NHS Highland

NHS Highland

Meeting:	NHS Highland Board
Meeting date:	30 January 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 the Board for:

- Assurance

This report relates to:

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 the performance and quality based on the latest information available.

- The performance information is presented to the Finance, Resources and Performance Committee for consideration before being presented in the Board IPQR.
- The Clinical Governance information is presented to the Clinical Governance Committee for consideration before being presented in the Board IPQR.
- The workforce information is presented to the Staff Governance Committee for consideration before being presented to the Board.

2.1   Situation

In order to allow full scrutiny of the intelligence presented in the IPQR the 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. The Local Delivery Plan standards have also been included with the exception of those detailed.

From March 2024 the IPQR will include Argyll and Bute Integrated Performance Management Framework (IPMF) metrics included to ensure a whole system performance and quality position.

As a test we will also incorporate a test of change as agreed through the Blueprint for Good Governance bringing patient experience into two areas; Cancer and Radiology.

2.2   Background
The IPQR is an agreed set of performance 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	X
Limited		None	

3   Impact Analysis

3.1   Quality/ Patient Care

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

3.2   Workforce

The Board IPQR, of which this is a subset, 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 SLTs 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 accept moderate assurance and to note 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

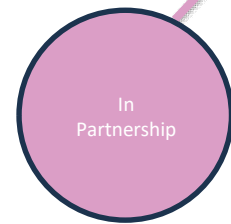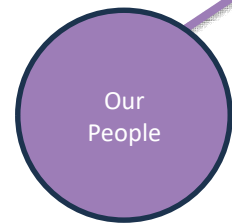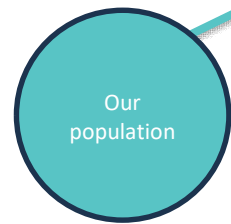The following appendices are included with this report:

- Integrated Performance and Quality Report – January 2024

Contents

Executive Summary of Performance

Area	Current Performance	ADP Trajectory Met	Performance Rating	National Target	National Target Met/Not Met
CAMHS	76.0%	New target being agreed	Variation	90%	Not met >10%
Emergency Access	79.9%	Not met	Stable	95%	Not met >10%
Treatment Time Guarantee	65.5%	ADP and long waits not met	Decreasing	100%	Not met >10%
Outpatients	44.0%	ADP trajectory met but long waits not met	Variation	100%	Not met >10%
Diagnostics - Radiology	75.9%	Met	Stable	80% (Mar 24)	Not met <10%
Diagnostics – Endoscopy	80.7%	Met	Stable	80% (Mar 24)	Met
31 Day Cancer Target	93.1%	Not Met	Variation	95%	Not Met <10%
62 Day Cancer Target	61.1%	Not Met	Variation	95%	Not Met >10%
Psychological Therapies	80.8%	New target being agreed	Decreasing but new target being agreed	90%	Not met <10%
Delayed Discharges	213 at Census	Not met	Decreasing	n/a	n/a

Guide to Performance Rating

- ■ (blue) Stable if no improvement or decrease has been seen but overall positive performance
- ■ (green) Improving is 2/3 months of improved performance
- ■ (red) Decreasing – 2/3 months of decreased performance
- ■ (orange) Variation – Inconsistent pattern of performance/not meeting target

The above is a summary of performance where national target or ADP trajectories are agreed and do not cover the full content of this Integrated Performance and Quality Report

Vaccination Performance

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Exec Lead
Dr. Tim Allison,
Director of Public Health

Progress Made	Next Steps	Timescale
• The autumn/winter COVID and 'Flu vaccination programme has been delivered by Board staff except for some islands where there has been practice delivery. This programme is designed to reach those more at risk of illness. • Overall COVID & 'Flu uptake has been reasonable, but the quality of service requires improvement in Highland HSCP regarding issues including workforce and access. This is also the case for other vaccination programmes.	• Work is being undertaken with Scottish Government and Public Health Scotland to improve the quality of delivery in Highland HSCP. Changes include designing a service based on district teams. • Preparations need to be made for new vaccine programmes.	• Ongoing

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

Latest Performance	53.3% / 49.5%
ADP Trajectory Agreed	n/a
ADP Trajectory	n/a
Performance Guide	Just commenced
National Benchmarking	53.6% / 50.6%
National Target	**Below Average**
National Target Achievement	n/a

Covid Vaccine Uptake 10/12/23
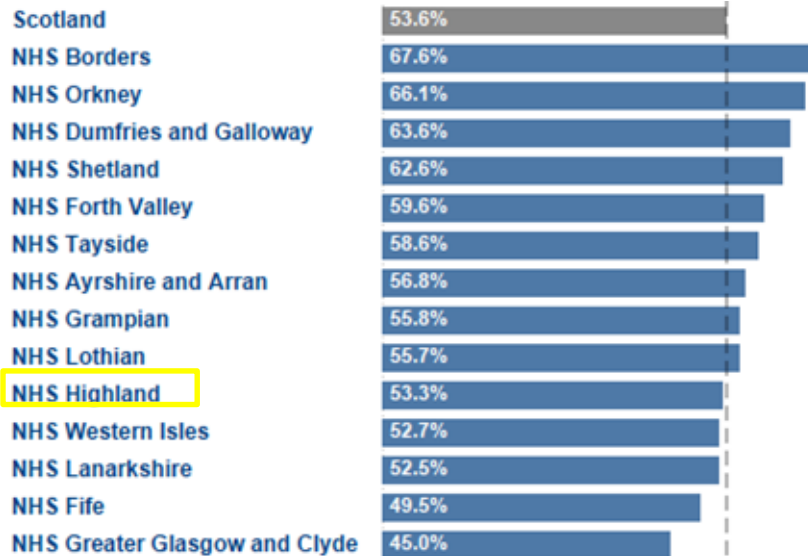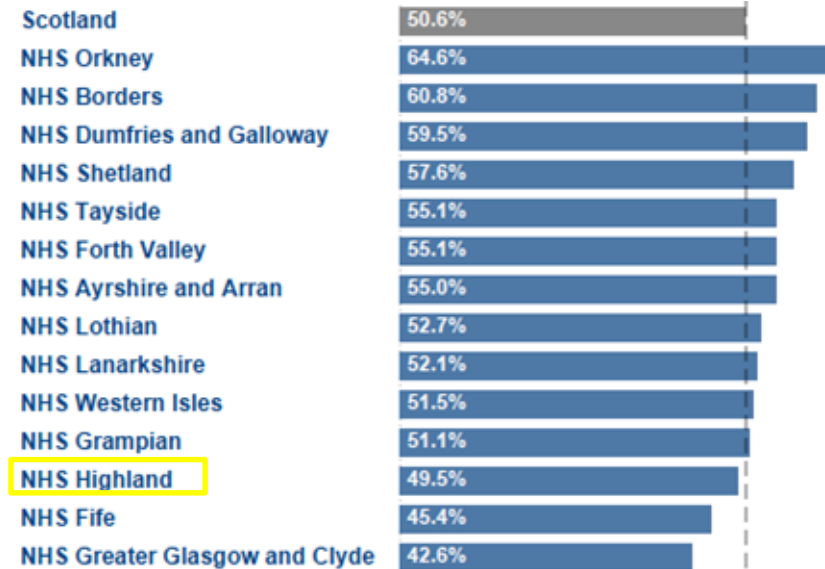
Scotland	53.6%
NHS Borders	67.6%
NHS Orkney	66.1%
NHS Dumfries and Galloway	63.6%
NHS Shetland	62.6%
NHS Forth Valley	59.6%
NHS Tayside	58.6%
NHS Ayrshire and Arran	56.8%
NHS Grampian	55.8%
NHS Lothian	55.7%
NHS Highland	53.3%
NHS Western Isles	52.7%
NHS Lanarkshire	52.5%
NHS Fife	49.5%
NHS Greater Glasgow and Clyde	45.0%

Adult Influenza Vaccine Uptake 10/12/23

Scotland	50.6%
NHS Orkney	64.6%
NHS Borders	60.8%
NHS Dumfries and Galloway	59.5%
NHS Shetland	57.6%
NHS Tayside	55.1%
NHS Forth Valley	55.1%
NHS Ayrshire and Arran	55.0%
NHS Lothian	52.7%
NHS Lanarkshire	52.1%
NHS Western Isles	51.5%
NHS Grampian	51.1%
NHS Highland	49.5%
NHS Fife	45.4%
NHS Greater Glasgow and Clyde	42.6%

Alcohol Brief Interventions

Progress Made	Next Steps	Timescale
•ABI training calendar available on Turas for 2023/2024 with courses being well attended; 141 participants in 22 deliveries to date. Wider Settings reporting form live since November and being used.	• Progress with updating the LES. Continue to apply communications plan by re-engaging with teams that delivered ABIs in the past, to support increased delivery. Begin further evaluation of training to determine practical application.	• Review end February 2024.

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

Latest Performance	n/a
ADP Trajectory Agreed	n/a
ADP Trajectory	n/a
Performance Guide	Variation
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a

NHS Highland - Alcohol Brief Interventions 2023/24 Q2

ABIs delivered

Alcohol Brief Interventions

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

Progress Made	Next Steps	Timescale
•Standard Operating Procedures (SOPs) for both Community Pharmacy and shared-care (shared-care between Community Pharmacy and Specialist Smoking Cessation Adviser) to improve the quality of data and outcomes have now been agreed by Pharmacy Committee so work can now be progressed. •All training for new advisers has now been completed and all advisers have now been assigned Community Pharmacies and GPs. This will improve relationships, referrals and data quality • Monthly meetings continue with Community Pharmacy colleagues	• Delivery of training and SOP's to community pharmacists. • Increase adviser capacity within Raigmore Hospital • Some venues have now been secured, face to face sessions to commence within these venues	• Review end of March 2024

Latest Performance	Total Numbers not available
ADP Trajectory Agreed	Yes
ADP Trajectory	Below Target
Performance Guide	Decreasing
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a

LDP smoking quit attempts by month of planned quit - NHS Highland
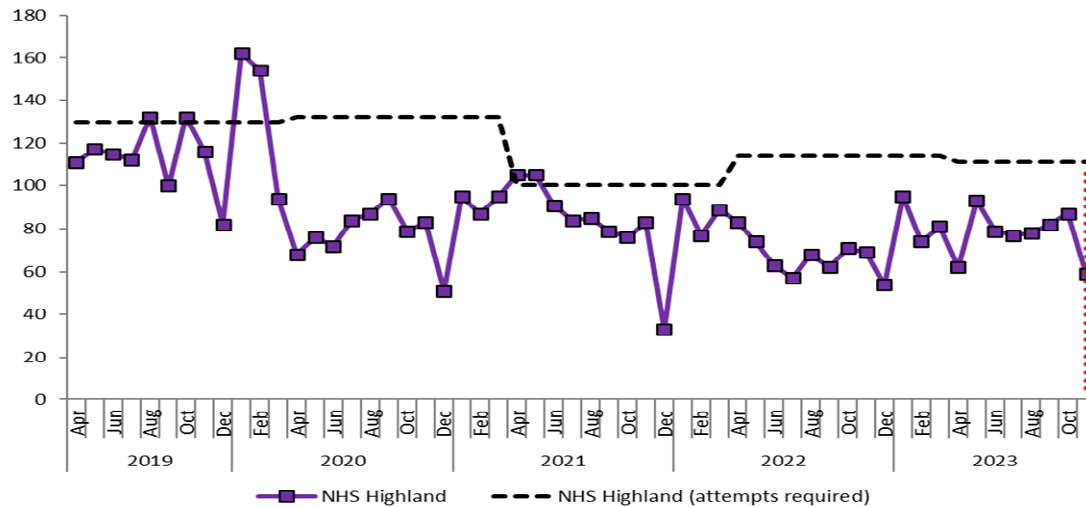
LDP 12-week smoking quits by month of follow up - NHS Highland
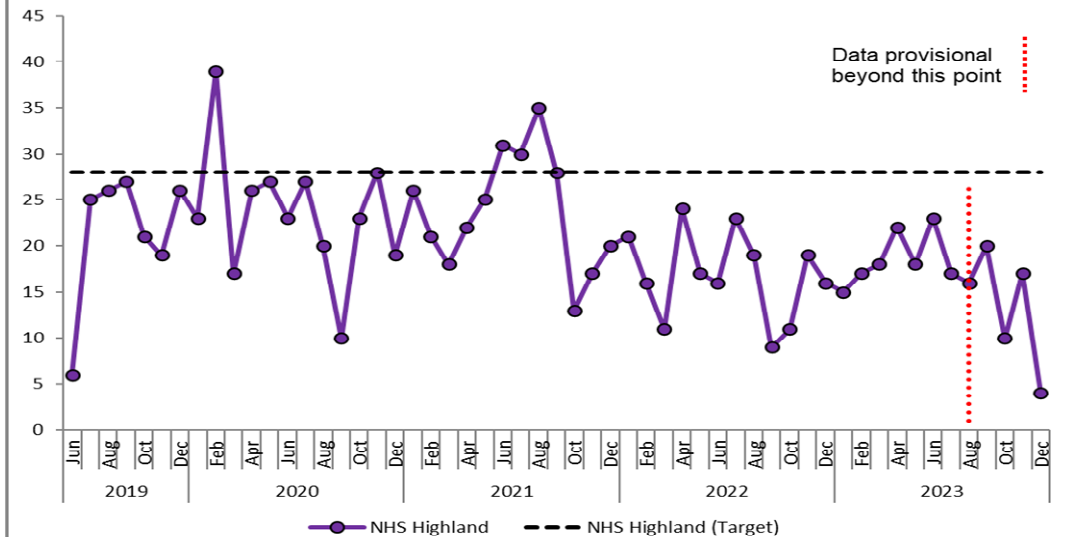
Child & Adolescent Mental Health Services

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Exec Lead
Katherine Sutton
Chief Officer, Acute

Progress Made

- Workforce/Finance Plan nearing completion to support allocation of Mental Health Outcome Framework (MHOF)
- Unscheduled Care Nursing Team now actively managing all urgent presentations
- Nursing staff deployed into core locality team for the first time in several years
- First group based intervention programme to be delivered by nursing staff from November
- Waiting list data validation nearing completion and trajectories set
- First AHP employed into service (dietician)

Next Steps

- Ongoing recruitment to substantive posts, additional nursing and psychiatry staff looking for employment.
- Recruit psychology workforce from current trainees with expected start date of October 2024
- Workforce diversification whilst protecting discipline specific critical floor
- Finalise workforce/finance plan
- CAPTND data set capture system to work with eHealth as currently delayed

