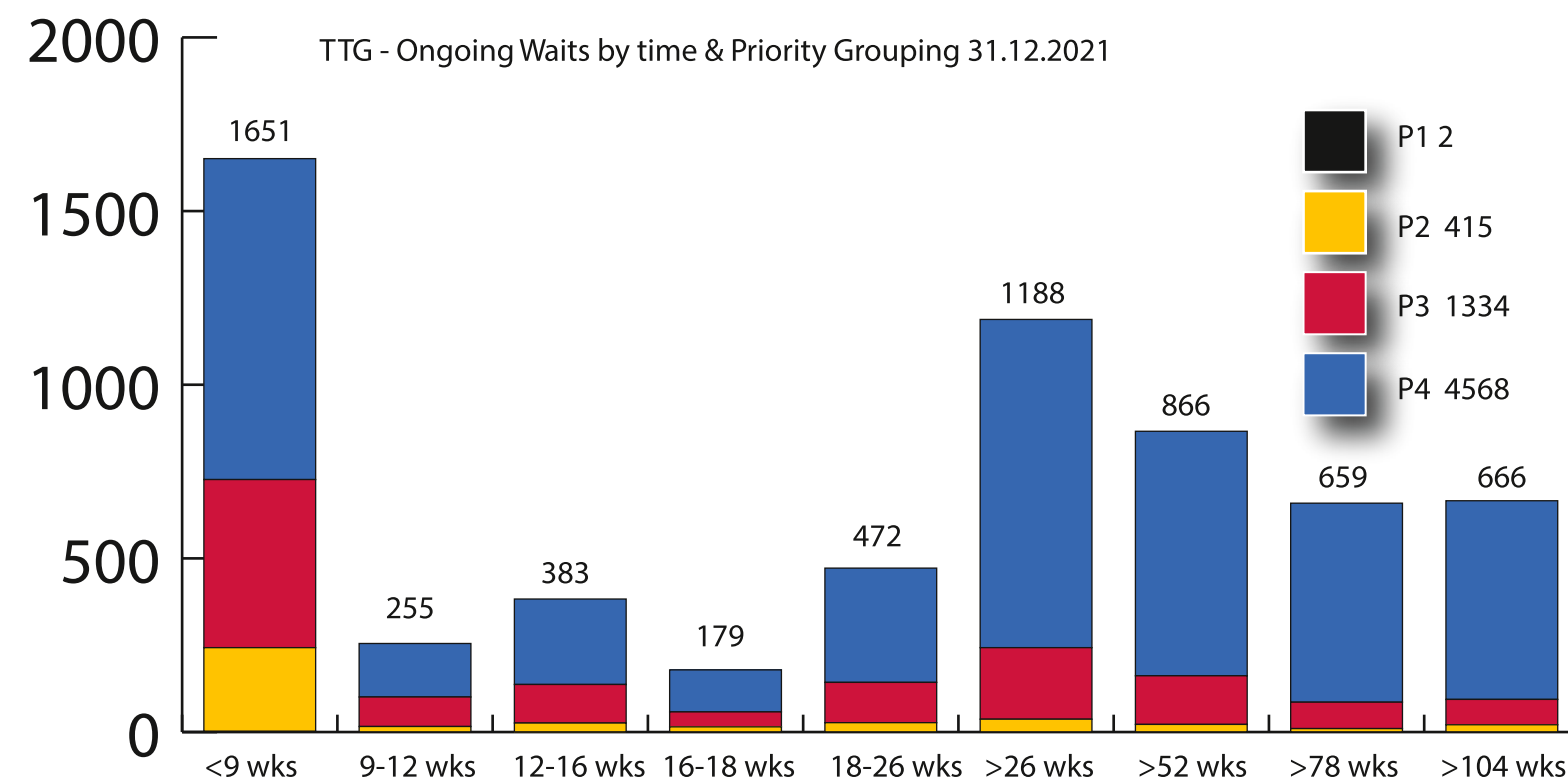
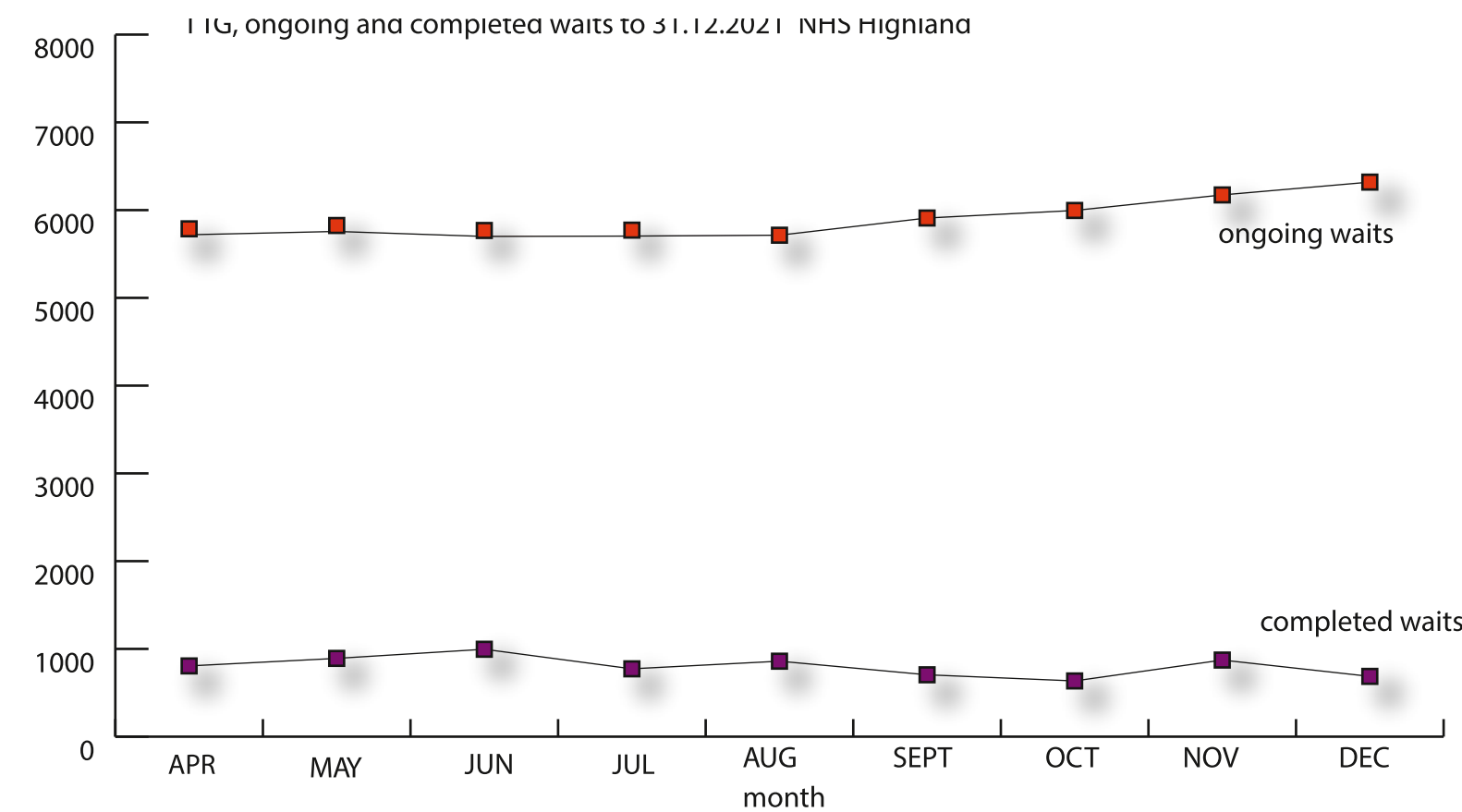
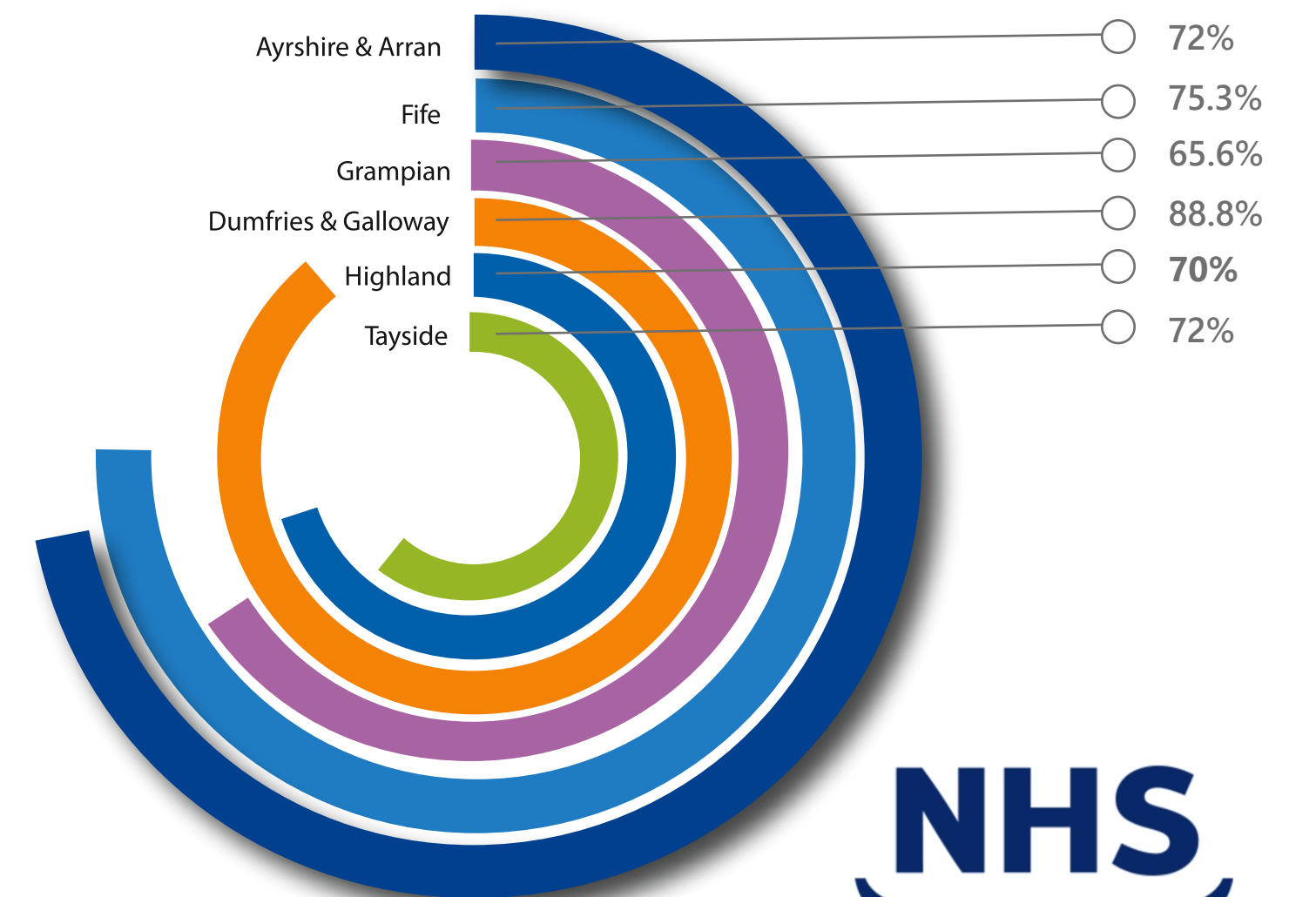
SEPT

