

<h1>NHS Highland</h1>	
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Meeting:	NHS Highland Board
Meeting date:	29 th July 2025
Title:	Integrated Performance and Quality Report
Responsible Executive/Non-Executive:	David Park, Deputy Chief Executive (FPRC); Gareth Adkins (SGC); Louise Bussell, Director of Nursing & Dr Boyd Peters, Medical Director (CGC)
Report Author:	Sammy Clark, Performance Manager

Report Recommendation: The Board is asked:

- To note limited assurance and the continued and sustained pressures facing both NHS and commissioned care services.
- To consider the level of performance across the system.

1 Purpose
Please select one item in each section *and delete the others*.
This is presented to the Board for:

- Assurance

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.

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

2.1 Situation

The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Finance, Resource and Performance Committee, Clinical and Care Governance Committee, Staff Governance Committee and the Health and Social Care Partnership Committee a bi-monthly update on performance and quality based on the latest information available.

A narrative summary table has been provided against each area to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements in the service, and what the anticipated impact of these improvements will be.

The S&T team are working with Exec leads to agree the Board level deliverables that will be within the IPQR, and then the operational deliverables that will be part of performance review reporting. These deliverables will be taken from the ADP 25/26. Mapping of the deliverables through other governance committees is required like Clinical Governance and Staff Governance. The new updated IPQR will be presented to NHS Highland Board meeting in September.

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

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

Substantial		Moderate	
Limited	X	None	

Comment on the level of assurance

The level of assurance has been proposed as Limited due to the current pressures faced across the health and care services in NHS Highland. The system requires to redesign systematically to maximise efficiency opportunities and to enable service changes that bolster resilience and utilise resources that are cost effective for the Board and maximise value for our population.

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

This IPQR 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 Programme Boards 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

Sections through the relevant Governance Committees;

- Clinical Governance Committee – 3rd July 2025
- Finance Resource Performance Committee – 6th June 2025
- Staff Governance Committee – 1st July 2025

4.1 List of appendices

The following appendices are included with this report:

- Integrated Performance and Quality Report – July 2025 Board Meeting

Integrated Performance and Quality Report

Board Meeting for 29 July 2025



Assuring NHS Highland Board on the delivery of the Board's
2 strategic objectives (Our Population and In Partnership) through
our Well outcome themes.



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Executive Summary of Performance Indicators: June 2025

		National Targets			Performance Against Targets	
Well Theme (Slide #)	Area	Average 23/24 Performance	Current Performance	National Target	Activity (ADP) Target Set	Performance Rating
Thrive Well (4)	CAMHS	70.8%	79.5%	90%	No	
Thrive Well (5)	NDAS	n/a	1958 waiting list	n/a	No	
Stay Well (6)	Screening	Various	Various	90%	No	
Stay Well (7)	Vaccinations (Children & COVID)	n/a	n/a	n/a	No	
Stay Well (8)	Smoking Cessation		52			
Stay Well (9)	Alcohol Brief Interventions	n/a	77.4% vs. trajectory	n/a	Yes	
Stay Well (10)	Drug & Alcohol Waiting Times					
Respond Well (11)	Emergency Access	78.5%	82.6%	95%	No	
Care Well (12)	Delayed Discharges	195	233	30% reduction (interim)	Yes	
Treat Well (13-14)	Outpatients	39.2%	39.6%	95%	Yes	
Treat Well (15)	Treatment Time Guarantee	56.5%	66.3%	100%	Yes	
Treat Well (16)	Diagnostics - Radiology	70.3%	56.8%	100%	Yes	
Treat Well (17)	Diagnostics – Endoscopy		70.9%	100%		
Journey Well (18)	31 Day Cancer Target	93.6%	91.4%	95%	No	
Journey Well (19)	62 Day Cancer Target	68.8%	76.0%	95%	No	
Journey Well (20)	SACT Access and Benchmarking					
Live Well (21)	Psychological Therapies	83.1%	82.8%	90%	No	

Meeting Target

<5% off target

>5% off target

>10% off target

Additional Guidance

Where applicable, upper and lower control limits have been added to the graphs as well as an average mean of performance.

Within the narrative section areas where action was highlighted in the previous IPQR all Executive Leads have been asked for assurance of insights to current performance and plans and mitigation in progress.

Not all performance indicators are included within this summary table.

Integrated Performance & Quality Report Guidance

The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Finance, Resource and Performance Committee, Clinical and Care Governance Committee and the Health and Social Care Partnership committees a bi-monthly update on performance and quality based on the latest information available. The Argyll & Bute Integrated Performance Management Framework metrics will be included in the NHS Highland Board IPQR as an appendix.

For this IPQR, the format and detail has been modified to bring together the measurable progress against ADP deliverables across the Together We Care "Well" themes and to start to embed the themes of the quality framework across Highland. **This is an update to end of Quarter 4 (31st March 2025)** for deliverables linked to these performance measures.

In addition, a narrative summary table has been provided against each "Well" theme to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements detailed in the ADP, and what the anticipated impact of these improvements will be.

ADP Due Date Colour	Interpretation
R	ADP Deliverable is not on track to deliver by planned due date. Issues being resolved locally to ensure progression towards implementation.
G	ADP Deliverable is on track to deliver by planned due date OR ADP Deliverable has been achieved.
No Colour	Update to be provided at subsequent committee/Board meetings within Q3 and/or Q4 as target date is in the future.
A	Due date in next quarter (Q3) or ADP Deliverable has been delayed due to factor outwith NHS Highland's control



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Exec Lead
Katherine Sutton
Chief Officer, Acute

CAMHS (Child and Adolescent Mental Health Service)

ADP Deliverables

Progress as at End of Q4 2024/25

Delivery of CAMHS Improvement Plan to reduce CAMHS waiting times and improved data quality for NHS Scotland Waiting Times Standards. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations.

Mar
25

Insights to Current Performance

CAMHS remains one of, if not the lowest staffed service per population rate in Scotland with approx. 30-35% vacancies

Service remodelling and performance management around activity rates in place. all of which have brought improvements both in waiting times and in clinical quality and outcomes.

March 2025, performance has increased to its highest point since May 2023.

Plans and Mitigations

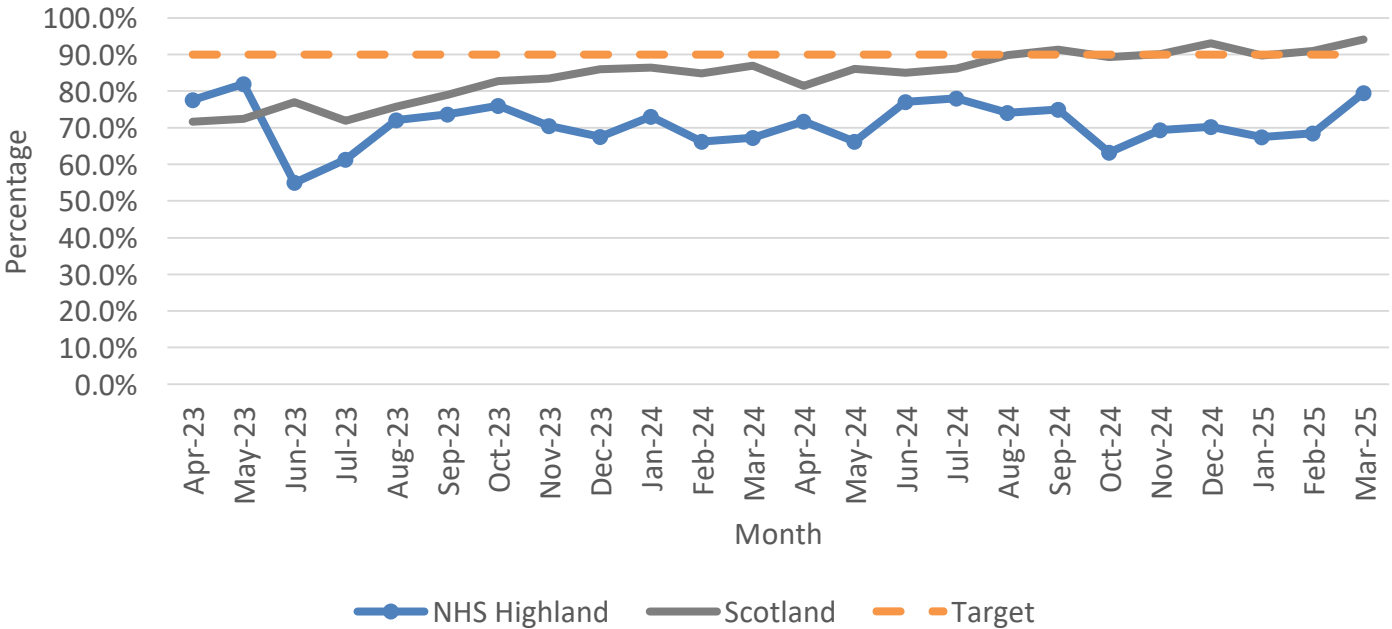
- Engagement appointments for all new referrals
- Unused capacity directed to these cases most recently placed on wait list
- New system for wait list management in place.
- Unscheduled care team realignment in place
- CAMHS Programme Board reestablished from Nov 2024, including A&B representation
- Working closely with SG on the most effective service model to support delivery across A&B and the Highland HSCPs

PERFORMANCE OVERVIEW

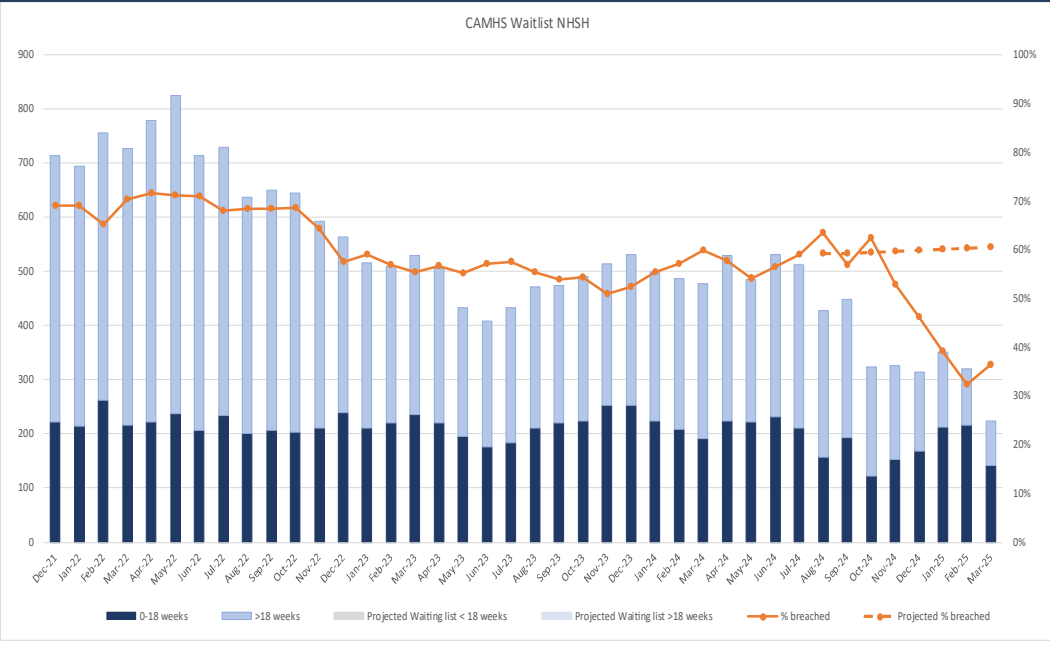
Strategic Objective: Our Population
Outcome Area: Thrive Well

Performance Rating	Increasing
Latest Performance	79.5%
National Average	94.1%
National Target	Full compliance to the Service Spec by end March 2026, RTT 90%
National Target Achievement	n/a
Position	13 th out of 14 Boards

CAMHS Waiting Time < 18 Weeks (P)



CAMHS Waiting List in Weeks (P&Q)
(Draft trajectories currently being reviewed by service)





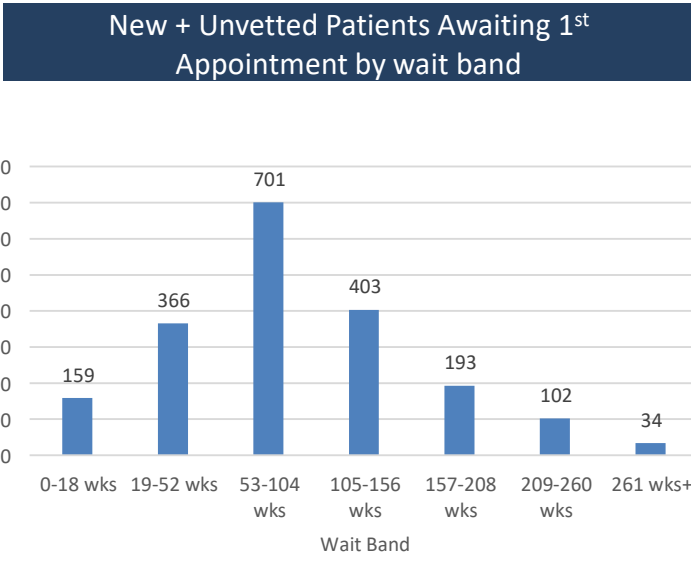
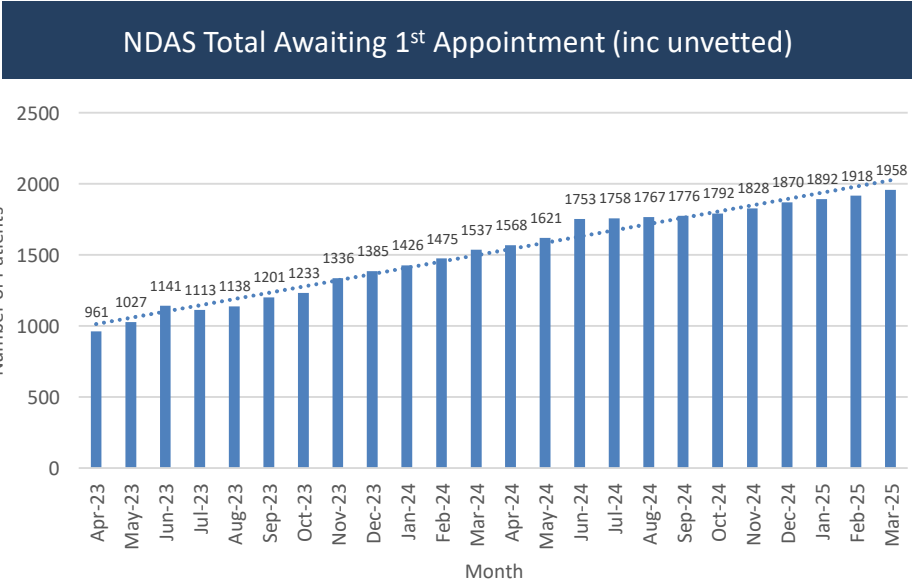
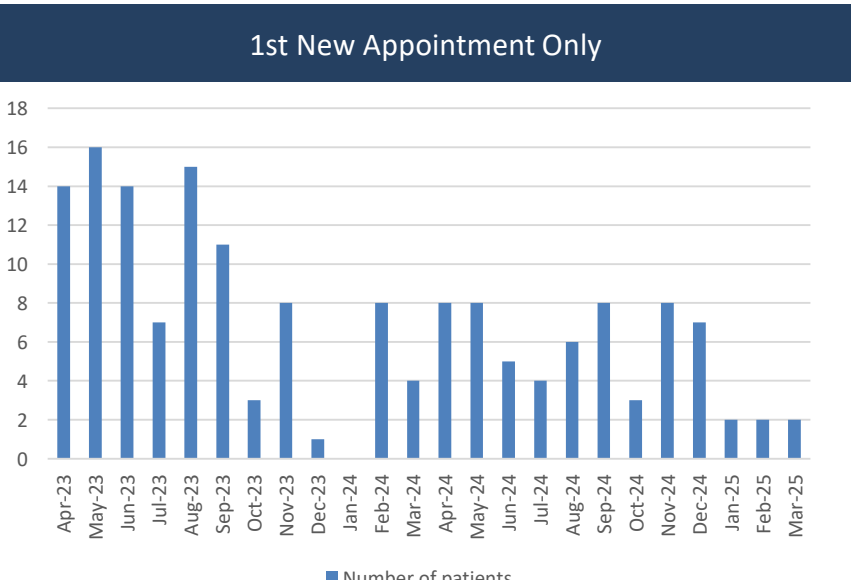
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Exec Lead
Katherine Sutton
Chief Officer, Acute

Neurodevelopmental Assessment Service (NDAS)		
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance
Waiting list validation to offer 1st appointment <4 weeks	June 2024	<p>The NDAS North Highland / Highland Council position was presented to the Joint Monitoring Committee in November 2024.</p> <ul style="list-style-type: none"> Interim Clinical Director in post Authority Framework is in place Targeted waiting list interventions using current resource / private assessment options investigated Comms delivered to all on waiting list. Comms strategy established to update colleagues / partners / public ICSP ND Programme Board is established and has been meeting monthly Waiting list cleansing exercise is completed ICSP GIRFEC and Child Planning training for MDTs rolled out
All to receive a comprehensive NDAS, leading to shared and collaborative formulation and intervention plan	July 2024	
Ensure systems and processes are in place to flex capacity	Dec 2024	
Improve service user experience through communications	Dec 2024	
Progress NDAS Service Development including reviewing structure, leadership and governance.	Mar 2025	
Develop data recording SOP and reporting dashboard	Mar 2025	
		Plans and Mitigations
		<p>Actions agreed at NDAS programme board being progressed:</p> <ul style="list-style-type: none"> Progression of joint leadership to improve NDAS position across NHS North/ HC Co-chaired Programme Board 1 year interim workforce plan to be developed Alignment with Integrated childrens services Additionality planning 2025/26 Communication with service users and professionals

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Thrive Well	
Performance Rating	
Latest Performance	1958 on waiting list
National Benchmarking	n/a
National Target	Full compliance to the National NDAS Service Spec by end March 2026.
National Target Achievement	n/a
Position	n/a





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Exec Lead
Jennifer Davies,
Director of Public
Health

Screening

ADP Deliverables Progress as at End of Q4 2024/25

Encourage and promote screening programmes and increase uptake across available screening programmes above national targets.

Ongoing

Insights to Current Performance (Updated 4 March 2025)

- A comparison of screening performance against Scottish benchmarks shows that the overall participation for NHSH continues to be higher than average uptake levels throughout Scotland for Bowel, Breast, Cervical cancers and AAA screening programmes (based on latest information arising from locally sourced management data).
- For internal performance monitoring for Pregnancy & Newborn screening, actions to improve data quality and reporting from Badgernet was completed at end of 2024.
- The backlog in reporting on the UNHS (Universal Newborn Hearing Screening) has been almost filled by the newly established team in Raigmore at the beginning of 2024.
- It must be acknowledged that the latest official figures are used to monitor uptake trends, so that comparisons against benchmark figures can be made. Such official figures are published with 1 year delay at the beginning of each financial year. Only the data for two programmes has been published in March 2025 (for data up to 2024 reporting period).
- Provision of Diabetic Eye Screening (DES) and Pregnancy & Newborn KPI monitoring from Public Health Scotland is pending, so it is not possible to officially report on the performance of these programmes. However non verified management data indicates comparable performance with Scottish levels.

Plans and Mitigations

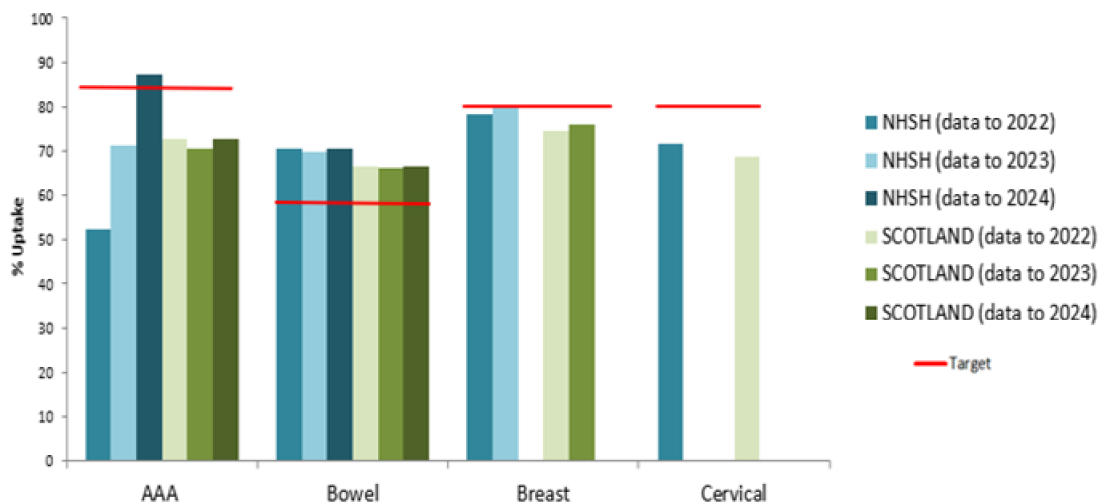
Work continues to drive improvements within the screening programmes.