Timescale

- As of October 2023, there were a total of 490 children and young people are waiting to be seen of which 266 have waited over 18 weeks and 224 under 18.
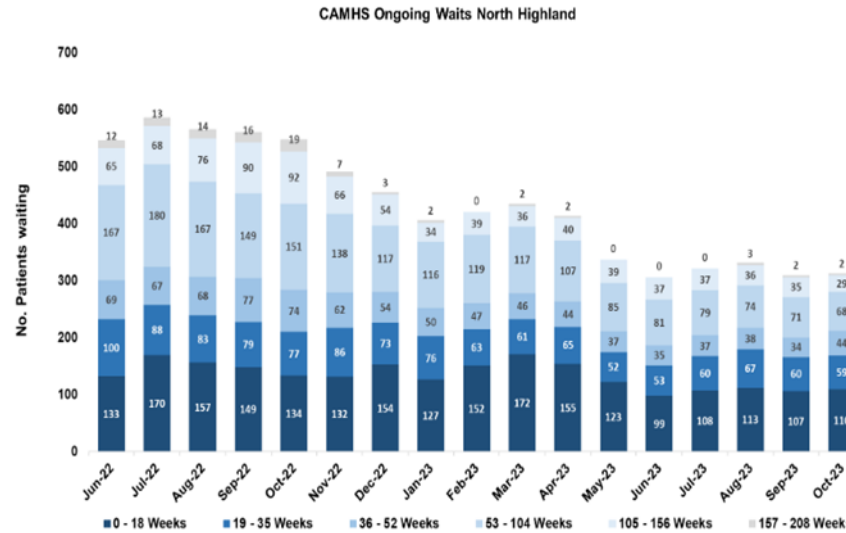
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Thrive Well

Latest Performance	73.7%
ADP Trajectory Agreed	To be agreed
ADP Trajectory	n/a
Performance Rating	Treatment time not met but stable long waits
National Benchmarking	Lower than Scottish Average <5%
National Target	90%
National Target Achievement	Not Met >10%

Selected Indicator: 18 weeks CAMH Services Treatment
Latest Time Period: September 2023
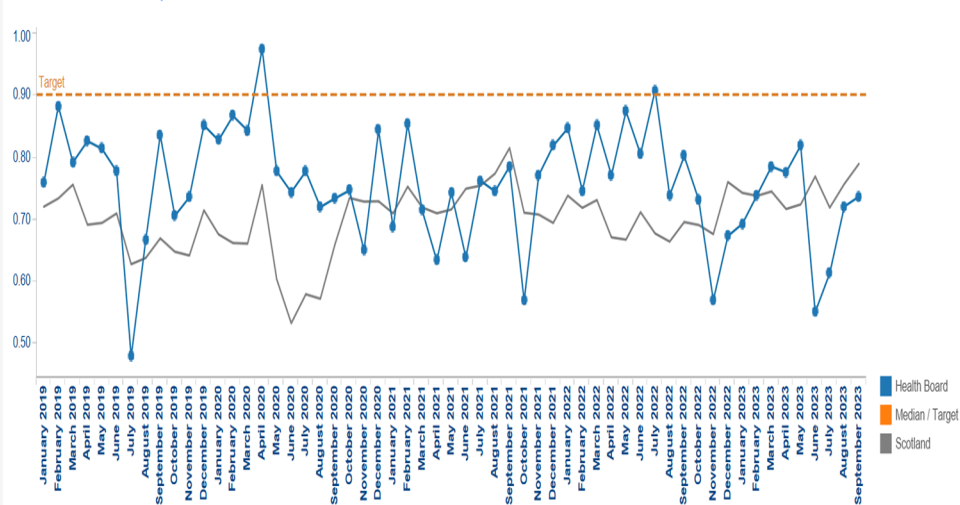
	Board	Scotland	Target
	73.7%	79.0%	90%

Trend against target / Run Chart

CAMHS Ongoing Waits North Highland

No. Patients waiting

0 - 18 Weeks / 19 - 35 Weeks / 36 - 52 Weeks / 53 - 104 Weeks / 105 - 156 Weeks / 157 - 208 Weeks

Selected Time Period: September 2023
(click on a circle in timetrend to change the selected time period)

NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Western Isles	100.0%
NHS Ayrshire & Arran	99.6%
NHS Greater Glasgow & Clyde	92.7%
NHS Grampian	92.1%
NHS Highland	73.7%
NHS Fife	71.2%
NHS Lanarkshire	67.9%
NHS Lothian	64.4%
NHS Tayside	52.4%
NHS Dumfries & Galloway	50.9%
NHS Borders	40.7%
NHS Forth Valley	35.0%

**Exec Lead
Katherine Sutton
Chief Officer, Acute**

Neurodevelopmental Assessment Service

Progress Made	Next Steps	Timescale
Recognising the solution has to come from a whole system response to ensure local compliance to the National Neurodevelopmental Services Specification. The pre-assessment component which is not functioning as required has been the subject of an integrated workshop across Education, Highland Council Child Health services and Womens and Childrens Directorate including Paediatric / CAMHS / NDAS services. This meeting took place on Monday 18th December 2023. A report has been developed which includes findings and recommendations to meet the service specification and has key partners support to progressing towards a resolved and improved position.	• Develop plan based on the report with clear milestones, roles and responsibility • Interim strategic clinical leadership to be appointed until requirements are clear to be compliant with the national spec • Development of integrated arrangements to support child planning to support early access with a family support plan • Working with Public Health, GPs and Secondary care to address wider holistic support to healthy living for children including sleep and nutrition • Adopt the Scottish Approach to service design as a solid framework to develop the plan towards safe and sustainable services for Children	Work will be progressed at pace with key partner involvement in the new year.

PERFORMANCE OVERVIEW
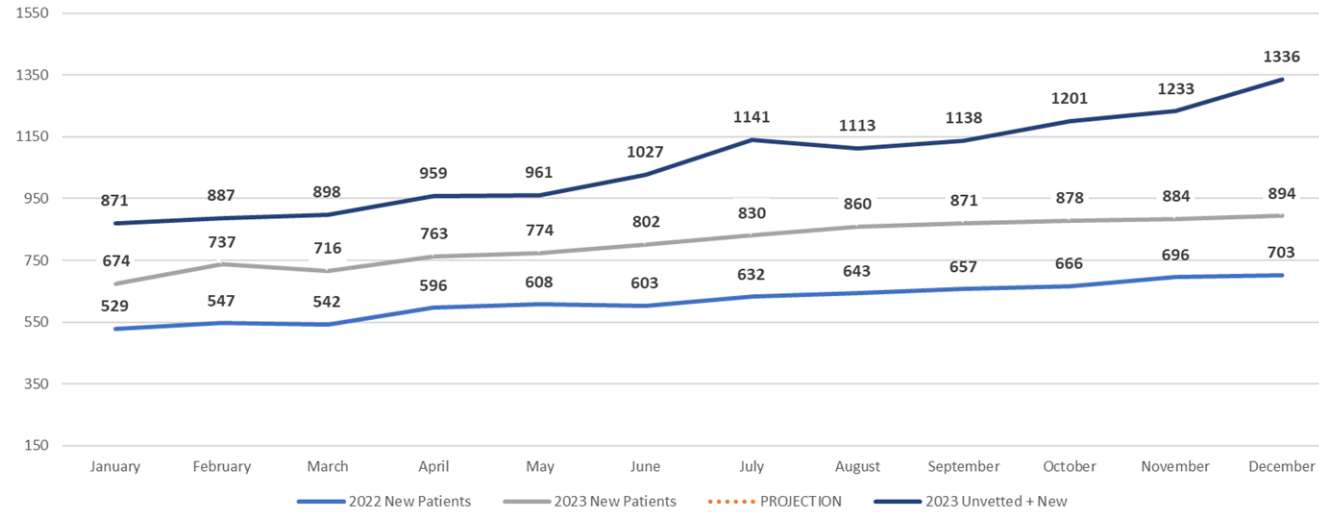### Strategic Objective: Our Population
Outcome Area: Thrive Well

Latest Performance	n/a
ADP Trajectory Agreed	No
ADP Trajectory	n/a
Performance Rating	Decreasing
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a

New Patients waiting first appointment 2022 v 2023

2022 New Patients: 529, 547, 542, 596, 608, 603, 632, 643, 657, 666, 696, 703

2023 New Patients: 674, 737, 716, 763, 774, 802, 830, 860, 871, 878, 884, 894

2023 Unvetted + New: 871, 887, 898, 959, 961, 1027, 1141, 1113, 1138, 1201, 1233, 1336

Legend: 2022 New Patients — 2023 New Patients — PROJECTION — 2023 Unvetted + New

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+
241	459	368	137	129	2	0
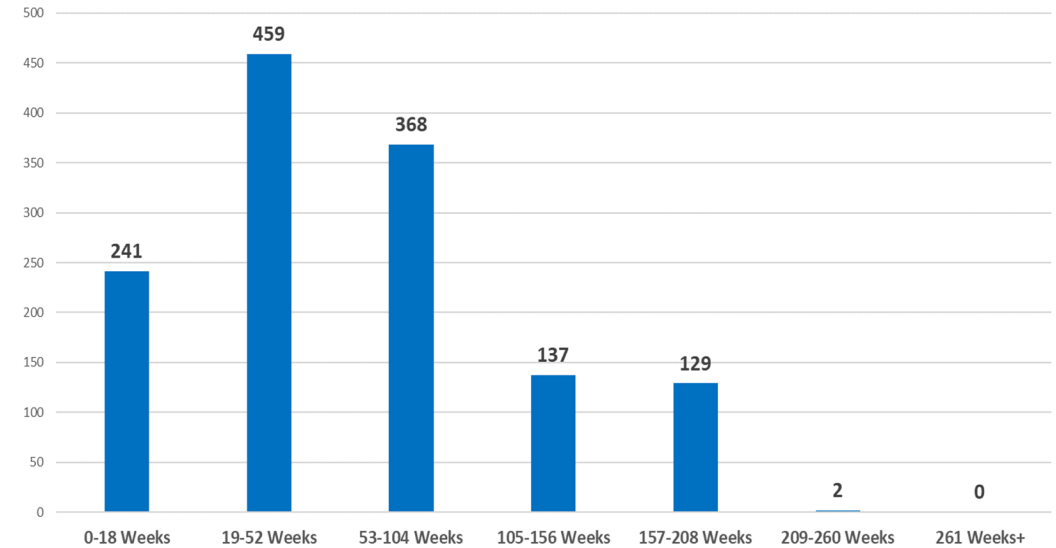
Emergency Department Access

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Katherine Sutton
Chief Officer, Acute

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Progress Made

- Direct access to AEC form ED
- Early SDM input to patient pathway
- Accelerated investigations and results
- Alternate admission pathways
- Prompt speciality input when needed
- Extended Phased Flow in progress
- SAS Safe handover at Hospital in place with 50% reduction in waits >60mins
- Direct admitting rights to ED in place
- Care home support from FNC commenced
- FNC/OOH integration
- Opening of Raigmore Discharge Lounge
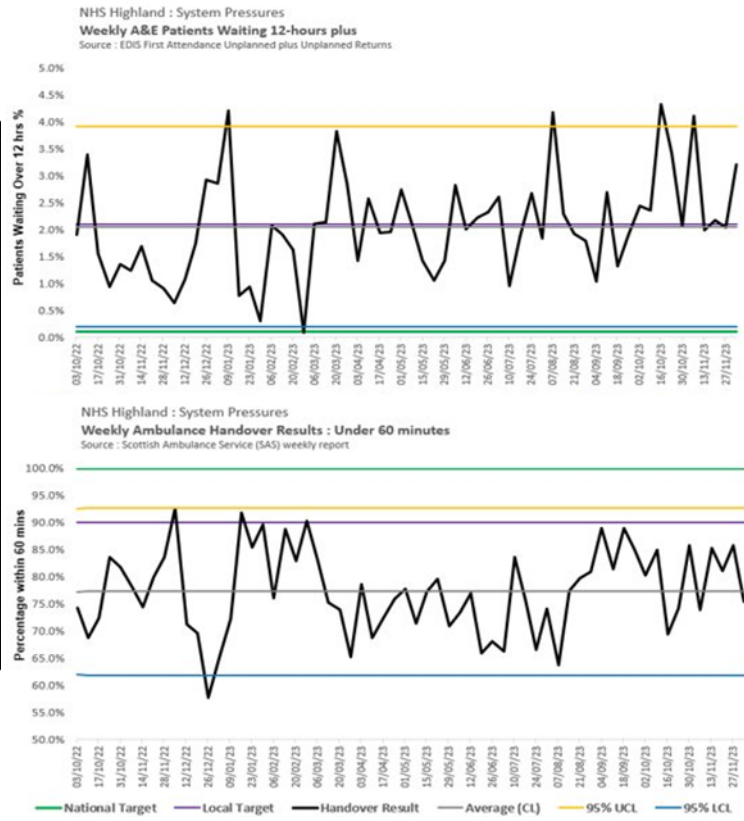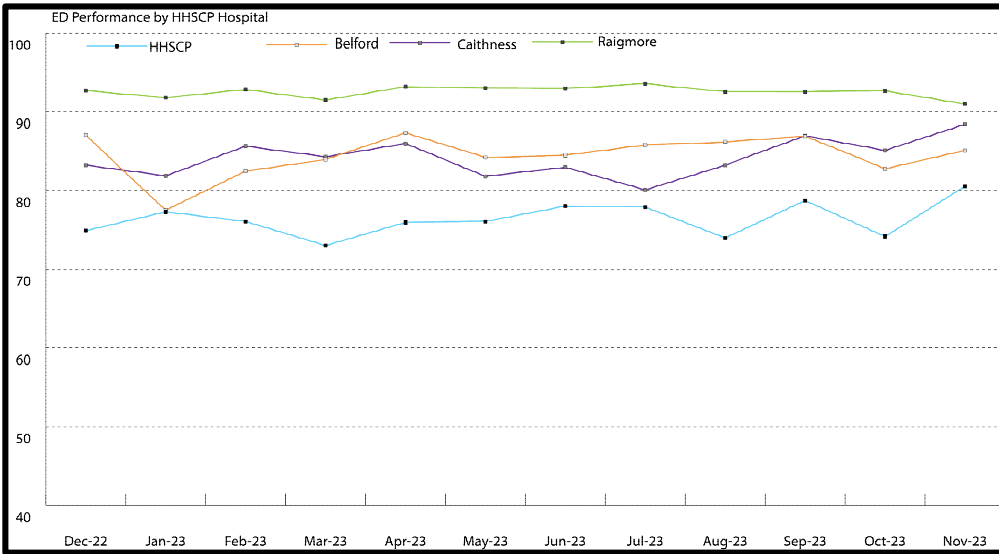
Next Steps