OCT

NOV

DEC

Quarterly comparison, selected NHS Boards, Scotland 09.2021



★★★★☆ Please rate the usefulness of this data



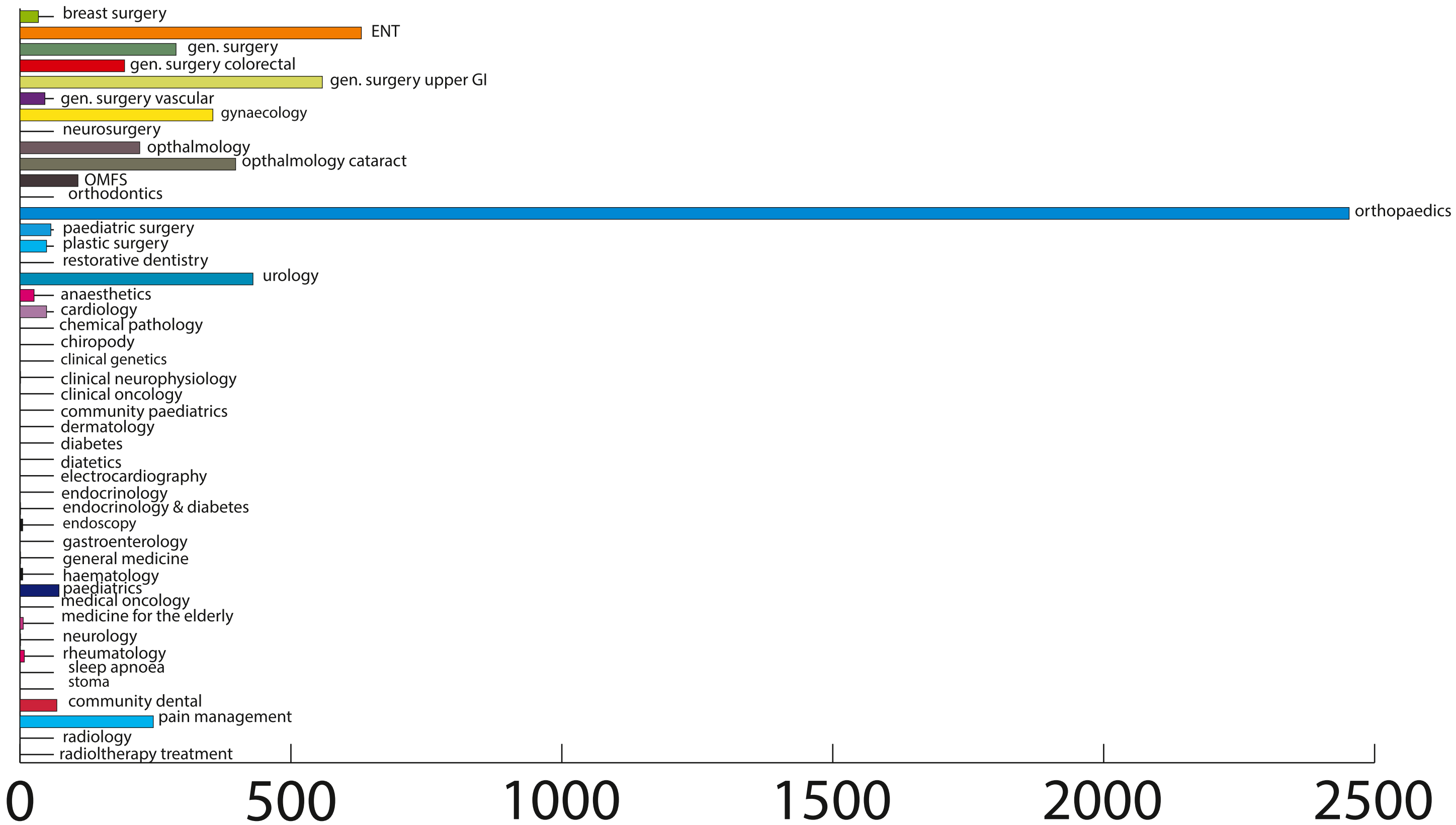


Integrated Performance & Quality Report Dashboard (IPQR)

Pathways

Treatment Time Guarantee (TTG) No Patients will wait longer than 12 weeks for inpatient or day case treatment (2)

Total waiting list size by speciality TTG 14.01.2022 PROVISIONAL GRAPH





Building a brighter future for health and care
2022 - 2027



Context by Louise Bussell
Chief Officer Community
Waiting times for CAMHS services continue to be at a high level. The service has new Scottish Government funding to reduce waiting times and the service now have agreed improvement plans in place. Recruitment and retention continue to be a challenge locally and nationally so the team are actively exploring a broad range of options and new ways of working with other organisations. One key factor in the plan is establishing closer working relationships with The Highland Council to ensure integrated working as children's mental health services span the partnership. Recruitment to a pan Highland Clinical Director for CAMHS is in progress.

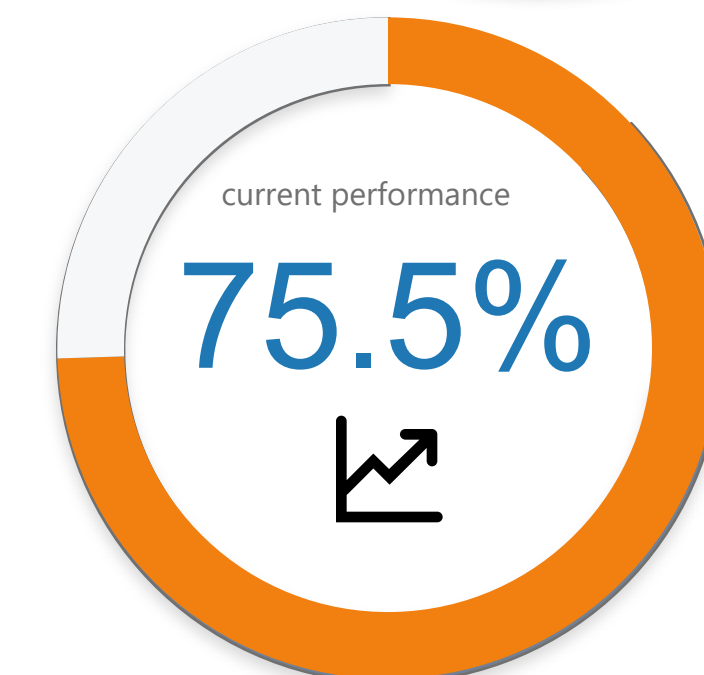
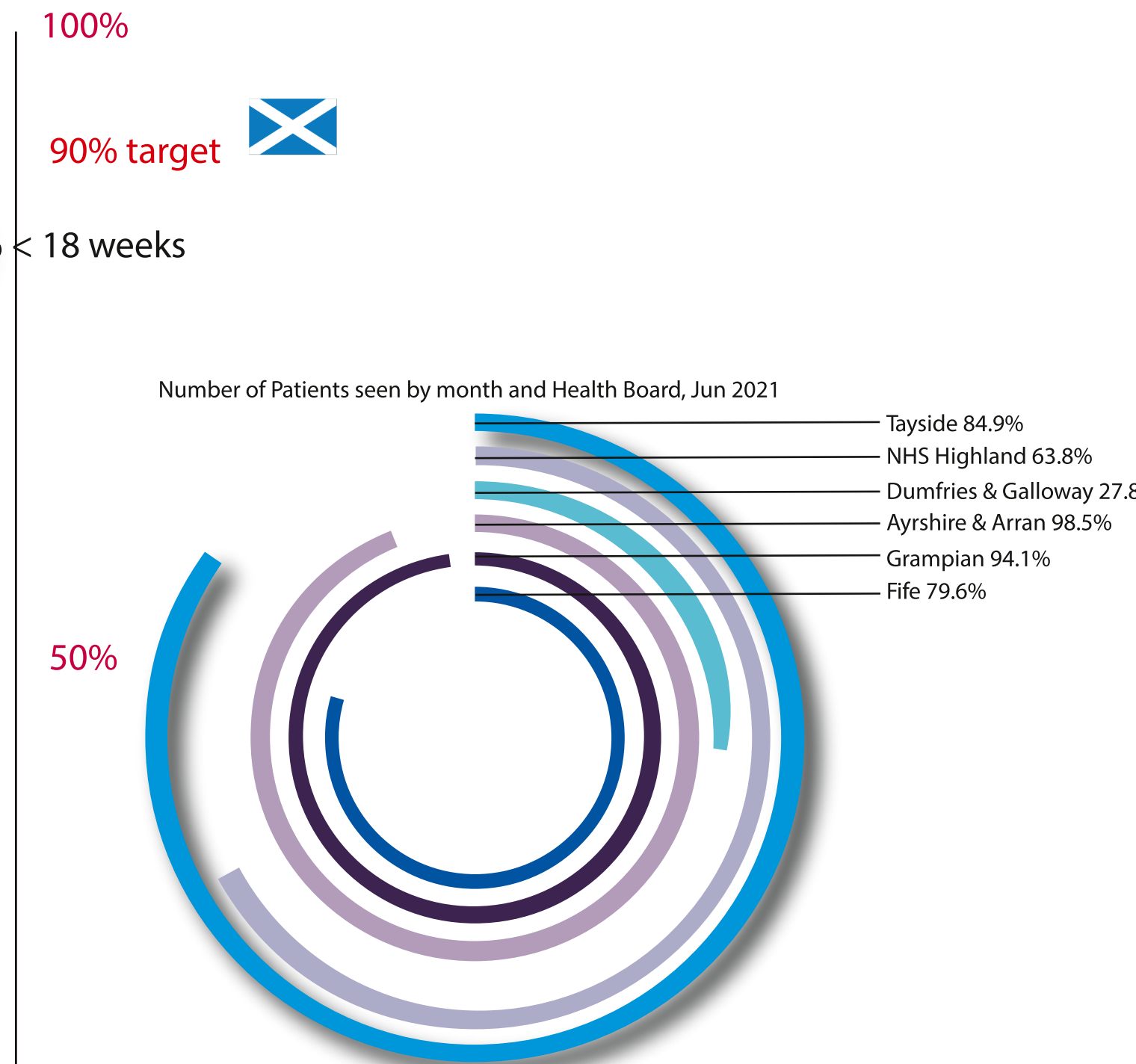
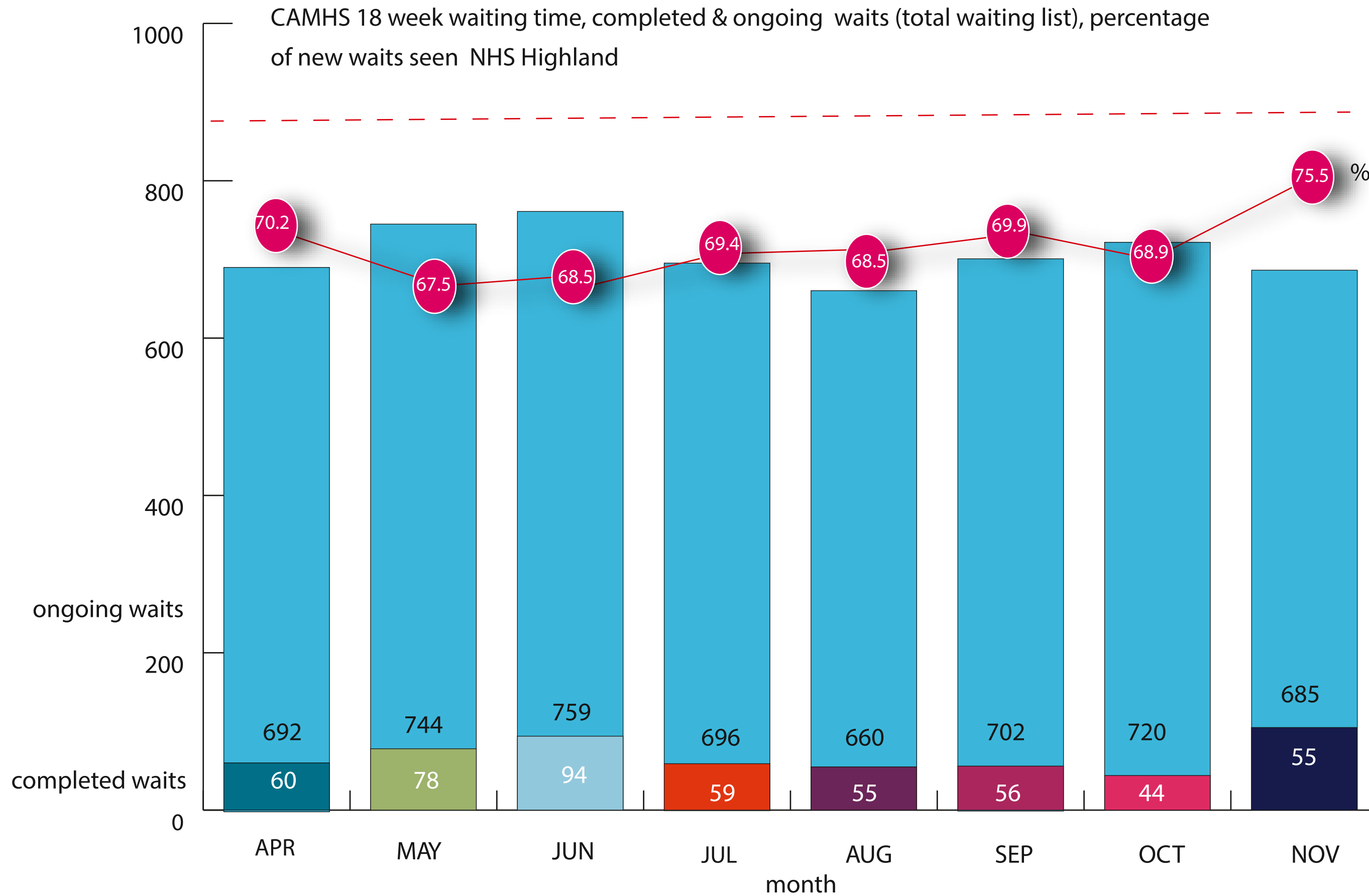
Integrated Performance & Quality Report Dashboard (IPQR)

