Report by George McCaig, on behalf of Deborah Jones, Director of Strategic Commissioning, Planning and Performance

This report details progress on the objectives in the Annual Operational Plan, performance on national Standards and an overview of Acute Services waiting times.

1.0 Background

1.1 This report is the second report arising from the revised performance framework. As previously highlighted to the Board it is intended to report performance to the Board more frequently and to ensure that there is a clear and transparent relationship between the objectives detailed in the Annual Operation Plan, performance reporting and operational outcomes.

1.2 A number of changes have been made following requests at the last Board:

- There has been a move towards reporting by exception which has reduced the size and detail within the report. This approach will continue to be developed following further feedback.
- The assurance group/committee for each are detailed in the Annual Operation Plan (Section 2) has been included in the report as requested.
- A delayed discharge indicator has been added to the Operational Plan Standards (Section 3) as the requested.
- Greater detail regarding the NHS Highland Overview of Waiting times has been added at Section 4, following a request at a Board development day.
- Consideration is being given has to how we make use of the intranet to cover the detail of performance. This is being taken forward in a test stage using section 3 of the report.

2.0 Structure Of The Report

2.1 The report consists of 4 Sections:

- An executive summary of the key areas in the report. Where provided, this includes areas the key responsible Officer’s wished to bring to the attention of the Board.
- An overview of progress on the aims and objectives detailed in the Annual Operational Plan for 2019/20
  - Primary Care
  - Digital Health
  - Regional Planning
  - Integrated Care
Elective Waiting Times
Healthcare Associated Infection
Mental Health
Unscheduled Care
Public Health (as per Government instruction, Public Health did not have a specific section to itself in the 2019/20 AOP – that changes in the 2020/21 AOP)

- Current Outcomes on the NHS Highland Annual Operational Plan Standards
- Overview of Acute waiting times for NHS Highland

2.2 The report is subject to on-going development and future version can expect:

- Mental Health Services
- Cancer services

2.3 It is important to note that, as requested by the Board, responsible officers have been given the opportunity to comment on performance detailed in this report prior to submission of this report to the Board.

3. Governance Implications

3.1 Contribution to Board Objectives. The scorecard details performance in line with the indicators agreed by the Board to evidence achievement of the Operational Plan agreed with the Government.

3.2 Financial. As previously agree by the Board, this detail is provided within the Finance report

3.3 Staff Governance. A number of indicators under Outcome 2 (Efficiency) in the scorecard are pertinent for staff governance purposes.

3.4 Planning for Fairness. Accurate and timely performance information is key in assuring a planned approach to services and their provision.

3.5 Risk. Potential risk areas are highlighted in the scorecard using red arrows, with additional information on national comparisons where available.

3.6 Engagement and Communication. Performance is reported to every Board, from this report on.

4. Recommendations

4.1 It is recommended that the Board review the performance detailed in the report and identify any areas requiring further information.

George McCaig
Performance Manager
21 January 2019
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ANNUAL OPERATIONAL PLAN 2019/20

Primary Care
- The majority areas reported for Primary Care in the Performance Report presented to the NHS Board in November 2019 are recording progress.
- Project targets previously provided are reported as within timescale.
- Target timescales have been set for those previously reported as having no timescale.
- The most significant issue previously reported was the number of outstanding areas to be agreed with the GP sub – vaccination services, urgent care & treatment room services, mental health model. Progress is being reported in all these areas.

Digital Health
- NHS Highland has migrated 6,212 devices leaving approximately 2,100 still to be completed. The majority of these are within Primary Care. Windows 7 has now gone unsupported and NHS Highland has an Agreement in place for an extended warranty to ensure that we have appropriate security in place, giving time to complete the upgrade work.
- Hospital Record Scanning and Order Communications have been re-profile to start in April 2020
- Digitisation of the paper record project will now start Feb 2020
- Voice recognition and self-service check-in are now part of cross-cutting workstreams and will in future be reported under them.
- NHS Highland will invest in an enterprise licence for MORSE from 1st April 2020. This will allow unlimited use of the MORSE solution. In conjunction with this, a business case for deployment within the North area is being developed.

Regional Planning - West of Scotland
- No significant changes from that reported to the Board in November 2019 Performance report.

Regional Planning – North of Scotland
- No significant changes from that reported to the Board in November 2019 Performance report.

Integrated Care
- Care Homes. Programme Manager (PM) is now in place although significant backfill challenges restricted the release of the PM to drive forward key aspect of the overall project. Successful recruitment to a substantive unit manager post is scheduled during February 2020. Detailed project plan and timescales being prepared, now project managed via Cost Improvement Programme, Adult Social Care work stream. First meeting of Project team scheduled for January 2020, including ASC professional leadership. Scheduled to deliver in 2020/21 with the key constraint of backfill, now complete.
- Care at Home. Project managers to be identified to progress movement of activity from NHS Highland to the independent sector.
• A number of projects reported in the November performance report are complete, now in mainstream operation and are no longer included in this performance report – ensuring a fully-self-managed and collaborative care at home sector, implementation of a new care at home contract and pricing model, agreed principles for the use of buildings as community hubs, implementation of agreed uplift of the living wage, development of neighbourhood model, and piloting MORSE in Health& Social Care teams in Inverness.

**Elective Waiting Times – Argyll and Bute**

**Outpatients**

• Argyll & Bute reported is showing considerable improvement. Pain management is one area where there continues to be a significant risk due to the lack of a consultant. Other options are being explored. At this point A&B would be expected to be at or near target for the outpatient position.

**Treatment Time Guarantee**

• Local TTG waiting list reporting and monitoring continues to be considerable and work to ensure data quality and accuracy is ongoing but the HSCP is able to meet the 12 week Treatment Time Guarantee (TTG)

**Elective Waiting Times – North Highland**

• Outpatients and TTG performance continues to be challenging and, as part of the revised performance framework, a monitoring system whereby waiting times information is reviewed on a fortnightly basis (between Planning & Performance and the relevant operational manager) is now in place. The purpose of these meeting is to provide regular updates on measured outcomes and determine if the actions agreed have been implemented and are successfully reducing waiting times. These actions have been quantified in terms of the improvements in waiting times they will bring. An NHS Highland position is provided in SECTION 4. However, as A&B is expected to achieve year end targets, this largely reflects the position of NHS North Highland. On the basis of the information currently available in the best case scenario the number of outpatients waiting longer than 12 weeks at the year-end will exceed the Annual Operational Plan target by 625 and the number of TTG patients will exceed target by 756.

**Healthcare Associated Infection**

• CDI rate better than target
• SAB will not be met at the end of March 2020.
Mental Health – Argyll & Bute

- Argyll & Bute continues to progress finalising mental health workforce plan for next 3 years, incorporating the outcome of Community Mental Health Service review, to enhance and strengthen community teams operating presence, skills and capacity. To date A&B have recruited to the 3 of the 4 locality planned posts (1x band 7 Team lead, 1.2 band 3, and 5 band 6 RMN), with the remaining vacancies being in Oban. Recruitment remains challenging to Oban however A&B are hopeful of recruiting the remaining posts, thus meeting the proposed uplift of 10.5 WTE as per 2019/20 plan. The team lead for GP surgeries through primary care stream has also been successfully completed.

Mental Health – North Highland

- Waiting times for Psychological Therapies continues to be challenging. The national standard for percentage seen within 18 weeks has improved to 85%, but the numbers waiting over 18 weeks continues to remain at high levels. Cognitive Behavioural Therapy is now a fully staffed service. NHS Highland a test site for internet enabled CBT and 170 patients have accessed CBT via this route. Waiting times within Children and Adolescents Mental Health Service continue to be challenging with the latest performance available being 69% of patients commencing their treatment within 18 weeks.

Unscheduled Care

- Attendance and compliance with the 4 hour waiting time standard. This is showing a continued increase year on year in attendances across the 4 ED sites as well as the significant seasonal differences in number of attendances. Performance has declined standing at 89.2% for NHS Highland in November 2019 (November 2018 figure – 95.7%). Although overall attendances reduce over the winter – the performance also is reduced. This is generally caused by a reduction in flow out of the hospitals in this period. A number of factors impact on this – including increased acuity of people presenting at the hospital – due to flu and or Norovirus, increase ion admissions due to falls etc particularly in the older population, increased demand for adult social care services. Whilst the impact on individual services varies across the sites the root causes remain consistent. The impact of this is often compounded with ward closures due to noro virus and flu.

