



Meeting:	NHS Highland Board
Meeting date:	28 January 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 (CCGC)
Report Author:	Bryan McKellar, Whole System Transformation Manager

1 Purpose

This is presented to FRPC 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 FRPC Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on performance 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.

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 indicators across the health and social care system. The background to the IPQR has been previously discussed in this forum.

2.3 Assessment

A review of these indicators will continue to take place as business as usual and through the agreed Performance Framework.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<div></div>	Moderate	<div></div>
Limited	<div>x</div>	None	<div></div>

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 – 8<sup>th</sup> January 2025
- Finance Resource Performance Committee – 9<sup>th</sup> January 2025
- Staff Governance Committee – 14<sup>th</sup> January 2025

## **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.

### **4.1 List of appendices**

The following appendices are included with this report:

- Integrated Performance and Quality Report – January 2025

# 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	Activity (ADP) Target Set	Performance Rating
Thrive Well (4)	CAMHS	70.8%	63.3%	90%	No	
Thrive Well (5)	NDAS	n/a	1828 waiting list	n/a	No	
Stay Well (6)	Screening	Various	Various	90%	No	Increasing uptake
Stay Well (7)	Vaccinations (Children)	n/a	n/a	n/a	No	Uptake below national averages
Stay Well (8)	Alcohol Brief Interventions	n/a	77.4% vs. trajectory	n/a	Yes	Below activity trajectory
Respond Well (9)	Emergency Access	78.5%	75.0%	95%	No	Within national average, but significant pressures in Ragimore ofset by RGH performance
Care Well (10)	Delayed Discharges	195	253	30% reduction (interim)	Yes	
Treat Well (11-12)	Outpatients	39.2%	37.0%	95%	Yes	Activity levels above trajectory.Near Scotland average
Treat Well (13-14)	Treatment Time Guarantee	56.5%	61.0%	100%	Yes	
Treat Well (15)	Diagnostics - Radiology	70.3%	67.6%	100%	Yes	
Treat Well (16)	Diagnostics – Endoscopy		71.0%	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%	90.3%	95%	No	Below national average and target <5%
Journey Well (19-20)	62 Day Cancer Target	68.8%	67.2%	95%	No	Below national average and below target
Live Well (21)	Psychological Therapies	83.1%	88.8%	90%	No	Sustained improvement

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 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.



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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.

Dec 2024, performance continues to decrease.

## Plans and Mitigations

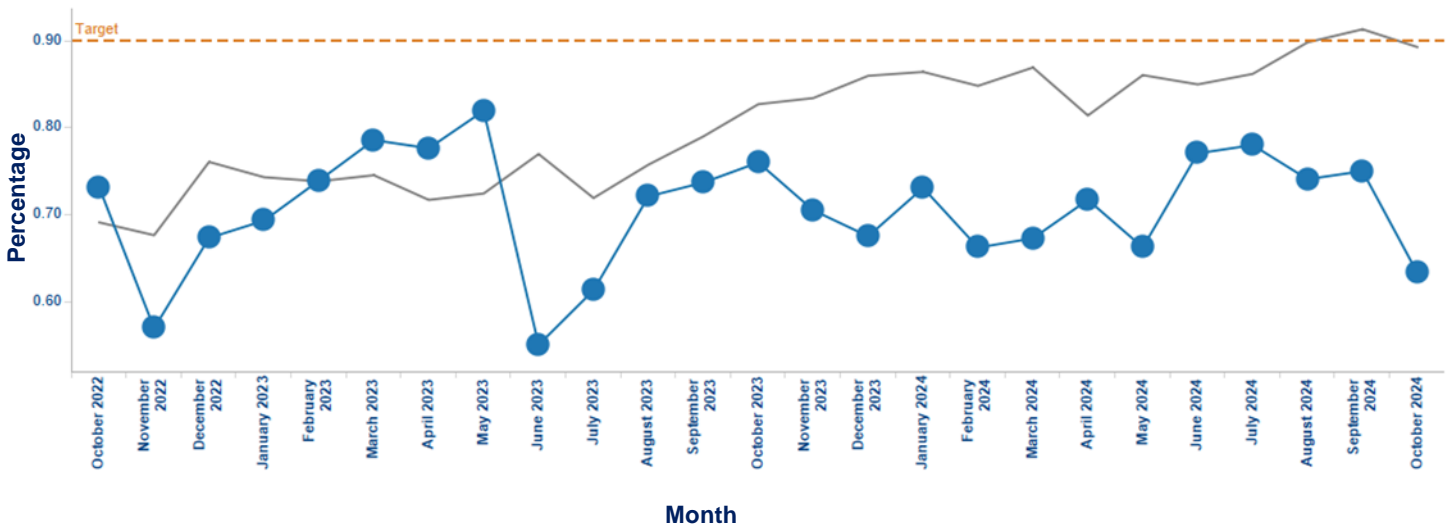
- Engagement appointments for all new referrals
- Unused capacity directed to these cases most recently placed on wait list
- New system for wait list management in place.
- Unscheduled care team realignment in place
- CAMHS Programme Board reestablished from Nov 2024, including A&B representation
-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

## PERFORMANCE OVERVIEW

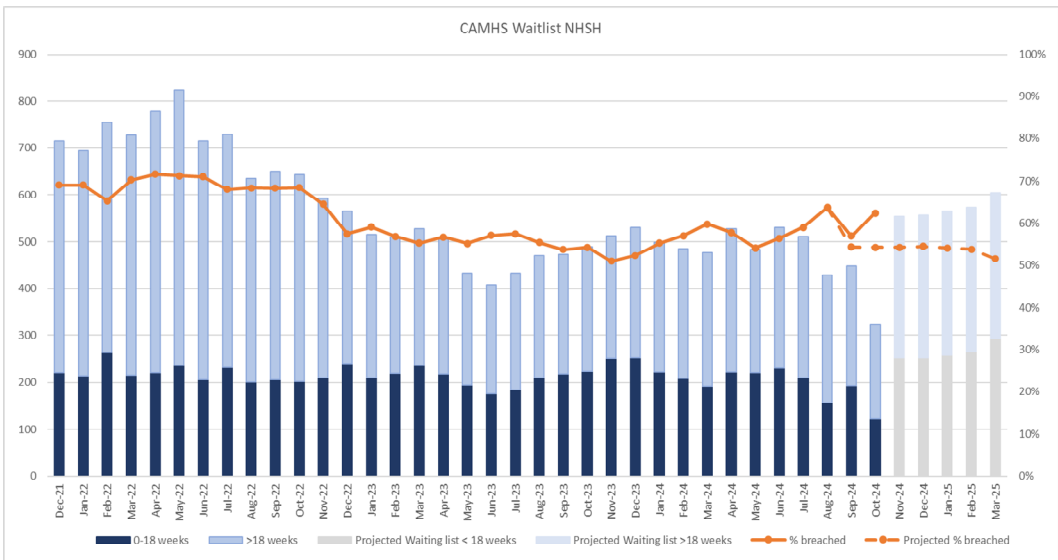
Strategic Objective: Our Population  
Outcome Area: Thrive Well

Performance Rating	Decreasing
Latest Performance	63.3%
National Average	89.3%
National Target	Full compliance to the Service Spec by end March 2026
National Target Achievement	n/a
Position	14 <sup>th</sup> 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 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 the Joint Monitoring Committee in November 2024.

- 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
- New referral process in place
- Waiting list cleansing exercise is completed
- ICSP GIRFEC and Child Planning training for MDTs rolled out

### Plans and Mitigations

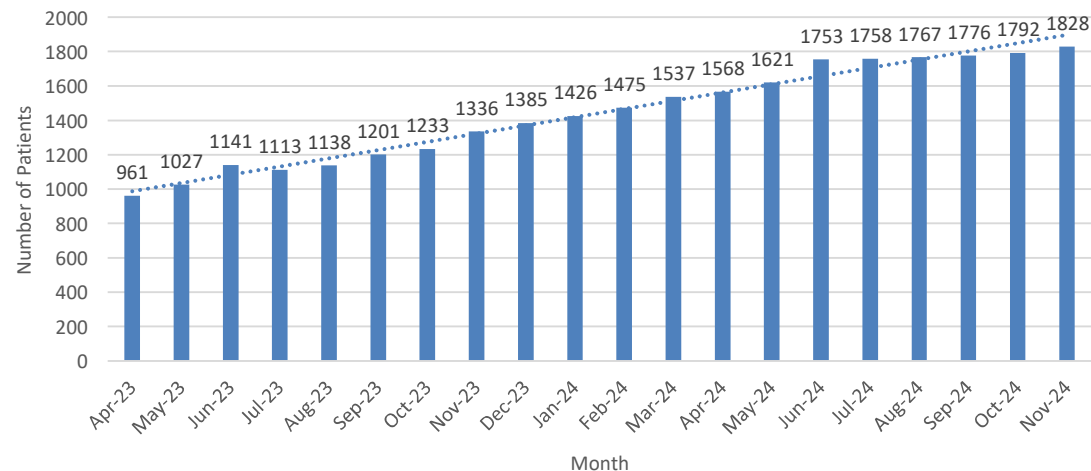
Actions agreed at NDAS programme board being progressed:

- Progression of joint leadership to improve NDAS position across NHS North/ HC Co-chaired Programme Board
- Mapping of services (and associated resource) that contribute to Neuro-diversity pathways (to include health and education)
- 1 year interim workforce plan to be developed to target backlog waiting list
- Development of network of support and care, moving focus away from diagnosis (3 to 5 year plan)
- Review of key data from across Education, HC Children's services, NHS H North systems
- Communication with service users and professionals

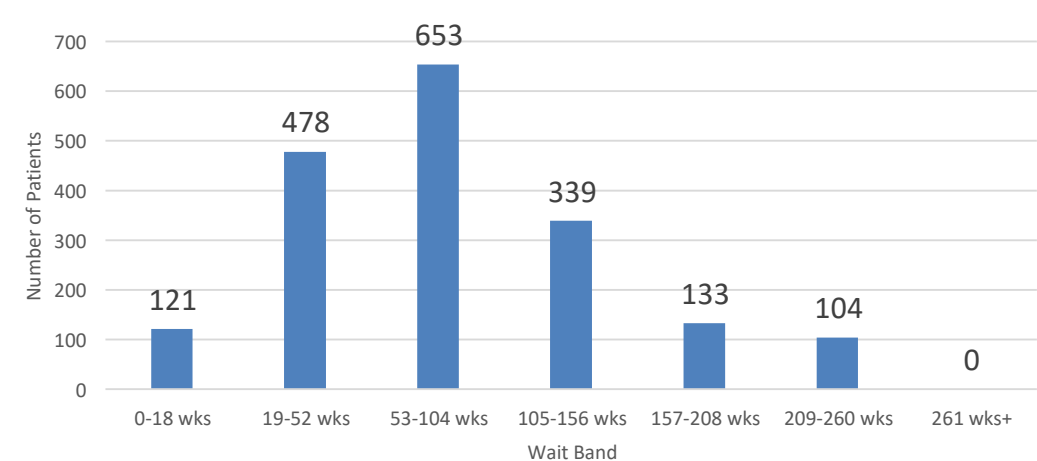
**PERFORMANCE OVERVIEW**  
Strategic Objective: Our Population  
Outcome Area: Thrive Well

Performance Rating	Decreasing
Latest Performance	1828 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

NDAS Total Awaiting 1<sup>st</sup> Appointment (inc unvetted)

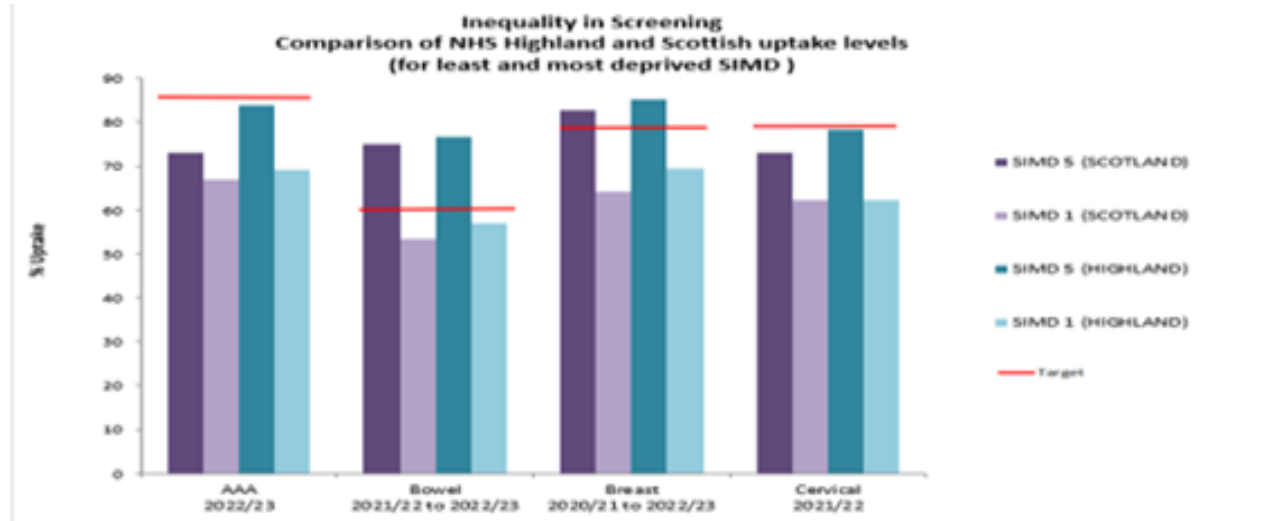
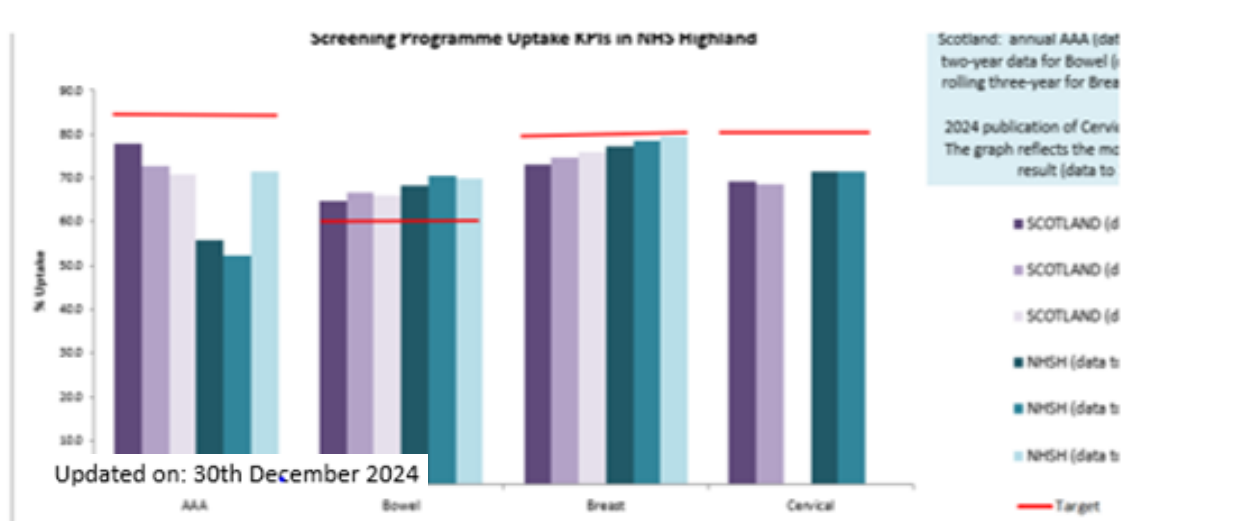


New + Unvetted Patients Awaiting 1<sup>st</sup> Appointment by wait band



Screening			
ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Encourage and promote screening programmes and increase uptake across available screening programmes above national targets.	Ongoing	<ul style="list-style-type: none"><li>A comparison of screening performance against Scottish benchmarks shows that the overall participation for NHSH is 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).</li><li>For performance monitoring for Pregnancy &amp; Newborn screening, actions to improve data quality and reporting from Badgernet have just been completed at end of 2024.</li><li>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 &amp; Newborn.</li><li>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.</li><li>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.</li></ul>	<p>Work continues to drive improvements within the screening programmes.</p> <p>The NHS Highland Screening Inequalities Plan 2023-26 outlines focused activities to specifically address equality gaps and widen access to screening.</p>

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





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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 Winter COVID vaccination programme has been undertaken for people aged 65+ and those more vulnerable. Other adult and child programmes also continue.

