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Integrated Performance and Quality Report

September 2022

The purpose of the IPQR is to give an overview of the whole system performance and quality to the NHS Highland Board. The data within has previously been considered at the Staff Governance Committee, the Finance, Resources and Performance Committee or the Clinical and Care Governance Committee. The Argyll & Bute data is not included in this month's report as they are refreshing their approach. Not all of the data is collected at the same time due to publishing timetables. Risks and mitigations are being refreshed to align with ADP and in line with corporate and operational risk as highlighted in the corporate risk narrative therefore not included in this version of the report. These will be available for the November Board.



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Dr Tim Allison,
Director of Public Health

"Vaccination against COVID is the most important measure for reducing community transmission of the disease and reducing the impact on people's health.

Delivery performance for the spring COVID booster started slightly slower among some groups in NHS Highland compared with elsewhere but performance improved to be on a par with other boards.

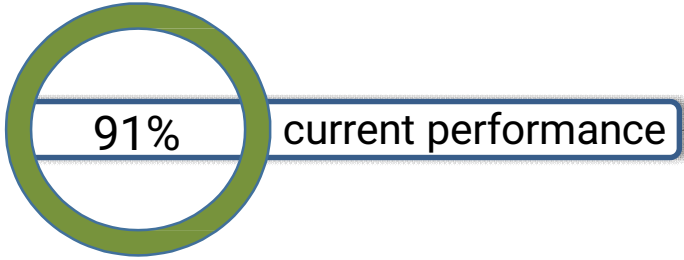
The autumn programme for COVID and influenza vaccination has now started with priority given to vulnerable groups and health and care staff. This is a large and challenging task."

Integrated Performance & Quality Report

Objective 1
Outcome 3
Priority 2B

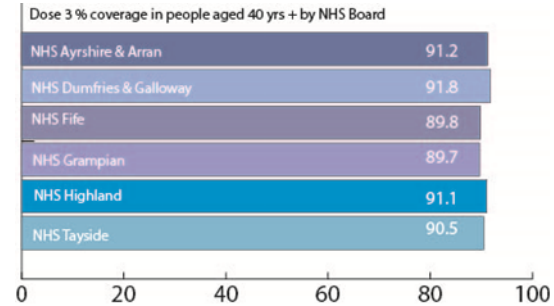
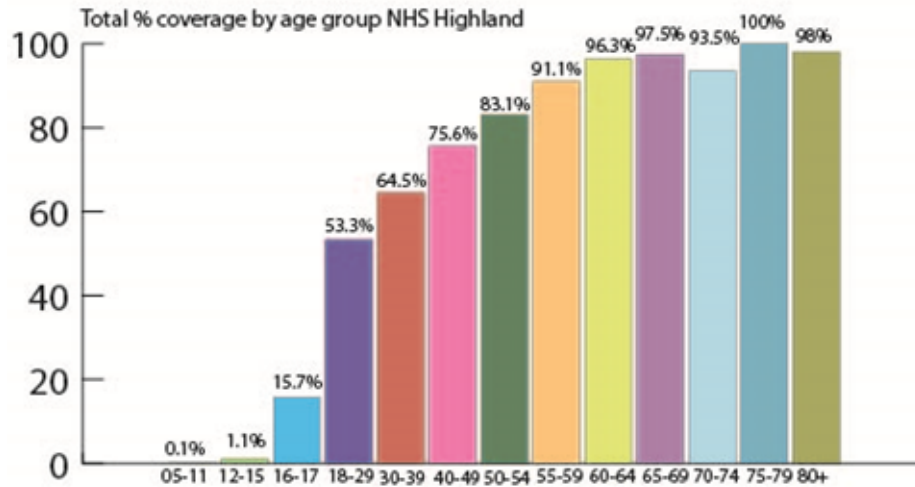
Our Population
Stay Well (Screening and vaccinations)

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



Performance Overview
91.1% of the NHH population have had dose 3 in the 40+ age group. We are performing on par with other Boards of a similar geography and demography. There is no national target for COVID vaccinations.

Percentage of population that have received a booster dose Covid 19 vaccine (3 doses in total) Total percentage of coverage by age group, NHS Highland 22.08.22 source: PHS dashboard



Source: PHS dashboard, August 2022



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Integrated Performance & Quality Report

Objective 1
Outcome 2
Priority 2B

Our Population
Thrive Well (CAMHS/NDAS/Integrated Children's Services)
Support children who have mental health or neurodiversity needs with timely, accessible care and a "no wrong door" approach

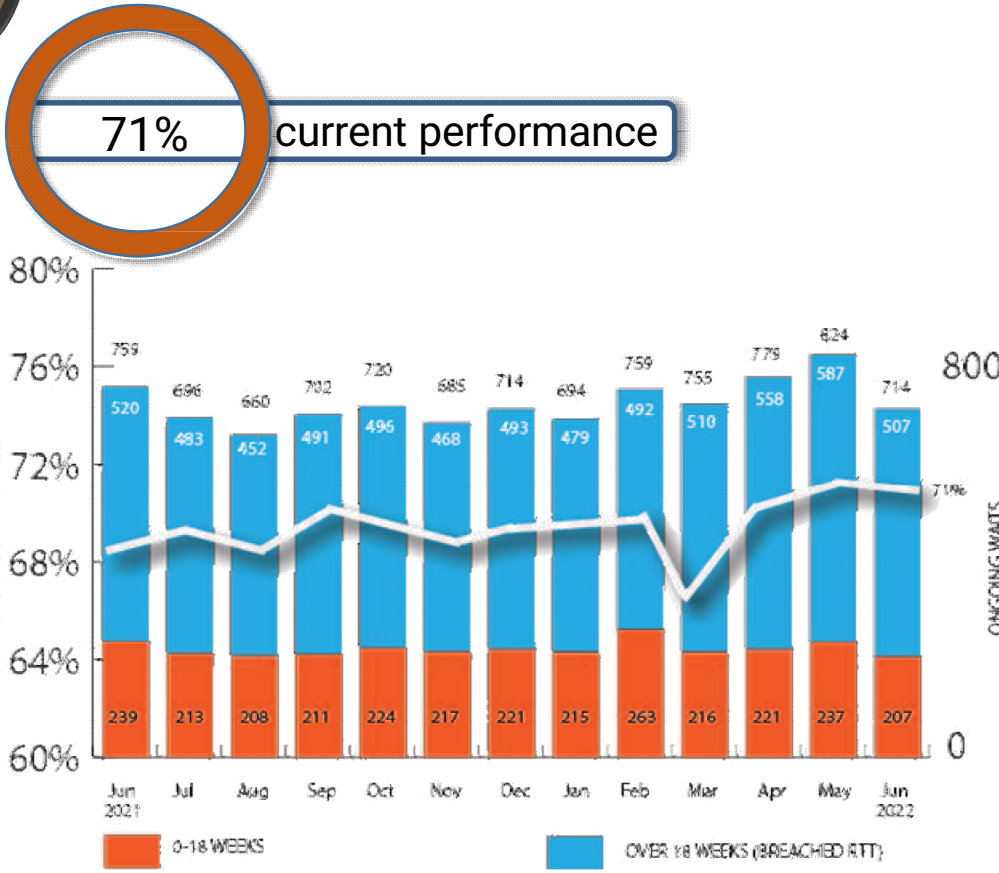


Katherine Sutton
Chief Officer, Acute

"The CAMHS waiting times position continues to be challenging. Plans to improve performance are being progressed by the service: Introduction of Engagement appointment for all referrals to the service. Leadership structure has been implemented with a Head of Operations for Womens and Childrens Service recently appointed and a Clinical Director for CAMHS.

A refreshed CAMHS programme board has been established working in an integrated way with inclusion of Highland Council colleagues aiming to link the Tier 1&2 services, Education and AHPs together in an integrated working approach.

We continue to work closely with Scottish Government colleagues to implement the National CAMHS specification across Argyll and Bute and North Highland."



CAMHS waiting list to 30.06.22

Performance Overview

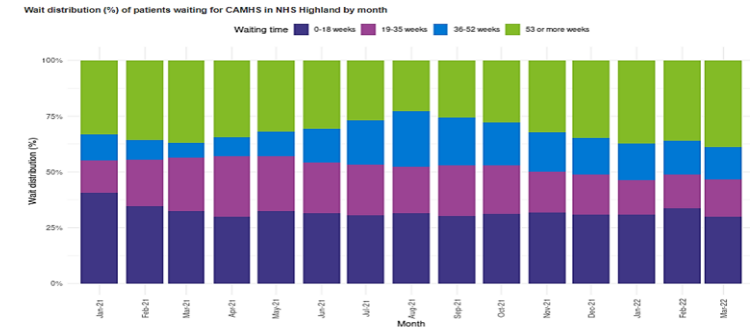
The national target for CAMHS is that 90% of young people to commence specialist CAMHS services within 18 wks of referral

A total of 714 children and young people are waiting to be seen of which 507 have waited over 18 weeks and 207 over under 18 weeks. 225 have waited over 1 year, the longest wait being over 3 years. Benchmarking shows that we have a higher than average distribution of long waits to access services.

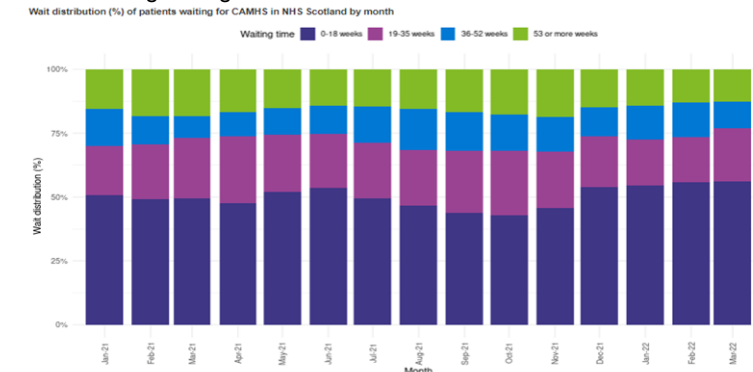
length of wait

YRS	NH	A&B
1-2	166	33
2-3	65	5
3-4	13	2
4+	0	0

Average Length of wait bands in NHSH



Average Length of wait bands in NHS Scotland





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Katherine Sutton
Chief Officer, Acute

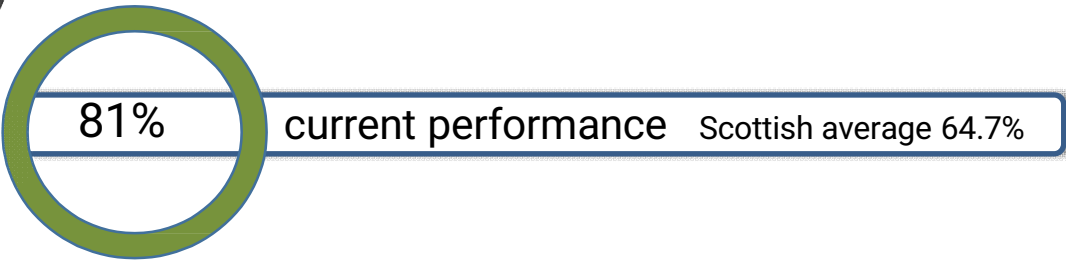
“NHS Highland ED performance continues to be several percentage points above the Scottish average and work is ongoing across all acute hospital sites to return to expected ED access standards. Performance has failed to return to pre-pandemic levels and within Raigmore ED, performance is significantly impacted due to system wide pressures.

The main reason for breach continues to be the wait for medical beds. Ambulance waits have been significant at times across a number of locations whilst awaiting access to hospital services. Work is ongoing through the recently launched Unscheduled Care Collaborative and working very closely with clinical teams on the front line to consider local interventions as well as broader more transformational redesign of urgent and emergency patient pathways and services which will help reshape resources to better meet the urgent and emergency access needs of the local Highland population.”