Public Health – Argyll & Bute

- Smoking Cessation programme is proving challenging and a new approach is being pursued involving employing advisors in the areas with the highest levels of deprivation.
- An improvement plan for delivering ABIs was implemented in January 2019 following poor performance in previous years. Recording performance has been hindered due to on-going issues with IT systems.
Public Health – North Highland

- A review of location of smoking cessation clinics has been undertaken and new clinics being established in venues within the most deprived areas.
- The Service Level Agreement for Alcohol Brief intervention delivery in the Highland Health and Social Care Partnership area is being reviewed. Work is ongoing to encourage GP practices to sign up to the LES.
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<th>Key Issues</th>
<th>Executive Responses</th>
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| **Vaccination services** | **Vaccination services**  
  - Update on the vaccination team trials. Target date for the implementation of the final delivery model.  
  - The workstream has agreed to a collaborative working approach with the Community Treatment & Care (CTAC) and Urgent Care workstream. Deliver model to be agreed by end of April 2020. Tests of change in over 65’s influenza vaccination, care home/housebound population and in pregnant women is being evaluated. |
| **Pharmacotherapy** | **Pharmacotherapy**  
  - Update on recruitment of primary care pharmacists and pharmacy technicians. Target date for completion.  
  - 59 of our 65 North Highland practices have a pharmacotherapy service in place. Date for completion April 2020 which remains on target. |
| **Community link workers** | **Community link workers**  
  - Recruitment to commence autumn 2019. Update on recruitment plan and targets.  
  - Model agreed with a targeted approach in areas of deprivation. Procurement process to commence January/February 2020 with contract award being made August 2020. |
| **Urgent care & treatment room services** | **Urgent care & treatment room services**  
  - Have the delivery models been agreed and when will recruitment commence?  
  - Collaborative working with CTAC and Urgent Care workstreams agreed. Deliver model to be agreed by end of April 2020. |
| **MSK Physiotherapy** | **MSK Physiotherapy**  
  - Update on recruitment and target date for meeting 1 WTE:13k practice population. Update on the development of the remote working consultation model.  
  - The workstream has achieved 71% of anticipated recruitment to FCP roles (10.83WTE) and this is anticipated to reach 100% by end of April 2020, reaching the agreed model of 1WTE:13,000 population. IT issues have been resolved and alternative accommodation solutions have been sought where required. |
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<td><strong>Mental health</strong>&lt;br&gt;• Has the model for GP practices been agreed and, if so, what are the plans for recruitment?</td>
<td><strong>Mental health</strong>&lt;br&gt;New workstream lead appointed (Dr Paul Davidson). Workstream to facilitate workshop event mid-February to scope model of delivery.</td>
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<td><strong>SPSP programme</strong>&lt;br&gt;• Update on reliability of warfarin bundle, roll out of sepsis template, escalation of patients with suspected sepsis</td>
<td><strong>SPSP programme</strong>&lt;br&gt;Warfarin bundle well established and reliable. Sepsis template available to practices but no usage data.</td>
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<td><strong>GP Near Me</strong>&lt;br&gt;• Update on phase 2 trial</td>
<td><strong>GP Near Me</strong>&lt;br&gt;Survey of GP Practices underway to scope further roll-out of Near Me in GP consultations. Responses will inform implementation plan commencing April 2020. Funding received from NSS for 2 practices (Caithness) to enable distal support IT works.</td>
</tr>
<tr>
<td><strong>Scottish Rural Medical Collaborative</strong>&lt;br&gt;• Update on embedding of the six initial projects&lt;br&gt;• Update on phase 2 projects for rural practice</td>
<td><strong>Scottish Rural Medical Collaborative</strong>&lt;br&gt;SRMC have completed and embedded the original 6 projects and are now focused on phase 2 and in particular the rediscover the joy project. 27 GPs have been recruited and a new Hub set up for management of recruitment and retention in 4 rural health boards.</td>
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<tr>
<td><strong>Primary Care Premises</strong>&lt;br&gt;• Progress of review of primary care premises and expected date of completion.</td>
<td><strong>Primary Care Premises</strong>&lt;br&gt;Ongoing work with Scottish Futures Trust. Reconfiguration of GP premises in Inverness will have completed option appraisal for 3 new sites (6 GP practice relocations) by February 2020.</td>
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<td><strong>Sustainability loans</strong>&lt;br&gt;• Progress in application/receipt of 12 sustainability loans</td>
<td><strong>Sustainability loans</strong>&lt;br&gt;12 sustainability loans requested, 11 loans approved by Scottish Government. We are awaiting guidance from SG on leased premises.</td>
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## Key Issues

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<td><strong>Update on roll-out. Target is 2000 active users in 2019/20. How many users are there?</strong></td>
<td><strong>As of December 2019 – NHS Highland has 2644 active users on the Care Portal. Another interesting statistic is that during December, the link with NHS GG&amp;C was used 1,928 times and 12,946 times since the system went live. The rollout of access to the Primary Care dataset has been hindered by the lack of a National Data Sharing Agreement. The National Data Sharing Agreement has now been completed and NHS Highland is working with Primary Care on the local Agreements required to start the sharing of data and with the suppliers of the Primary Care and Portal Systems on the technical work required. The anticipation is that data-sharing will start by the end of March 2020.</strong></td>
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<td><strong>Update on roll-out of access to primary care dataset by clinical staff.</strong></td>
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**Digital Ward**

- **Update on progress of the deployment.**

**Microsoft Upgrades**

- **Update on upgrade of all users to Windows 10 and the target date for completion**

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## Electronic Patient Record

As of December 2019 – NHS Highland has 2644 active users on the Care Portal. Another interesting statistic is that during December, the link with NHS GG&C was used 1,928 times and 12,946 times since the system went live.

The rollout of access to the Primary Care dataset has been hindered by the lack of a National Data Sharing Agreement. The National Data Sharing Agreement has now been completed and NHS Highland is working with Primary Care on the local Agreements required to start the sharing of data and with the suppliers of the Primary Care and Portal Systems on the technical work required. The anticipation is that data-sharing will start by the end of March 2020.

**Digital Ward**

Digital Ward which supports patient flow and bed utilisation has several modules.

**Admission View** – this module is now live in Raigmore.

**Paediatric View** – during the latest round of testing, issues were identified that require to be resolved before a go-live date can be set. eHealth and the supplier are currently working on these issues.

**Ward View, Community Hospital View, Infoview** – no change from last performance report.

**Microsoft Upgrades**

To date, NHS Highland has migrated 6,212 devices leaving approximately 2,100 still to be completed. The majority of these are within Primary Care. Windows 7 has now gone un-supported and NHS Highland has an
Agreement in place for an extended warranty to ensure that we have appropriate security in place, giving time to complete the upgrade work.

Clarity is slowly emerging on the timescales for the NHS’s transition to Office 365. The first date that has been identified is 30 September 2020, by which time all staff MUST be moved to the new email system. The full replacement of Office 2007 with Office 365 will take longer and timescales are still being negotiated.

An NHS Highland organisational-wide steering group is going to be created to oversee the transition to Office 365. This group will have responsibility to ensure that existing business processes are migrated to Office 365 as well as ensuring that NHS Highland maximises its use of the new facilities included in Office 365.

Rapid access to devices in clinical settings
eHealth is deploying two technologies that will enable more rapid access to devices in clinical settings across the four main acute hospitals. The first of these is a technology that allows clinicians to log on to devices by ‘tapping’ their id badges on a card reader. The rollout of this technology was hampered by the Windows 10 compliance work which was completed over the festive period. Work is now progressing with the rollout of this technology.

The second technology is called Virtual Desktop Infrastructure (VDI). The NHS Highland VDI environment is now ready for deployment and a meeting was held with the Emergency Department (ED) on 15 January to see if ED was a candidate as an early adopter.

Improving access and use of digital technology in a clinical environment
No change from previous performance report
Business Case development

- Update on the progress of the business case for the following projects
  - EPR – Hospital Record Scanning
  - Order Communications – Primary Care
  - Order Communications – Secondary Care
  - The digitisation of the paper record
  - Full implementation of a voice recognition system to support clinical and non-clinical staff
  - Implementation of hospital based self-service check-in facilities

EPR – Hospital Record Scanning
Following discussions, it was agreed that this business case would be re-profiled to start in April 2020. This work is now on-going.

Order Communications – Primary Care
Following discussions, it was agreed that this business case would be re-profiled to start in April 2020. This work is now on-going.

Order Communications – Secondary Care
Following discussions, it was agreed that this business case would be re-profiled to start in April 2020. This work is now on-going.

The digitisation of the paper record
It has been agreed that the initial digitisation of nursing documentation will be funded via the eHealth strategic fund. This work is required to support the new hospital builds and the desire to work in a digital world. Work on the full business case to support the digitisation of all records is still to commence and will be dependent on the availability of resources.

Work is formally to be commissioned with the supplier during February 2020 for the first set of digital nursing forms.

Full implementation of a voice recognition system to support clinical and non-clinical staff
This work is now part of the cross-cutting workstreams and an initial meeting with both the Corporate and Out-Patient workstream was held in early October 2019. Further work in this area will be coordinated by one of the workstreams.