- OOHs Safe Transfer Kaizen completed, outcomes and recommendations to ASLT
- 24/7 Patient Flow in Raigmore for Winter period
- Optimise use of Discharge Lounge to 5 days per week as staff onboarded (metric = % discharges processed through the lounge)
- Further development of Level 4 & 5 OPEL action cards
- Development of system wide OPEL

Timescale (by 31st Jan)

- Improve the 4-hour access standard by optimising patient flow in MIU, increasing Flow Group 1 performance from 90% to >95% (currently 91%) (ongoing)
- Extended test (4 weeks) to be agreed for Safe Transfer Hospital
- 24/7 patient Flow cover
- 7/7/ Discharge Lounge

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

Latest Performance	79.9%
ADP Trajectory Agreed	80%
ADP Trajectory	n/a
Performance Rating	Stable
National Benchmarking	Higher than Scottish Average >5%
National Target	95%
National Target Achievement	Not Met >10%

ED Performance by HHSCP Hospital

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

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

Selected Time Period: November 2023
(click on a circle in timetrend to change the selected time period)

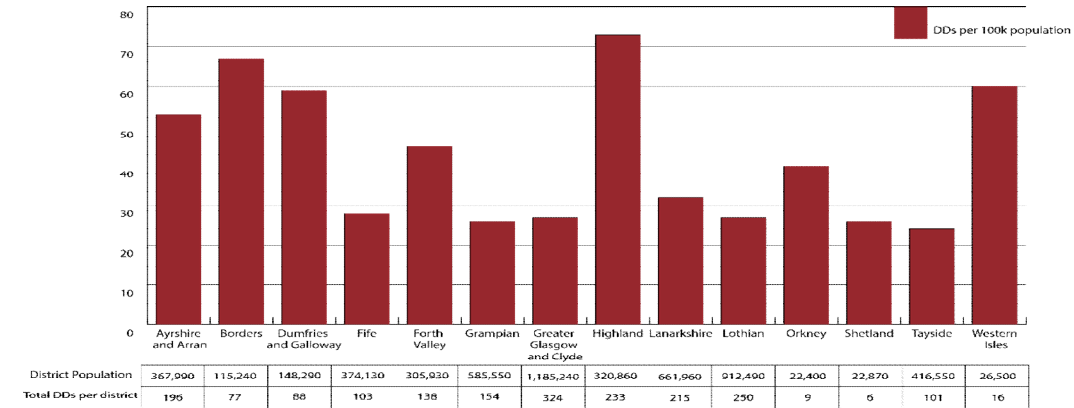|	
NHS Western Isles	98.2%
NHS Orkney	96.4%
NHS Tayside	93.7%
NHS Shetland	83.3%
NHS Highland	79.9%
NHS Dumfries & Galloway	76.9%
NHS Fife	73.8%
NHS Grampian	69.4%
NHS Borders	66.5%
NHS Ayrshire & Arran	66.2%
NHS Greater Glasgow & Clyde	65.3%
NHS Lothian	58.6%
NHS Lanarkshire	53.6%
NHS Forth Valley	47.9%

Delayed Discharges

Progress Made	Next Steps	Timescale
• Review of care at home provision to ensure targeted and most efficient use of limited resource, including Emergency Response Service – ongoing. • No. of intermediate care beds within AAE extended to 3 week beginning 18/12/23; to be increased to 6 mid Jan '24 • Mackenzie Centre Day Service extended to 7 day opening • Ongoing development of wrap around care – CAH, day care, intermediate care beds • Pilot of single- handed care: B&S area initially • Enhanced working practices between community staff and colleagues in ED with agreed pathway in pilot sites for referral to community • Enhanced support to care homes from the Collaborative Care Home Support Team	• Implementation of Choice Guidance • Number of Intermediate care beds within AAE to be extended to 6 • Roll out of agreed pathway to all Districts to ensure enhanced working between ED and community • Roll out learning from Inverness Wrap Around Care developments • Continued development of the Discharge App, with the next version ready for final testing in wards 2C and 7A and all Districts in community commencing on 11ᵗʰ Jan 24. • Further roll out of the Discharge App	• Mid January '24 • Mid January '24 • Week commencing 11 January '24 • Late January '24

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

Latest Performance End October	213 at Census Point 6213 bed days lost
Target	95 DDs
Target Achievement	Not Met
Performance Rating	Decreasing
Performance Benchmarking	Highest in Scotland for DDs

Delayed Discharges in NHS Highland

Reason for Delay Summary Trend

Timeseries view: Split

Code 9 — Health and Social Care Reasons — Patient/Carer/Family-related Reasons

Delayed Discharge - Benchmarking

DDs per 100k population

	Ayrshire and Arran	Borders	Dumfries and Galloway	Fife	Forth Valley	Grampian	Greater Glasgow and Clyde	Highland	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles
District Population	367,990	115,240	148,290	374,130	305,930	585,550	1,185,240	320,860	661,960	912,490	22,400	22,870	416,550	26,500
Total DDs per district	196	77	88	103	138	154	324	233	215	250	9	6	101	16

We had 26,193 useable beds days in October therefore have lost 21% of bed days due to DDs

Outpatients (NOP Seen/12 week target)

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Exec Lead
Katherine Sutton
Chief Officer, Acute

| Progress Made	Next Steps	Timescale
• Cumulative activity ahead of schedule • ACRT/PIR best practice processes developed • Patient Hub waiting list validation roll out on going • Specialties identified to improve Near Me use • Clinic timetable drafted • Outpatient workstream in place and working towards the above aims.	• Identify specialities with increases in patient referral and ensure Patient Hub live and review ACRT processes against best practice • Re-evaluate patient and clinician satisfaction with Near Me • Maximise use of virtual activity • Clinic utilisation reporting to be made available to specialties to reduce DNAs/cancellations and unfilled appointments • Improve booking practices	• ACRT/PIR – Mar24 • Patient Hub – Mar24 **It should be noted we will not meet the trajectories set and SG have asked for revised figures to be submitted**

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

Latest Performance	44.0%
ADP Trajectory Agreed	Yes
ADP Trajectory (NOP Seen)	Met
Performance Rating 12 Week Waiting Time	Decreasing
National Benchmarking	Higher than Scottish Average <5%
National Target	95%
National Target Achievement	Not Met >10%

Selected Indicator: New Outpatient 12 Week Waiting Times (ongoing)
Latest Time Period: October 2023

Board	Scotland	Target
44.0%	42.4%	95%
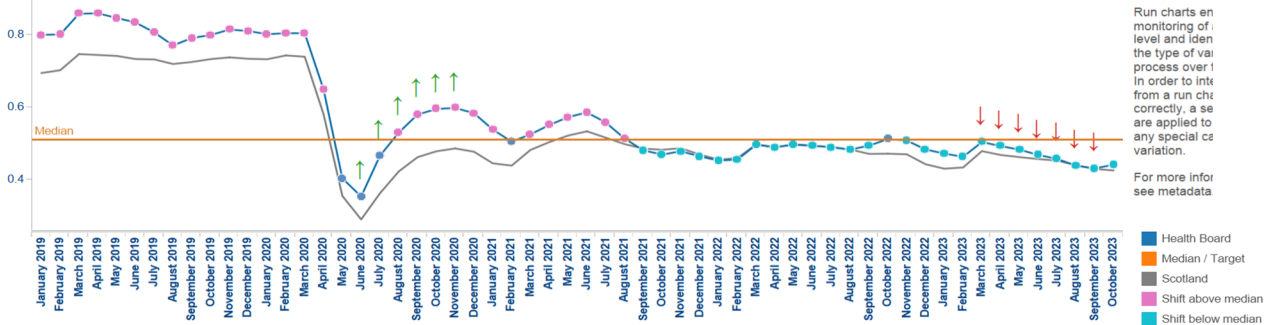
There are 3 areas reviewed by Scottish Government at present in terms of performance. These are 12 week WT, long waits and overall waiting list
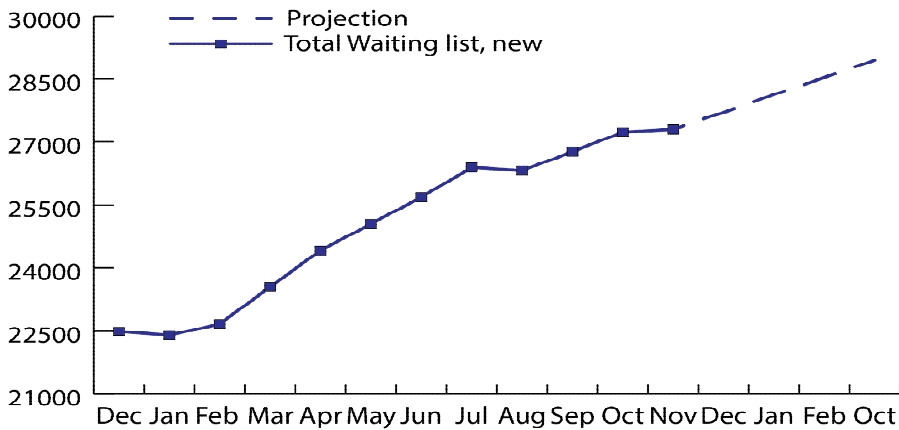
Selected Time Period: October 2023
(click on a circle in timetrend to change the selected time period)

NHS Western Isles	71.0%
NHS Shetland	65.3%
NHS Forth Valley	57.5%
NHS Dumfries & Galloway	54.0%
NHS Tayside	50.7%
NHS Orkney	46.8%
NHS Lothian	46.6%
NHS Grampian	44.4%
NHS Highland	44.0%
NHS Fife	43.2%
NHS Greater Glasgow & Clyde	42.9%
NHS Borders	36.7%
NHS Lanarkshire	35.2%
Golden Jubilee	33.0%
NHS Ayrshire & Arran	25.8%

Outpatients (ADP/Long Waits Target)

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Exec Lead
Katherine Sutton
Chief Officer, Acute

Progress Made

- Cumulative activity ahead of schedule
- ACRT/PIR best practice processes developed
- Patient Hub waiting list validation roll out on going
- Specialties identified to improve Near Me use
- Clinic timetable drafted
- Outpatient workstream in place and working towards the above aims.

Next Steps

- Identify specialities with increases in patient referral and ensure Patient Hub live and review ACRT processes against best practice
- Re-evaluate patient and clinician satisfaction with Near Me
- Maximise use of virtual activity
- Clinic utilisation reporting to be made available to specialties to reduce DNAs/cancellations and unfilled appointments
- Improve booking practices

Timescale

- ACRT/PIR – Mar24
- Patient Hub – Mar24

Latest Performance	65%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met
Performance Rating (ADP/Long Waits)	Decreasing as long waits will not be met
National Benchmarking	Higher than Scottish Average <5%

New outpatient Referalls, Patients seen and Trajectories
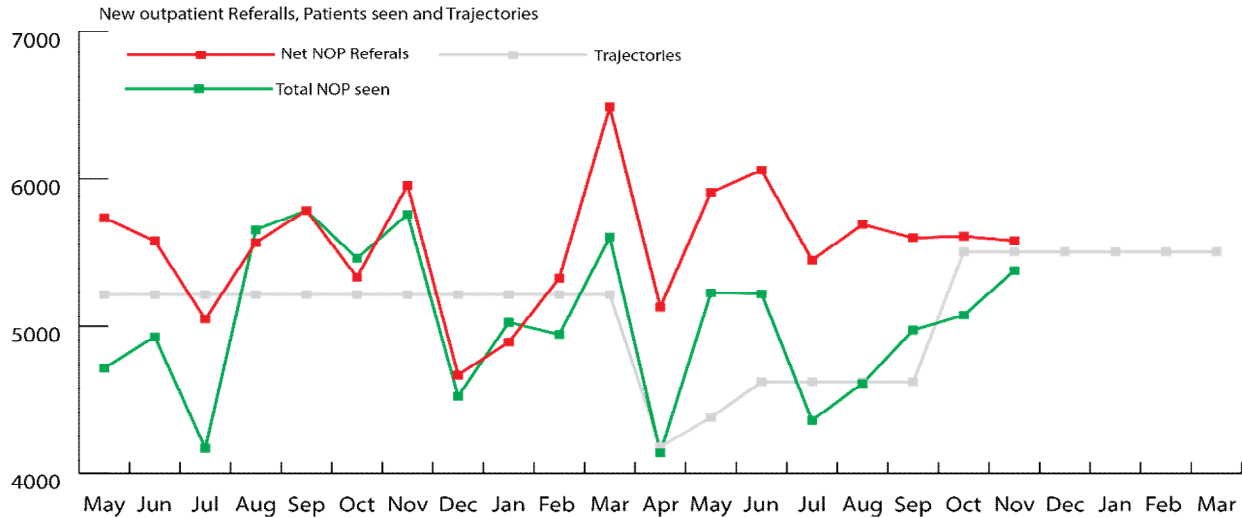
Yearly Trajectory	YTD Performance	Patients Seen-Nov	Overall
60,070	38,050 (65%)	38,982 (66%)	1% behind target

The target for March 2024 is that no patient will wait longer than 1 year for an outpatient. This is forecasted to not be met