Pathways

CAMHS 90% of young people to commence treatment for specialist CAMHS services within 18 weeks of referral

Risk & Mitigation

No.	Risk	Mitigation
1	Significant waiting list, patient experience	Improvement plans in place, triage
2	Recruitment and retention	Recruitment underway/new roles
3	System wide working	Leadership/closer links and new approaches





Building a brighter future for health and care
2022 - 2027



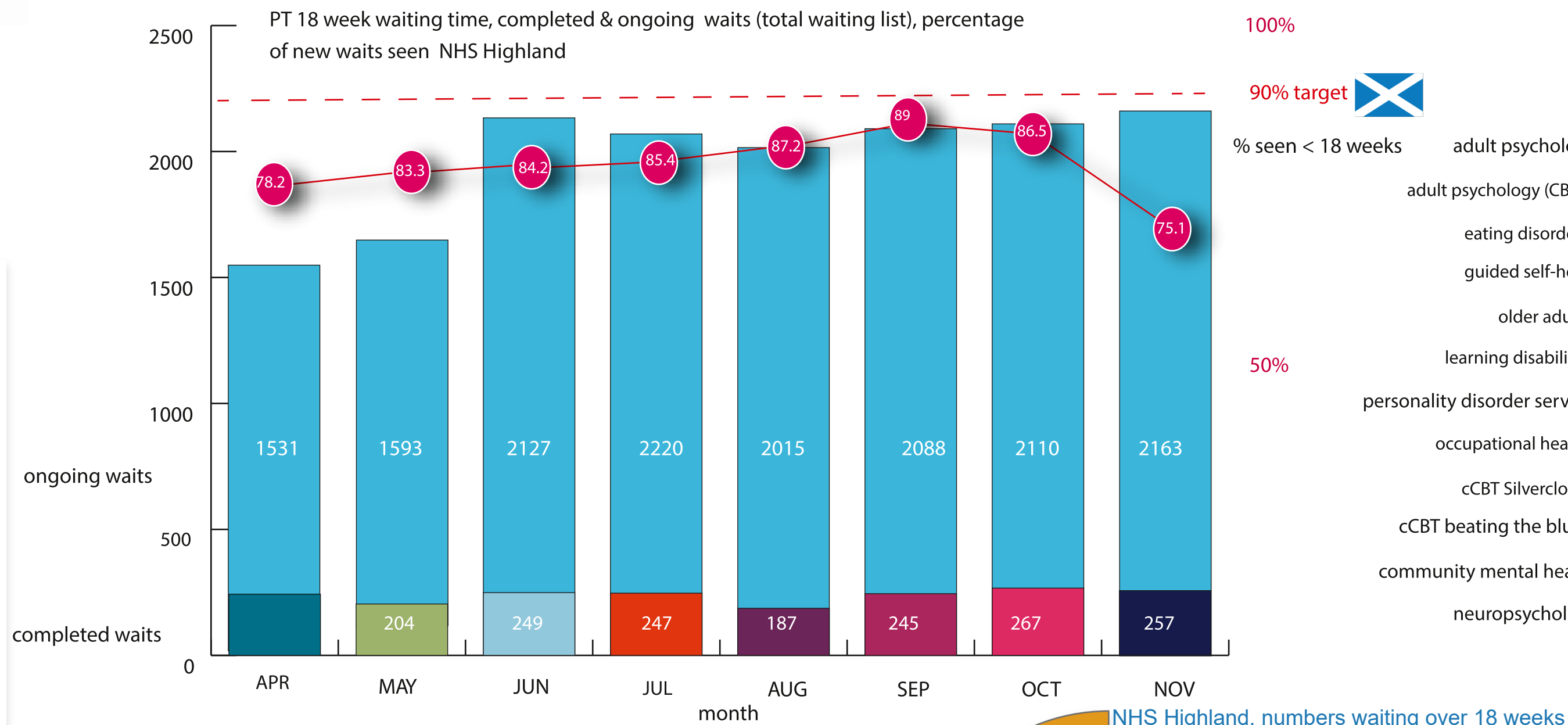
Context by Louise Bussell
Chief Officer Community

Psychological therapies have a longstanding waiting list challenge related to an imbalance of capacity and demand, particularly in adult services as well as limited alternative routes for psychological interventions. The service has new money available for waiting list reduction and recruitment is underway, however further work is required to reach the required levels and sustain this. This includes developments in primary care and wider stakeholder involvement. An improvement plan for A&B has been completed and a new plan for Highland is under development with the new Director of Psychology due to commence in post in February 2022.

Integrated Performance & Quality Report Dashboard (IPQR)

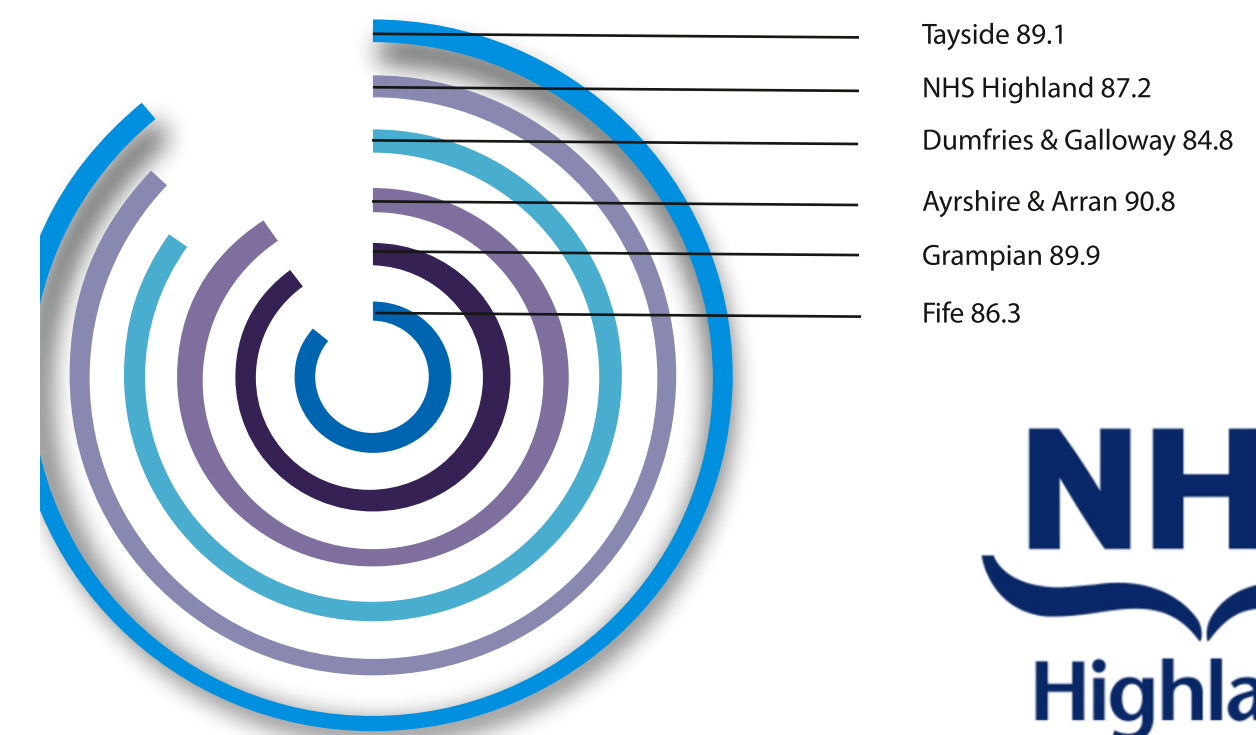
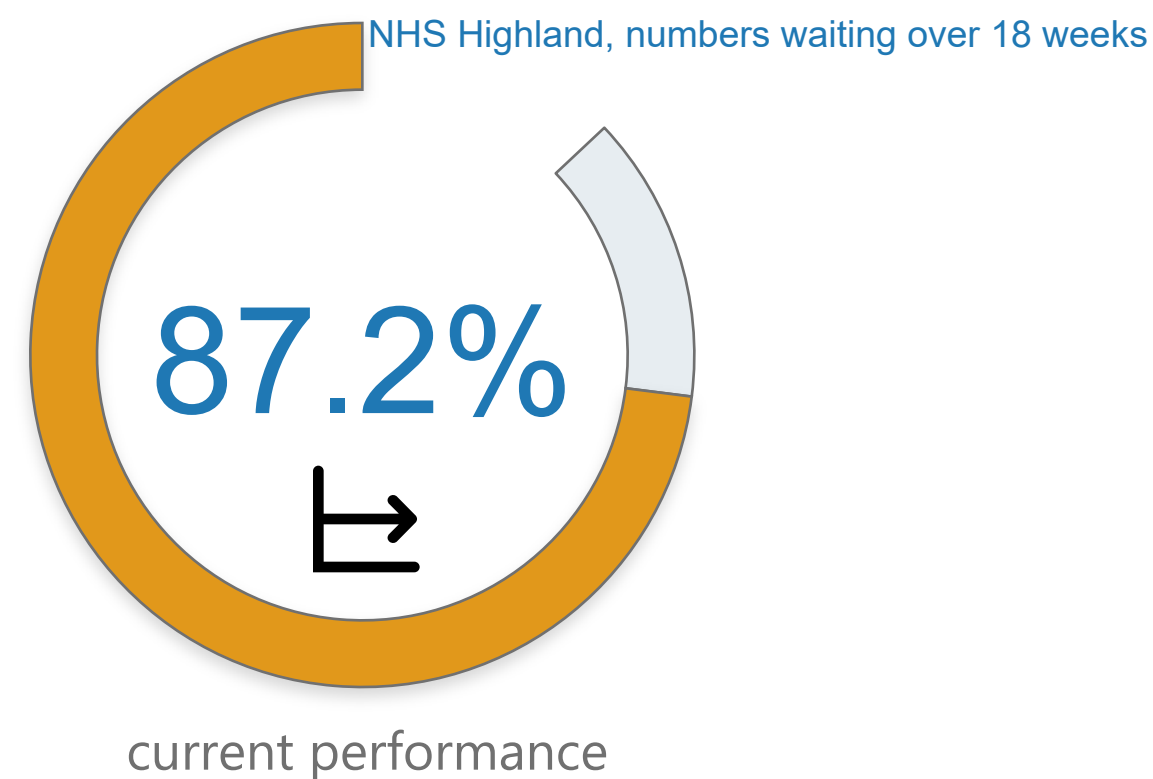
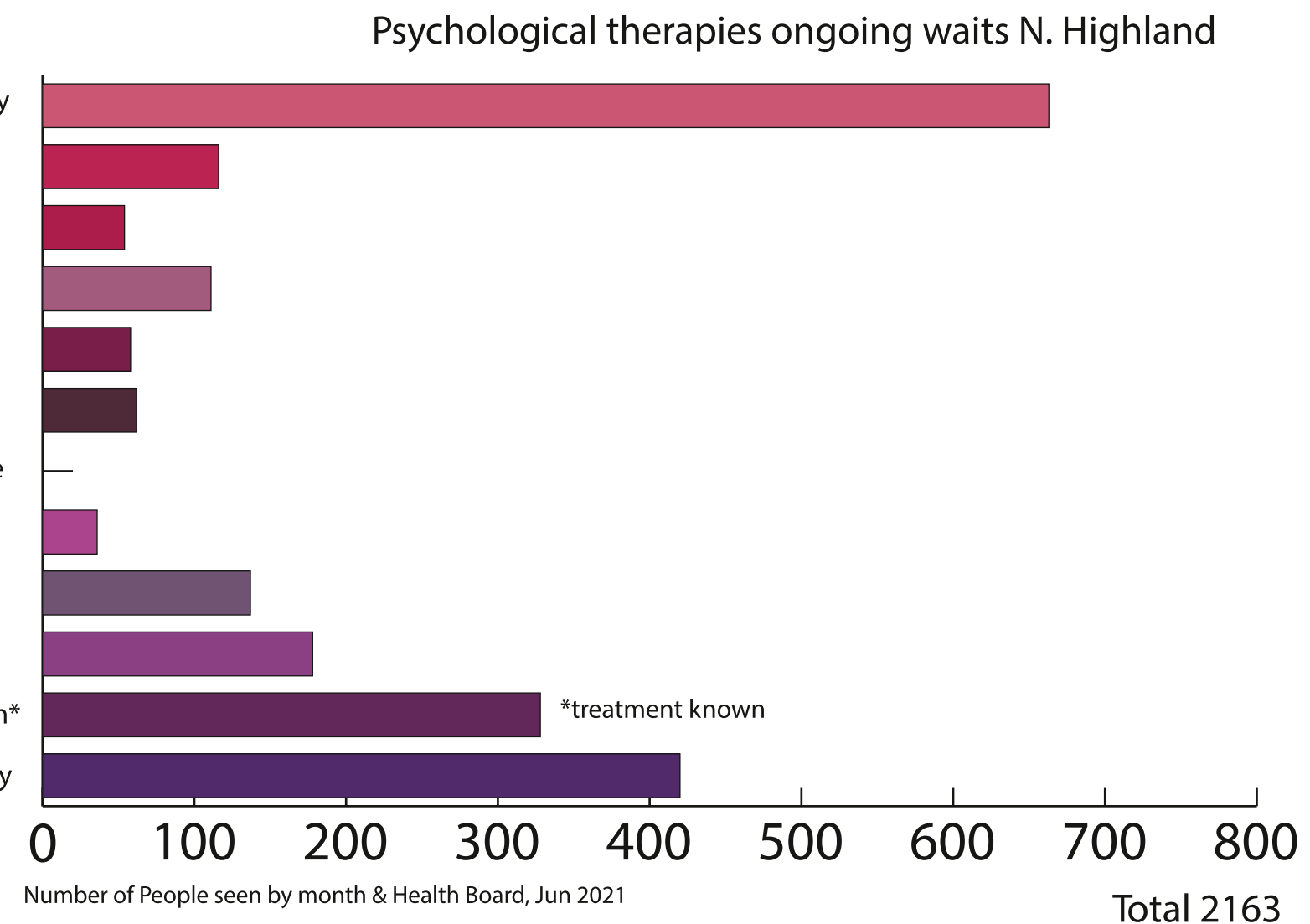
Pathways