The NHS Highland Screening Inequalities Plan 2023-26 outlines focused activities to specifically address equality gaps and widen access to screening.

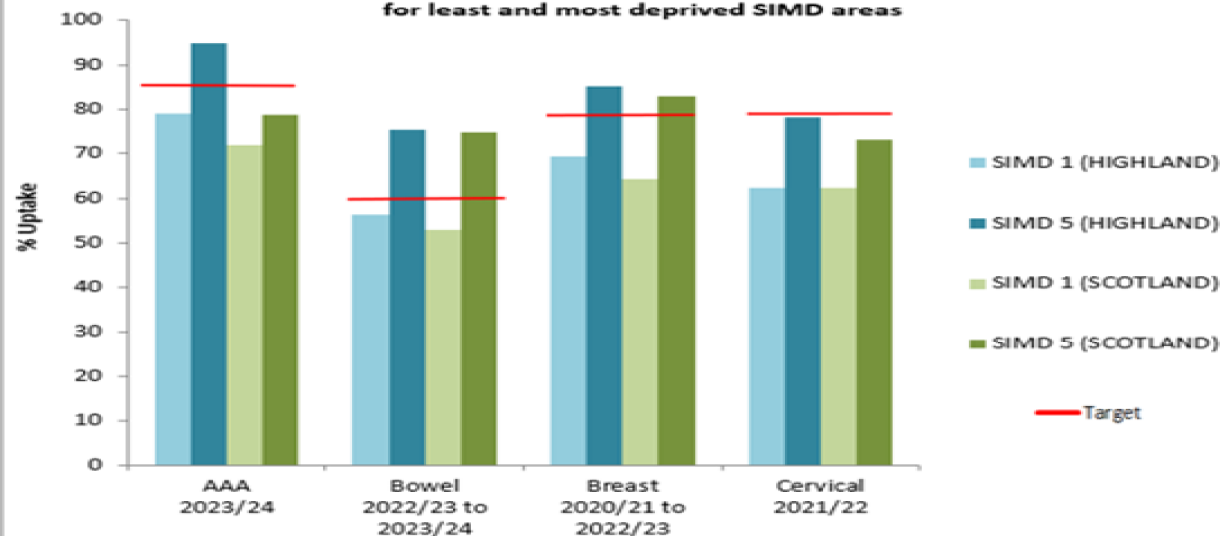
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well

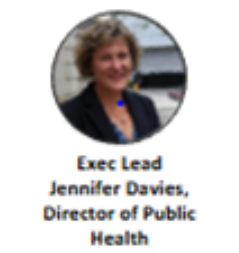
Performance Rating	Increasing
Latest Performance	See chart
National Benchmarking	See narrative
National Target	2 of 4 cancer screening uptakes meeting target
National Target Achievement	See charts
Benchmarking	See charts

Screening Uptake (KPIs) in NHS Highland



Inequality in Screening
Most recent NHS Highland and Scottish Uptake Result
for least and most deprived SIMD areas

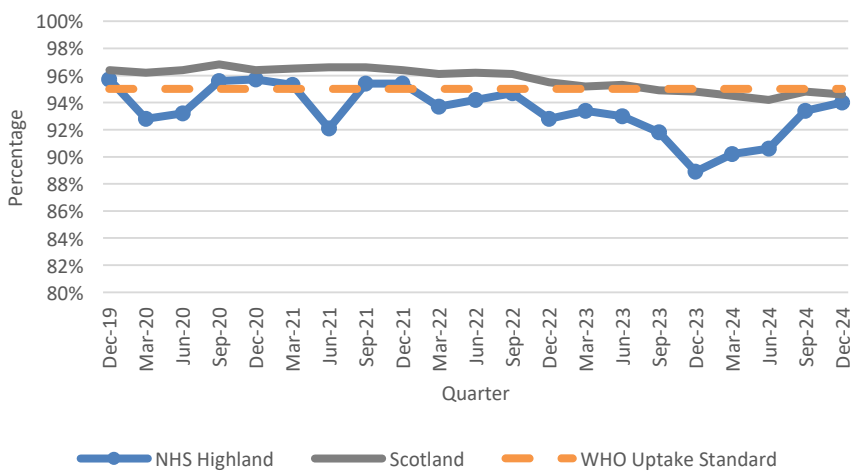




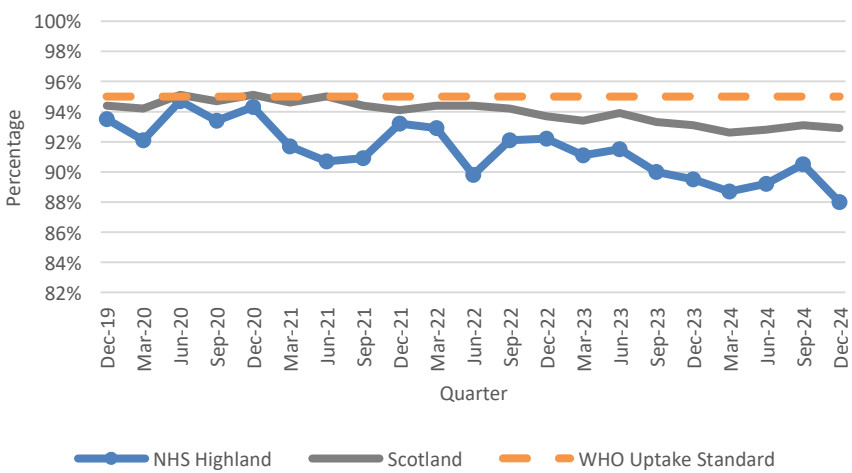
Vaccinations (Children's)			
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance (updated Feb 2025)	Plans and Mitigations
Vaccination Programme: Options being developed for the delivery of the collaborative hybrid model in Highland HSCP. Planning underway for the delivery of the national childhood schedule change.	April 2025	<p>There continues to be improvement required in relation to both the uptake and timeliness of pre-school vaccinations.</p> <p>For most of the vaccinations at each of the time-points measured, the WHO 95% vaccination uptake target is not being met. However, for over half of the pre-school vaccinations measured at 12 months, 24 months and five years, the vaccination uptake across A&B HSCP exceeded the Scottish average.</p> <p>Improvement continues to be required in relation to the timeliness of pre-school vaccinations.</p> <p>Improved performance across a range of metrics is a key aim of the delivery of the hybrid model.</p>	<p>Scottish Government is working with Highland HSCP in level 2 of its performance framework.</p> <p>The Vaccination Transformation Implementation Group has been convened to support the delivery of the collaborative hybrid model across the partnership.</p> <p>A tripartite advisory group has been convened (SG, PHS, NHS) to offer external support to Highland HSCP as part of the implementation of the hybrid model of delivery.</p>
Medium-Term Plan priority: Improved disease prevention and reduced inequalities in access through consolidated NHS Highland vaccination programme.	March 2027		

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Performance Rating	MMR Below national averages
Latest Performance	MMR 2 Range of 83 - 90% when measured at five years (Q4 – Oct 1st to Dec 31st 2024)
National Benchmarking	MMR 1 uptake below national average for both partnerships at 24 months. MMR 1 and MMR 2 for A&B HSCP exceeds national average when measured at five years.
National Target	MMR 95%
National Target Achievement	See charts
Position	See charts

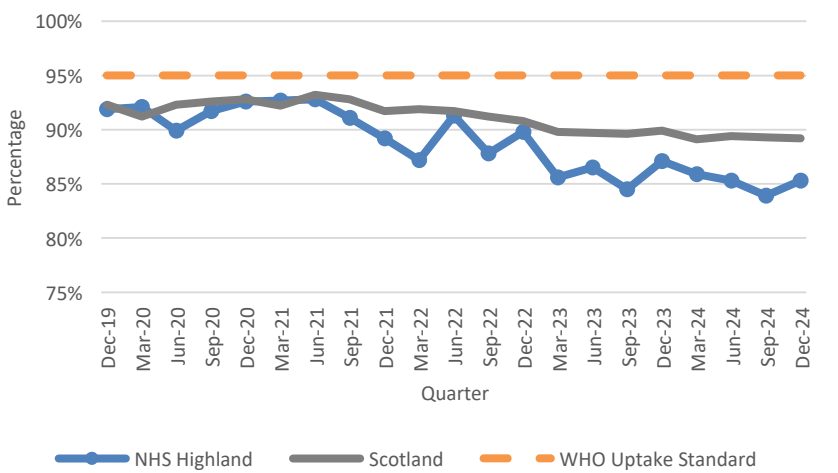
Six-in-One at 12 Months



MMR1 at 24 Months



MMR2 at 5 Years





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Exec Lead
Jennifer Davies,
Director of Public
Health

Smoking Cessation

ADP Deliverables

Progress as at End of Q4 2024/25

Respond to and deliver on national strategy and targets – including smoking cessation

Insights to Current Performance

- Poor follow up data within Community Pharmacy therefore many follow up outcomes have not been recorded. Capacity issues to complete these follow ups.
- High incidence of smoking within young pregnant women who are hard to reach.
- Limited support for patients within our acute setting.

Plans and Mitigations

- Monthly review of missing follow up data at both 1 month and 3 months. Training on tool has now taken place and reports can now progress.
- Pilot of a financial incentive stop smoking scheme for pregnant women who are eligible for NHS Highland Family Nurse Partnership (FNP) ready to go. Unable to progress due to issues with ordering vouchers via PECOS.
- Flowchart and materials have gone out via senior management at Raigmore and discussed at daily huddles over the next few weeks. Additional adviser capacity commencing 8th May.

PERFORMANCE OVERVIEW

Strategic Objective: Our Population
Outcome Area: Stay Well

Performance Rating

Latest Performance

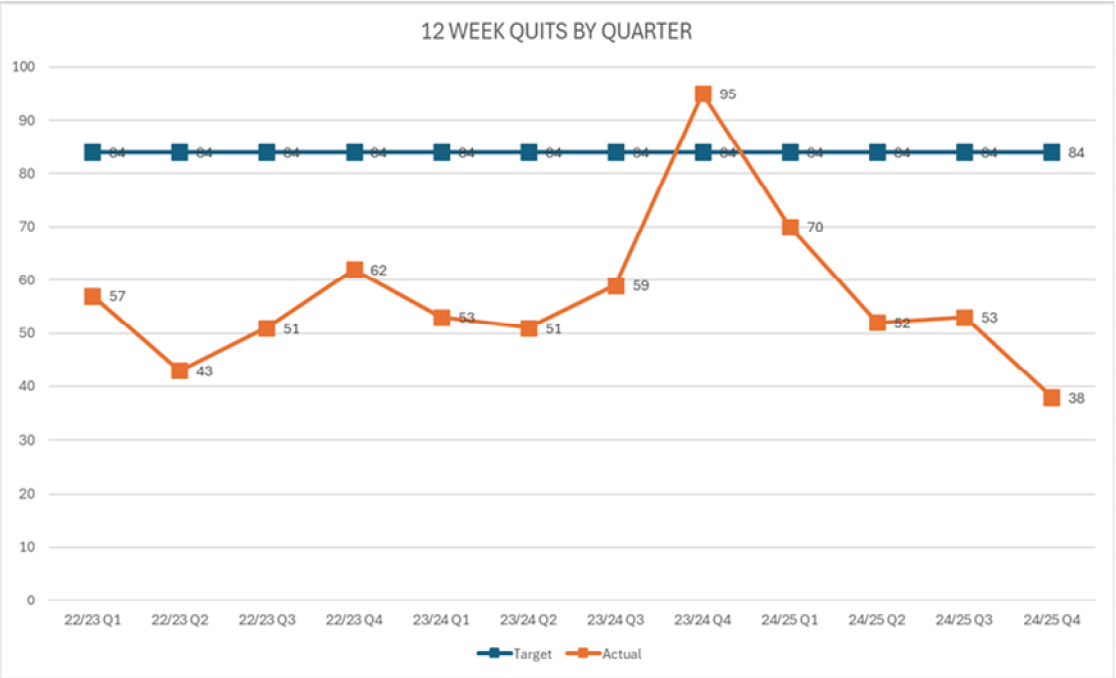
National Benchmarking

National Target

336 successful quits
in 12 weeks in 40
most deprived SIMD
areas

National Target Achievement

Position





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Exec Lead
Jennifer Davies,
Director of Public Health

Alcohol Brief Interventions (ABIs)			
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance (Updated 3 March 25)	Plans and Mitigations
Health Improvement Delivery focused on: Alcohol Brief Interventions, Smoking Cessation, Breastfeeding, Suicide Prevention and Weight Management as target areas.	Ongoing	<ul style="list-style-type: none"> •Fig. 1: ABI delivery is above target trajectory in each month of Q4 for NHS Highland. Increases to ABI delivery in Q3 and Q4 have resulted in the annual target for delivery of ABIs in NHS Highland being exceeded by 17%. •Fig. 2: Total no of ABI delivered Apr 24 – March 2025 is 4311. The Scottish Government Local Delivery Plan (LDP) standard requires NHS Highland to achieve 4,688 ABIs per year. Significant majority of ABI deliver takes place in Primary care in Highland HSCP. 	<ul style="list-style-type: none"> • ABI training continues to be in high demand across board area. However, despite high numbers signing up for courses, attendance at ABI courses is around 70%. Attempts are being made to mitigate this gap. • Next ABI trainers network meeting in June. This will include a review of participant feedback to review if current provision is meeting learning outcomes. • Online wider setting ABI recording form and data review continues to be adapted to meet needs of both HSCP areas.
Embed MAT Standards within practice in NHS Highland.	Mar 2025		

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Performance Rating	Above trajectory
Latest Performance	4311
National Benchmarking	n/a
National Target	NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.
National Target Achievement	n/a
Position	n/a

Fig.1

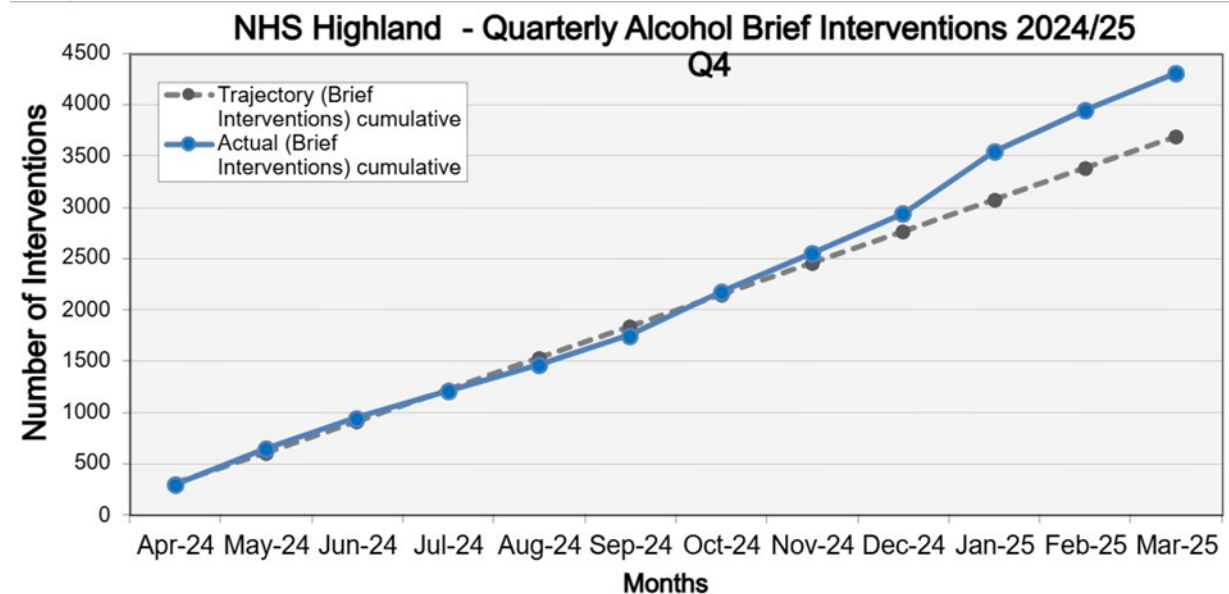


Fig.2

Setting Contribution in 2024/25		
Primary Care	3989	92.5%
Antenatal	13	0.3%
Wider Settings	309	7.2%
TOTAL	4311	100%

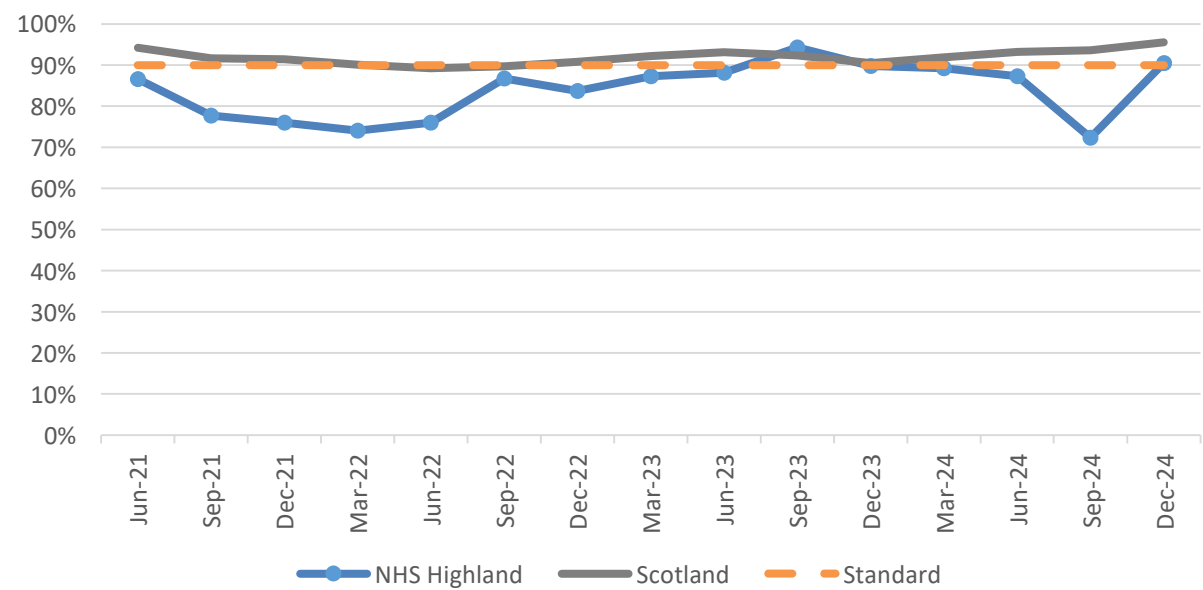


Exec Lead
Louise Bussell

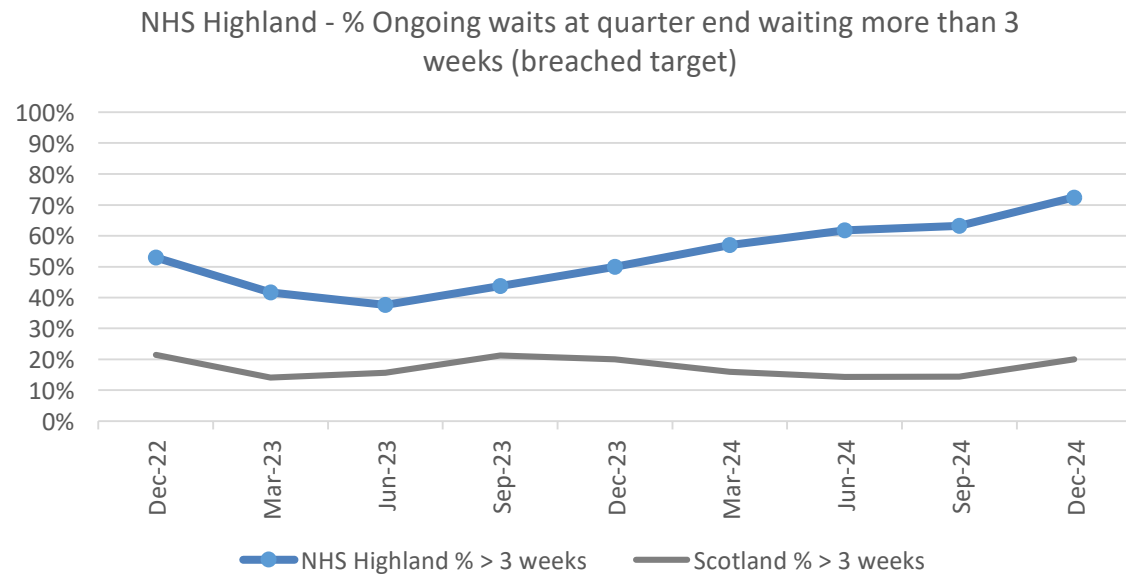
Drug & Alcohol Recovery			
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance (Updated 3 March 25)	Plans and Mitigations
Drug and Alcohol Waiting Times from referral to treatment <21 days		Over the last 12 months, the proportion of patients waiting more than three weeks from referral to start of treatment has increased (62% HHSCP patients versus 14% Scottish average). 56% of HHSCP referrals to community-based services are being complete within 3 weeks, compared to a Scottish average of 94%. This is primarily due to staffing pressures and availability.	Ongoing work is being undertaken to maximise capacity and staffing stability in this area and improve treatment access through workforce planning.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Performance Rating	
Latest Performance	
National Benchmarking	n/a
National Target	90% DARS referrals seen within 3 weeks
National Target Achievement	n/a
Position	n/a

NHS Highland Performance Against Standard for Completed Waits



NHS Highland % Ongoing Waits at Quarter End Waiting More than 3 Weeks (Breached Target)





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Emergency Department Access

ADP Deliverables

Progress as at End of Q4 2024/25

ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.