Implementation of hospital-based self-service check-in facilities
This work is now part of the Out-Patient cross-cutting workstream. No work has progressed in this area.
Community Services

- Update on implementation of MORSE

Cyber Security Standard

- Update on implementation

Community Services

It has been agreed that NHS Highland will invest in an enterprise licence for MORSE from 1st April 2020. This will allow unlimited use of the MORSE solution. In conjunction with this, a business case for deployment within the North area is being developed.

Cyber Security Standard

NHS Highland is already compliant with the Cyber Essential standard and the outstanding work to become Cyber Essential + compliant is focused on the work to migrate users to Windows 10 and Office 365.

Work is progressing on meeting the requirement of the:

- Public Sector Action Plan on Cyber Resilience and;
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<th>West of Scotland Regional Planning Objectives</th>
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| • Update on progress in the following areas: | WOS Cardiac Service Review  
No significant change since Nov 19 report. |
|   o Cardiac Service Review  
   o major trauma network- year 3 implementation  
   o Ophthalmology- redesign and establishment of GJNH service  
   o Vascular service review and specialist service delivery in A&A, Lanarkshire and Forth Valley  
   o CAMHS The aim is to develop a regional solution that will provide equity of care and access to community CAMH services for all children and young people in the WoS.  
   o Systemic Anti-Cancer Therapy (SACT) - Improve patient experience and outcomes, deliver treatment in the most clinically appropriate place, ensure consistency of pathways and processes. Provide equitable access to treatment, including access to clinical trials, Optimise resource use  
   o Ear, Nose & Throat (ENT) and Oral and Maxillofacial Surgery (OMFS) face significant service challenges – review and service re-design | WOS Major trauma network  
No significant change since Nov 19 report. |
| | WOS Ophthalmology redesign  
No significant change since Nov 19 report. |
| | WOS Vascular service review  
No significant change since Nov 19 report. |
| | WOS CAMHS  
No significant change since Nov 19 report. |
| | WOS Systemic Anti-Cancer Therapy (SACT)  
No significant change since Nov 19 report. |
| | Ear, Nose & Throat (ENT) and Oral and Maxillofacial Surgery (OMFS)  
No significant change since Nov 19 report. |
### Key Issues

**North of Scotland Regional Planning Objectives.**
- Update on progress in the following areas required:
  - Cardiac Service Review
  - Trauma network
  - Ophthalmology
  - Digital transformation

### Executive Responses

Refer to NHS Board Performance Report Nov19 statement for starting position. RAG statement relates to those programmes / services graded as part of North of Scotland Board Chief Executives updates

**North Of Scotland (NOS) Cardiac Service review**
Next steps:
- Transcatheter Aortic Valve Implantation (TAVI) – no change from Nov19 update.
- Catheter Laboratory Capacity in the NoS – no change from Nov19 update.
- NoS Cardiothoracic Sustainability Plan – no change from Nov19 update.

**NOS Trauma network** – no change from Nov19 update.
Business as usual with individual forums overseen by the executive programme board. GREEN

**NOS Ophthalmology**
Next steps:
- Project update paper to Board Chief Executives during Jan / Feb 2020
- Ongoing identification of variance and possible solutions

**NOS Digital transformation**
Six work streams:
1. Care Portal – No allocated financial resource RED
2. HEPMA – no change from Nov19 update GREEN
3. Core Infrastructure – financial and programme capacity issues RED
5. Attend Anywhere - no change from Nov19 update RED
6. Information Governance – financial and programme capacity issues RED
7. **Support for various regional initiatives** – no or limited financial allocation generally AMBER except Trauma
   - **Major Trauma** - no change from Nov19 update GREEN
   - **Upper GI** - no change from Nov19 update
   - **SRTP** - no change from Nov19 update
   - **Dermatology/Urology/Vascular** - no change from Nov19 update

**Next steps:**
No change from Nov 19 update
HEPMA business case approved by BCE’s. NHSG will be host Board. Procurement, staffing and technology plans and MOU to be implemented Q4
Work Stream 3, 4 and 5 are delayed due to lack of funding.

**NOS Radiology**
**Next steps:**
Discussion in Dec19 to review scope and analysis of demand and supply for Feb 20 meeting. Financial and programme capacity issues AMBER

**NOS Laboratories, NOS Secondary & tertiary flows, NOS Oral and Maxillo-Facial Surgery, NOS Upper GI Surgery, NOS Vascular Surgery, NOS Urology, NOS Dermatology.**
No change from Nov 19 update
### Key Issues

**Care Homes**
- Update on progress in the following areas required:
  - Move standard residential care activity into independent care provision
  - Recalibrate in-house provision costs to better reflect the rates paid via the National Care Home Contract

**Care at Home**
- Update on progress in the following areas required:
  - Move activity from NHS Highland to the independent sector
  - Ensure full Highland wide coverage

### Executive Responses

**CH - move standard residential care activity into independent care provision**
Programme Manager is now in place although backfill challenges remain, interviews planned for substantive unit manager post in January 2020. Detailed project plan and timescales being prepared, now project managed via Cost Improvement Programme (CIP) Adult Social Care (ASC) work stream. First meeting of Project team scheduled for Jan 20, including ASC professional leadership. Scheduled to deliver in 2020/21.

**CH - Recalibrate in-house provision costs**
This refers to implementation of a staff scheduling tool, the priority is the redesign of staffing rotas, Programme Manager to prioritise a consistent, safe and high quality compliant staff structure across all NHS run care homes, project managed via Cost Improvement Programme (CIP) Adult Social Care (ASC) work stream. A clear change to the rotas has been made and is on target to achieve a direct benefit this financial year.

**CAH - Move activity from NHS Highland to the independent sector**
Project Manager still to be identified. Detailed project plan and timescales being prepared for the North and West. Governance structure now in place with a Project Board being led by the Head of Community Services with a Project Team established that is managed by the Area Manager, North. The Project team are considering block contract opportunities as well as providing information on capacity, quality and financial information for oversight by the Board. Scheduled to start to deliver from 2020/21.

**CAH - Ensure full Highland wide coverage**
Outline project plan is in place over a three year period, prioritising urban areas (Fort William, Wick & Thurso) in 2020/21. Provider development into
Achieve unit cost savings

Ensure a fully self-managed and collaborative sector, collectively responsible for package pick up certainty, sector managed service exits and savings target

North & West – Transfer of hours from NHS Highland to the Independent sector
• Update on progress required.

remote and rural areas is planned for future years. Key dependency linked to effective provider relationships and full contract conditions being met.

CAH - Achieve unit cost savings
Achieved efficiency savings of £0.935m last financial year, projected costs for 2019/20 stabilised for CAH coupled with significant NHS funding investment (growth of budget). Future savings linked to the phased and planned transfer in North & West from in-house to external services.

CAH - Ensure a fully self-managed and collaborative sector
Challenging year negotiating and agreeing a new strengthened CAH contract with the sector which was implemented in July 2019. 4 weekly provider meetings with the sector and flow manager/development officer. Contract conditions monitoring and review.

North & West – Transfer of hours from NHS Highland to the Independent sector
Project Manager still to be identified. In-house staff vacancies/relief use is being managed locally based on service requirements. Detailed project plan and timescales being prepared for North and West. Governance structure in place. Scheduled to start to deliver from 2020/21. Plan is to transfer in-house activity to the external sector over a phased and planned period over three years of in excess of 3000 hours.
### Day Centres – Learning Disabilities
- Update on progress in the following areas required:
  - Tender all building based day service contracts to 3rd Sector (as a block contract)
  - Increase capacity in building based day services (number of people in day service) and redesign activities offered
  - Transfer resource to independent sector. Individuals purchase own support provision (via SDS Options or private arrangement)

### Housing Support
- Update on progress in the following areas required:
  - Reassessment and review of all housing support care packages

### Executive Responses
- **DCLD - Tender all building based day service contracts – action reviewed and due to be removed.**
  Ongoing programme of work, re-design of services linked to Keys to Life LD national strategy. Currently at the design stage, external stakeholder involvement, I Hub and other relevant parties.

- **DCLD - Increase capacity in building based day services and redesign**
  Ongoing programme of work, re-design of services linked to Keys to Life LD national strategy. Currently at the design stage, external stakeholder involvement, I Hub and other relevant parties. To ensure consistency of shared support across all LD services.