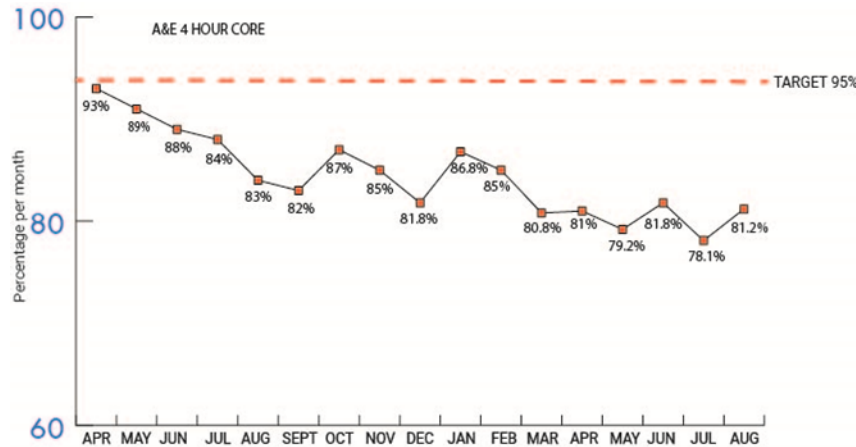
Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12b

In Partnership
Respond Well (Urgent and Unscheduled Care)
Ensure that those people with serious or life threatening emergency needs are treated quickly



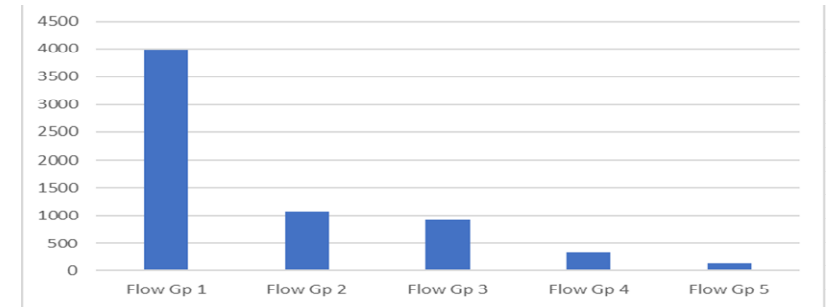
Performance Overview
The national target for CAMHS is 95% of our population will wait no longer than 4 hrs. from arrival to admission, discharge or transfer for ED treatment. ED performance is 81% and we are the second highest performing Board in Scotland.



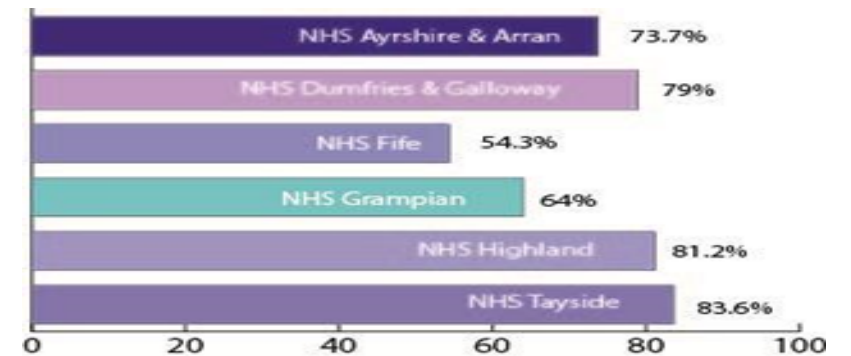
Source: board level KPI summary August 2022

Measure August 2022	NHSH	NHSS
4 hour wait to treatment	81.2	64.7
ED conversion rate	21.7	23.4
Emergency (EDIS) att.	1363	N/A
Total ED attendances	1363	26389

ED attendances by flow group



ED performance benchmarking





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Katherine Sutton
Chief Officer, Acute

Performance has continued to deteriorate as a result of pressures due to COVID and also system pressures which have significantly impacted available nursing, bed and theatre capacity. Remobilisation plans have been developed to increase activity levels towards 2019 pre-pandemic operating levels as soon as system pressures due to the latest wave of the pandemic subside.

A Scheduled Care Board has been established and initial proposals are currently with Scottish Government for consideration in relation to securing financial capacity to support an increase in activity and investment to support transformation. These plans will ensure transformational opportunities are embedded to deliver improved efficient utilisation of the limited clinical capacity available and sustainable delivery in the long term.

Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12A

In Partnership
Treat Well (Planned care)

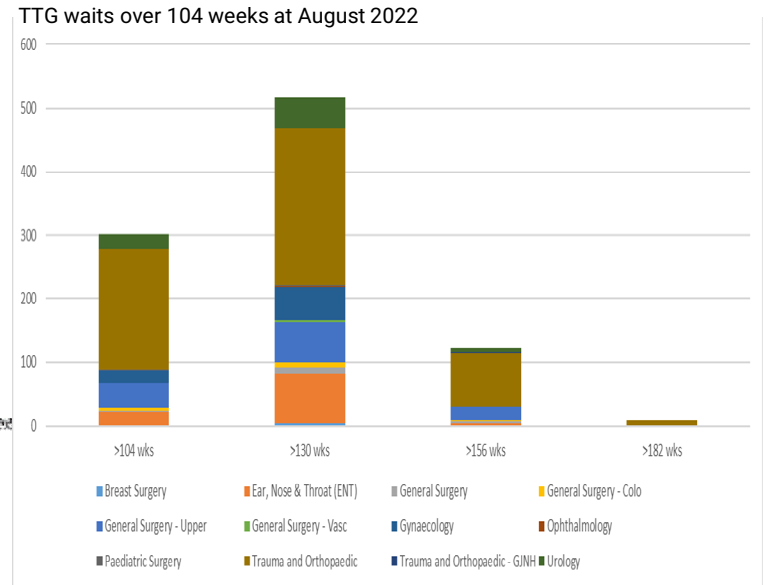
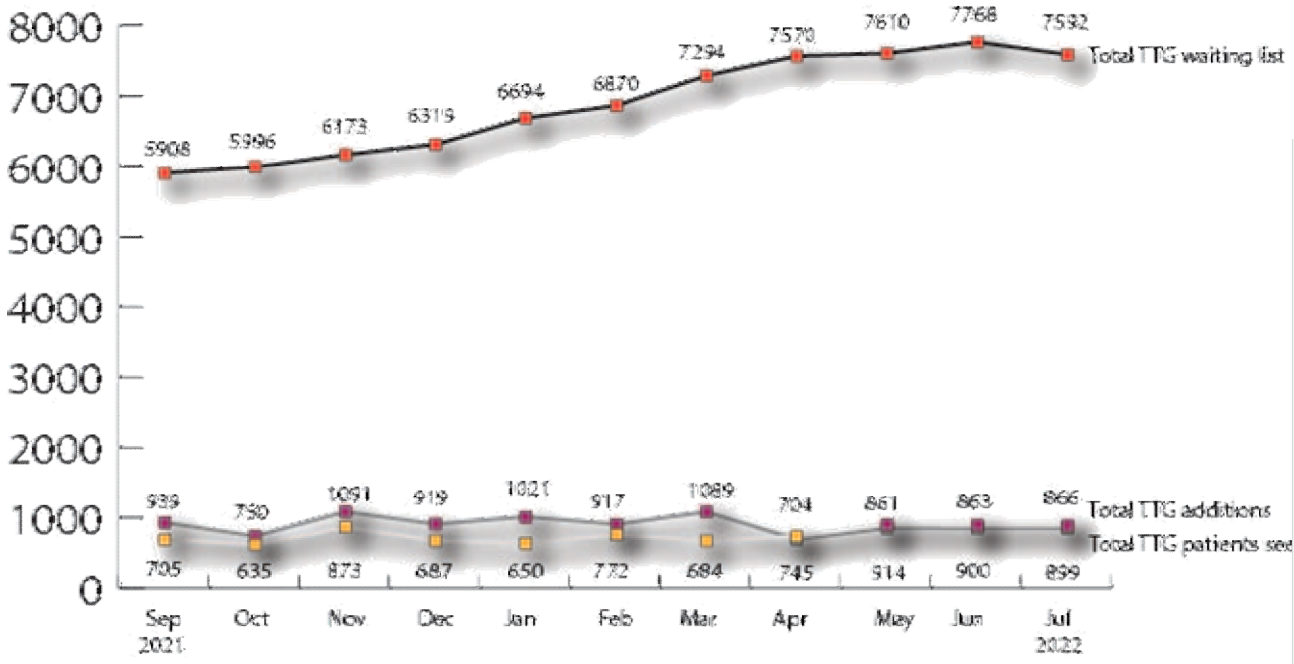
Ensure that our population have timely access to planned care through transforming the way that we deliver our care and ensuring that they have the best experience possible



Performance Overview
 The national target for TTG is that no patient will wait >12 weeks from referral to treatment however SG have recently added interim targets for the majority of specialties that are described below. The 57.7% related to the overall TTG target.

- a) No > 2 years waits for inpatient/daycases by September 2022
- b) No >18 month waits for inpatient/daycases by September 2023*
- c) No > 1 year for inpatient/daycases by September 2024*

The TTG waiting list is static rather than reducing. There is focused work on reducing our population waits of >2 years .





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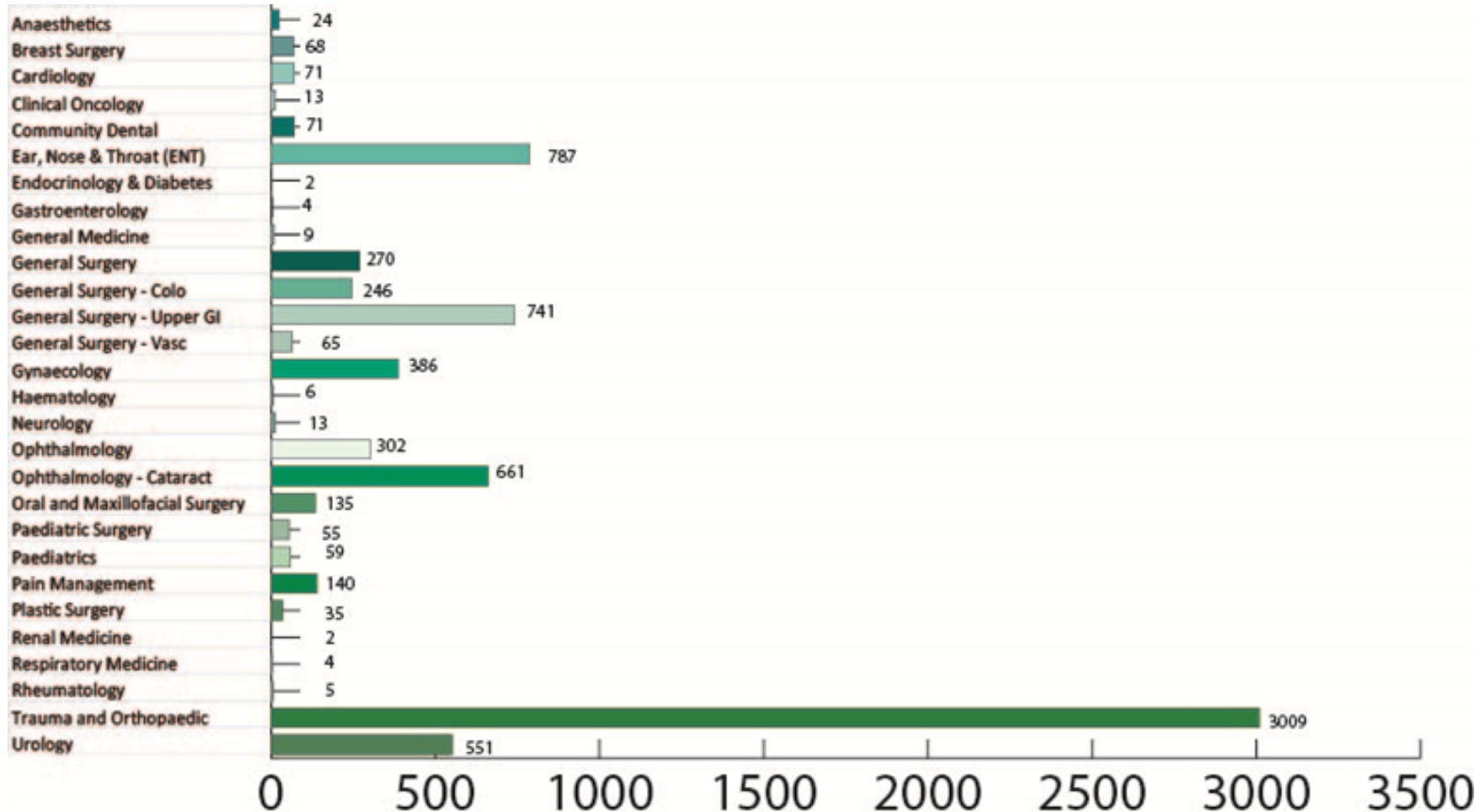
Objective 3
Outcome 12
Priority 12A

In Partnership
Treat Well (Planned care)
Ensure that our population have timely access to planned care through transforming the way that we deliver this and ensuring that they have the best experience possible



Waiting list by specialty

please note the total number by specialty and total number waiting may differ slightly due to coding and time of data extraction





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Katherine Sutton
Chief Officer, Acute

“Performance and capacity to deliver outpatient appointments has been challenging as a result of the pandemic and the impact on services. Recovery plans have been drafted that focus on increasing the number of appointments offered weekly to patients either via virtual or face to face contact. Plans have been developed at speciality level with Clinical Leadership at the forefront.