There has been some improvement in the timeliness of children's vaccination, but overall vaccination rates remain low, especially in Highland. Delivery models and staffing need to be improved. This is especially important for those missing vaccinations.

### 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.

The Vaccination Improvement Group has a detailed action plan for service improvement

### PERFORMANCE OVERVIEW

Strategic Objective: Our Population  
Outcome Area: Stay Well

#### Performance Rating

Below national  
averages

#### Latest Performance

Range of 84-94%

#### National Benchmarking

Below national  
average

#### National Target

95%

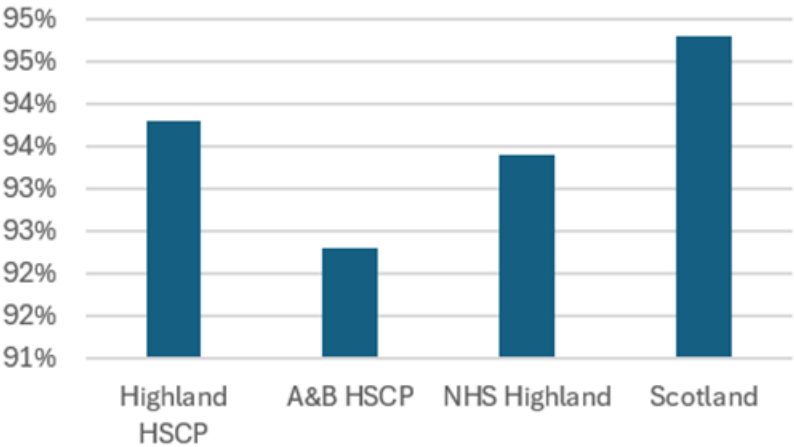
#### National Target Achievement

n/a

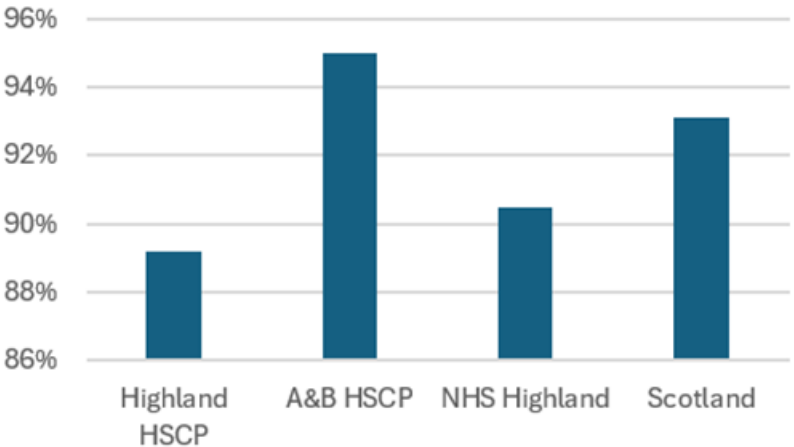
#### Position

n/a

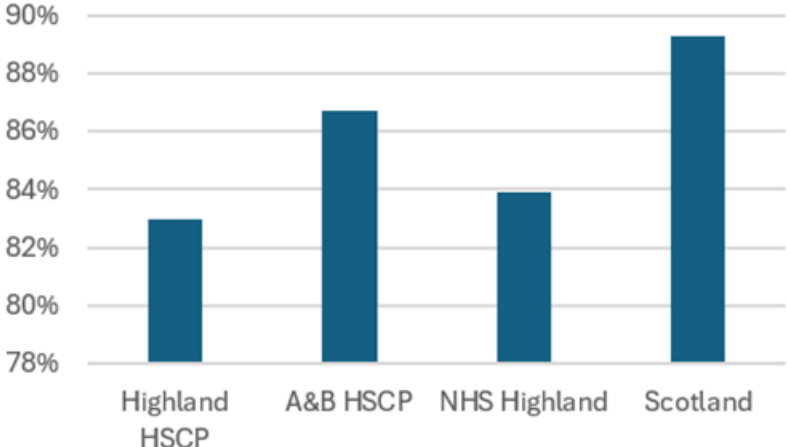
6 in 1 @ 12 months (2024/25 Q3)



MMR 1 at 24 months (2024/25 Q3)



MMR 2 at 5 years (2024/25 Q3)





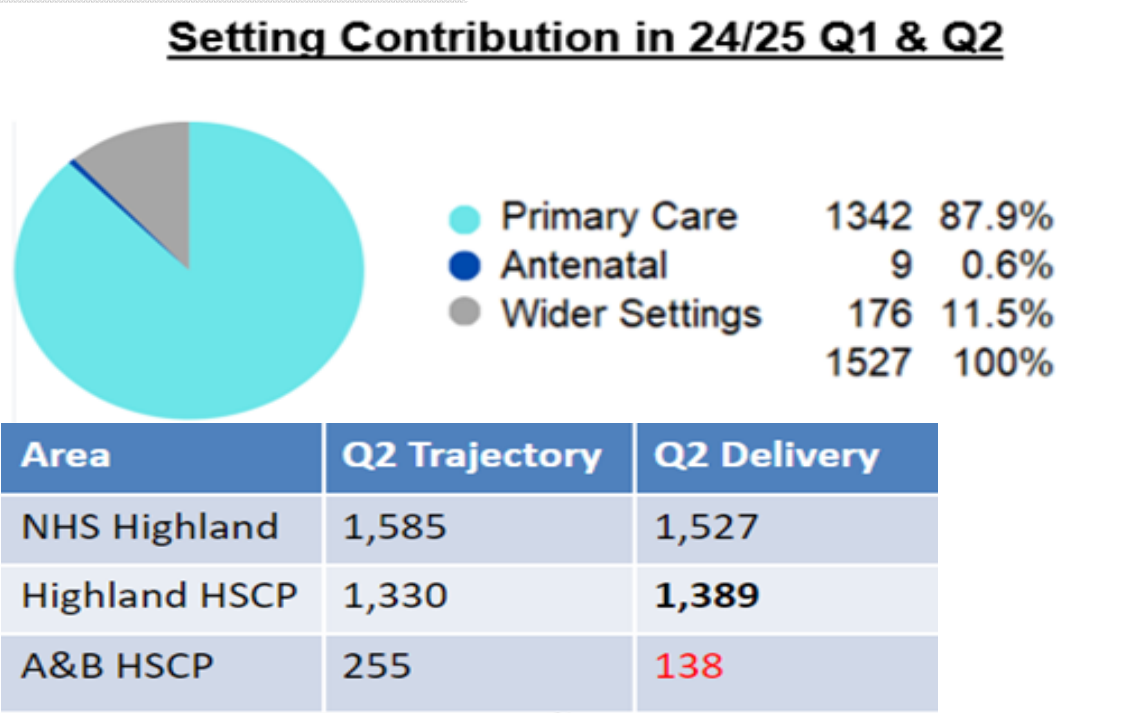
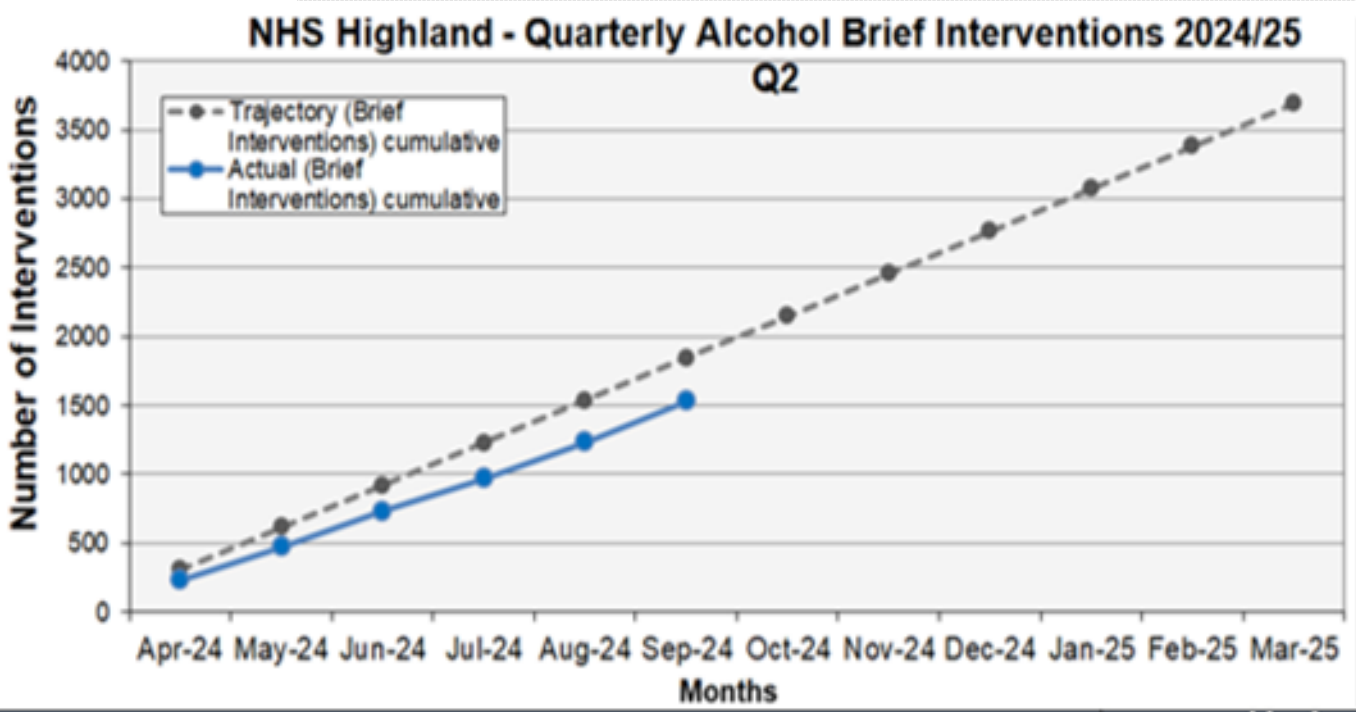
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**Exec Lead**  
**Dr. Tim Allison,**  
**Director of Public**  
**Health**

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"> <li>ABI delivery remains below target trajectory in each month for NHS Highland.</li> <li>Almost 88% of delivery in NHS Highland is due to delivery in GP settings.</li> <li>ABI delivery has increased to being very slightly above trajectory for Highland H&amp;SCP area in Q2.</li> <li>A small number of ABI's have been recorded in Argyll &amp; Bute in wider settings, which is why this is reflected as being below trajectory for NHS Highland.</li> </ul>	<ul style="list-style-type: none"> <li>Locally Enhanced Service for Alcohol Screening and Brief Interventions Service Level Agreement has been agreed for Highland H&amp;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.</li> <li>ABI meeting/training held in Sept to enhance whole Highland approach to Abi training. Plan to meet quarterly.</li> <li>National ABI Strategy and Performance review due to be published 29th October 2024.</li> </ul>
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





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Exec Lead  
Katherine Sutton  
Chief Officer, Acute

# Emergency Department Access

## 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
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

NHS Highland remains the 3rd best performing mainland board for under 4-hour Emergency Department turn-around. From 01-Dec First Attendance Planned patients will be included in the 4-hour performance result.

Performance for % of ambulance patients conveyed within 60 mins is currently 76.1% (aim = 100%). The downturn in Aug-24 may be attributed to a 16% increase in unplanned patients being conveyed to ED by road ambulance.

Over the past 4-weeks the number of patients waiting over 12 hours in ED has decreased by 50% across Nov-24. This may be attributed to a 7.7% decrease in patients attending ED in the period.

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

## Plans and Mitigations

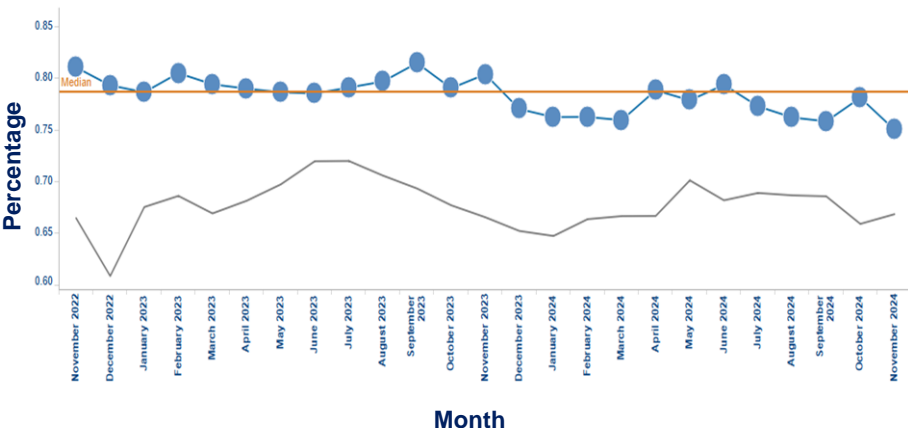
Initial 90 Day Urgent & Unscheduled Care recovery plan is complete with consolidating and new actions brought forward into a second 90-day plan. Focuses are:

- Community Response/Capacity
- Managing demand for ED
- Flow at the Front Door (ED)
- Flow through Hospitals
- Managing transitions of care

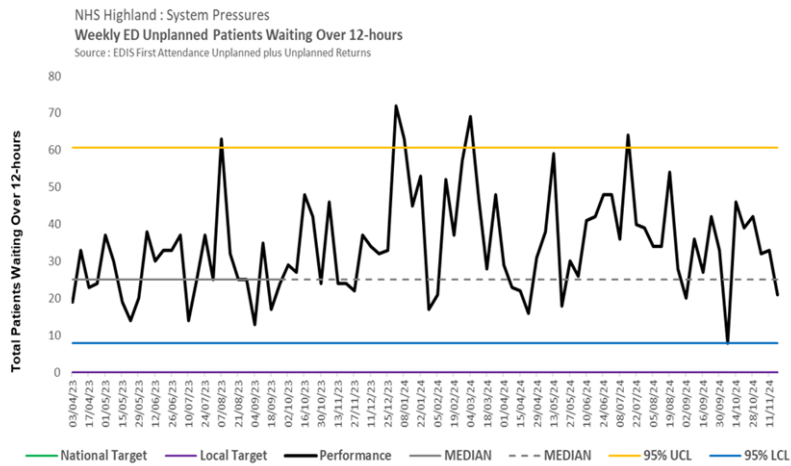
Next steps are to review opportunities in the Urgent Care "Heatmap" identified by CfSD to support flow

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Respond Well	
Performance Rating	Decreasing performance
Latest Performance	75.0%
National Benchmarking	66.9% Scotland average
National Target	95%
National Target Achievement	NHS H as a whole remains above the Scotland average, but off target
Position	6th out of 14 Boards

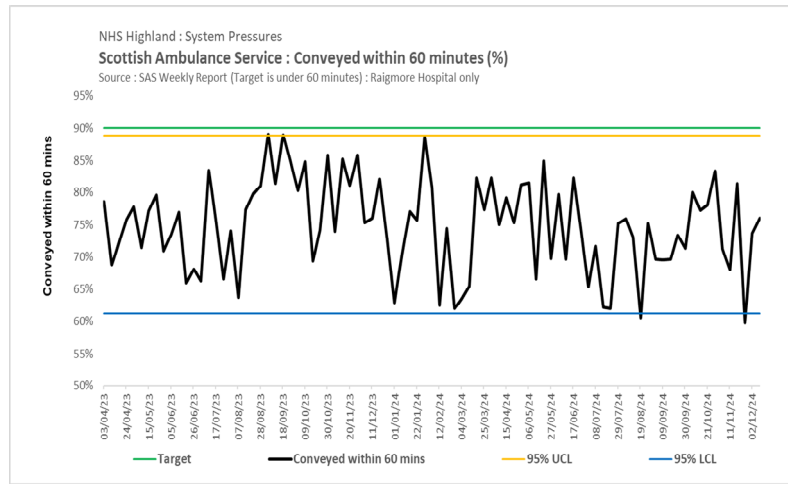
People seen in ED within < 4 hours (P)



Total Patients waiting > 12 hours in ED (Q)



Ambulance Handover < 60 mins (Q)







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

## Delayed Discharges

### ADP Deliverables: Progress as at End of Q2 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

At the census point of 28th November, the number of standard delays has increased to 195, split as 169 for Highland HSCP and 26 in Argyll & Bute.

