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| <h1>NHS Highland</h1> |  |
|-----------------------|---|

| | |
|---|--|
| Meeting: | NHS Highland Board |
| Meeting date: | 26 November 2024 |
| 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 (CCGC) |
| Report Author: | Bryan McKellar, Whole Systems Transformation Manager |

1 Purpose

This is presented to Board for:

- Assurance

This report relates to:

Quality and Performance across NHS Highland

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

| | | | | | | |
|--------------|---------------|--|-----------------|---|-------------|--|
| Start Well | Thrive Well | | Stay Well | | Anchor Well | |
| Grow Well | Listen Well | | Nurture Well | | Plan Well | |
| Care Well | Live Well | | Respond Well | | Treat Well | |
| Journey Well | Age Well | | End Well | | Value Well | |
| Perform well | Progress well | | All Well Themes | X | | |

2 Report summary

The NHS Highland Board Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on performance, workforce and quality based on the latest information available.

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. The Argyll & Bute Integrated Performance Management Framework metrics are included in the NHS Highland Board IPQR as an appendix.

We are working towards having a truly integrated report based on the emerging quality framework. A paper was taken to the Clinical and Care Governance Committee in July 2024 outlining the approach which was accepted.

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.

Further performance and quality indicators are being scoped to ensure ADP deliverables can be performance/quality referenced to bolster assurance and evidence successful implementation and delivery.

2.2 Background

The IPQR is an agreed set of performance, quality and workforce indicators across the health and social care system. The background to the IPQR has been previously discussed in this forum.

2.3 Assessment

As noted by performance and the supplementary narrative contained in the IPQR, there are systemic challenges noted in the system, including:

- Service sustainability: health and care; capacity locally, regionally and nationally
- Infrastructure: Making some of our estate fit for purpose
- Rural delivery: the cost of care in a remote and rural context
- Capacity and resilience of the workforce
- Delivering within financial means, including impact on capital planning
- Recovery of waiting time: increasing demand

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

| | | | |
|-------------|---|----------|--|
| Substantial | | Moderate | |
| Limited | x | None | |

The level of assurance has been proposed as limited due to the current pressures faced by HHSCP in Acute and Community care delivery. 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**

Through the relevant Governance Committees.

4 **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. List of appendices

The following appendices are included with this report:

- Integrated Performance and Quality Report – November 2024

Integrated Performance and Quality Report



Assuring the Finance, Resources and Performance Committee and the Clinical and Care Governance Committee on the delivery of the Board's 2 strategic objectives (Our Population and In Partnership) through our Well outcome themes

Our Population

Deliver the best possible health and care outcomes

Our People

Be a great place to work

In Partnership

Create value by working collaboratively to transform the way we deliver health and care



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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 2 (30th September 2024) 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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Executive Summary of Performance Indicators

| | | National Targets | | | Performance Against Targets | |
|----------------------|-------------------------------|---------------------------|----------------------|-------------------------|-----------------------------|--|
| Well Theme (Slide #) | Area | Average 23/24 Performance | Current Performance | National Target | ADP Target Set | Performance Rating |
| Thrive Well (4) | CAMHS | 70.8% | 74.1% | 90% | No | Decreasing |
| Thrive Well (5) | NDAS | n/a | 1776 waiting list | n/a | No | Decreasing |
| Stay Well (6) | Screening | Various | Various | 90% | No | Increasing |
| Stay Well (7) | Vaccinations (Children) | n/a | n/a | n/a | No | Below Target |
| Stay Well (8) | Alcohol Brief Interventions | n/a | 77.4% vs. trajectory | n/a | Yes | Below Trajectory |
| Respond Well (9) | Emergency Access | 78.5% | 75.7% | 95% | No | Decreasing |
| Care Well (10) | Delayed Discharges | 195 | 207 | 30% reduction (interim) | Yes | Below trajectory |
| Treat Well (11-12) | Outpatients | 39.2% | 36.7% | 95% | Yes | Decreasing but near Scotland average |
| Treat Well (13-14) | Treatment Time Guarantee | 56.5% | 56.5% | 100% | Yes | Below ADP Target |
| Treat Well (15) | Diagnostics - Radiology | 70.3% | 73.6% | 100% | Yes | Meeting ADP Targets |
| Treat Well (16) | Diagnostics – Endoscopy | | 57% | 100% | | |
| Treat Well (17) | Diagnostics Wait List – Other | n/a | n/a | n/a | No | n/a |
| Journey Well (18) | 31 Day Cancer Target | 93.6% | 91.3% | 95% | No | Decreased but normal variation |
| Journey Well (19-20) | 62 Day Cancer Target | 68.8% | 65% | 95% | No | Decreasing performance |
| Live Well (21) | Psychological Therapies | 83.1% | 87.8% | 90% | No | Sustained improvement but slightly below national target |
| Progress Well (22) | Net Carbon Zero | n/a | n/a | n/a | n/a | n/a |

Guide to Performance Rating

-  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 Exec 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.



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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 Q2 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.

August 2024, performance decreased following two months of increased performance and from agreed trajectory.

Plans and Mitigations

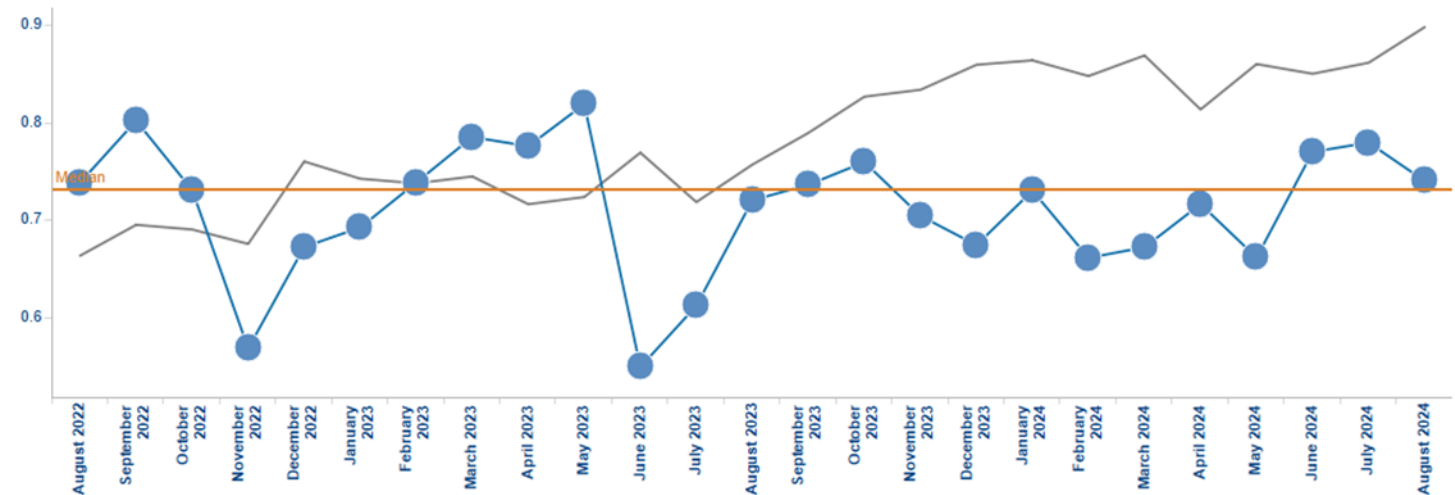
- Engagement appointments for all new referrals
- Unused capacity directed to these cases most recently placed on wait list
- New system for wait list management in place.
- Unscheduled care team realignment in place
- CAMHS Programme Board reestablished from Nov 2024, including A&B representation

PERFORMANCE OVERVIEW

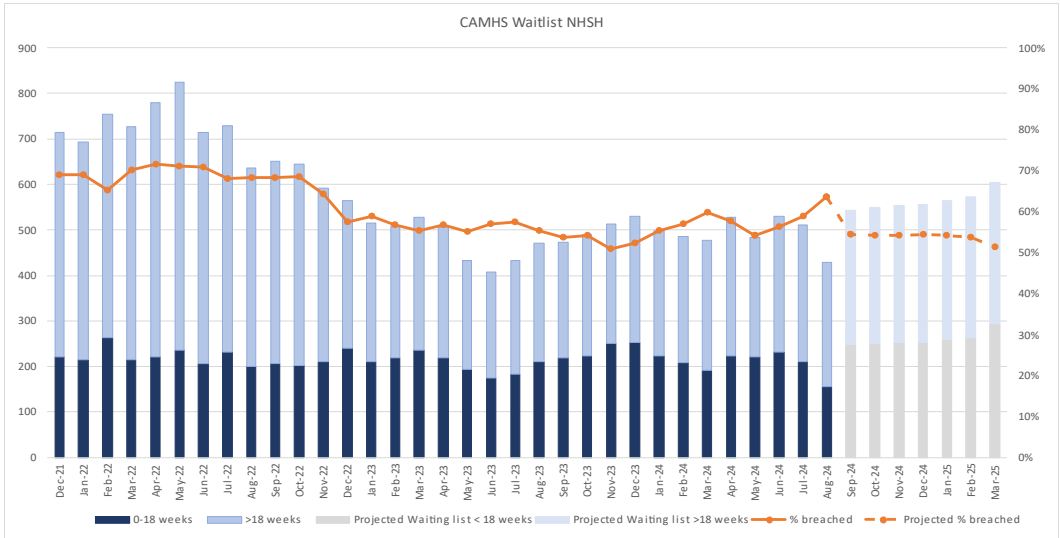
Strategic Objective: Our Population
Outcome Area: Thrive Well

| Performance Rating | Decreasing |
|-----------------------------|---|
| Latest Performance | 74.1% |
| National Average | 89.8% |
| National Target | Full compliance to the Service Spec by end March 2026 |
| National Target Achievement | n/a |
| Position | 13/14 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 Q2 2024/25

Waiting list validation to offer 1st appointment <4 weeks

June 2024

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

Insights to Current Performance

The NDAS North Highland/Highland Council position was presented to Fiona Davies, Chief Executive NHS Highland & Derek Brown, Chief Executive, Highland Council on 3rd June 2024

- Authority Framework is in place
- Scottish Approach for Service Design is adopted at an ICSP level
- ICSP ND Programme Board is established and has met
- NDAS Model update completed and in practice
- NDAS Eligibility Criteria reviewed, updated and in practice
- Waiting list cleansing exercise is completed
- ICSP GIRFEC and Child Planning training for MDTs rolled out

Plans and Mitigations

Actions agreed at CEO meeting being progressed:

- Review of timeline of local history relating to the development of the NDAS service identifying critical decision points.
- Progression of joint leadership to improve NDAS position across NHS North/ HC Co-chaired Programme Board.
- Neurodevelopmental training event.
- Mapping of services (and associated resource) that contribute to Neuro-diversity pathways (to include health and education).
- Review of key data from across Education, HC Childrens services, NHS H North systems.
- Communication with service users and professionals
- Plans for additional capacity through Independent Sector being progressed

PERFORMANCE OVERVIEW

Strategic Objective: Our Population
Outcome Area: Thrive Well

Performance Rating

Decreasing

Latest Performance

1776 on waiting list

National Benchmarking

n/a

National Target

Full compliance to the Nat NDAS Service Spec by end March 2026.

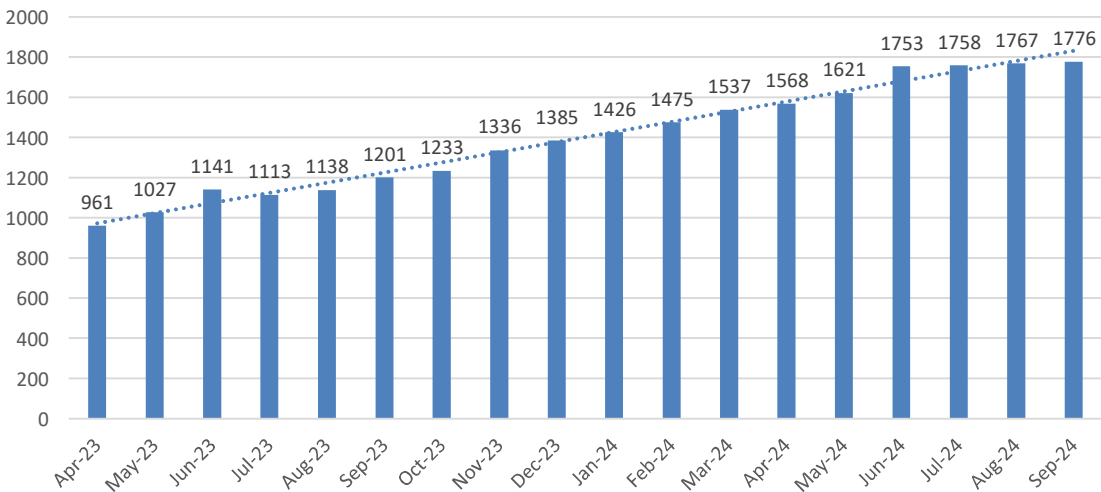
National Target Achievement

n/a

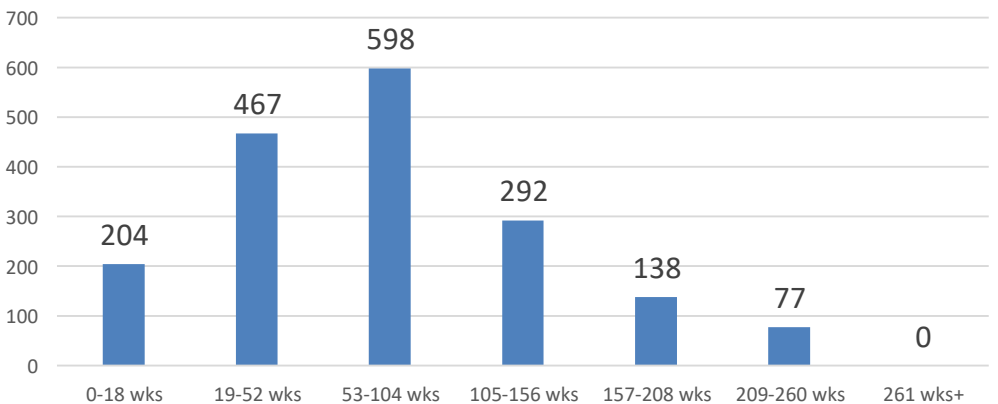
Position

n/a

NDAS Total Awaiting 1st Appointment (inc unvetted)



New + Unvetted Patients Awaiting 1st Appointment by wait band





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Exec Lead
Dr. Tim Allison, Director
of Public Health

Screening

ADP Deliverables Progress as at End of Q2 2024/25

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

Ongoing

Insights to Current Performance

A comparison of screening performance against Scottish benchmarks shows that the overall participation for NHS Highland is higher than average uptake levels throughout Scotland for Bowel, Breast, Cervical cancers and AAA screening programmes.

For performance monitoring for Pregnancy & Newborn screening, actions to improve data quality and reporting from Badgernet are on-going.

Provision of Diabetic Eye Screening (DES) KPIs and KPI monitoring from Public Health Scotland is pending, so it is not possible to report on performance for DES, and Pregnancy & Newborn.

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. For this reason, no official figure is available beyond Spring 2023.

Plans and Mitigations

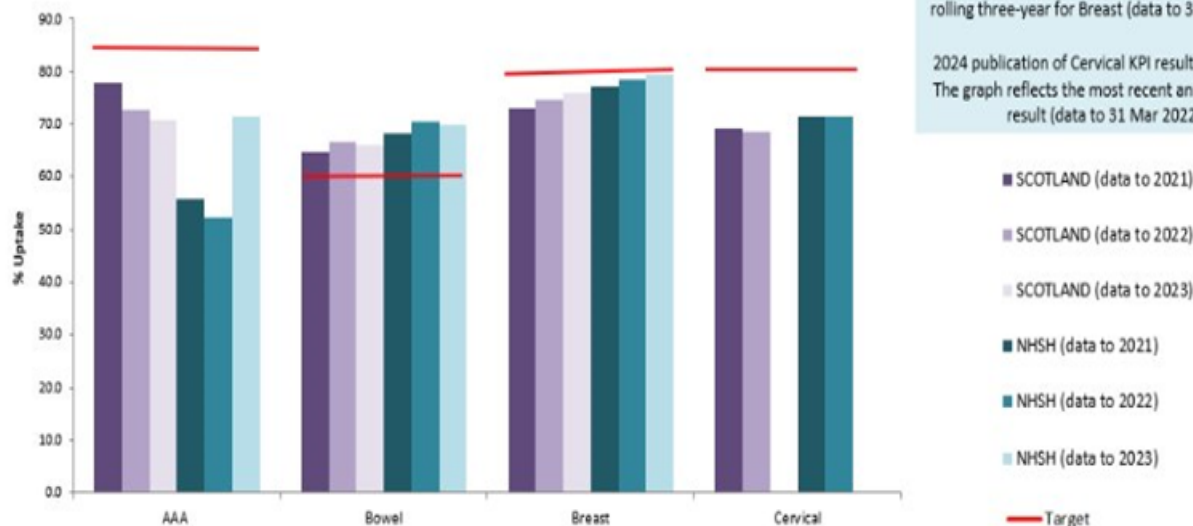
Work continues to drive improvements within the screening programmes.