Efficiency improvements linking with The Centre for Sustainable Delivery are being applied across all speciality service areas. Additional capacity is being sourced to support in some service areas.

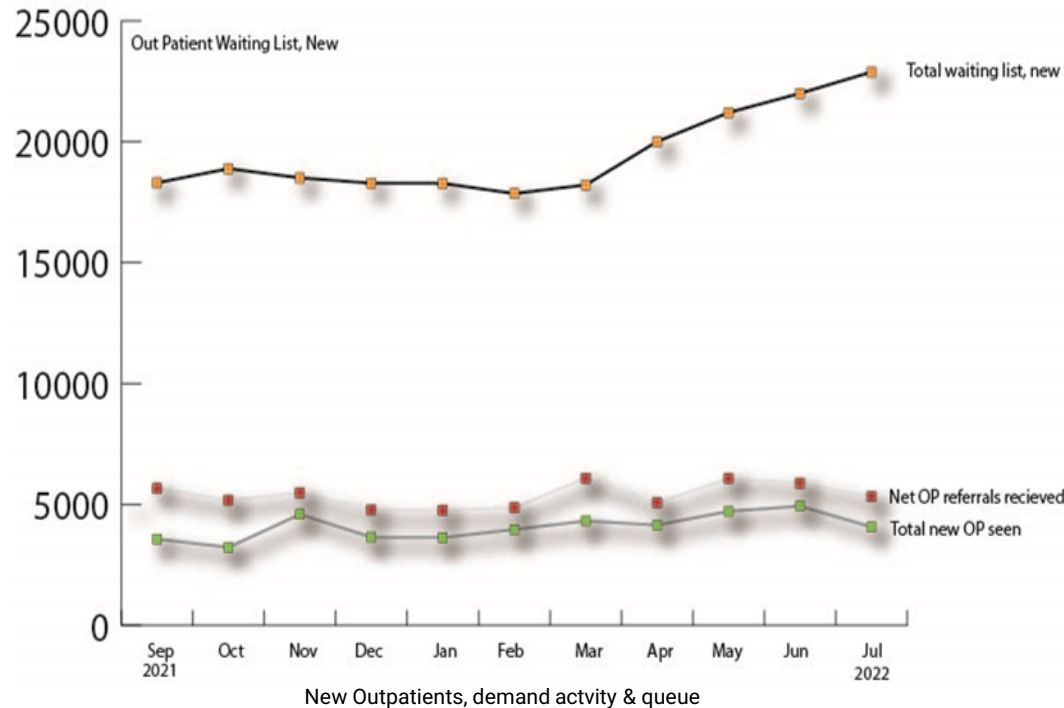
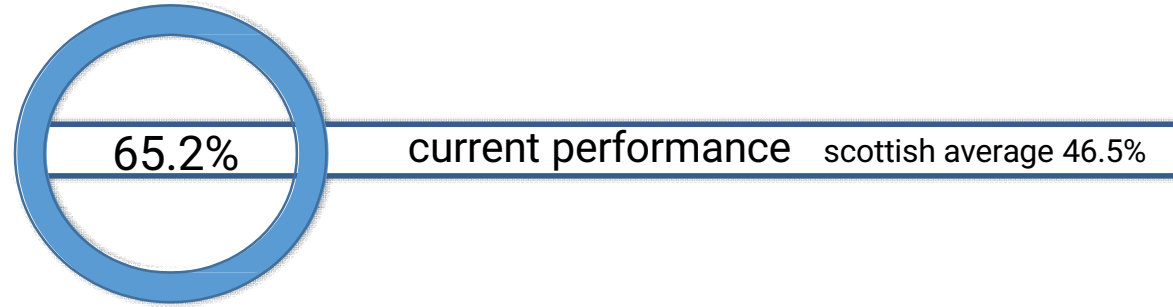
Engagement with the Scottish Government recently launched planned care recovery programme continues.”

Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12B

In Partnership
Treat Well (Outpatients)

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



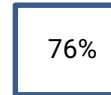
Performance Overview

The national target for outpatients is that no patient will wait >12 weeks from referral to treatment however SG have recently added interim targets for the majority of specialties that are described below. The 65.2% related to the overall OP target.

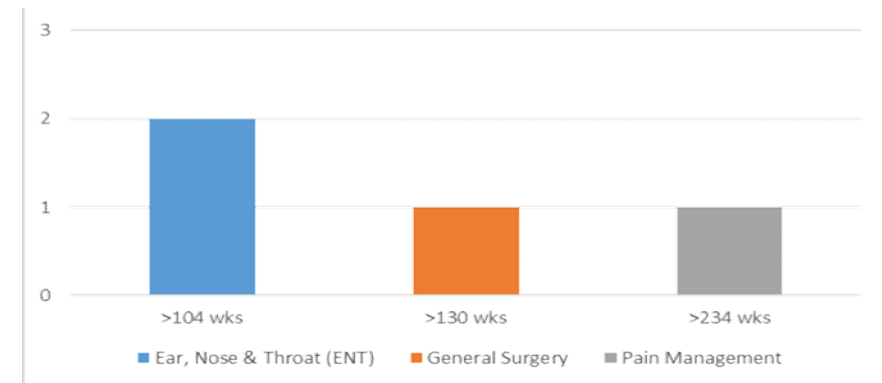
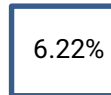
- a) No > 2 years waits for new outpatients by August 2022
- b) No >18 month waits for new outpatients by December 2022
- c) No > 1 year for for new outpatients by March 2023

Total new outpatient list is increasing rapidly and monthly activity is not able to meet demand. Total new outpatients seen has decreased with referrals received static. If new outpatient numbers increase this will see more of our population being added to the TTG waiting list.

F2F appointments



DNA rate Jun 2022



OP waits over 104 weeks at August 2022



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Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12B

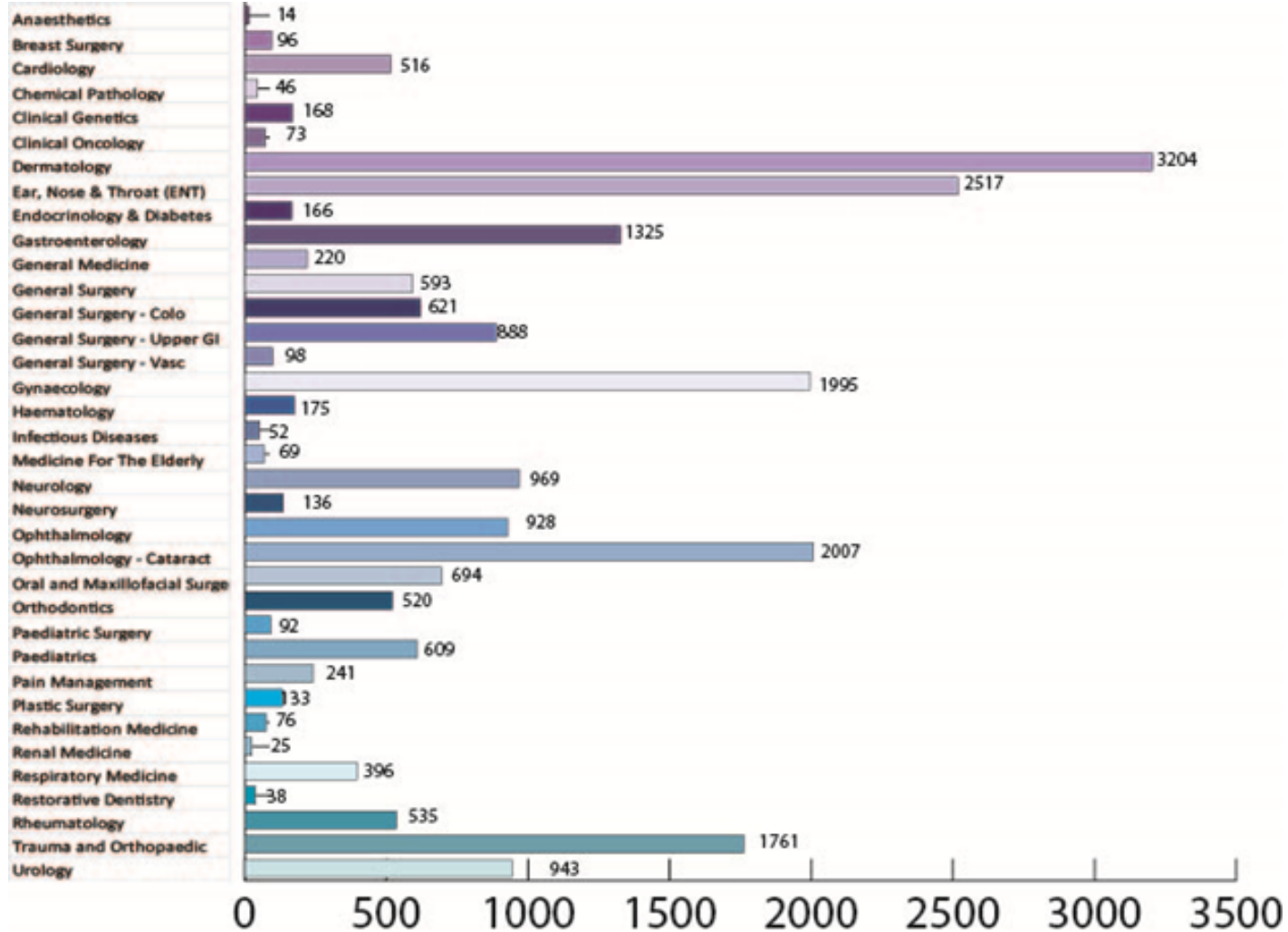
In Partnership
Treat Well (Outpatients)

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



Waiting list by specialty

please note the total number by specialty and total number waiting may differ slightly due to coding and time of data extraction





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Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12B

In Partnership
Treat Well (Return Outpatients)