Oct
2024

Acute Front Door; Develop a range of pathways to reduce demand on in patient acute beds – in primary care and secondary care.

March
2025

Optimising Flow; Scope pathways and processes which support early diagnosis, promotion of realistic medicine and timely discharge from in-patient care for those requiring admission

March
2025

OPEL; Develop whole system OPEL collaboratively to respond when our services are experience pressures to manage and mitigate risk across all services

March
2025

Insights to Current Performance

From the most recent PHS figure, the NHS Highland 4-hour performance is 82.6%, against the Scotland figure of 70.6%.

Scottish Ambulance Service performance for patients conveyed within 60 mins is currently 75.8% (aim = 100%). The median turn-around time is just over 33 mins (33:12).

The percentage of patients waiting over 12 hours in ED has remained steady at around 3.0%, for all attendance types, since a high of 3.9% at the end of Dec-24. This equates to an average of 38 patients waiting over 12-hours.

****Please note the data reported here is board-wide and significant pressures remain at Raigmore Hospital.****

Plans and Mitigations

Second 90 Day Urgent & Unscheduled Care planning cycle has ended. The plan up to March 2026 has been developed through STAG and is reflected within our annual delivery plan. Our focuses will be:

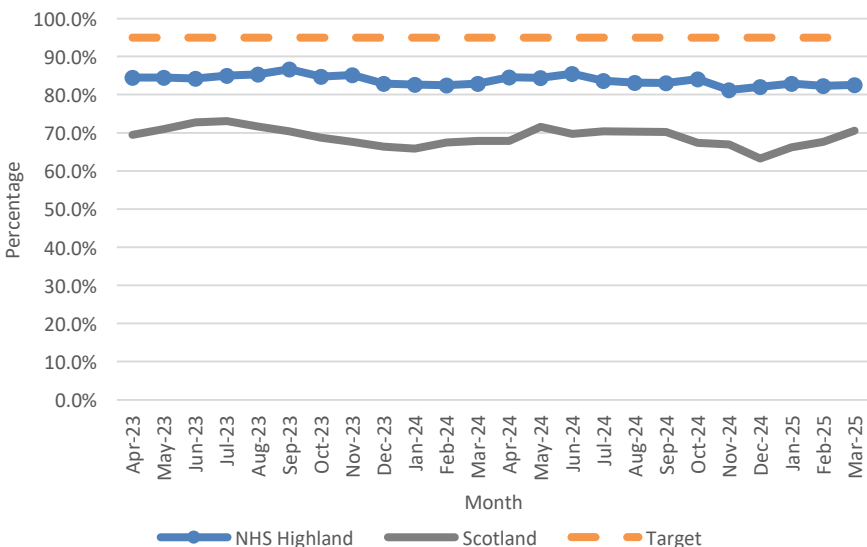
- Frailty
- Community Urgent Response
- ED Improvement plans
- Targeted pathway redesign
- Discharge without delay

Progress will continue to be reported regularly to EDG/STAG

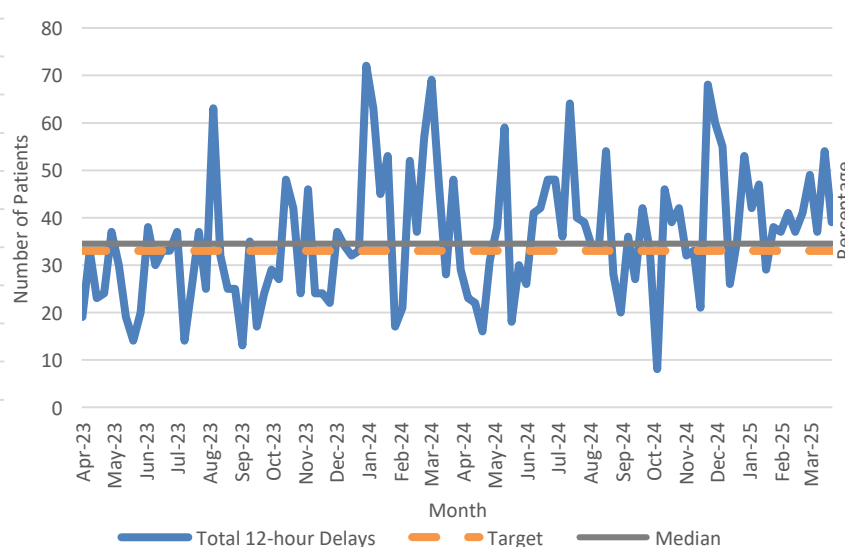
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Respond Well

Performance Rating	Decreasing performance
Latest Performance	82.6%
National Benchmarking	70.6% Scotland average
National Target	95%
National Target Achievement	NHS H as a whole remains above the Scotland average, but off target
Position	4th out of 14 Boards

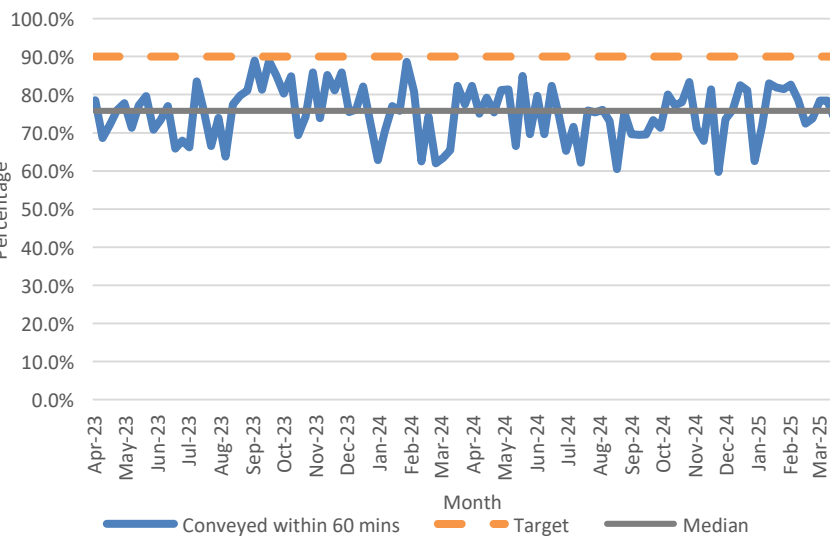
People seen in ED within < 4 hours (P)



Total Patients waiting > 12 hours in ED (Q)



Ambulance Handover < 60 mins (Q)





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Delayed Discharges

ADP Deliverables: Progress as at End of Q4 2024/25

ADP Deliverables underpinned by Urgent & Unscheduled Care 90-plan, incorporating ADP discovery work and delivery of ADP actions

Oct
2024

Insights to Current Performance

There has been an overall reduction in people affected by delayed discharge from a peak of 253 at the end of November 2024 to 233 by the end of March 2025 in Highland.

There has been a reduction in "standard delays" and for "other" delay reasons.

The main reasons for the reduction in the "other" reason category has been more assessments completed and a reduction in delays due to complex reasons - as this is a wide category, would require further analysis to identify any specific reason(s)

Standard reasons have reduced across waits for nursing and residential homes and care at home services.

Plans and Mitigations

The Urgent and Unscheduled Care Programme, as agreed by STAG will focus on the following areas from now until March 2026:

- Community Urgent Care Model
- Emergency Department Improvement Plans
- Discharge without Delay
- Targeted pathway redesign

A key metric for the programme is the reduction of delayed hospital discharges. In addition, a focused programme is being developed with managerial colleagues and professional leads focusing on improving decision making and allocation processes for adult social care which aim to reduce unmet need. This work has starting within the Inverness district with the care home allocation process and a targeted Care at Home plan..

PERFORMANCE OVERVIEW

Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating

Below trajectory

Latest Performance

233 at Census Point
6,969 bed days lost

National Benchmarking

Engagement through
national CRAG group

National Target

30% reduction of
standard delays from
baseline

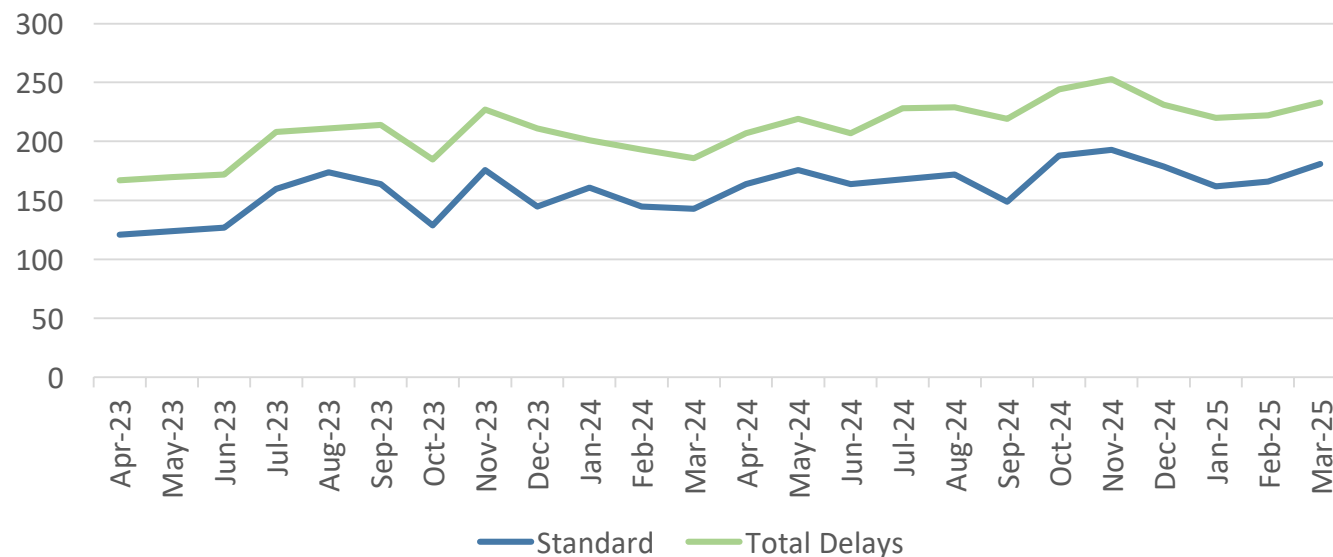
National Target Achievement

Not Met

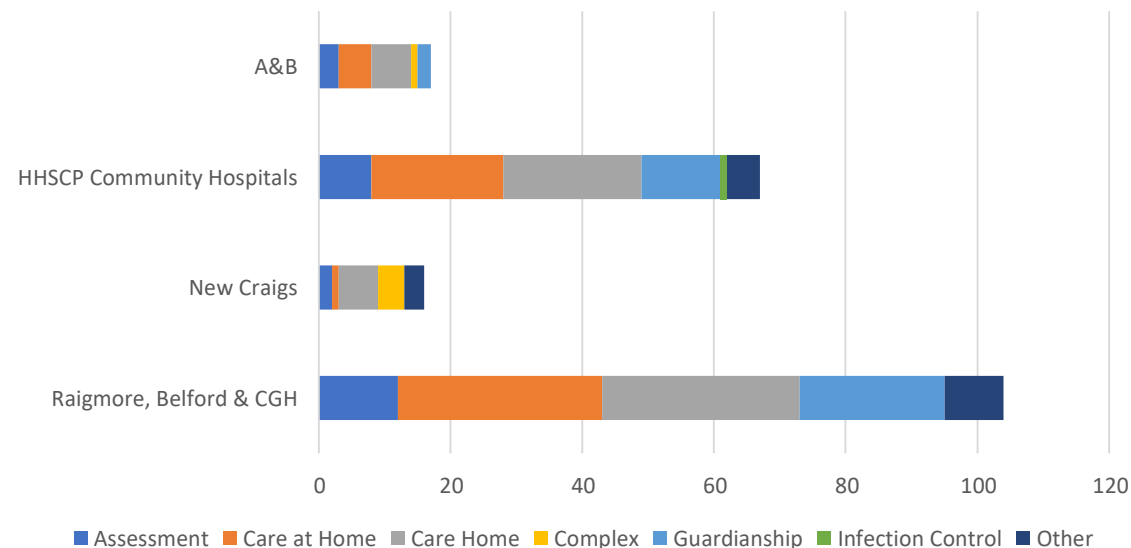
Position

14th out of 14 Boards

Delayed Discharges at Monthly Census Point (P) - NHS Highland inc A&B



Delayed Discharge – Location and Code (P&Q)





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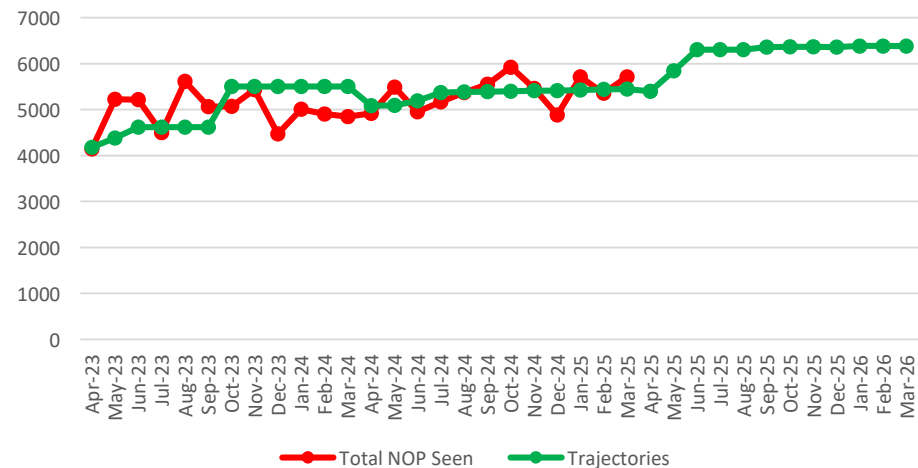
Exec Lead
Katherine Sutton
Chief Officer, Acute

Outpatients (New Outpatients – NOP – seen within 12 week target) – Slide 1 of 2

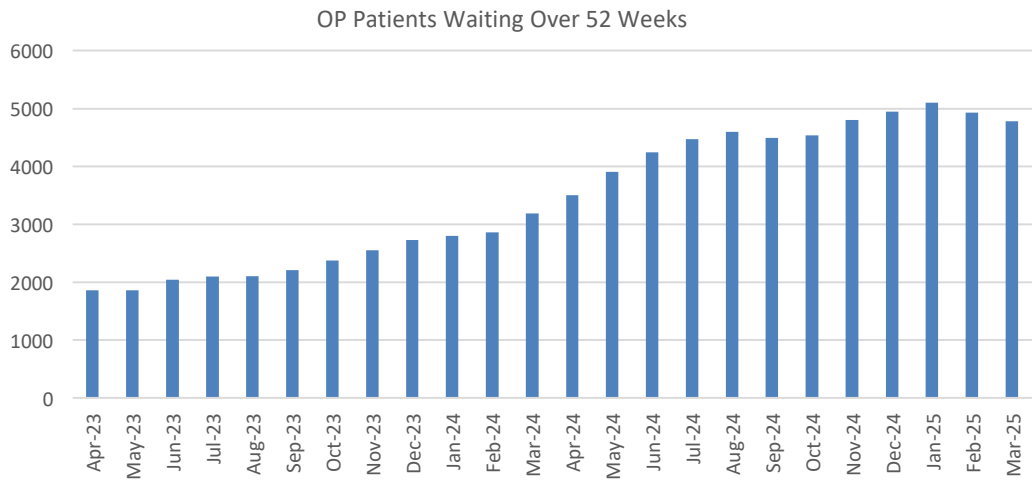
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance	Plans and Mitigations
Increase in virtual appointments to improve efficiency and reduce travel associated.	Aug 24	<p>The number of NOP seen within 12 weeks is 61.1% which is above the Scottish average of 41.4%.</p> <p>Reasons for level of performance include:</p> <ul style="list-style-type: none">• Inconsistencies in the application of clinic booking processes and Patient Access Policy• Approach to adherence to principles of WTG at service level.• Approach to list management for long waits at service level• Managing the efficient use of clinic rooms and spaces to correlate with clinic types, e.g. face to face clinics/NHS Near Me clinics/telephone clinics• CfSD initiatives not fully embedded across all specialties. This will move further forward when eHealth systems can be updated to accept the required changes on TrakCare PMS• Overall increasing numbers of NOP	<p>Further modification of referral pathways, working with Primary Care to manage demand more efficiently. Provide a better patient journey and supports the validation of waiting lists, ensuring that appropriate patients only are waiting to be seen. Use NECU admin. Validation with CfSD agreement.</p> <p>Focus on the delivery of ISP continues, zoning in on core new outpatient activity and its close management. Shortfalls in core delivery are identified early and required delivery targets increased to address shortfalls quickly.</p> <p>Continuous governance and management of allocated SG additional activity funds to target longest NOP waiters.</p> <p>Robust patient access/WTG policy management with teams at all levels.</p> <p>Additional clinic space identified and now in use for dermatology, progressing well.</p>
Outpatient services immediate improvement plan including increasing the use of remote appointments, patient-initiated return, ACRT and rebase job plans	May 24		
Utilise Patient Hub in acute settings to digitalise letters and reduction in use of consumables.	Mar 25		
Implement the outcomes from work undertaken by the Centre for Sustainable Delivery / NECU in a planned and managed way across NHS Highland.	Mar 25		

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	Decreasing performance but near Scotland average; activity levels above target
Latest Performance	61.1%
National Benchmarking	41.4% Scotland average
National Target	95%
National Target Achievement	Target not met Below lower control limit
Position	10th out of 15 Boards

Patients Seen & Trajectories (P)



Target 3 – Long Waits



Target 2 – ADP Target

Yearly Trajectory	64,045
YTD Performance	64,045 (100%)
Patients Seen – Mar 25	64,484 (100.69%)
Overall	0.69% above target



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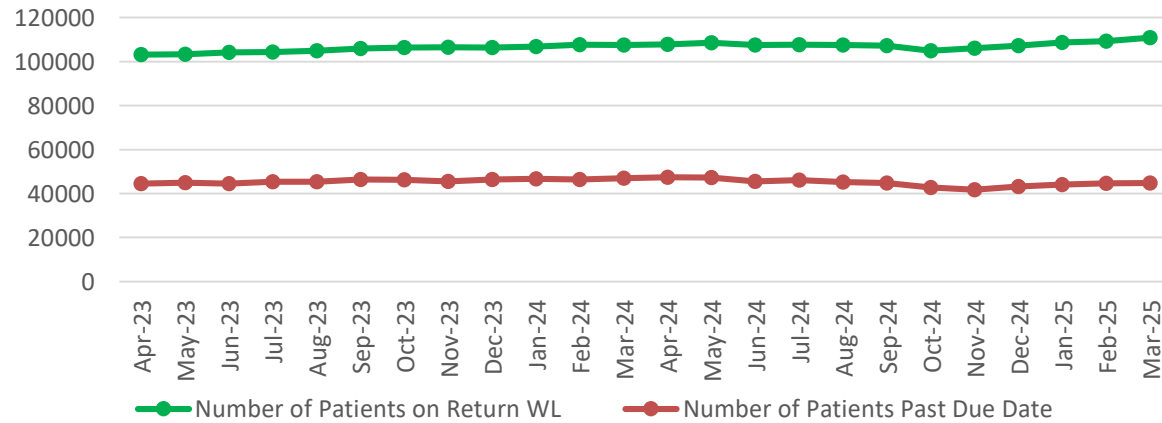