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

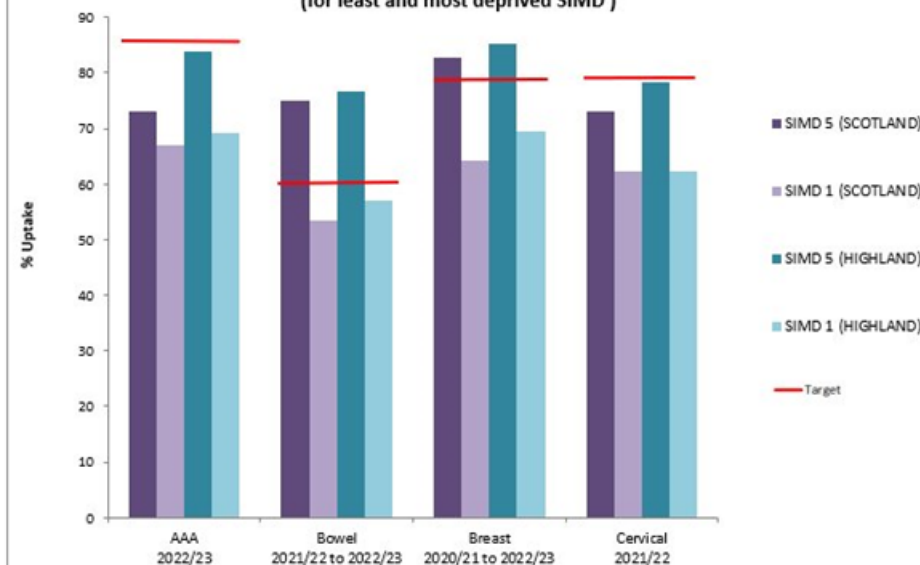
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well

| Performance Rating | Increasing |
|-----------------------------|---------------|
| Latest Performance | See chart |
| National Benchmarking | See narrative |
| National Target | n/a |
| National Target Achievement | n/a |
| Benchmarking | n/a |

Screening Programme Uptake KPIs in NHS Highland



Inequality in Screening
Comparison of NHS Highland and Scottish uptake levels
(for least and most deprived SIMD)





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Exec Lead
Dr. Tim Allison, Director
of Public Health

Vaccinations (Children's)

ADP Deliverables

Progress as at End of Q2 2024/25

Vaccination Programme: consider the options for consolidation of delivery of vaccination activity required across NHS Highland.

Medium-Term Plan priority:
Improved disease prevention and reduced inequalities in access through consolidated NHS Highland vaccination programme.

October
2024

March
2027

Insights to Current Performance

Overall COVID & 'Flu uptake has been reasonable, but the quality of performance delivery needs to be improved as does uptake in these programmes and for children's vaccination.

The spring COVID vaccination programme has been undertaken for people aged 75+ and those more vulnerable. Other adult and child programmes also continue.

Plans and Mitigations

Scottish Government is working with Highland HSCP in level 2 of its performance framework.

Public Health Scotland is acting as a critical friend. The peer review has been carried out and recommendations are being implemented.

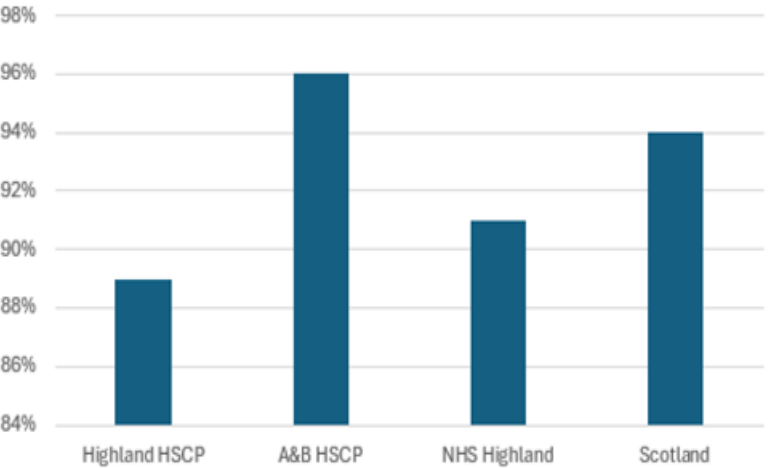
Options are being considered for delivery models in Highland HSCP.

PERFORMANCE OVERVIEW

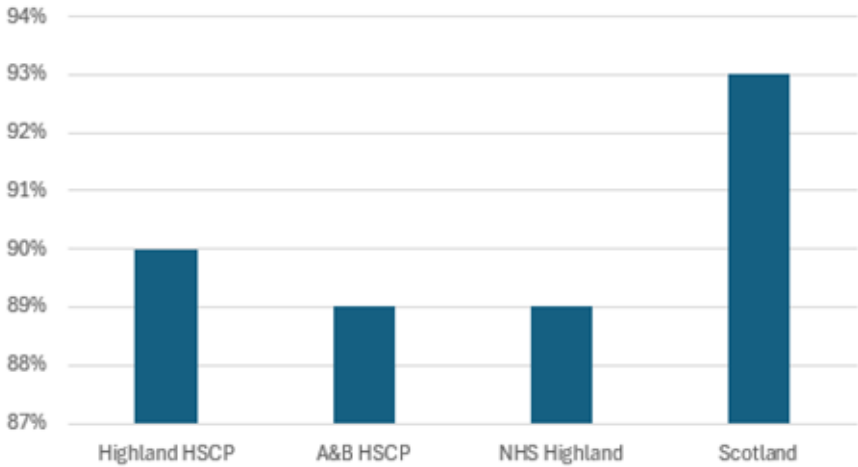
Strategic Objective: Our Population
Outcome Area: Stay Well

| | |
|-----------------------------|------------------------|
| Performance Rating | Below target |
| Latest Performance | Range of 85-92% |
| National Benchmarking | Below national average |
| National Target | 95% |
| National Target Achievement | n/a |
| Position | n/a |

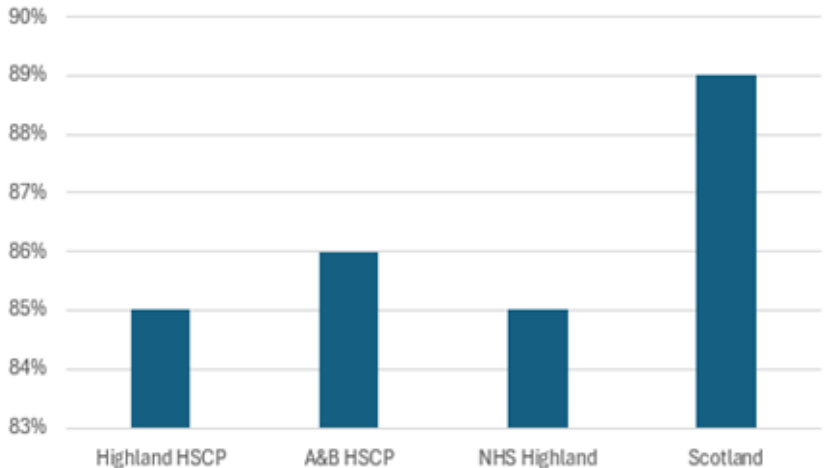
6 in 1 @ 12 months at Q1 23/24



MMR 1 @ 24 months at Q1 23/24



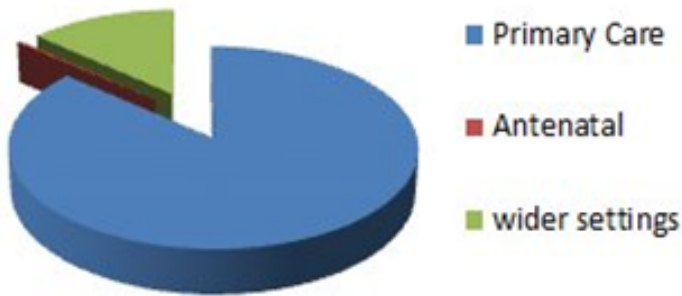
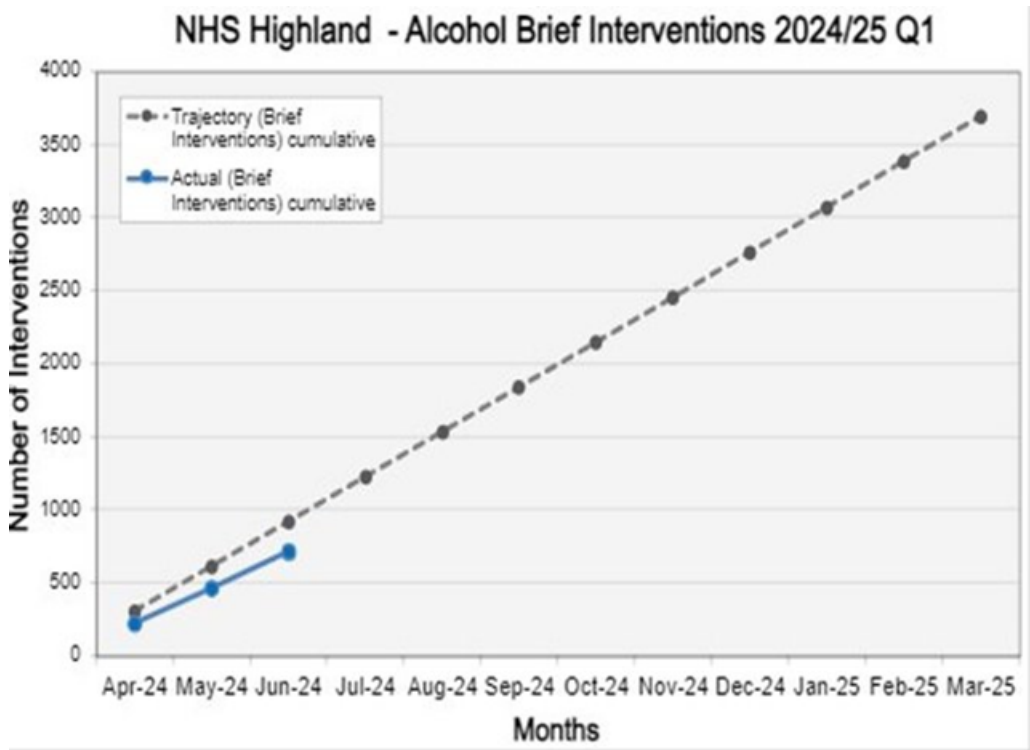
MMR 2 @ 5 years at Q1 23/24





| Alcohol Brief Interventions (ABIs) | | | | |
|---|----------|---|---|--|
| ADP Deliverables Progress as at End of Q2 2024/25 | | Insights to Current Performance | 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">ABI delivery remains below target trajectory in each month for NHS Highland.86% of delivery in NHS Highland is due to delivery in GP settings.ABI delivery remains very slightly below trajectory for Highland H&SCP area.A small number of ABI's have been recorded in Argyll & Bute in wider settings. | <ul style="list-style-type: none">Locally Enhanced Service for Alcohol Screening and Brief Interventions Service Level Agreement has been agreed for Highland H&SCP area. New contract will begin in Oct/Nov 24. Argyll and Bute plan to increase ABI across wider workforce and third sector, with no current plans to reinstate GP LES.ABI meeting/training held in Sept to enhance whole Highland approach to Abi training. Plan to meet quarterly.National ABI Strategy and Performance review due to be published 29th October 2024. | |
| Embed MAT Standards within practice in NHS Highland. | Mar 2025 | | | |

| PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well | |
|--|---|
| Performance Rating | Below trajectory |
| Latest Performance | 712 actual vs. 919 trajectory |
| 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 |



Setting Contribution in 2024/25 Q1

| | | |
|----------------|-----|-------|
| Primary Care | 615 | 86.4% |
| Antenatal | 2 | 0.3% |
| Wider Settings | 95 | 13.3% |
| | 712 | 100% |

| Area | Q1 Trajectory | Q1 Delivery |
|--------------|---------------|-------------|
| NHS Highland | 919 | 712 |
| H HSCP | 664 | 641 |
| A&B HSCP | 255 | 71 |



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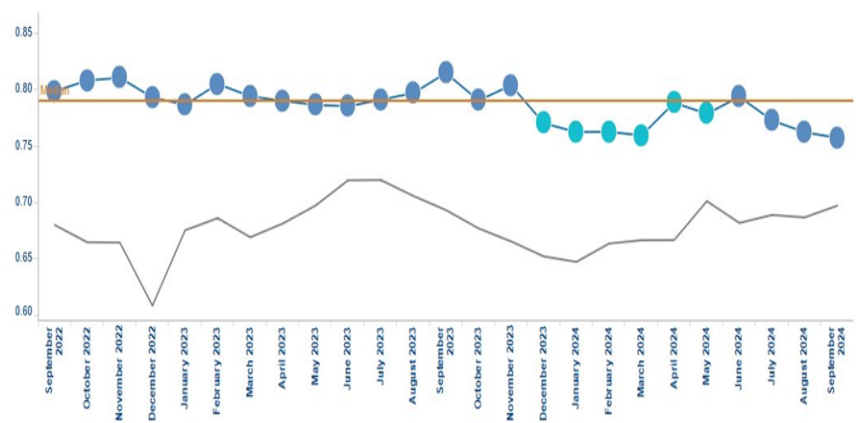
Exec Lead
Katherine Sutton
Chief Officer, Acute

Emergency Department Access

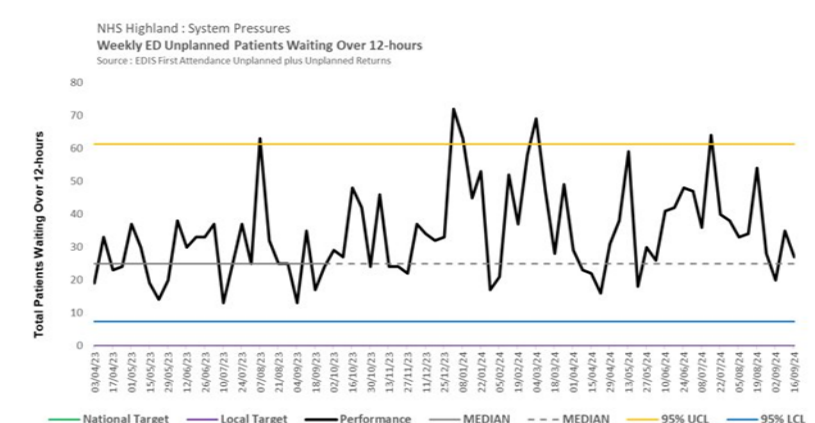
| ADP Deliverables Progress as at End of Q2 2024/25 | | Insights to Current Performance | Plans and Mitigations |
|--|------------|---|---|
| ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach. | Oct 2024 | <p>NHS Highland is the joint second best performing mainland board (Along with Dumfries & Galloway) in terms of Emergency Department access, however the trend of 4-hour access has decreased since June 2024.</p> <p>Performance for % of ambulances offloaded within 60 mins sits at 80% (aim = 100%) but has decreased over the last few months. Median turn-around time remains under 60 minutes at 28:33 minutes</p> <p>The number of patients waiting over 12 hours in ED has most recently decreased but remains above the median level.</p> | <p>Hospital at Home Draft framework developed – Districts finalising gap analysis to identify requirements for delivery, including what can be achieved within existing resources</p> <p>Acute Front Door & Optimising Flow Initial data analysis provided by LIST (Public Health Scotland) - secondary analysis to be undertaken to support action setting at a local level.</p> <p>AHP front door proposal supported by EDG and recruitment to deliver new models of assessment and pathways progressing.</p> <p>OPEL Whole system OPEL progressing through System Capacity Group – trigger plan data at scoping stage</p> |
| 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 | | |

| PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Respond Well | |
|--|--|
| Performance Rating | Decreasing |
| Latest Performance | 75.7% |
| National Benchmarking | 2nd highest mainland board for ED < 4 hours |
| National Target | 95% |
| National Target Achievement | NHS H remains above the Scotland average, but off target |
| Position | 6/14 Boards |

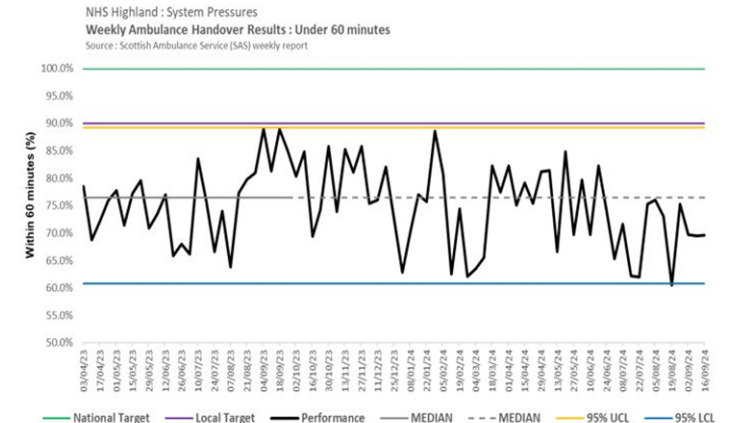
People seen in ED within < 4 hours (P)



Total Patients waiting > 12 hours in ED (Q)



Ambulance Handover < 60 mins (Q)





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**Exec Lead
Pamela Stott
Chief Officer, HHSCI**

Delayed Discharges

ADP Deliverables: Progress as at End of Q2 2024/25

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

**Oct
2024**

Insights to Current Performance

As of 30th September, the number of standard delays was 144, which is below the 30% reduction trajectory number of 147. This demonstrates some progress however caution needs to be given as to whether this was natural seasonal variation. Data updates are pending on whether performance against this trajectory at the end of October is on track to meet the required downward trajectory.

Availability of Care at Home and Care Home capacity have key impacts on the current number of Delayed Discharges.

Plans and Mitigations

A Systems Capacity Group meeting daily is overseeing the following actions related to the ADP actions above:

1. Implementing the placement of a new team of "AHPs at the Front Door" to ensure people who can return home without being admitted are supported to do so. This is a foundation of the workforce plan to deliver Home is Best in Inverness.
2. Developing a Primary Care Strategy that will include a review of community hospital capacity and function.

Integrated service planning is progressing across the HHSCP in Mental Health, Community Nursing and AHPs which will feed into the planning process, specifically workforce tools and Time to Care productivity study. These are due to complete early 2025 with AHP workforce tools running later in 2025.