- **DCLD - Transfer resource to independent sector.**
  As appropriate, consider alternative community based options with our external partners as opportunities arise and in keeping with Self-Directed Support philosophy

- **HS - Reassessment and review of all housing support care packages**
  Included as an integral component of the tighter controls of care ASC, CIP work stream.
<table>
<thead>
<tr>
<th>Key Issues</th>
<th>Executive Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient</strong></td>
<td>The FQ3 position shows significant improvement from FQ2 with the 12 week position having decreased by 46% from the previous quarter and the AOP quarter end target met. A series of waiting list initiative clinics have been ongoing since September 2019 with notable improvements made in Dermatology and Oral Surgery. AHP triage of the ENT and Orthopaedic lists undertaken by audiology and physiotherapy is facilitating patients to be seen within these settings where appropriate. Pain management continues to be a significant risk, the consultant who provided this service has left. Service options being examined include locum and support from the Independent Sector. However, this will not be considered without additional recurring funding to maintain a safe service for return patients. This is the service at most risk at present. Increased funding will be apportioned to increase Gynaecology capacity and internal transformational work alongside tightened data quality procedures will address patients breaching in General Medicine and General Surgery.</td>
</tr>
<tr>
<td><strong>Treatment Time Guarantee</strong></td>
<td>Local TTG waiting list reporting and monitoring continues to be considerable and work to ensure data quality and accuracy is ongoing but the HSCP is able to meet the 12 week Treatment Time Guarantee (TTG) target that applies within this setting from decision to treat to treatment. The FQ3 position is 1 TTG breach in General Surgery.</td>
</tr>
<tr>
<td><strong>Diagnostics</strong></td>
<td>Argyll &amp; Bute is reporting 1 CT Scan and 5 ultrasound 6 week breaching patients as at FQ3 against an AOP of 2 CT and 4 ultrasound breaches. This</td>
</tr>
</tbody>
</table>
Diagnostics

Return Patient Appointments

Return patient backlog remains a considerable issue in Ophthalmology but this is improving slowly and if AOP funding is provided on a recurring

is a marked improvement on the 31 ultrasound breaches recorded as at FQ2 and has been enabled by the additional locum sonographer capacity with any site specific waiting time issues being addressed.

Argyll & Bute is reporting 65 6 week endoscopy breaches as at FQ3 against an AOP of 105. This is a 44% reduction on the previous quarter end position and extra clinical capacity via WLI continues to support a reduction in length of wait going forward.

NHS GG&C cross boundary activity

The issue of waiting times activity and funding relating to cross boundary activity for Argyll and Bute patients seen and treated in Glasgow awaits further clarification from SGHD and SLA negotiations with NHSGG&C

HSCP Waiting times performance reporting

Formal reporting of the A&B HSCP waiting times performance is included in the IJB performance report. An enhanced section on waiting times performance is being considered by the IJB on the 29th January 2020.

Accident & Emergency Waiting Times

Argyll & Bute hospital site Accident and Emergency waiting time performance against the 4 hour target for unscheduled attendances continues to remain above 98% each month

Where there have been breaches SBARs are completed and reasons include some bed availability, better monitoring arrangements and SAS transport delays.

Return Patient Appointments

Return patient backlog remains a considerable issue in Ophthalmology but this is improving slowly and if AOP funding is provided on a recurring
basis in 20/21 sustainable delivery should be achieved reducing waiting times. Return outpatient waiting list data quality checking & reporting continues to be undertaken.
<table>
<thead>
<tr>
<th><strong>Key Issues</strong></th>
<th><strong>Executive Responses</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cancer</strong></td>
<td>Much of the inability to achieve a sustainable performance against Waiting Times Standards is due to a lack of capacity and an inability to fill Consultant posts. Given that this is unlikely to improve in the short to medium term the Board will focus its efforts upon maximising the availability of the non-medical workforce within a number of areas including Urology, Oncology, Haematology and Melanoma where Nurse Specialist posts are being appointed. Performance for Cancer Waiting Times target (31 days) is at the national target figure 95.1%. Performance for the Suspicion of Cancer Referrals (62 days) has declined to 78.4%.</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td>Outpatients performance continues to be challenging and, as part of the revised performance framework, a monitoring system whereby waiting times information is reviewed on a fortnightly basis (between Planning &amp; Performance and the relevant operational manager) is in operation. On the basis of the information currently available in the best case scenario (which is updated every fortnight) the number of outpatients waiting longer than 12 weeks at the year-end will exceed the Annual Operational Plan target (1,018 patients) by 625.</td>
</tr>
<tr>
<td><strong>Treatment Time Guarantee</strong></td>
<td>Review of TTG outcomes is also included in the fortnightly monitoring meetings described in Outpatients above. On the basis of the information currently available in the best case scenario (which is updated every fortnight) the number of TTG patients waiting longer than 12 weeks at the year-end will exceed the Annual Operational Plan target (1,464 patients) by 765.</td>
</tr>
<tr>
<td>Key Issues</td>
<td>Executive Responses</td>
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<tr>
<td>--------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Return Patient Appointments</td>
<td>34% @ November 2019 of patients were not recalled within the timescale set for their</td>
</tr>
<tr>
<td></td>
<td>return appointment in NHS North Highland</td>
</tr>
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</table>
### Key Issues

<table>
<thead>
<tr>
<th>Issue</th>
<th>Response</th>
</tr>
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<tbody>
<tr>
<td>Reduce incidence and achieve CDI Heat target for NHSH by achieving an annual performance rate of 32.0 per 100,000 occupied bed days or less</td>
<td>Update on progress required</td>
</tr>
<tr>
<td>Reduce incidence and achieve SAB HEAT target for NHSH by achieving an annual performance rate of 24.0 per 100,000 acute occupied bed days or less</td>
<td>Update on progress required</td>
</tr>
<tr>
<td>Meet the mandatory requirements of the Clinical Risk Assessment by ensuring that MRSA Screening Compliance of 90% is achieved in Raigmore and the Rural General Hospitals</td>
<td>Update on progress required</td>
</tr>
<tr>
<td>Reduce the incidence of SSI infection and maintain a rate of under 2% for C-Section and Orthopaedic and 10% Colorectal</td>
<td>Update on progress required</td>
</tr>
</tbody>
</table>

### Executive Responses

<table>
<thead>
<tr>
<th>Target</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CDI Target</strong></td>
<td>April – Dec 2019, rate of 20.4 (Part Healthcare Protection Scotland validated data and NHS Highland provisional data)</td>
</tr>
<tr>
<td></td>
<td>CDI rate currently better than target</td>
</tr>
<tr>
<td><strong>SAB Target</strong></td>
<td>April – Dec 2019, rate of 26.6 (Part Healthcare Protection Scotland validated data and NHS Highland provisional data)</td>
</tr>
<tr>
<td></td>
<td>9 cases identified as preventable. Learning from reviews in place. The local NHS Highland Board target for SAB reduction will not be met at the end of March 2020, however it is likely that we will remain within expected limits.</td>
</tr>
<tr>
<td></td>
<td>It should also be noted that the local target above has now been superseded by the National Standards and Indicators set by NHS Scotland and allocated to NHS Boards on the 10th October 2019. This outlined a reduction standard to be reached by 2022 relating to healthcare associated infections only.</td>
</tr>
<tr>
<td><strong>MRSA Screening Compliance</strong></td>
<td>July - Sept 2019 95% achieved (Health Protection Scotland validated data).</td>
</tr>
<tr>
<td><strong>SSI Infection rates calculated</strong></td>
<td>Jan-Oct 2019 C-Section combined rate (elective and emergency procedures) of 1.8%</td>
</tr>
<tr>
<td></td>
<td>Jan –Oct 2019 Orthopaedic combined rate (total hip replacement and hemiarthroplasty procedures) of 0.6%</td>
</tr>
<tr>
<td></td>
<td>Jan –Oct 2019 Colorectal rate of 6.5%</td>
</tr>
<tr>
<td><strong>Key Issues</strong></td>
<td><strong>Executive Responses</strong></td>
</tr>
<tr>
<td>----------------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>
| **Meet the national antimicrobial prescribing targets as defined by Scottish Government and supported by Scottish Antimicrobial Prescribing Group by meeting national targets** | **Antimicrobial Prescribing**

Targets have just been published, and forwarded to Boards for consideration. Baseline data being assessed in order to establish NHS Highland target data and current performance. This is expected from National Services Scotland at the end of January 2020. |

- Update on progress required |

**Receive assurance from Estates of completion of HAI-Scribes for all new builds / refurbishments throughout 2019. Documentary evidence to be maintained** |

- Update on progress required |

**Receive assurance from the Operational Units that Nursing and midwifery staff have undertaken Healthcare associated infection training as per Mandatory training requirements. Demonstrate 95% compliance by March 2020** |

- Update on progress required |

**Antimicrobial Prescribing**

- Update on progress required |

**HAI Scribes**

Assurance received of completion for new builds and major works. Work to progress assurance of completion of HAI-Scribe documentation for minor works progressing with Estates possible inclusion onto GemSoft system. Project Lifecycle guidance developed by Estates Team Manager in order to provide framework to provide further assurance HAI-Scribe completion occurring. |

**Mandatory Infection Training**

(Data extracted from Qlikview for period April –November 2019 for nursing and midwifery staff)

- Why IPC Matters 83% compliance overall
- Hand hygiene 81% compliance overall

**Hand hygiene 81% compliance overall**
### Key Issues - Adult

The Argyll and Bute HSCP has an established mental health planning group who have identified key priorities for the next three years as follows:

- **Action 15 - MH Workforce within A&E/GP Practices/Police Custody Suite etc.**

- **Action 23 - Test and evaluate the most effective and sustainable models of supporting MH care in primary care by 2019**

- **Action 24 - Fund work to improve provision of psychological therapy services and help meet and set treatment targets.**

### Executive Responses

- Continue to progress finalising our mental health workforce plan for next 3 years, incorporating the outcome of Community Mental Health Service review, to enhance and strengthen community teams operating presence, skills and capacity. To date we have recruited to the 3 of the 4 locality planned posts (1x band 7 Team lead, 1.2 band 3, and 5 band 6 RMN), with the remaining vacancies being in Oban. Recruitment remains challenging to Oban however we are hopeful of recruiting the remaining posts, thus meeting our proposed uplift of 10.5 WTE as per 2019/20 plan. The team lead for GP surgeries through primary care stream has also been successfully completed.