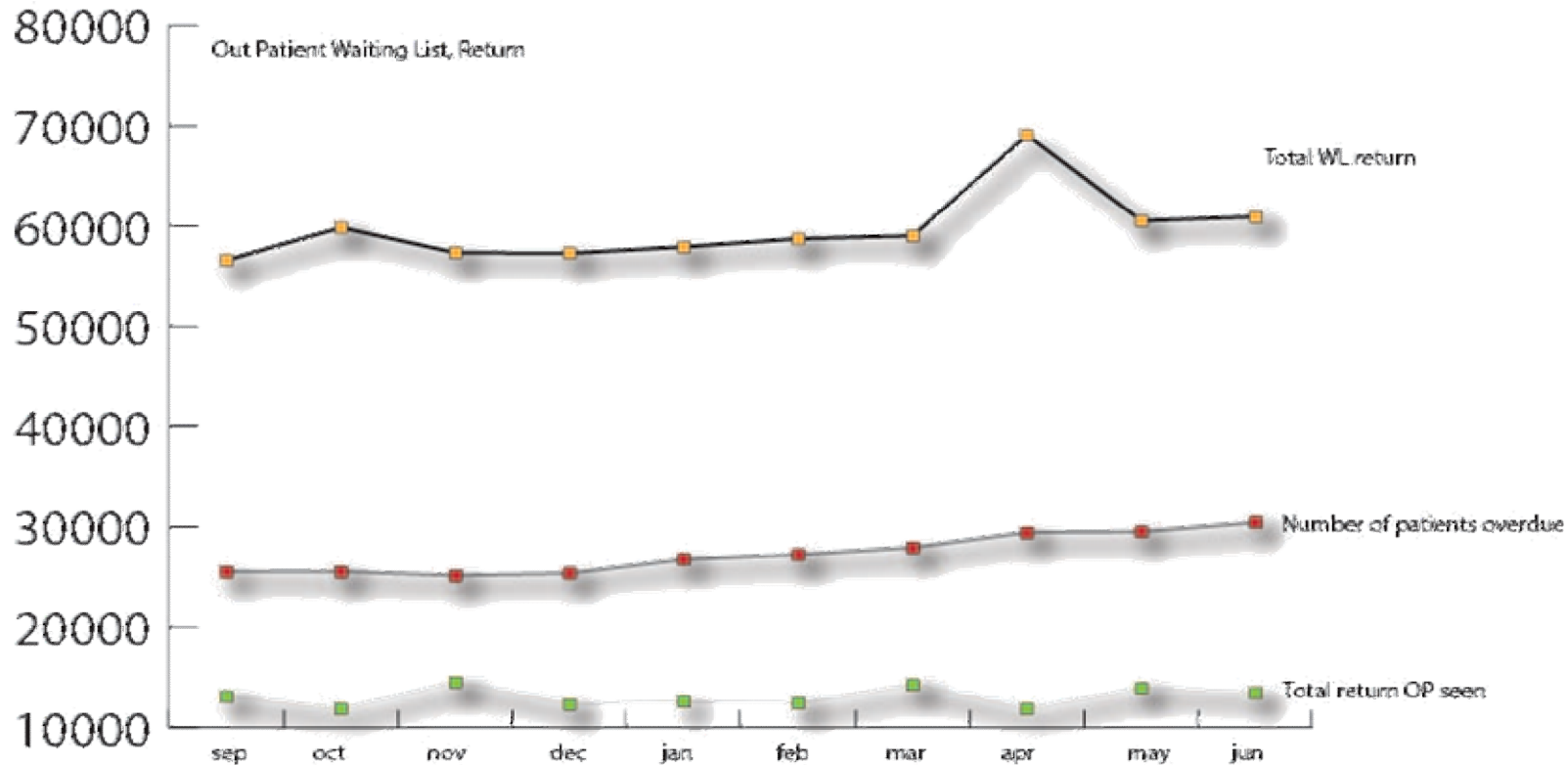
Deliver a Hospital without walls system that transforms the way we deliver outpatient services that will rethink the boundaries between patient and clinician to make the most of our valuable resources



Performance Overview

There is no national target for return outpatients at present.

Our total outpatient return list is now over 60,000 and increasing. The number of patients overdue is also increasing. With the return OP seen figures static then this will continue to increase if current activity is sustained.





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Katherine Sutton
Chief Officer, Acute

Workforce gaps have reduced capacity to deliver Endoscopy capacity. Locum staffing have been recently recruited to cover short term workforce gaps. Recruitment is ongoing to fill consultant vacancies.

Nurse endoscopists have now completed training and able to increase capacity. The service has developed a recovery plan that supports JAG accreditation, improved admin processes and the utilisation of all endoscopy capacity across Raigmore and RGs.

Integrated Performance & Quality Report

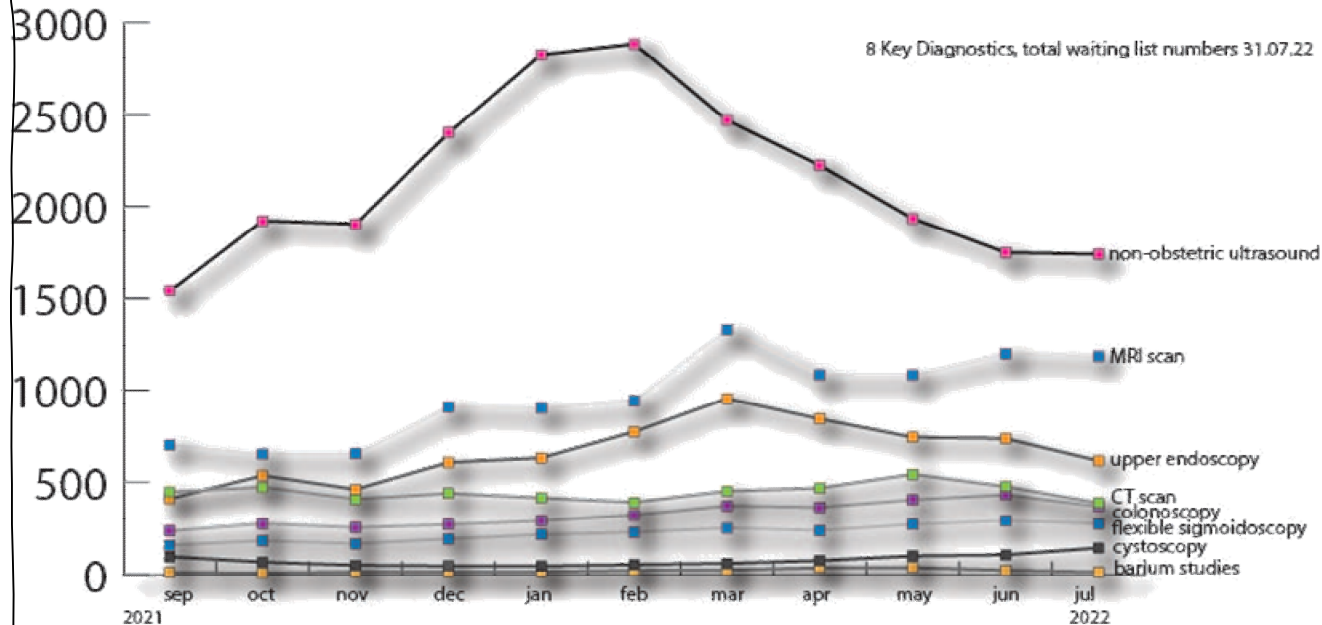
Objective 3
Outcome 12
Priority 12C

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

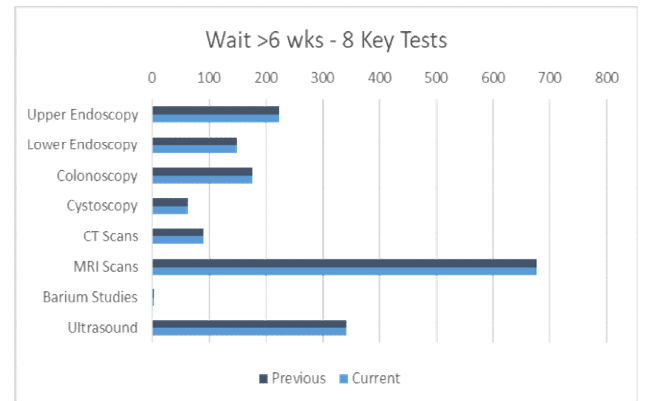


Performance Overview

The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test. We have 4749 people waiting for a key diagnostic test. 852 patients are waiting for an MRI and there will a requirement for increased activity in non-obstetric ultrasound to reduce the waiting list further. We are actively looking at how we improve analysis and reporting of diagnostic compliance targets.



8 KEY DIAGNOSTICS July 2022	Total Waiting list size	NUMBER OF PATIENTS SEEN
Upper Endoscopy	390	230
Flexible Sigmoidoscopy	278	101
Colonoscopy	372	215
Cystoscopy	146	88
CT Scan	619	1209
MRI Scan	1184	783
Barium Studies	16	18
Non Obstetric Ultrasound	1744	1647
Total	4749	4291





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Katherine Sutton
Chief Officer, Acute

There have been challenges with capacity particularly within the endoscopy diagnostic capacity due to COVID absence and workforce capacity.

Arrangements have been established through the independent sector to increase endoscopy capacity. Capacity to deliver integrated breast surgery pathways has been challenging due to capacity within breast surgery and also due to diagnostics.

Recovery plans bespoke to breast surgery are progressing which aim to return performance towards trajectory by October 2022.

Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12A

In Partnership
Journey Well (Cancer Care)

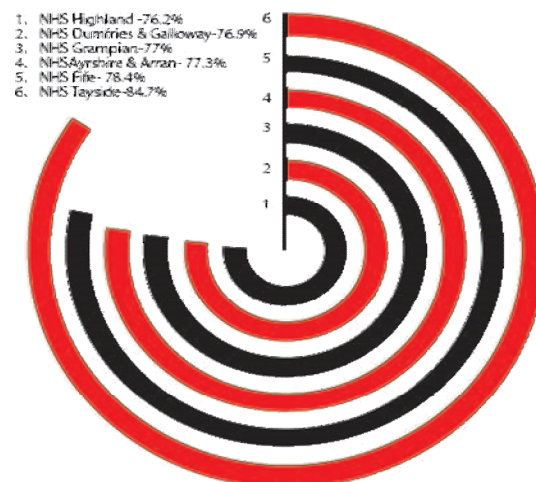
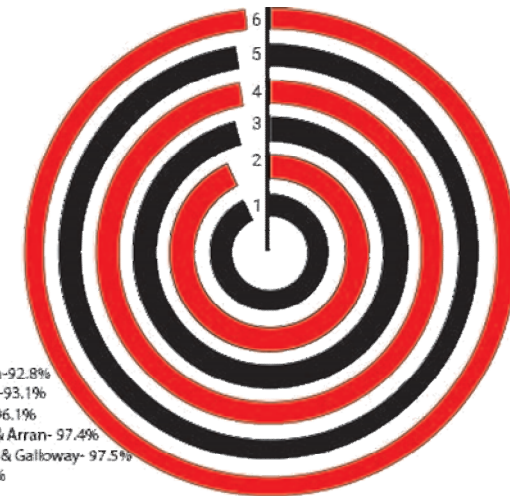
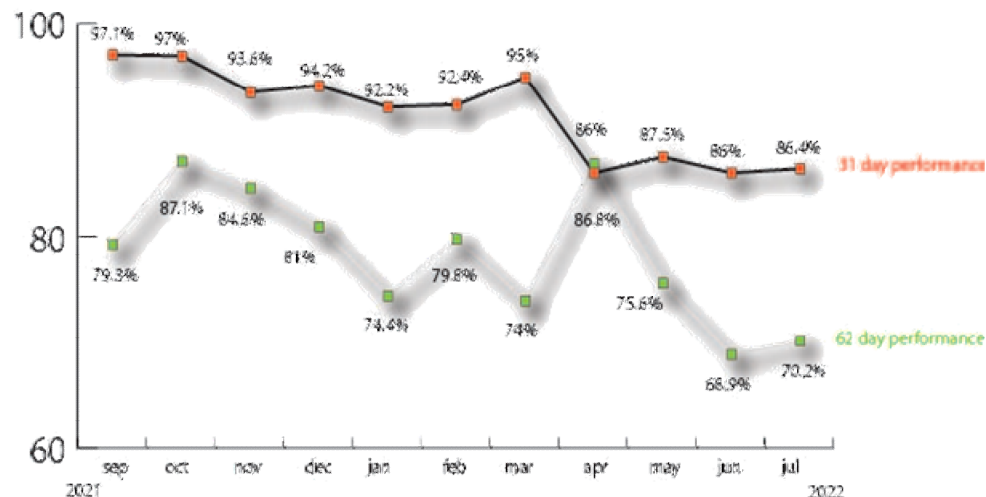
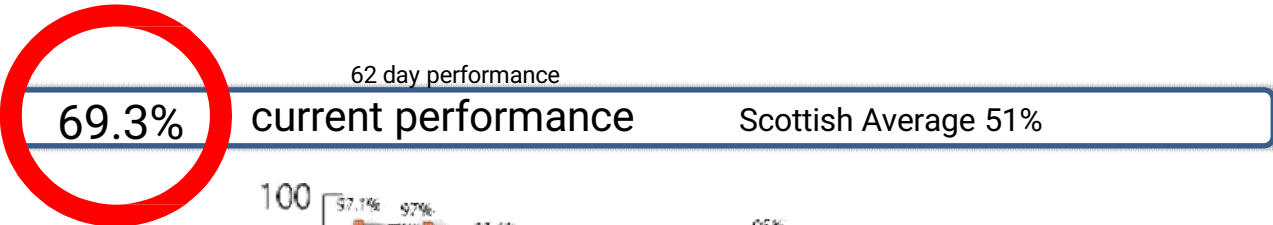
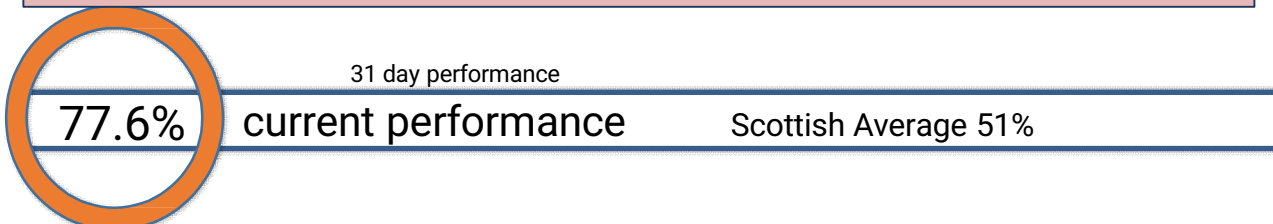
Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment and personal support



Performance Overview

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

Performance for the 31 day target remains static and there is a slight increase in performance of the 62 day performance. Access to surgery and diagnostics needs to be improved to meet the targets.