Availability of Care at Home and Care Home capacity has direct impact on the current number of Delayed Discharges. Workforce availability is an ongoing challenge.

### Plans and Mitigations

Initial 90 Day Urgent & Unscheduled Care recovery plan is complete with consolidating and new actions brought forward into a revised UUSC Improvement Plan.

Our System Capacity Group has made progress in discovery work which has led to the development of initiatives to reduce DHDs.

- Increased Care Home placements
- Increased Community Hospital capacity
- Surge capacity identified in Acute services
- Specific focus and plans in Inverness
- AHP at the front door in Raigmore
- Development and delivery of SOPs to support discharge without delay

The planned development of our Frailty programme will support longer term transformational change in how we reduce delayed hospital discharges. Mental Health pathways also to be developed.

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

### Performance Rating

Below trajectory

### Latest Performance

253 at Census Point  
7,647 bed days lost

### National Benchmarking

Engagement through  
national CRAG group

### National Target

30% reduction of  
standard delays from  
baseline

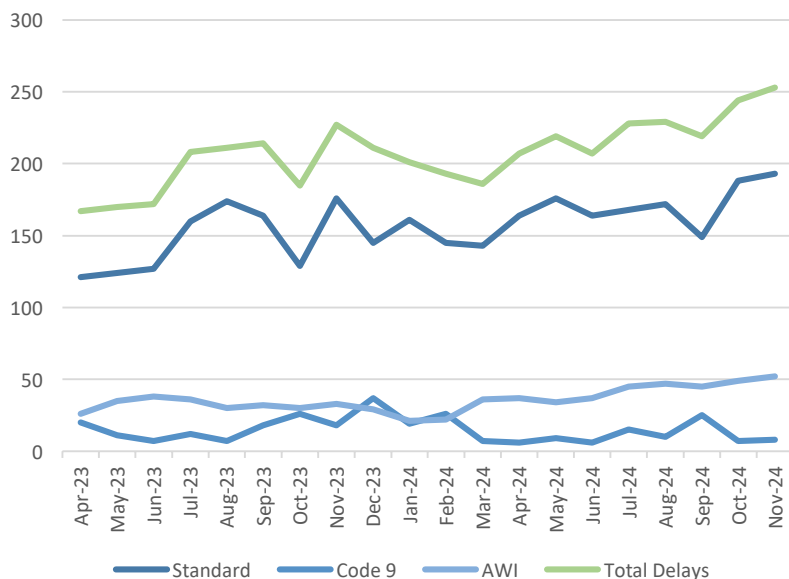
### National Target Achievement

Not Met

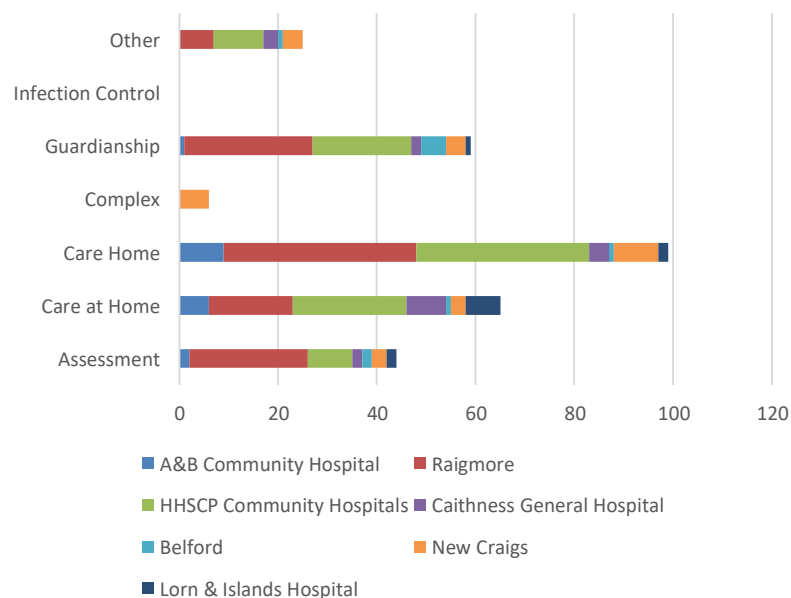
### Position

14<sup>th</sup> out of 14 Boards

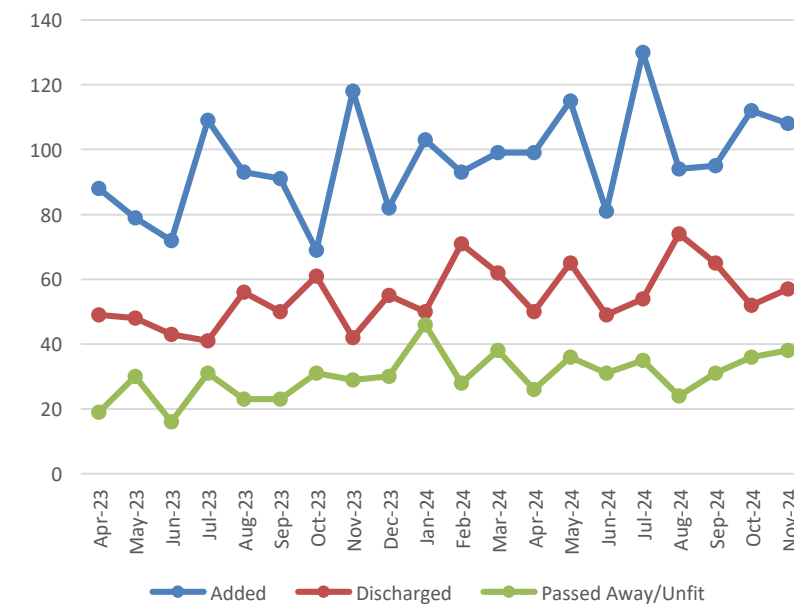
## Delayed Discharges at Monthly Census Point (P) - NHS Highland inc A&B



## Delayed Discharge – Location and Code (P&Q)



## HHSCP Delayed Discharge – Patients Added VS Discharged (Q)





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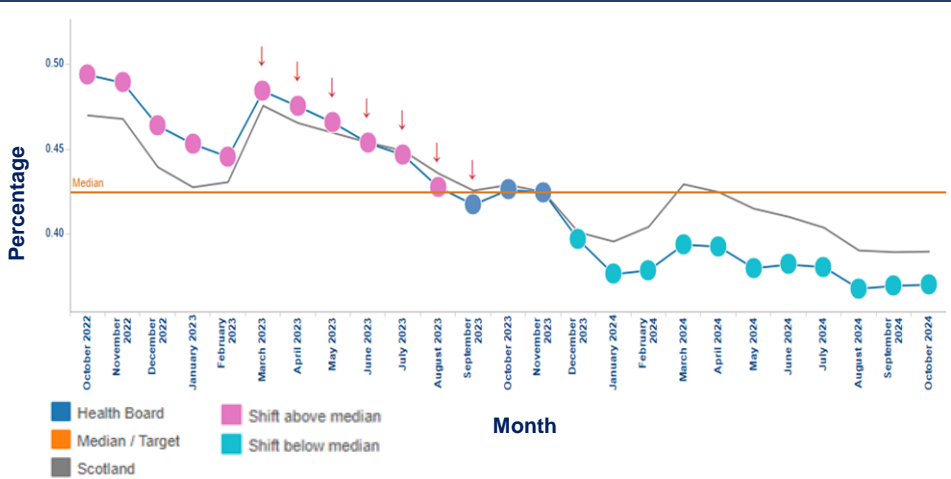


Exec Lead  
Katherine Sutton  
Chief Officer, Acute

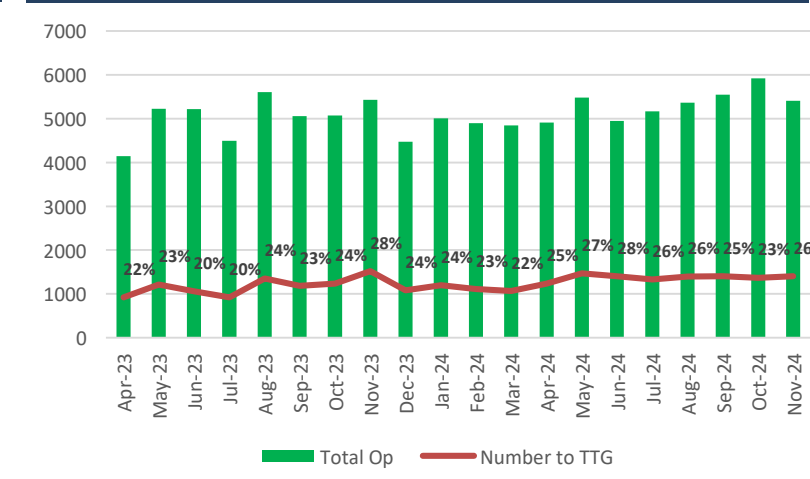
Outpatients (New Outpatients – NOP – seen within 12 week target) – Slide 1 of 2				
ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance		Plans and Mitigations
Increase in virtual appointments to improve efficiency and reduce travel associated.	Aug 24	<p>The number of NOP seen within 12 weeks is 37% which is below the Scottish average.</p> <p>Reasons for level of performance include:</p> <ul style="list-style-type: none"><li>• Inconsistencies in the application of clinic booking processes and Patient Access Policy</li><li>• Approach to adherence to principles of WTG at service level.</li><li>• Approach to list management for long waits at service level</li><li>• 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</li><li>• 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</li><li>• Overall increasing numbers of NOP referrals into services</li></ul>	<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 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 performance but near Scotland average; activity levels above target
Latest Performance	37.0%
National Benchmarking	39.0% Scotland average
National Target	95%
National Target Achievement	Target not met Below lower control limit
Position	11th out of 15 Boards

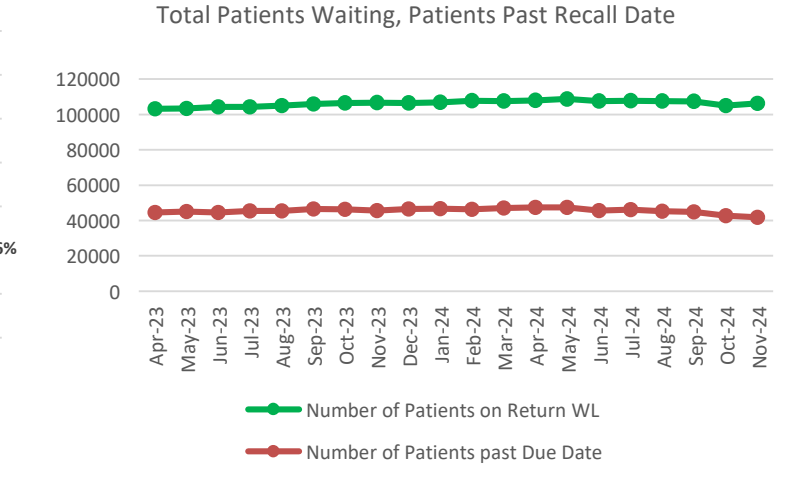
Outpatients Seen <12 Weeks (P)



OP Conversion Rates to TTG (Q)



Return Outpatients Wait List (P)





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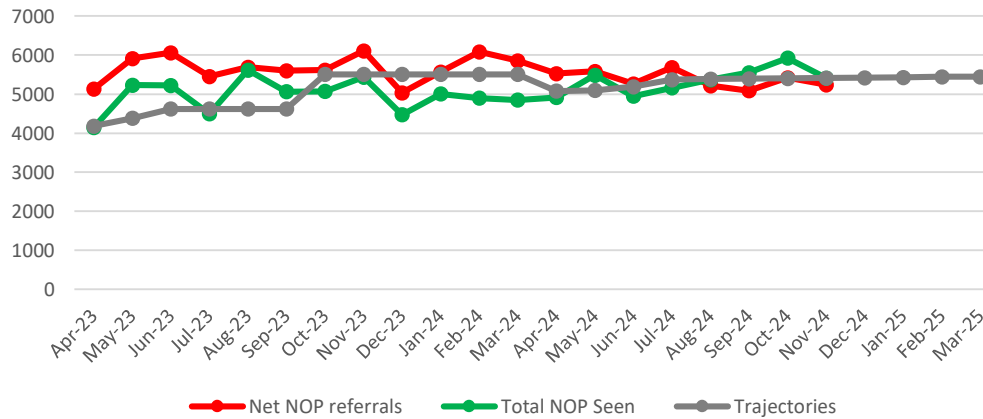
Exec Lead  
Katherine Sutton  
Chief Officer, Acute

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

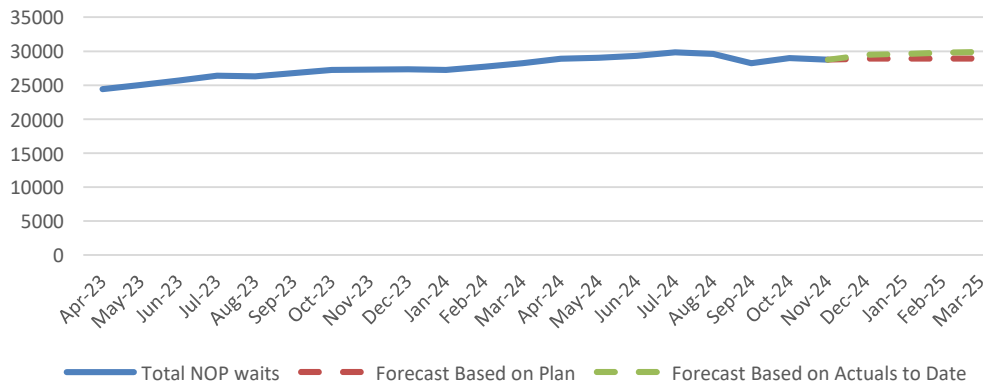
### Target 2 – ADP Target

Yearly Trajectory	YTD Performance	Patients Seen - Nov 24	Overall
64,045	42,318 (66.08%)	42,763 (66.77%)	0.69% above target

