

# NHS Highland



**Meeting:** Highland Health and Social Care Committee

**Meeting date:** 1 March 2023

**Title:** Performance and Quality Report

**Responsible Executive/Non-Executive:** Pamela Cremin, Chief Officer

**Report Author:** Rhiannon Boydell, Head of Strategy and Transformation

## 1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

Annual Delivery Plan

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

## 2 Report summary

The North Highland Integrated Performance and Quality Report (IPQR) is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that North Highland provides aligned to the Annual Delivery Plan (ADP).

A subset of these indicators will be incorporated in the Board IPQR.

### 2.1 Situation

In order to standardise the production and interpretation, a common format is presented to committee which provides narrative on the specific outcome areas and aims to provide assurance.

It is intended for this developing report to be more inclusive of the wider Heal and Social Care Partnership requirements and to further develop indicators with the Community Services Directorate, Adult Social Care Leadership Team and members that align to the current strategy and delivery objectives.

### 2.2 Background

The IPQR for North Highland has been discussed at the September 22 development session where the format of the report and the Adult Social Care Indicators were agreed.

### 2.3 Assessment

As per Appendix 1

### 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

IPQR provides a summary of agreed performance indicators across the Health and Social Care system, primarily across Adult Social Care.

### **3.2 Workforce**

IPQR gives a summary of our related performance indicators affecting NHS Highland staff and external care providers.

### **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.

### **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**

This report has been previously considered by the following groups and is in continued development:

- Health and Social Care Committee Development Session, Sep 2022
- Adult Social Care Leadership Team
- Management feedback and narrative from operational leads

## **4 Recommendation**

The Health and Social Care Committee are asked to:

- Consider and review the agreed performance framework identifying any areas requiring further information or inclusion in future reports

- To accept moderate assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.

#### 4.1 List of appendices

The following appendices are included with this report:

- **IPGR Performance Report, March 2023**



Together We Care  
with you, for you



# North Highland Health and Social Care Partnership Performance and Quality Report

01 March 2023

The North Highland Health and Social Care Partnership Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that North Highland provides as aligned with the Annual Delivery Plan. The performance indicators should primarily be reported to the Health and Social Care Committee for scrutiny, assurance and review. A subset of these indicators will then be incorporated in the Board Integrated Performance and Quality Report.

# North Highland Health & Social Care Partnership

In order to standardise the production and interpretation a common format is being introduced for all dashboards within NHS Highland. There is a need to establish targets for improvement measures and these will be developed for incorporation into the Annual Delivery Plan for NHS Highland.

It is **recommended** that:

- Committee consider and review the agreed Performance Framework **identifying any areas requiring further information or inclusion** in future reports.
- Committee to note that although the continued focus is on Adult Social Care data, additional data on DHDs and Mental Health is included.



# Development

In line with the NHS Highland IPQR, it is intended for this developing report to be more inclusive of the wider Partnership requirements and to further develop indicators in agreement with the Community Services Directorate, Adult Social Care SLT, and HHSCC members that will align with the new 'Together We Care' Strategy and the Annual Delivery Plan objectives.

A Development sessions was held with committee in September 2022 where the format of the report and ASC indicators were discussed in detail with discussion on possible indicators to be included in future reports.

## **Content:**

- Care-at-Home and Care Homes – slides, 4-6 & 7-8
- Delayed Discharge – slides 9-10
- Self Directed Support/Carer Short Breaks – slides 11-13
- Adult Protection included – slide 14
- Mental Health Psychological Therapies and Community Mental Health Services – slides 15-16
- North Highland Drug & Alcohol Recovery Services – slide 17
- Non MMI Non Reportable Specialties Waitlists – slides 18 & 19
- National Integration and relevant Ministerial indicators – to be reported as an annual inclusion