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Louise Bussell
Chief Officer, NHHSCP

Delayed discharges remain a concern both nationally and within NHS Highland. They are part of a bigger picture of a system under strain as well as the need to ensure we are focusing on reshaping how we work together.

There is a close relationship between the unscheduled care work required across the system and the level of delayed discharges alongside the competing challenges within acute and community services. There is a need for quality improvement work across a number of areas. This work is in progress with a number of key developments underway. This is though in the context of significant system pressure such as in adult social care and the need to effectively manage change across the organisation.

Cross system working is key to ensuring success of this work as long as benchmarking from other areas to achieve sustainable improvements.

Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12A

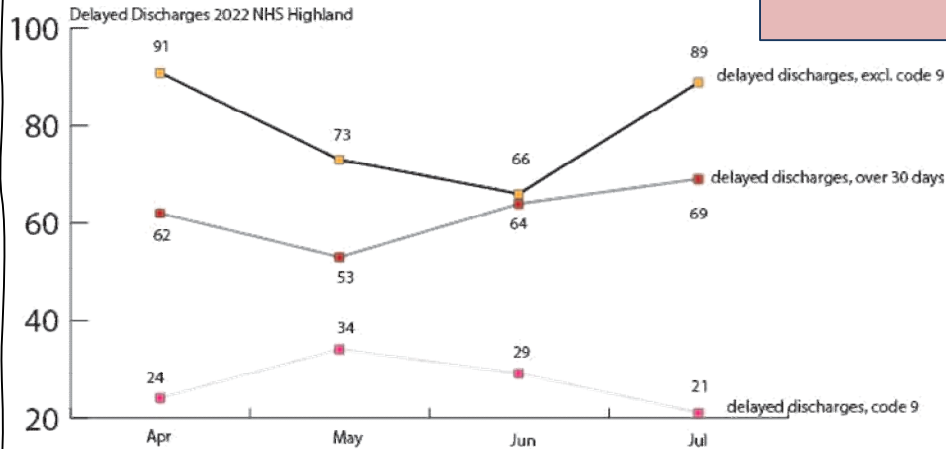
In Partnership
Respond Well & Care Well (Delayed Discharges)

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



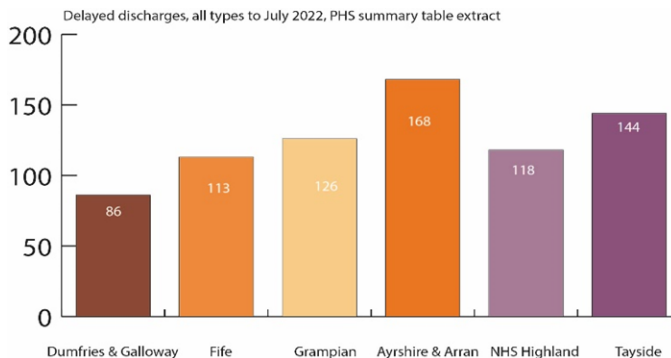
Performance Overview

There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time. We had 89 delayed discharges in July 2022 with 21 of those are code 9 (complex) 69 delayed discharges are >30 days. Delayed discharges across all of our sites have risen slightly since end of June. 60% of our population went directly home after a period of delay compared to 53% across Scotland.

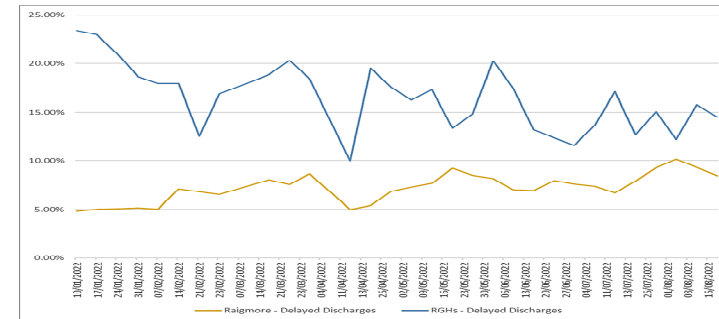


*Excludes A&B patients in GG&CHB

Sequence shortened to reflect acute dashboard format. Previous annual DD trend is available.

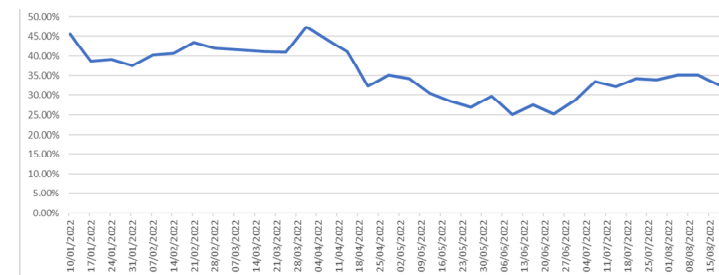


Delayed Discharges in Acute Hospitals as % of total discharges, weekly



RGH's
Raigmore Hospital

Delayed Discharges in Community Hospitals as % of total discharges, weekly





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Louise Bussell
Chief Officer, NHHSCP

The care home and care at home sectors are both under significant pressure. This is multi-factorial including recruitment and retention challenges, financial concerns and the remote and rural context that the services work within.

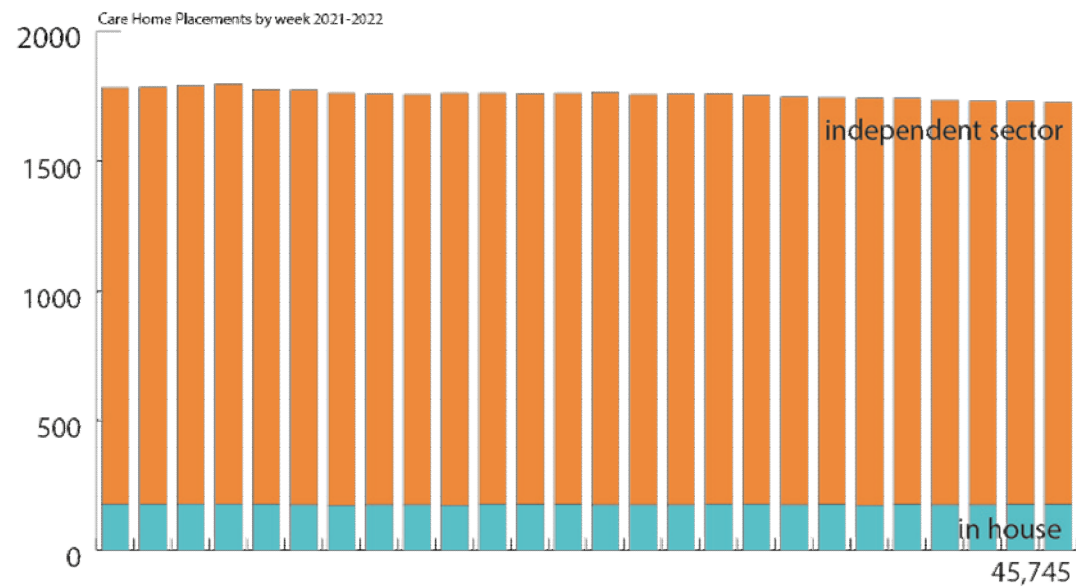
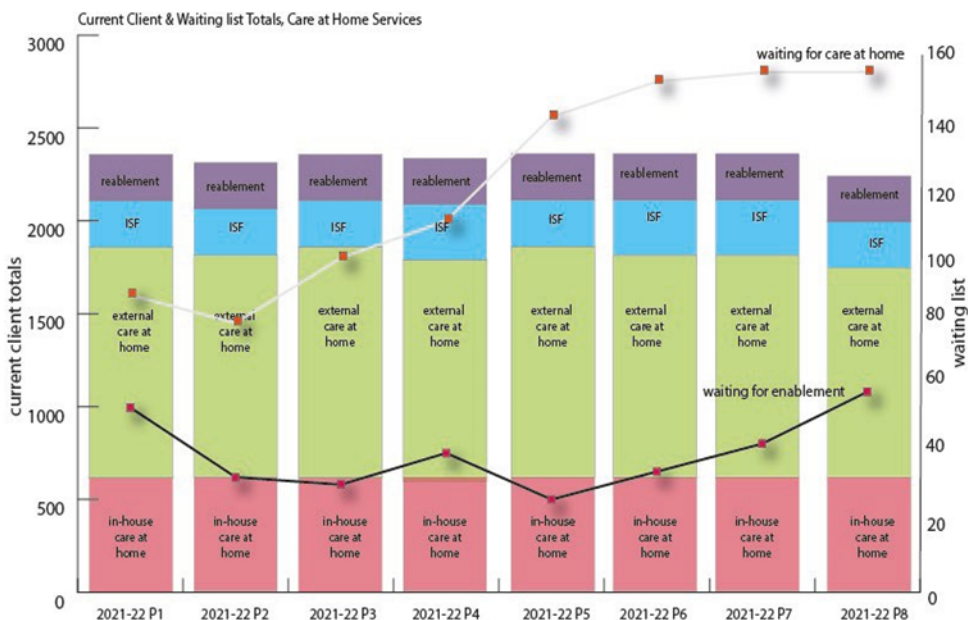
There is an ongoing reduction in care at home capacity despite the continued demand, with a particular reduction of independent sector capacity. The HSCP are working closely with the sector to try to build resilience including initiatives such as a care academy, recruitment and retention plans and exploring new working practices. All of which will now be reported into the new ASC Programme Board for north Highland.

In relation to care homes the overall number of available beds continues to reduce with a number of providers leaving the sector and others expressing concerns about the future. The HSCP are working with the Highland Council to develop a strategy for care homes and an implementation plan to span the short to longer term care environment.

Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12a

In Partnership
Care Well (Adult Social Care)





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**Louise Bussell - Chief
Officer, NHHSCP**

Psychological therapies services have had longstanding challenges with significant waiting times. There are a number of factors that have led to this including a lack of any other route for psychological interventions at an earlier stage. It is anticipated that the development of primary care mental health services will help to fill this gap in provision along with the targeted use of community resources and the development of CMHT colleagues to work with their psychological therapy colleagues.

There will though always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. Recruitment and retention is difficult when national recruitment is taking place, however there has been some success to date and in particular we are developing our neuropsychology service which forms the majority of our current extended waits.