OP patients waiting over 52 weeks
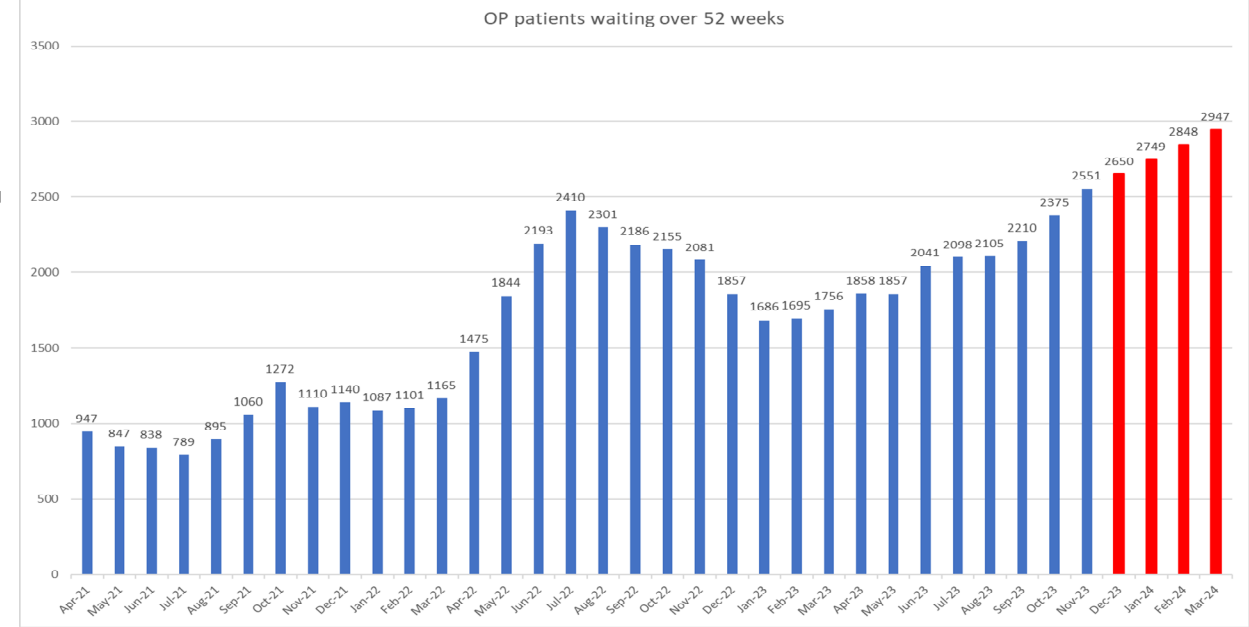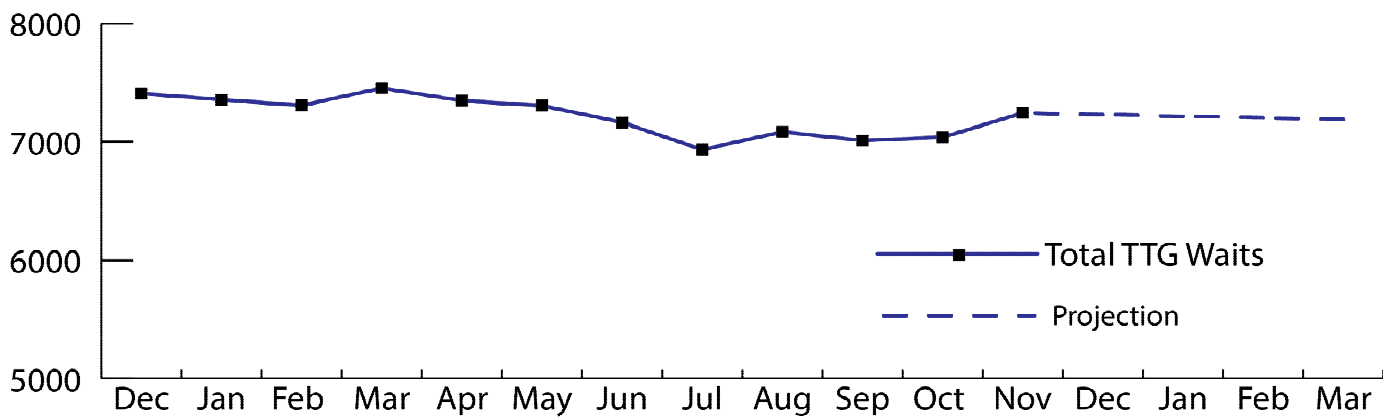
![Together We Care logo with you, for you]

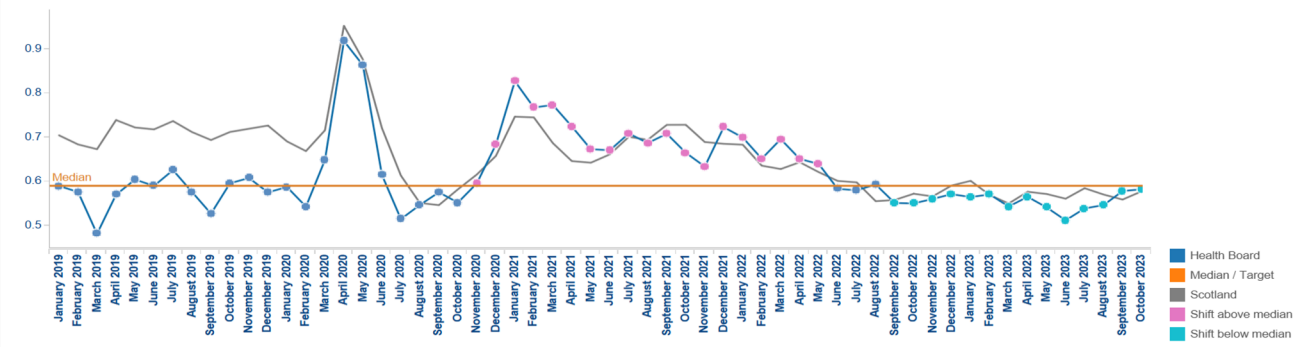**Exec Lead
Katherine Sutton
Chief Officer, Acute**

Treatment Time Guarantee (TTG 12 week target)

Progress Made	Next Steps	Timescale
• Cumulative activity target slightly behind at Nov 2024. • Patient Hub live in certain specialties and being rolled out. • Ongoing development of theatre scheduling tool (InFix). • Group established review and improved theatre efficiency across all NHSH sites. • New theatre system (Aqua) implemented • Launch of new access policy • Training established	• Communicate need for adherence to Local Patient Access Policy. • Redo local access policy • Need to improve standard work for booking practice. • Implement InFix.	• Coded lists – Mar24 • Patient Hub rolled out Mar24 • It should be noted due to increased waiting list in outpatients there is a challenge ahead with total TTG waits and modelling on this is about to be commenced to gain more accurate projections

Latest Performance	58.1%
ADP Trajectory Agreed	Yes
ADP Trajectory	Not met
Performance Rating 12 week waiting time	Improving
National Benchmarking	Lower than Scottish Average <5%
National Target	100%
National Target Achievement	Not Met >10%

Selected Indicator: Inpatient or Day Case 12 Week Waiting Times (completed)
Latest Time Period: October 2023

Board	Scotland	Target
58.1%	57.7%	100%

Legend:
- Health Board
- Median / Target
- Scotland
- Shift above median
- Shift below median

Legend:
- Total TTG Waits
- Projection

Selected Time Period: October 2023
(click on a circle in timetrend to change the selected time period)

Golden Jubilee	81.1%
NHS Borders	77.9%
NHS Shetland	74.0%
NHS Western Isles	68.7%
NHS Orkney	67.6%
NHS Tayside	61.3%
NHS Greater Glasgow & Clyde	59.8%
NHS Highland	58.1%
NHS Lothian	55.8%
NHS Lanarkshire	52.5%
NHS Forth Valley	49.3%
NHS Grampian	48.8%
NHS Fife	48.8%
NHS Dumfries & Galloway	45.8%

Treatment Time Guarantee (TTG Seen/TTG Target)

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Exec Lead
Katherine Sutton
Chief Officer, Acute

| Progress Made	Next Steps	Timescale
• Cumulative activity target slightly behind at Nov 2024. • Patient Hub live in certain specialties and being rolled out. • Ongoing development of theatre scheduling tool (InFix). • Group established review and improved theatre efficiency across all NHSH sites. • New theatre system (Aqua) implemented • Launch of new access policy • Training established	• Communicate need for adherence to Local Patient Access Policy. • Redo local access policy • Need to improve standard work for booking practice. • Implement InFix.	• Coded lists – Mar24 • Patient Hub rolled out Mar24 **It should be noted we will not meet the original trajectories set. Revised figures have been submitted to SG.**

Latest Performance	57%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met
Performance Rating (ADP/Long Waits)	Decreasing as long waits will not be met

Planned care Additions, Patients seen and trajectories

Legend: Total TTG Additions — Trajectories — Actual Patients seen
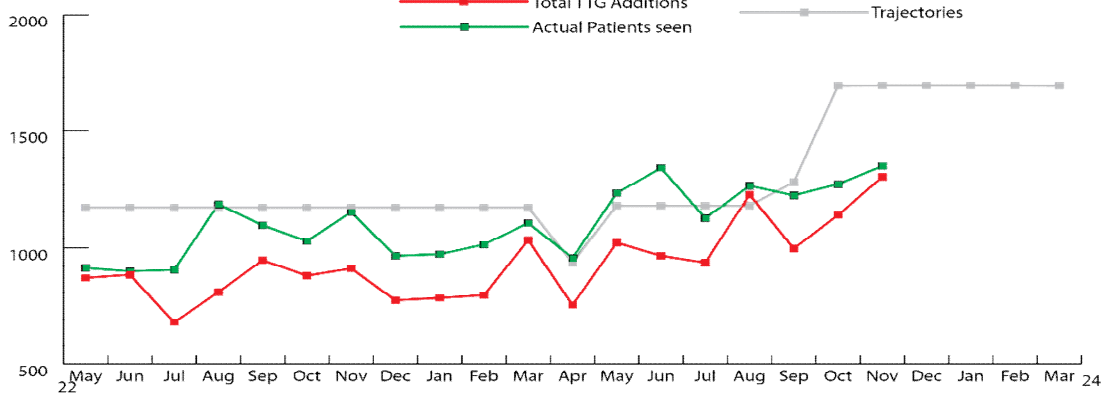
Yearly Trajectory	YTD Performance	Patients Seen-Nov	Overall
17,111	10,328 (63%)	9771 (57%)	9% behind target

TTG Patients Waiting over 78/104 Weeks
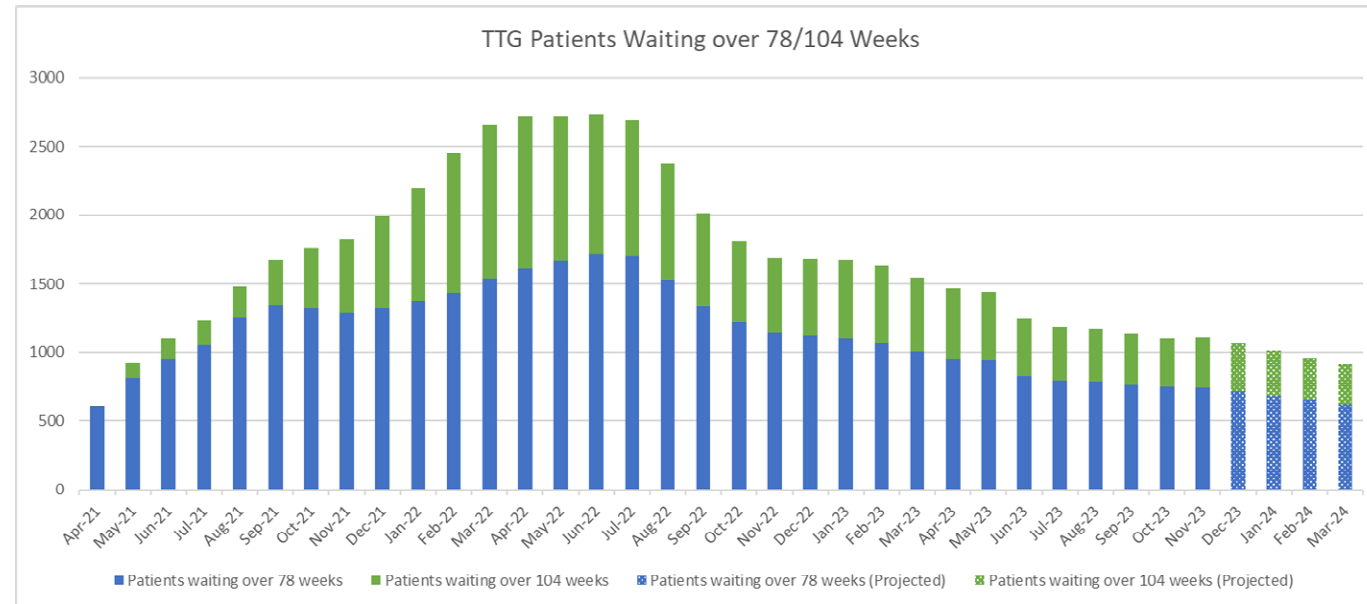
Legend: Patients waiting over 78 weeks • Patients waiting over 104 weeks • Patients waiting over 78 weeks (Projected) • Patients waiting over 104 weeks (Projected)

Diagnostics - Radiology

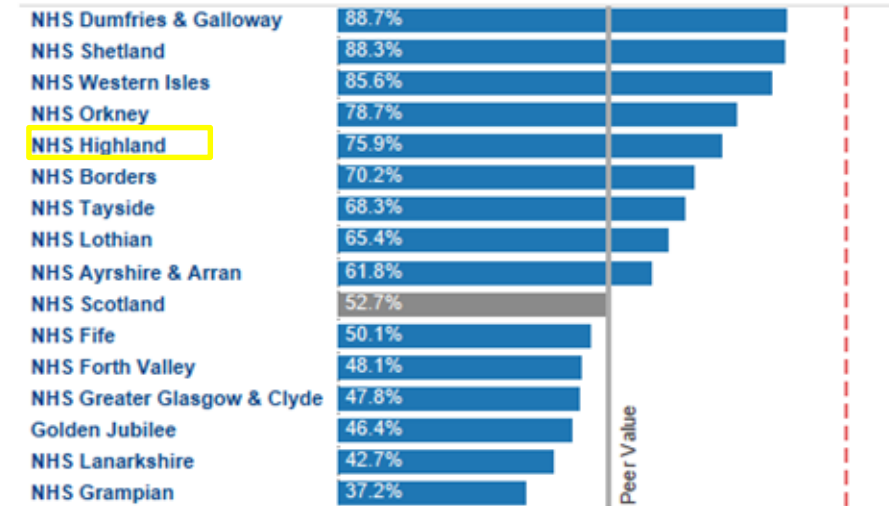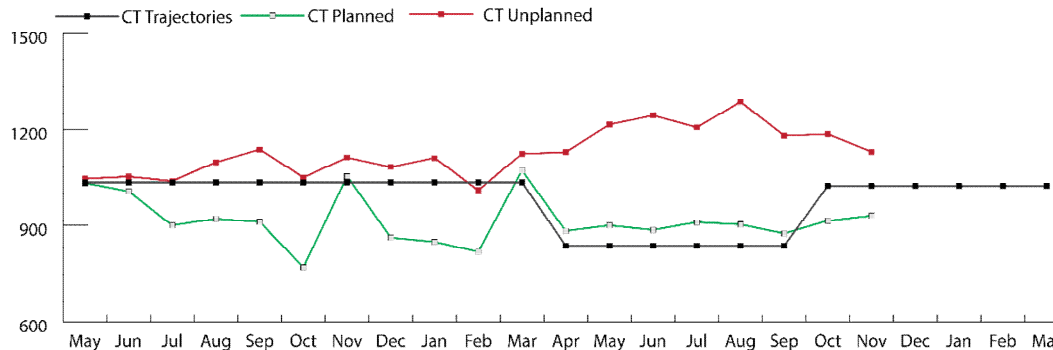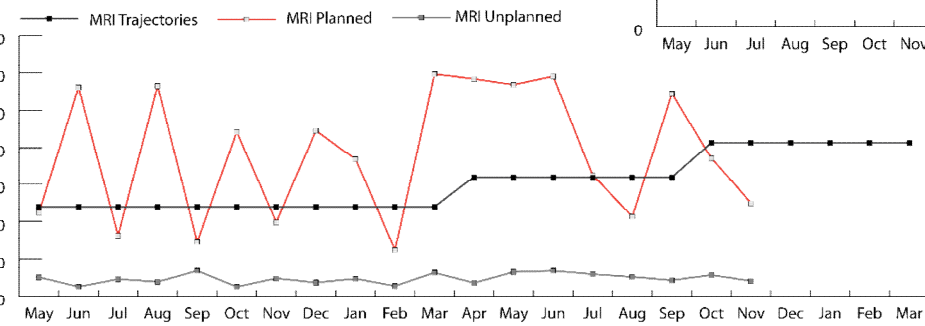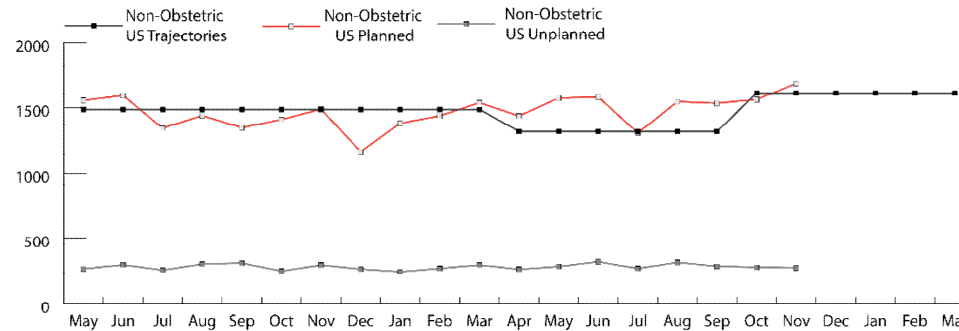| Progress Made	Next Steps	Timescale
• Radiology outsourcing has robust process • Reporting radiographers taking lead on all MSK and Chest X-Rays for efficiency purposes • Conventional radiology has just opened additional days in Nairn to support demand • MRI Focus Group in place and investment made in AI to improve productivity once implemented • Balanced scorecard approach adopted	• Continued review of inpatient/emergency access to radiology balanced with planned care • Modelling on MRI being collaboratively done with the Research, Development and Innovation Directorate • Development of Board wide diagnostics strategy	• 20% of our capacity is provided by the mobile unit and this may not be provided in 2025 onwards unless SG funding is confirmed