Exec Lead
Katherine Sutton
Chief Officer, Acute

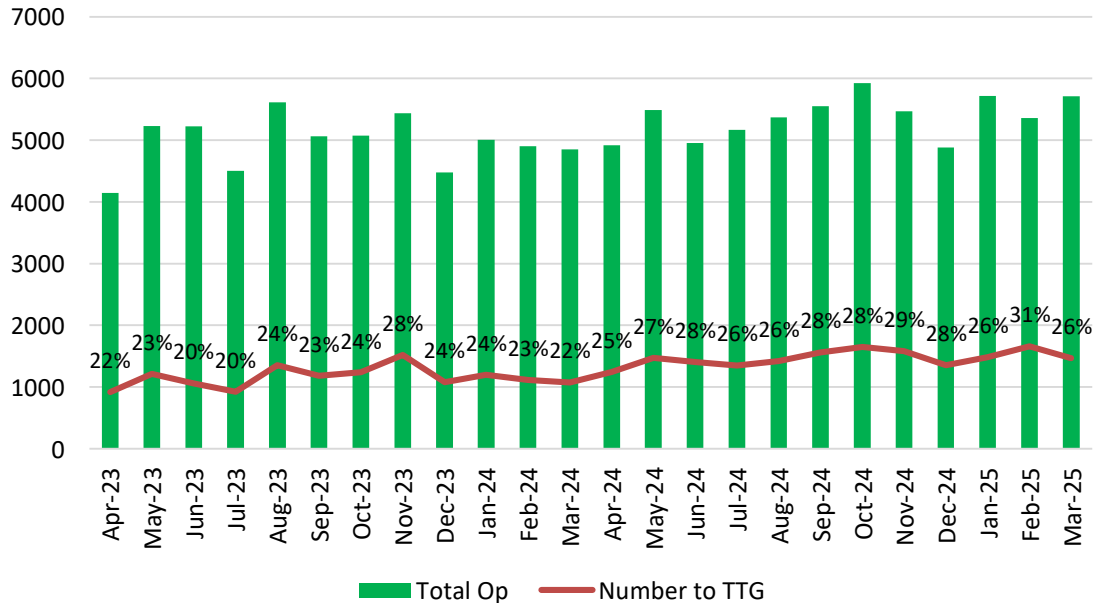
Outpatients (Delivery Plan and Long Waits) - Slide 2 of 2

Return Outpatients Wait List (P)

Total Patients Waiting, Patients Past Recall Date

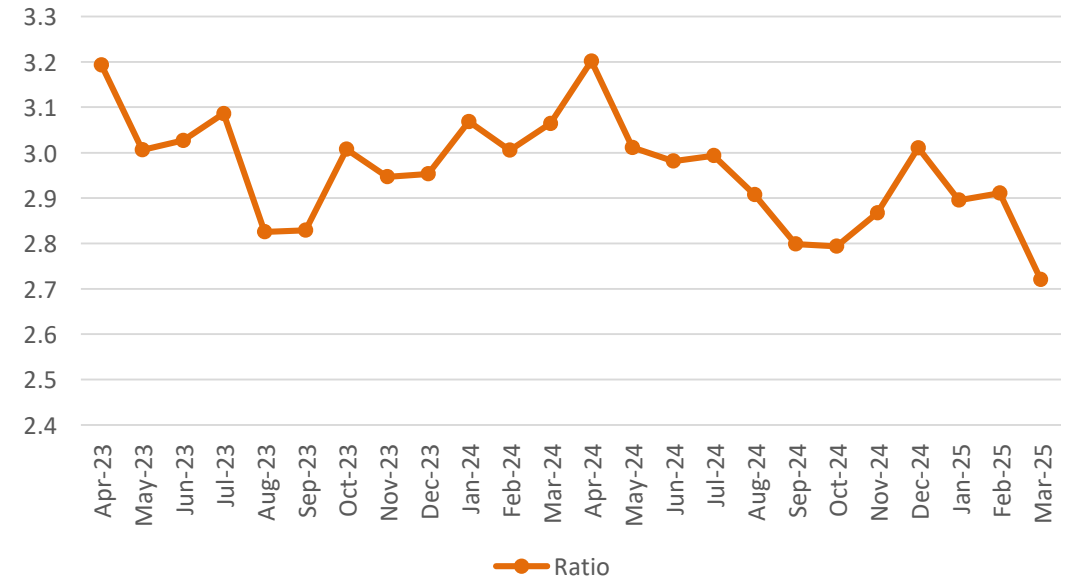


OP Conversion Rates to TTG (Q)



Follow Up (Q)

Outpatient Follow Up Ratio





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Chief Officer, Acute

Treatment Time Guarantee: TTG < 12 week target

ADP Deliverables Progress as at End of Q4 2024/25

Reduction in number of procedures of low clinical value	Aug 24
Implement the outcomes from work undertaken by the Centre for Sustainable Delivery / NECU	Mar 25
Review of SLAs in Acute for patients who travel out with the board for treatment	Mar 25
Increased theatre productivity (national target 90%) by utilising new processes including optimising the use of digital tools that are available within NHS Highland and exploring further opportunities, utilising available resource.	Mar 25
Local improvement plans in place for all Acute fragile services working collaboratively with the national clinical sustainability reviews	July 24
Continue to maximise the opportunities of the NTC with partner boards	Mar 25

Insights to Current Performance

- Increasing demand and complexity.
- Lack in some specialties of workforce to deliver care pathways.
- Patients referred into services with long waits who may realise better outcomes if care managed in primary care.
- Currently behind on TTG however confident that we can turn this around with focus on long waiting patients along with the use of the RGH capacity.

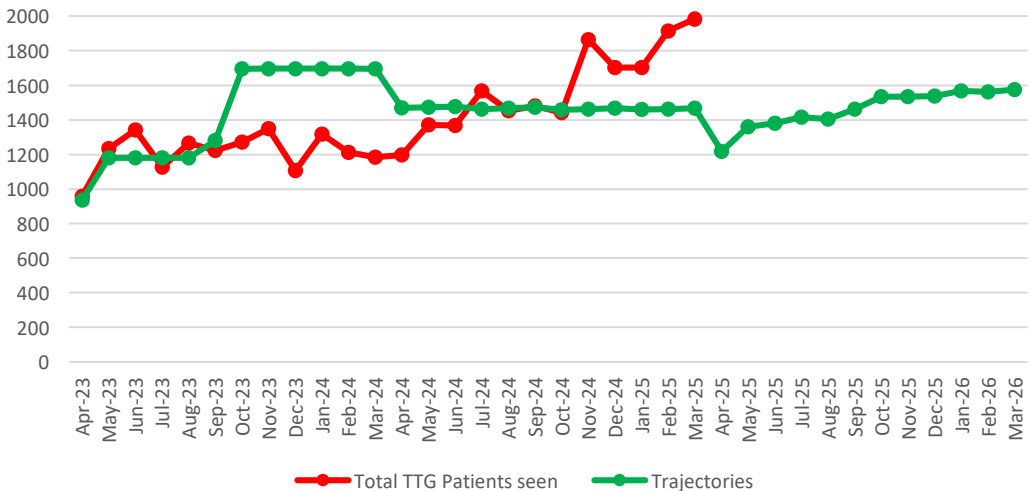
Plans and Mitigations

- Service planning implemented through ISP workstreams to realise efficiencies in process and alternative workforce models.
- Implementation of CfSD initiatives.
- Awareness and delivery of new WTG to ensure that only those who are fit, willing, and able are on a waiting list.
- Review of waiting list management processes
- Delivery of NHS waiting times dashboard to support appropriate management of care pathways.

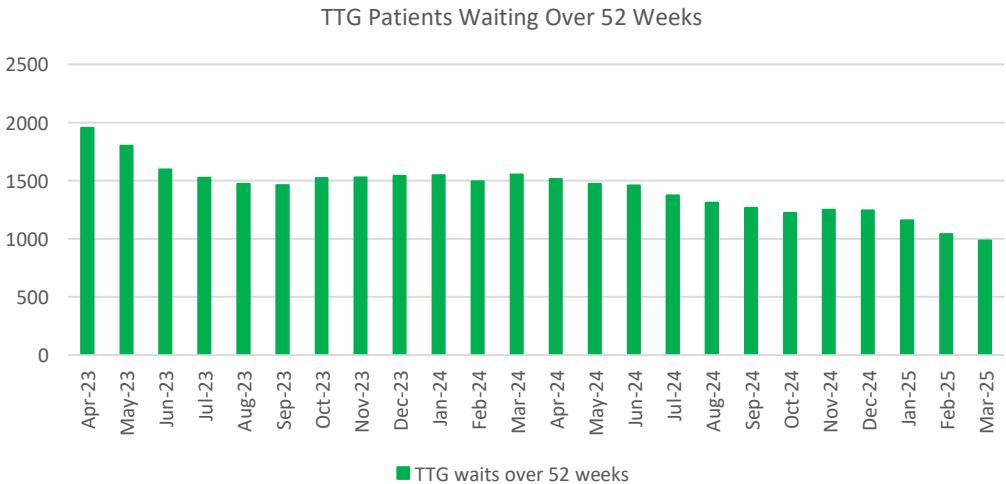
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well

Performance Rating	0.02% below ADP target
Latest Performance	65.4%
National Benchmarking	56.3% Scottish average
National Target	100%
National Target Achievement	Target Not Met; Above median for 1 month after 2 below
Benchmarking	5 th out of 15 Boards

Patients Seen & Trajectories (P)



Long Waits (P&Q)



ADP Targets (P)

Yearly Trajectory	17,603
YTD Performance	17,603 (100%)
Patients Seen – Mar 25	19,048 (108.21%)
Overall	8.21% above target



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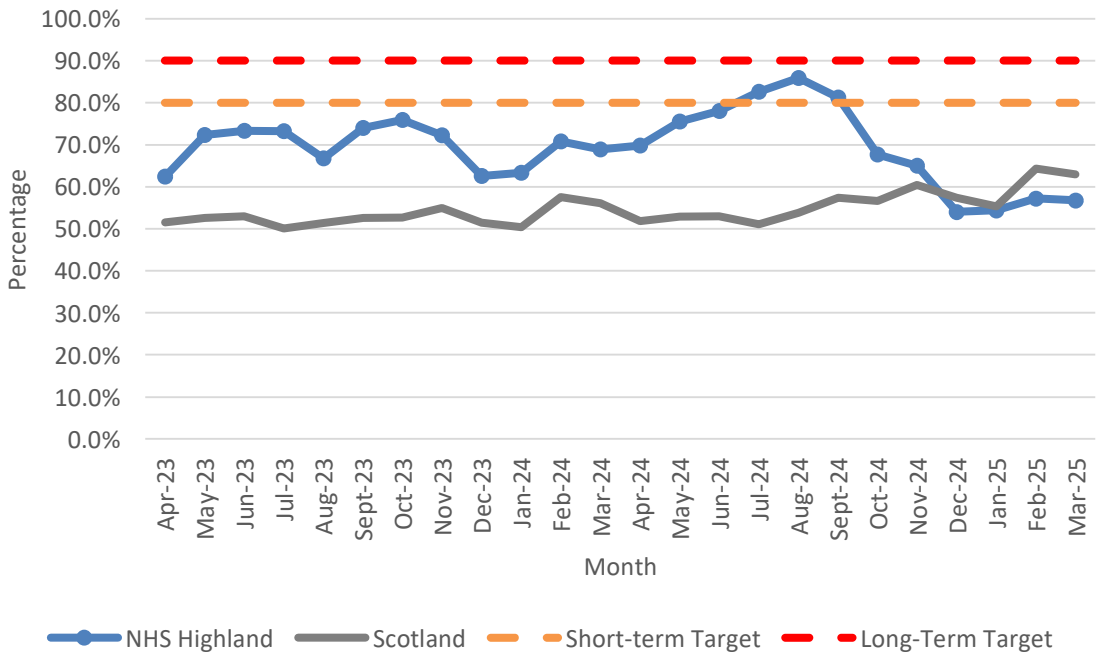


Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics - Radiology			
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance	Plan and Mitigation
Create a value-based diagnostic plan for NHS Highland through understanding delivery models and utilising a shared decision-making approach. Prioritised understanding and improvement plan for diagnostic capacity for USC and surveillance.	Mar 2025	Current performance is meeting planned trajectories. Unplanned demand remains fairly constant.	A workshop was held Dec 2024 to identify areas of improvement. Priorities for 2025/26s: <ul style="list-style-type: none">Review radiology admin team(s) incl bookingReview and streamline IR(ME)R admin processesReplace Radiology Information System (RIS)Upgrade PACS (national approach)Implement TrakCare Order Comms for secondary care requests (Raigmore and L&I hospital)

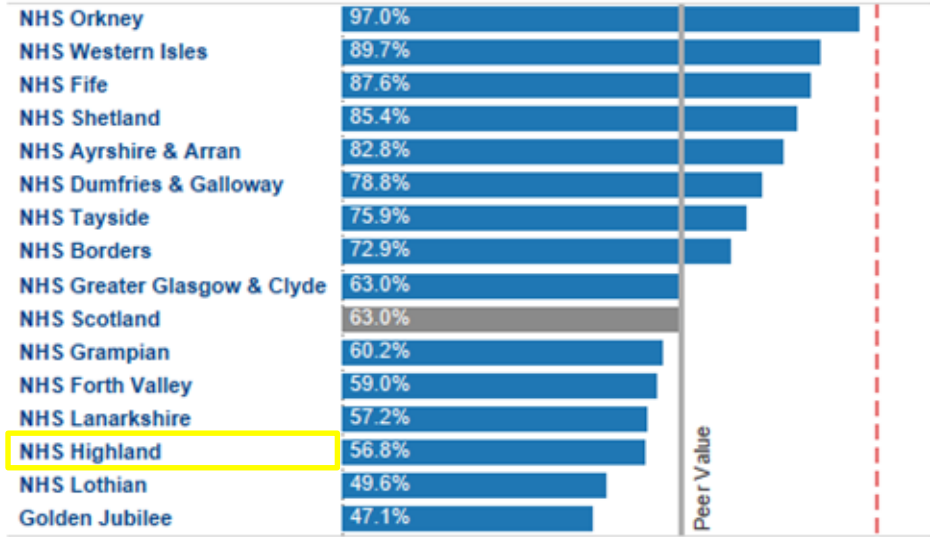
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	1.19% below ADP
Latest Performance	56.8%
National Benchmark	63.0%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	National target not met, performance in NHS is below Scotland average
Benchmarking	13 th out of 15 Boards

Imaging Tests: Maximum Wait Target 6 Weeks



Yearly Trajectory	YTD Target	Patients Seen-Mar 25	Overall
33,229	33,229 (100.00%)	32,752 (98.56%)	-1.44% Below target

Benchmarking with Other Boards





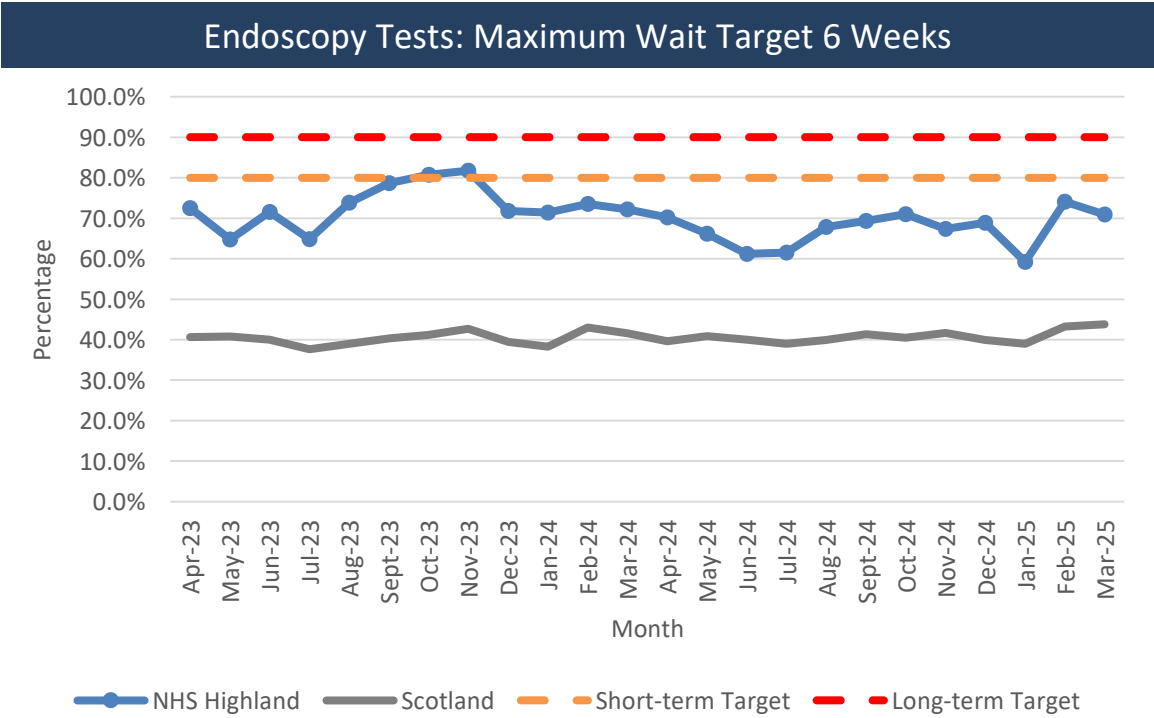
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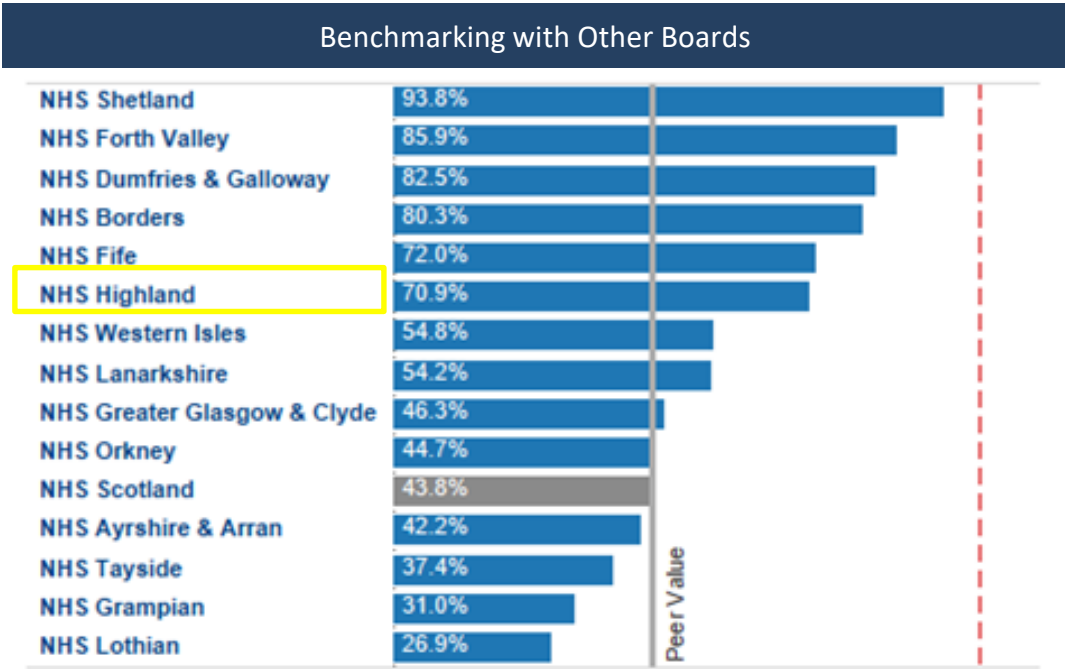
Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics - Endoscopy		
ADP Deliverables Progress as at End of Q4 2024/25	Insights to Current Performance	Plan and Mitigation
GI Endoscopy – on track	TrakCare PMS to be reconfigured to measure waiting time rules against national 42-day target rather than local 28-day standard. This would provide a true reflection of current performance.	GI Endoscopy now in strong position, surveillance backlog reduced to just two months across Highland. Next step to reduce new urgent and routine wait.
Cystoscopy – recovery plan and strategic plan to be developed. Medilogik EMS to be used for all Cystoscopy procedures from 1st February 2025		Cystoscopy – appointment type review to be completed