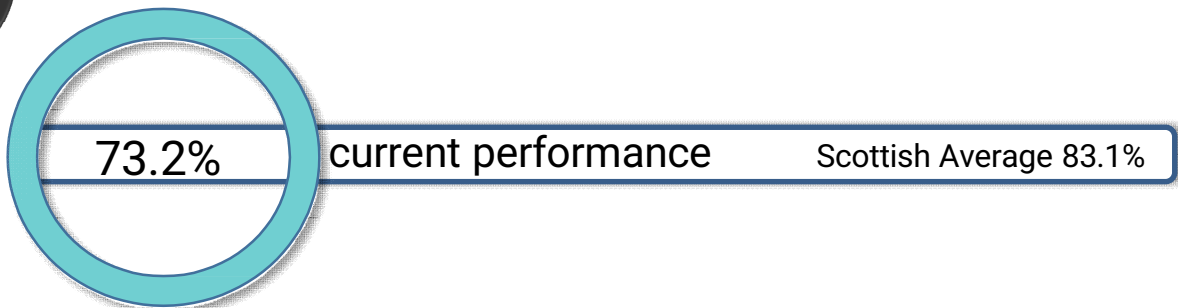
The data provided here is already showing improvement overall with clear trajectories agreed with SG as we progress with our implementation plan.

Integrated Performance & Quality Report

**Objective 3
Outcome 12
Priority 12A**

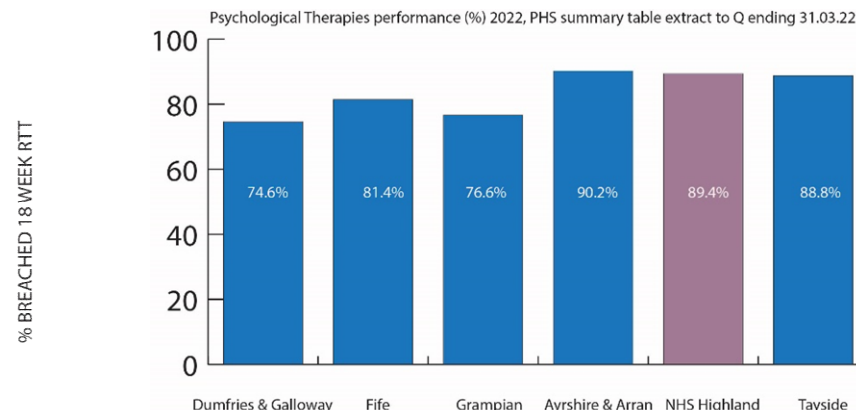
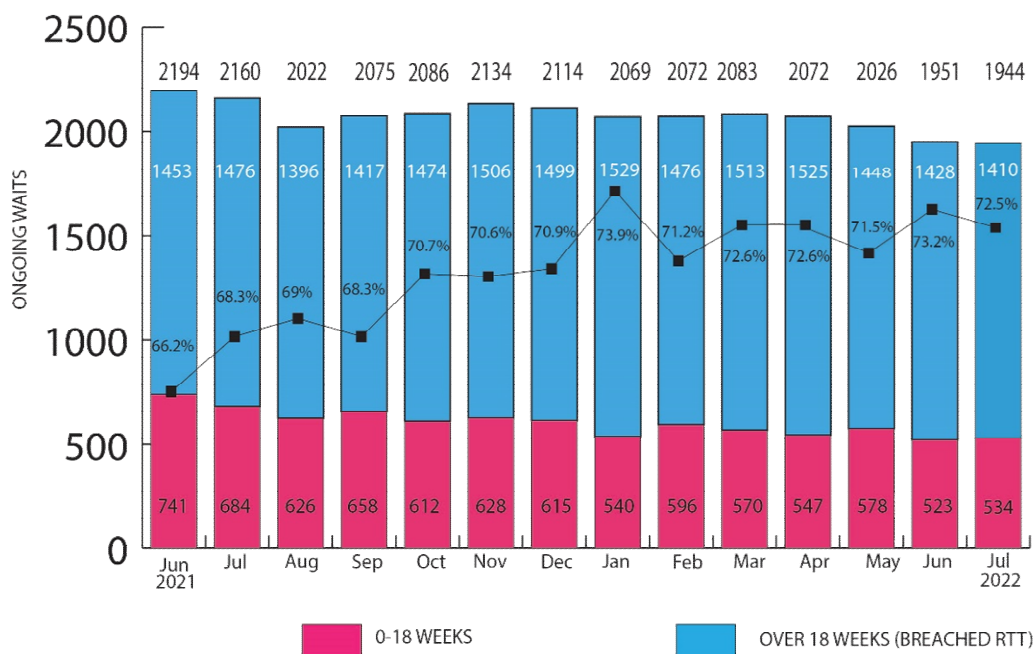
**In Partnership
Live Well (Psychological Therapies)**

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



Performance Overview

The national target is that 90% of our population commence psychological therapy based treatment within 18 weeks of referral. We have 1951 of our population waiting to access PT services. 1428 patients who are waiting >18 weeks. 411 of those are waiting for North Highland neuropsychology services. 1017 have been waiting >1yr 2yrs





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Dr Boyd Peters
Medical Director

Complaints

“Response times for complaints have been improving. A framework for improvement in performance was agreed earlier in 2022 and each operational unit is progressing further improvement work. Performance is at 58%.”

Freedom of Information

“The Board has made a number of improvements in overall systems for FOI responses with better performance resulting.

The performance target is 95% of FOI being responded to within 20 working days. The first quarter compliance was 92%. Sustaining the improvements is the next step.”

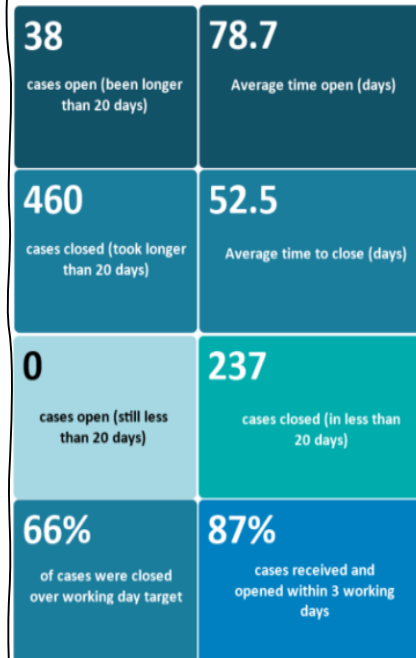
Integrated Performance & Quality Report

Objective
Outcome
Aligned Area

Perform Well
Quality & Experience
Complaints & Freedom of Information Requests (FOI)



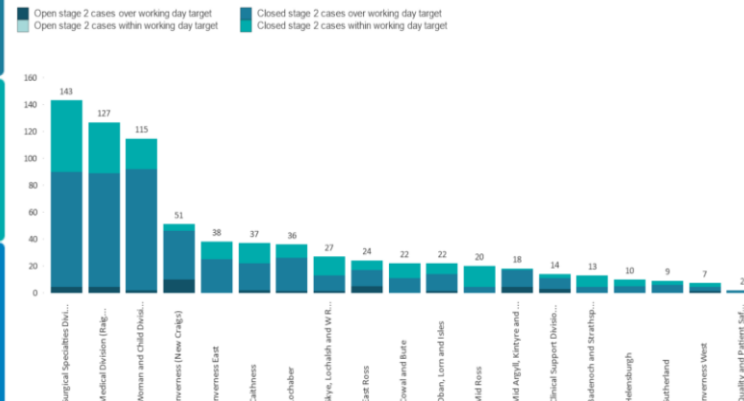
NHS Highland stage 2 case overview



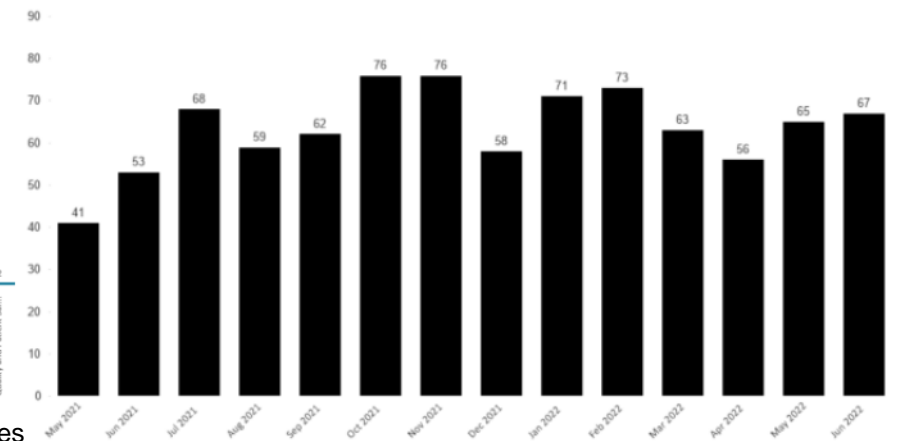
Working day performance (closed within 21 days) over last 13 months

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Highland	74%	68%	75%	63%	62%	87%	83%	90%	68%	86%	96%	91%	88%

Working day status graph displaying number of stage 2 cases received by district/division over last 13 months



Number of freedom of information requests received over last 13 months



Working day performance (closed within 20 days) for stage 2 cases

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Highland	24%	31%	25%	22%	26%	37%	26%	25%	27%	32%	32%	43%	58%
Argyll & Bute	67%	44%	17%	33%	38%	57%	25%	33%	29%	60%	25%	17%	0%
Acute	10%	23%	9%	12%	0%	30%	21%	28%	32%	21%	28%	61%	67%
HHSCP	50%	65%	38%	38%	47%	39%	42%	7%	14%	62%	41%	19%	56%



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Dr Boyd Peters
Medical Director

Adverse Events

“Quality & patient safety meetings regularly review higher impact/risk incidents to monitor the system safety and identify learning and improvements. Clinicians report there is greater risk in the system which relates to how things have changed since the pandemic. Work is in progress to reduce the number of adverse events awaiting review.”

SAERs

“System improvement work continues in line with the internal audit plan. Backlog issues are being addressed, although this is more challenging in some parts of the organisation especially where the case is complex. The internal audit work is reported to Clinical Governance Committee and to the Audit Committee and is showing evidence of progress against the areas identified.”

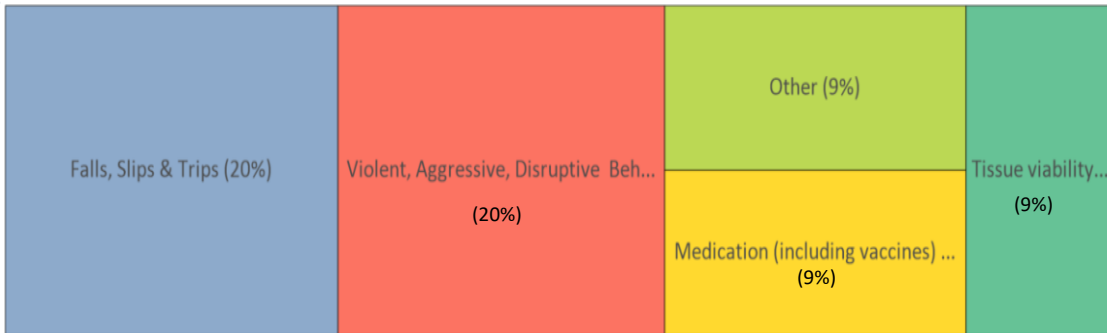
Integrated Performance & Quality Report

Objective 3
Outcome
Aligned Area

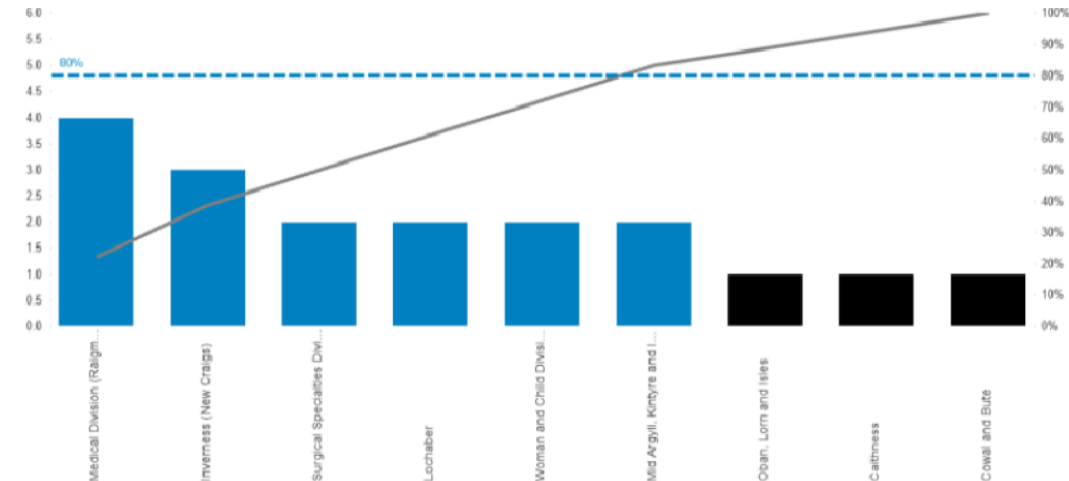
Perform Well
Quality & Experience
SAER and Adverse Event Reviews