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

Latest Performance	75.9%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met – 68.6%
Performance Rating	Improving
National Benchmarking	Higher than Scottish Average
National Target	100%
National Target Achievement	Not Met <10%

NHS Dumfries & Galloway	88.7%		
NHS Shetland	88.3%		
NHS Western Isles	85.6%		
NHS Orkney	78.7%		
NHS Highland	75.9%		
NHS Borders	70.2%		
NHS Tayside	68.3%		
NHS Lothian	65.4%		
NHS Ayrshire & Arran	61.8%		
NHS Scotland	52.7%		
NHS Fife	50.1%		
NHS Forth Valley	48.1%		
NHS Greater Glasgow & Clyde	47.8%		
Golden Jubilee	46.4%		
NHS Lanarkshire	42.7%		
NHS Grampian	37.2%		

Yearly Trajectory	YTD Target	Patients Seen-Nov	Overall
34,632	21,932	23.767 (68.6%)	8% over target

Diagnostics - Endoscopy

Progress Made	Next Steps	Timescale
• JAG Accreditation applied for	• Jag Accreditation visit being planned	• Feb 2024

Yearly Trajectory	YTD Target	Patients Seen-Nov	Overall
5,892	4,272	4,490 (76.2%)	6.2% over target

Exec Lead
Katherine Sutton
Chief Officer, Acute

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

Latest Performance	80.7%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met – 56.2%
Performance Rating	Improving
National Benchmarking	Higher than Scottish Average
National Target	100%
National Target Achievement	Not Met <10%

Endoscopy Key tests Patients seen & Trajectories

NHS Shetland	82.6%
NHS Highland	80.7%
NHS Dumfries & Galloway	79.0%
NHS Western Isles	60.7%
NHS Lothian	59.6%
NHS Borders	56.0%
NHS Forth Valley	55.7%
NHS Lanarkshire	53.7%
NHS Ayrshire & Arran	50.3%
NHS Fife	49.0%
NHS Orkney	42.4%
NHS Scotland	41.2%
NHS Greater Glasgow & Clyde	31.8%
NHS Tayside	31.0%
NHS Grampian	27.8%

31 Day Cancer Waiting Times

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Exec Lead
Katherine Sutton
Chief Officer, Acute

Progress Made

- Continued prioritisation of cancer across the system
- SACT & Radiotherapy Transformation Plan in progress
- Continued application of the Framework for Effective Cancer Management
- 2 x Consultant Pathologists appointed
- Urology and colorectal remain a challenge

Next Steps

- Overall recruitment and retention of key Consultant Oncology posts is a significant challenge and different models of working will need to be established for sustainable and resilient services
- Cancer Performance Oversight Board being established chaired by Deputy Medical Director
- Programme of recovery with regards to urology and colorectal which will have specific improvement plans developed and target milestones

Timescale

- Will be reviewed in line with cancer strategy and trajectories agreed with SG

- Jan 24

- Jan 24

Latest Performance	93.1%
ADP Trajectory Agreed	Yes
ADP Trajectory	Not Met
Performance Rating	Decreasing
National Benchmarking	Below Average
National Target	95%
National Target Achievement	Not Met

Selected Indicator: Cancer 31 Day Waiting Times
Latest Time Period: November 2023

Board	Scotland	Target
88.9%	93.8%	95%

Legend:
- Health Board
- Median / Target
- Scotland
- Shift above median
- Shift below median

For more information, see metadata.
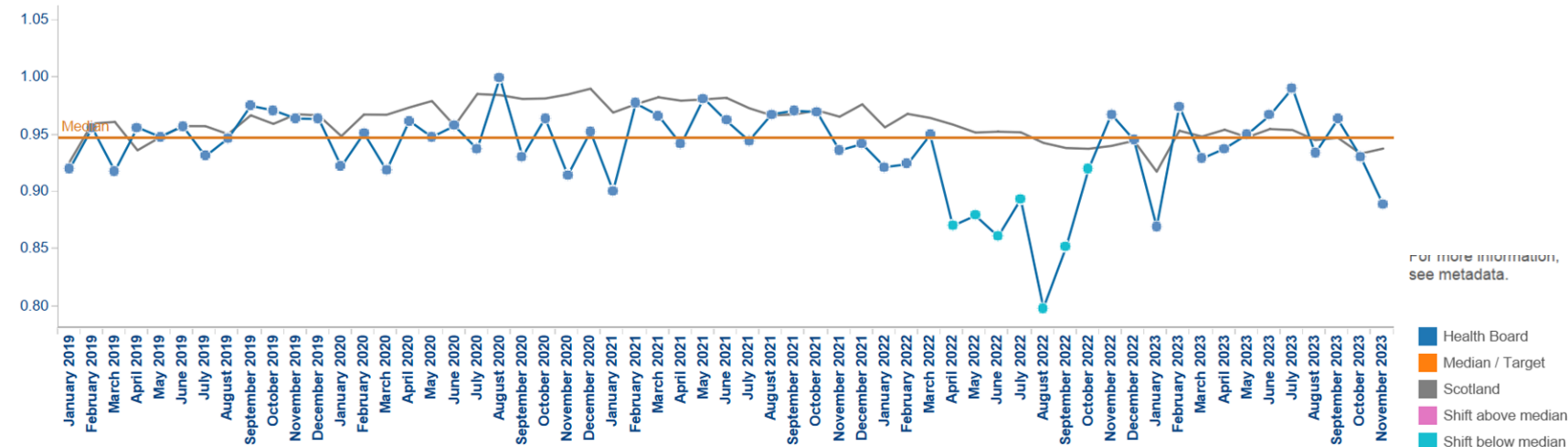
31 Day Benchmarking with Other Board

NHS Orkney	
NHS Ayrshire & Arran	100.0%
NHS Dumfries & Galloway	100.0%
NHS Shetland	100.0%
NHS Western Isles	100.0%
NHS Forth Valley	99.0%
Golden Jubilee	97.7%
NHS Borders	96.7%
NHS Lanarkshire	95.4%
NHS Lothian	95.1%
NHS Fife	95.0%
NHS Greater Glasgow & Clyde	92.4%
NHS Tayside	92.3%
NHS Highland	88.9%
NHS Grampian	88.2%

62 Day Cancer Waiting Times

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Exec Lead
Katherine Sutton
Chief Officer, Acute

Progress Made	Next Steps	Timescale
• Continued prioritisation of cancer across the system • SACT & Radiotherapy Transformation Plan in progress • Continued application of the Framework for Effective Cancer Management • 2 x Consultant Pathologists appointed • Urology and colorectal remain a challenge	• Overall recruitment and retention of key Consultant Oncology posts is a significant challenge and different models of working will need to be established for sustainable and resilient services • Cancer Performance Oversight Board being established chaired by Deputy Medical Director • Programme of recovery with regards to urology and colorectal which will have specific improvement plans developed and target milestones	• Will be reviewed in line with cancer strategy and trajectories agreed with SG • Jan 24 • Jan 24

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

Latest Performance	61.1%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met
Performance Rating	Decreasing
National Benchmarking	Below Scottish Average <10%
National Target	95%
National Target Achievement	Not Met >10%

Selected Indicator: Cancer 62 Day Waiting Times
Latest Time Period: November 2023

Board	Scotland	Target
56.6%	69.0%	95%
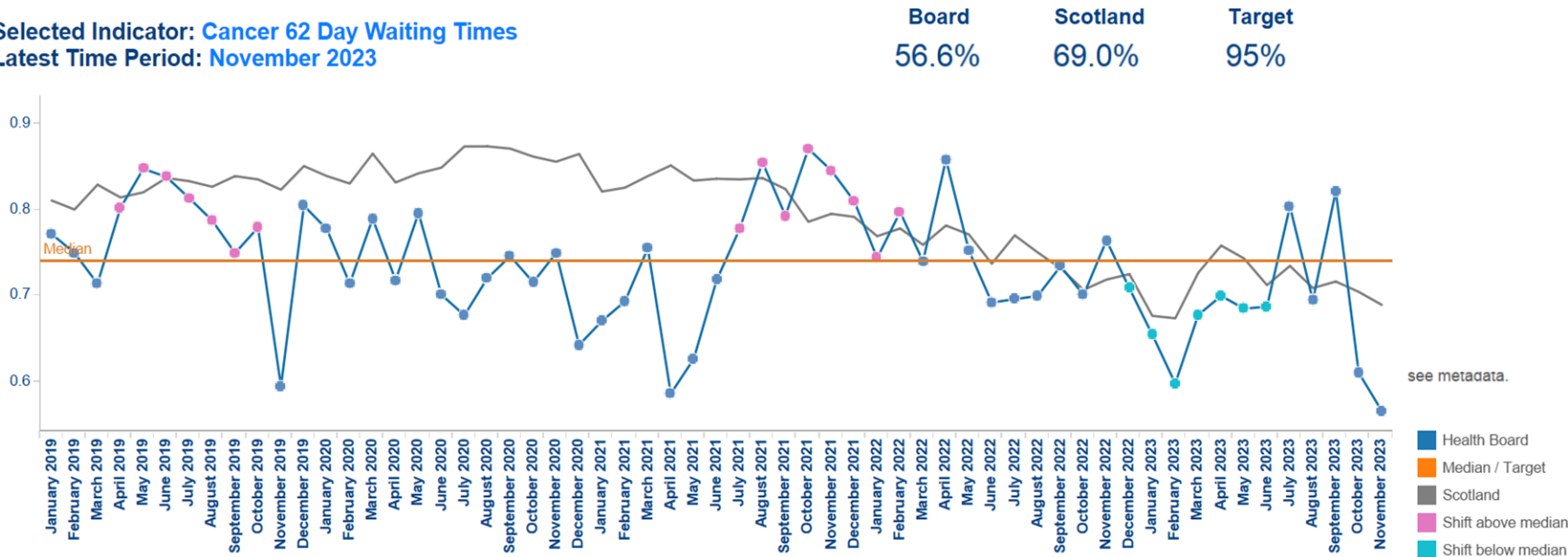
62 Day Benchmarking with Other Boards

Board	Value
NHS Orkney	
NHS Borders	93.1%
NHS Ayrshire & Arran	84.5%
NHS Lanarkshire	81.7%
NHS Lothian	80.6%
NHS Dumfries & Galloway	77.5%
NHS Forth Valley	74.2%
NHS Western Isles	72.7%
NHS Tayside	67.0%
NHS Greater Glasgow & Clyde	63.4%
NHS Fife	61.2%
NHS Highland	56.6%
NHS Grampian	48.2%
NHS Shetland	0.00

Psychology Waiting Times

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Exec Lead
Pamela Cremin
Chief Officer, HHSCP

Progress Made

- STEPPS training complete
- Waiting list review complete
- Appointed Senior Service Manager (Start date Dec 23)
- Met with SG 24th Oct –they are fully aware of all issues and baseline staffing
- Reduction in waits that are >52 weeks.
- In line with the mental health outcomes framework.
- Focus has been on the long waits therefore performance (RTT 18 weeks is variable).