- Next phase of recruitment will be Specialist Mental Health Occupational Therapists in Spring 2020

- Enhancing the use of technology to support psychological interventions/treatment, increasing our CBT take-up. cCBT programme fully operational, with increased use of average of 145 people accessing this in 2017 to 360 in 2019. The roll out and further utilisation of “Near Me” remote consultations and access to psychological therapies group work over is underway – service now supports more localities and are aiming to embed as normal practice at scale by end of 2019/20. Near Me Test with Islay, now progressing to test ‘At Home’ from November 2019. NHS Highland (including Argyll and Bute HSCP) testing with NHS24 and IESO Digital Health on increasing access to psychological therapies delivering CBT. Evaluation to be completed in 2020.
- **Action 26** - Ensure propagation of best practice for early interventions for first episode psychosis, according to clinical guidelines

- **Action 28** - Offer opportunities to pilot improved arrangements for dual diagnosis for people with problem substance misuse and MH diagnosis

- **Action 30** - Ensure equitable provision of screening programmes, so that the take up of physical health screening amongst people with a mental illness diagnosis is as good as take up by people without a mental health diagnosis.

- **Action 35** - Work with key stakeholders to better understand Mental Health Officers capacity and demand, and to consider how pressures might be alleviated.

- Elderly dementia service redesign. Specialist assessment contingency support requested from NHSGG&C for next 12 months

- Perinatal and parental mental health - focus developing pathway for perinatal mental health

- Argyll and Bute and NHS Highland successfully accepted to participate as an Early Interventions in Psychosis national accelerator site with Healthcare Improvement Scotland.

- SPSP - wider in-patient services development in 2019 includes the implementation of Improving Observation in Practice within In-Patient Services.

- Work commenced with Screening Engagement Practitioner, training delivered to community mental health teams.

- Aligned with our Carers strategy and action plan, enhance our support to carers within mental health.

- SWO meeting with MHO September on issues and pressures including on-call arrangements and training etc will inform action plan development and agreement by Jan 2019

- Finalising the service options with costs with formal option appraisal with stakeholders and user reps planned, now completed, trial in place reporting in March 2020.

- Grow your own scheme continues in Argyll and Bute

- Continued stakeholder involvement in developing plan/pathway and approach conclude in due course.

Engagement with National Perinatal MH Network
Key Issues - Adult

Better Care Without Delay
- Update on progress in the following areas required:
  - Delivering 18 weeks’ referral to treatment
  - Improved efficiency of non-routine inpatient average length of stay
  - Improved efficiency of review to new outpatient attendance ratio
  - Enhancing the use of technology to support psychological interventions/treatment, increasing our CBT take-up, utilising “Near Me” remote consultations and access to psychological therapies group work over 2019

Executive Responses

18 Weeks RTT
Psychological Therapies – 85%. Drug and Alcohol – 86%

Non-routine inpatient average length of stay
Median length of stay in General Adult Wards since Values Management introduced and following RPIW has seen a reduction from 29 to 12.

Review to New Outpatient Ratio
RPIW addressing OPCs in Inverness area took place in September 19. Recruitment to 2 AHP posts is first step to introduce capacity to test change in model.

CBT
Service fully staffed and activity has increased. NHS Highland a test site for internet enabled CBT with 170 patients to have CBT via this route. Recruitment of Assistant Psychologist to manage the Computerised CBT service for Primary Care patients

Near-me Remote Consultations
Pilot of Near ME OPC clinic in Psychiatry evaluated positively and will now be developed further. Psychology now piloting.
Key Issues - Adult

Commissioning Services
- Update on progress in the following areas required:
  - Ensuring that all commissioned services are reviewed and comply with regulations
  - Commissioning continuing care beds for adults with dementia
  - Establishing the future need for Learning Disability services

Intermediate Care
- Update on progress in the following areas required:
  - Increasing the level of older people with complex care needs receiving care at home
  - Increasing the number of Care homes supported by Older Adults Mental Health (OAMH) services
  - Reducing the average length of stay in General Adult Psychiatry and OAMH wards by 10%

Health Improvement & Health Inequalities
- Update on progress in the following areas required:
  - New Craigs to be a non-smoking hospital

Executive Responses

Commissioned Service Complying with Regulations
Contract reviews in place. Mental Health managers attend reviews with Contract Reviewing Officers.

Continuing Care Beds for Adults with Dementia Commissioned
Dementia Services Review due to report in December 2019

Learning Disability Services
Day Services Review due to report in April 2020

Care @ Home – complex care needs
North Regional Board LD Heads of Service working together to develop a regional approach to meeting the recommendations in The Keys to Life and the Coming Home- complex needs and out of area placements national reports.

Care Homes supported by OAMH services
Mid and East Ross CMHT won national recognition for support to care homes. Model now being rolled out across South and Mid.

Reducing average length of stay in wards
General Adult Wards implemented recommendations from RPIW and have seen a median reduction in length of stay from 29 days to 12.

New Craigs non-smoking
Group chaired by Professional Lead Nurse for MH&LD implementing project.
<table>
<thead>
<tr>
<th><strong>Key Issues - Adult</strong></th>
<th><strong>Executive Responses</strong></th>
</tr>
</thead>
</table>
| **Achieving agreed number of targeted health checks during 2019-20** | **Targeted health checks**  
Number to be set with CMHTS |
| **Having appropriate healthy living advice in suitable formats for people who have learning disabilities** | **Advice in suitable format for LD clients**  
Access to Communications Team now available for producing materials. |

**Strategic Workforce/Organisational Development**
- Update on progress in the following areas required:
  - Ensuring at least 80% of staff covered by Agenda for Change to have their annual Knowledge Skills Framework development reviews completed and recorded on TURAS by March 2020
  - Reducing staff turnover in MH, LD and D&AR services compared to 2017-18
  - Developing an integrated workforce training plan including succession planning
  - Improving the effectiveness of the service by undertaking a comprehensive Organisational Development review
  - Maintaining a sickness absence rate of no more than 4%
  - Continued migration to electronic recording and reporting systems (TrakCare PMS & MORSE)

**Integrated Workforce Training Plan**
North Highland Mental Health Services Strategy under development, this will inform training plan.

**Organisational Development Review**
Management and Leadership re-structure underway.

**Sickness Absence Rate <4%**

**Migration to TrakCare PMS and MORSE**
South and Mid CMHTs and Psychology now on PMS. Caithness, Drug and Alcohol Services due by end of 2020 Lochaber, Skye and Wester Ross by March 2020.
### Key Issues - Adult

#### Executive Responses

<table>
<thead>
<tr>
<th>Clinical Governance &amp; Risk Management Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Clinical Governance Forum for Mental Health and LD for North Highland to be established.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Healthcare experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values Management in place in 3 in-patient wards at New Craigs with plans to increase to 4. Local managers invited to speak at National and International Forums on VM in Mental Health settings. Scottish Patient Safety and Improving Patient Observation programmes in place across New Craigs site.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Care Packages Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Backlog cleared in South and Mid area. Reviewing Officer post now vacant and cases accumulating.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public Engagement Requirements Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>No major service change proposed at present.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OG/CSG Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>No update</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Users feeling Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Safety Climate Tool Audit conducted in partnership with Highland Users Group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carers – Support &amp; Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecting Carers increasing presence in mental health services</td>
</tr>
</tbody>
</table>

#### Patient and Service User Safety
- Update on progress in the following areas required:
  - Improving clinical governance and risk management standards
  - Improving the quality of healthcare experience. (Including Scottish Patient Safety Programme)
  - Reviewing and re-assessing 90% of Social Care Packages within agreed timescale

#### Involving the Public and Improving the Patient and Service User Experience
- Update on progress in the following areas required:
  - Ensuring that key partnership work areas requiring public engagement are identified and prioritized
  - Improving the skills of OG/CSG to engage with the public
  - Increasing the number of Carers who feel supported and capable to continue in their role as carer
  - Ensuring timely access to information training & support provided to carers
  - Increasing the number of service users feeling safe
  - Increasing the number of users and carers satisfied with their involvement in the design of their care plan
### Key Issues - Adult