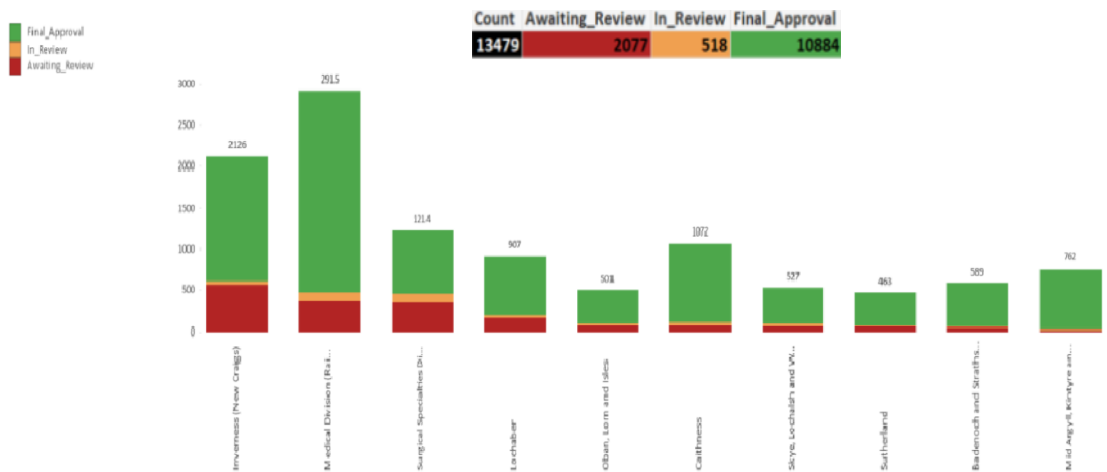
Top 5 adverse event categories last 3 months (May 2022 – July 2022)



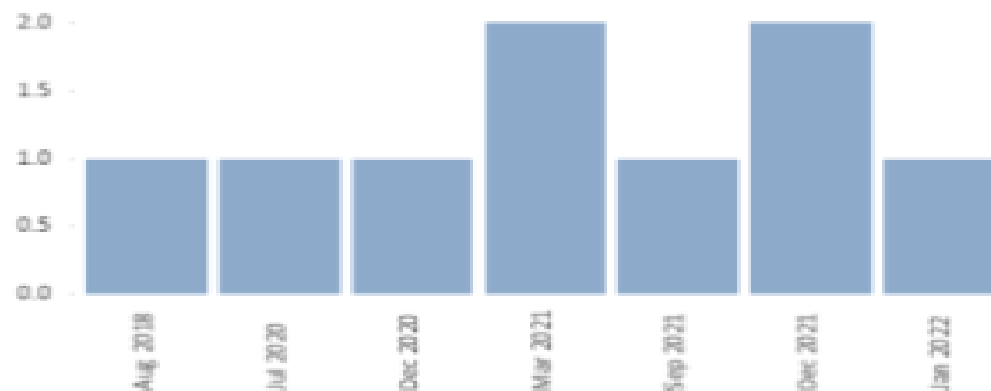
Pareto graph displaying number of SAERs declared by district/division over last 13 months



Total number of incidents recorded by district/division over last 13 months (top 10) | Shown by approval status (descending order of 'awaiting review')



Number of SAERs declared that are over working day target by month declared



Number of SAERs declared

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



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Integrated Performance & Quality Report

Objective 3
Outcome
Priority

Perform Well
Quality & Experience
Tissue Viability

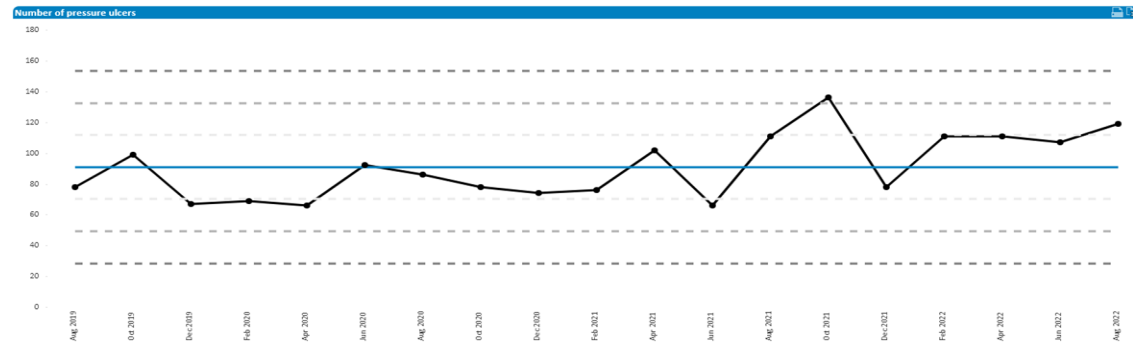


Heidi May
Nurse Director

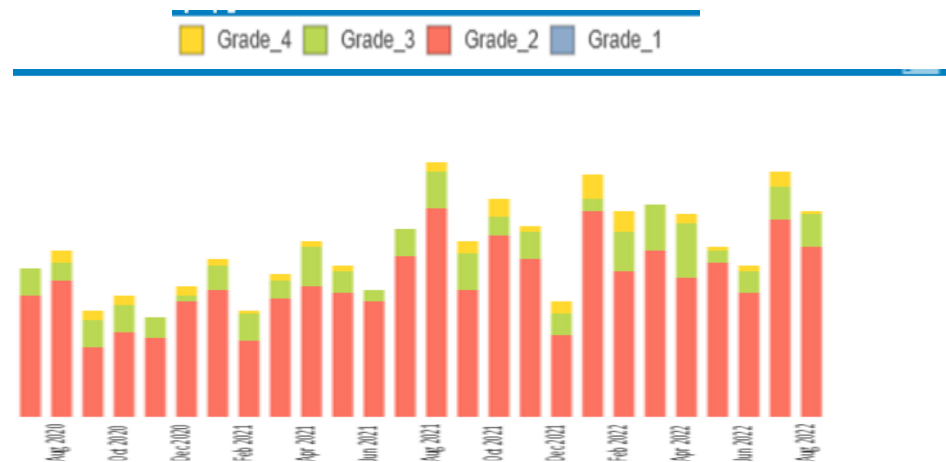
“NHS Highland’s Tissue Viability Leadership Group (TVLG) is a multi-professional group that reports to the Clinical Governance Committee. For the last two years, sustained challenges with long term absence, difficulty recruiting specialist Tissue Viability staff and reassignment of Tissue Viability staff to front line direct care services has resulted in reduced focus on staff training and service development and review. This pattern has resulted in a review of the structures in place to support tissue viability in Highland and forms part of a refreshed work plan for the Tissue Viability Leadership Group.

Health Improvement Scotland are working with NHS Highland and other boards to support with pressure ulcer prevention and reduction. We have also looked at the data within NHS Highland and are looking to review and reduce pressure ulcers by a reduction of 10%.”

NHS Highland – Number of Pressure Ulcers Aug 2019 – Aug 2022



Number of grade 2-4 pressure ulcers over last 24months





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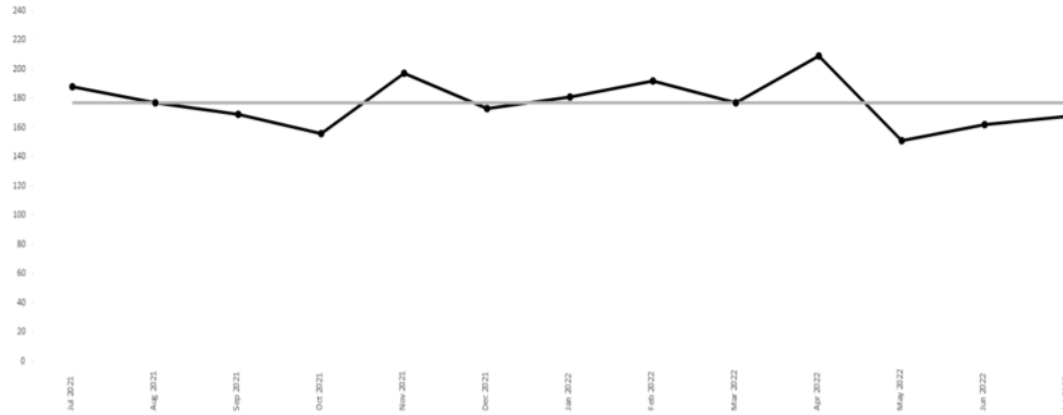
Objective 3
Outcome
Area

Perform Well
Quality & Experience
Falls

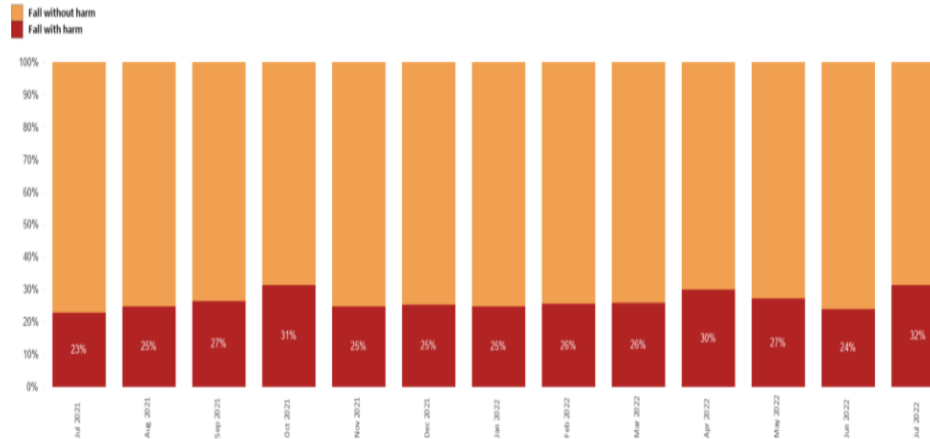


Heidi May
Nurse Director

“Analysis of falls incidence in NHS Highland continues to show a pattern of random variation over the previous 13 months with no overall downward trend to date. Multiple factors linked related to patient numbers, presentation, placement and workforce challenges are being managed closely in relation to patient safety and falls prevention. Intensified efforts are being focussed predominantly but not exclusively on acute care with support from the NESH quality improvement team and Healthcare Improvement Scotland (HIS) via the Scottish Patient Safety Programme (SPSP) to reduce the incidence of falls. This refreshed approach supports the development of individualised local action plans with increased MDT focus on falls prevention and monitoring as part of a system wide approach to falls reduction. This continued integrated approach and more intensive QI approach is essential to impact a sustained shift in falls incidence.”