Psychological Therapies 90% of patients to commence psychological therapy based treatment within 18 weeks of referral



No.	Risk	Mitigation
1	Significant waiting list, patient experience	Improvement plans being concluded
2	Recruitment and retention	Recruitment underway/new roles
3	Change of leadership	Transition planning

Risk & Mitigation





Building a brighter future for health and care
2022 - 2027



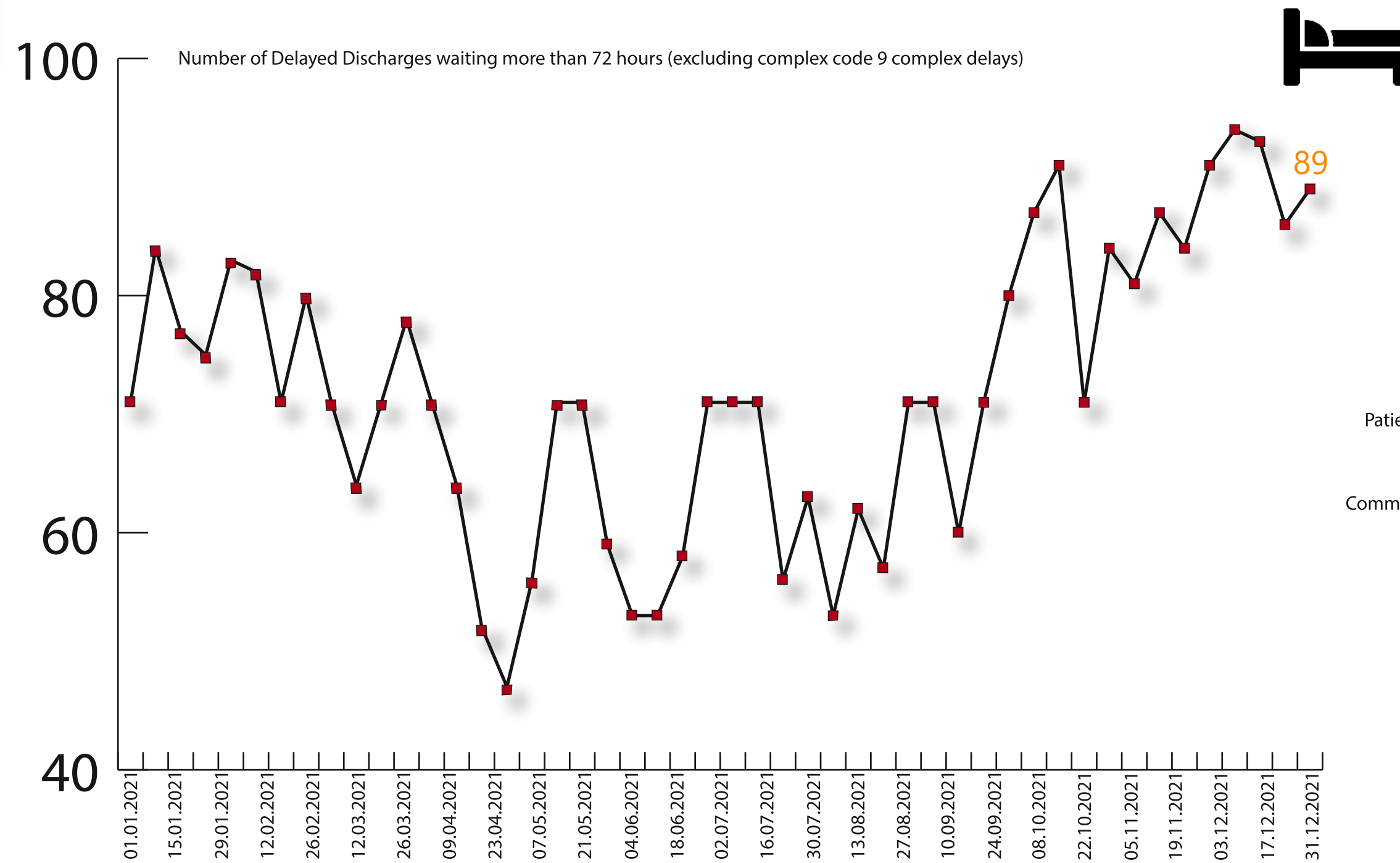
Context by Louise Bussell
Chief Officer Community

Despite a number of initiatives providing short term improvements the overall trajectory of delayed discharges continues to increase. Whilst understandable reasons can be identified, achieving a sustainable reduction is essential. It is essential to highlight the experience of our patients and their families of delays in being in the right place with the right care. This has been the focus of our current plan with the individual being at the heart of why we need to make a permanent shift. This work includes the establishment of a discharge hub which will support all discharges across acute and community services.

Integrated Performance & Quality Report Dashboard (IPQR)

Pathways

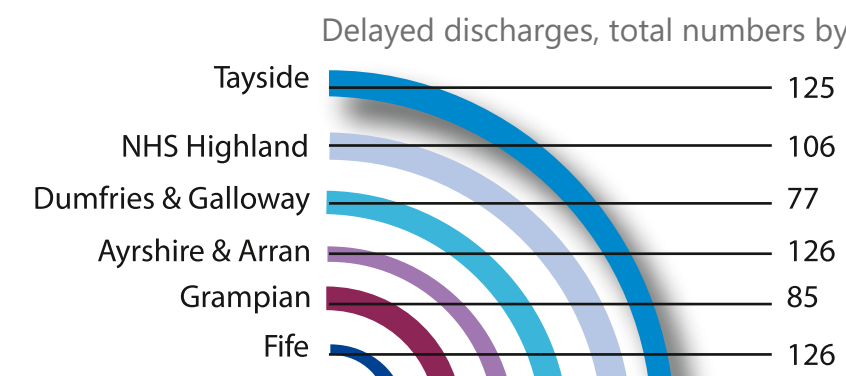
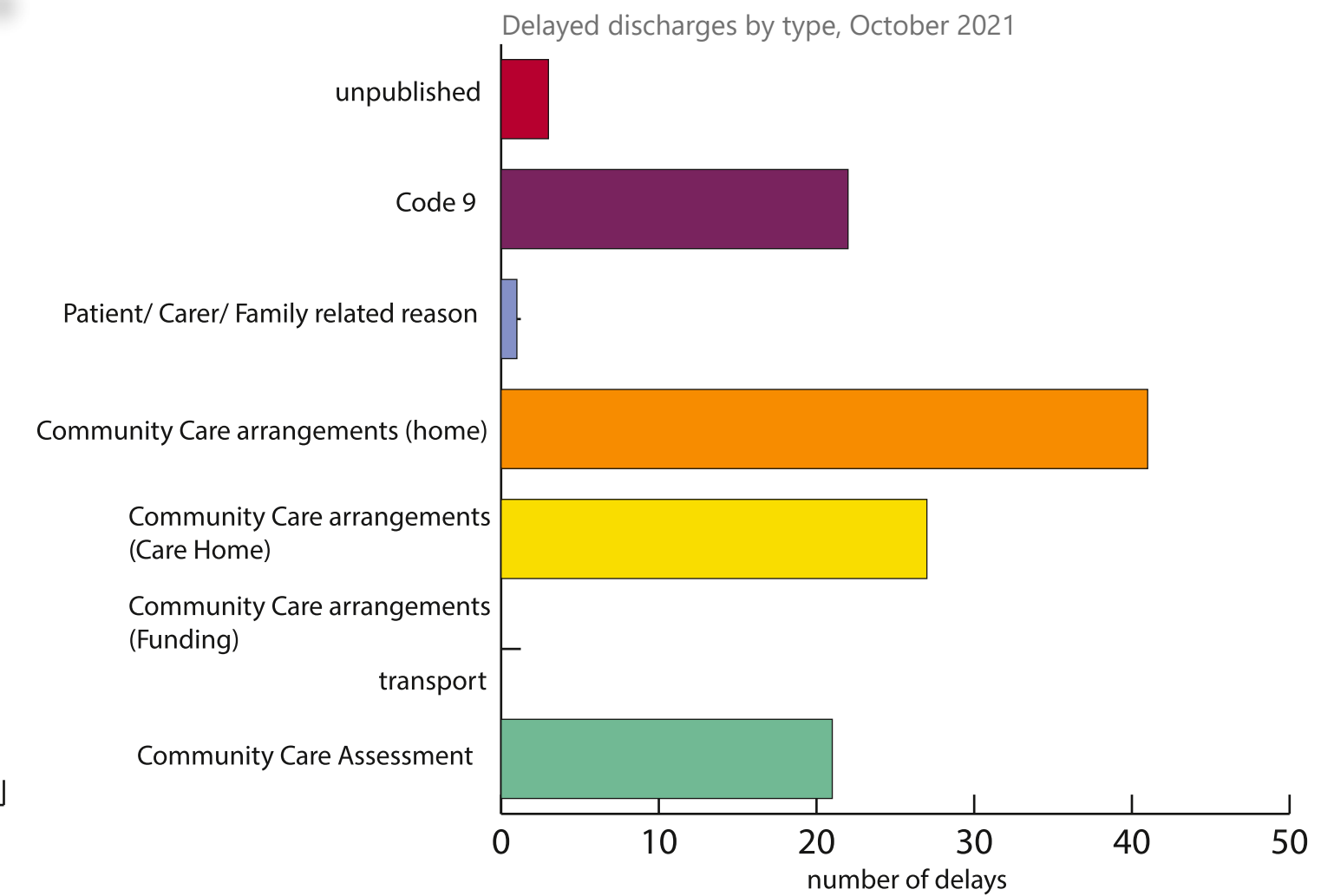
Delayed discharges