<table>
<thead>
<tr>
<th>Recovery Based Services</th>
<th>Executive Responses</th>
</tr>
</thead>
</table>
| **Update on progress in the following areas required:** | **Reduce Number of Readmissions**  
Introduction of in-patient Consultant model to General Adult wards has seen reduction in readmissions within 28 days |
| | **Early Diagnosis of Dementia**  
Review of Dementia Services reports in December 2019 |
| | **Awareness of Dementia**  
Highland Dementia Strategy led by Public Health with responsibility for delivering the outcomes at CPP level. NHS Highland mental health services involved as stakeholder. |
| | **Reduction of Suicide Rate**  
National report showed a modest reduction on the 4-year rate per 100 000 from 2009-13 of 16.3 to that of 16.1 from 2014-2018 |
| | **Misuse of Substances – Faster Access to Treatment**  
During January to June 91% of patients were assessed and commenced treatment within 21 days. Since July due to vacancies this figure has reduced |
<p>| o Increasing the number of people able to cope with the normal stresses of life, work productively and be able to contribute to their community | |</p>
<table>
<thead>
<tr>
<th>Key Issues - CAMHS</th>
<th>Executive Responses</th>
</tr>
</thead>
</table>
| **Delivering 18 weeks’ referral to treatment informed by the scenarios by January 2021.**  
  - Update on progress required | Waiting times continue to be challenging with the latest performance available being 87% of patients commencing their treatment within 18 weeks.  
  All these projects are outstanding actions points for CAHMS |
| **Continue to work with the MHAIST team to ensure data and improvement approaches are used to best effect looking to reduce waiting times to consultation and waiting times to treatment over the coming months**  
  - Update on progress and target reduction expected | |
| **Working with North Highland Highland’s Children Forum and third sector partners in Argyll & Bute to ensure the voices and experiences of children and young people inform service design and delivery**  
  - Update on progress required | |
| **Working to respond to complaints in a trauma informed and trauma responsive way in recognition of the systemic pressures in family systems where there are a range of mental health needs for parents, children and young people**  
  - Update on progress required | |
<table>
<thead>
<tr>
<th><strong>Key Issues</strong></th>
<th><strong>Executive Responses</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RAIGMORE HOSPITAL</strong>&lt;br&gt;Objectives</td>
<td></td>
</tr>
<tr>
<td>- Systematic removal of breach reasons to maximise patient flow through the ED and acute assessment areas to eliminate crowding and exit block</td>
<td></td>
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<tr>
<td>- Eradicate boarding and minimise all delays where admission is required</td>
<td></td>
</tr>
<tr>
<td>- Avoiding attendance and admission where ever clinically appropriate</td>
<td></td>
</tr>
<tr>
<td>- Support people to be cared for at home whenever possible</td>
<td></td>
</tr>
<tr>
<td><strong>CAITHNESS GENERAL HOSPITAL</strong>&lt;br&gt;Objectives – same as Raigmore</td>
<td></td>
</tr>
<tr>
<td><strong>RAIGMORE HOSPITAL</strong>&lt;br&gt;November 2019 saw compliance at 85.7%, compared with 94.9% in November 2018. In November 2019 there were 9% more attendances than in November 2018 (2,947 compared with 2,709)</td>
<td></td>
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<tr>
<td>- Compliance has been declining since Aug 2019 which was the departments busiest ever month seeing 3523 people in the ED. In line with the experience of all the emergency departments each successive month is busier than the corresponding month in the previous year.</td>
<td></td>
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<tr>
<td>- In November the challenges posed by the increased demand was compounded by closure of ward 2a to Norovirus – loosing 7 beds from the system and loss of an additional 4 beds to flu on 7c.</td>
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</tr>
<tr>
<td>- Boarding in Raigmore was significantly reduced following the reconfiguration of beds in 2018, however increased demand and lack of flow has yet again led to an increase in boarding out of medicine.</td>
<td></td>
</tr>
<tr>
<td><strong>CAITHNESS GENERAL HOSPITAL</strong>&lt;br&gt;In November 2019 compliance was 95.3%, compared with 97.9% in November 2018</td>
<td></td>
</tr>
<tr>
<td>- Attendances in November 2019 – 590 compared with 675 in November 2018 - a decrease of 13%</td>
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</tr>
<tr>
<td>- In common with the other sites Caithness experiences a drop off in demand in the emergency department over winter. Unfortunately, similar factors to the rest of Highland – increased demand for care at home and care home placements outstripping availability means that flow is compromised with increasing number of people waiting in the emergency department for inpatient beds.</td>
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</tbody>
</table>
BELFORD HOSPITAL
Objectives – same as Raigmore

LORN & ISLANDS HOSPITAL
Objectives – same as Raigmore

• Whilst occasionally lack of space may result in those requiring longer period of rehab remaining on Rosebank there is no boarding as such in CGH

BELFORD HOSPITAL
• Experienced challenges to performance over the summer – with record attendances in the department. There were a number of contributing factors for this – including increased numbers of people delayed in Ward 1 leading to reduction in available beds in CAU, and gaps in the junior medical rota. There is a staffing plan in place to address this going forward.
• The Belford experiences the largest seasonal variation in attendance numbers of all the Highland sites – with up to 28% increase in attendances from winter to summer. In 2018 attendances by people from out with the Lochaber postcode area represented over 50% of the attendances from May – September.
• Whilst there is no boarding within Belford – lack of flow from Ward 1 (the rehab ward) does occasionally result in people requiring a longer period of rehab remaining in CAU beyond the initial acute period. This has a significant impact on flow through the hospital. Fort William also has no community hospital provision and low numbers of care home places increasing the potential for hospital delays.
• In November 2019 compliance was 92%, compared with 95.3% in November 2018 There were 674 attendances in 2019 2.4% more attendances than in November 2018 (658)

LORN & ISLANDS HOSPITAL
• November 2019 compliance was 97.1%, compared with 96.9% in November 2018
• November 2019 saw 650 attendances compared with 577 in November 2018 (12.7% increase)
• L&I Continues to return a positive performance against the 4 hour emergency access standard. There continues to be challenges associated with transfers and retrievals to Glasgow – and delays for those requiring mental health input. Previous winters have seen a negative impact on performance due to lack of downstream capacity.
• Boarding continues to be an exceptional event
<table>
<thead>
<tr>
<th>Key Issues</th>
<th>Executive Responses</th>
</tr>
</thead>
</table>
| **Smoking Cessation**  
During 2019-20 a total of 57 12-week smoking quits are required in Argyll and Bute. This is a reduction from 72 in previous years.  
Quits are required in the 40% most deprived datazones.  
This target has been difficult to achieve across Scotland. | No significant change from previous report.  
Following a comprehensive review of smoking cessation delivery and tests of change in 2018-19, a new approach to employing smoking cessation advisors is being pursued. Recruitment commenced in May 2019 for 1.76 whole time equivalent band 5 smoking cessation advisors to be employed in the areas with most deprivation. Post holders commenced in September 2019 and undertook the recognised smoking cessation training in October 2019. Due to the time lag of recruitment processes two contracted workers have been employed on a sessional basis since April 2019. The 57 quit target has been divided into a monthly reporting targets for each advisor from November 2019 to March 2020.  
There is a three month lag in gathering quit data and it is expected that there will be a small number of quits reportable from the April – September period (circa 10).  
An improvement plan for delivering ABIs was implemented in January 2019 following poor performance in previous years. Whilst this performance has been hindered by IT systems, it was recognised that improvement could be achieved by redeploying a staff member for 2.5 days per week to deliver ABIs. This resulted in 128 ABIs being delivered in community settings in Argyll and Bute between January and March 2019 and a further 155 ABIs between April and May 2019.  
In May 2019 a contract was put in place with a third sector provider to deliver community based ABIs. The delivery method has been a combination of face to face and online delivery with has resulted in a further 92 ABIs delivered. Teething problems with the contract were identified in September and contract review meeting took place in October 2019 to agree ongoing milestones for the further 781 ABIs required. |
| **Alcohol Brief Interventions**  
A total of 1028 ABIs are required in Argyll and Bute.  
Whilst front line staff are supported with training in behaviour change and risks associated with alcohol over consumption, Argyll and Bute has long had difficulty recording ABIs due to insufficient IT recording systems. | |
**Smoking Cessation**

NHS Highland’s target is to achieve 336 quits at 12 weeks in the 40% most deprived areas in NHS Highland. This is an increase of 16 from 2019/20.

Financial pressures may impact on delivery including a 5% reduction in smoking cessation funding from Scottish Government.

This target has been difficult to achieve across Scotland.

Limited capacity to deliver training on smoking cessation; a key driver for successful cessation outcomes.

Ease of access to smoking cessation clinics due to very limited number of venues in our most deprived areas.

Three month lag in data reporting.

Rural deprivation not adequately captured within existing measures.