Next Steps

- CAPTND data set capture system to work with eHealth as currently delayed
- Implementation of PT specification 2024
- NHS Highland pilot test site for SG for the PT specification and Core Mental Health Standards self- assessment tool
- Increase uptake and alternatives for digital therapies (Nov 23). Have SG new additional funding digital lead and patient engagement officer for increasing access to digital therapies
- Focus in line with Mental Health Outcomes framework to reduce longest waits

Timescale
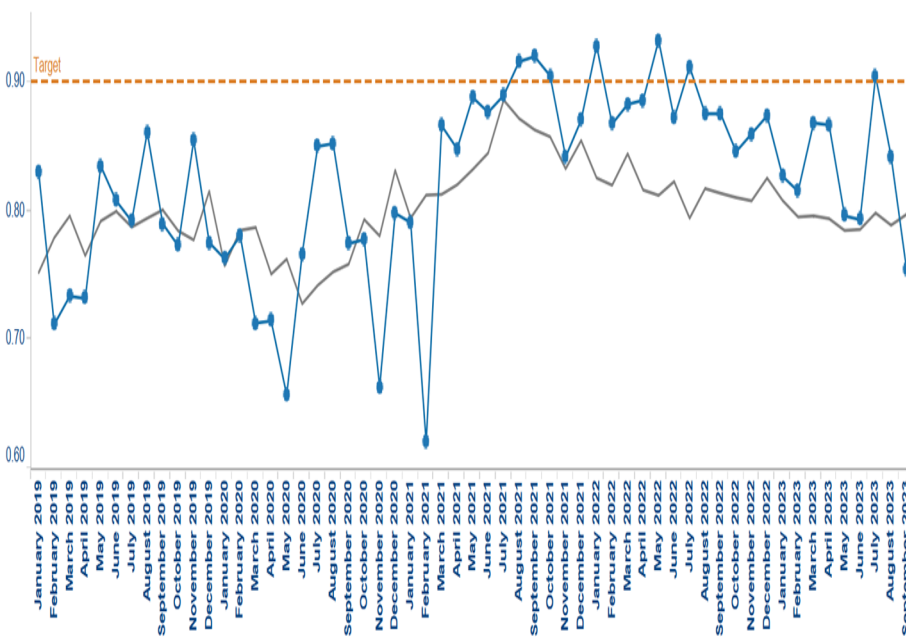
- Ongoing
- Ongoing
- Jan 2024-April 2024
- Nov 2024

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

Latest Performance	75.4%
ADP Trajectory Agreed	n/a
ADP Trajectory	n/a
Performance Rating	Decreasing
National Benchmarking	Below Scottish Average <5%
National Target	95%
National Target Achievement	Not Met >10%

Selected Time Period: September 2023
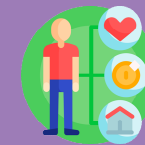(click on a circle in timetrend to change the selected time period)

NHS Orkney	93.3%
NHS Western Isles	92.9%
NHS Greater Glasgow & Clyde	87.8%
NHS Ayrshire & Arran	87.4%
NHS Lothian	84.6%
NHS Lanarkshire	82.5%
NHS Borders	79.5%
NHS Grampian	79.3%
NHS Shetland	78.6%
NHS Highland	75.4%
NHS Tayside	70.9%
NHS Fife	69.6%
NHS Forth Valley	67.1%
NHS Dumfries & Galloway	58.4%

Selected Indicator: 18 weeks All Ages Psychological Therapy Treatment
Latest Time Period: September 2023

	Board	Scotland	Target
	75.4%	79.7%	90%

PT Ongoing Waits North Highland

■ 0 - 18 Weeks ■ 19 - 35 Weeks ■ 36 - 52 Weeks ■ 53 - 104 Weeks ■ 105 - 156 Weeks ■ 157 - 208 Weeks ■ >208 Weeks

Gareth Adkins
Director of People & Culture

Sickness absence in NHS Highland remains above the national Scottish average. Absence has been above 6% for the last 6 months and there are high levels of absence across our HSCP who have remained about 7.9% since August.

As per previous years peaks in absences related to Cold, cough, flu – influenza are above 15% across short terms absences.
30% of our absences remain reported with an Unknown or not specified cause.
Anxiety/stress/depression/other psychiatric illnesses remains highly recorded across long term absences.

High levels of posts remain in process within our Job Train system. With over 1855 posts as at the 30th November. Vacancy Time to Fill peaks this month as we see 391 posts out to advert and around 300 sitting at the interview stage. We see peaks in N&M posts in line with Newly Qualified intakes. Across the Board the average time to fill peaks between 120 and 125 days with time to fill high in professional positions and high bands.

We continue to see high levels of leavers related to retirement (30%) and voluntary resignation (28%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 21% of our leavers. Further encouragement is required to capture leaving reasons.

Organisational Metrics Nov 2023

Sickness Absence Rate (%)
6.60

Long Term SA Rate (%)
3.82

Short Term SA Rate (%)
2.72

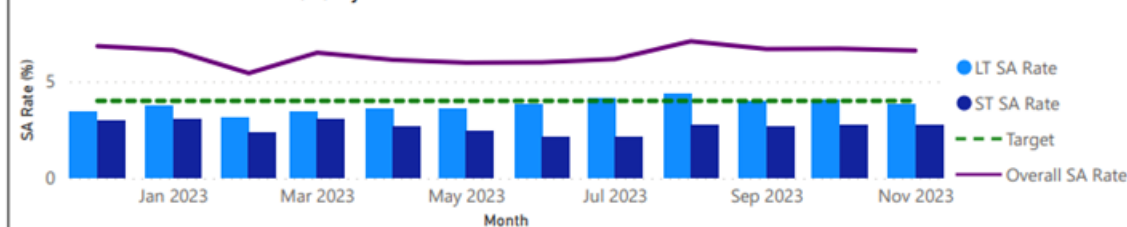**Recorded Absence Reason (%)**
72.85

Vacancy Time to Fill (Days)
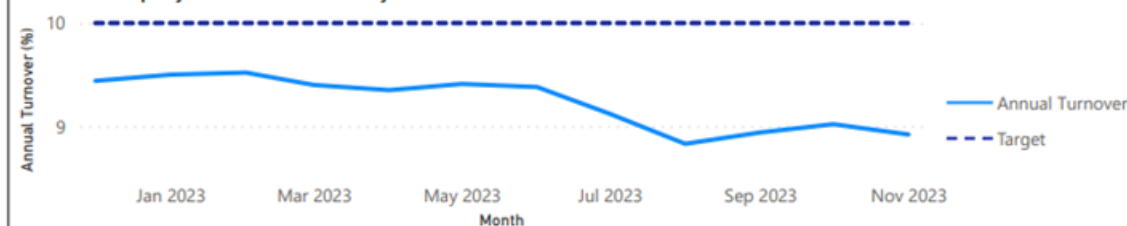125.15

Annual Employee Turnover (%)
8.92

Sickness Absence Rates (%) by Month

Vacancy Time to Fill (Days) by Month

Annual Employee Turnover (%) by Month

Recorded Absence Reason (%) by Month

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Gareth Adkins
Director of People &
Culture

There has been a steady increase in completion rates for Core Mandatory eLearning although at 68.6% this is still some distance from the target of 95%.

A StatMan Oversight Group has been established to oversee and monitor progress of the agreed audit actions from 2022 to make overall improvements in compliance with Statutory and Mandatory Training. From January – June 2024 we will have a focus on improving completion rates for all StatMan training and part of this will be improved reporting for supervisors.

The Oversight Group is considering ways to ensure improved compliance rates, including fixed start dates to allow employees to complete all StatMan before being released to their workbase.

The Appraisal completion rate is notably well below target at 27% and there will be renewed focus on this from January 2024 with the roll-out of revised PDP&R training for Reviewers and digital learning module for all colleagues.

Training Metrics Nov 2023

Mandatory eLearning Completion (%)

68.6

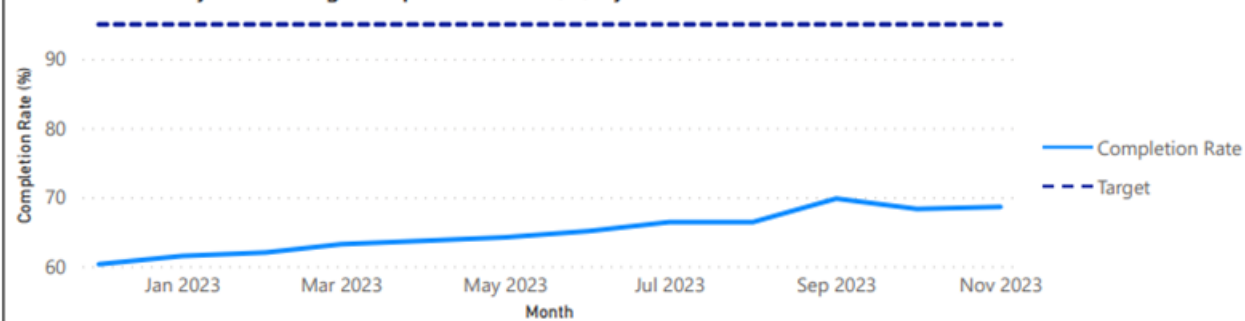**V&A Practical Training Completion Rate (%)**

37.0

M&H Practical Training Completion Rate (%)
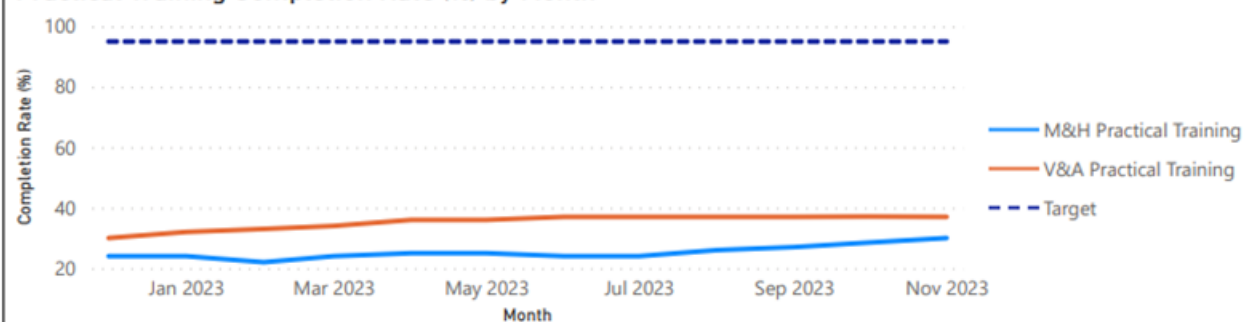
30.0

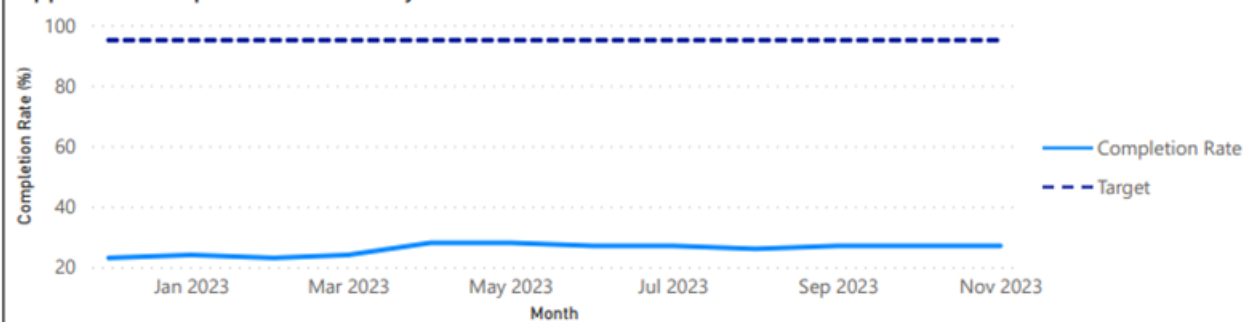**Appraisal Completion Rate (%)**

27.0

Core Mandatory eLearning Completion Rate (%) by Month

Practical Training Completion Rate (%) by Month

Appraisal Completion Rate (%) by Month

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Exec Lead
Boyd Peters
Board Medical
Director

Complaint Activity: Last 13 months

| Progress Made	Next Steps	Timescale
• Progress made with QPS Dashboard • Identifying actions taken to improve and quantifying the measures of success • Continuous work to support improvements in performance – Working in Partnership with ACUTE	• Phase 2 and 3 of the QPS Dashboard Project • Refine the processing of Actions • Applied focus for Service Areas on delivering responses in target – Sharing more info on progress and allocating of cases in service areas	• March 2023

Latest Performance (Target 60%)	NOV 30%

NHS Boards	Performance % Achieved as reported in Annual reports 2022/2023
NHS F.V	43%
NHS Lothian	27%

Highland Wide Stage 2 Complaint Volumes Recieved and % Performance Achieved

Legend: ■ Volume of Stage 2 received ■ Percentage Performance Achieved
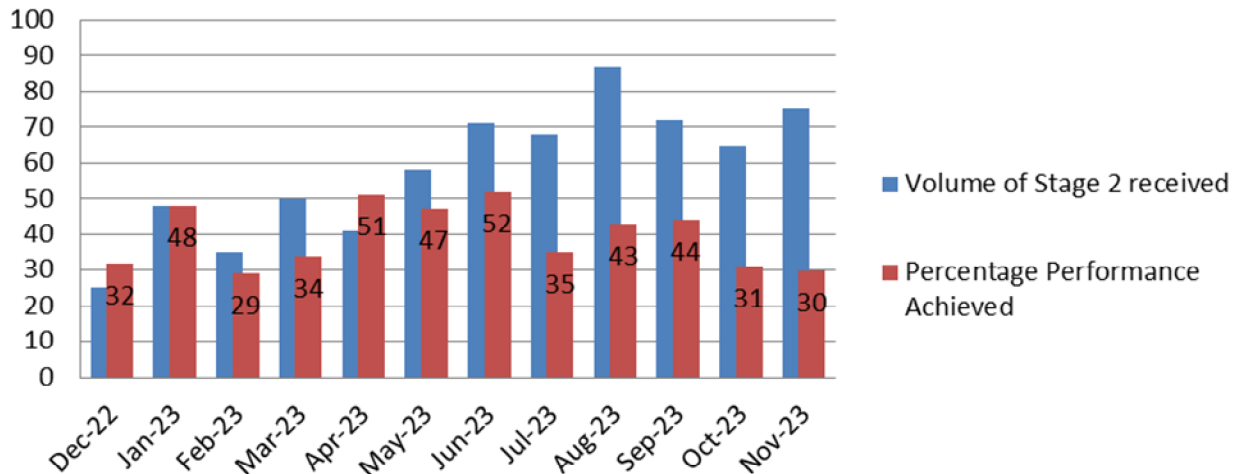
Factors which influenced performance has been:
• Front Line staffing pressures
• Administrative delays in case progressions
• Higher volume of complex cases touching multiple areas

Factors which influenced complaint volumes has been:
• Dental related complaints and MSP interest in service delivery
• Cancer Services relating to service provision of Oncology appointments
• Adult services relating to continuity of care and lack of care services
• In A&B concerns regarding the movement of Haematology care to GG&C