Bed days occupied by delayed discharge patients at 02.10.2021 = 786
 Delayed discharge turnover rate at 02.10.2021 = 0.14 (median 0.16)

Risk & Mitigation

No.	Risk	Mitigation
1	Longstanding issue, limited change	Focused plan established
2	Patient experience and impact	Lead in place and workstreams
3	Impact on flow, capacity	Discharge hub – system working



There are a further 19 patients currently delayed for discharge in NHS Greater Glasgow & Clyde as a consequence of existing arrangements with Argyll & Bute





Building a brighter future for health and care
2022 - 2027



Context by Louise Bussell
Chief Officer Community

The pandemic has had and continues to have a significant impact on adult social care services. This is shown by the real shift of care from care home to community for a variety of reasons with differing pressures created for both areas and for our communities. The most recent Omnicron variant has been a particular challenge after such a sustained period of extremis. As we move forward we aim to understand what is required to meet the needs of our population in 2022 and beyond with an emphasis on being person centred, sustainable and innovative.

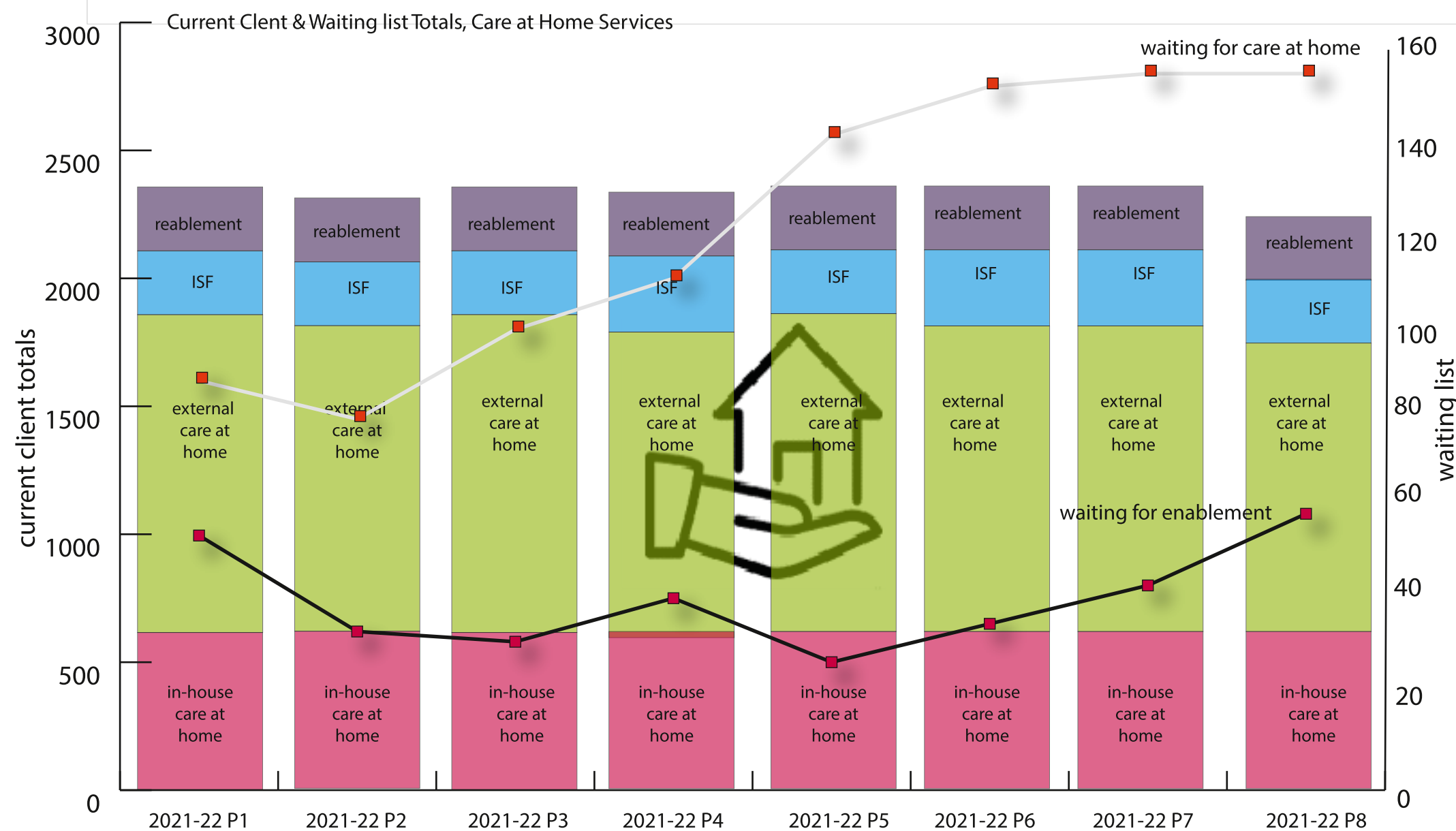
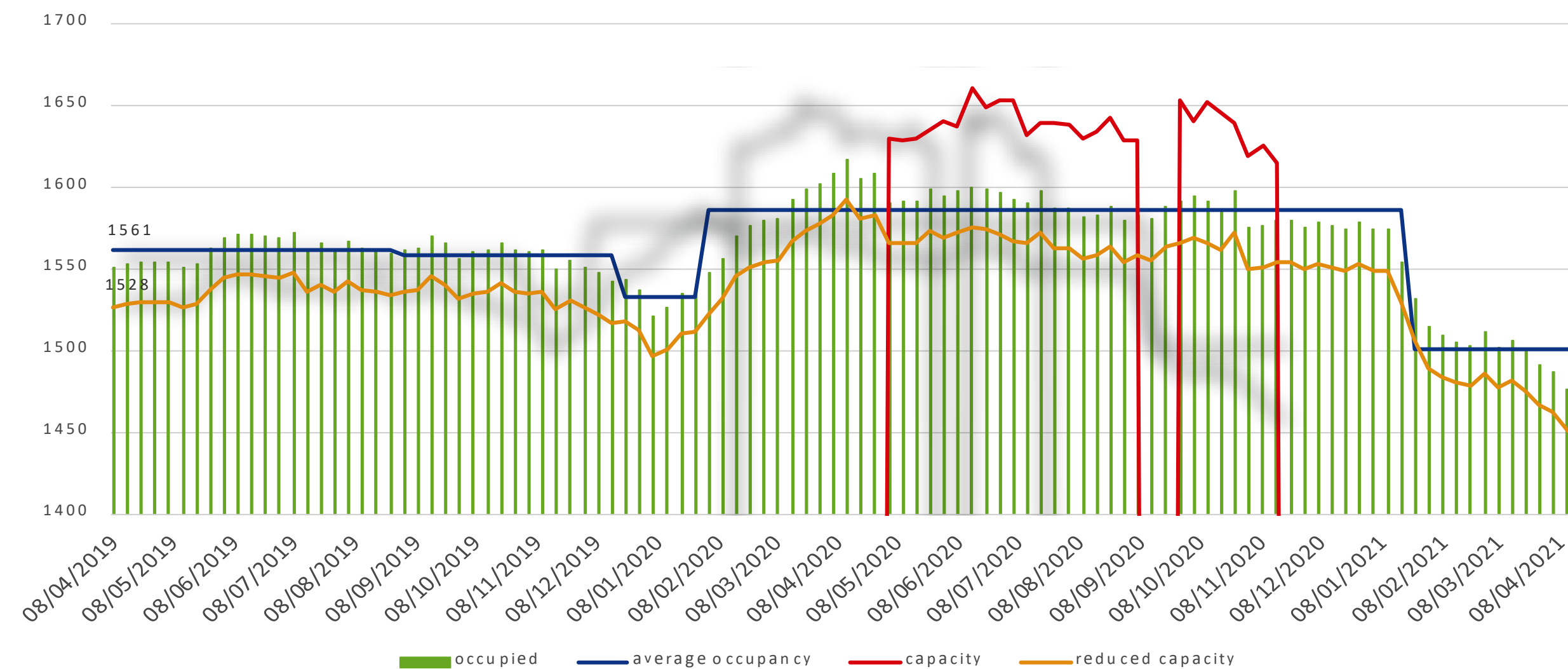
[back](#) [home](#) [next](#)

Integrated Performance & Quality Report Dashboard (IPQR)

Pathways

Adult Social Care

Care Home capacity and throughput NHS Highland (North Highland only - indicative) 2019 - 2021



Risk & Mitigation

No.	Risk	Mitigation
1	Ongoing covid pandemic	Support for sector/contingency planning
2	Capacity	Forward planning/work with providers
3	Recruitment and retention	Use of SG monies, new approaches





Building a brighter future for health and care
2022 - 2027



Context by Dr. Boyd Peters
Medical Director

COMPLAINTS

Response times for clinical complaints have been affected by operational pressures (covid waves and remobilisation efforts.) If 2022 sees a stabilisation of workload the improvement in response times will be a priority.

Integrated Performance & Quality Report Dashboard (IPQR)