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	Meeting ADP Target
Latest Performance	70.9%
National Benchmark	43.8%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	While national target not met, performance in NHSH is ahead of Scotland average
Benchmarking	6 th out of 14 Boards



Yearly Trajectory	YTD Target	Patients Seen - Mar 25	Overall
6,576	6,576 (100.00%)	6,866 (104.41%)	4.41% over target





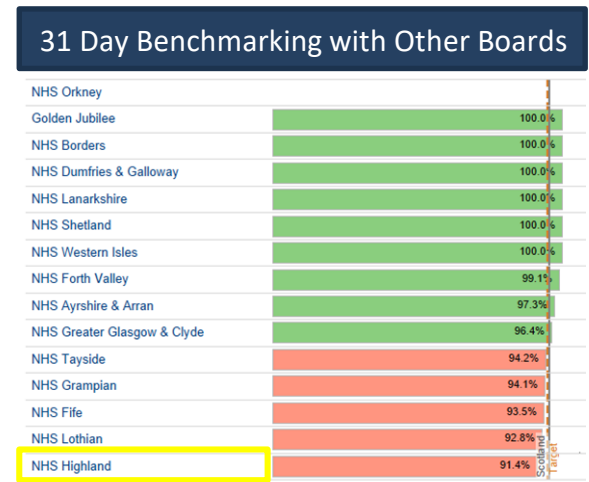
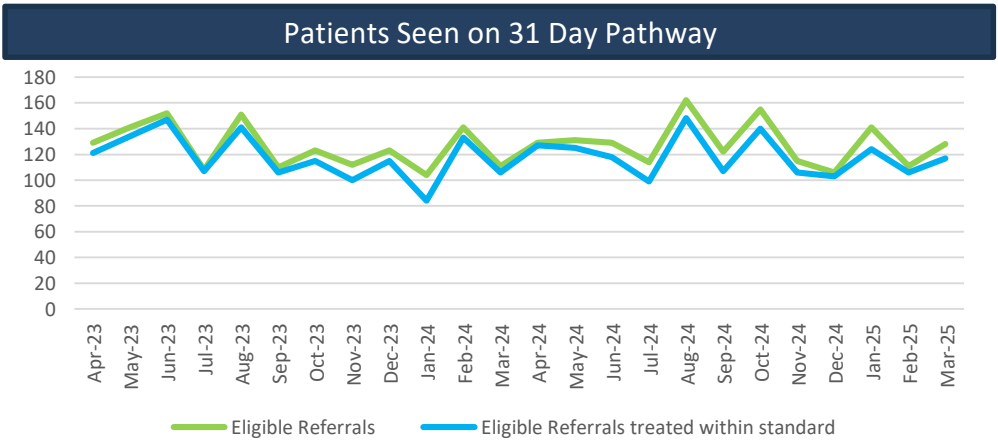
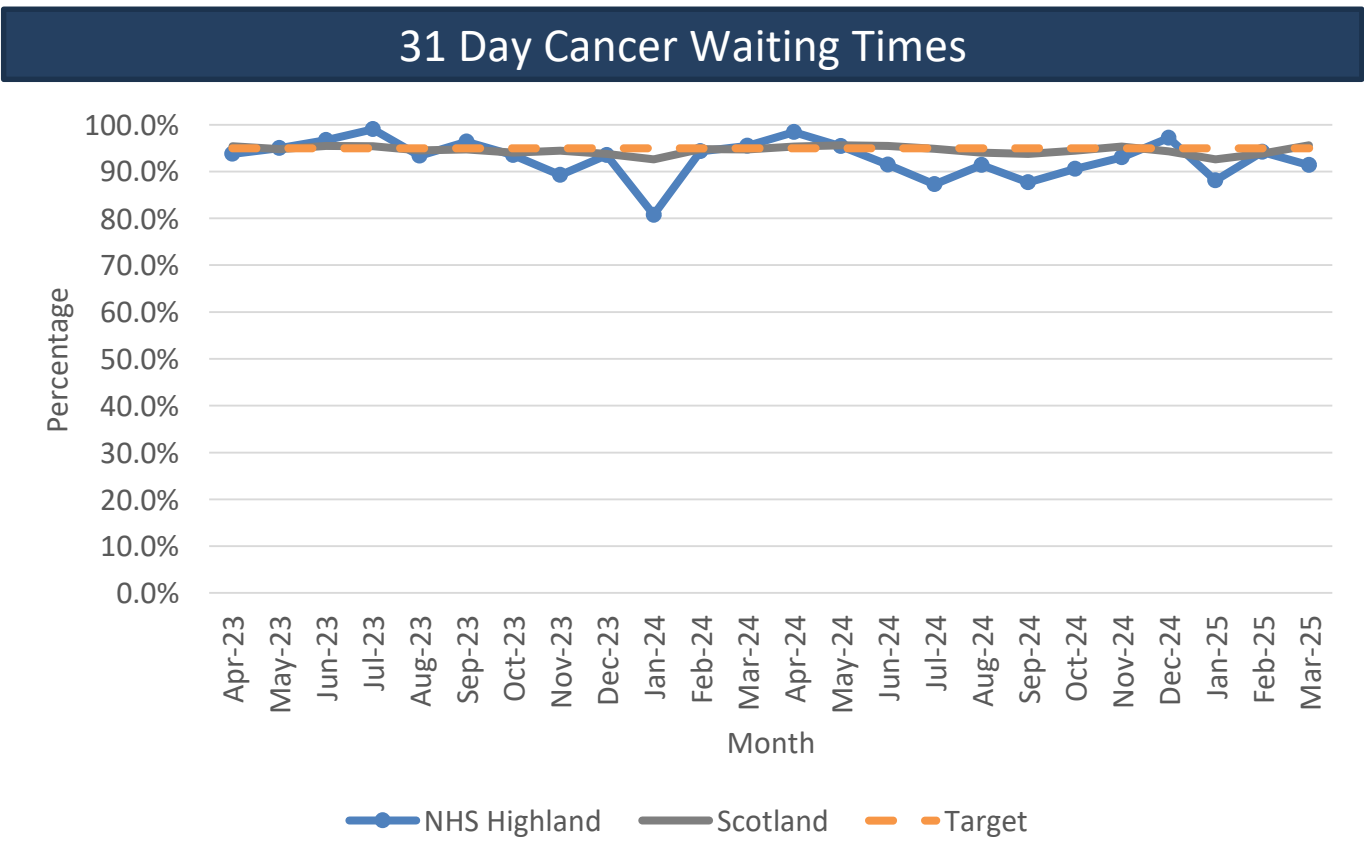
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Exec Lead
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Chief Officer, Acute

31 Day Cancer Waiting Times			
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance	Plan and Mitigations
Implement the local actions identified to meet the Framework for Effective Cancer management	Mar 25	Increasing demand and lack of workforce to manage / deliver oncology services.	Breach analysis of every patient to learn lessons, on-going. 1. Additional Operating availability for Urology and 2. Mutual aid for Breast assessment & treatment w/c 28 Oct from FV 3. CRC Oncology Mutual Aid from 15/12
Implement review of Breach Analysis areas e.g. Breast, Renal, Bladder & Colorectal to understand issues re 31/62 day targets	Mar 25	"Batching" of mutual aid for Breast assessment leading to peak in surgery Performance most recently improved to above the required 95% standard.	

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	Below national average
Latest Performance	91.4%
National Benchmarking	95.6% Scotland average
National Target Achievement	Last met in December 2024
Position	14th out of 14 Boards





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Chief Officer, Acute

62 Day Cancer Waiting Times

ADP Deliverables

Progress as at End of Q4 2024/25

Develop a collaborative plan aligned to the Diagnostics workstream of rapid cancer diagnostic pathways across our system. Consider capacity and demand for cancer surveillance

Sept
24

Engage with Maggie's Highland and other programmes of work focussing on the prehabilitation-rehabilitation continuum.

Mar 25

Continue to deliver our Single Point of Contact programme of Community Link Workers and embed them within the Highland Health and Social Care Partnership.

Mar 25

Insights to Current Performance

The total number of patients receiving treatment increased over the last 3 months.

50% of Problem - Breast One Stop Assessment capacity only meeting 50 per cent of demand due to lack of radiology support. Recurring aid requested from FV pending establishment of Con Radiographer model.

Plans and Mitigations

Improved implementation of national guidance (FECM) and learning lessons from Lanarkshire.

Establishment of Cancer Performance & Delivery Group

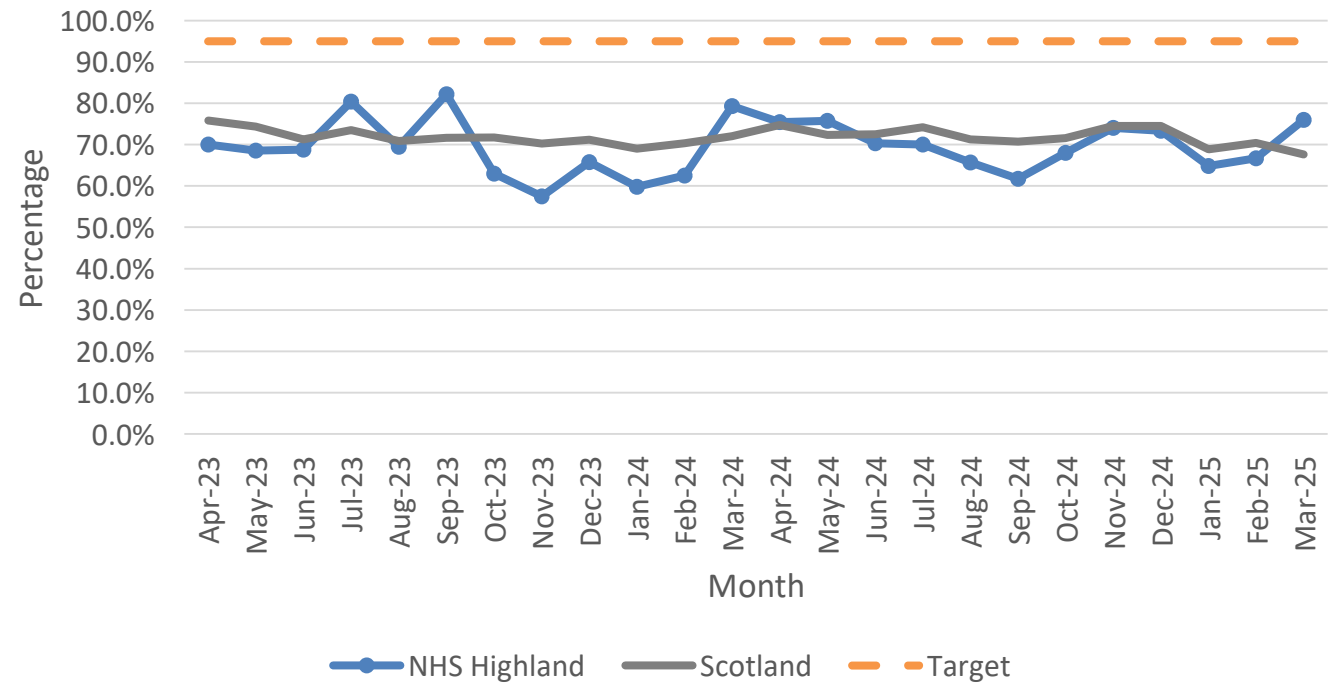
Recurring and frequent support from Forth Valley Breast Team

PERFORMANCE OVERVIEW

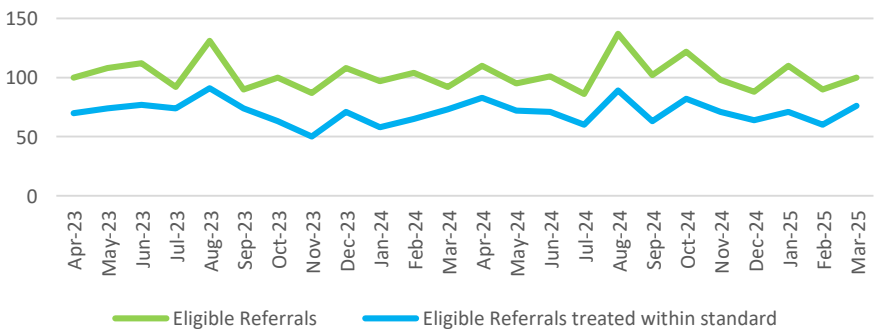
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Above national average
Latest Performance	76.0%
National Benchmarking	67.6% Scotland average
National Target	95%
National Target Achievement	Nationally target not achieved in some time
Position	2nd out of 13 Boards

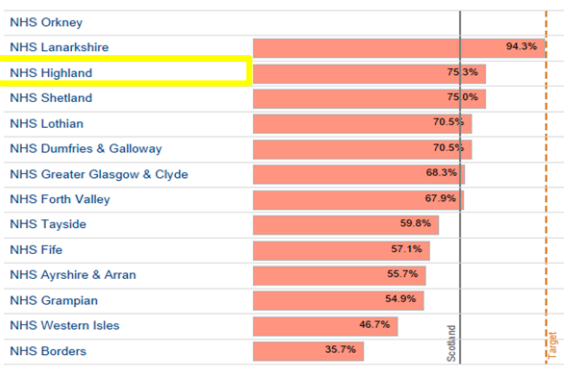
62 Day Cancer Waiting Times



Patients Seen on 62 Day Pathway



62 Day Benchmarking with Other Boards





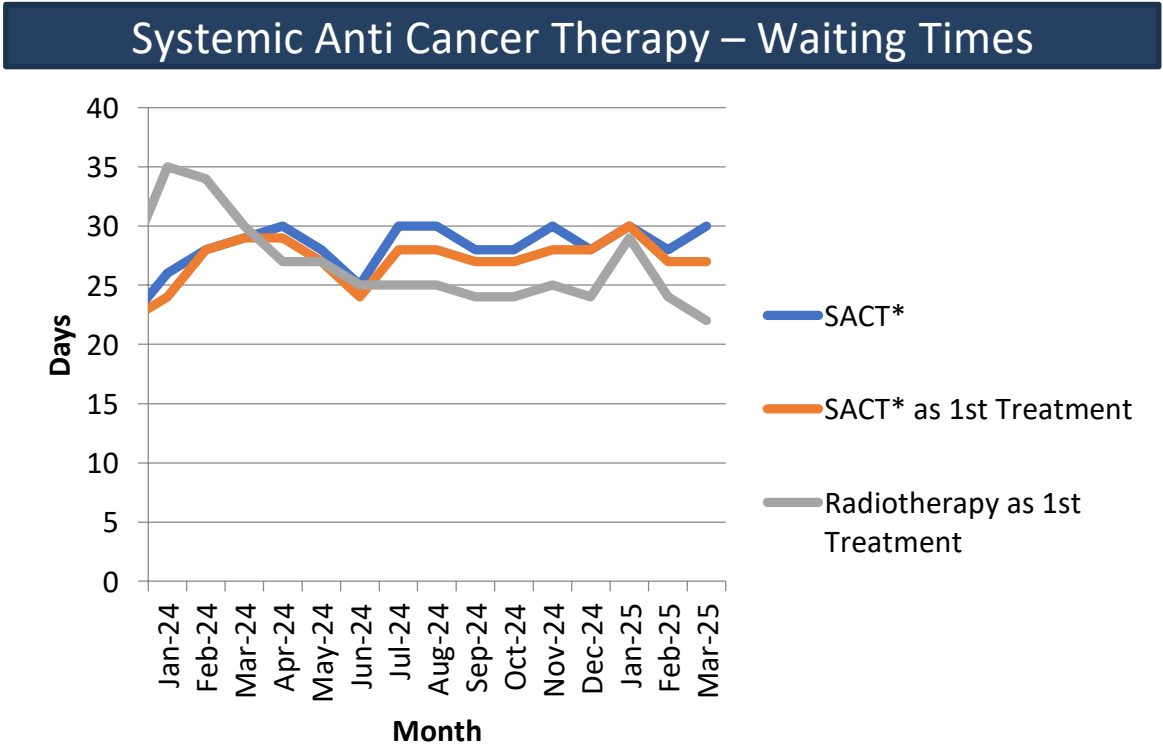
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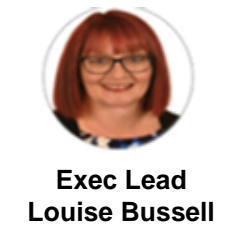


Exec Lead
Katherine Sutton
Chief Officer, Acute

SACT Access and Benchmarking			
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance	Plans and Mitigations
Moving towards networked delivery of Oncology & SACT services aligned to developing national strategy	Mar 25	Waiting times to start SACT and Radiotherapy treatment remain stable in 2024 following a sharp increase in recent years. The service is very much dependent upon senior clinicians to prescribe and trained nurses to administer. The latter position has improved with 2 additional nurses in post and 1 additional nurse being interviewed This is against a backdrop of increasing number of patients being treated in Highland, mirroring the national trend.	Development of national oncology target operating model to improve Oncologist capacity initially
Moving, where clinically appropriate, from IV to oral medications through learning from other cancer networks.	Mar 25		Appointment of 3rd additional SACT trained nurse.
Localised immediate improvement plan to reduce reliance on locum / agency staffing for non-surgical cancer treatment	Mar 25		Review of the national cancer actions underway. Gap analysis report in creation to go to Cancer Strategy Board for review and prioritisation.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	Waiting times decreased
Latest Performance	24-29 days to start treatment
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a
Position	NHS Highland activity matches national trends

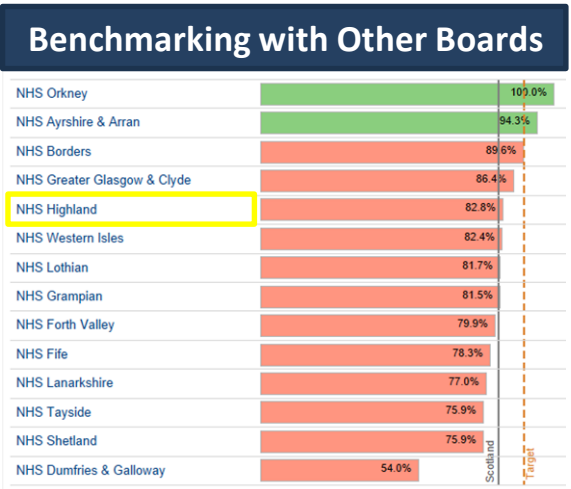
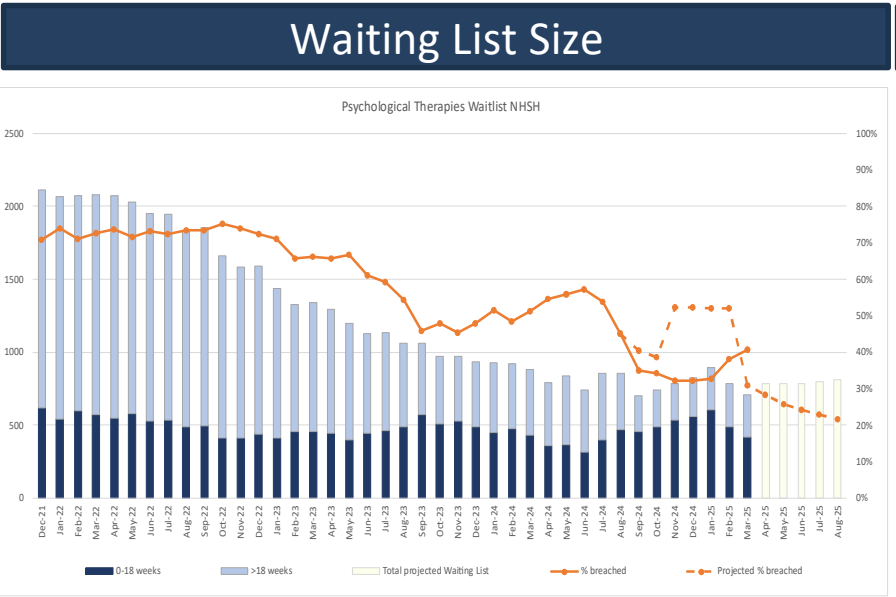
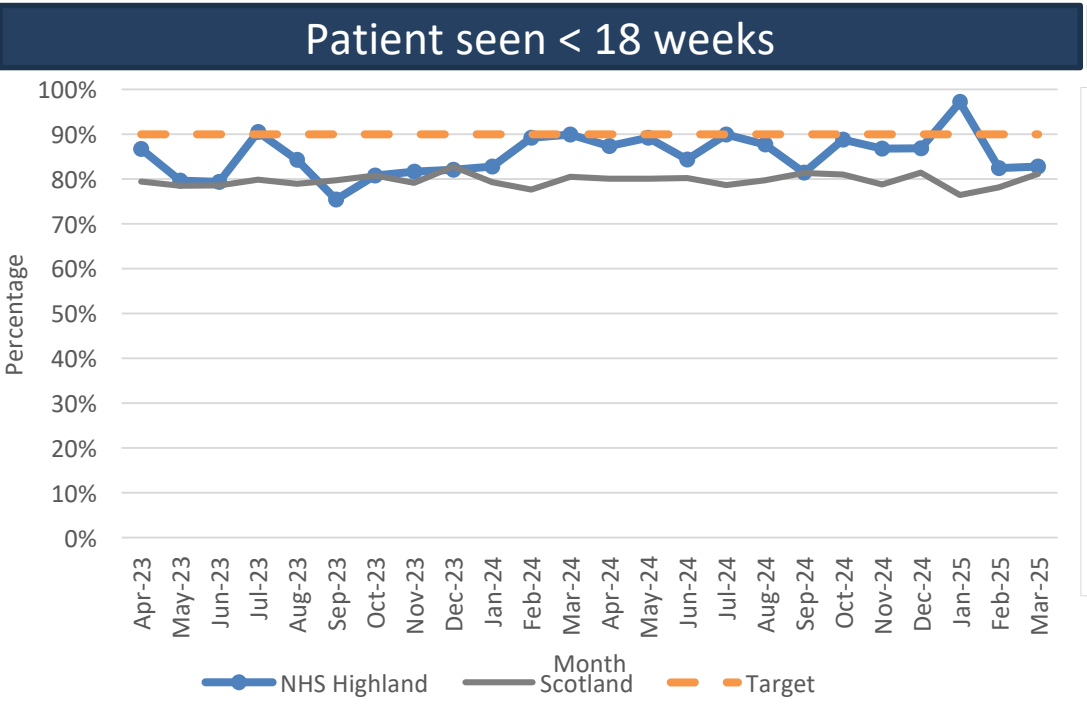