NHS Highland - Run chart – Number of Hospital Inpatient Falls - Last 13 Months



NHS Highland – inpatient falls with harm v inpatient falls without harm (%)



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Objective 3
Outcome
Aligned Area

In Partnership
Treat Well
Infection Prevention and Control

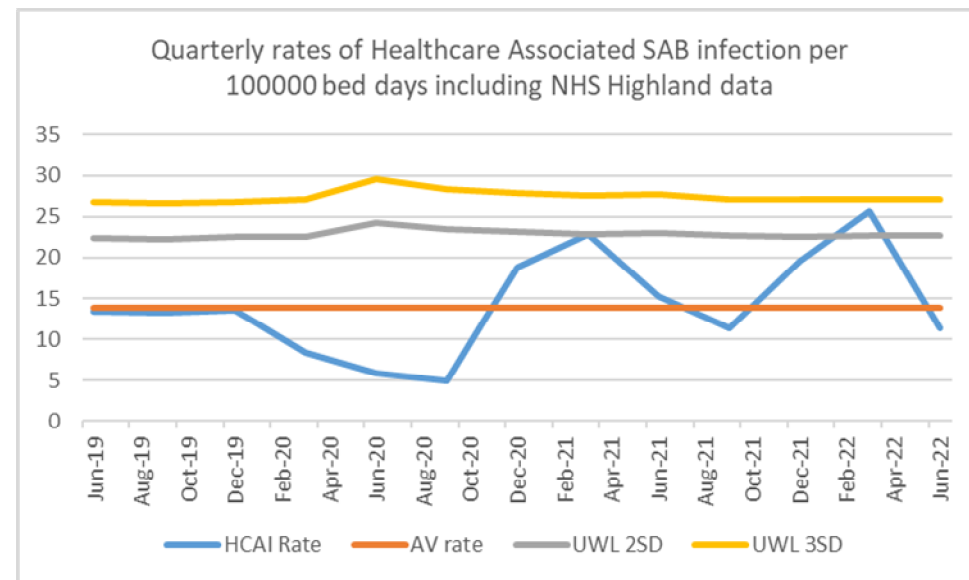
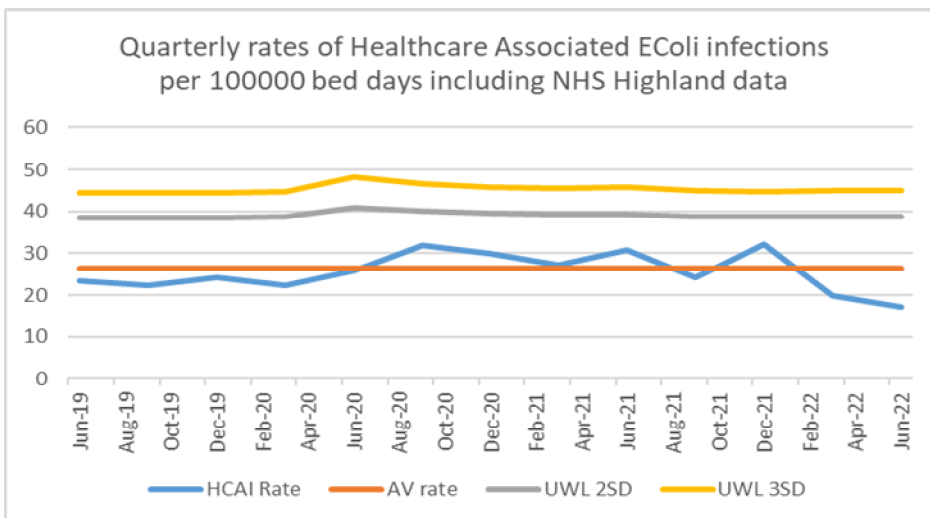
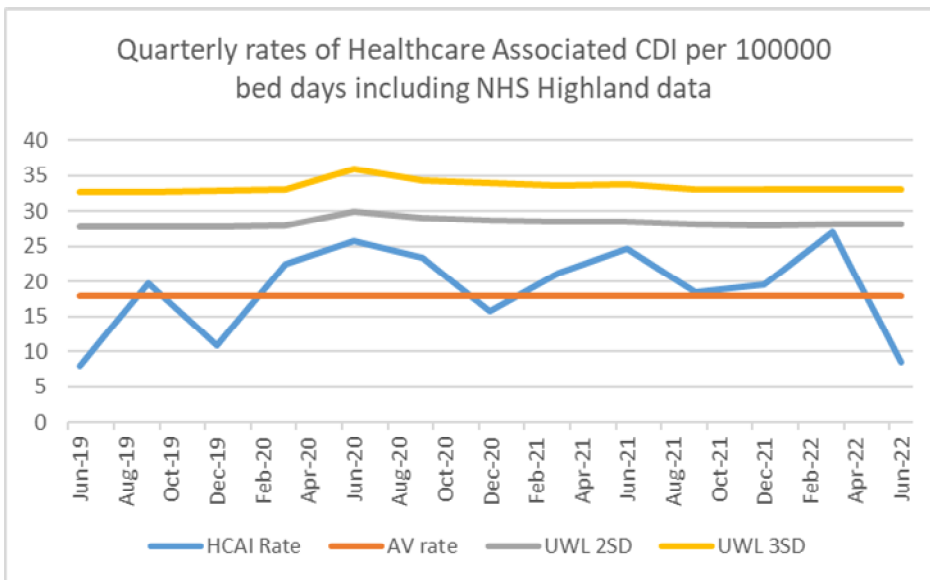


Heidi May
Nurse Director

“Current national Infection Prevention and Control reduction targets for Clostridioides difficile and Staphylococcus aureus will remain in place during 2022/2023.

Numbers of C difficile health care related cases exceeded expected levels during quarter 1 this year (January – March 2022). No commonalities were identified and the case numbers are now reducing. However the situation is being closely monitored. The Infection Prevention and Control Team have worked closely with the Government to ensure all appropriate actions have been taken.

The April May June data has yet to be validated.”





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Objective 3 Our People



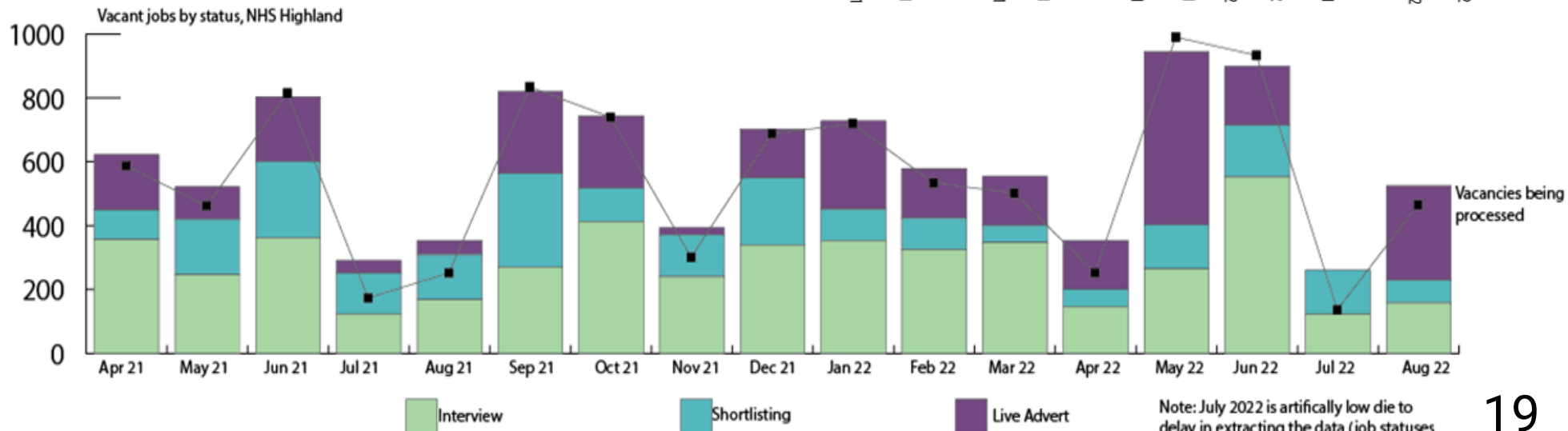
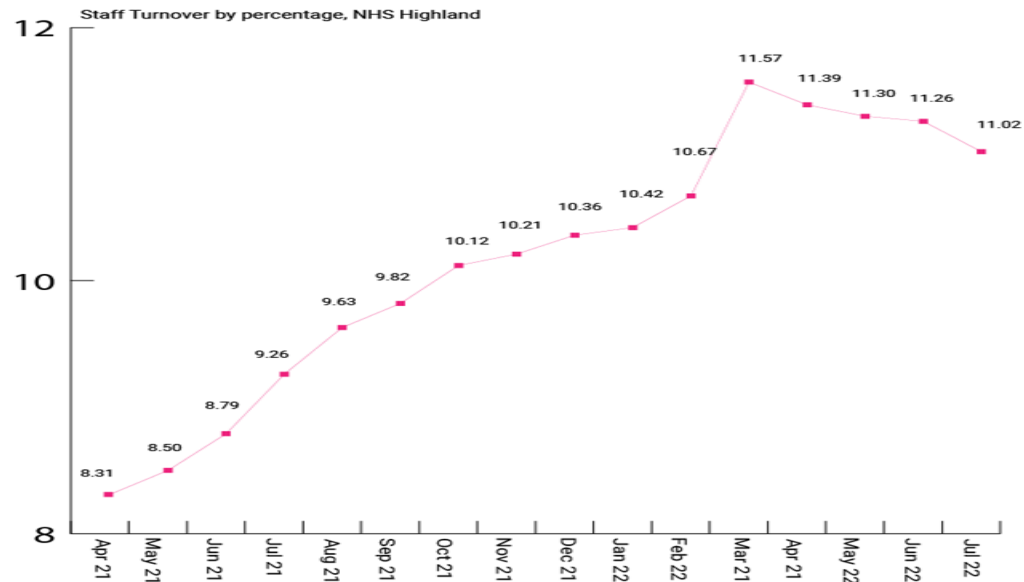
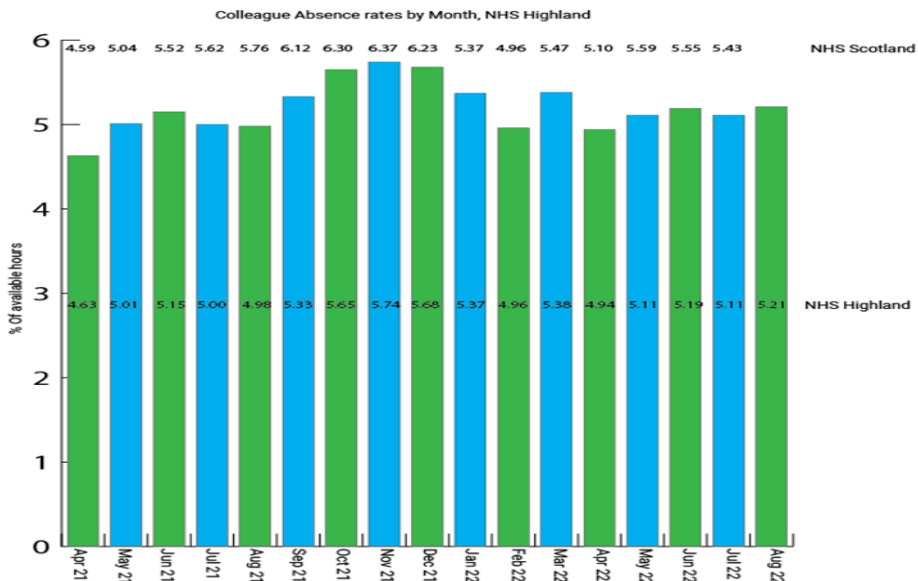
Fiona Hogg
Director of People
& Culture

“The people and culture metrics are being redesigned to align with the strategy, workforce plan and ADP, with a development session of SGC in October to take this forward. A refreshed initial data set will be available in November, and this will continue to develop over time as additional insights and data points become available.

Absence continues to track below the NHS Scotland average, but is still higher than this time last year and the people partners are working with senior leadership teams to address local challenges and opportunities for both avoiding long term absence and improving support for return. There could be an increase in absence from September as there is no longer Covid special leave available, in line with national policy.

Turnover has fallen slightly over the summer months, which is a typical pattern but is still high, reflecting increased retirements as well as ongoing movements in workforce which had fallen at the peak of the Covid pandemic.

Levels of vacancies remain high, and work is about to begin with Senior Leadership Teams to prioritise recruitment in line with strategy and financial position, to ensure the capacity and effectiveness of the recruitment team is being deployed to areas of highest impact. “





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Integrated Performance & Quality Report Argyll & Bute Integration Joint Board

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