Performance

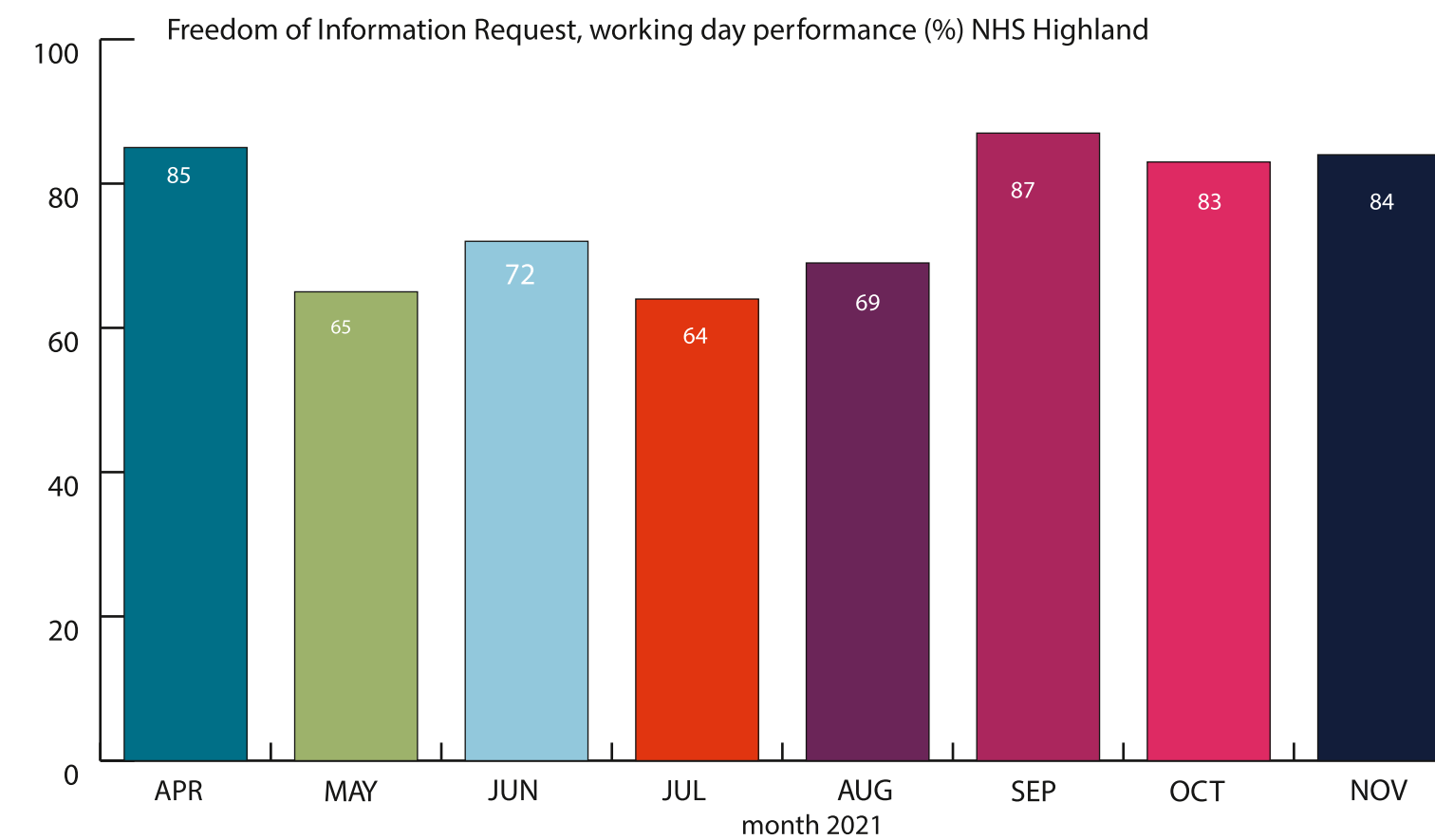
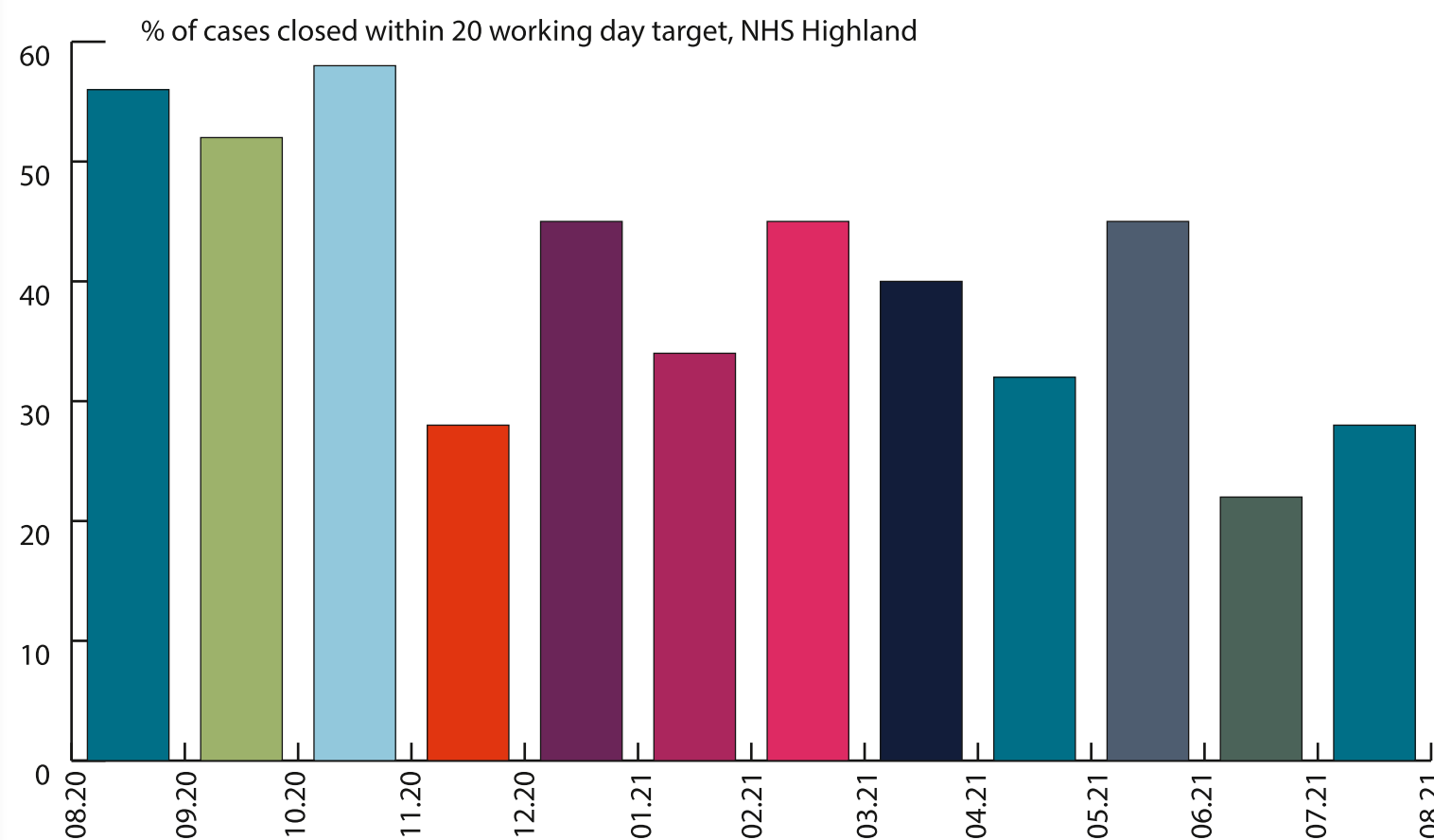
Complaints & Freedom of Information Requests

Number of Freedom of Information Requests received & performance (%)												
NHS Highland	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
requests received	45	41	53	68	59							
performance (%)	85	65	72	64	69							

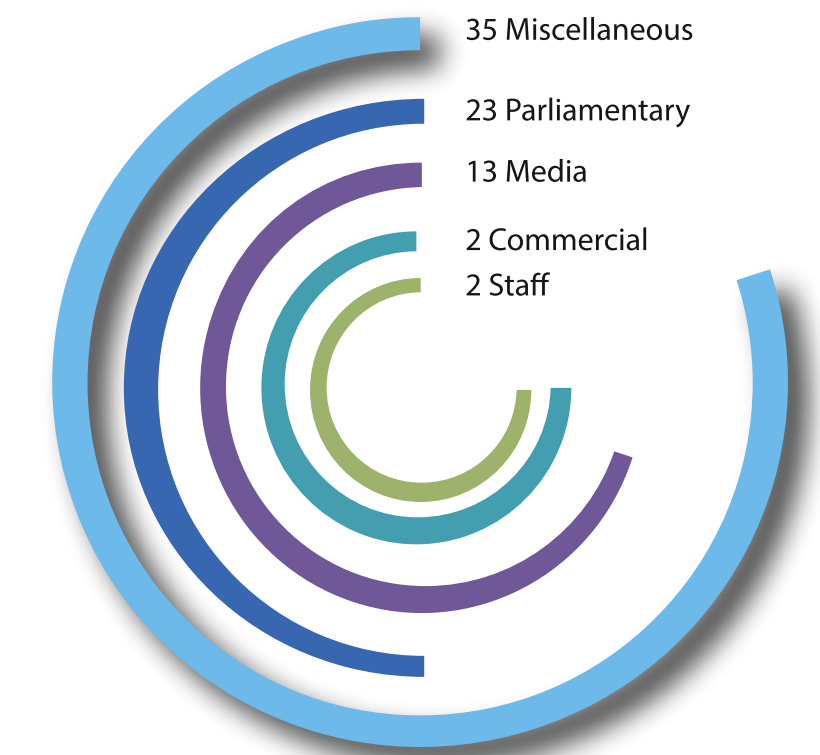


Risk & Mitigation

No.	Risk	Mitigation
1	See section on SAER	
2		
3		



FOI composition by Category Dec. 2021



Target was to respond to 70% of stage 2 complaints within 20 working days by July 2021

Complaints (stage 2) closed within the working day target												
NHS Highland	apr	may	jun	jul	aug	sep	oct	nov	dec	jan	feb	mar
	30%	40%	21%	29%	22%							



Integrated Performance & Quality Report Dashboard (IPQR)