Psychological Therapies Waiting Times

ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance	Plan and Mitigations
Implementation of Psychological Therapies Local Improvement Plan with a focus on progressing towards achieving the 18-week referral to treatment standard. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations	Mar 25	Scottish Government response to PT Improvement Plan submission confirmed that NHSH PT no longer require enhanced support from SG due to the recent performance improvement in 2024.	<ul style="list-style-type: none">The Psychological Therapies Steering Group is currently under review as we will be aligning it with the requirements of the PT National SpecificationOur data dashboard has been developed to reflect the KPIs identified and those required for reporting to Scottish Government.The development of our digital dashboard and data gathering activities has allowed us to utilise intelligence proactively to improve waiting times.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	Below target but performance improved
Latest Performance	82.8%
National Benchmarking	81.2% Scotland average
National Target	90%
National Target Achievement	Consistent improvements in targets and downward trajectory
Position	4th out of 14 Boards





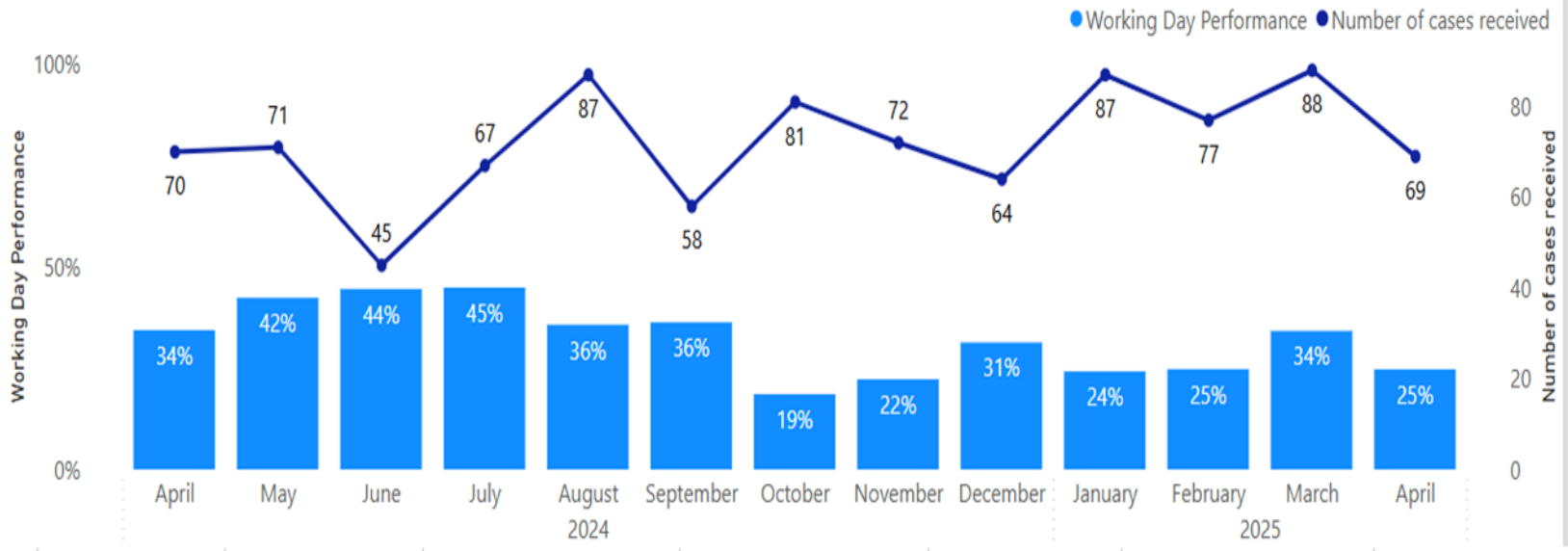
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**Exec Lead
Boyd Peters**

Stage 2 Complaint Activity (April 2024 – April 2025)			PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance	Plans and Mitigations	Performance Rating
N/A		Continued poor performance against the 20 working day target.	Reporting to EDG and escalation via the Board Medical and Nurse Director	
		The Services to receive most complaints over the past 2 months are: GP Services (Non-salaried) Adult Psychiatry Orthopaedics	Introduced case management within Feedback from May 2025 team to improve oversight of each complaint. Review of other escalation routes including requesting specific timescales from OUs when hold letter is sent	Latest Performance
				National Benchmarking
				National Target
				National Target Achievement
				Position

Stage 2 Feedback Cases | Excludes FC and SPSO | Number Received and Working Day Performance (%)



Top Issue Categories/Last 3 months	Acute	HHSCP	A&B
Treatment	35	21	9
Poor Care	17	12	4
Poor Nursing Care	6	1	1
Delays with investigation/test results	4		
Poor Co-ordination/Aftercare	3	3	1
Delays in Diagnosis/Treatments	2	2	1
Problems with medication or prescribing	2	3	
Treatment/Investigations carried out poorly	1		
Problems with Test Results			1
Wrong Diagnosis/Treatment			1
Communication	26	18	5
Patient/carers not given full information	16	8	2
Insensitive Information	3		1
Patient/carers not fully involved in treatment decisions	3	6	1
Poor communication between professionals/staff	3	2	
Breach of Patient Confidentiality	1	2	1
Waiting Times / Delays	12	2	2
Outpatient	10	2	2
Day Case	1		
Inpatient	1		



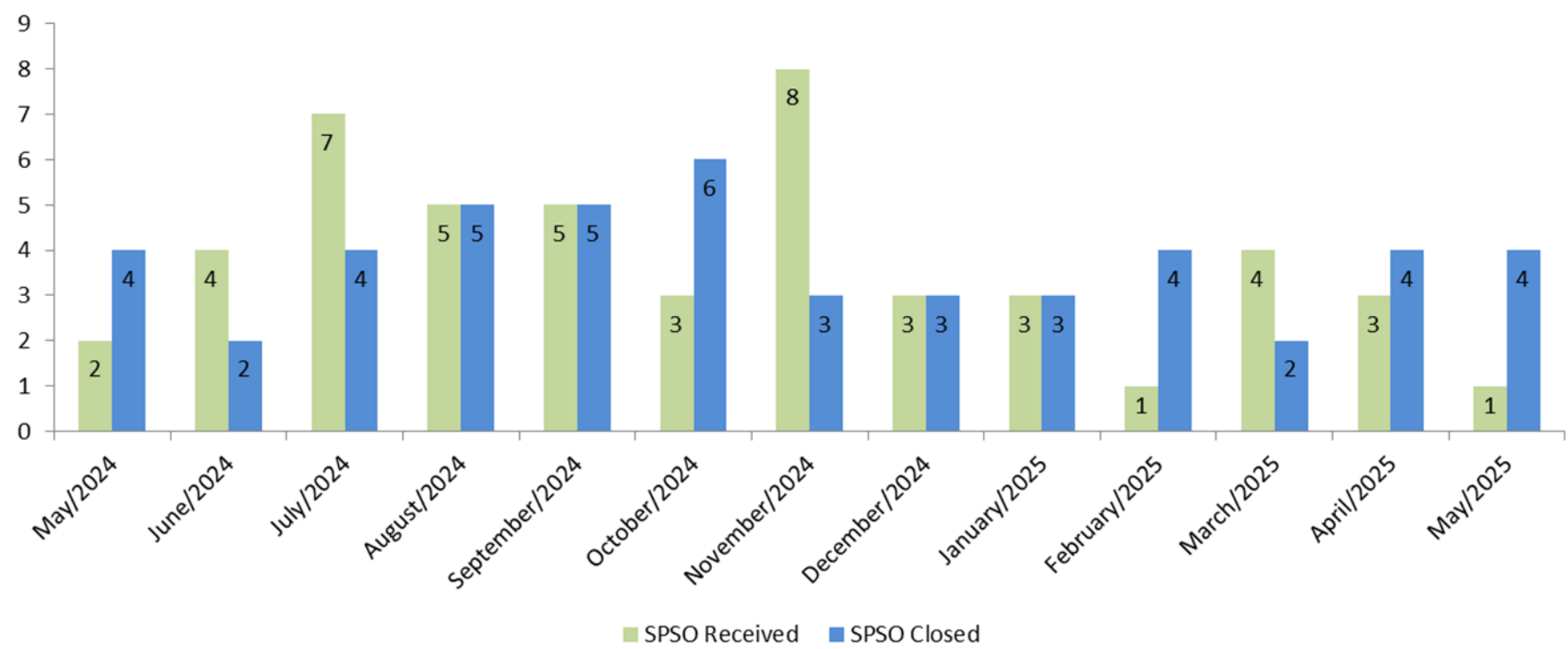
Exec Lead
Boyd Peters

SPSO Activity (May 2024 – May 2025)

ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance	Plans and Mitigations
N/A		Slight decrease in the number of enquiries from the SPSO. Reassuring that most complainants are content with their response, Continuing trend that most cases are not taken forward.	SPSO cases are being closely monitored and reported through the Quality and Patient Safety Structure.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

Number of SPSO Cases Received / Closed



SPSO cases received last 3 months:

8 received:

- 3 Acute
- 3 A&B
- 2 HHSCP

These relate to Mental Health Services - Community Mental Health, Clinical Psychology, Adult Psychiatry, Child and Adolescent Mental Health, Dental Services - Public Dental Services, Cancer Services - Oncology, Outpatients, Surgical - Orthopaedics

SPSO cases closed last 3 months:

10 SPSO enquiries closed.

- 6 not taken forward / 1 Investigation Report
- 1 Fully Upheld, 1 Partially Upheld, 1 Not Upheld



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Level 1 SAERs Declared and Status Overview (May 2024 – May 2025)			
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance	Plans and Mitigations
N/A		10 SAERs are over 26 week target.	A gap analysis has been undertaken against the New national framework and Board's current policy and procedures. This is being presented to the Professional Leads Oversight meeting in July. Open reviews and actions are monitored by the QPS groups in each Operational Area. Revised assurance report being developed based on the Vincent Framework and will be issued in the next two months. This will include SAER performance.
		76 SAER actions are overdue	

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

25

10

31

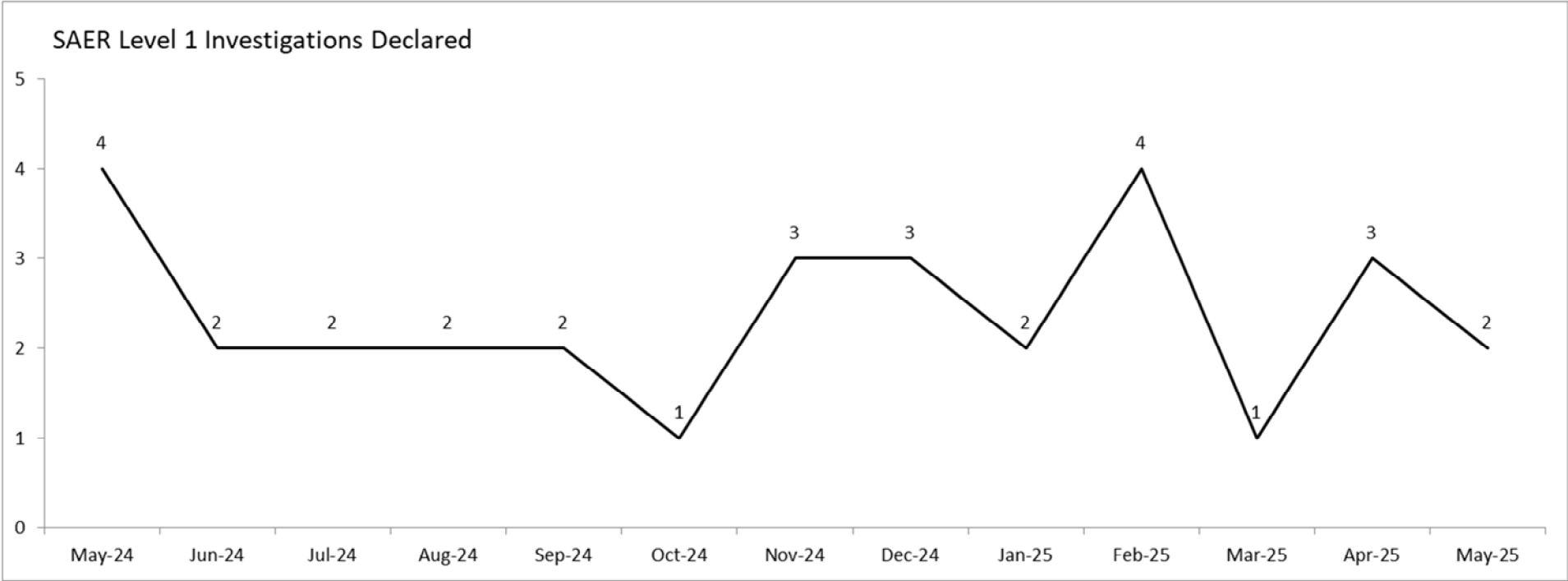
0.20%

Open Level 1 (L1) Incidents

L1: Active more than 26 weeks

L1: SAER Declared Last 13 Months

Incident | SAER Conversion Last 13 Months





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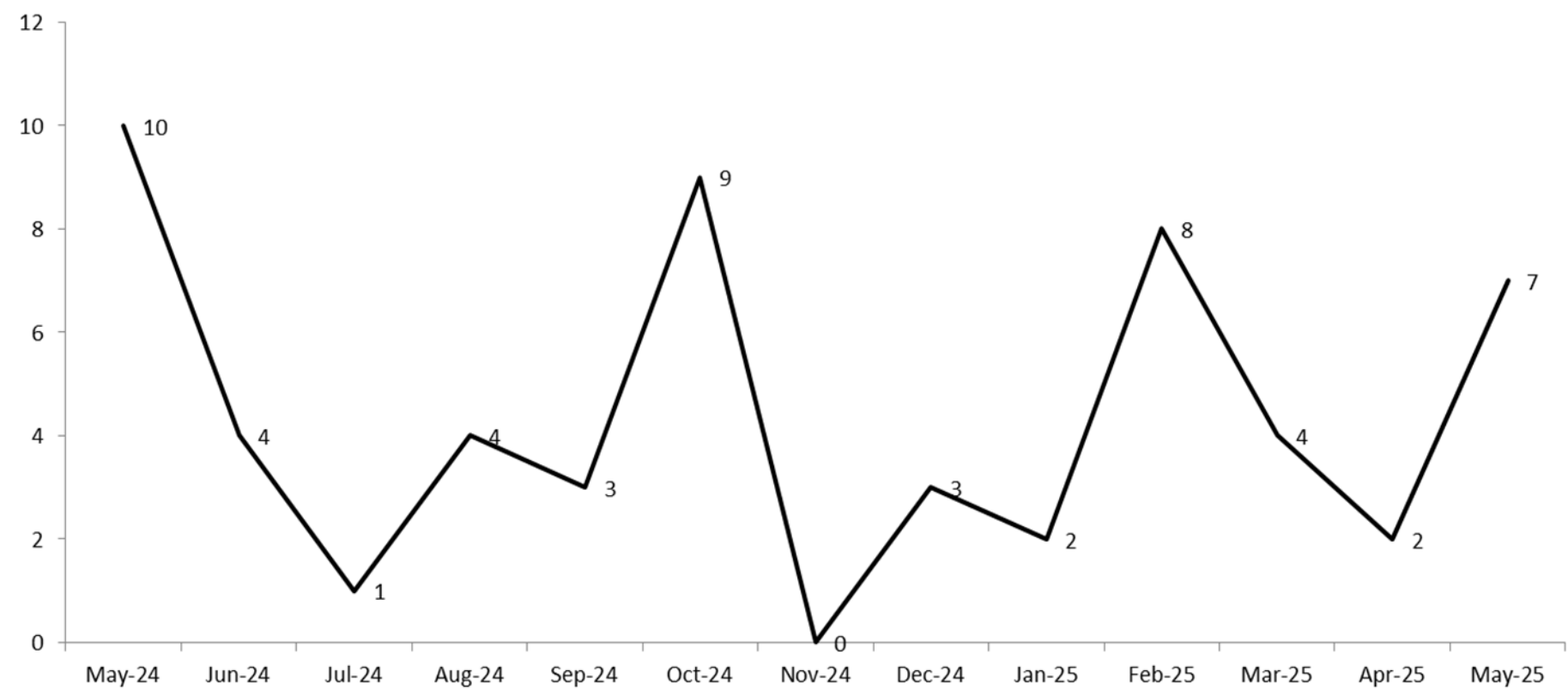


Exec Lead
Boyd Peters

Level 2a Declared and Status Overview (May 2024 – May 2025)				
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance	Plans and Mitigations	
N/A		24 Level 2a reviews are over 12 weeks.	Open reviews and actions are monitored by the QPS groups in each Operational Area. Revised assurance report being developed based on the Vincent Framework and will be issued in the next two months. This will include 2a reviews	
		There are 34 actions open, with 26 being overdue.		