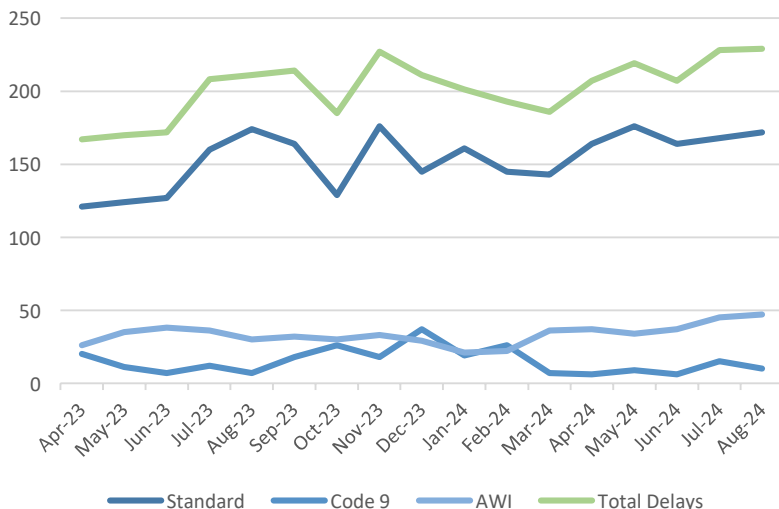
PERFORMANCE OVERVIEW

Strategic Objective: In Partnership
Outcome Area: Care Well

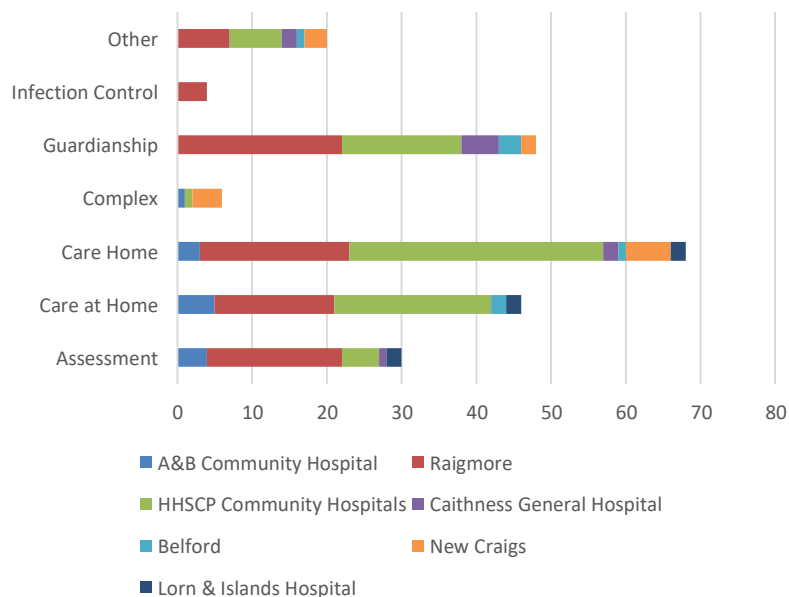
| | |
|-----------------------------|--|
| Performance Rating | Below trajectory |
| Latest Performance | 207 at Census Point 6213 bed days lost |
| National Benchmarking | Engagement through national CRAG group |
| National Target | 30% reduction of standard delays by 31/10/24 |
| National Target Achievement | Not Met |
| Position | 14 / 14 Boards |

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

DD's at Monthly Census Point
Combined

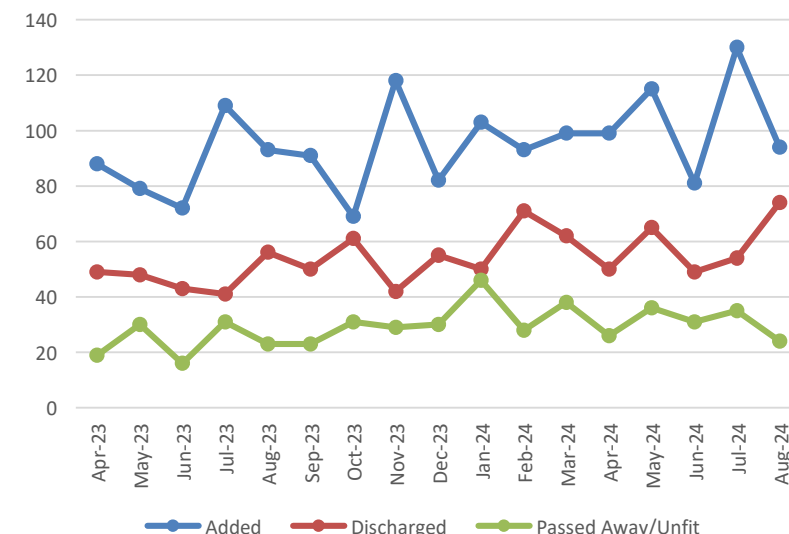


Delayed Discharge – Location and Code (P&Q)



HHSCP Delayed Discharge – Patients Added VS Discharged (Q)

HHSCP Delayed Discharge – Patients Added VS Patients Discharged





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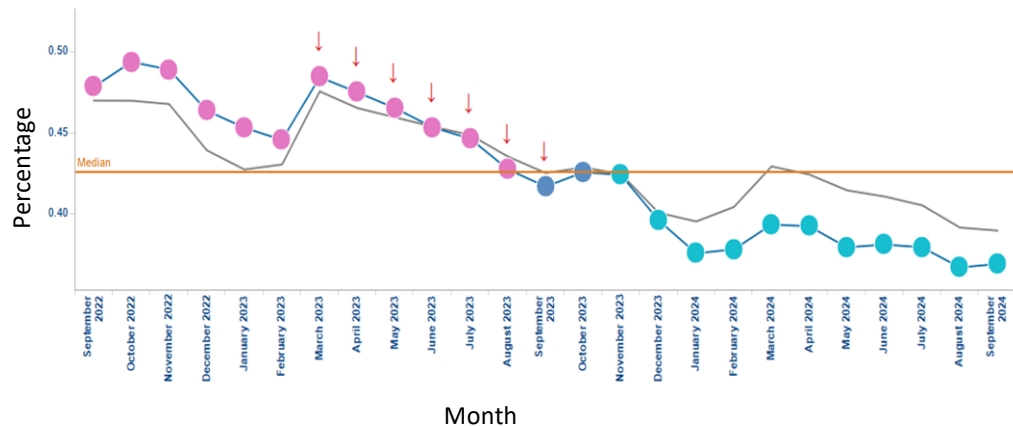
Exec Lead
Katherine Sutton
Chief Officer, Acute

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

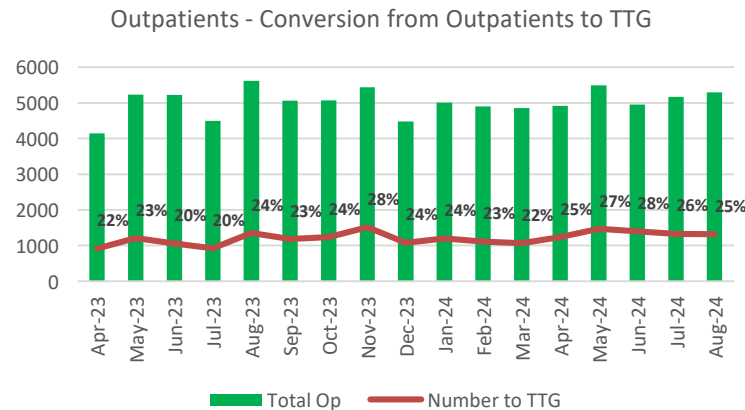
| ADP Deliverables Progress as at End of Q2 2024/25 | | Insights to Current Performance | Plans and Mitigations |
|---|--------|---|---|
| Increase in virtual appointments to improve efficiency and reduce travel associated. | Aug 24 | <p>The number of NOP seen within 12 weeks is 36.7% which is below the Scottish average.</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 PolicyManaging the efficient use of clinic rooms and spaces to correlate with clinic types, e.g. face to face clinics/NHS Near Me clinics/telephone clinicsCfSD 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 PMSOverall increasing numbers of NOP referrals into services | <p>Further modification of referral pathways, working with Primary Care to manage demand more efficiently. Provides 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. 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 waiter.</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 but near Scotland average |
| Latest Performance | 36.7% |
| National Benchmarking | 39.7% Scotland average |
| National Target | 95% |
| National Target Achievement | Target not met Below lower control limit |
| Position | 11 out of 14 Boards |

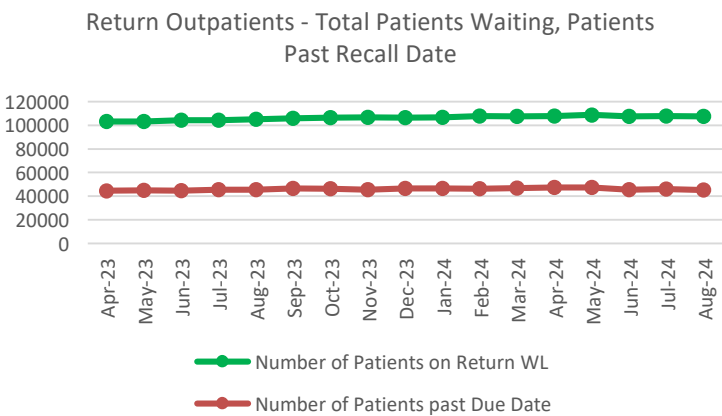
Outpatients Seen <12 Weeks (P)



OP Conversion Rates (Q)



Return Outpatients Wait List (P)





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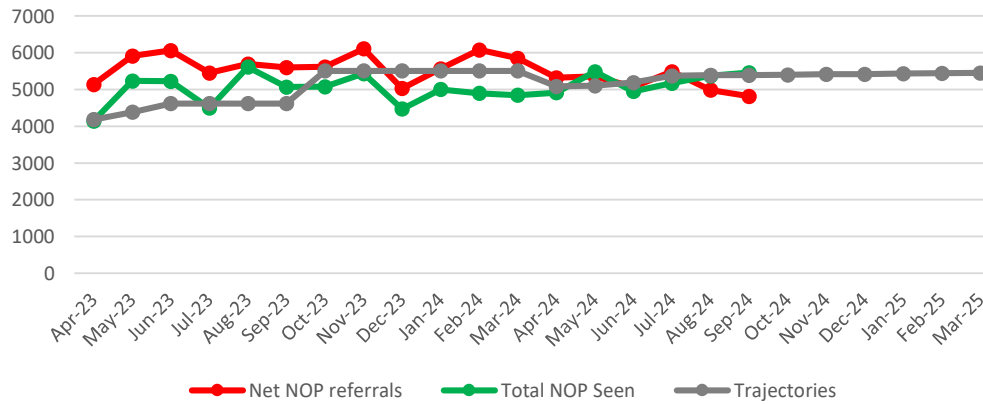
Exec Lead
Katherine Sutton
Chief Officer, Acute

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

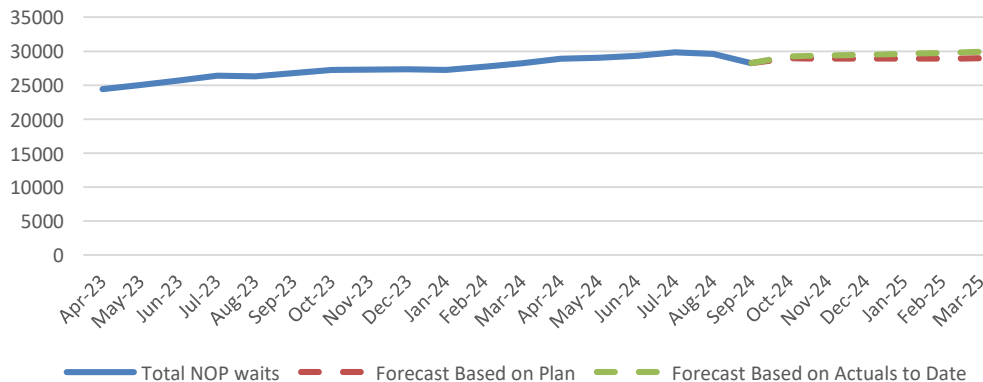
Target 2 – ADP Target

| Yearly Trajectory | YTD Performance | Patients Seen-Sep 24 | Overall |
|-------------------|--------------------|----------------------|--------------------------|
| 64,045 | 31,511 (49.20%) | 31,346 (48.94%) | 0.26% below target |

Referrals, Patients Seen & Trajectories (P)

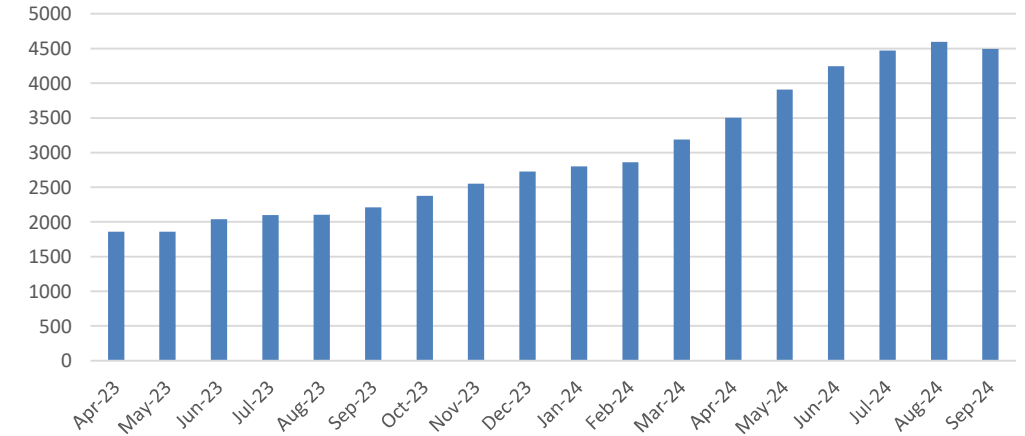


Waiting List & Projection (P)



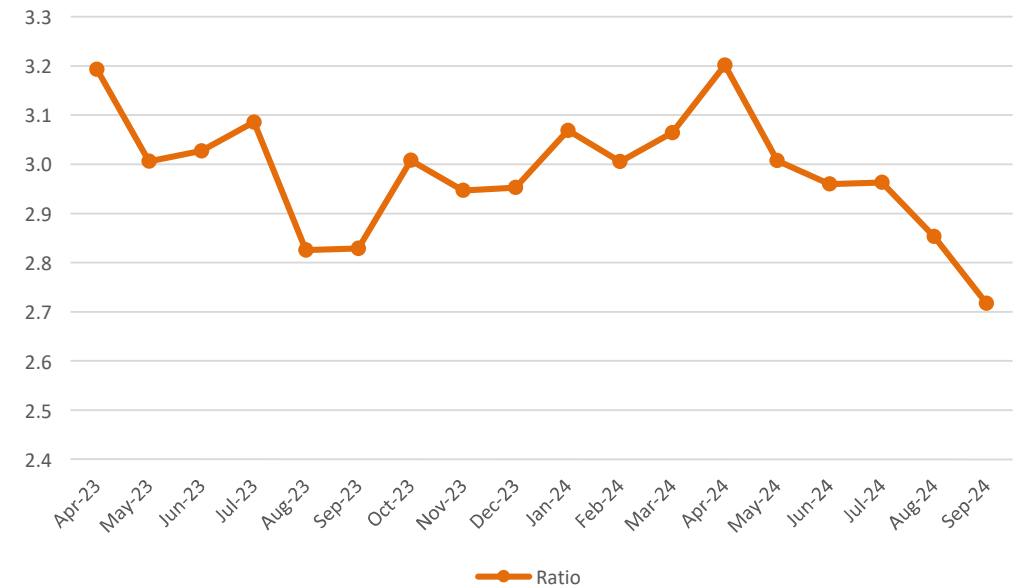
Target 3 – Long Waits

OP Patients Waiting Over 52 Weeks



Follow Up (Q)

Outpatient Follow Up Ratio





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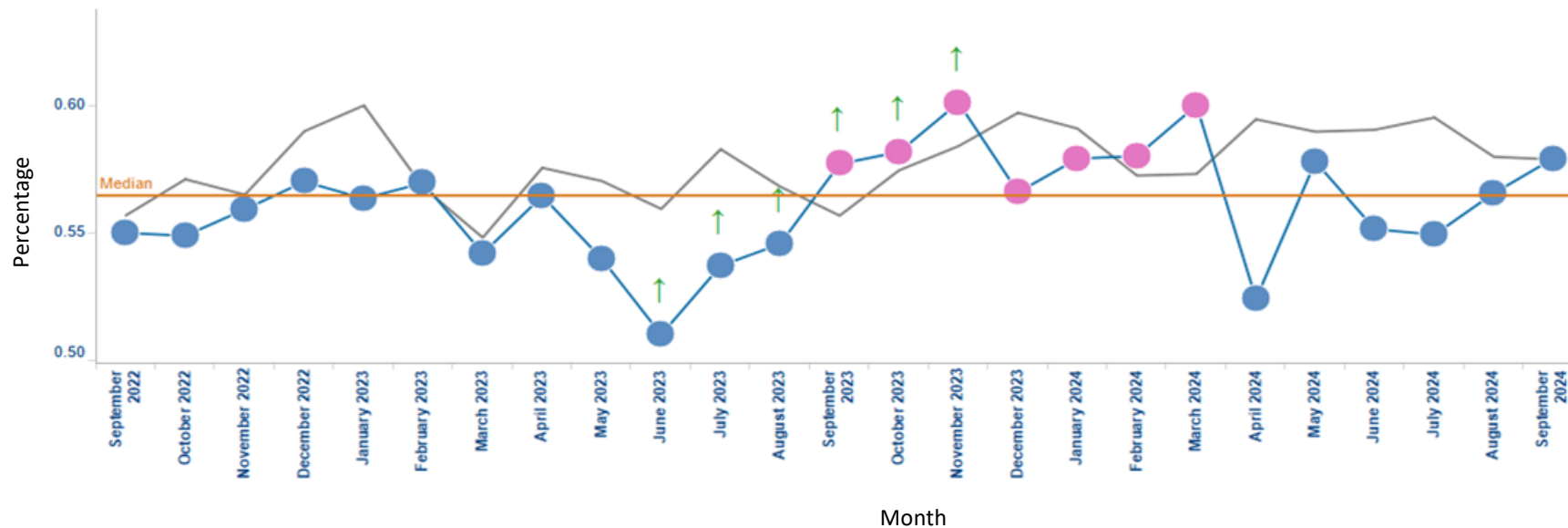
Exec Lead
Katherine Sutton
Chief Officer, Acute