### Referrals, Patients Seen & Trajectories (P)

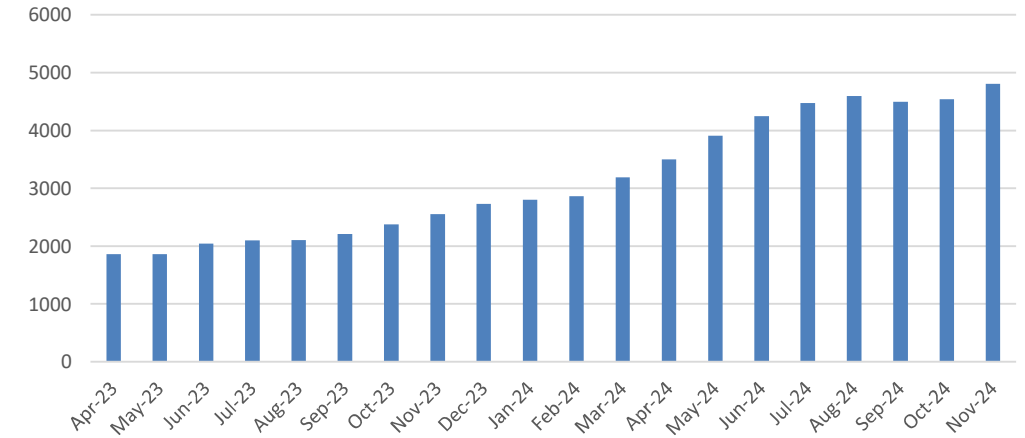


### Waiting List & Projection (P)



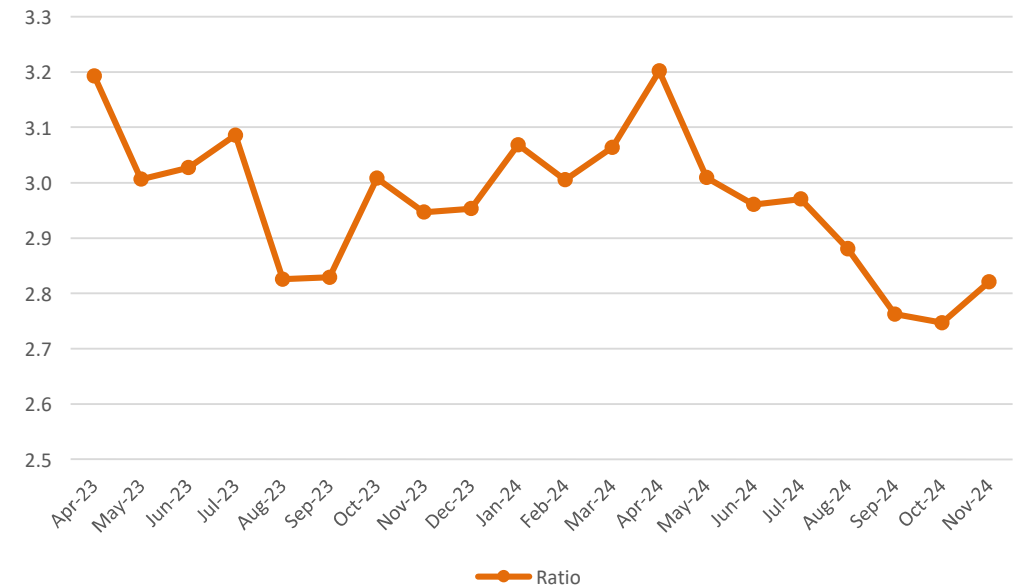
### Target 3 – Long Waits

OP Patients Waiting Over 52 Weeks



### Follow Up (Q)

Outpatient Follow Up Ratio







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

### ADP Deliverables

#### Progress as at End of Q2 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.

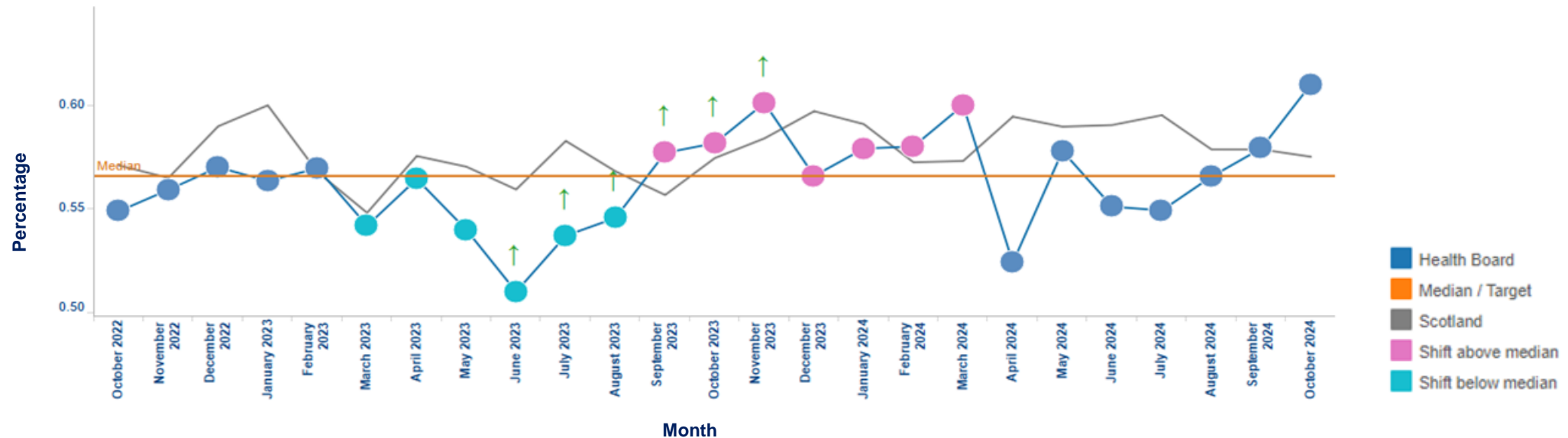
### Plans and Mitigations

- 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	61.0%
National Benchmarking	57.5% Scottish average
National Target	100%
National Target Achievement	Target Not Met; Above median for 1 month after 2 below
Benchmarking	6 <sup>th</sup> out of 15 Boards

### TTG Seen <12 Weeks (P)





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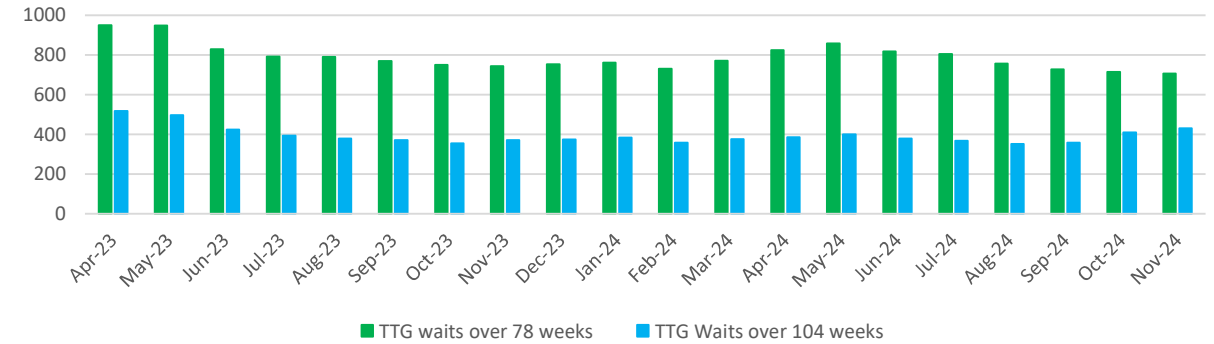
## Treatment Time Guarantee Slide 2 of 2: TTG Activity, Long Waits & Projections

### ADP Targets (P)

Yearly Trajectory	YTD Performance	Patients Seen - Nov 24	Overall
17,603	11,744 (66.72%)	11,741 (66.70%)	0.02% behind target

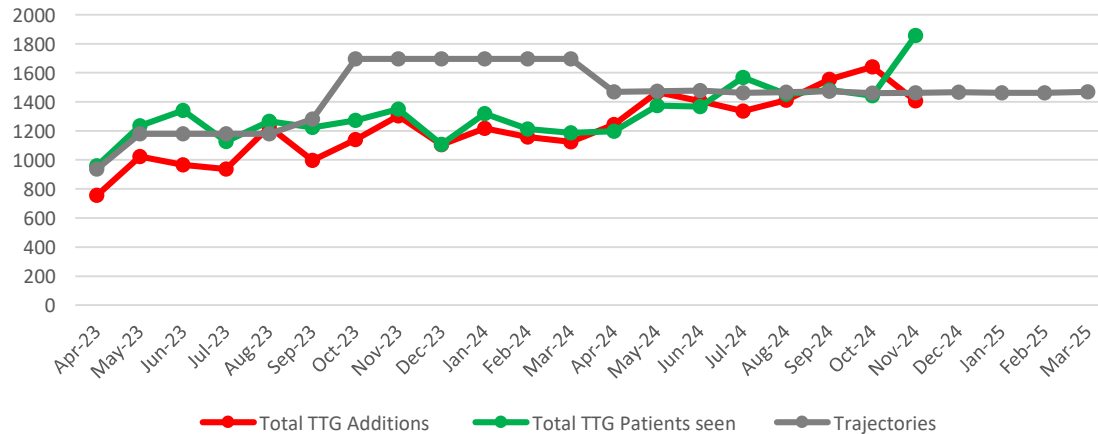
### Long Waits (P&Q)

TTG Patients Waiting Over 78/104 Weeks

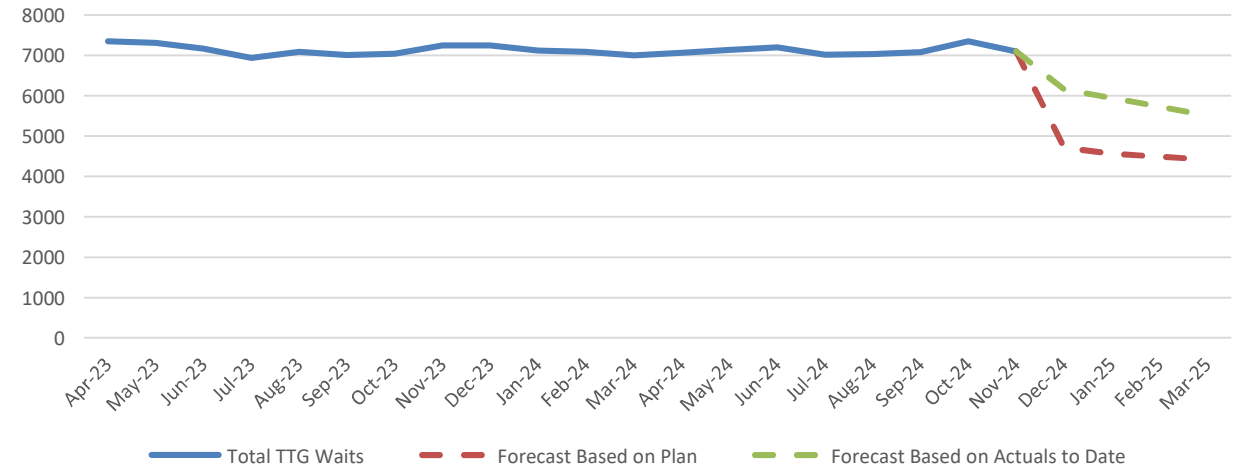


### Referrals, Patients Seen & Trajectories (P)

Planned Care Additions, Patients Seen & Trajectories



### Waiting List & Projection (P)





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# 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 meeting planned trajectories. Unplanned demand remains fairly constant.

## Plan and Mitigation

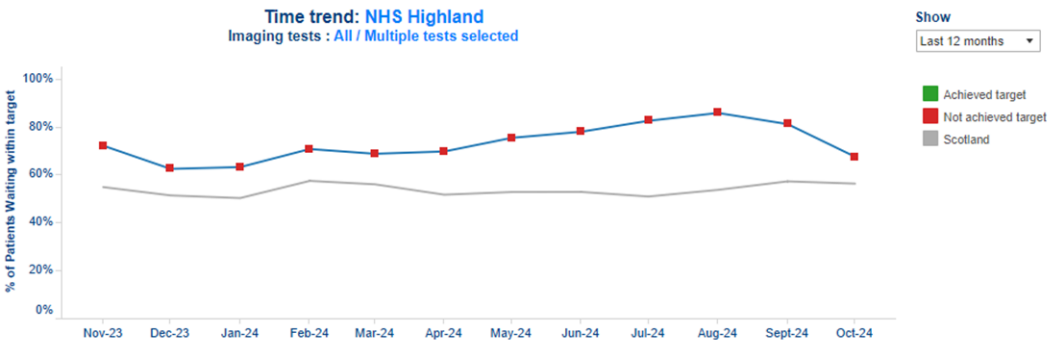
A workshop was held Dec 2024 to identify areas of improvement. Priorities moving forwards:

- Centralise radiology booking team
- IR(ME)R admin review
- Implement Patient Hub waiting list validation
- Cost conversion model
- Input / engagement with the OPEL system and how radiology plays a part in this
- Cost of missed appointments investigation and awareness

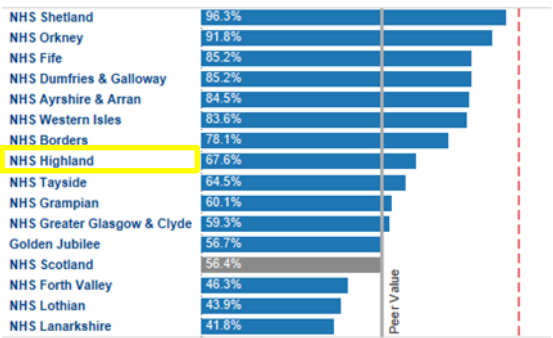
PERFORMANCE OVERVIEW  
Strategic Objective: Our Population  
Outcome Area: Treat Well

Performance Rating	0.13% below ADP
Latest Performance	67.6%
National Benchmark	56.4%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	While national target not met, performance in NNSH is best ahead of Scotland average
Benchmarking	8 <sup>th</sup> out of 15 Boards

## Imaging Tests: Maximum Wait Target 6 Weeks

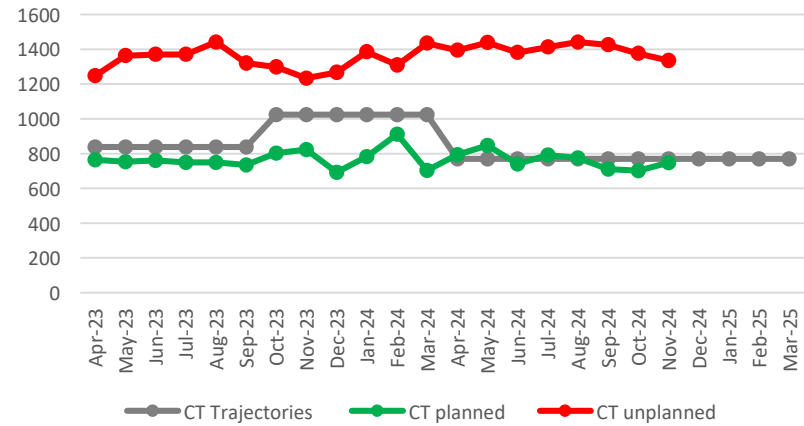


## Benchmarking with Other Boards

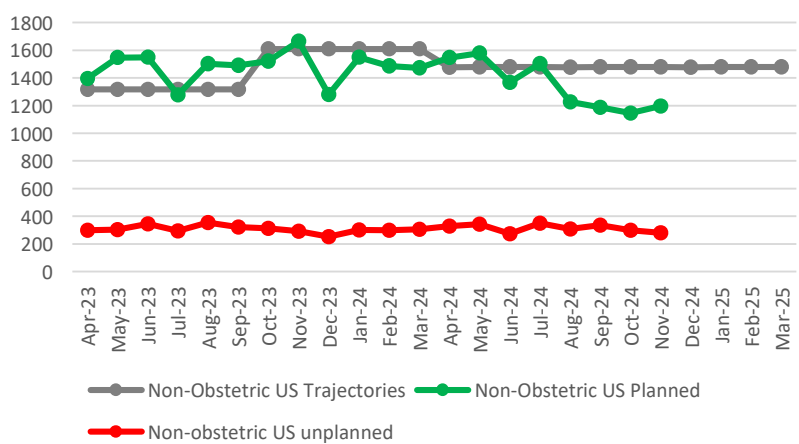


Yearly Trajectory	YTD Target	Patients Seen- Nov 2024	Overall
33,229	22,150 (66.66%)	22,106 (66.53%)	0.13% Below target

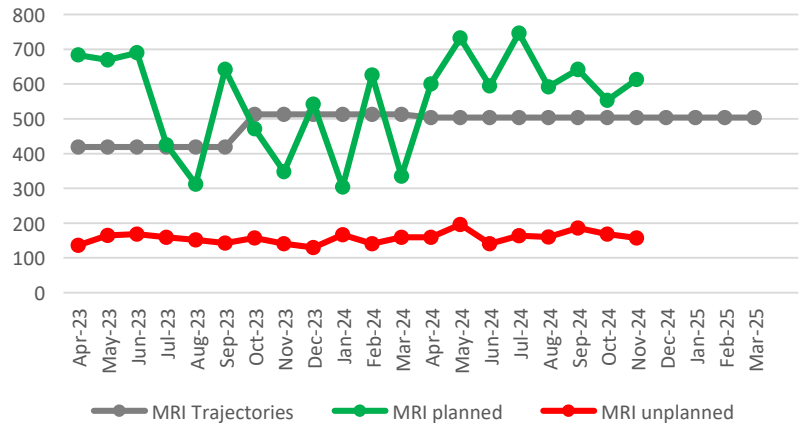
## CT Patients Seen & Trajectories



## Non-Obstetrics Patients Seen & Trajectories



## MRI Patients Seen & Trajectories





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**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.  
Medilogik EMS to be used for all Cystoscopy procedures from 1st February 2025

## Insights to Current Performance

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.