Performance

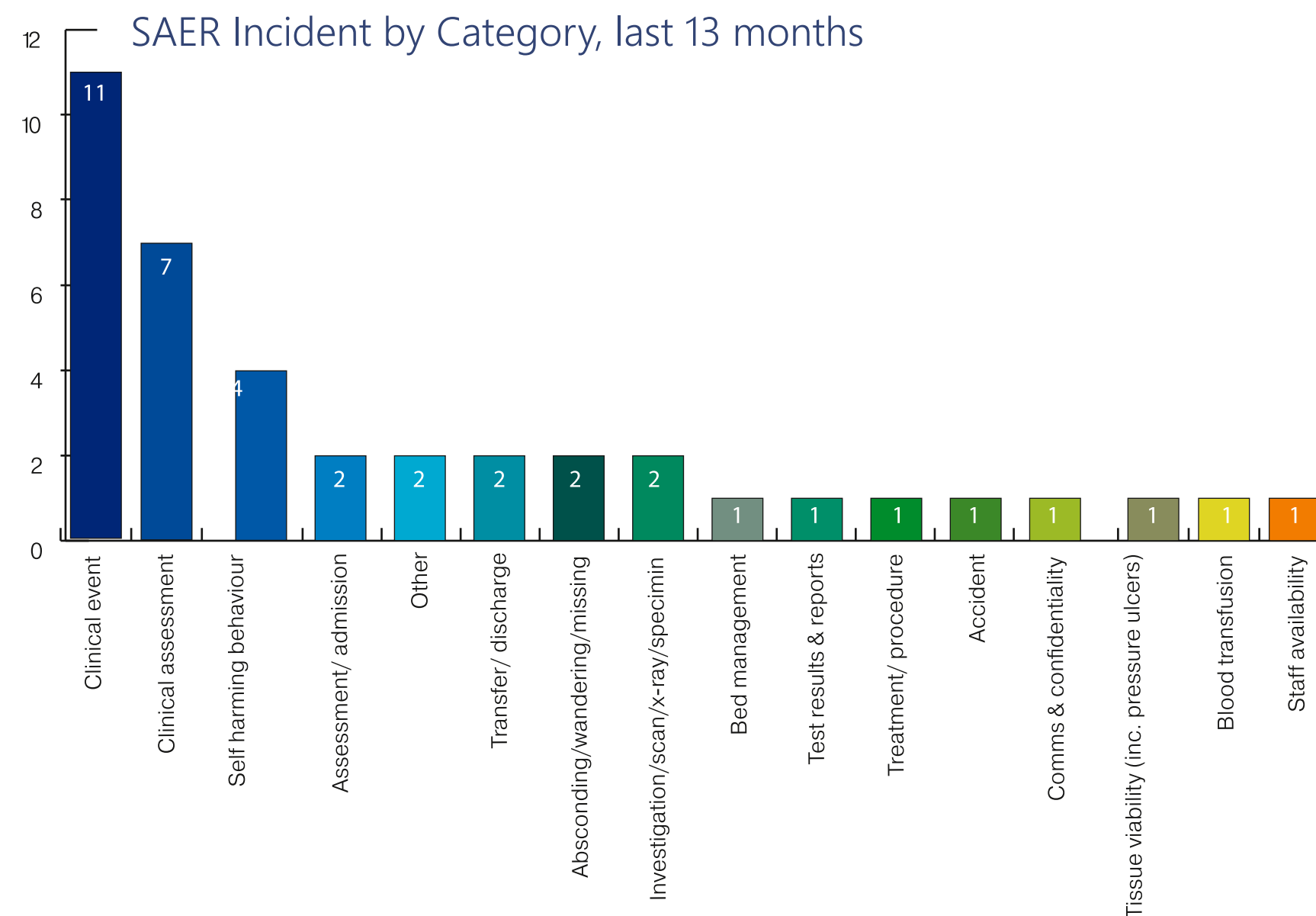
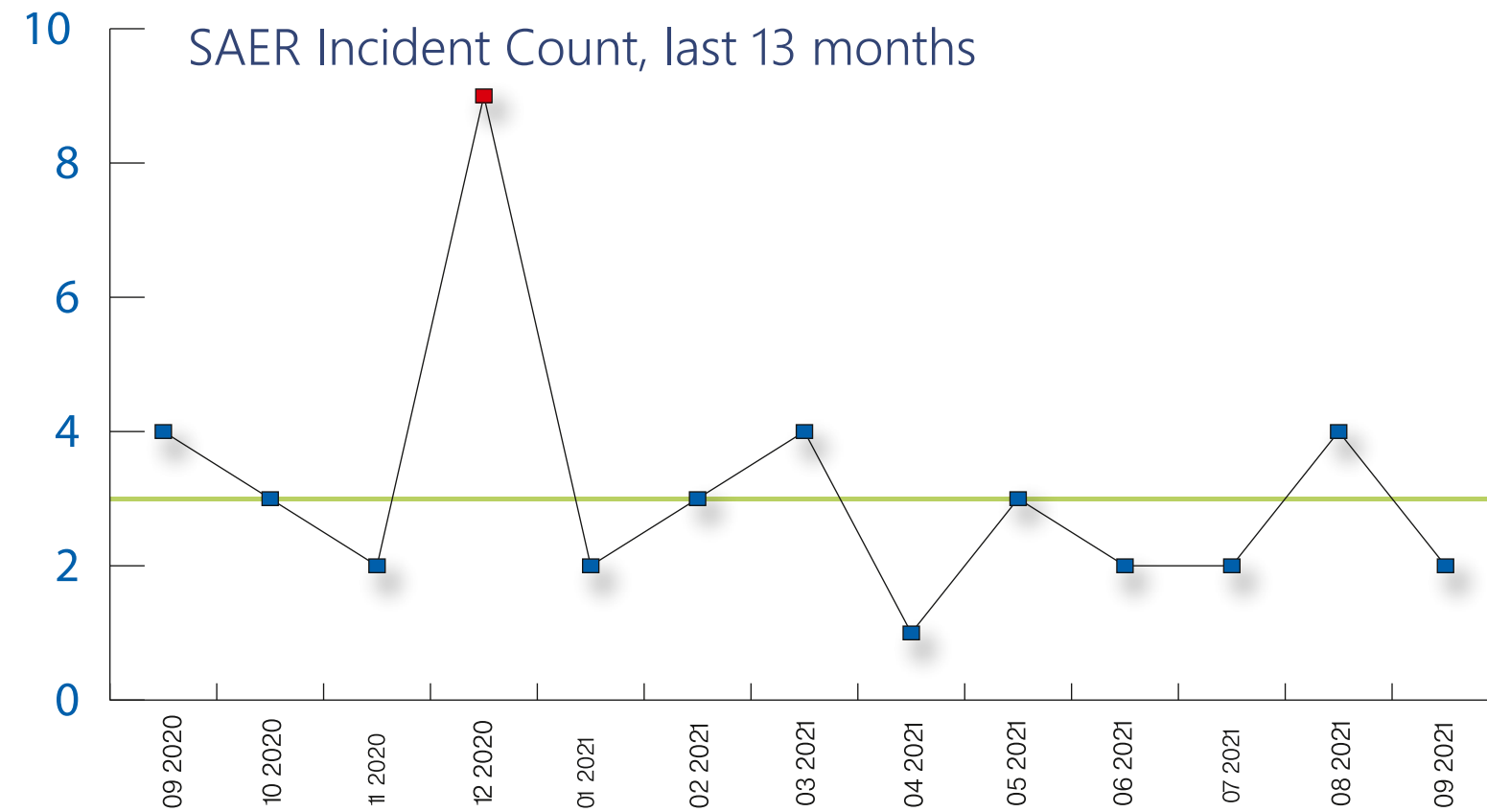
Quality & Patient Safety, Adverse and Serious Adverse Events, Hospital Standardised Mortality Rate (HSMR)



Context by Dr. Boyd Peters
Medical Director

Adverse Events and SAERs:

A slight rise in adverse events (incidents logged on datix) is linked to the increased clinical activity in 2021 including remobilisation, vaccination and covid waves. None of the four acute sites are outliers on the standardised hospital mortality rate.



Risk & Mitigation

No.	Risk	Mitigation
1	Operational pressures	Ensure processes supported in Operational Units
2	Reduced organisational learning	Maintain QPS activities
3	Complex cases, multiple clinicians	Active case management & tracking
4	Quality adversely affected	Oversight of responses by key senior staff

Serious Adverse Event Reviews by month declared												
NHS Highland	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
declared	1	3	2	2	4	2						
closed	0	1	0	0	0	0						

Adverse Events by month declared												
NHS Highland	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
declared	998	1111	1188	1199	1122	1096						

Hospital Standardised Mortality Rate (HSMR) jan - dec 2020						
location	observed deaths	predicted deaths	patients	crude rate (%)	HSMR	Scotland
NHSH	1,359	1,396	26,081	5.2	0.97	n/a
Scotland	27,257	27,257	535,940	5.1	1.00	n/a

Please note: If the HSMR (Hospital standardised mortality rate) value is less than 1.00, the number of deaths within 30 days of admission is fewer than predicted. If the value is greater than 1.00 the number of deaths is greater than predicted.





Building a brighter future for health and care
2022 - 2027



Context by Heidi May
Board Nurse Director

NHS Highland is on track to meet the Government set SAB target by the due date of 31.03. 22. We are not on track to meet the C Difficile target as previously discussed at the Board – however we do remain within predicted levels of infection given our case mix of patients and activity. A plan is in place to identify how levels of infection might be improved. We are awaiting confirmation from the Government re Infection Prevention and Control improvement aims from April 2022. A detailed IPC report is submitted to each Clinical Governance Committee for discussion and assurance

Integrated Performance & Quality Report Dashboard (IPQR)

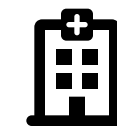
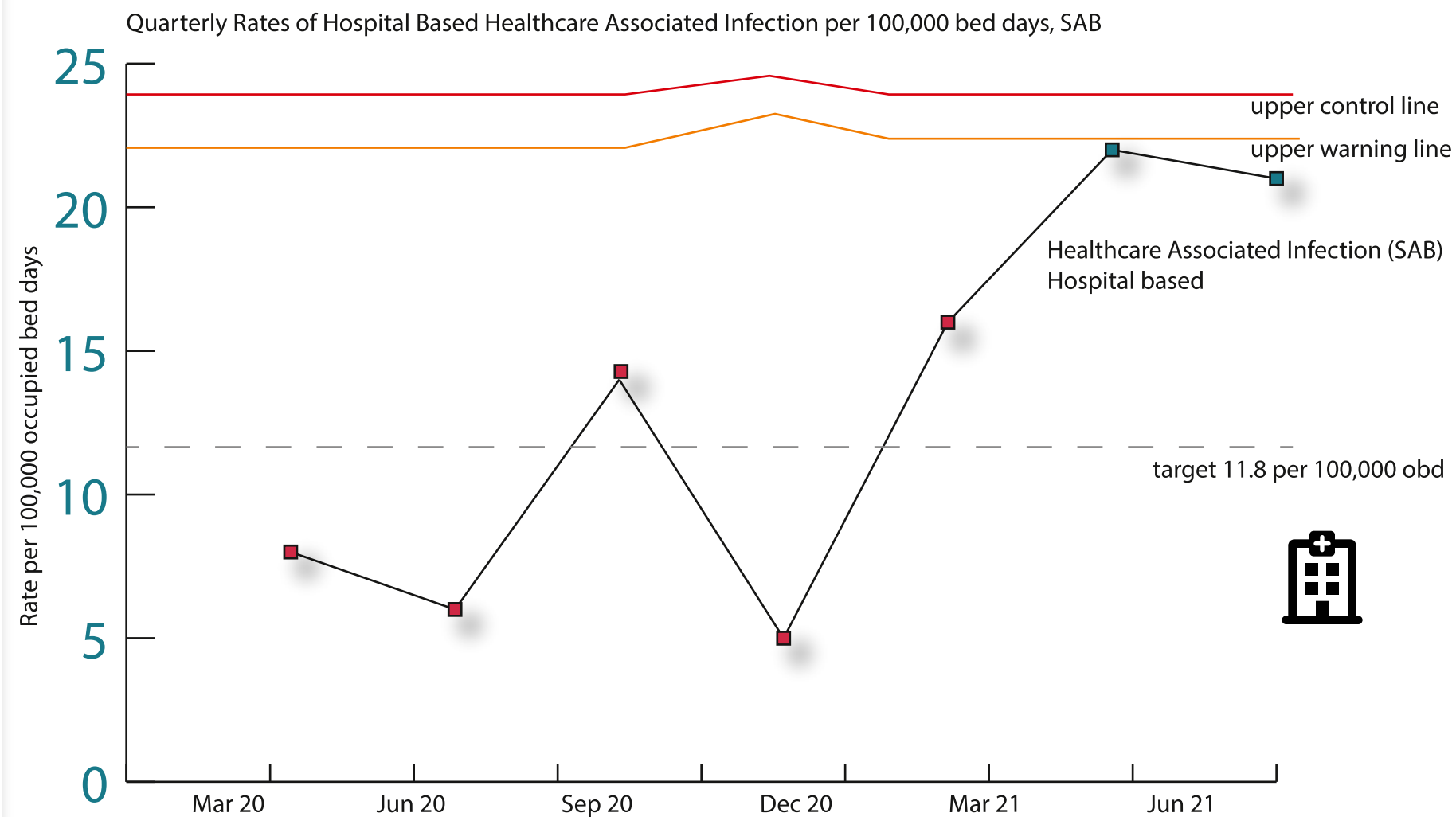
Population