Top 3 Complaint themes
• Care and treatment - Relating to delays in diagnosis, mis-diagnosis, level of nursing care and issues with treatments.
• Communication – Information pre-treatment, contact with consultants, discharges and cancelled appointments
• Staff Attitudes & Behaviour – Manner in addressing patients & ward visitors, nursing issues and community carers engagement with clients
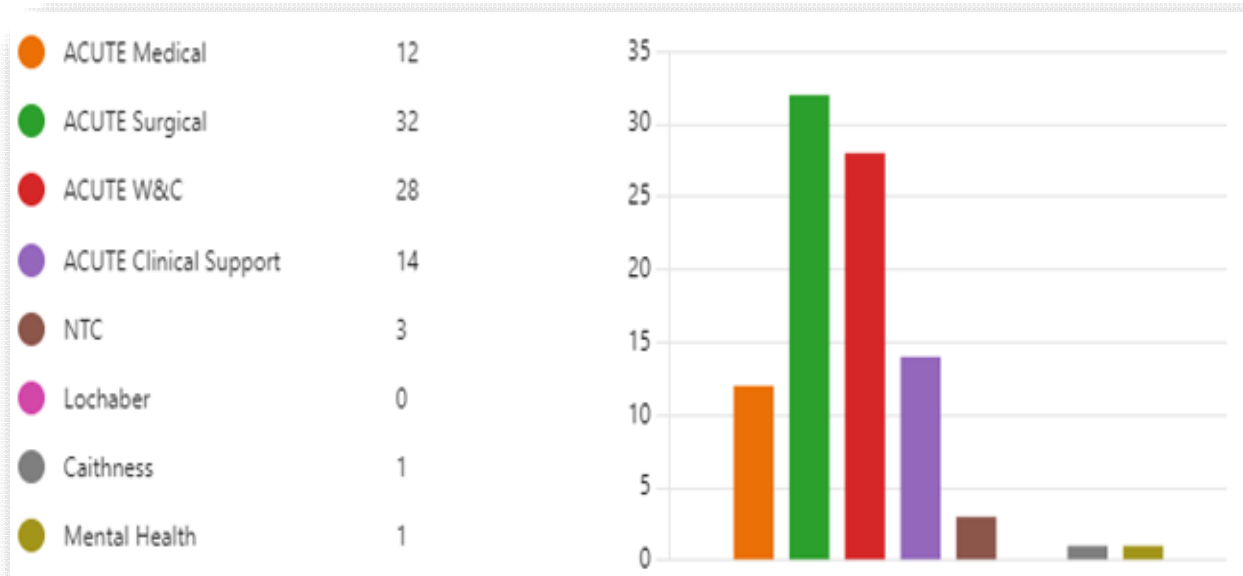
Complaints - Quality Assurance Activity

Progress Made	Next Steps	Timescale
• Quality Assurance Form to be rolled out in A&B and HHSCP • Actions agreed are logged on Datix to allow monitoring	• Analysis of Further Correspondence to assist improvement work • Enhanced reporting to Nurse & Medical Directors	• End of February 2024

Quality Assurance Form Outcomes (ACUTE & MH) – 91 completed since Sept 2023

The Quality Assurance (QA) form was introduced to begin the process of gathering qualitative measures to ensure continuous improvements are being developed in complaint handling practices. The outcome of the 91 cases which had a completed QA form are as follows:

Legend	Value
ACUTE Medical	12
ACUTE Surgical	32
ACUTE W&C	28
ACUTE Clinical Support	14
NTC	3
Lochaber	0
Caithness	1
Mental Health	1

➢ 25% of complainants received a contact prior to the completion of their complaint
➢ 95% of cases were checked for accuracies in content and format
➢ 33% of cases identified learning points to share with complainants
➢ 36% explained how learning would be shared within their departments
➢ The above will be fed back to the listed teams

SPSO Activity

| Progress Made	Next Steps	Timescale
• SPSO Process and Flow has been revised to inc Professional Leads • Policy/Process changes to be discussed at QPS Level • Outcomes from SPSO Conference issued in New Year • SPSO brief to use new secure link technology	• SPSO Briefing to be issued on conference outcomes • SPSO Response Training for service areas	• End of January 2024

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**Exec Lead
Boyd Peters
Job Title**

In last 4 month period total of 9 SPSO Cases have been

Volumes of SPSO Received by Area

Reasons for SPSO Complanints
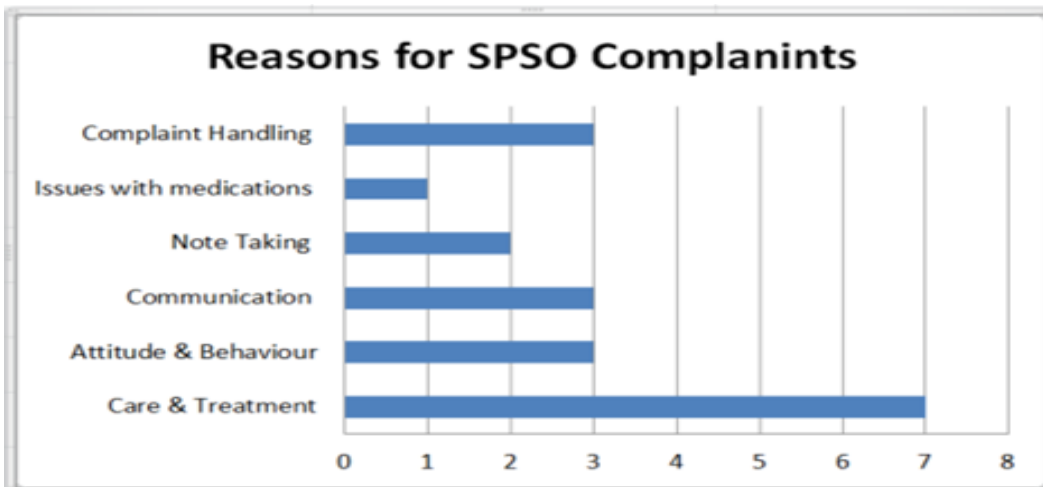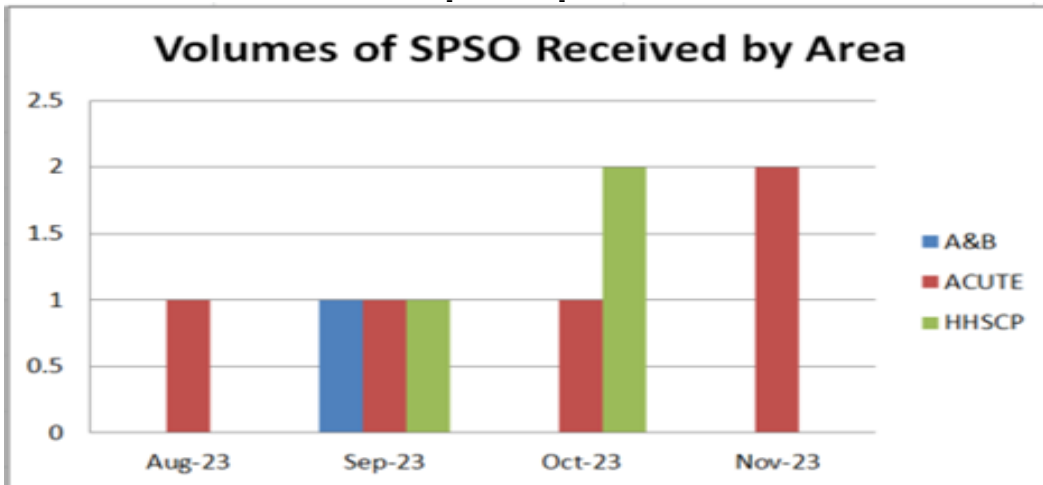
As of December 2023, NHSH have a total of 26 SPSO Active complaints. Out of 26,
- **19** are Initial Enquiries with a view to early resolution
- **4** are Formal Investigations
- **3** are open but awaiting actions to be completed on final decisions received.

Deeper look into: Care & Treatment and Attitude & Behaviour

Care and Treatment
- The level of observations to identify a decline in patient clinical position
- Movement of patients to other wards and care units, the lack of continuity of care
- Foot lesions not identified
- Failure to provide full care resulting in risk to patient
- Lack of diagnosis, no scans taken when there was opportunity to do so
- Mental Health services – lack of care and support

Attitude & Behaviour:

- Attitude of midwife to patient and visitor
- Behaviour of salaried GP - lack of consideration and compassion
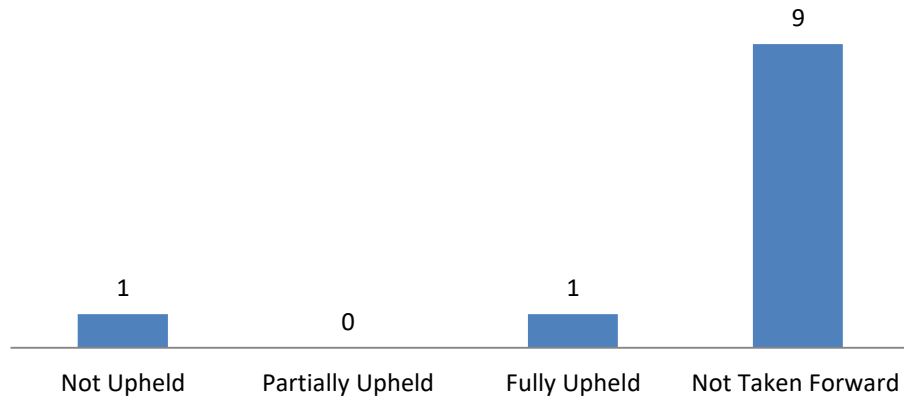- Behaviour of nursing staff in relation to reassuring the wellbeing of patients

In the last 4 months a total of 11 SPSO cases have been responded to with 1 case being fully upheld requiring action.

SPSO Decisions on reviewed complaints Aug 2023 - Nov 2023

Not Upheld: 1
Partially Upheld: 0
Fully Upheld: 1
Not Taken Forward: 9

The fully upheld case related to care and treatment in the medical assessment unit specifically relating to:

- triage and assessment
- delays in receiving treatment
- coordination of treatment

Actions Taken were:

- All patients triaged at the point of admission using Acute Triage Scoring system
- Streaming Bay developed to initiate Assess to Admit model
- Reduced outdoor waits and access block
- Levelled out work in progress through the admissions unit

Complaint Handling Recommendations:
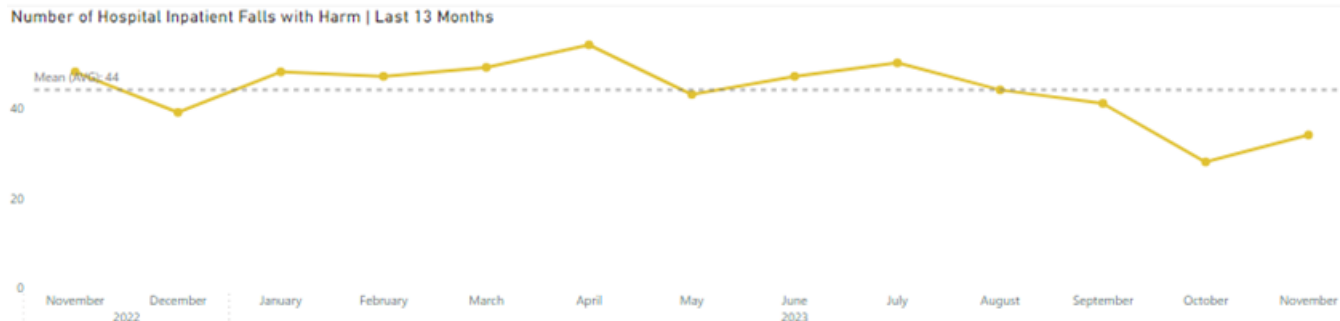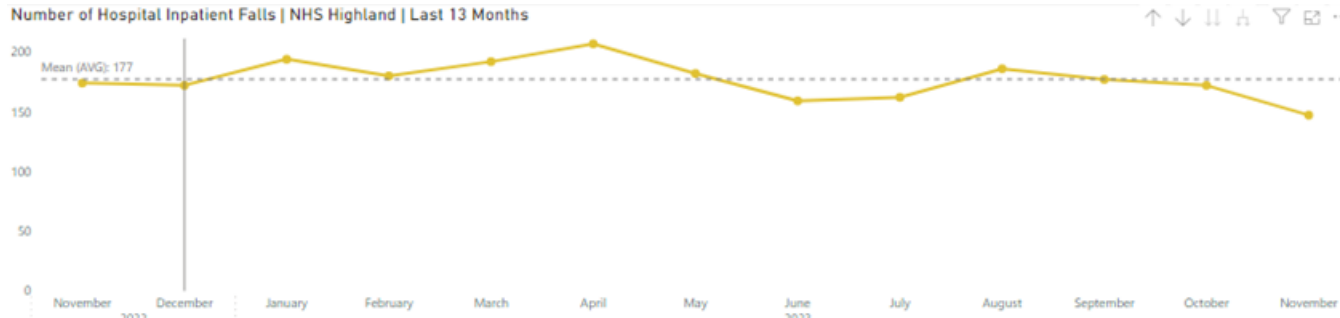
- To ensure hold letters are tailored where possible to set expectations
- To ensure complainants are contacted at point of investigation to reduce delays and assure robust responses.