## Plan and Mitigation

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

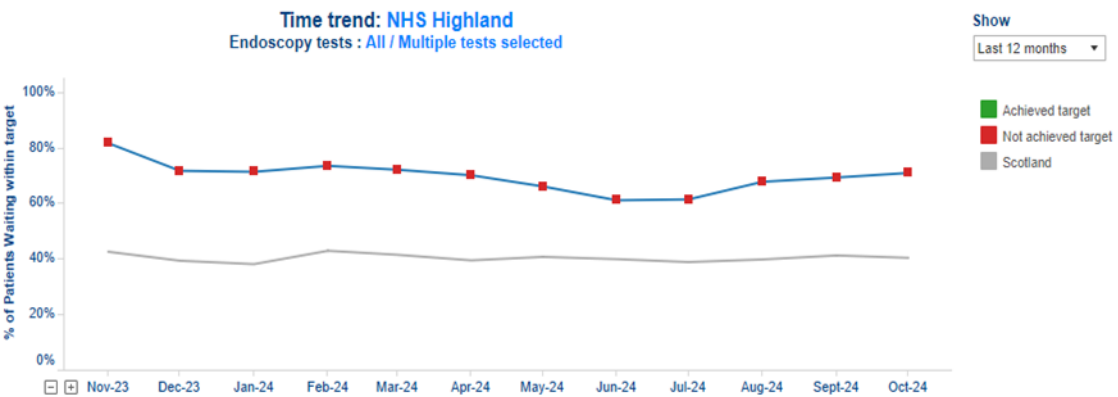
Cystoscopy – appointment type review to be completed

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

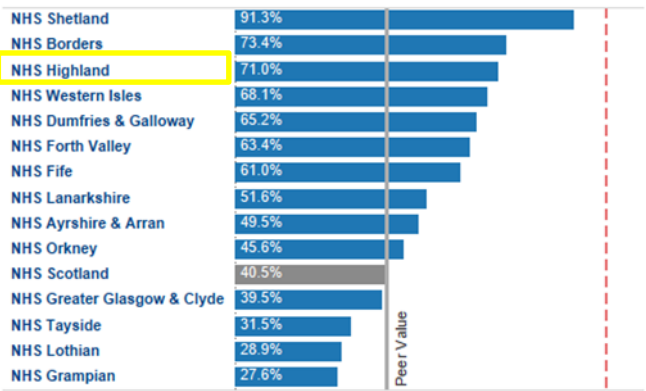
Performance Rating	Meeting ADP Target
Latest Performance	71.0%
National Benchmark	40.5%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	While national target not met, performance in NHSH is best ahead of Scotland average
Benchmarking	3 <sup>rd</sup> out of 14 Boards

Yearly Trajectory	YTD Target	Patients Seen - Oct 2024	Overall
6,576	4,384 (66.67%)	4,478 (68.10%)	1.43% over target

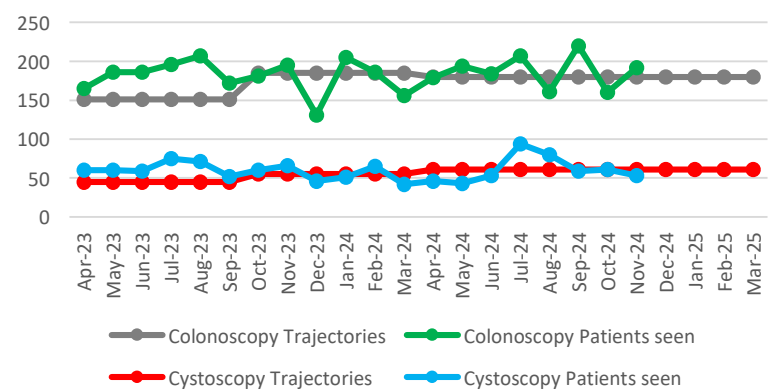
## Endoscopy Tests: Maximum Wait Target 6 Weeks



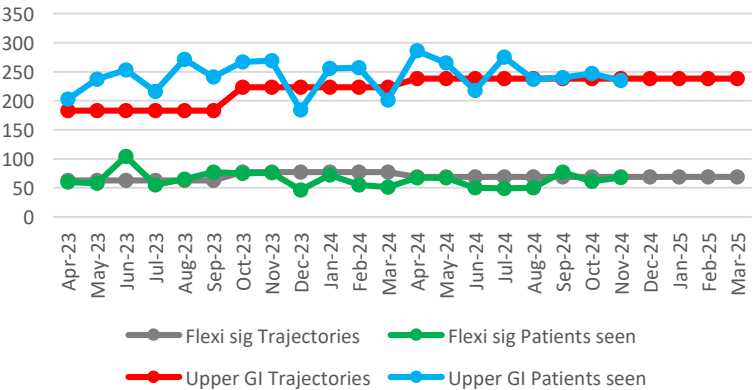
## Benchmarking with Other Boards



## Colonoscopy & Cystoscopy: Patients Seen & Trajectories



## Flexi Sig & Upper GI: Patients Seen & Trajectories





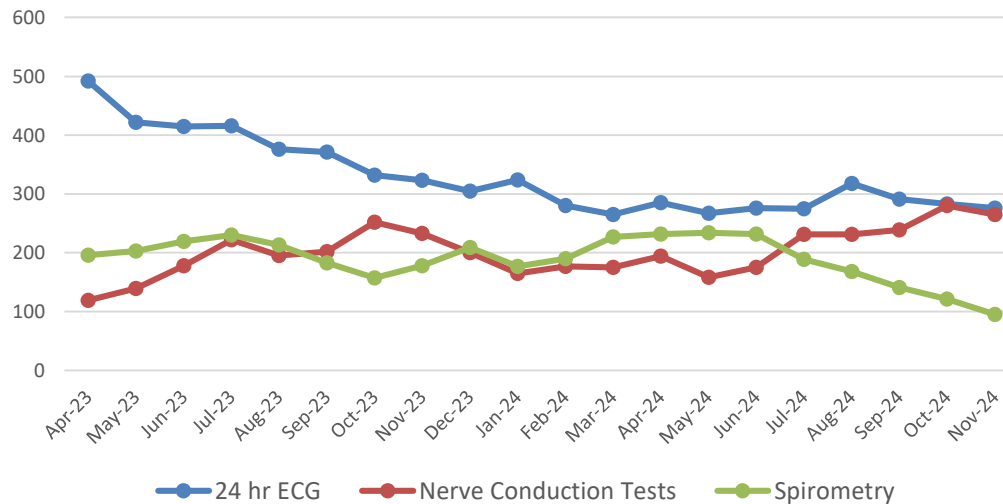
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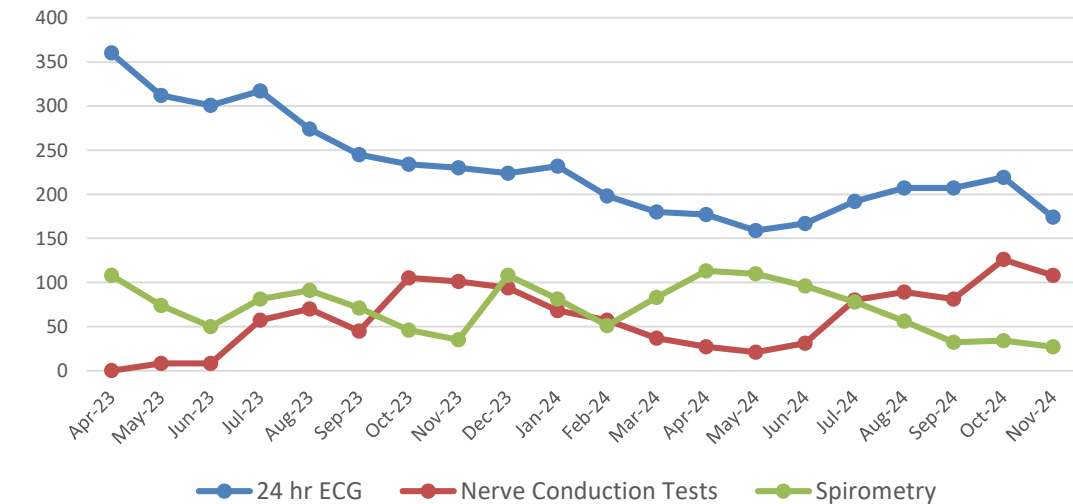
Exec Lead  
Katherine Sutton  
Chief Officer, Acute

## Diagnostics Wait List - Other

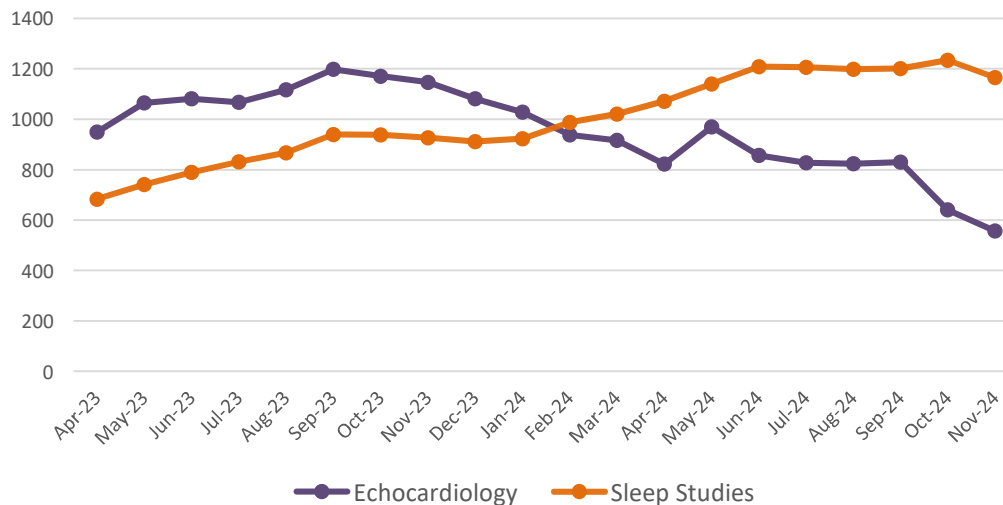
Total Waiting List Size  
24hr ECG, Nerve Conduction Tests & Spirometry



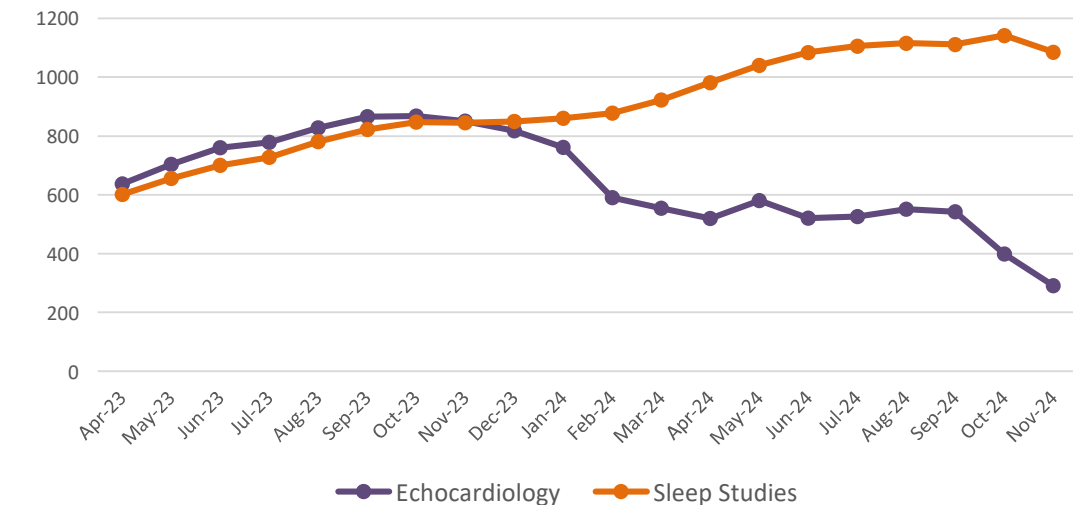
Patients Waiting >6 Weeks  
24hr ECG, Nerve Conduction Tests & Spirometry



Total Waiting List Size  
Echocardiology & Sleep Studies



Patients Waiting >6 Weeks  
Echocardiology & Sleep Studies







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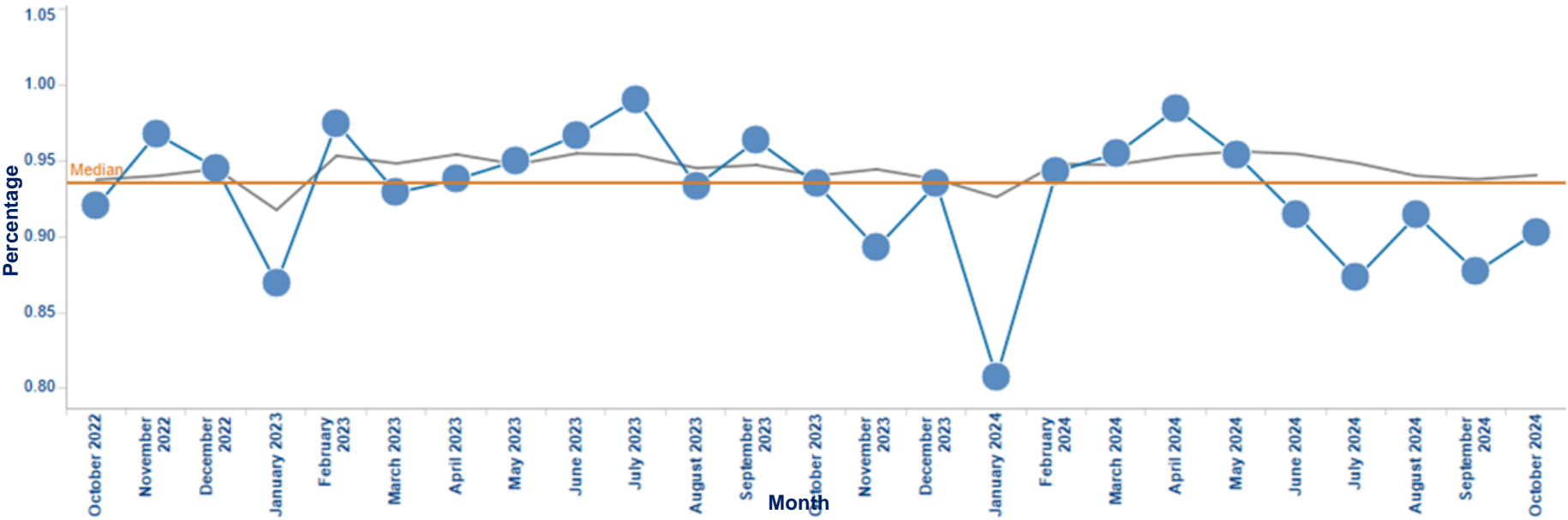


Exec Lead  
Katherine Sutton  
Chief Officer, Acute

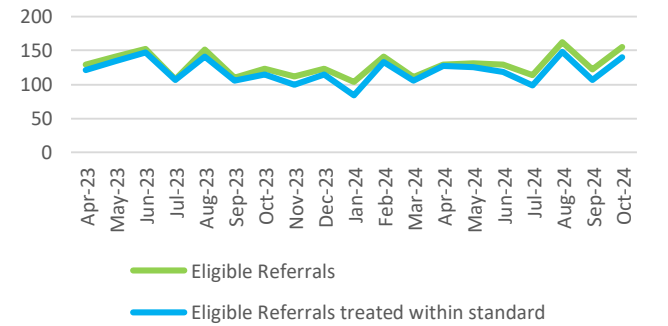
31 Day Cancer Waiting Times			
ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plan and Mitigations
Implement the local actions identified to meet the Framework for Effective Cancer management	Mar 25	Increasing demand and lack of workforce to manage / deliver <b>oncology</b> 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	Below national average
Latest Performance	90.3%
National Benchmarking	94.1% Scotland average
National Target Achievement	Last met in May 2024
Position	14th out of 15 Boards

## 31 Day Cancer Waiting Times



## Patients Seen on 31 Day Pathway



## 31 Day Benchmarking with Other Boards





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Katherine Sutton  
Chief Officer, Acute

# 62 Day Cancer Waiting Times

## ADP Deliverables Progress as at End of Q2 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 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.