**Alcohol Brief Interventions**

NHS Highland’s target is to achieve 3688 ABI’s. 20% of delivery can be put with the priority settings of Primary Care, A&E and Maternity services.

Target has been consistently met but recent years have seen a decrease in delivery. Financial pressures may impact on delivery.

Locally Enhanced Service is currently only in place in the Highland Health and Social Care Partnership area. This has impacted on delivery in Argyll and Bute. Unclear what the impact of the new GP contract may be on delivery of ABI’s in Primary Care. Limited capacity to deliver training on ABI’s; a key driver for successful delivery.

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No significant change from previous report.

Redesigned service in Argyll and Bute being implemented with new dedicated smoking cessation advisers in post from September 2019.

Monthly delivery targets set and monitored closely.

Review of location of cessation clinics undertaken and new clinics being established in venues within the most deprived areas.

Review of training and prioritisation of:

- IMPACT training to mental health staff
- Specialist training for smoking cessation advisers
- Pharmacy training to improve ‘lost to follow up’
- Targeted provision of Health Behaviour Change training

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An improvement plan for Argyll and Bute is being implemented. This includes redeploying staff resource to deliver ABI’s in community settings.

A contract was put in place with a third sector organisation in Argyll and Bute to deliver ABI’s.

The Service Level Agreement for ABI delivery in the Highland Health and Social Care Partnership area is being reviewed. Work is ongoing to encourage GP practices to sign up to the LES.

Work is underway to support delivery of ABI’s in maternity services through development of tools for Badgernet.
### NHS Highland Annual Operational Plan Standards