Clinical Governance | Hospital Inpatient Falls

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**Exec Lead
Louise Bussell**

Progress Made	Next Steps	Timescale
• Reduction in falls with harm sustained since July 2023 • Rosebank ward 50% reduction in falls • New Craigs hospital have achieved 20% reduction in all falls and 30% reduction in falls with harm • Key message of the month re falls launched	• Distribution of Falls information leaflet across all sites • Review of post fall bundle • Review of Falls policy – draft shared with HSE	• 31/01/2024 • 16/02/2024 • 19/02/2024

Number of Hospital Inpatient Falls | NHS Highland | Last 13 Months

Mean (AVG): 177

Number of Hospital Inpatient Falls with Harm | Last 13 Months

Mean (AVG): 44

Number of Hospital Inpatient Falls | NHS Highland | Acute and Community | Last 13 Months

● Acute Hospitals ● Community Hospitals

27 December 2023
Data Correct as of

Clinical Governance | Tissue Viability (grade 2, 3 & 4 only)

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Exec Lead
Louise Bussell

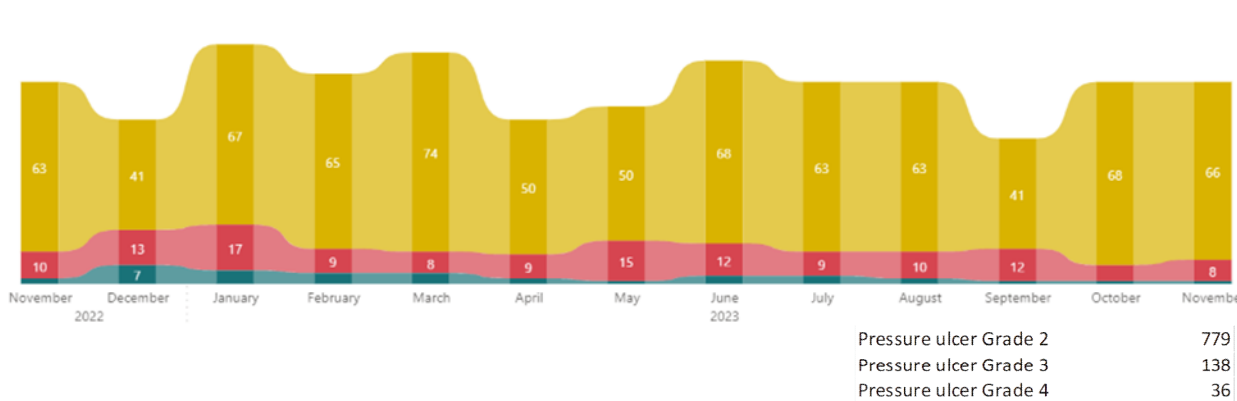| Progress Made	Next Steps	Timescale
• Target aim to reduce pressure ulcers agreed • Initial discussions with SAS to review transfer of patients to and from hospital and pressure relieving equipment to reduce pressure damage • aSSKINg model (assess risk, skin assessment and skin care, surface, keep moving, incontinence and moisture, nutrition and hydration and giving information or seeking help)for community teams presented to Health improvement Scotland	• Reduction of hospital acquired PUs by 20% • Further meetings and possible pilot areas to be identified • To trial in community nursing teams to see whether this would be more appropriate to use in community settings rather than daily care plan as used in inpatient areas for assessment	• June 2024 • June 2024 • April 2024

Number of Tissue Viability Injuries | Last 13 Months
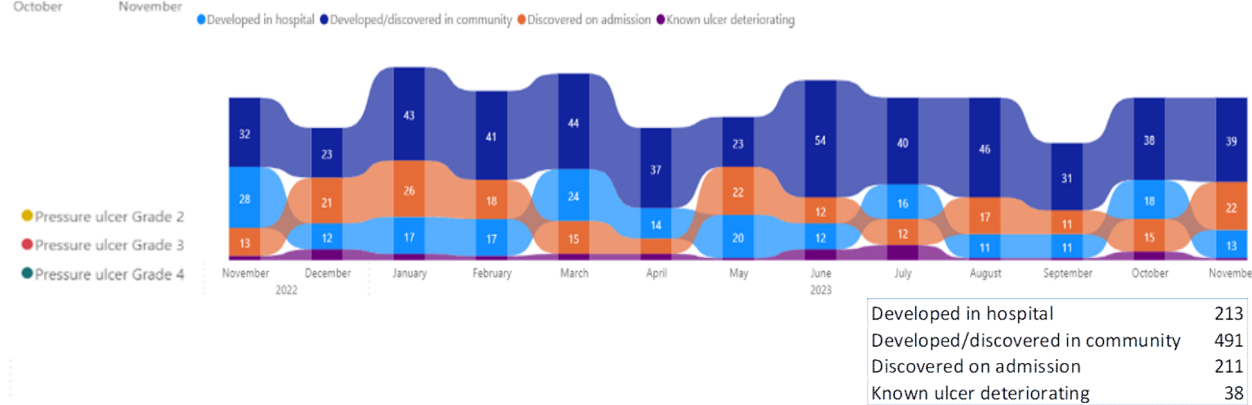

Mean (AVG): 73
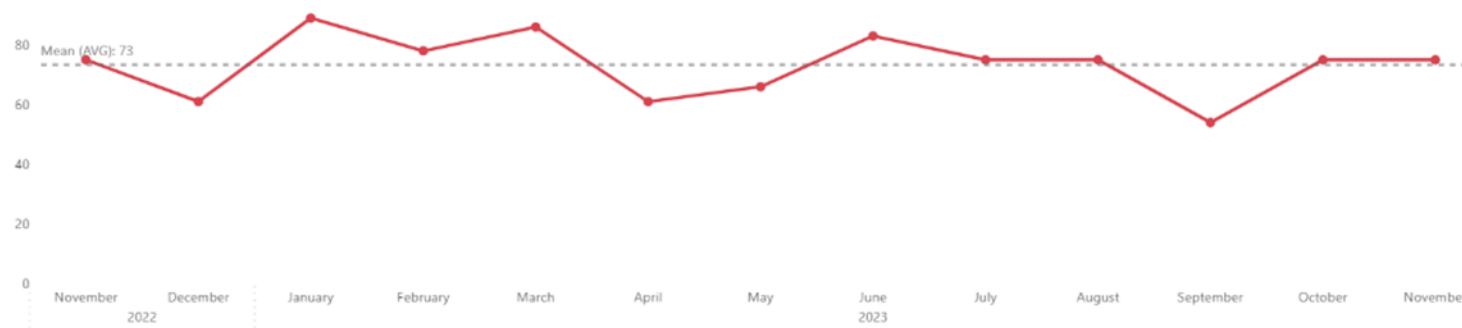
Number of Tissue Viability Injuries | Injury Grade | Last 13 Months

Legend:
- Pressure ulcer Grade 2
- Pressure ulcer Grade 3
- Pressure ulcer Grade 4

Pressure ulcer Grade 2	779
Pressure ulcer Grade 3	138
Pressure ulcer Grade 4	36

Number of Tissue Viability Injuries | Sub-Category | Last 13 Months

Developed in hospital ● Developed/discovered in community ● Discovered on admission ● Known ulcer deteriorating

Developed in hospital	213
Developed/discovered in community	491
Discovered on admission	211
Known ulcer deteriorating	38

27 December 2023
Data Correct as of

Clinical Governance | Infection Control (SABS, CDIFF and E.COLI)

Together We Care
with you, for you

**Exec Lead
Louise Bussell**

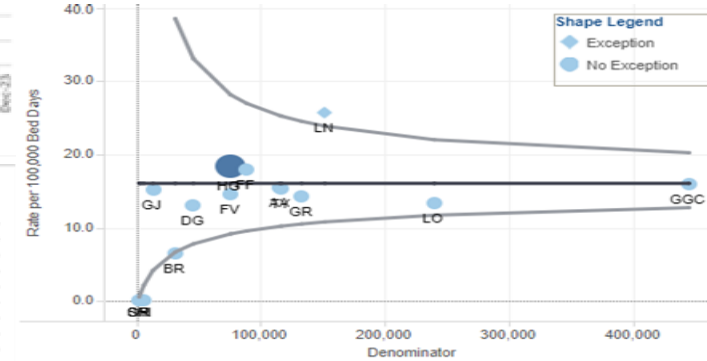| Progress Made	Next Steps	Timescale
• The current reduction aims are: Clostridioides difficile healthcare associated infection rate of 15.6 per 100,000 total occupied bed days by 2024. Staphylococcus aureus bacteraemia rate of 15.3; and E.Coli bacteraemia rate of 17.1. • Local data for July – Dec 2023 identifies a rise in CDI cases has occurred. Early identification of the cases enables control measures to be adopted quickly and reduce onward transmission. ARHAI Scotland are aware of the position	• The Infection Prevention and Control team actively monitor each patient with a reported episode of infection, for learning points and to prevent future occurrences. Information is disseminated to the wider clinical teams. • IPC annual work plan continues to be monitored. A detailed report is submitted to the Clinical Governance Committee for assurance	• Review end of year position April 2024 • Validated position will be known July 2024

Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2023/2024 including validated and published data by Public Health Scotland (PHS), and NHS Highland unvalidated data

Period	Apr-Jun 2023 Q1	Jul-Sep 2023 Q2 (NHS Highland un validated data)	Oct-Dec 2023 Q3	Jan-Mar 2024 Q4
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	22.4	18	n/a	n/a
SCOTLAND	18.3	n/a	n/a	n/a
C. DIFFICILE				
NHS HIGHLAND	18.5	29	n/a	n/a
SCOTLAND	16.1	n/a	n/a	n/a
E.COLI				
NHS HIGHLAND	23.8	29	n/a	n/a
SCOTLAND	37.6	n/a	n/a	n/a

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

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

Quarterly rates of Healthcare Associated ECB infections per 100000 bed days including ARHAI Scotland & NHS Highland data
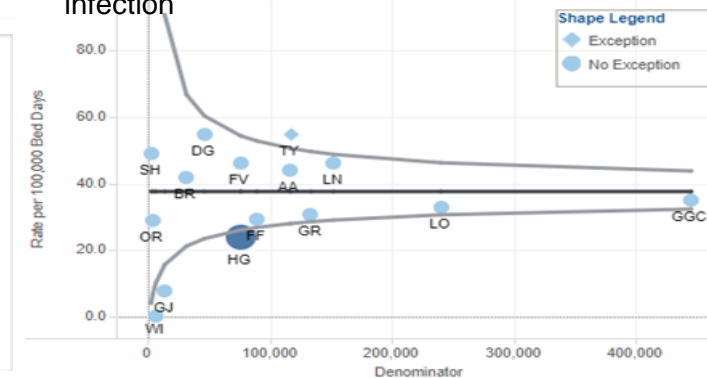
Staphylococcus aureus bacteraemias - Healthcare associated infection
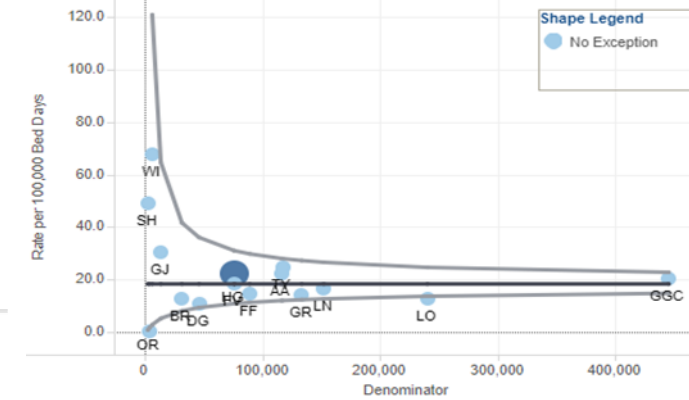
Clostridioides difficile infection – Healthcare associated infection

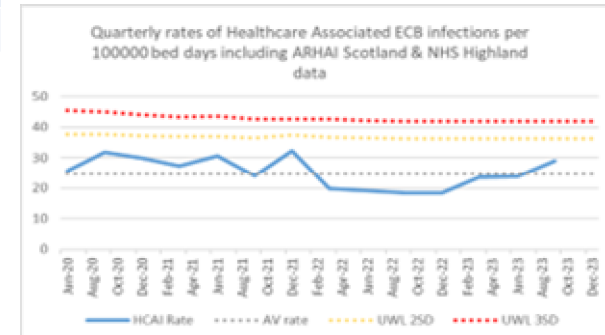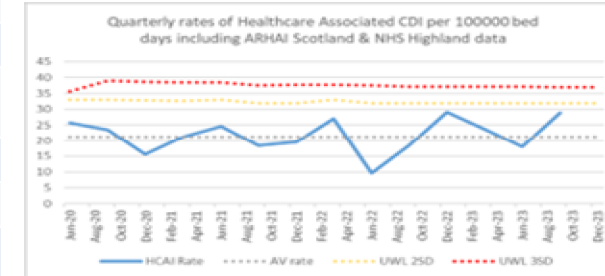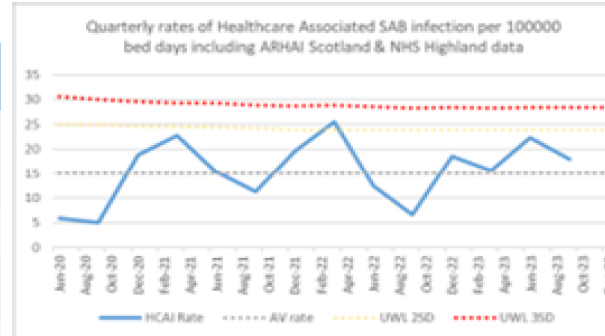E.coli bacteraemia- Healthcare associated infection

Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
4	Covid Vaccine Uptake	Monthly	January 2024	March 2024
4	Adult Influenza Vaccine uptake	Monthly	New Graph	March 2024
5	NHS Highland-Alcohol brief interventions 2023/24 Q2	Quarterly	January 2024	March 2024
5	ABIs delivered	6 monthly	November 2023	March 2024
6	LDP smoking quit attempts by month of planned quit-NHS Highland	Monthly	January 2024	March 2024
6	LDP 12-week smoking quits by month of follow up-NHS Highland	Monthly	January 2024	March 2024
7	CAMHS 18 week treatment target	Monthly	New Graph	March 2024
7	CAMHS Ongoing waits	Monthly	January 2024	March 2024
7	Board comparison % Met Waiting time standard	Monthly	January 2024	March 2024
8	New patients waiting first appointment 2022v2023	Monthly	January 2024	March 2024
8	New and Unvetted patients awaiting first appointment	Monthly	January 2024	March 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
9	ED 4 hr wait performance by HHSCP Hospital	Monthly	November 2023	March 2024
9	Weekly A&E patients waiting 12 hrs plus	Monthly	New graph	March 2024
9	Weekly ambulance Handover results	Monthly	New graph	March 2024
9	Board Comparison % meeting Waiting time standard	Monthly	November 2023	March 2024
10	Delayed Discharges in NHS Highland	Monthly	New graph	March 2024
10	Delayed Discharge Benchmarking	Monthly	New graph	March 2024
11	New outpatients 12 week waiting times	Monthly	New graph	March 2024
11	New Outpatient total waiting list & Projection	Monthly	January 2024	March 2024
11	Board Comparison % Met waiting time standard	Monthly	New graph	March 2024
12	New Outpatients Referrals, Patients seen and Trajectories	Monthly	January 2024	March 2024
12	OP Patients waiting over 52 weeks	Monthly	January 2024	March 2024
13	Inpatient or day case 12 Week waiting times	Monthly	New graph	March 2024
13	Total TTG Waits & Projection	Monthly	January 2024	March 2024
13	Board Comparison % Met waiting time standard	Monthly	New graph	March 2024
14	Planned Care Additions, Patients seen and trajectories	Monthly	January 2024	March 2024
14	TTG Patients waiting over 78/104 weeks	Monthly	January 2024	March 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
15	Radiology Key tests Planned & Unplanned activity & Trajectories (3 Graphs)	Monthly	January 2024	March 2024
15	Board Comparison % met Waiting time standard	Monthly	January 2024	March 2024
16	Endoscopy Key tests Patients seen and Trajectories (2 Graphs)	Monthly	January 2024	March 2024
16	Board Comparison % met waiting time standard	Monthly	New graph	March 2024
17	31 Day Cancer waiting times	Monthly	January 2024	March 2024
17	Board Comparison % Met waiting time standard	Monthly	January 2024	March 2024
18	62 Day Cancer waiting times	Monthly	January 2024	March 2024
18	Board Comparison % Met waiting time standard	Monthly	January 2024	March 2024
19	PT 18 week treatment target	Monthly	New Graph	March 2024
19	PT Ongoing waits	Monthly	January 2024	March 2024
19	Board comparison % Met Waiting time standard	Monthly	January 2024	March 2024