## Plans and Mitigations

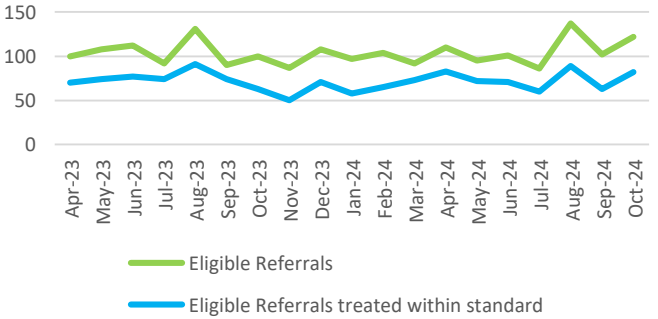
Development of national oncology target operating model. Finance and workforce gap analysis underway to realise national working.

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

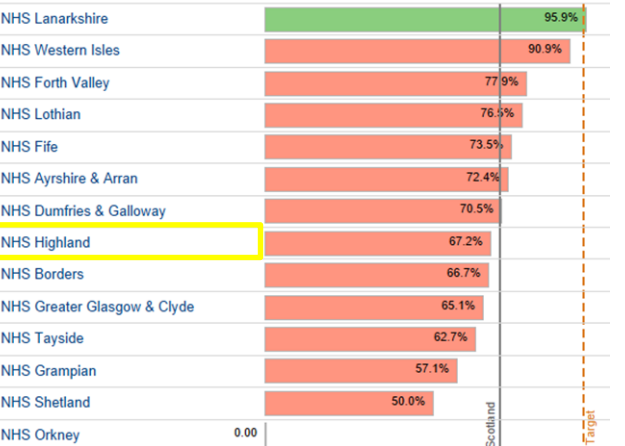
## PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well

Performance Rating	Below national average
Latest Performance	67.2%
National Benchmarking	70.1% Scotland average
National Target	95%
National Target Achievement	Nationally target not achieved in some time
Position	8th out of 14 Boards

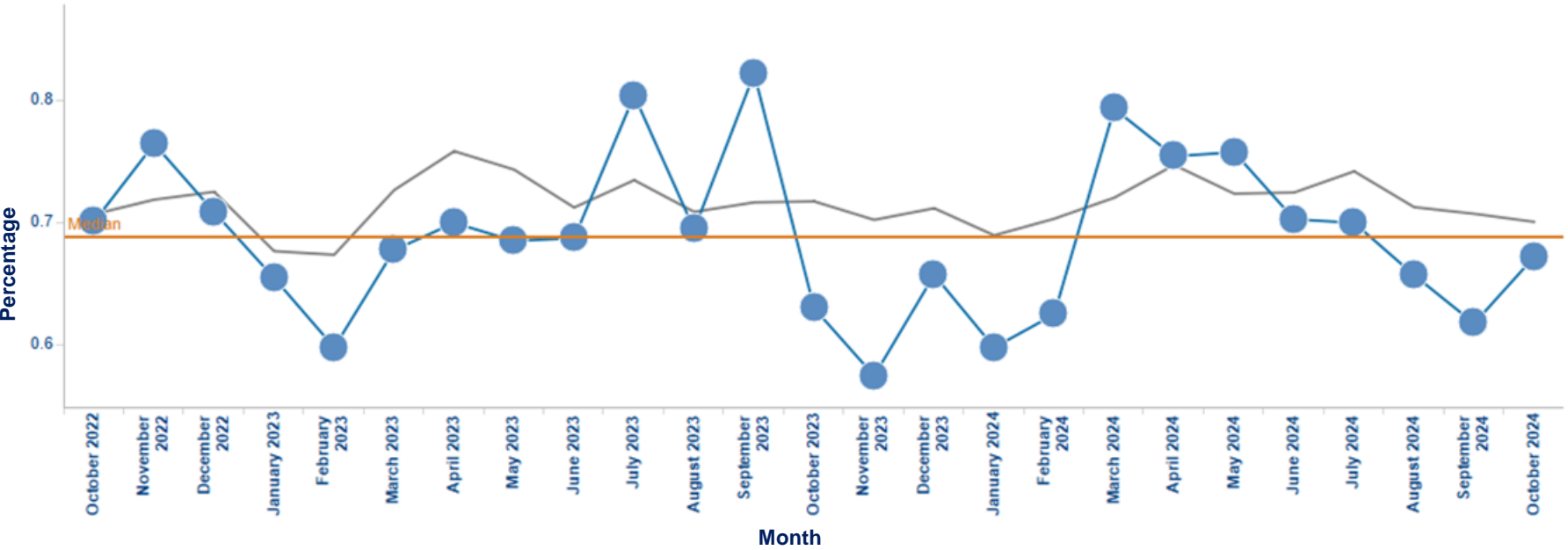
## Patients Seen on 62 Day Pathway



## 62 Day Benchmarking with Other Boards



## 62 Day Cancer Waiting Times





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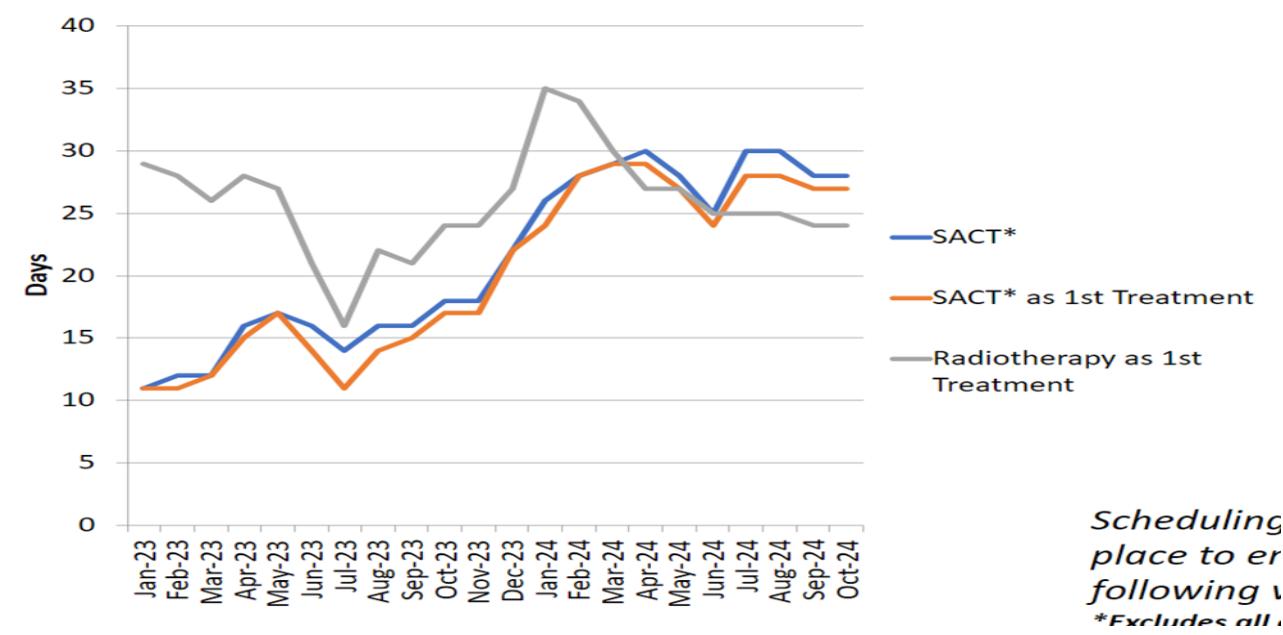


Exec Lead  
Katherine Sutton  
Chief Officer, Acute

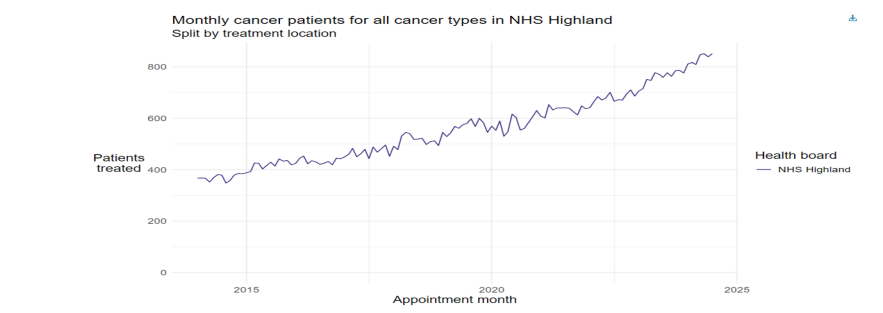
SACT Access and Benchmarking			
ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Moving towards networked delivery of Oncology & SACT services aligned to developing national strategy	Mar 25	Waiting times to start SACT and Radiotherapy treatment 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	Stable
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

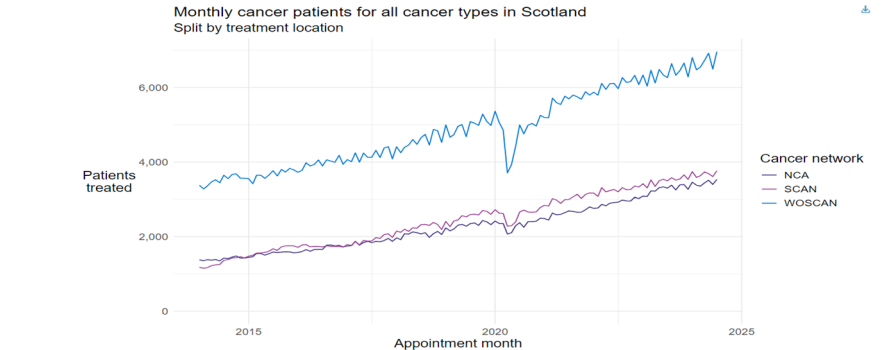
## Systemic Anti Cancer Therapy – Waiting Times



## Highland Patient Numbers (P)



## Scotland Patient Numbers (P)







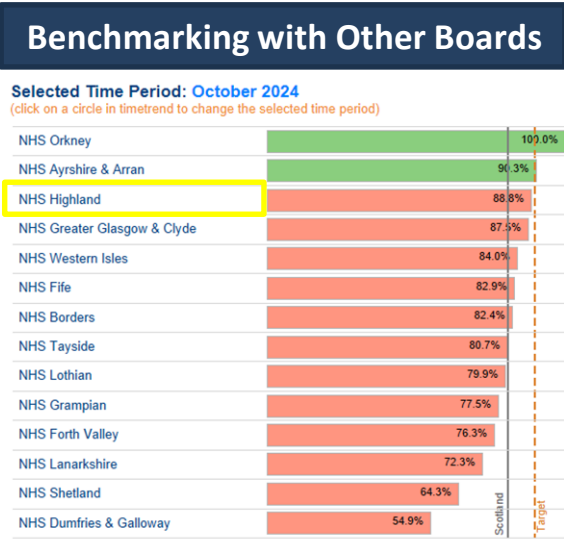
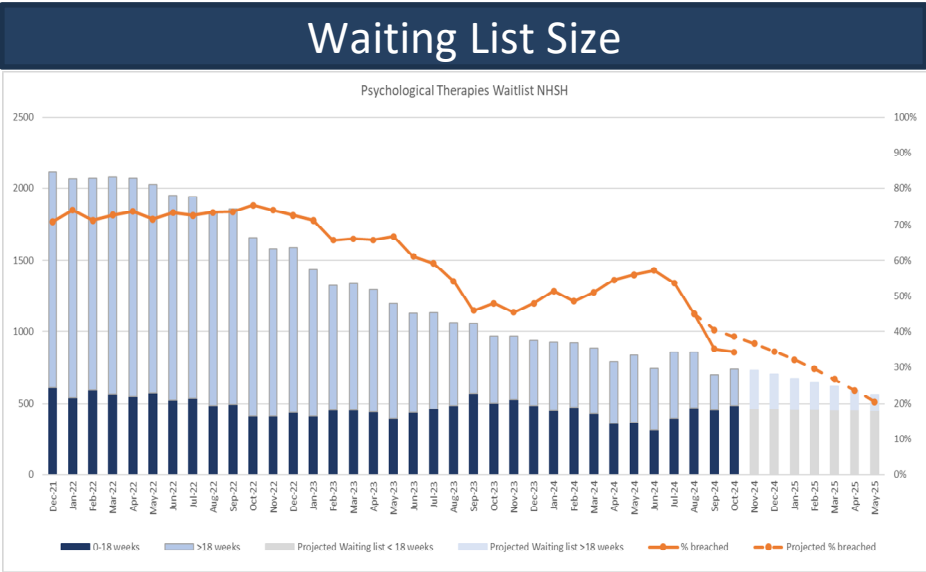
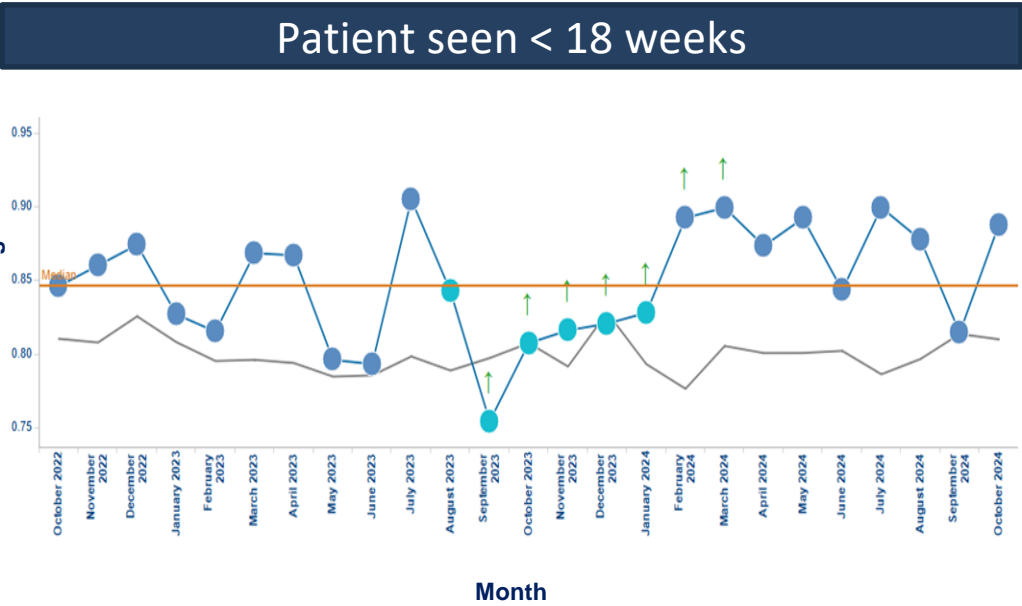
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**Exec Lead**  
**Pamela Stott Chief**  
**Officer, HHSCP**

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"><li>•Recruited x2new Clinical Psychologists in Adult Mental Health Psychology.</li><li>•The Psychological Therapies Steering Group is currently under review as we will be aligning it with the requirements of the PT National Specification</li><li>•Our data dashboard has been developed to reflect the KPIs identified and those required for reporting to Scottish Government.</li><li>•The development of our digital dashboard and data gathering activities has allowed us to utilise intelligence proactively to improve waiting times.</li></ul>
		Mar 25	

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	Below target but performance improved
Latest Performance	88.8%
National Benchmarking	81% Scotland average
National Target	90%
National Target Achievement	Consistent improvements in targets and downward trajectory
Position	3rd out of 14 Boards