<table>
<thead>
<tr>
<th>Ref. No.</th>
<th>Indicators</th>
<th>Government Local Target</th>
<th>Local Baseline</th>
<th>Benchmark</th>
<th>Performance at previous reporting period</th>
<th>Performance at current reporting period</th>
<th>Trendline</th>
<th>Updated since last reported?</th>
<th>Update Frequency</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>77</td>
<td>Detect Cancer Early</td>
<td>25% (Govt)</td>
<td>24.3%</td>
<td>Scottish average is 26.6% Peer Group average is 24.1%</td>
<td>24.1% for 2016/2017</td>
<td>25% for 2017/2018</td>
<td>No</td>
<td>Annually, next update expected August 2020</td>
<td>N/A</td>
<td>NCA is NHS Scotland two standards are in place to support diagnostics and ensure treatments are delivered efficiently. The 31-day standard is from decision to treat to start of treatment for newly diagnosed primary cancers (whatever their route of referral). The 62-day standard from receipt of referral to start of treatment for newly diagnosed primary cancers. NCA is NHS Scotland two standards are in place to support diagnostics and ensure treatments are delivered efficiently. The 31-day standard is from decision to treat to start of treatment for newly diagnosed primary cancers (whatever their route of referral). The 62-day standard from receipt of referral to start of treatment for newly diagnosed primary cancers. NCA is NHS Scotland accounting for 45% of all cancers in 2011. This OP standard is used as a proxy indicator of survival outcome. Trend Period 2013/18. See 3.1/3.2 for peer group.</td>
</tr>
<tr>
<td>78</td>
<td>Smoking Cessation</td>
<td>336 quits (Govt - Board specific targets)</td>
<td>281 quits or 87.8% of 2018/19 target</td>
<td>Scottish average of 96.3% of national target</td>
<td>Year-end performance was 281 quits or 87.8% of 2018/19 target</td>
<td>77.4% of target at Qtr 1 2019/20</td>
<td>Yes</td>
<td>Quarterly in arrears, next update expected in March 2020</td>
<td>N/A</td>
<td>Smoking remains a major influence on Scotland’s health. Trend period is 2014 to Mar 2019. Calculation of the indicator changed in 2018/19 and therefore pre 18/19 trend should be taken as a guide only.</td>
</tr>
<tr>
<td>79</td>
<td>Alcohol Brief Interventions</td>
<td>5,688 interventions equivalent to 80% of delivery in priority areas (Govt - Board specific targets)</td>
<td>4,940 interventions equivalent to 135.1%</td>
<td>Scottish average for priority areas in 2017/18 is 132.8%</td>
<td>135.3% for 2017/18</td>
<td>5,831 interventions equivalent to 158.1% for 2018/19</td>
<td>No</td>
<td>Year-end performance was 5,831 interventions equivalent to 158.1% for 2018/19</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>80</td>
<td>GP Access - 48 hour</td>
<td>90% of patients (Govt)</td>
<td>96.3% in 2015/16</td>
<td>Scottish average is 99% for 2017/18</td>
<td>96.3% in 2015/16</td>
<td>95% for 2017/18</td>
<td>Trend data added</td>
<td>Biennial, next update expected 2020</td>
<td>N/A</td>
<td>Every member of the public should have fast and convenient access to their local primary medical services to ensure better outcomes and experiences for patients. Allows practices to monitor/assess any changes over time.</td>
</tr>
<tr>
<td>81</td>
<td>GP Access - Advance booking</td>
<td>90% of patients (Govt)</td>
<td>91.3% in 2015/16</td>
<td>Scottish average is 68% for 2017/18</td>
<td>91.3% in 2015/16</td>
<td>82% for 2017/18</td>
<td>Trend data added</td>
<td>Biennial, next update expected 2020</td>
<td>N/A</td>
<td>Every member of the public should have fast and convenient access to their local primary medical services to ensure better outcomes and experiences for patients. Allows practices to monitor/assess any changes over time.</td>
</tr>
<tr>
<td>82</td>
<td>Cancer Waiting Times (31 days)</td>
<td>95% of all patients diagnosed with cancer (Govt)</td>
<td>93.2% for Jan to Mar 2019</td>
<td>Scottish average is 95.8% Peer Group average is 95.9% for Jul-Sep 2019</td>
<td>95.4% for Apr to Jun 2019</td>
<td>95.2% for Jul to Sep 2019</td>
<td>Yes</td>
<td>Quarterly in arrears. Reporting process to be reviewed to reduce reporting times and provide more current performance information.</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>83</td>
<td>Susception of cancer referrals (62 days)</td>
<td>95% of those referred urgently with a suspicion of cancer, maximum wait from referral to treatment will be 62 days.</td>
<td>74.8% for Jan to Mar 2019</td>
<td>Scottish average is 83.3% Peer Group average is 83.4% for Jul-Sep 2019</td>
<td>82.9% for Apr to Jun 2019</td>
<td>78.4% for Jul to Sep 2019</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>IVF</td>
<td>Performance at or above target</td>
<td>Performance below target</td>
<td>Performance at previous reporting period</td>
<td>Current performance</td>
<td>Trendline</td>
<td>Updated?</td>
<td>Update frequency</td>
<td>Comment</td>
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<tr>
<td><strong>Early Access to Antenatal Services</strong></td>
<td>80% (Govt)</td>
<td>88.8%</td>
<td>Scottish average is 87.6%</td>
<td>88.6% for 2017/2018</td>
<td>82.3% for 2018/2019</td>
<td>Yes</td>
<td>Annually, next update expected November 2020</td>
<td>There is evidence that those women at highest risk of poor pregnancy outcomes are less likely to access antenatal care early and/or have a poorer experience of that care. Trend period is 2016/17 to 2018/19.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>18 Weeks Referral to Treatment</strong></td>
<td>90% of planned / elective patients (Govt)</td>
<td>80.3% @ 31 March 2019</td>
<td>Scottish average is 76.9% at Sep 2019</td>
<td>79.4% @ June 2019</td>
<td>77.8% @ Sep 2019</td>
<td>Yes</td>
<td>Quarterly</td>
<td>Shorter waits can lead to earlier diagnosis and better outcomes. It also reduces inequalities by addressing variations in waiting times between NHS Boards or individual hospitals. Trend period covered is April 17 to Sep 19.</td>
<td></td>
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</tr>
<tr>
<td><strong>New Outpatient Waiting Times</strong></td>
<td>95% of patients. Boards to work towards 100% (Govt)</td>
<td>85.5% @ 31 March 2019</td>
<td>Scottish average is 72.9% at Sep 2019</td>
<td>72.9% waiting no longer than 12 weeks at Sep 2019</td>
<td>82.9% waiting no longer than 12 weeks at Nov 2019 estimate, not yet validated by ISD</td>
<td>Yes</td>
<td>Changed to monthly from quarterly for overall NHS Highland position</td>
<td>Shorter waits can lead to earlier diagnosis and better outcomes. It also reduces inequalities by addressing variations in waiting times between NHS Boards or individual hospitals. Trend period covered for NHS Highland is April 18 to Nov 19 (National figure to Sep 19).</td>
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<tr>
<td><strong>Treatment Time Guarantee</strong></td>
<td>100% of patients to wait no longer than 12 weeks from the patient agreeing treatment (Govt)</td>
<td>54.5% @ 31 March 2019</td>
<td>Scottish average is 71.3% at Sep 2019</td>
<td>53.3% commenced inpatient/day case treatment within 12 weeks at Aug 2019</td>
<td>57.1% commenced inpatient/day case treatment within 12 weeks at Nov 2019 estimate, not yet validated by ISD</td>
<td>Yes</td>
<td>A legislative requirement. It places a legal requirement on health boards that once planned inpatient and day case treatment has been agreed with the patient the patient must receive that treatment within 12 weeks. Trend period covered for NHS Highland is April 18 to Nov 19 (National figure to Sep 19).</td>
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<tr>
<td><strong>Drug and Alcohol Treatment Waiting Times</strong></td>
<td>90% of clients (Govt)</td>
<td>90.9% at quarter ending March 2019</td>
<td>Scottish average is 94% at quarter ending Sep 2019</td>
<td>90.3% at quarter ending June 2019</td>
<td>88.1% at quarter ending Sep 2019</td>
<td>Yes</td>
<td>Quarterly</td>
<td>To support sustained performance across all areas in Scotland, in both community and prison settings, we expect that 90% of individuals will be able to access appropriate treatment to support their recovery within 3 weeks of referral. Trend period is Apr 18 to Jun 19.</td>
<td></td>
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<tr>
<td><strong>CAMHS Waiting Times</strong></td>
<td>90% of young people (Govt)</td>
<td>61.4% at quarter ending March 2019</td>
<td>Scottish average is 64.5% at quarter ending September 2019</td>
<td>77.8% commenced their treatment within 18 weeks at quarter ending June 2019</td>
<td>75% commenced their treatment within 18 weeks in Nov 2019</td>
<td>Yes, and moved from Quarterly to Monthly reporting</td>
<td>Monthly</td>
<td>Timely access to is a key measure of quality. Early action is more likely to result in full recovery and in the case of children and young people will also minimise the impact on other aspects of their development such as their education. Trend period is Apr 18 to Nov 19.</td>
<td></td>
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<tr>
<td><strong>Psychological Therapies Waiting Times</strong></td>
<td>90% of patients (Govt)</td>
<td>76.4% at quarter ending March 2019</td>
<td>Scottish average is 78.4% at quarter ending September 2019</td>
<td>79% commenced their treatment within 18 weeks at quarter ending June 2019</td>
<td>85% commenced their treatment within 18 weeks in Nov 2019</td>
<td>Yes, and moved from Quarterly to Monthly reporting</td>
<td>Monthly</td>
<td>Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services. Data quality issues mean the the national trend should only be taken as an approximate guide. Trend period is Apr 18 to Nov 19.</td>
<td></td>
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<tr>
<td><strong>IVF Waiting Times</strong></td>
<td>100% of all eligible patients (Govt)</td>
<td>100%</td>
<td>Scottish average is 100%</td>
<td>100%</td>
<td>100%</td>
<td>Yes</td>
<td>Quarterly</td>
<td>Eligible patients should be able to access IVF treatment equitably. Longer waiting times for patients leads to poorer outcomes, as the effectiveness of IVF reduces with age. NHS Highland commissions service for its residents from NHS Grampian and NHS Greater Glasgow and Clyde.</td>
<td></td>
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</tr>
<tr>
<td>Indicators</td>
<td>Govt or local Target</td>
<td>Local Baseline</td>
<td>Benchmark</td>
<td>Performance at previous reporting period</td>
<td>Current performance</td>
<td>Trendline</td>
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<tr>
<td>10 Accident &amp; Emergency Waiting</td>
<td>95% of patients. Boards to work towards 98% (G)</td>
<td>96.4% at 31 March 2019</td>
<td>Scottish average is 88% at Sept 2019</td>
<td>95.2% waiting less than 4 hours in Sept 2019</td>
<td>94.6% waiting less than 4 hours in Oct 2019</td>
<td>N.A.</td>
<td>Yes</td>
<td>Monthly</td>
<td>This is a milestone towards retaining the 98% standard. This is to ensure that all patients receive the appropriate treatment and support at the right time. This is achieved by national and local management, and clinical staff at the right time. Trend period covers NHS Highland is April 18 to Sep 19 (National figure to Aug 19)</td>
<td></td>
</tr>
<tr>
<td>11 Diagnostic Waiting Times</td>
<td>No target set.</td>
<td>100% (Govt)</td>
<td>Scottish average is 81.6% in June 2019</td>
<td>72.5% in Jul 2019 - estimate, not yet validated by ISD</td>
<td>71.7% waiting more than 6 weeks in Aug 2019 - estimate, not yet validated by ISD</td>
<td>N.A.</td>
<td>Yes</td>
<td>Monthly</td>
<td>Diagnostic waiting times are an important component of the delivery of the 18 Weeks RTT commitment as the test or procedure is used to identify a person’s condition, disease or injury to enable a medical diagnosis to be made. Trend period covered for NHS Highland is April 18 to Aug 19 (National figure to Jun 19)</td>
<td></td>
</tr>
<tr>
<td>12 Return Patient Appointments</td>
<td>No data available.</td>
<td>36.8% at March 2019</td>
<td>Scottish average is 81.6% in June 2019</td>
<td>35.7% were not recalled within timescale @ Sep 2019</td>
<td>33.9% were not recalled within timescale @ Nov 2019</td>
<td>N.A.</td>
<td>Yes</td>
<td>Monthly</td>
<td>There is no national data available for comparison purposes. Trend period is April 2017 to November 2019.</td>
<td></td>
</tr>
<tr>
<td>13 Sickness Absence</td>
<td>4.0% or less</td>
<td>4.23% @ March 2019</td>
<td>Scottish average is 5.39% @ Mar 2019 (annual figure)</td>
<td>5.35% @ Jun 2019 (annual figure)</td>
<td>5.45% @ Nov 2019 (annual figure)</td>
<td>N.A.</td>
<td>Yes</td>
<td>Monthly</td>
<td>OP Standard and Committee requested indicator. Sickness absence can result in cancelled appointments. It can also lead to increased pressure on staff and patients, increased costs of employing bank and agency staff, and reduced efficiency. Trend covers financial years 2015 to 2019.</td>
<td></td>
</tr>
<tr>
<td>14 SAB (MRSA/MSSA)</td>
<td>0.24 per 1,000 acute hospital bed days (approx. 60 cases annually)</td>
<td>N.A. (PI calculated differently in 2018/19)</td>
<td>Performance indicator under review by SG</td>
<td>37 cases @ 6 Oct 2019 - Week 27</td>
<td>52 cases (cumulative) @ 15 December 2019 Week 37</td>
<td>N.A.</td>
<td>Yes</td>
<td>Weekly</td>
<td>These OP standards provide professional and clinical guidance in reducing Healthcare Associated Infection (HAI) in hospitals and other settings ensuring safe and effective care. Trend period covered for NHS Highland is April 18 to 15 December 19. Target assumes an uneven distribution of cases throughout the year. Figures are cumulative.</td>
<td></td>
</tr>
<tr>
<td>15 Clostridium Difficile Infections</td>
<td>0.32 cases or less per 1,000 occupied bed days (N.A. (PI calculated differently in 2018/19)</td>
<td>Performance indicator under review by SG</td>
<td>33 cases @ 6 Oct 2019 - Week 27</td>
<td>42 cases (cumulative) @ 15 December 2019 Week 37</td>
<td>N.A.</td>
<td>Yes</td>
<td>Weekly</td>
<td>Timely discharge is an important indicator of quality and is a marker for personcentred, integrated and harm free care. A delayed discharge occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date they are ready for discharge. Trend period covers Apr 2019 to Nov 2019.</td>
<td></td>
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</tr>
<tr>
<td>16 Delayed Discharges</td>
<td>No Govt. target</td>
<td>4,011 delayed discharge beddays @ 31 March 2019</td>
<td>N.A.</td>
<td>4,183 delayed discharge beddays at Nov 2019 - not yet validated by ISD</td>
<td>N.A.</td>
<td>Indicator not in this report</td>
<td>Monthly</td>
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**Key**
- **NHS Highland**
- **Scotland**
OUTPATIENTS UNBOOKED >30WKS AS AT 17/01/20

UNBOOKED TTG PATIENTS WHO BREACH 52 WEEKS AT 31/03/20 AS AT 17/01/20

<table>
<thead>
<tr>
<th>0-4 wks</th>
<th>5-12 wks</th>
<th>12-26 wks</th>
<th>&gt;26 wks</th>
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OUTPATIENTS UNBOOKED >30WKS AS AT 17/01/20

UNBOOKED TTG PATIENTS WHO BREACH 52 WEEKS AT 31/03/20 AS AT 17/01/20

<table>
<thead>
<tr>
<th>0-4 wks</th>
<th>5-12 wks</th>
<th>12-26 wks</th>
<th>&gt;26 wks</th>
<th>Total</th>
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<tr>
<td>1057</td>
<td>1706</td>
<td>1017</td>
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TOTAL

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<td>Outpatients</td>
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ACTUAL

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VARIANCE

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