Treatment Time Guarantee Slide 1 of 2: TTG < 12 week target

| ADP Deliverables Progress as at End of Q2 2024/25 | | Insights to Current Performance | Plans and Mitigations |
|---|---------|---|--|
| Reduction in number of procedures of low clinical value | Aug 24 | <ul style="list-style-type: none">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. | <ul style="list-style-type: none">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. Delivery of NHSH waiting times dashboard to support appropriate management of care pathways. |
| 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 | | |

| PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well | |
|--|--|
| Performance Rating | Below ADP target |
| Latest Performance | 56.5% |
| National Benchmarking | 58% Scottish average |
| National Target | 100% |
| National Target Achievement | Target Not Met; Above median for 1 month after 2 below |
| Benchmarking | 9/15 Boards |

TTG Seen <12 Weeks (P)





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Katherine Sutton
Chief Officer, Acute

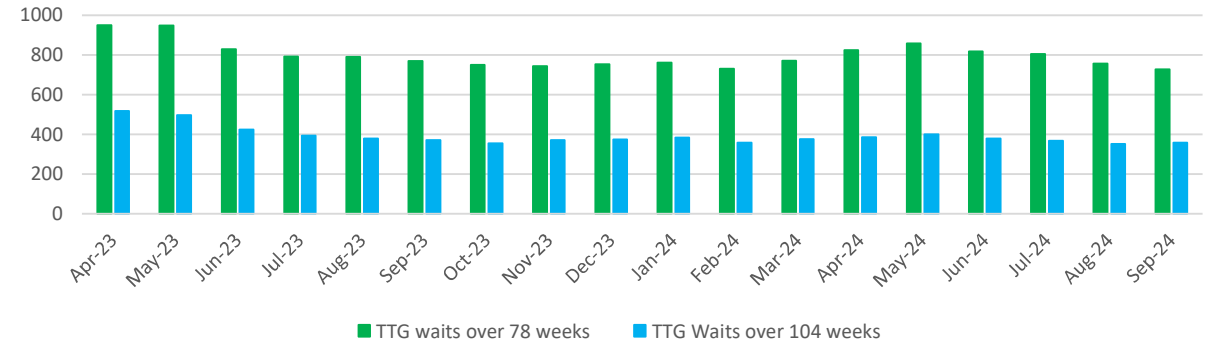
Treatment Time Guarantee Slide 2 of 2: TTG Activity, Long Waits & Projections

ADP Targets (P)

| Yearly Trajectory | YTD Performance | Patients Seen-Sep 24 | Overall |
|-------------------|-------------------|----------------------|---------------------|
| 17,603 | 8,823 (50.12%) | 8,146 (46.27%) | 3.85% behind target |

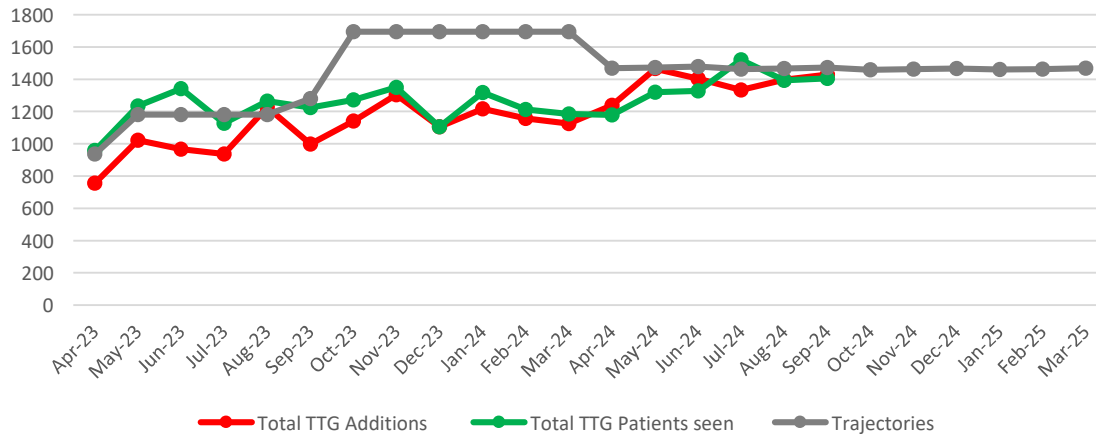
Long Waits (P&Q)

TTG Patients Waiting Over 78/104 Weeks



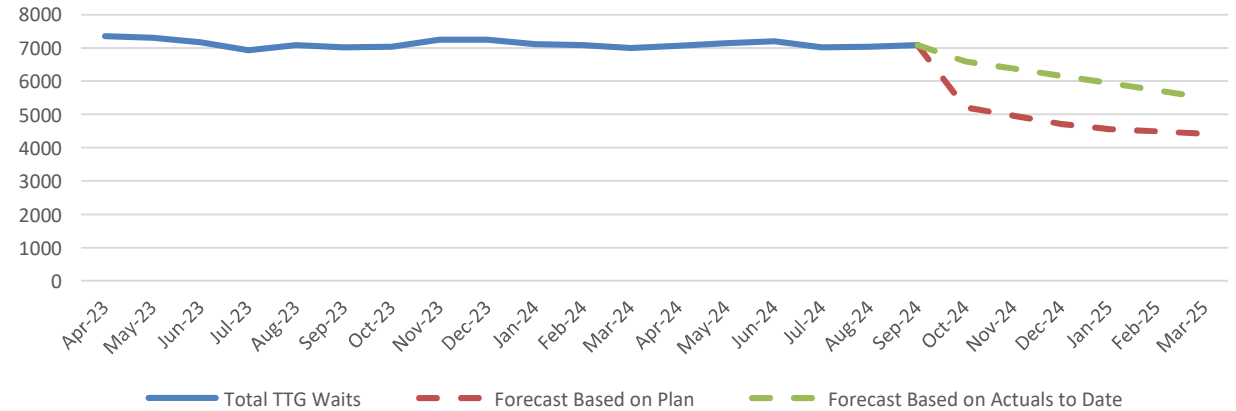
Referrals, Patients Seen & Trajectories (P)

Planned Care Additions, Patients Seen & Trajectories



Waiting List & Projection (P)

Total TTG Waits & Projection





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics - Radiology

ADP Deliverables Progress as at End of Q2 2024/25

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

Insights to Current Performance

Current performance is exceeding planned trajectories, with NHS Highland improving the percentage of patients who have imaging tests within 6 weeks to end of August 2024.

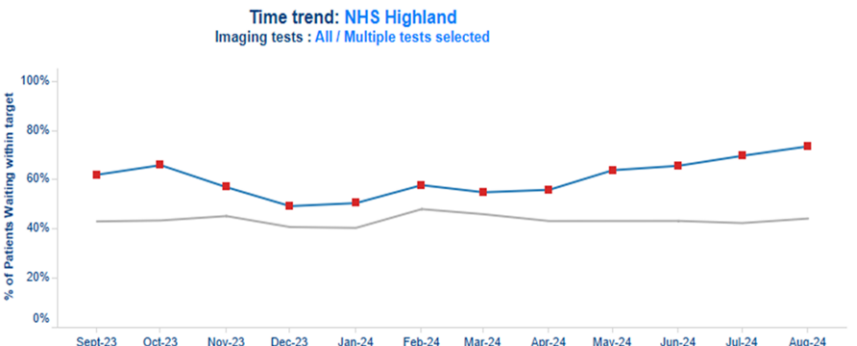
Plan and Mitigation

Strategy workshop with key Stakeholders being arranged for Dec Audit Day Focus initially on optimising capacity, improving efficiency & patient experience and outcomes through new / improved service delivery model(s).
Implementation of "right test, right time", which is based on Realistic Medicine principles. Opportunity to increase patient outcomes and experiences whilst also saving costs associated with tests that add no / little clinical value. Meeting will also focus upon the Benefits Realisation of new systems being introduced in 2025 ie PACS, RIS & Order Comms

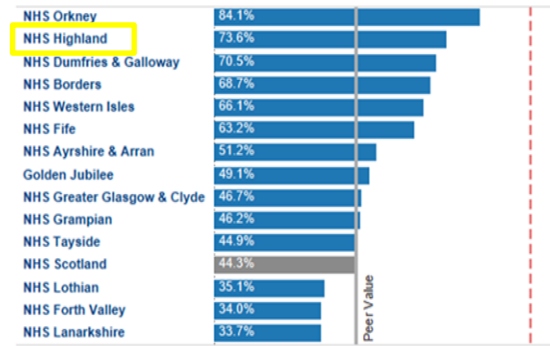
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

| Performance Rating | Meeting ADP target |
|-----------------------------|---|
| Latest Performance | 73.6% |
| National Benchmark | 44.3% |
| National Target | 80% (Short-term) 90% (Long-term) |
| National Target Achievement | While national target not met, performance in NHH is best ahead of Scotland average |
| Benchmarking | 1st Mainland Board |

Imaging Tests: Maximum Wait Target 6 Weeks

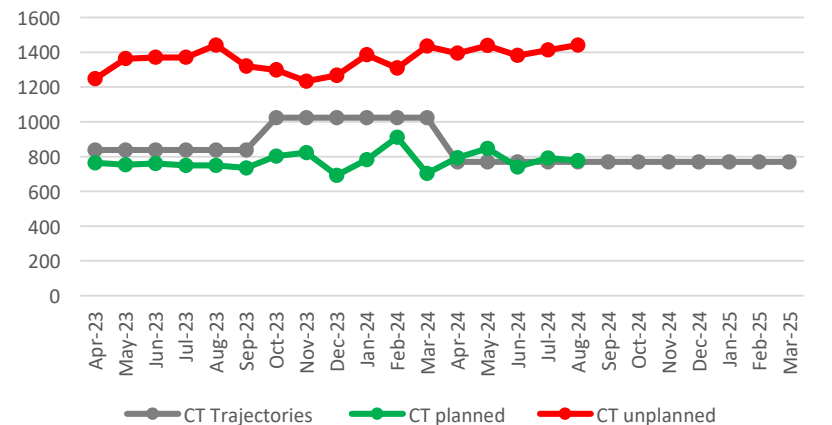


Benchmarking with Other Boards

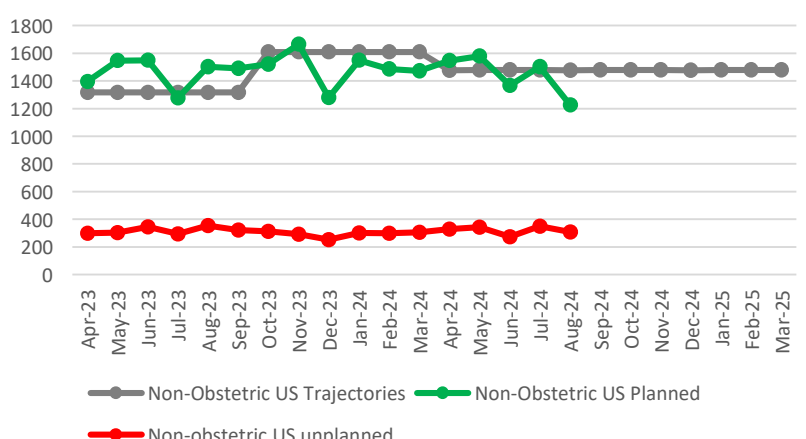


| Yearly Trajectory | YTD Target | Patients Seen- April 2024 | Overall |
|-------------------|-----------------|---------------------------|---------------------------|
| 33,229 | 13,843 (41.66%) | 14,546 (43.78%) | 2.12% A bove target |

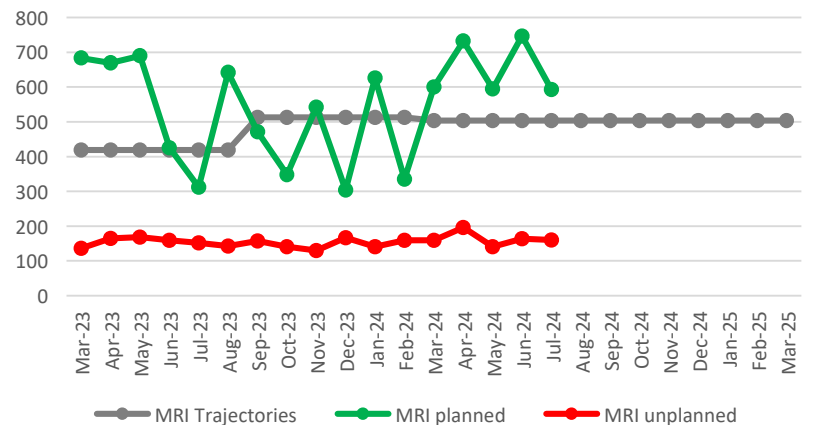
CT Patients Seen & Trajectories



Non-Obstetrics Patients Seen & Trajectories



MRI Patients Seen & Trajectories





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics - Endoscopy

ADP Deliverables Progress as at End of Q2 2024/25

GI Endoscopy – on track

Cystoscopy – recovery plan and strategic plan to be developed once demand and activity reports are available from Strategy and Transformation team w/c 28th October

Insights to Current Performance

TrakCare PMS to be reconfigured to measure waiting time rules against national 42day target rather than local 28day standard. This would provide a true reflection of current performance.

Plan and Mitigation

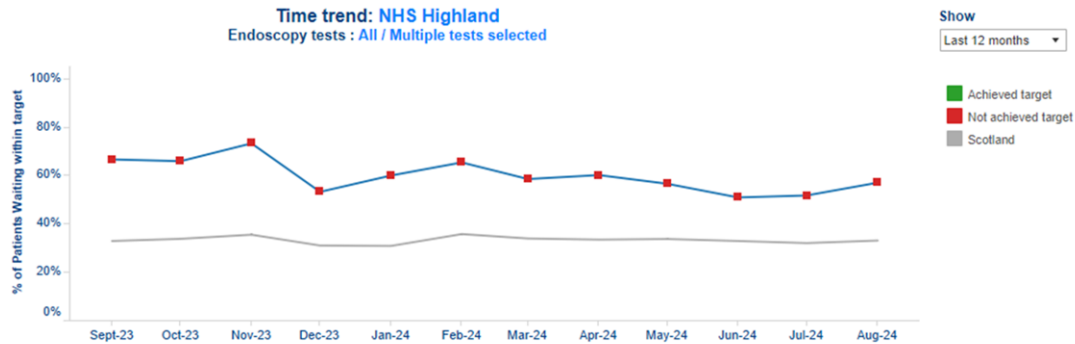
GI Endoscopy now in strong position, surveillance backlog reduced to just 2months across Highland. Next step to reduce new urgent wait

Cystoscopy – NECU running programme for all patients waiting over 6 weeks w/c 4th November then service to schedule additional sessions with Planned Care funding.

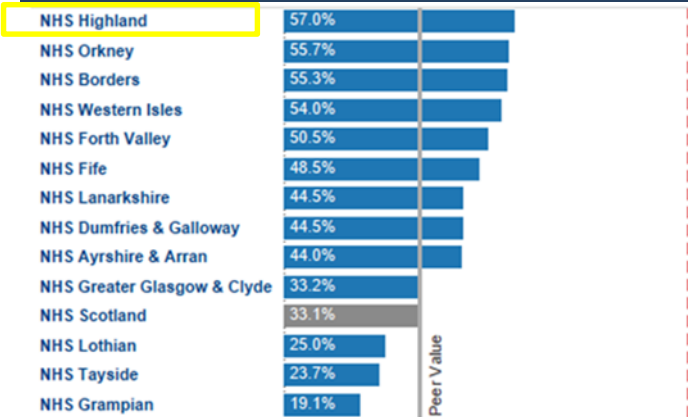
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

| Performance Rating | Meeting ADP Target |
|-----------------------------|--|
| Latest Performance | 57% |
| National Benchmark | 44.3% |
| National Target | 80% (Short-term) 90% (Long-term) |
| National Target Achievement | While national target not met, performance in NHSH is best ahead of Scotland average |
| Benchmarking | 1st Board |

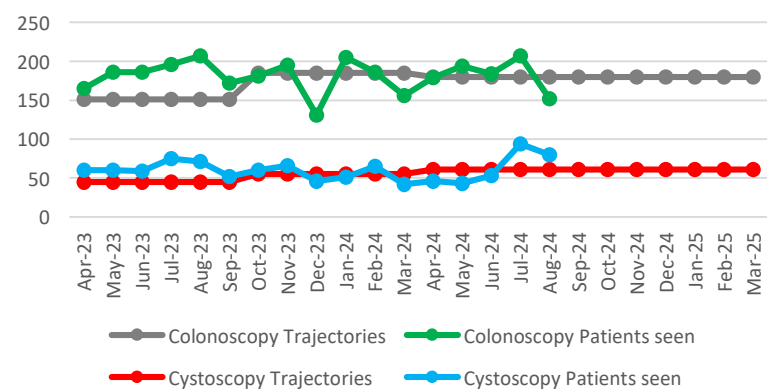
Endoscopy Tests: Maximum Wait Target 6 Weeks