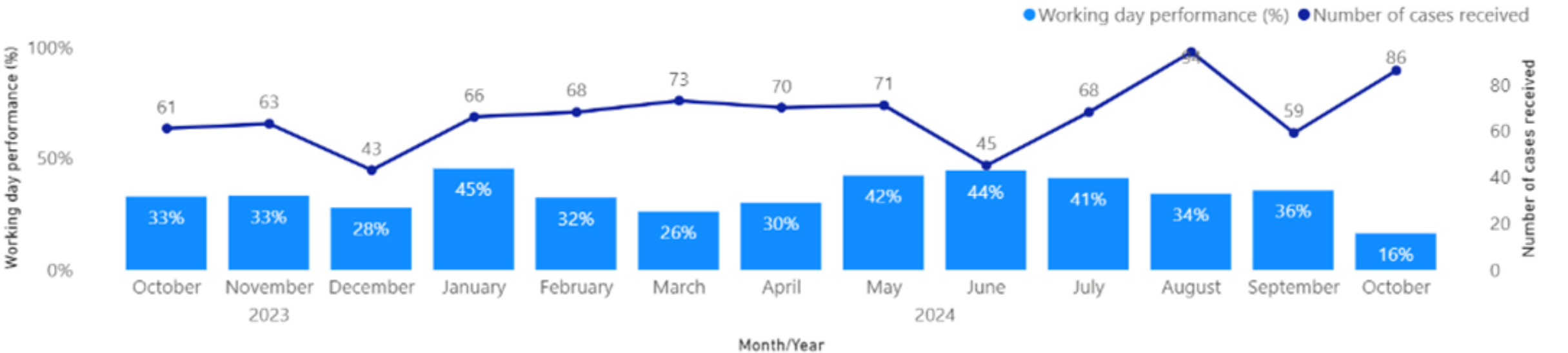
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**Exec Lead**  
**Boyd Peters**

Complaint Activity (October 2023 – October 2024)			PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
ADP Deliverables Progress as at End of Q3 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.  Performance in October has been poor.	Complaints training has been arranged for acute services on 14 and 21 January. This will cover investigation, preparing a response and action planning.  Improvement work continues in HHSCP	
				Latest Performance
				National Benchmarking
				National Target
				National Target Achievement
				Position

Stage 2 Cases (excluding further correspondence and SPSO)



Top 3 complaint Issues (last 3 months)

- 1. Treatment
  - Poor care
  - Delays in diagnosis / treatments
- 2. Communication
  - Patient / carers not given full information
  - Patient / carers not fully involved in treatment decisions
- 3. Waiting times / delays
  - Outpatients

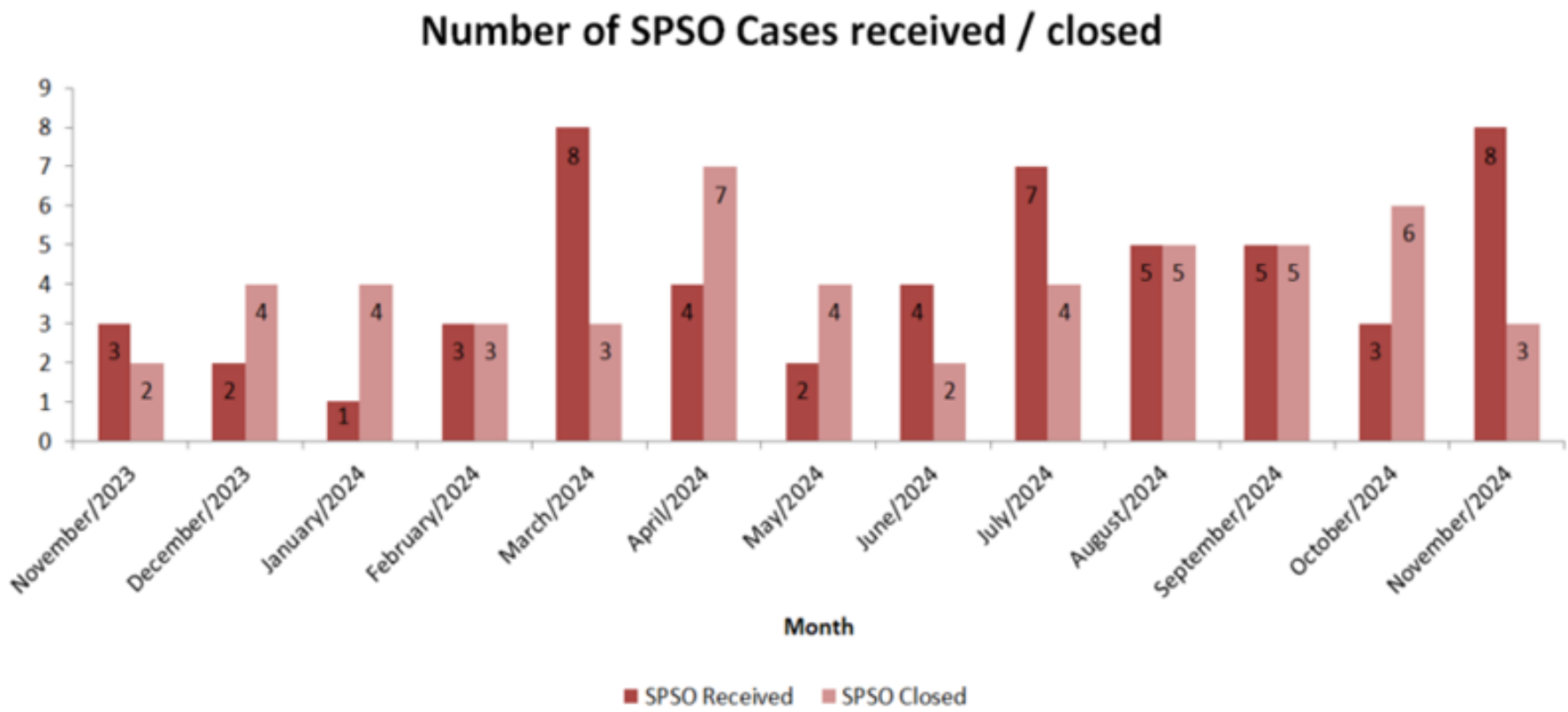


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Boyd Peters

SPSO Activity (November 2023 – November 2024)			PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
ADP Deliverables Progress as at End of Q3 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 cases received last 3 months:**  
16 received: 8 Acute, 3 A&B and 5 HHSCP.  
These relate to care and treatment, NDAS service and Adult Social Care Services.

**SPSO cases closed last 3 months:**  
14 SPSO enquiries closed. 13 not taken forward, 1 not upheld

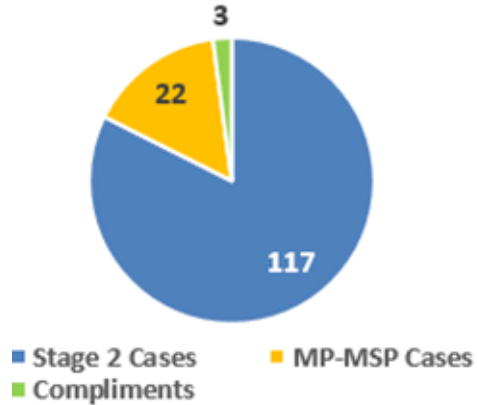


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Type of Correspondence  
Received



**3 compliments have been registered. Patients praised:**

- Excellent care and treatment received.

Within the 12-month period a total of 117 complaints were received relating to Mental Health services. The main issues included communication, waiting times, treatment and discharge arrangements

Within the 12-month period there has been a total volume of 2997 incidents raised relating to Mental Health Services. The main categories were falls, medication, self-harming behaviour, and violence and aggression



### The Patient Said...

There was a lack of Psychiatric care and treatment since their discharge from Lochgilphead Hospital almost a year ago.

### What We Did..

Apologised and arranged for patient to be reviewed by Consultant Psychiatrist every 3 months and contact with CMHN every 2 weeks to manage medication.



### The Family Said..

There was poor communication regarding brother's care and discharge planning from MHS to a community care setting.

### What We Did..

Reviewed daily management practices and ensure that any discharge planning meetings are clearly communicated.



### Family Involvement in patient care...

Learning from a Case Review was included at the MHL & DARS Learning Event. Discussion around themes from NCISH '10 Ways to Improve Safety' that includes family involvement.

**Next steps...** to consider cyclical self-assessment against NCISH '10 Ways to Improve Safety' as part of MH Clinical Governance.



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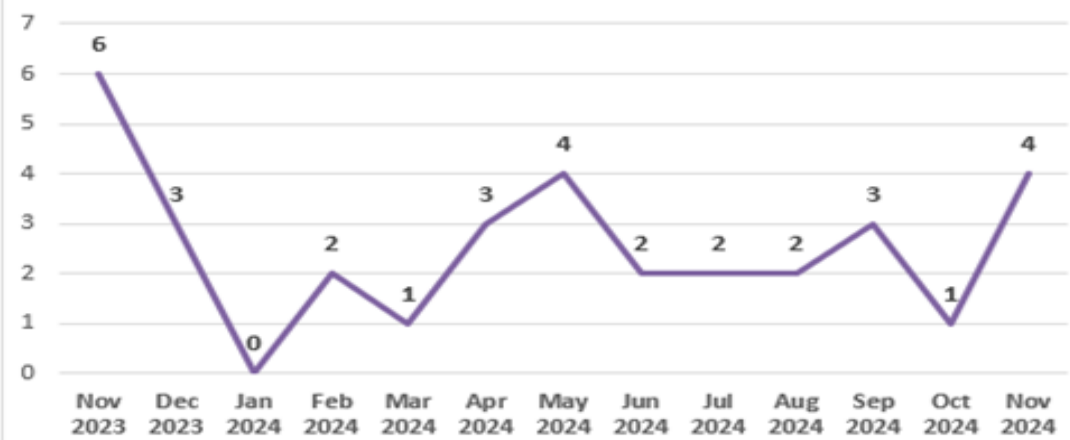


**Exec Lead  
Boyd Peters**

Level 1 (SAER) & Level 2A incidents (November 2023 – November 2024)			
ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
N/A		Work has been progressing to reduce the number of overdue SAER actions. There has been improvement.	New national frameworks for adverse events is due to be published in 2025. There will be a review and refresh of our SAER policy and procedures.
		7 SAER cases have been active for more than 26 weeks	Continue to review and close actions.
		45 Level 2a cases been active for more than 12 weeks	Review of all the over due active SAERs and Level 2a

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

SAERs declared Nov 23 to Nov 24



OUTSTANDING ACTIONS	LEVEL 1 / SAER	LEVEL 2A
Acute	40	11
HHSCP	6	1
Argyll	32	10
Corporate	0	3
NHS Highland	78	25
All Level 1 / SAER actions are overdue, apart from 5 due in the next month. All Level 2A actions are overdue apart from 1 due this month.		

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

In the 13-month period a total of 17,184 incidents have been raised across NHS Highland. A total of 33 Level 1 (SAERs) have been declared, giving a conversion rate of 0.19%.

Current Status (no date restriction) :

- 93 major and extreme risk graded incidents remain open
- 20 active level 1 cases, 7 have been active for over 26 weeks.
- 52 active level 2A cases, 45 have been active for over 12 weeks



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Exec Lead  
Louise Bussell

# Hospital Inpatient Falls (November 2023 – November 2024)

## ADP Deliverables

Progress as at End of Q3 2024/25

Reducing trend in falls

Falls with harm reduced below the mean

## Insights to Current Performance

Falls are below the mean for the last 4 months despite additional beds being opened across the Board.  
Surgical - all patient falls have reduced steadily over the last 12 months, with a sustained change from May.  
Argyll & Bute - Steady decrease in falls with the lowest number reported in October 2024 since May 2022.

## Plans and Mitigations

Continue to focus on areas with highest falls rate through use of audit tool.  
Revised post falls review documentation being continues to be rolled out a  
Equipment audit underway – looking to standardise equipment use  
SPSP network - to consider evidence base in relation to lighting at night on the wards.

## PERFORMANCE OVERVIEW

Strategic Objective: Our Population  
Outcome Area: Treat Well

Performance Rating

Latest Performance

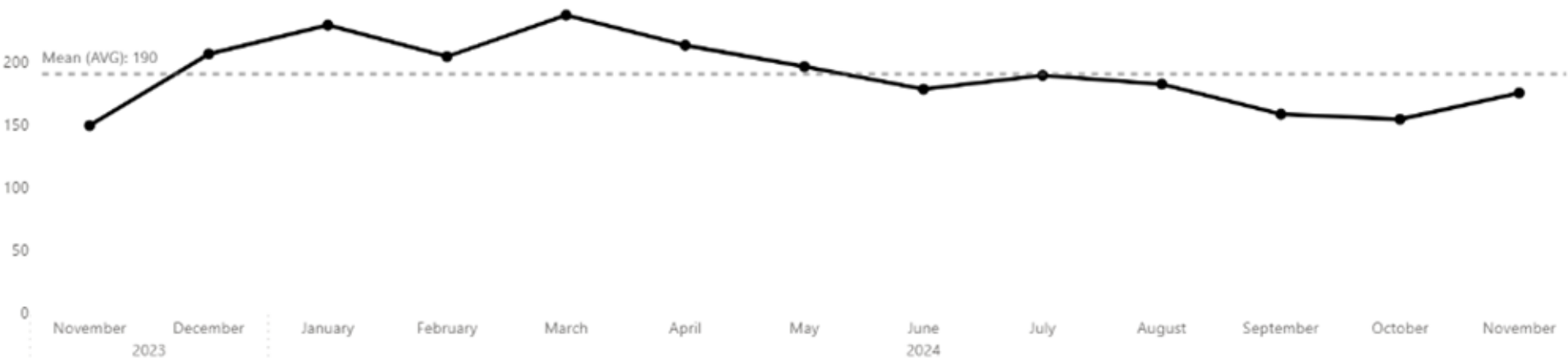
National Benchmarking

National Target

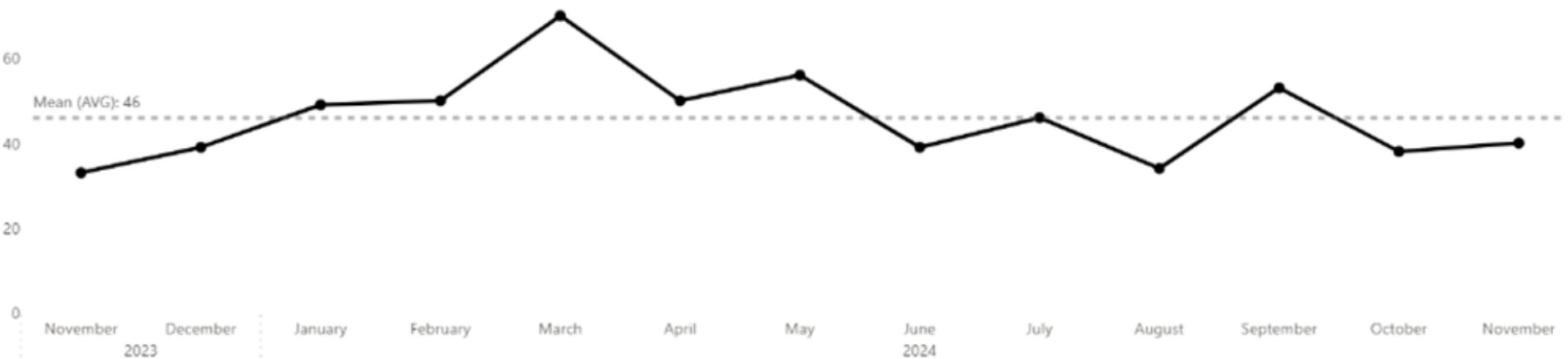
National Target Achievement

Position

Number of Hospital Inpatient Falls | Run Chart



Number of Hospital Inpatient Falls with Harm | Run Chart







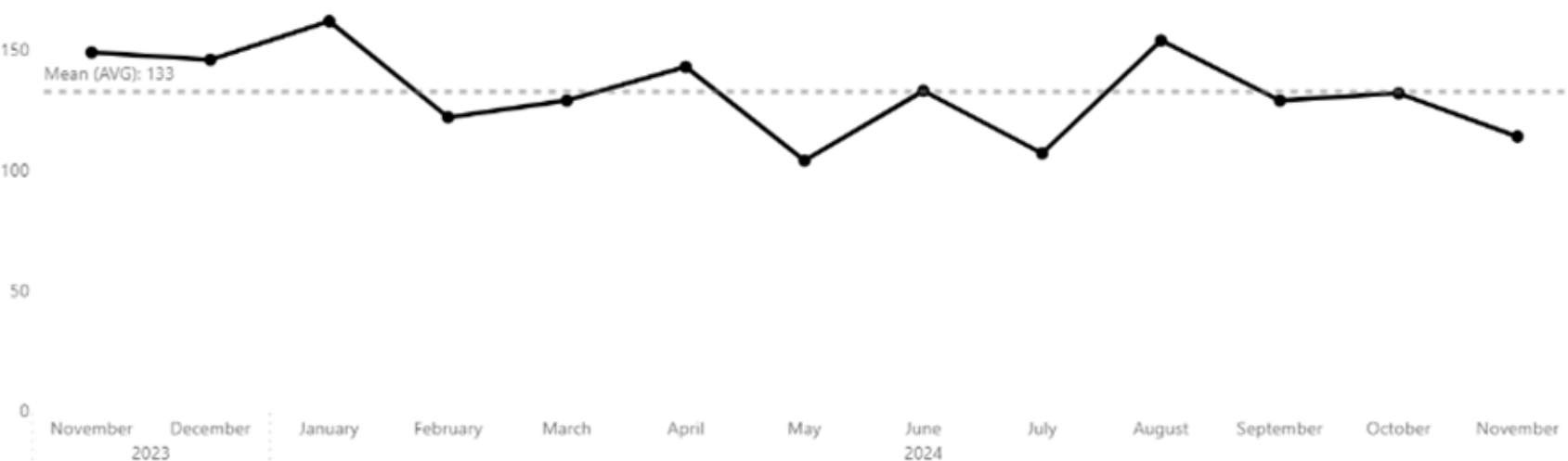
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**Exec Lead**  
**Louise Bussell**