Infection Prevention, SAB & C Diff Infection rates per 100,000 population

Supplementary Data

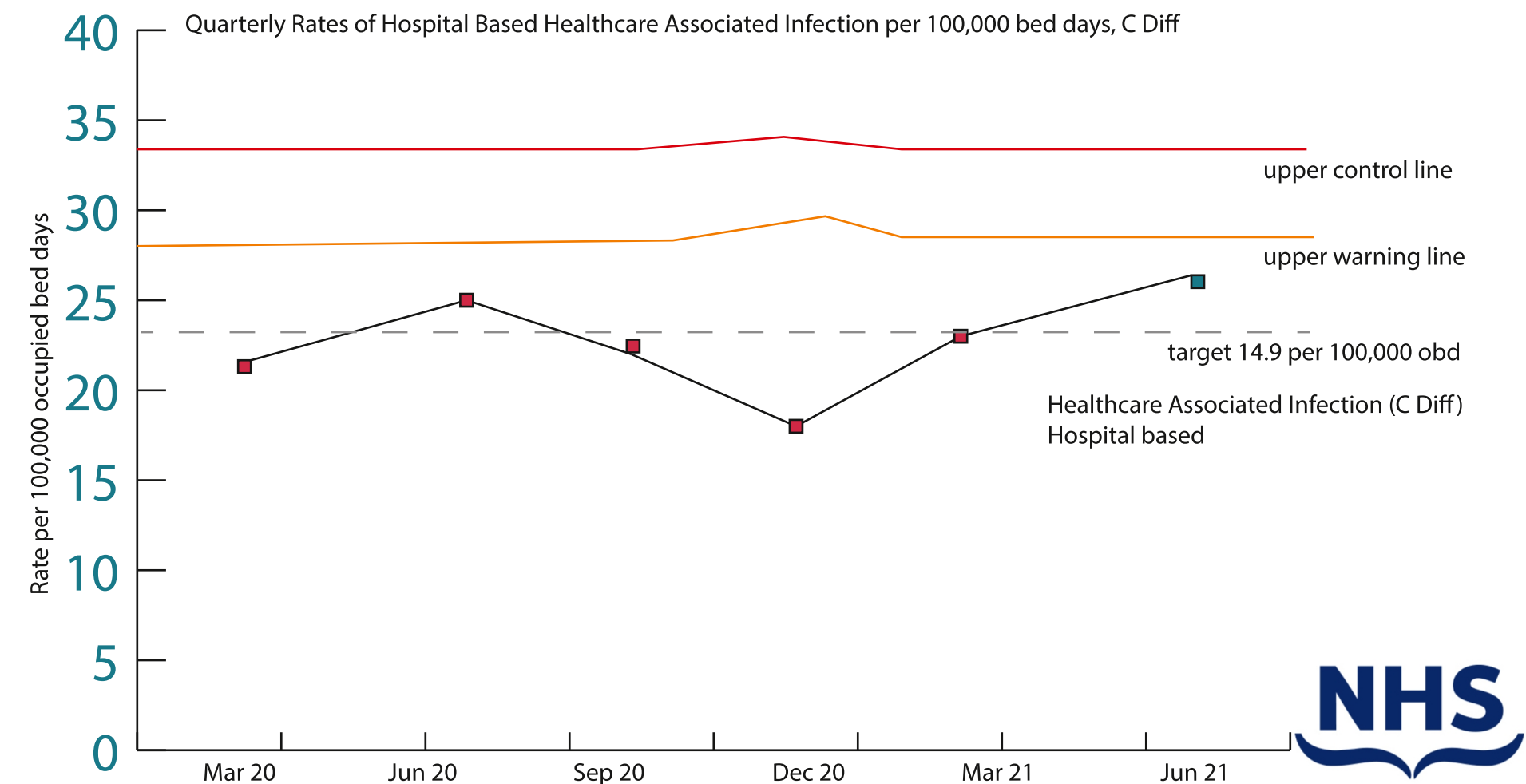
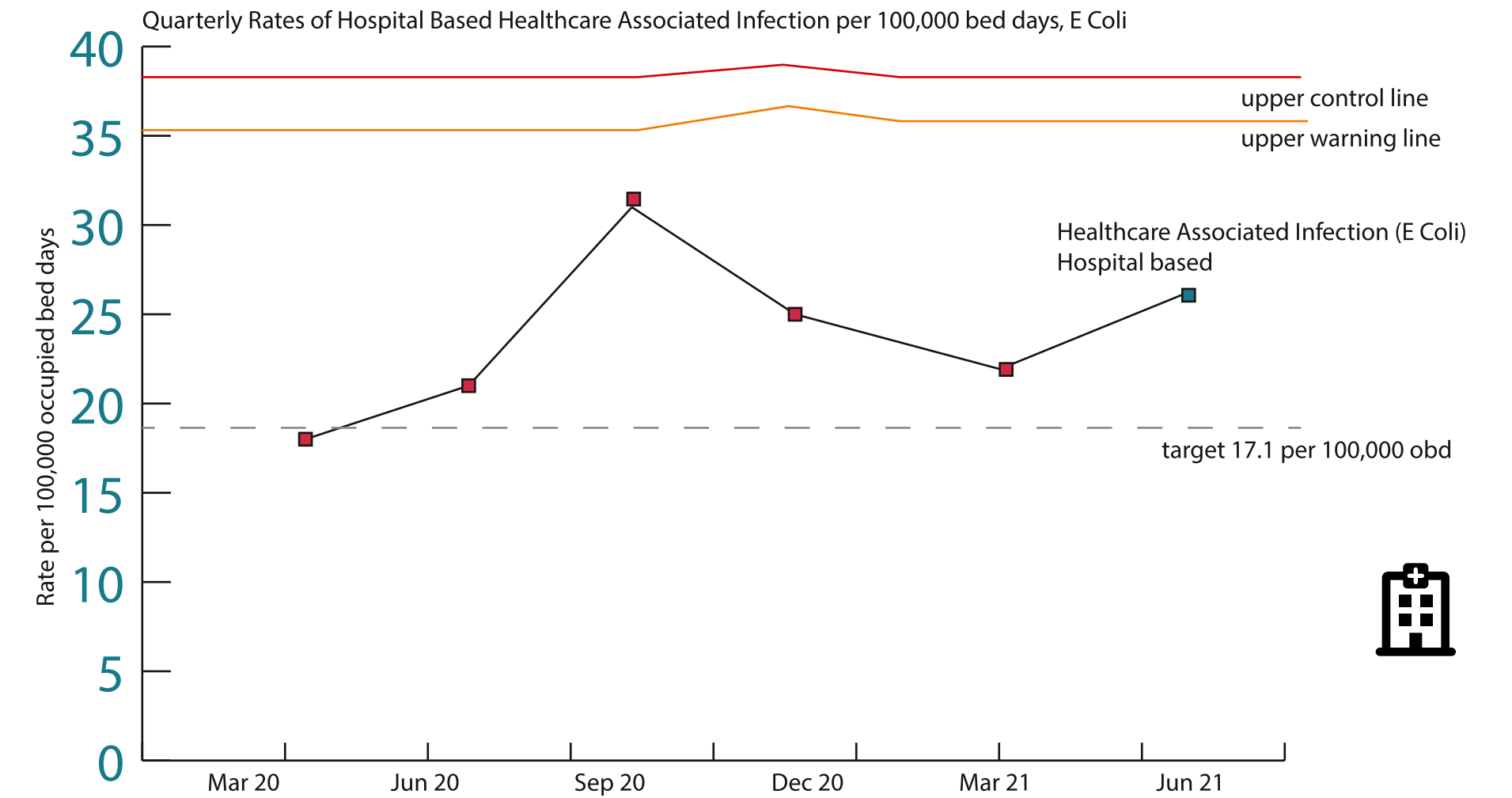


Infection Control Infection rates per 100,000 OBD			
SAB	Apr-Jun	Jul-Sep	Oct-Dec
NHS Highland (HAI)	15.4	12.2	
Scotland (HAI)	18.7		
NHS Highland (CDI)	11.3	11.0	
Scotland (CDI)	10.9		
C. DIFF			
NHS Highland (HAI)	24.6		
Scotland (HAI)	14.6		
NHS Highland (CDI)	7.5		
Scotland (CDI)	5.4		



Risk & Mitigation

No.	Risk	Mitigation
1	Failure to meet the Clostridioides difficile (CDI) reduction aim of 10%	Oversight of the delivery of the CDI action plan by Control of Infection Committee
2	Failure to maintain Staphylococcus aureus bacteraemia (SAB) reduction aim of 10%	Ensure the processes that are in place across the Operational Units are maintained and supported by Control of Infection Committee





Building a brighter future for health and care
2022 - 2027

Integrated Performance & Quality Report Dashboard (IPQR)

Performance Inpatient falls

Inpatient falls with harm by Operational Unit

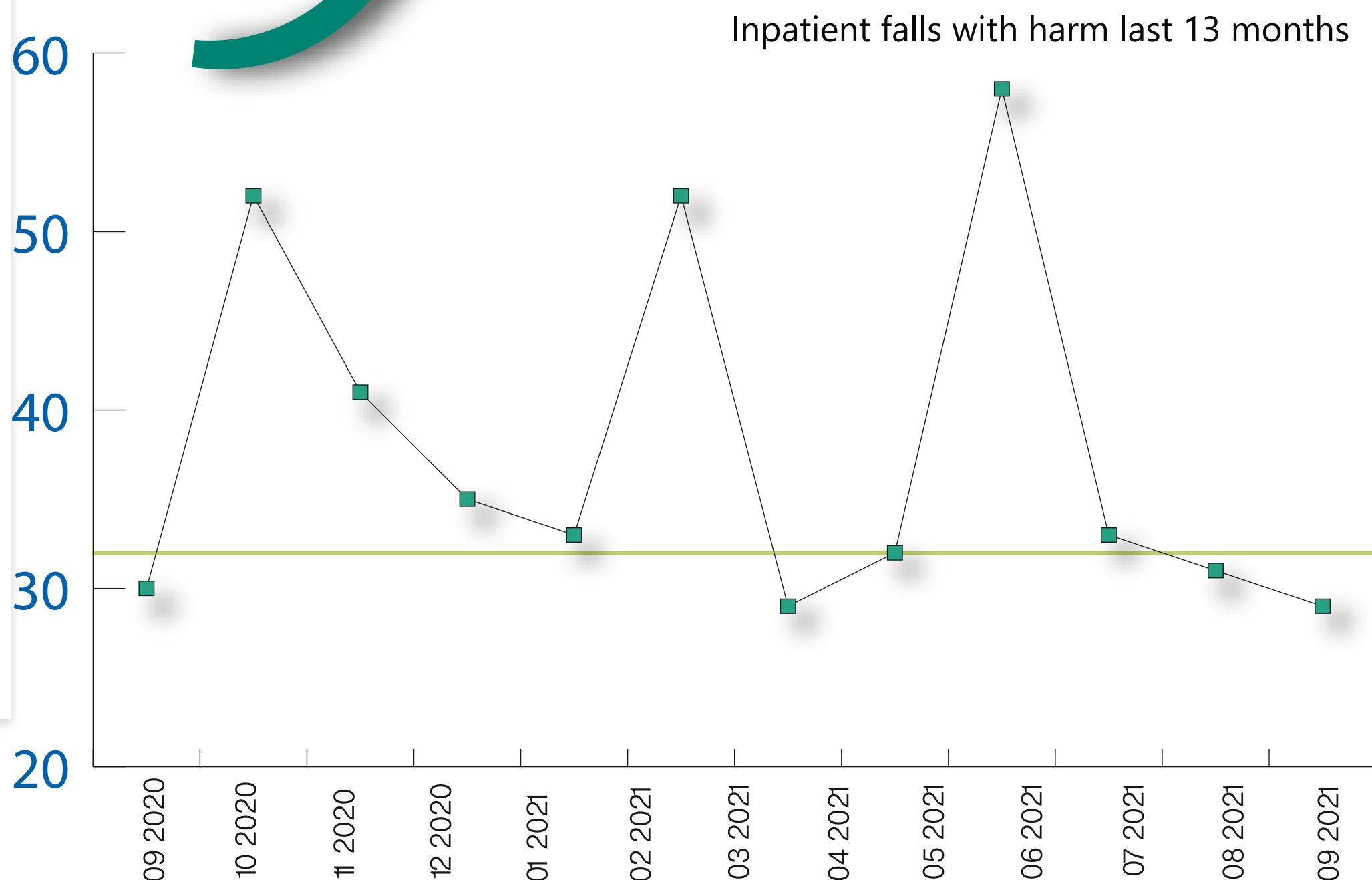


Total pressure ulcers recorded													
	apr	may	jun	jul	aug	sep	oct	nov	dec	jan	feb	mar	
NHS Highland	56	50	41	62	78	57							



Context by Heidi May
Board Nursing Director

Acute falls reduction is a well embedded element of care assurance and NHSH has made excellent progress to date on reducing falls and falls with harm, exceeding the previous reduction target. The refreshed SPSP programme with a further reduction target 30% in falls with harm and 20% in total falls by 2023, provides an opportunity to reinvigorate this work, with a specific quality improvement approach being taken in those areas with higher than expected incidence of falls and supporting the spread of innovative practice driving improvement in areas which excel. Alongside the improvement work on prevention of acute falls there is work ongoing to understand our community falls incidence and the impact of prevention work in this space in partnership with NHS24 and SAS



Risk & Mitigation

No.	Risk	Mitigation
1	New built environments	Focused monitoring of falls in these areas as part of the transition from previous accommodation. Thorough induction and orientation to environment and risk assessment of individuals in this context.
2	Temporary staffing challenges including: limited staff to patient ratio and staff working in unfamiliar environments.	Explicit expectation that falls bundle is implemented as part of essentials of safe care
3	Increasing complexity and frailty of those receiving care in our facilities	Routine application of falls risk assessment for those identified as "at risk of falls" and access to appropriate MDT support

Sept 2021 should become the new data point against which we baseline the target reduction of

30% reduction in falls with harm and 20% reduction in total falls by 2023.

NB: Tissue Viability will be included in the next update of this measure category.