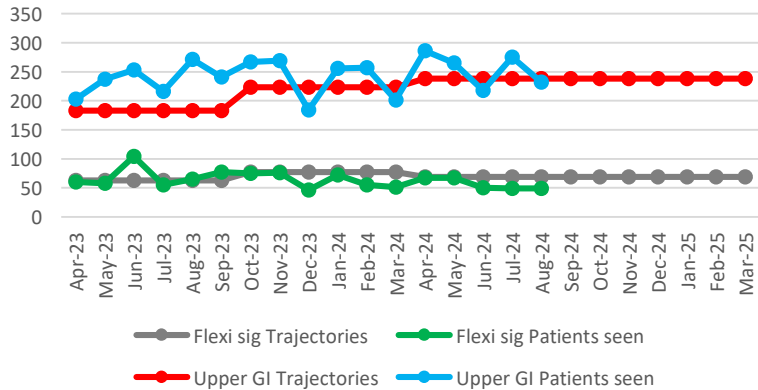
Benchmarking with Other Boards



Colonoscopy & Cystoscopy: Patients Seen & Trajectories



Flexi Sig & Upper GI: Patients Seen & Trajectories



| Yearly Trajectory | YTD Target | Patients Seen | Overall |
|-------------------|-------------------|-------------------|-------------------|
| 6,576 | 2,740 (41.67%) | 2,790 (42.43%) | 0.76% over target |



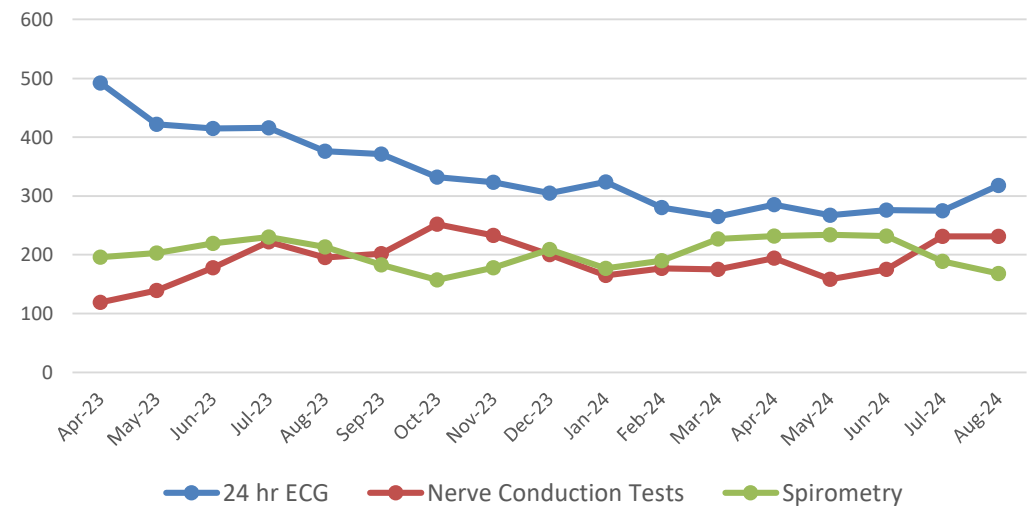
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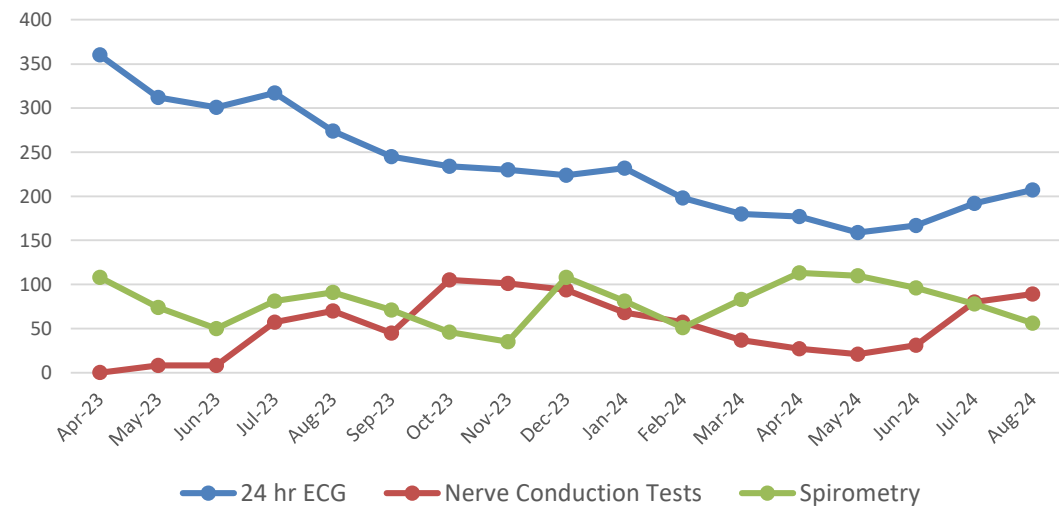
Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics Wait List - Other

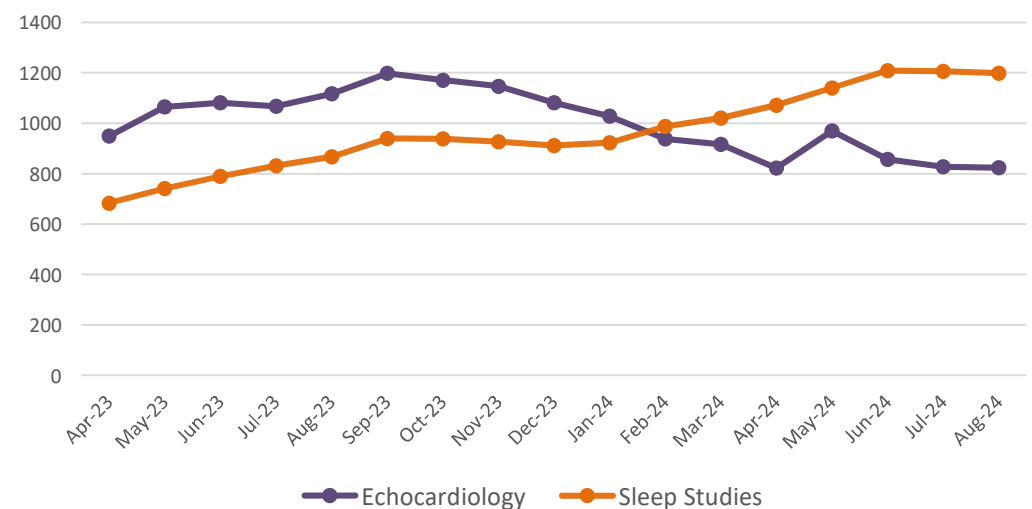
Total Waiting List Size
24hr ECG, Nerve Conduction Tests & Spirometry



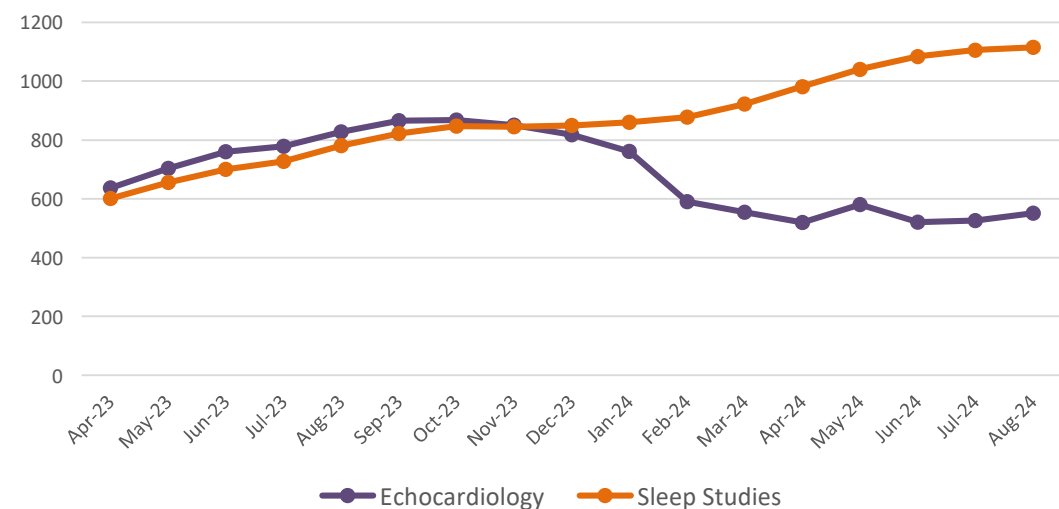
Patients Waiting >6 Weeks
24hr ECG, Nerve Conduction Tests & Spirometry



Total Waiting List Size
Echocardiology & Sleep Studies



Patients Waiting >6 Weeks
Echocardiology & Sleep Studies





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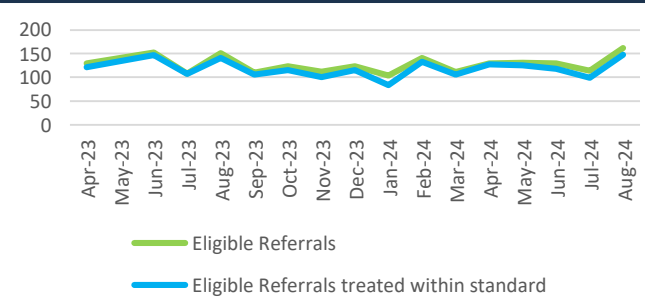


Exec Lead
Katherine Sutton
Chief Officer, Acute

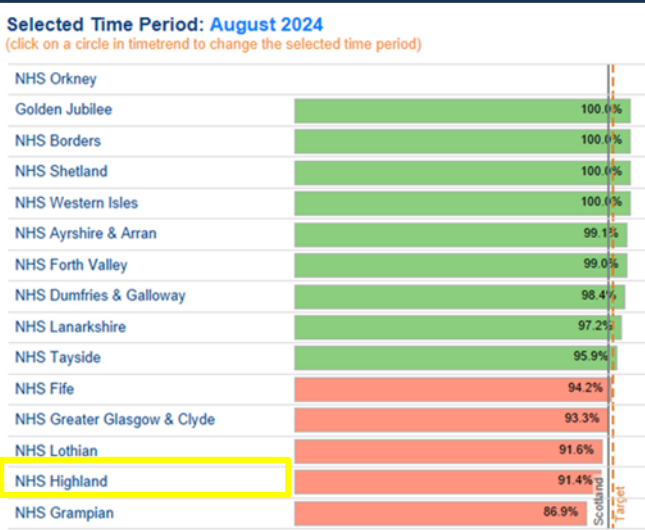
| 31 Day Cancer Waiting Times | | | |
|--|--------|---|---|
| ADP Deliverables Progress as at End of Q2 2024/25 | | Insights to Current Performance | Plan and Mitigations |
| Implement the local actions identified to meet the Framework for Effective Cancer management | Mar 25 | Increasing demand and 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 | Performance most recently improved but deteriorated in this quarter & month due to lack of capacity for Bladder & Renal Operating and for Breast Radioisotope supply and Radiology resulting in reduced performance | |

| PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well | |
|---|------------------------|
| Performance Rating | Variable |
| Latest Performance | 91.4% |
| National Benchmarking | 93.7% Scotland average |
| National Target Achievement | Last met in May 2024 |
| Position | 14th out of 15 Boards |

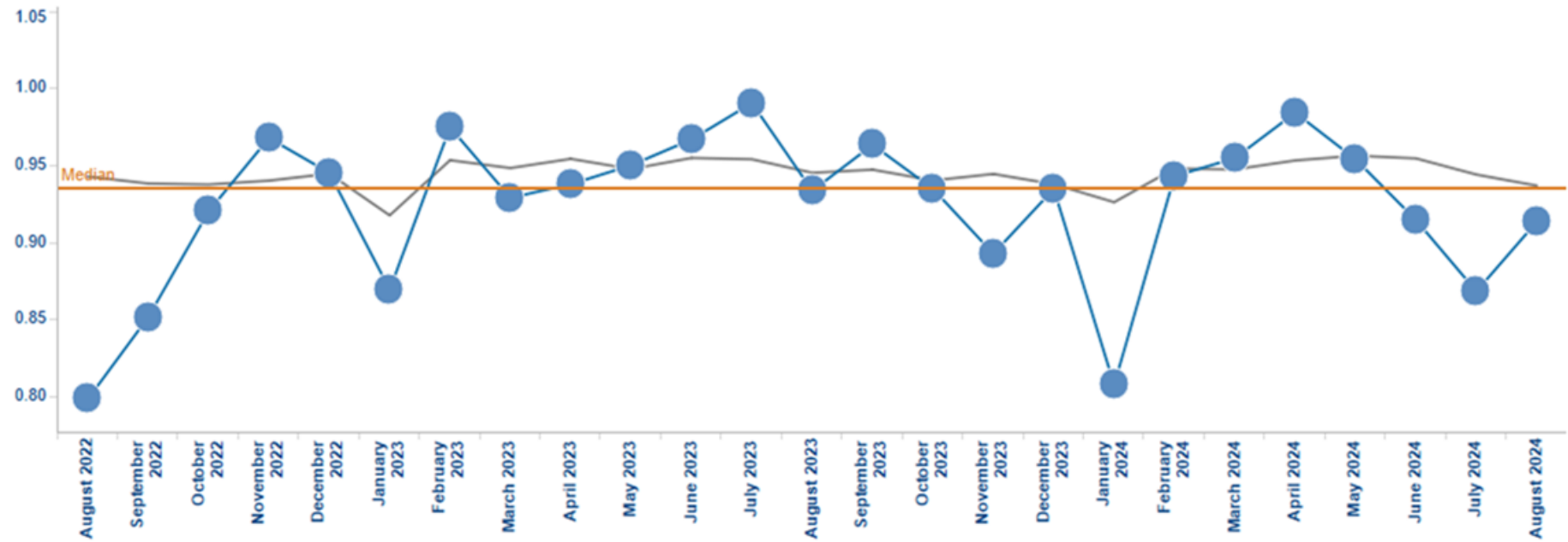
Patients Seen on 31 Day Pathway



31 Day Benchmarking with Other Boards



31 Day Cancer Waiting Times





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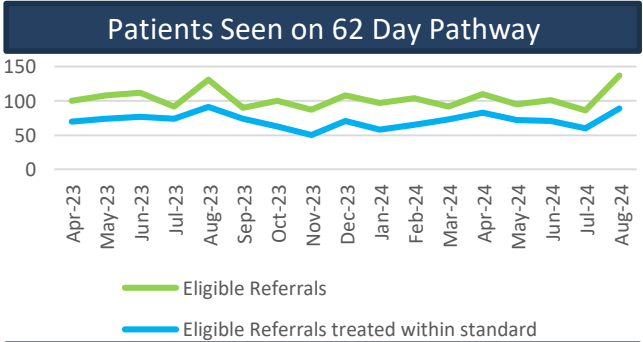
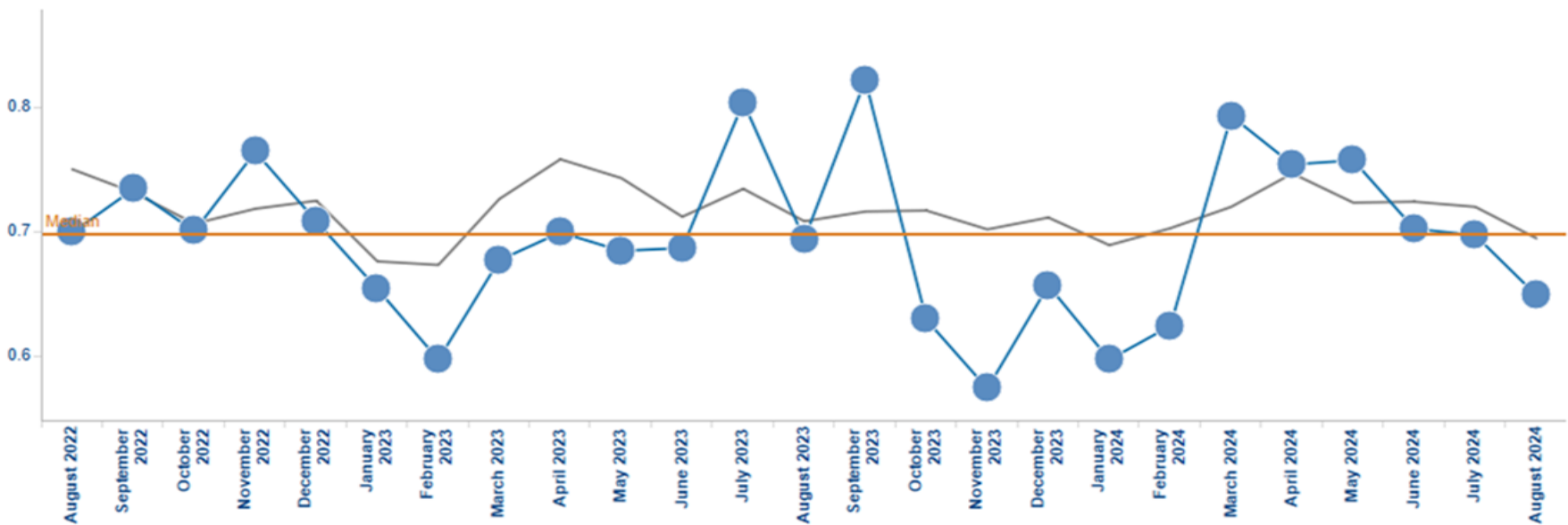


Exec Lead
Katherine Sutton
Chief Officer, Acute

| 62 Day Cancer Waiting Times | | | |
|--|---------|--|---|
| ADP Deliverables Progress as at End of Q2 2024/25 | | Insights to Current Performance | Plans and Mitigations |
| 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 | The total number of patients receiving treatment increased but consequently performance decreased in August 2024. Nationally, there are long-standing challenges with meeting the 62-day standard due to the number of referrals for urgent cancer investigation. | Development of national oncology target operating model. Finance and workforce gap analysis underway to realise national working. Review of the national cancer actions underway. Gap analysis report in creation to go to Cancer Strategy Board for review and prioritisation. Overlapping Plans with 31 Day Standard in order to improve performance |
| 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 | | |

| PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well | |
|--|---|
| Performance Rating | Decreasing |
| Latest Performance | 65% |
| National Benchmarking | 70% Scotland average |
| National Target | 95% |
| National Target Achievement | Nationally target not achieved in some time |
| Position | 10th out of 15 Boards |

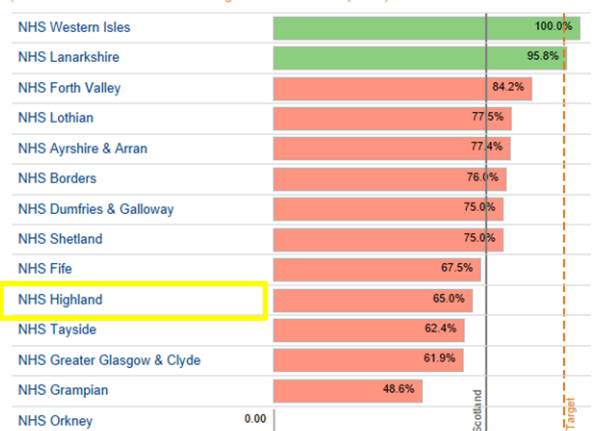
62 Day Cancer Waiting Times



62 Day Benchmarking with Other Boards

Selected Time Period: August 2024

(click on a circle in time trend to change the selected time period)





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Exec Lead
Katherine Sutton
Chief Officer, Acute

SACT Access and Benchmarking

ADP Deliverables

Progress as at End of Q2 2024/25

Moving towards networked delivery of Oncology & SACT services aligned to developing national strategy

Mar 25

Moving, where clinically appropriate, from IV to oral medications through learning from other cancer networks.