Tissue Viability (November 2023 – November 2024)			PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations	Performance Rating
		Consistent concerns around grade 2 pressure ulcers, which are much higher than other grades across the Board.	Targeting key high, risk areas. Seeking to increase the uptake of Tissue Viability training across the Board. Continuing to audit compliance. Update Guidelines and NHS Policy once EPUAP/NPUAP has published this	
				Latest Performance
				National Benchmarking
				National Target
				National Target Achievement
				Position

Number of Tissue Viability Injuries | All Subcategories and Injury grades



Previous 3 Month Period (Jun 2024 - Aug 2024)

- 5%

Decrease in injuries

Previous 13 Month Period (Nov 2022 - Nov 2023)

3%

Increase in injuries

Sub-category | Injury

Subcategory	Mucosal Pressure Damage	Pressure Ulcer - combination lesions	Pressure Ulcer - deep tissue injury	Pressure Ulcer - ungradable	Pressure ulcer (grade not specified)	Pressure ulcer Grade 1	Pressure ulcer Grade 2	Pressure ulcer Grade 3	Pressure ulcer Grade 4	Total
Developed/discovered in community	1	10	98	104	8	180	385	63	15	864
Discovered on admission	11	5	15	40	7	103	172	43	19	415
Developed in hospital	22	6	26	32	3	102	169	16		376
Known ulcer deteriorating		2	7	16		6	10	18	10	69
Total	34	23	146	192	18	391	736	140	44	1724



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## Infection Control - SAB, CDI and ECOLI

### ADP Deliverables

Progress as at End of Q3 2024/25

**Clostridioides difficile** healthcare associated infections rate 30 (24 cases)

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

**Escherichia Coli Bacteraemia** healthcare associated infections rate 28 (22 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. During the meeting with ARHAI we were informed that both NHS England and NHS Scotland are reporting national increases.

### Plans and Mitigations

Continue to review individual cases for learning. Targeted work with antimicrobial prescribing. Continue to ensure adherence to national guidance for the management of infections.

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

#### Performance Rating

#### Latest Performance

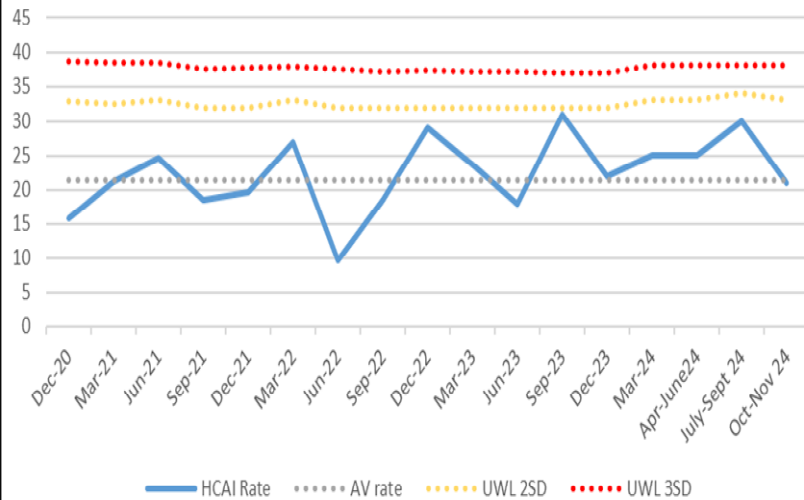
#### National Benchmarking

#### National Target

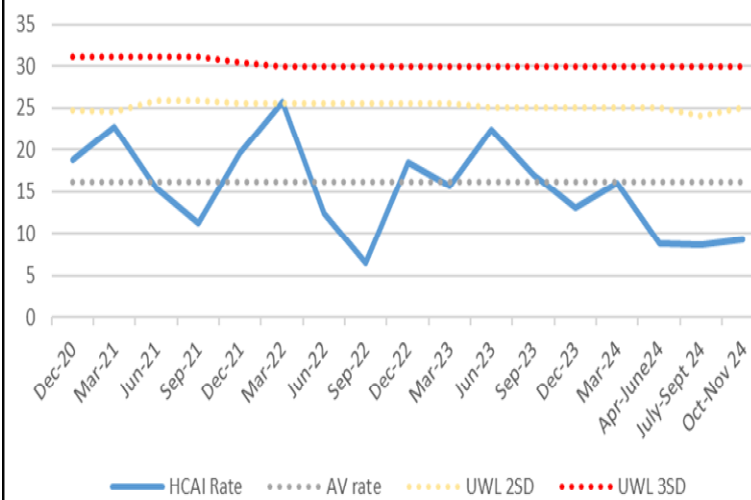
#### National Target Achievement

#### Position

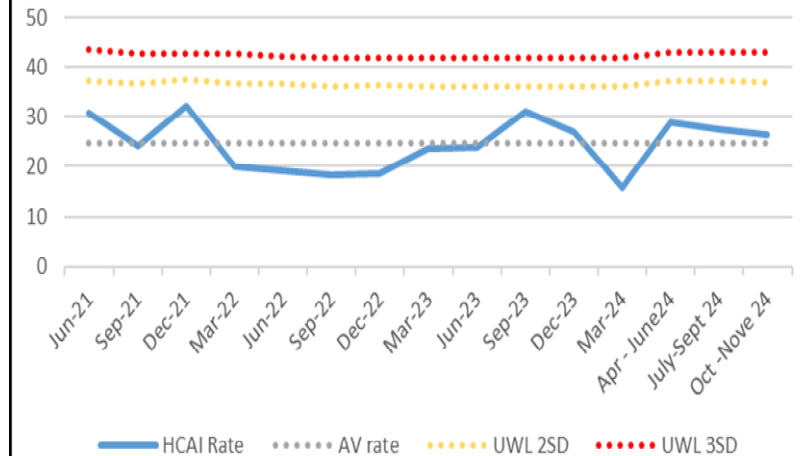
Quarterly rates of Healthcare Associated CDI per 100000 bed days including ARHAI Scotland & NHS Highland data



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 Nov 2024

Sickness Absence Rate (%)

5.97

Long Term SA Rate (%)

3.18

Short Term SA Rate (%)

2.74

Recorded Absence Reason (%)

75.35

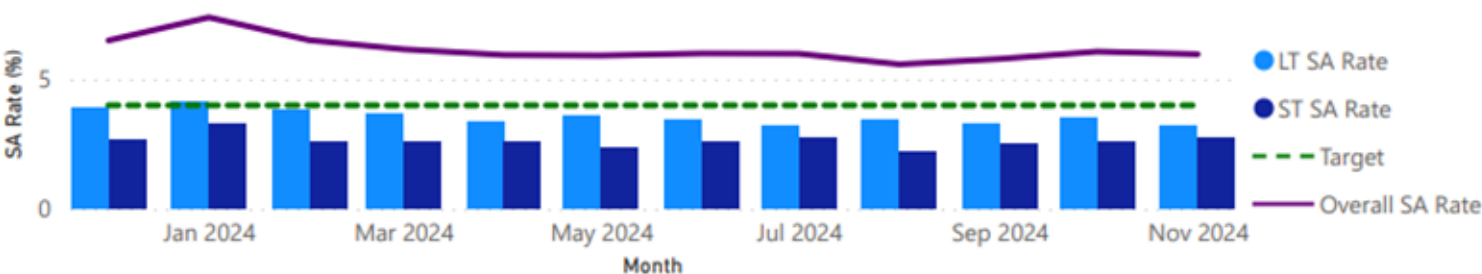
Vacancy Time to Fill (Days)

111.24

Annual Employee Turnover (%)

8.35

Sickness Absence Rates (%) by Month



Vacancy Time to Fill (Days) by Month



Annual Employee Turnover (%) by Month



Recorded Absence Reason (%) by Month



## Training Metrics Nov 2024

Mandatory eLearning Completion (%)

**69.9**

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 (%)

**16.4**

M&H Practical Training Completion Rate (%)

**33.7**

Appraisal Completion Rate (%)

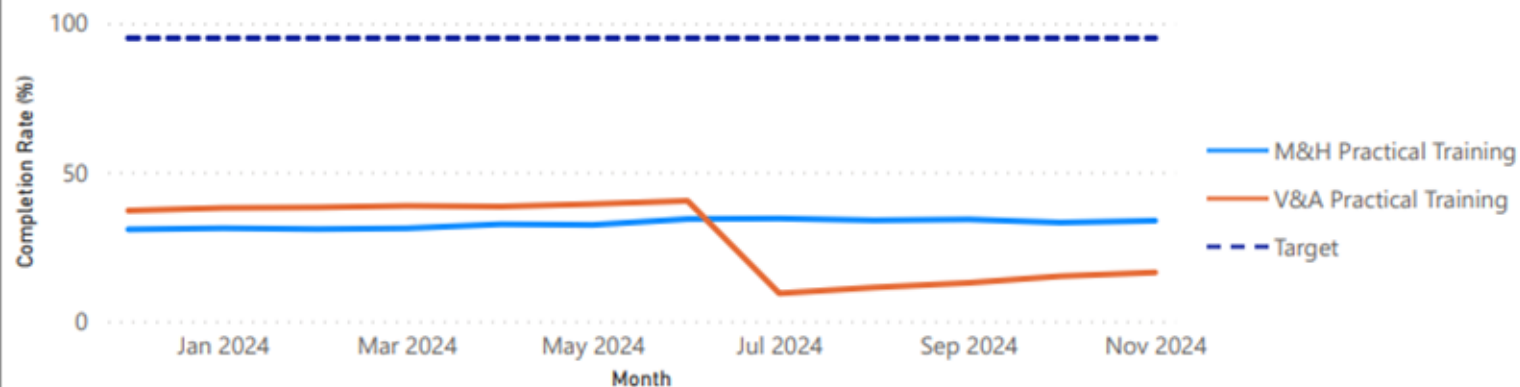
**27.9**

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

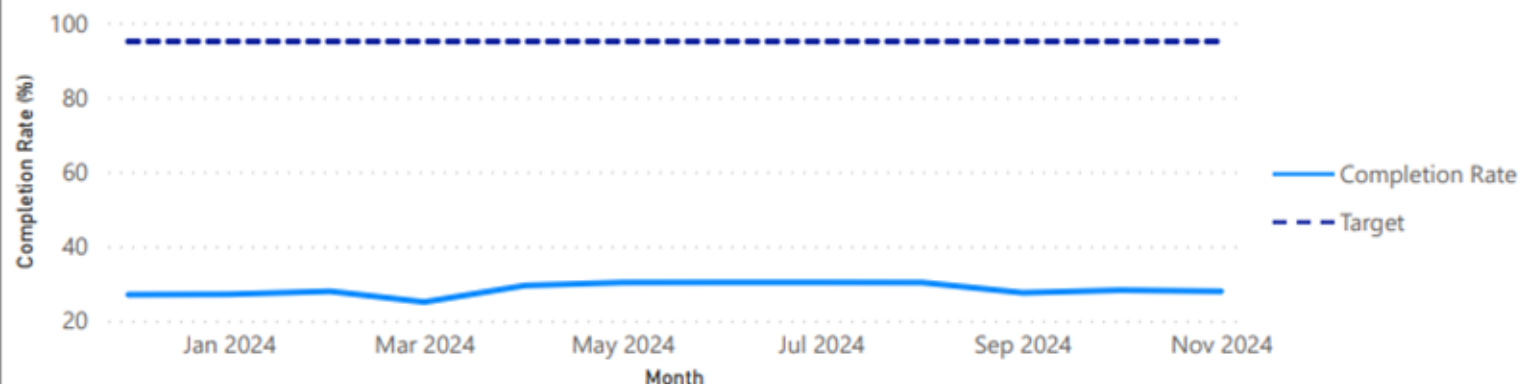
### Core Mandatory eLearning Completion Rate (%) by Month



### 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 6% for September, October and November 2024 . The absence rate has decreased since a peak of 7.39% in January this year. 23.7% of Long-term absences are related to anxiety/stress /depression/other psychiatric illnesses. Short term absences in Cold, Cough, Flu (21.2% of short-term absences) remain high as well as gastro-intestinal problems (15.2% of short-term absences).
- Absences with an unknown cause/not specified remaining high (accounting for around 24.65% 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 has dropped below the NHS Scotland KPI of 116 days. Its has improved markedly since its peak of 134.5 days in April and is now 111.2 days. Work continues to improve on timescales.
- NHS Highland's annual turnover sits at 8.35% for November 2024.
- In November 2024 we continued to see high levels of leavers related to voluntary resignation (27.6%) and retirement (25.9%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 22.4% 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. 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 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	January 2025	March 2025
4	CAMHS Waitlist HHSCP	Monthly	January 2025	March 2025
5	NDAS Total Awaiting 1 <sup>st</sup> App (incl unvetted)	Monthly	January 2025	March 2025
5	New + Unvetted Patients Awaiting First Appointment	Monthly	January 2025	March 2025
6	Screening Programme Uptake KPIs in NHS Highland	Annual	January 2025	March 2025
6	Inequality in Screening Comparison of NHS Highland and Scotland	Annual	January 2025	March 2025
7	Children’s Vaccination Uptake	Quarterly	January 2025	March 2025
8	NHS Highland-Alcohol brief interventions 2023/24 Q2	Quarterly	January 2025	March 2025
8	ABI Trajectory & Delivery	Quarterly	January 2025	March 2025
8	Setting Contribution 2024/25	Quarterly	January 2025	March 2025
9	A&E – 4 Hour Target	Monthly	January 2025	March 2025
9	Weekly ED Patients Waiting 12-Hour Plus	Monthly	January 2025	March 2025
9	Weekly Ambulance Handover Results: Under 60 Minutes	Monthly	January 2025	March 2025
10	Delayed Discharges at Monthly Census Point	Monthly	January 2025	March 2025
10	Delayed Discharge – Location and Code	Monthly	January 2025	March 2025
10	HHSCP Delayed Discharge – Patients Added VS Discharged	Monthly	January 2025	March 2025
11	New Outpatients 12 Week Waiting Times (Ongoing)	Monthly	January 2025	March 2025
11	Outpatient Conversion Rates to TTG	Monthly	January 2025	March 2025
11	Return Outpatients Wait List	Monthly	January 2025	March 2025

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

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

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