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

Level 2a Investigations Declared



54
Open Level 2a (L2) Incidents

46
L2: Active more than 12 weeks



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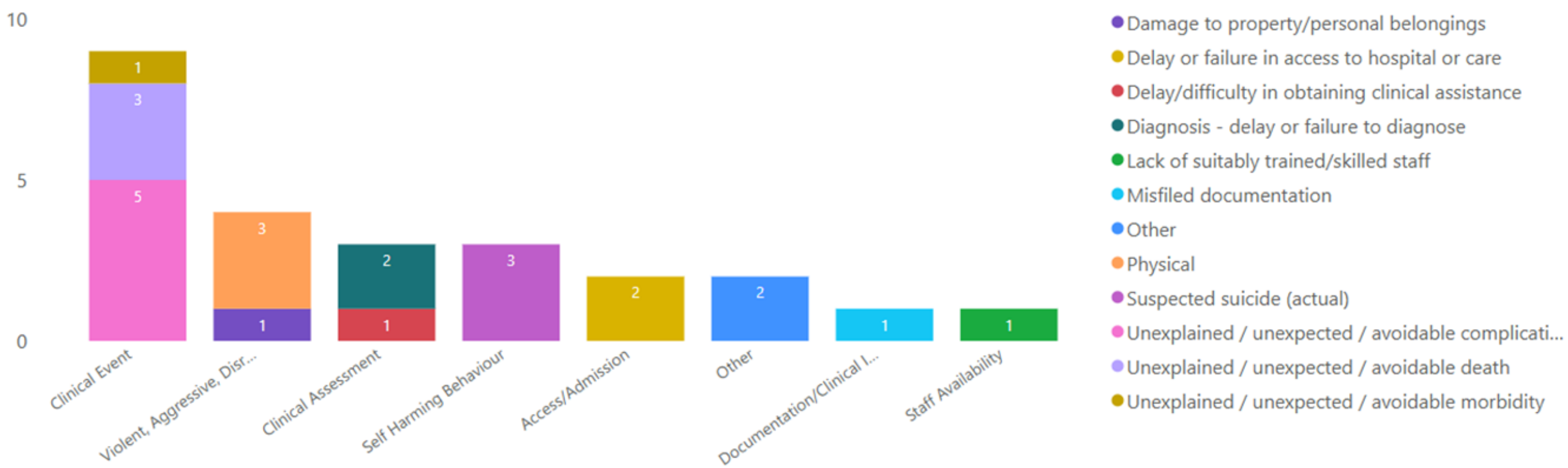


Exec Lead
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Active (open) Level 1 SAERs Categorisation (May 2024 – May 2025)			
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance	Plans and Mitigations
N/A		The categories of SAER are varied. Most fall under clinical care followed by suicide.	A review of SAER categories is being undertaken as part of the review of Boad's adverse Event Policy and Procedures. Suggested SAER categorisation is going to be discussed at the professional leads meeting. .

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

Active SAERs Level 1 | Category / Subcategory





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Exec Lead
Louise Bussell

Hospital Inpatient Falls (May 2024 – May 2025)

ADP Deliverables

Reducing trend in falls

Falls with harm reduced below the mean

Insights to Current Performance

Overall falls rate has remained static.

Decrease in falls with harm over April and May.

Plans and Mitigations

Continued use of falls audit to drive improvement across all areas.

Reinforcing Daily Care Plan completion and documentation of Safe Care Pause Focus on falls.

PERFORMANCE OVERVIEW

Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating

Latest Performance

National Benchmarking

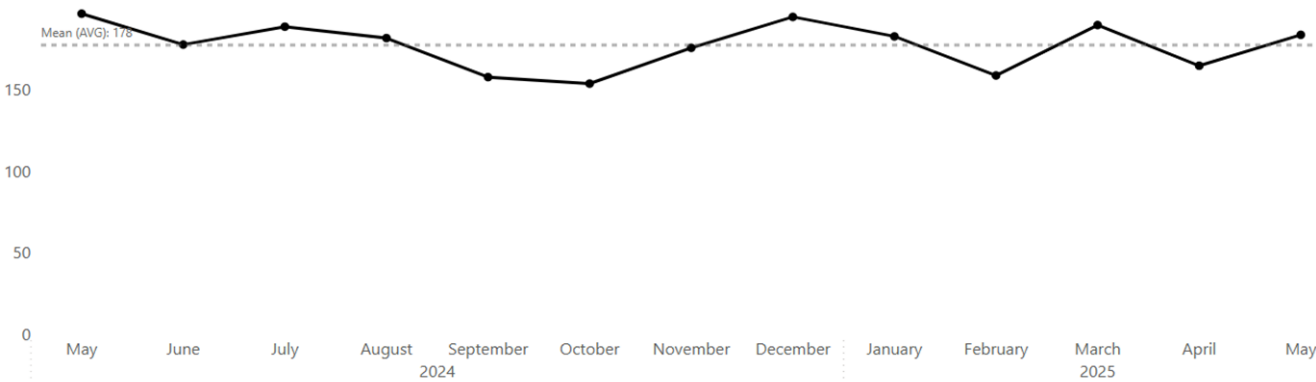
National Target

20% reduction (falls)
30% reduction (falls with harm)

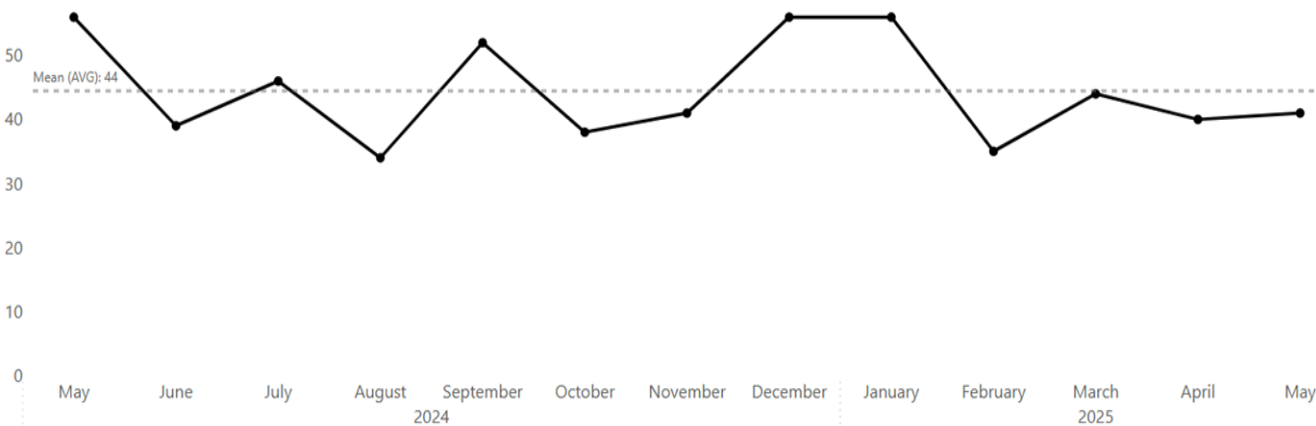
National Target Achievement

Position

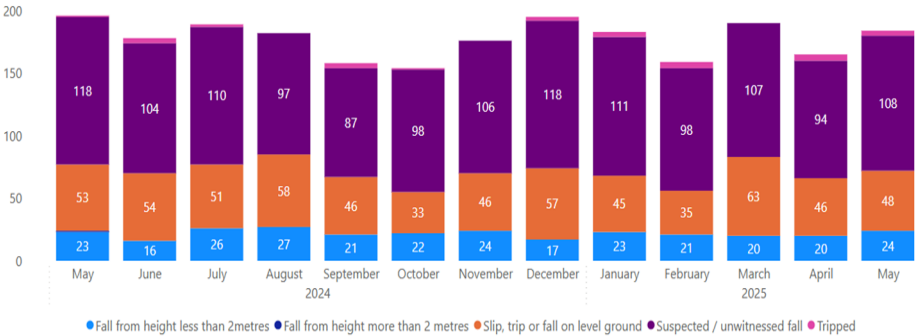
Number of Inpatient Falls | Run Chart



Number of Inpatient Falls with Harm | Run Chart



Number of Inpatient Falls | Subcategory | Last 13 Months



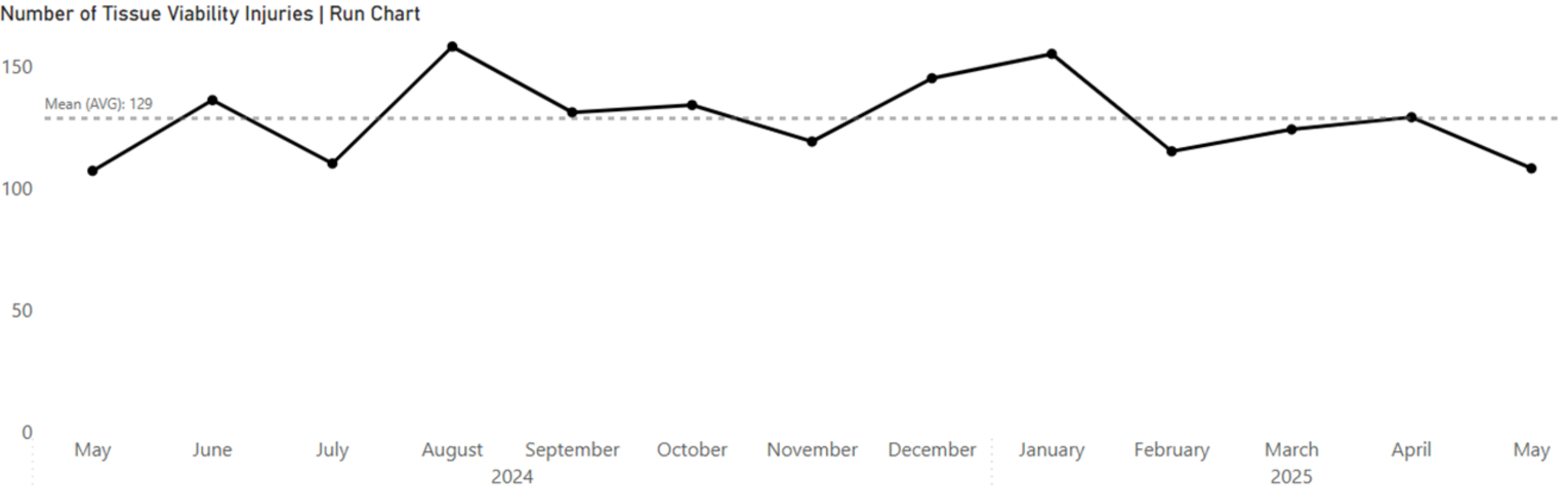


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Tissue Viability Injuries (May 2024 – May 2025)				PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance	Plans and Mitigations	Performance Rating	
<ul style="list-style-type: none">- Continue to work with high risk areas which is proving successful- Pressure Ulcer reduction documents for BSL and Easy Read in circulation. NATVNS new document with Medical Ills		<ul style="list-style-type: none">- Awaiting new grading tool from EPUAP which influences training material- November and December seem to be high risk months for increased PU occurrence and pre planning seems to be a necessary consideration, but factors such as staff and patient admissions cannot be predicted- Should Datix meetings be held for Grade 1 /2 /3/4/DTI and ungradeables developed in care as avoidable harm?, not just from Grade 3- please consider	<ul style="list-style-type: none">- Showcase targeted approaches to change and adapting to specific areas- Consider Gaelic translation of NATVNS pressure ulcer prevention leaflet when ready- due very soon- -Community Pressure Ulcer Prevention Pathway in progress- Consider lowering the median so that we have more strategic and realistic targets- Preventative Strategies as Grade 2 and Grade 1s are highest- Beds and hybrid Mattress and specialist equipment discussion due	Latest Performance	
				National Benchmarking	HIS to confirm plans for future/ and how soon
				National Target	20% reduction
	<ul style="list-style-type: none">- Leg Ulcer training in progress- Wound Care Policy complete and for TVLG in April- Leg Ulcer Policy for TVLG in April			National Target Achievement	
				Position	





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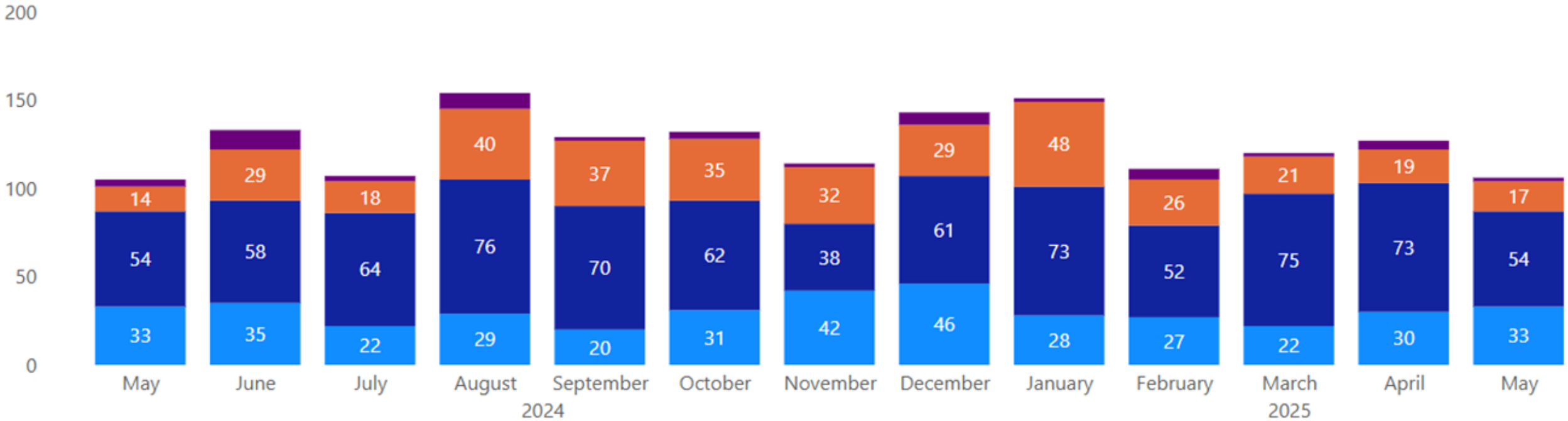


Exec Lead
Louise Bussell

Tissue Viability Injuries by Subcategory (May 2024 – May 2025)					PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
ADP Deliverables Progress as at End of Q4 2024/25		Insights to Current Performance	Plans and Mitigations		Performance Rating	
<div><div></div><div><ul style="list-style-type: none">- Continue to work with high risk areas which is proving successful- Pressure Ulcer reduction documents for BSL and Easy Read in circulation. NATVNS new document with Medical Ills</div><div></div></div>		<div><div></div><div><ul style="list-style-type: none">- Awaiting new grading tool from EPUAP which influences training material- November and December seem to be high risk months for increased PU occurrence and pre planning seems to be a necessary consideration, but factors such as staff and patient admissions cannot be predicted</div><div></div></div>	<div><div></div><div><ul style="list-style-type: none">- Showcase targeted approaches to change and adapting to specific areas- Consider Gaelic translation of NATVNS pressure ulcer prevention leaflet when ready- due very soon- -Community Pressure Ulcer Prevention Pathway in progress</div><div></div></div>		Latest Performance	
<div><div></div><div><ul style="list-style-type: none">- Leg Ulcer training in progress- Wound Care Policy complete and for TVLG in April- Leg Ulcer Policy for TVLG in April</div><div></div></div>		<div><div></div><div><ul style="list-style-type: none">- Should Datix meetings be held for Grade 1 /2 /3/4/DTI and ungradeables developed in care as avoidable harm?, not just from Grade 3- please consider</div><div></div></div>	<div><div></div><div><ul style="list-style-type: none">- Consider lowering the median so that we have more strategic and realistic targets- Preventative Strategies as Grade 2 and Grade 1s are highest- Beds and hybrid Mattress and specialist equipment discussion due</div><div></div></div>		National Benchmarking	HIS to confirm plans for future/ and how soon
					National Target	20% reduction
					National Target Achievement	
					Position	

Number of Tissue Viability Injuries | All Subcategories and Injury grades | Sub-Category

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





Position

Injury	Developed in hospital	Developed/discovered in community	Discovered on admission	Known ulcer deteriorating	Total
Mucosal Pressure Damage	24	1	11		36
Pressure Ulcer - combination lesions	5	9	0	0	14
Pressure Ulcer - deep tissue injury	19	77	12	6	114
Pressure Ulcer - ungradable	36	102	36	15	189
Pressure ulcer (grade not specified)	9	9	9	0	27
Pressure ulcer Grade 1	119	146	84	3	352
Pressure ulcer Grade 2	170	385	157	9	721
Pressure ulcer Grade 3	15	62	36	13	126
Pressure ulcer Grade 4	1	19	20	13	53
Ulcers	0	4	6	0	10
Total	398	814	371	59	1642



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Infection Control - CDI, SAB and ECB Healthcare Associated Infection (HCAI) Reduction aims

ADP Deliverables: Progress for 2024/25 and current position for 2025/26

Clostridioides difficile (CDI)

Predicted end of year Healthcare associated infection (HCAI) rate of 24.5 (79 cases) against target of 15.6 (Apr 24– March 25). This reduction aim has not been met.

2025/26 reduction aim is 75 HCAI cases, as of 01/06/25 4 HCAI cases reported

Staphylococcus aureus bacteraemia (SAB)

Predicted end of year HCAI rate of 11.8 (38 cases) against target of 15.3 (April 24 – March 25). This reduction aim has been met.

2025/26 reduction aim is 53 HCAI cases, as of 01/06/25 10 HCAI cases reported

Escherichia Coli Bacteraemia (ECB)

Predicted end of year HCAI rate of 27.6 (89) against target of 17.1 (April 24–March 25). This reduction aim has not been met.

2025/26 reduction aim is 75 cases, as of 01/06/25 10 HCAI cases reported.

Insights to Current Performance

NHS England and NHS Scotland are reviewing the increased incidence of Clostridioides difficile seen across the four nations in the previous quarters (Sept-Dec 2024)

NHS Highland saw a recent increase in the case numbers of SAB, following review no commonalities have been identified..

NHS Scotland updated NHS Boards on the local delivery plan aims for 2025/2026 via DL (2025) 05. For NHS Highland the aim is not to exceed the case number data based on 2023/24 by end of March 2026.

Clostridioides difficile – 75 cases

SAB – 53 cases

EColi – 75 cases

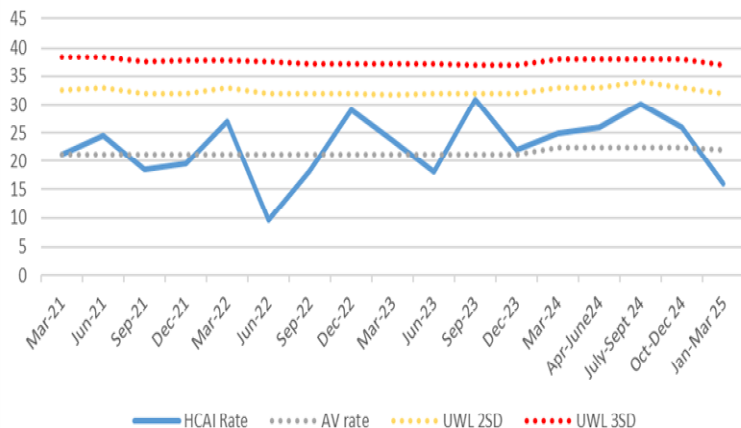
The rag rating is calculated on the predicted monthly number.

Plans and Mitigations

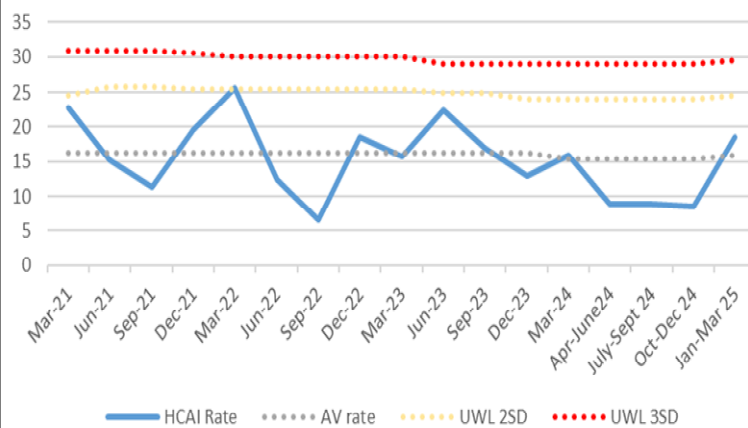
Continue to review individual cases for learning.
Targeted work with antimicrobial prescribing continues. The introduction of faecal microbiota transplant therapy has commenced.

Continue to ensure adherence to national guidance for the management of infections.