Mar 25

Localised immediate improvement plan to reduce reliance on locum / agency staffing for non-surgical cancer treatment

Mar 25

Insights to Current Performance

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.

Plans and Mitigations

Development of national oncology target operating model to improve Oncologist capacity initially

Appointment of 3rd additional SACT trained nurse

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

Stable

Latest Performance

25-30 days to start treatment

National Benchmarking

n/a

National Target

n/a

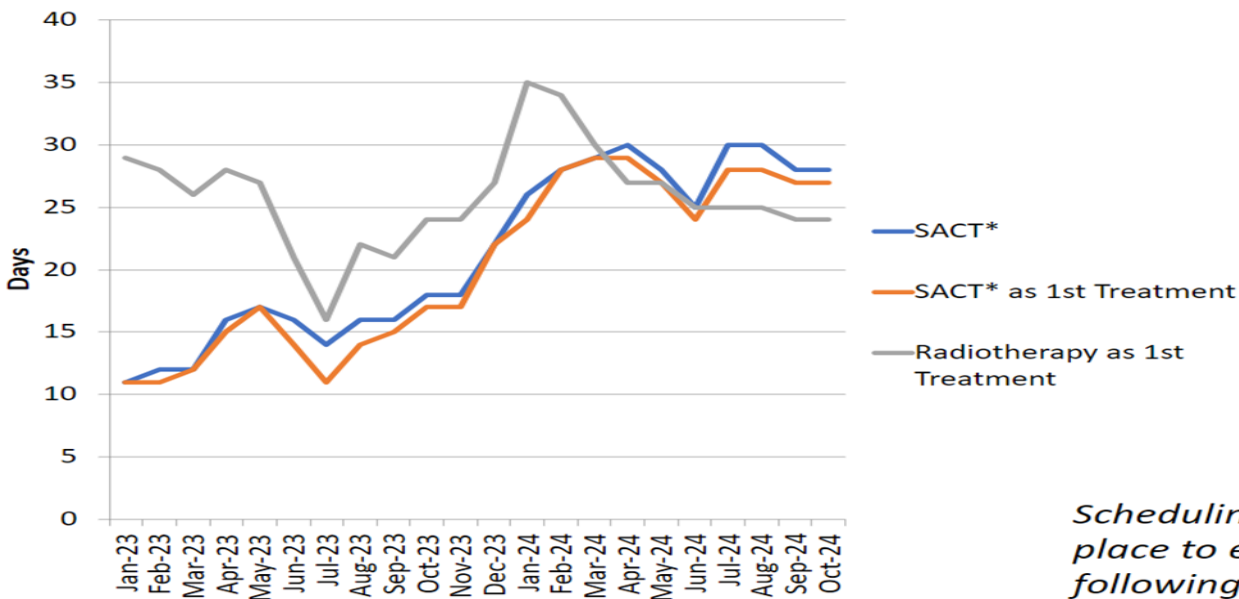
National Target Achievement

n/a

Position

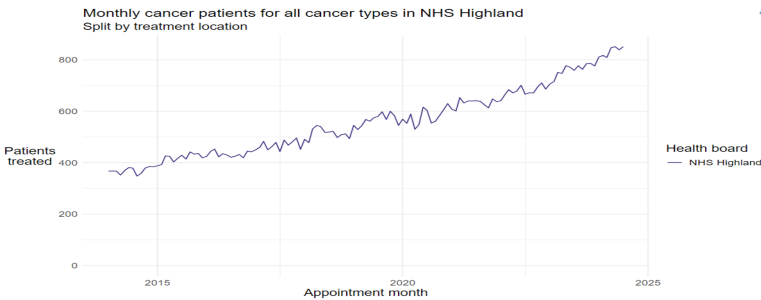
NHS Highland activity matches national trends

Systemic Anti Cancer Therapy – Waiting Times

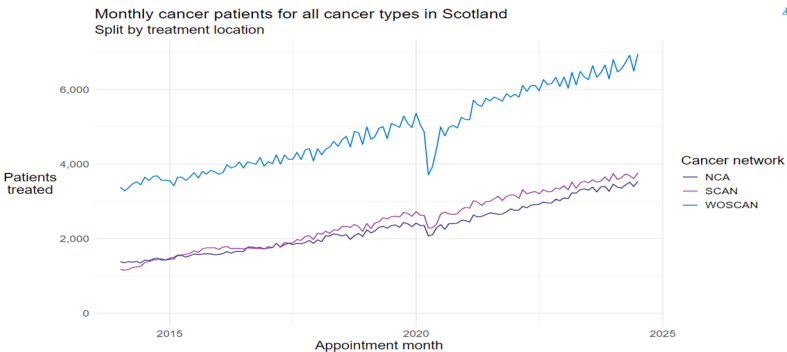


Scheduling
place to er
following v
*Excludes all

Highland Patient Numbers (P)



Scotland Patient Numbers (P)





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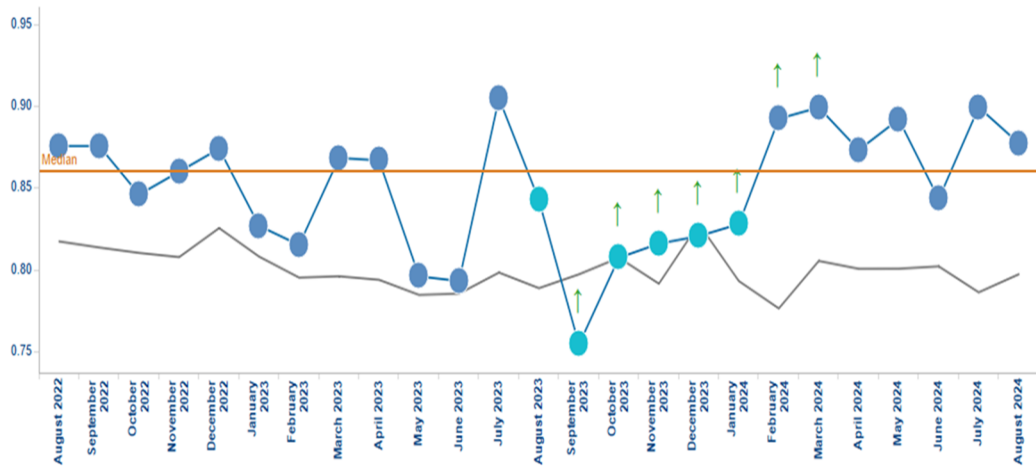
Exec Lead
Pamela Stott Chief
Officer, HHSCP

Psychological Therapies Waiting Times

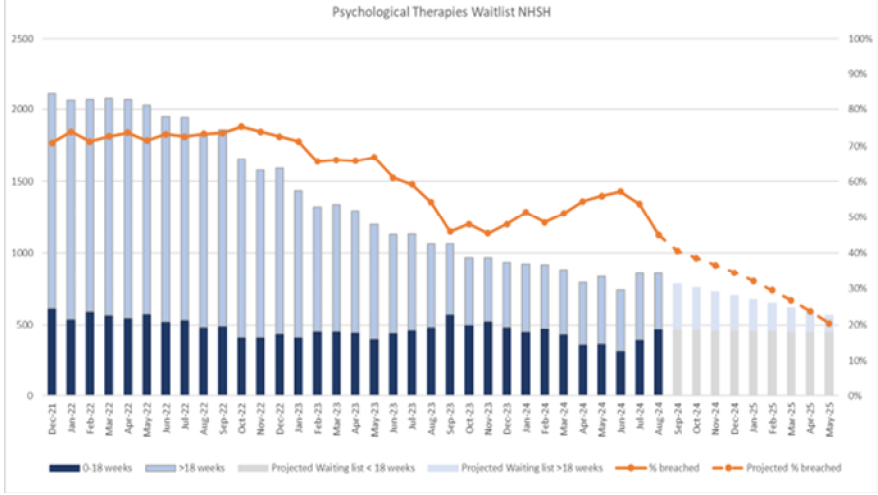
| ADP Deliverables Progress as at End of Q2 2024/25 | | Insights to Current Performance | Plan and Mitigations |
|--|--|---|---|
| Implementation of Psychological Therapies Local Improvement Plan with a focus on progressing towards achieving the 18-week referral to treatment standard. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations | | 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">•Recruited x2new Clinical Psychologists in Adult Mental Health Psychology.•The Psychological Therapies Steering Group is currently under review as we will be aligning it with the requirements of the PT National Specification•Our 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 | 87.8% |
| National Benchmarking | 79.7% Scotland average |
| National Target | 90% |
| National Target Achievement | Consistent improvements in targets and downward trajectory |
| Position | 5th out of 14 Boards 2nd out of Mainland Boards |

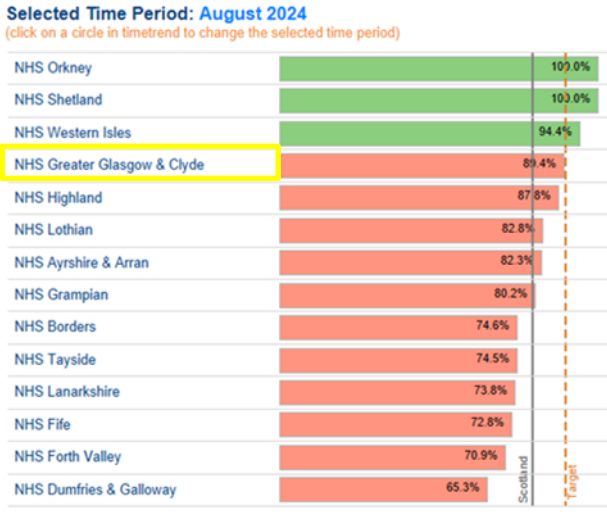
Patient seen < 18 weeks



Waiting List Size



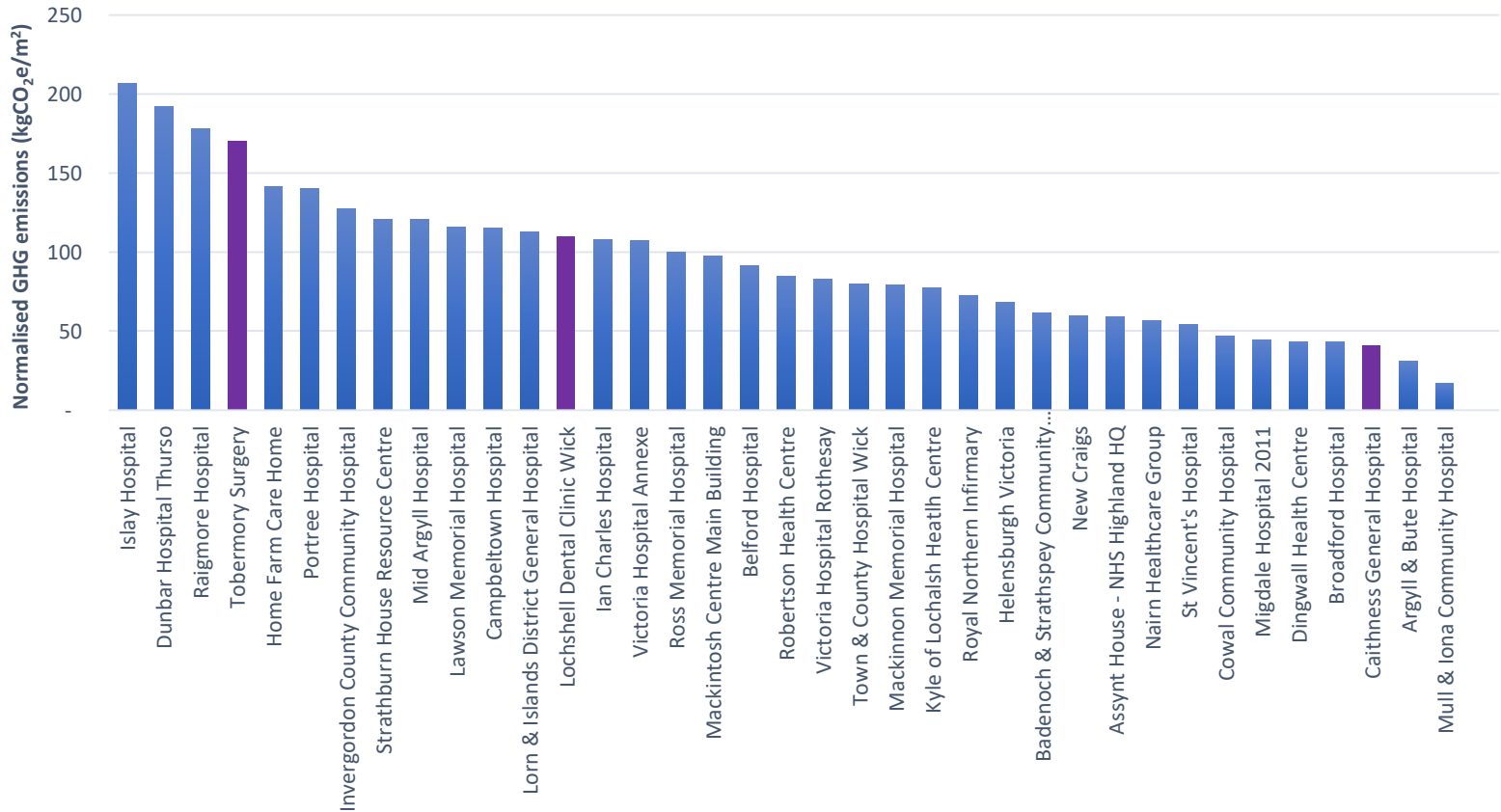
Benchmarking with Other Boards





Richard MacDonald,
Director of Estates,
Facilities & Capital
Planning

| Net Carbon Zero | | | |
|---|--------|--|---|
| ADP Deliverables Progress as at End of Q2 2024/25 | | Insights to Current Performance | Plan and Mitigations |
| Deliver towards Net Carbon Zero national targets within current resource envelope | Mar 25 | Ongoing reduction of carbon footprint including zero emissions is being undertaken through the Estates directorate in partnership with services across NHS Highland. | Climate & Sustainability team currently pulling together all the information together for the Public Bodies report which will indicate how we are performing against previous years going back to 2014. With the future development of an EMS system, it is hoped that one of the key functions will be easy access to this data. We are negotiating with third parties around the development of the system. |



| PERFORMANCE OVERVIEW Strategic Objective: Progress Well Outcome Area: Net Carbon Zero | |
|---|-----|
| Performance Rating | n/a |
| Latest Performance | n/a |
| National Benchmarking | n/a |
| National Target | n/a |
| National Target Achievement | n/a |
| Position | n/a |



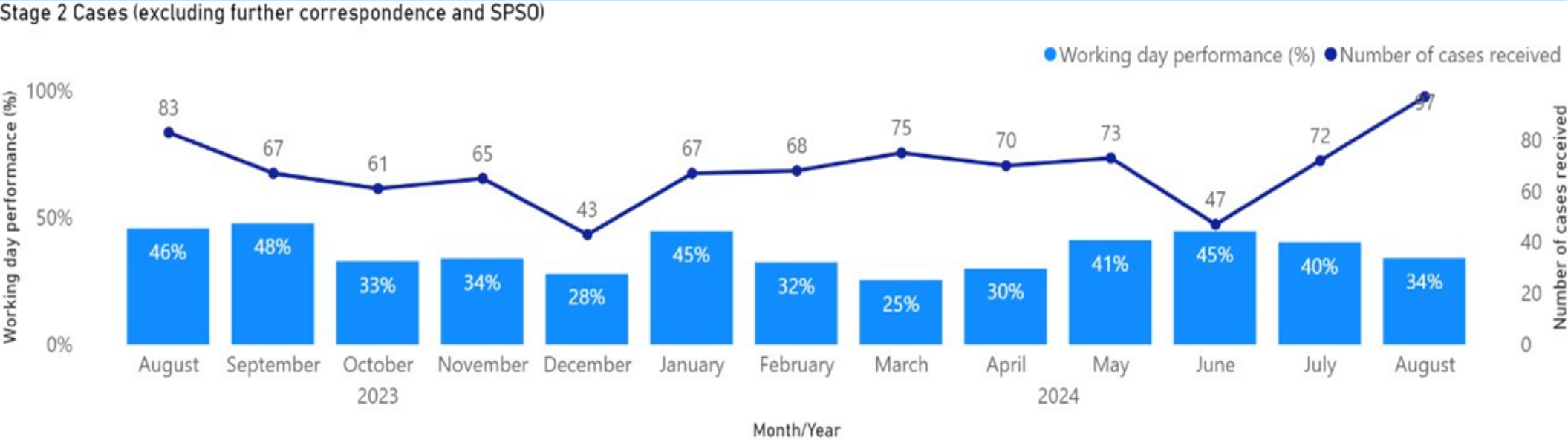
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**Exec Lead
Boyd Peters**

| Complaint Activity | | | PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well | |
|--|--|---|---|-----------------------|
| ADP Deliverables Progress as at End of Q2 2024/25 | | Insights to Current Performance | Plans and Mitigations | Performance Rating |
| N/A | | There has been an increase in the number of stage 2 complaints received. | Both Acute and HHSCP are arranging meeting to review current performance. | Latest Performance |
| | | Performance has decreased in the last two months. | HHSCP recently held a session to identify areas for improvement and actions were identified. A follow up meeting is scheduled on 6 November | National Benchmarking |
| | | It has been identified that a significant number of complaints were waiting for final approval. | Offering complaints in the New Year which will include responsibilities for Investigating Officers and action/improvement planning | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

COMPLAINT ACTIVITY – August 2023 to August 2024



- Top 3 Complaint Issues – last 3 months:
- Care & Treatment - delayed diagnosis, delay in treatment, quality of care
 - Communication - poor communication between staff.
 - Waiting Times - Delay in CAMHs / NDAS appointments, surgical procedures



Exec Lead
Boyd Peters

| SPSO Activity | | | PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well | |
|--|--|--|---|-----------------------------|
| ADP Deliverables Progress as at End of Q2 2024/25 | | Insights to Current Performance | Plans and Mitigations | Performance Rating |
| N/A | | There has been an increase in the number of enquiries received from the SPSO. Most of the cases are not taken forward following initial review by the SPSO. | SPSO cases continue to be closely monitored. The BND and BMD have oversight of response to decision letters and investigation reports. | Latest Performance |
| | | | | National Benchmarking |
| | | | | National Target |
| | | | | National Target Achievement |
| | | | | Position |

SPSO ACTIVITY – September 2023 to September 2024

The numbers are showing whether the case is open or closed against the date it was opened

SPSO FEEDBACK CASES



SPSO Cases received last 3 months:
9 new enquiries received, 4 Acute, 4 A&B and 1 HHCP

SPSO Cases closed last 3 months:
10 closed SPSO Enquiries. 6 Not Taken Forward, 2 Not Upheld and 2 Fully Upheld

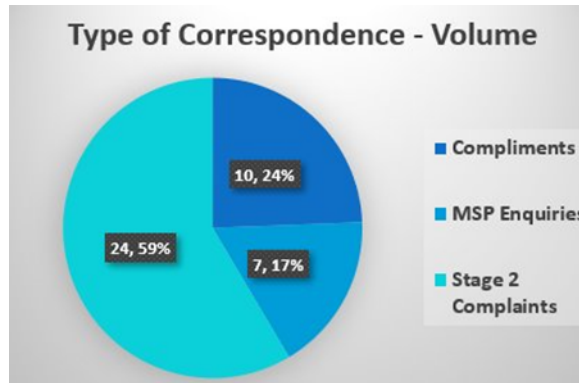
Upheld complaints regarding (1) misdiagnosis / care and treatment and (2) delay in diagnosis / care and treatment / poor communication.
Apology letters sent and actions completed



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Exec Lead
Boyd Peters



- In the last year there were 10 compliments registered for Midwifery. The patient praised:
 - ☐ Warmth, kindness, understanding and empathy
 - ☐ Excellent care and support
- Within the 12-month period a total of 24 complaints were received relating to Maternity / Midwifery and Neonatal.
- Within the 12-month period there has been a total volume of 282 incidents raised relating to Midwifery.

Listening & Responding to our Patients – Maternity/Midwifery and Neonatal



The Patient Said...

There was a lack of breastfeeding support for while they were a patient in Ward 9A.

What We Did..

Apologised and spoke with staff to give them an opportunity to reflect and consider a refresh of the identified training in relation to breastfeeding support and advice.



The Patient Said..

They were disappointed their partner could not stay overnight to provide support following the birth of their baby.

What We Did..

Reassured the patient that we are currently refurbishing the area and are mindful to modify the environment to accommodate open visiting and partners staying overnight when appropriate.



The Patient Said..

Bereaved Mother and her partner unable to be cared for way from other mums and crying babies.

What We Did..

Continue to explore ways that we can improve the environment when looking after bereaved parents within W&C Directorate.



The Patient Said..

That midwifery staff in Ward 10 made her feel inadequate when contacting them out of hours. Doctor was very rude .

What We Did.

Reminder issued to all staff on the daily safety briefs, regarding professionalism, kindness, care and compassion to women, families and each other.



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Exec Lead
Boyd Peters

Adverse Events – Level 1 & Level 2A incidents

ADP Deliverables

Progress as at End of Q2 2024/25

N/A

Insights to Current Performance

Concerns have been raised about the number of outstanding actions from SAERs.

Plans and Mitigations

This was discussed at the Lead Professionals meeting on 25 October 2024 and agreed that these would be reviewed by 31 December 2024.

New national frameworks for adverse events is due to be published in 2025. NHS Highland is testing the new SAER report which includes actions

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

Performance Rating

Latest Performance

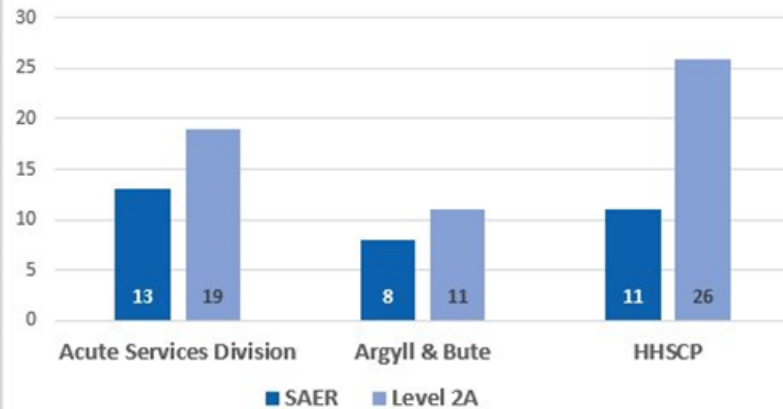
National Benchmarking

National Target

National Target Achievement

Position

SAER & Level 2A Volumes: Declared last 13 months



All incidents reported in Datix are reviewed through the Quality Patient Safety review structure.

In the 13-month period a total of 17,179 incidents have been raised across NHS Highland. A total of 32 SAERs have been declared, giving a conversion rate of 0.19%.

Current Status :

- 60 Major and Extreme cases awaiting decision
- 24 Active level 1 cases
- 42 Active Level 2 cases

| OUTSTANDING ACTIONS | LEVEL 1 / SAER | LEVEL 2A |
|---------------------|----------------|----------|
| Acute | 26 | 12 |
| HHSCP | 15 | 0 |
| Argyll | 20 | 11 |
| Corporate | 0 | 3 |
| NHS Highland | 61 | 26 |

Acute SAER Actions: 6 Actions due before 2023, 2 due in 2023, 10 overdue this year, 6 due by end of October 2024, 2 Actions with no date allocated.

Acute Level 2A Actions: 3 actions due before 2023, 1 due in 2023, 6 overdue this year, 2 due in the next month.

HHSCP SAER Actions: 5 Actions due before 2023, 7 overdue this year, 1 due by end of October 2024, 2 Actions with no date allocated.

HHSCP Level 2A Actions: there are no Level 2A Actions for HHSCP.

A&B SAER Actions: 4 Actions due before 2023, 4 due in 2023, 10 overdue this year, 2 due this month.

A&B Level 2A Actions: 2 Actions due before 2023, 3 due in 2023, 6 overdue this year.

Corporate Level 2A Actions: 2 Actions overdue from 2023 and 1 from 2024.

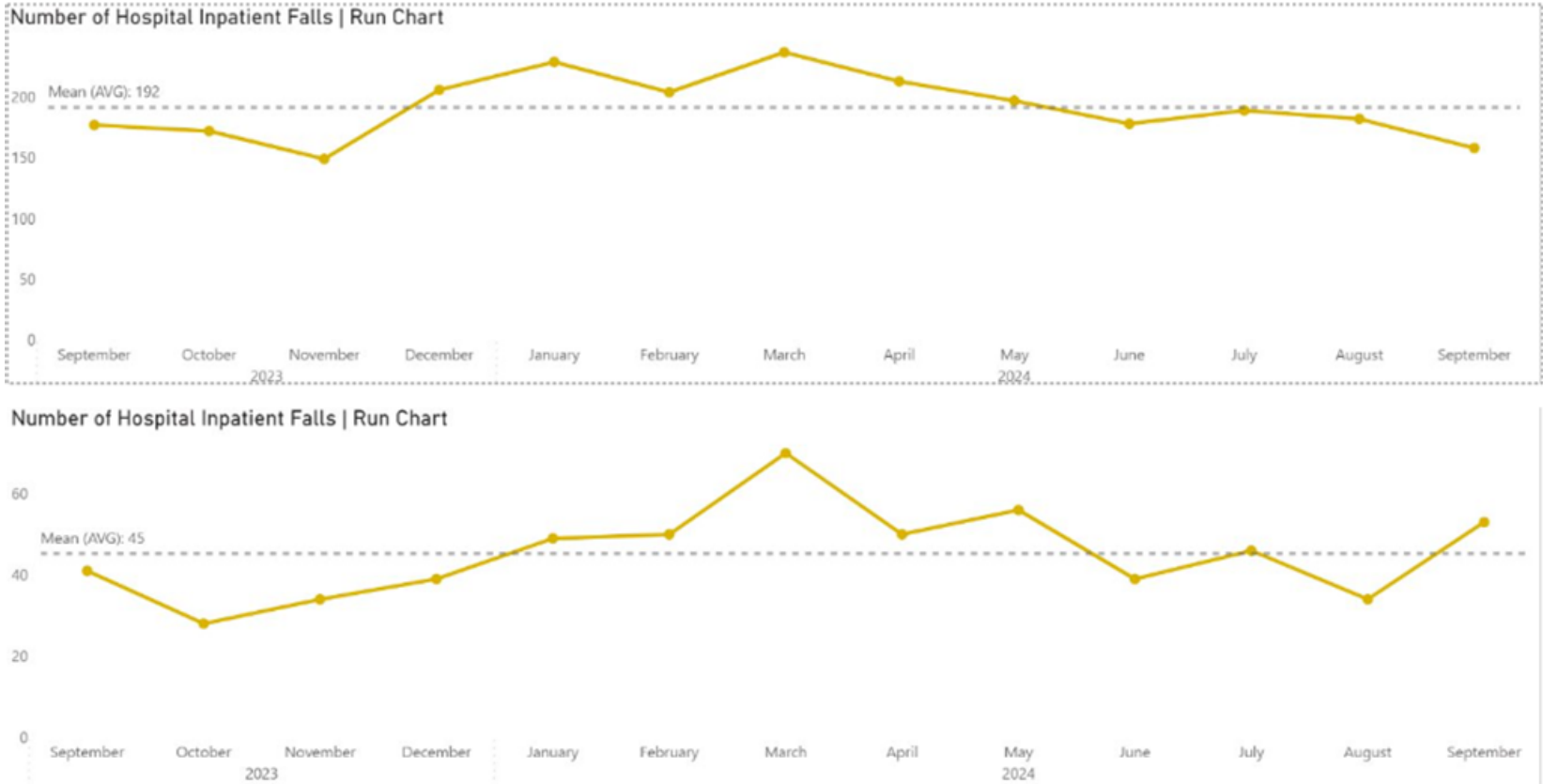


Together We Care
with you, for you



Exec Lead
Louise Bussell

| Hospital Inpatient Falls | | | PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well | |
|--|--|---|---|-----------------------------|
| ADP Deliverables Progress as at End of Q2 2024/25 | | Insights to Current Performance | Plans and Mitigations | Performance Rating |
| | | Falls are below the mean for the last 4 months despite additional beds being opened across the Board. | Continue to focus on areas with highest falls rate through use of audit tool. Revised post falls review documentation being rolled out across these areas to try to minimise repeat falls. | |
| | | | | Latest Performance |
| | | | | National Benchmarking |
| | | | | National Target |
| | | | | National Target Achievement |
| | | | | Position |





Together We Care
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Exec Lead
Louise Bussell

Tissue Viability

ADP Deliverables

Progress as at End of Q2 2024/25

Insights to Current Performance

Consistent concerns around grade 2 pressure ulcers, which are much higher than other grades across the Board.

Plans and Mitigations

Targeting key high, risk areas. Seeking to increase the uptake of Tissue Viability training across the Board. Continuing to audit compliance.

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

Performance Rating

Latest Performance

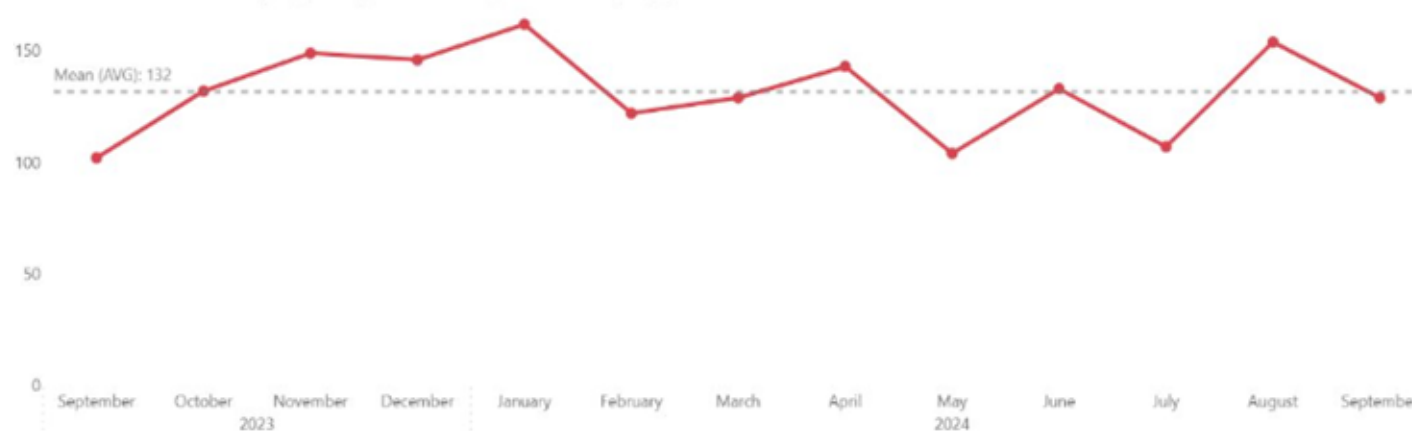
National Benchmarking

National Target

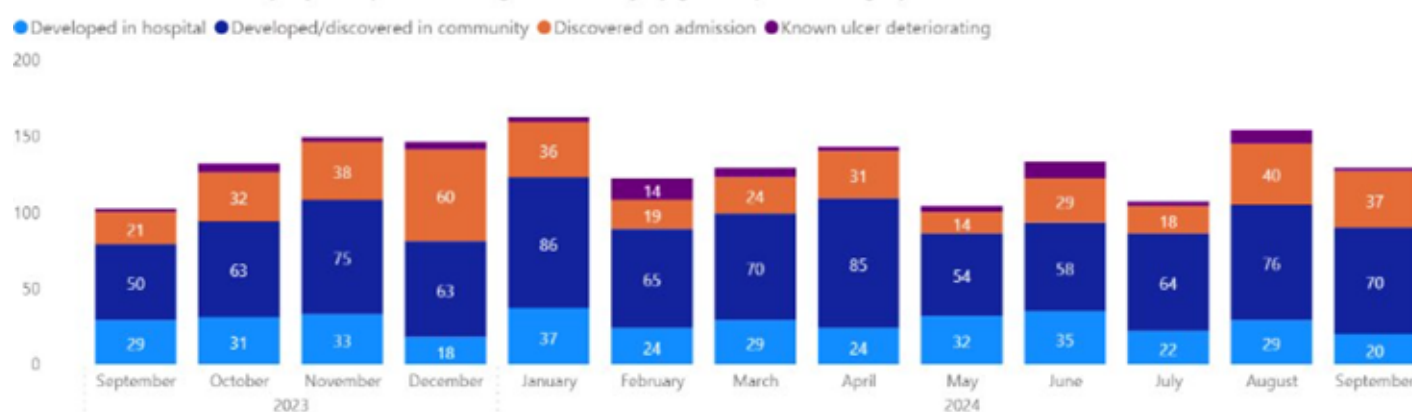
National Target
Achievement

Position

Number of Tissue Viability Injuries | All Subcategories and Injury grades



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



Previous 3 Month Period (Apr 2024 - Jun 2024)

3%

Increase in injuries

Previous 13 Month Period (Sep 2022 - Sep 2023)

7%

Increase in injuries

Number of Tissue Viability Injuries | Injury Grade

| Injury | Count |
|--------------------------------------|-------------|
| Pressure ulcer Grade 2 | 745 |
| Pressure ulcer Grade 1 | 372 |
| Pressure Ulcer - ungradable | 202 |
| Pressure Ulcer - deep tissue injury | 144 |
| Pressure ulcer Grade 3 | 132 |
| Pressure ulcer Grade 4 | 41 |
| Mucosal Pressure Damage | 32 |
| Pressure ulcer (grade not specified) | 24 |
| Pressure Ulcer - combination lesions | 20 |
| Total | 1712 |



Together We Care
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Exec Lead
Louise Bussell

Infection Control - SAB, CDI and ECOLI

ADP Deliverables

Progress as at End of Q2 2024/25

Clostridioides difficile healthcare associated infections rate 25 (20 cases)

Staphylococcus aureus bacteraemia healthcare associated infections rate 9 (7 cases)

Escherichia Coli Bacteraemia healthcare associated infections rate 28 (23 cases)

Insights to Current Performance

Concern over higher-than-expected case numbers of Clostridioides difficile over recent months. Although not reporting as an exceedance with ARHAI Scotland.