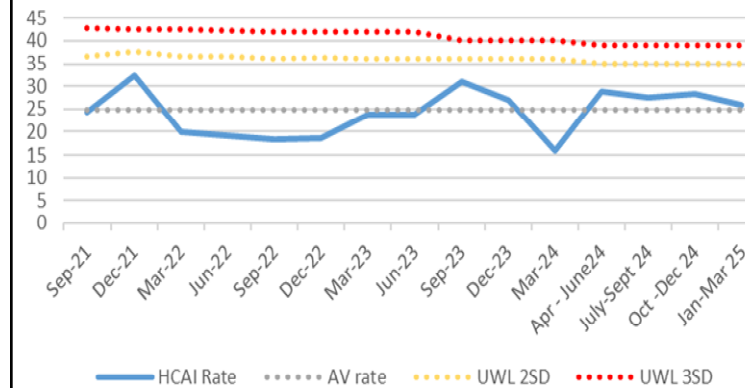
Quarterly rates of Healthcare Associated CDI per 100000 bed days including ARHAI Scotland & NHS Highland data



Quarterly rates of Healthcare Associated SAB infection 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



Organisational Metrics May 2025

Sickness Absence Rate (%)

5.73

Long Term SA Rate (%)

3.57

Short Term SA Rate (%)

2.21

Recorded Absence Reason (%)

76.66

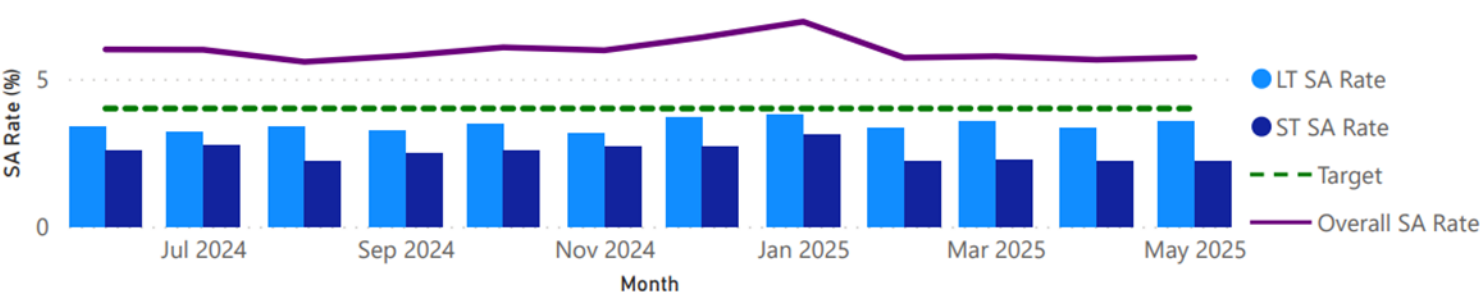
Vacancy Time to Fill (Days)

100.16

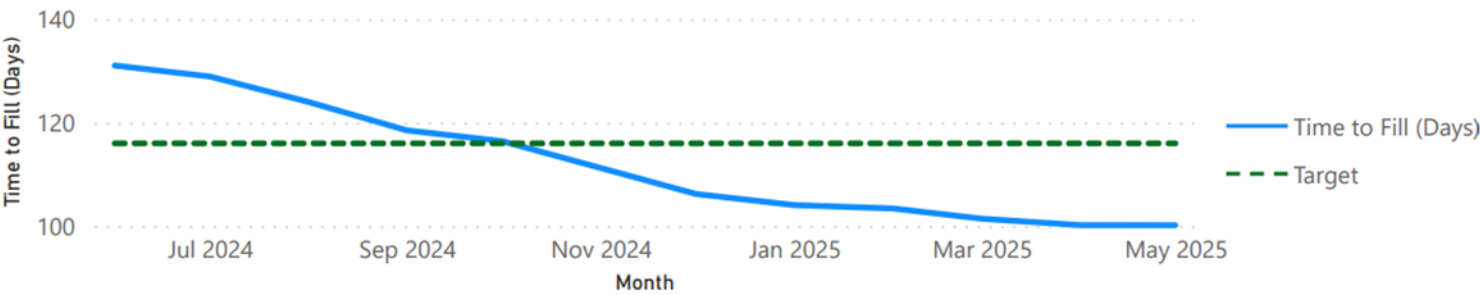
Annual Employee Turnover (%)

7.58

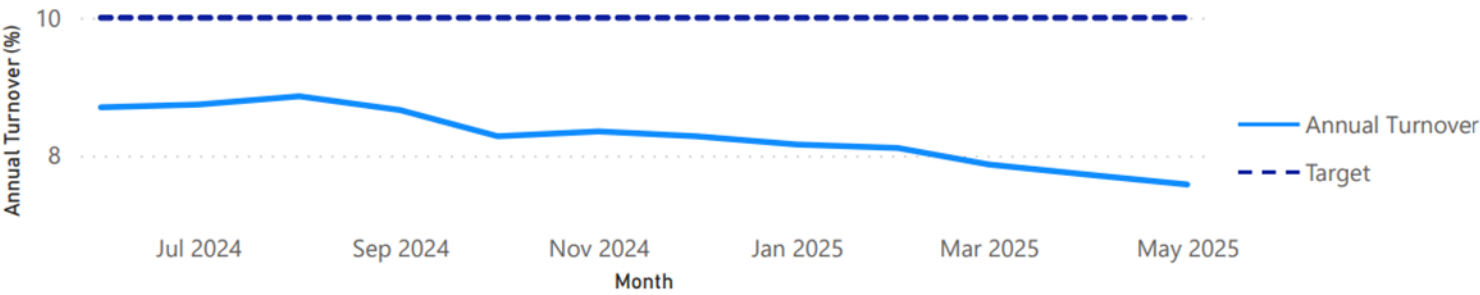
Sickness Absence Rates (%) by Month



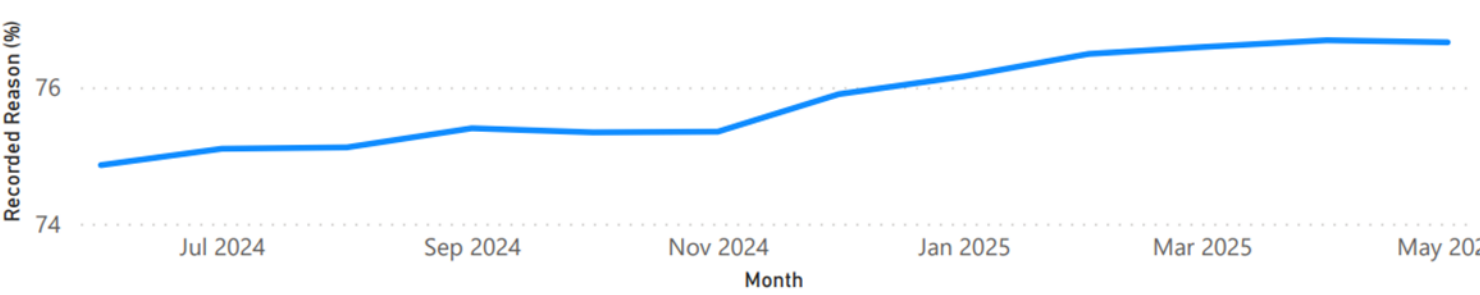
Vacancy Time to Fill (Days) by Month



Annual Employee Turnover (%) by Month



Recorded Absence Reason (%) by Month



Training Metrics May 2025

Bank eLearning
Completion Rate (%)

47.7

Substantive eLearning
Completion Rate (%)

78.3

Overall eLearning Completion (%)

73.4

Note that from Jul 2024 V&A e-Learning module has been reintroduced to Mandatory Training compliance figures as a new course was launched in June for all Job Families. V&A Practical figures have dropped due to a new template report which is mirroring the new V&A training pathway requirements.

M&H Practical Training
Completion Rate (%)

45.6

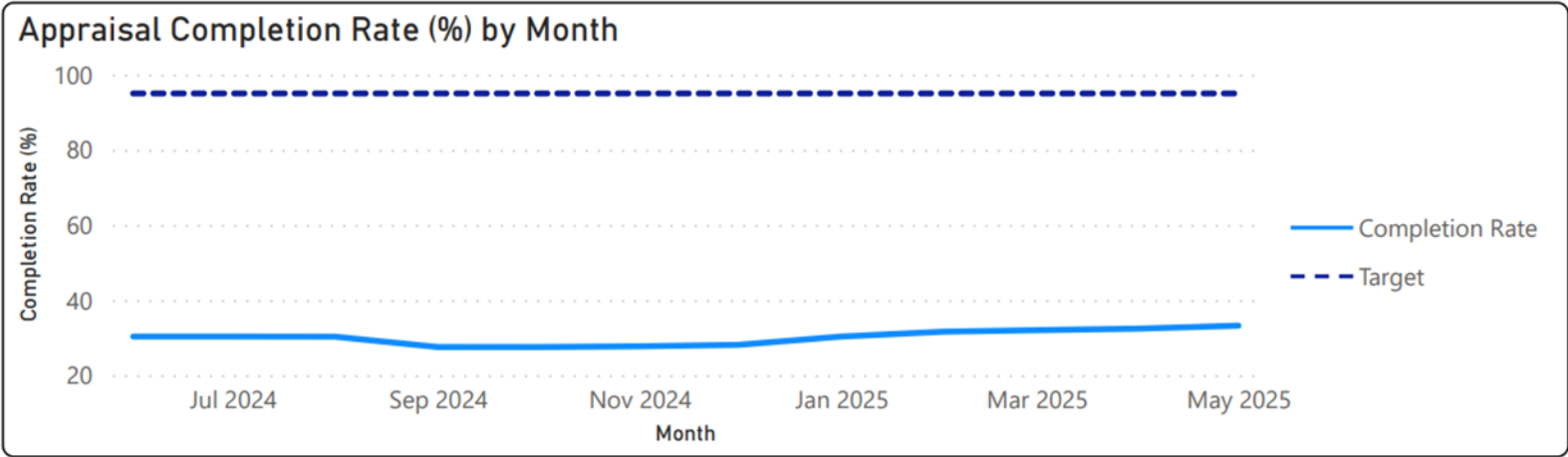
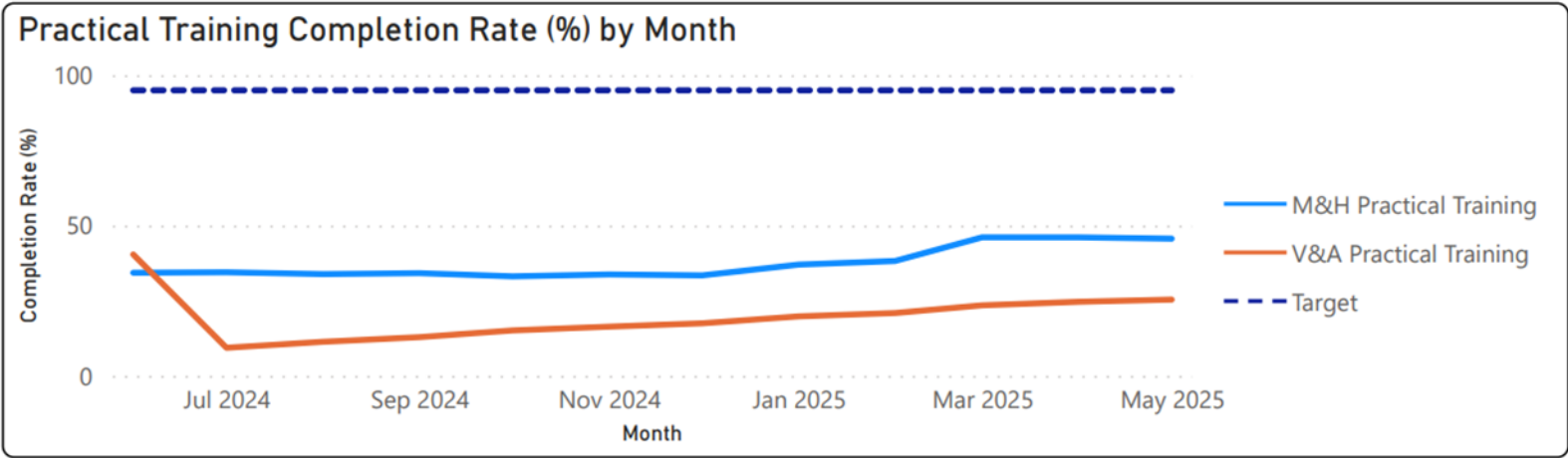
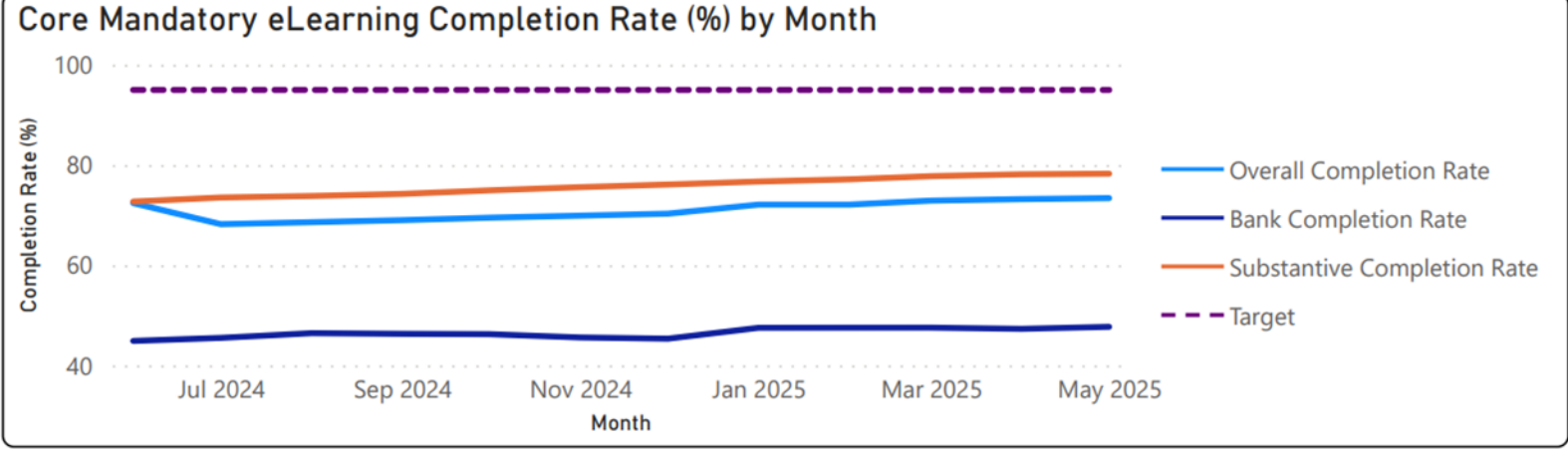
V&A Practical Training
Completion Rate (%)

25.4

Appraisal Completion Rate (%)

33.2

Note that from Sep 2024, new starts are no longer excluded from Appraisal figures.



- NHS Highland absence remains above the national 4% target and has increased slightly to 5.73% for May 2025 . The absence rate has decreased since a peak of 6.94% in January 2025.
- 24.2% of Long-term absences are related to anxiety/stress /depression/other psychiatric illnesses. Short term absences in Cold, Cough, Flu (22.1% of short-term absences) remain high as well as gastro-intestinal problems (15.8% of short-term absences).
- Absences with an unknown cause/not specified remaining are high, accounting for around 23.3% of all absence. Managers are asked to ensure that an appropriate reason is recorded and continuously updated. Manager attendance remains low on Once for Scotland courses, reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and eLearning.
- The [NHS Highland Health and Wellbeing Strategy](#) is in final draft and being presented to the appropriate Governance Committees prior to launch. The Strategy details our commitment to supporting health and wellbeing but also what resources and support is already available to our workforce. An action plan detailing the short, medium and long-term actions is being progressed by the Health & Wellbeing Group.
- The average time to fill vacancies has dropped below the NHS Scotland KPI of 116 days. Its has improved markedly since its peak of 134.8 days in April 2024 and is now 100.2 days. Work continues to improve on timescales.
- NHS Highland's annual turnover sits at 7.58% for May 2025.
- In May 2025 we continued to see high levels of leavers related to voluntary resignation (27.7%) and retirement (33.8%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 18.5% of our leavers. Further encouragement is required to capture leaving reasons.
- An improvement plan for Appraisals is being progressed with refreshed awareness sessions for managers and staff. Compliance reports are distributed monthly to Senior Managers and Appraisal statistics are part of the Mandatory Training Compliance online dashboard. All direct reports of a Director level post and the tier below them must be completed by Oct 2024.
- Detailed Statutory and Mandatory training compliance reports continue to be shared with the senior managers across the organisation and a dashboard is available online to support planning and discussions with teams.

Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented
4	18 Weeks CAMHS Services Treatment	Monthly	May 2025
4	CAMHS Waitlist NHSH	Monthly	May 2025
5	1st New Appointment Only	Monthly	NEW
5	NDAS Total Awaiting 1 st App (incl unvetted)	Monthly	May 2025
5	New + Unvetted Patients Awaiting First Appointment by Wait Band	Monthly	May 2025
6	Screening Programme Uptake KPIs in NHS Highland	Annual	May 2025
6	Inequality in Screening Comparison of NHS Highland and Scotland	Annual	May 2025
7	Children's Vaccination Uptake	Quarterly	May 2025
8	Smoking Cessation	Quarterly	NEW
9	NHS Highland-Alcohol brief interventions 2023/24 Q2	Quarterly	May 2025
9	Setting Contribution 2024/25	Quarterly	May 2025
10	Drug and Alcohol Recovery Performance Against Standard for Completed Waits	Quarterly	September 2024
10	% Ongoing Waits at Quarter End Waiting More than 3 Weeks (Breached Target)	Quarterly	September 2024
11	A&E – 4 Hour Target	Monthly	May 2025
11	Weekly ED Patients Waiting 12-Hour Plus	Monthly	May 2025
11	Weekly Ambulance Handover Results: Under 60 Minutes	Monthly	May 2025
12	Delayed Discharges at Monthly Census Point	Monthly	May 2025
12	Delayed Discharge – Location and Code	Monthly	May 2025

Slide #	Report	Frequency of Update	Last Presented
13	New Outpatients Patients seen and Trajectories	Monthly	May 2025
13	OP Patients Waiting Over 52 Weeks	Monthly	May 2025
14	Return Outpatients Wait List	Monthly	May 2025
14	Outpatient Conversion Rates to TTG	Monthly	May 2025
14	Outpatient Follow Up Ratio	Monthly	May 2025
15	Planned Care Patients Seen and Trajectories	Monthly	May 2025
15	TTG Patients waiting over 52 weeks	Monthly	NEW
16	Imaging Tests: Maximum Wait Target 6 weeks	Monthly	May 2025
16	Board Comparison % met Waiting time standard	Monthly	May 2025
17	Endoscopy Tests: Maximum Wait Target 6 Weeks	Monthly	May 2025
17	Board Comparison % met Waiting time standard	Monthly	May 2025
18	Cancer 31 Day Waiting Times	Monthly	May 2025
18	Board Comparison % Met waiting time standard	Monthly	May 2025
18	Patients Seen on 31 Day Pathway	Monthly	May 2025
19	Cancer 62 Day Waiting Times	Monthly	May 2025
19	Board Comparison % Met waiting time standard	Monthly	May 2025
19	Patients Seen on 62 Day Pathway	Monthly	May 2025

Slide #	Report	Frequency of Update	Last Presented
20	Systemic Anti Cancer Therapy – Waiting Times	Monthly	May 2025
21	18 Weeks All Ages Psychological Therapy Treatment	Monthly	May 2025
21	Board Comparison % Met waiting time standard	Monthly	May 2025
21	Psychological Therapies Waitlist NHS	Monthly	May 2025
22	Highland Wide Stage 2 Complaint Volumes Received and % Performance Achieved	Monthly	May 2025
23	SPSO Feedback Cases	Monthly	May 2025
24	SAER & Level 1 Volumes: Declared Last 13 Months	Monthly	May 2025
25	Level 2a Investigations Declared	Monthly	NEW
26	Active SAERs Level 1	Monthly	NEW
27	Number of Hospital Inpatient Falls 2024/25	Monthly	May 2025
28	Number of Hospital Inpatient Falls with Harm 2024/25	Monthly	May 2025
29	Number of Hospital Inpatient Falls by Subcategory	Monthly	May 2025
30	Number of Tissue Viability Injuries Run Chart	Monthly	May 2025
31	Number of Tissue Viability Injuries All Subcategories and Injury Grades Sub-Category	Monthly	May 2025
32	Number of Tissue Viability Injuries Subcategory by Injury Grade	Monthly	May 2025

Slide #	Report	Frequency of Update	Last Presented
33	Quarterly Rate of Healthcare Associated CDI per 100,000 Bed Days	Quarterly	May 2025
33	Quarterly Rate of Healthcare Associated ECB per 100,000 Bed Days	Quarterly	May 2025
33	Quarterly Rate of Healthcare Associated SAB per 100,000 Bed Days	Quarterly	May 2025
34	Organisational Workforce Metrics	Bi-monthly	May 2025
35	Workforce Training Metrics	Bi-monthly	May 2025
36	Workforce IPQR Narrative	Bi-monthly	May 2025