Plans and Mitigations

Continue to review individual cases for learning. Targeted work with antimicrobial prescribing. Meeting with ARHAI Scotland to discuss local Board data

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

Performance Rating

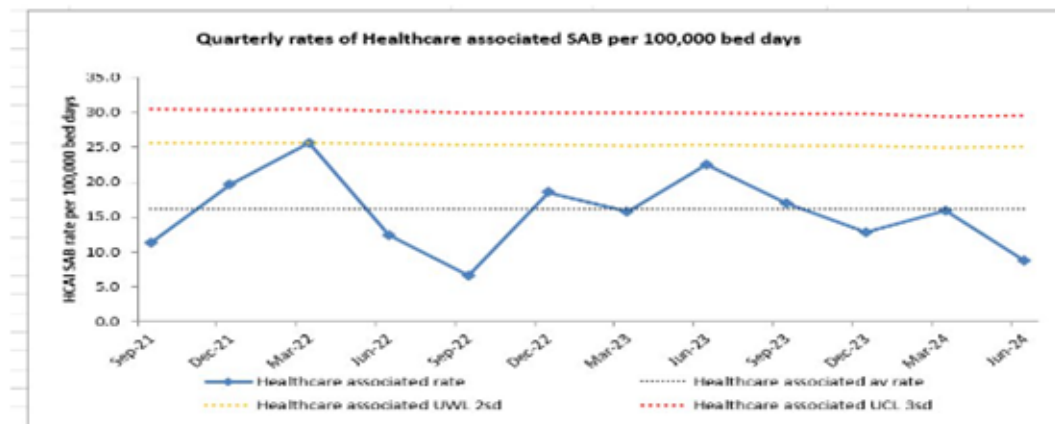
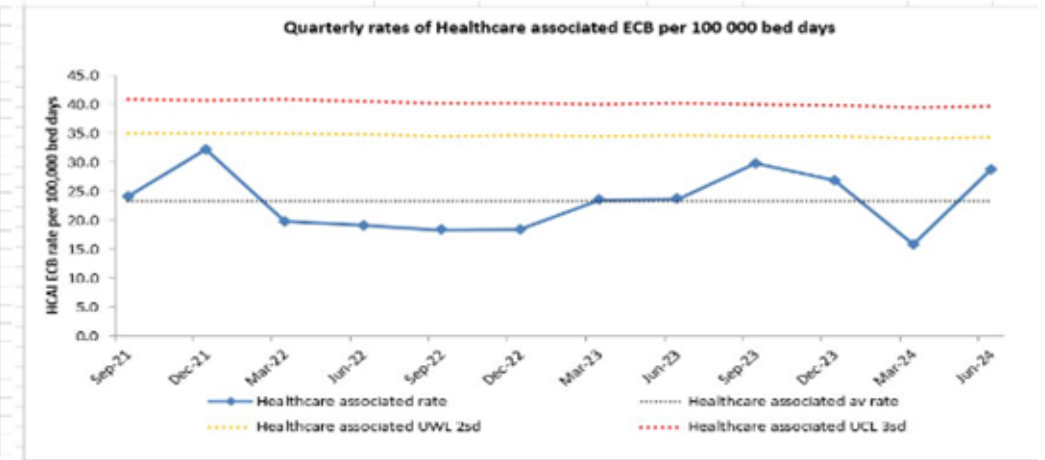
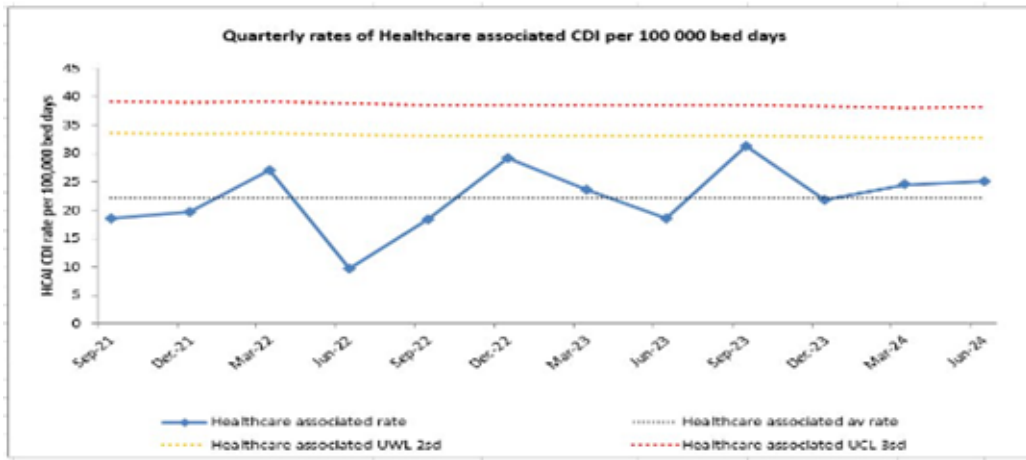
Latest Performance

National Benchmarking

National Target

National Target Achievement

Position



Organisational Metrics Sep 2024

Sickness Absence Rate (%)

5.79

Long Term SA Rate (%)

3.27

Short Term SA Rate (%)

2.50

Recorded Absence Reason (%)

75.40

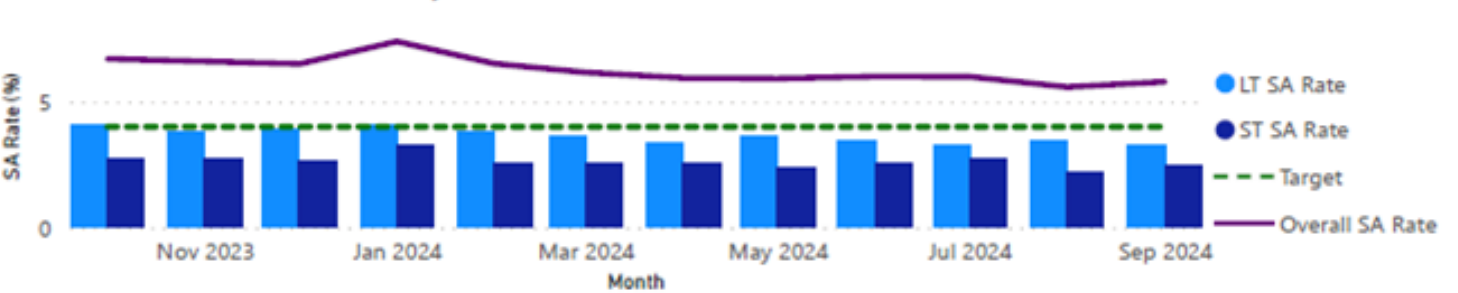
Vacancy Time to Fill (Days)

118.51

Annual Employee Turnover (%)

8.66

Sickness Absence Rates (%) by Month



Vacancy Time to Fill (Days) by Month



Annual Employee Turnover (%) by Month



Recorded Absence Reason (%) by Month



Training Metrics Sep 2024

Mandatory eLearning Completion (%)

69.0

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.

V&A Practical Training Completion Rate (%)

12.9

M&H Practical Training Completion Rate (%)

34.2

Appraisal Completion Rate (%)

27.5

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

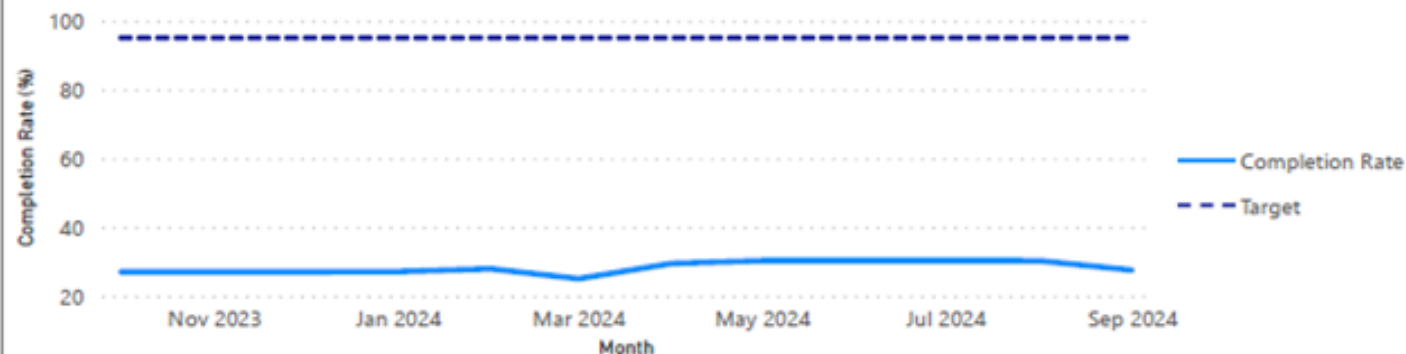
Core Mandatory eLearning Completion Rate (%) by Month



Practical Training Completion Rate (%) by Month



Appraisal Completion Rate (%) by Month



- NHS Highland absence remains above the national 4% target and has remained at around 5.8% for July, August and September 2024 . The absence rate has decreased since a peak of 7.39% in January this year. 23% of Long-term absences are related to anxiety/stress /depression/other psychiatric illnesses. Short term absences in Cold, Cough, Flu (21% of short-term absences) remain high as well as gastro-intestinal problems (13.7% of short-term absences).
- Absences with an unknown cause/not specified remaining high (accounting for around 26.65% of all absence). Managers are asked to ensure that an appropriate reason is recorded and continuously updated. Manger 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.
- Attendance Management audit concluded with number of actions to progress to support managers
- 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 remains above the NHS Scotland KPI of 116 days. Its has however improved markedly since its peak in April, and is now only 2.5 days above the national average at 118.5 days. Work continues to improve on timescales.
- NHS Highland's annual turnover sits at 8.66% for September 2024. In July 2024 we continued to see high levels of leavers related to voluntary resignation (25%) and retirement (16.42%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 48% 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 on a monthly basis to Senior Managers. All direct reports of a Director level post and the tier below them have to be completed by Oct 2024.
- Detailed Statutory and Mandatory training compliance reports continue to be shared with the senior managers across the organisation to support planning and discussions with teams

Appendix: IPQR Contents

| Slide # | Report | Frequency of Update | Last Presented | Next Published on IPQR |
|---------|--|---------------------|----------------|------------------------|
| 4 | 18 Weeks CAMHS Services Treatment | Monthly | November 2024 | January 2025 |
| 4 | CAMHS Waitlist HHSCP | Monthly | November 2024 | January 2025 |
| 5 | NDAS Total Awaiting 1 st App (incl unvetted) | Monthly | November 2024 | January 2025 |
| 5 | New + Unvetted Patients Awaiting First Appointment | Monthly | November 2024 | January 2025 |
| 6 | Screening Programme Uptake KPIs in NHS Highland | Annual | November 2024 | January 2025 |
| 6 | Inequality in Screening Comparison of NHS Highland and Scotland | Annual | November 2024 | January 2025 |
| 7 | Children’s Vaccination Uptake | Quarterly | November 2024 | January 2025 |
| 8 | NHS Highland-Alcohol brief interventions 2023/24 Q2 | Quarterly | November 2024 | January 2025 |
| 8 | ABI Trajectory & Delivery | Quarterly | November 2024 | January 2025 |
| 8 | Setting Contribution 2024/25 | Annual | November 2024 | January 2025 |
| 9 | A&E – 4 Hour Target | Monthly | November 2024 | January 2025 |
| 9 | Weekly ED Patients Waiting 12-Hour Plus | Monthly | November 2024 | January 2025 |
| 9 | Weekly Ambulance Handover Results: Under 60 Minutes | Monthly | November 2024 | January 2025 |
| 10 | Delayed Discharges at Monthly Census Point | Monthly | November 2024 | January 2025 |
| 10 | Delayed Discharge Benchmarking with Other Boards/Local Authorities | Monthly | November 2024 | January 2025 |
| 10 | HHSCP Delayed Discharge – Patients Added VS Discharged | Monthly | November 2024 | January 2025 |
| 11 | New Outpatients 12 Week Waiting Times (Ongoing) | Monthly | November 2024 | January 2025 |
| 11 | Outpatient Conversion Rates to TTG | Monthly | November 2024 | January 2025 |
| 11 | Return Outpatients Wait List | Monthly | November 2024 | January 2025 |

| Slide # | Report | Frequency of Update | Last Presented | Next Published on IPQR |
|---------|---|---------------------|----------------|------------------------|
| 12 | New Outpatients Referrals, Patients seen and Trajectories | Monthly | November 2024 | January 2025 |
| 12 | New Outpatient Total Waiting List & Projection | Monthly | November 2024 | January 2025 |
| 12 | OP Patients Waiting Over 52 Weeks | Monthly | November 2024 | January 2025 |
| 12 | Outpatient Follow Up Ratio | Monthly | November 2024 | January 2025 |
| 13 | Inpatient or Day Case 12 Week Waiting Times (Completed) | Monthly | November 2024 | January 2025 |
| 14 | Planned Care Additions, Patients Seen and Trajectories | Monthly | November 2024 | January 2025 |
| 14 | Total TTG Waits & Projection | Monthly | November 2024 | January 2025 |
| 14 | TTG Patients waiting over 78/104 weeks | Monthly | November 2024 | January 2025 |
| 15 | Imaging Tests: Maximum Wait Target 6 weeks | Monthly | November 2024 | January 2025 |
| 15 | Board Comparison % met Waiting time standard | Monthly | November 2024 | January 2025 |
| 15 | CT Patients Seen & Trajectories | Monthly | November 2024 | January 2025 |
| 15 | Non-Obstetric Patients Seen & Trajectories | Monthly | November 2024 | January 2025 |
| 15 | MRI Patients Seen & Trajectories | Monthly | November 2024 | January 2025 |
| 16 | Endoscopy Tests: Maximum Wait Target 6 Weeks | Monthly | November 2024 | January 2025 |
| 16 | Board Comparison % met Waiting time standard | Monthly | November 2024 | January 2025 |
| 16 | Colonoscopy & Cystoscopy: Patients Seen & Trajectories | Monthly | November 2024 | January 2025 |
| 16 | Flexi Sig Upper GI: Patients Seen & Trajectories | Monthly | November 2024 | January 2025 |

| Slide # | Report | Frequency of Update | Last Presented | Next Published on IPQR |
|---------|---|---------------------|----------------|------------------------|
| 17 | Diagnostic Waiting List: 24 hr ECG, Nerve Conduction Tests & Spirometry | Monthly | November 2024 | January 2025 |
| 17 | Diagnostic Patients Waiting > 6 Weeks: 24 hr ECG, Nerve Conduction Tests & Spirometry | Monthly | November 2024 | January 2025 |
| 17 | Diagnostic Waiting List: Echocardiology & Sleep Studies | Monthly | November 2024 | January 2025 |
| 17 | Diagnostic Patients Waiting > 6 Weeks: Echocardiology & Sleep Studies | Monthly | November 2024 | January 2025 |
| 18 | Cancer 31 Day Waiting Times | Monthly | November 2024 | January 2025 |
| 18 | Board Comparison % Met waiting time standard | Monthly | November 2024 | January 2025 |
| 18 | Patients Seen on 31 Day Pathway | Monthly | November 2024 | January 2025 |
| 19 | Cancer 62 Day Waiting Times | Monthly | November 2024 | January 2025 |
| 19 | Board Comparison % Met waiting time standard | Monthly | November 2024 | January 2025 |
| 19 | Patients Seen on 62 Day Pathway | Monthly | November 2024 | January 2025 |
| 20 | Systemic Anti Cancer Therapy – Waiting Times | Monthly | November 2024 | January 2025 |
| 20 | Monthly Cancer Patient Numbers Highland | Monthly | November 2024 | January 2025 |
| 20 | Monthly Cancer Patient Numbers Scotland | Monthly | November 2024 | January 2025 |
| 21 | 18 Weeks All Ages Psychological Therapy Treatment | Monthly | November 2024 | January 2025 |
| 21 | Board Comparison % Met waiting time standard | Monthly | November 2024 | January 2025 |
| 21 | Psychological Therapies Waitlist HHSCP | Monthly | November 2024 | January 2025 |
| 22 | Estates Normalised GHG Emissions | To Be Confirmed | November 2024 | January 2025 |

| Slide # | Report | Frequency of Update | Last Presented | Next Published on IPQR |
|---------|---|---------------------|----------------|------------------------|
| 23 | Highland Wide Stage 2 Complaint Volumes Received and % Performance Achieved | Monthly | November 2024 | January 2025 |
| 24 | SPSO Feedback Cases | Monthly | November 2024 | January 2025 |
| 25 | Type of Correspondence in Relation to Maternity/Midwifery & Neonatal Complaints/Compliments | Monthly | November 2024 | January 2025 |
| 26 | SAER & Level 2A Volumes: Declared Last 13 Months | Monthly | November 2024 | January 2025 |
| 27 | Number of Hospital Inpatient Falls 2023/24 | Monthly | November 2024 | January 2025 |
| 27 | Number of Hospital Inpatient Falls 2023/24 | Monthly | November 2024 | January 2025 |
| 28 | Number of Tissue Viability Injuries All Subcategories and Injury Grades | Monthly | November 2024 | January 2025 |
| 28 | Number of Tissue Viability Injuries All Subcategories and Injury Grades Sub-Category | Monthly | November 2024 | January 2025 |
| 29 | Quarterly Rate of Healthcare Associated CDI per 100,000 Bed Days | Quarterly | November 2024 | January 2025 |
| 29 | Quarterly Rate of Healthcare Associated ECB per 100,000 Bed Days | Quarterly | November 2024 | January 2025 |
| 29 | Quarterly Rate of Healthcare Associated SAB per 100,000 Bed Days | Quarterly | November 2024 | January 2025 |
| 30 | Organisational Workforce Metrics | Bi-monthly | November 2024 | January 2025 |
| 31 | Workforce Training Metrics | Bi-monthly | November 2024 | January 2025 |
| 32 | Workforce IPQR Narrative | Bi-monthly | November 2024 | January 2025 |