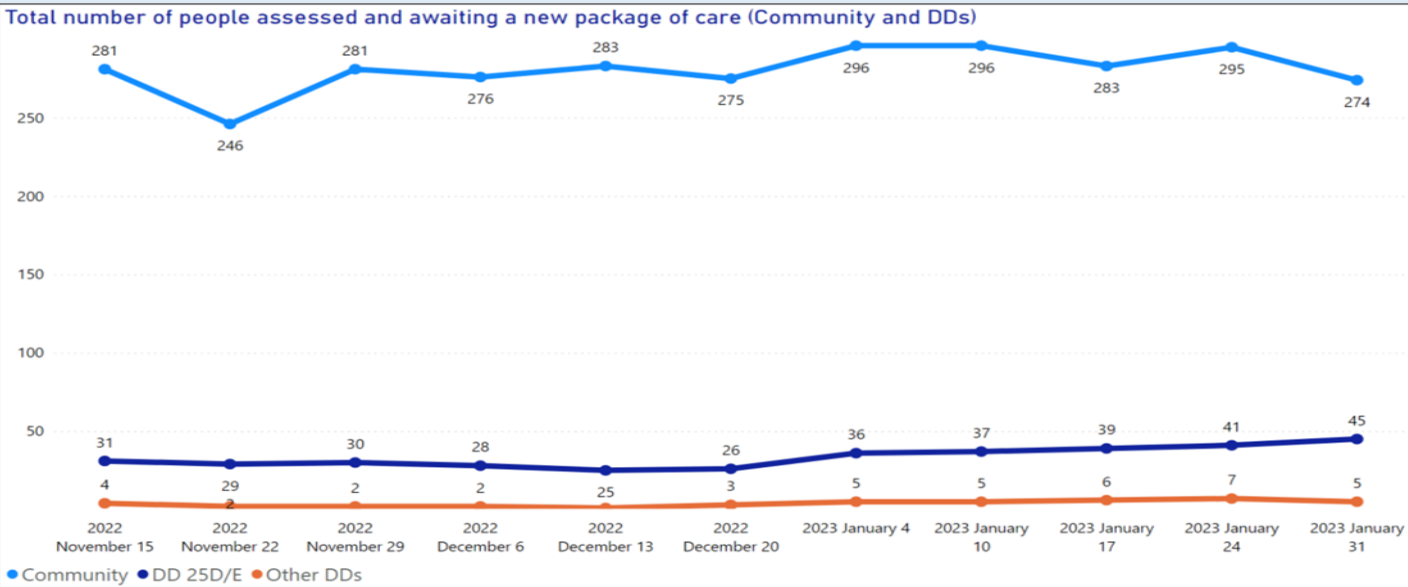
## Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

**Priority 2** - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart



### North Highland Care at Home



Currently provided weekly as part of the Public Health Scotland (PHS) weekly return.

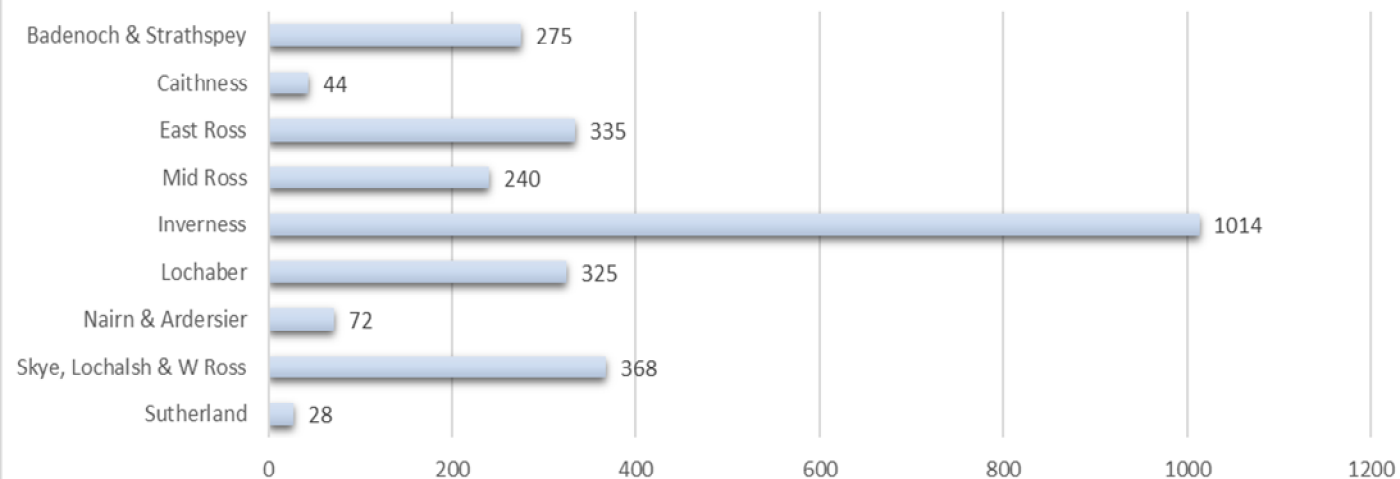
This manual data return commenced late in 2021 and data is provided by internal care at home (CAH) colleagues.

Graph 1- All North Highland hospital DHD's are included which shows those assessed as requiring CAH in either a hospital, or at home.

- Community - 274 awaiting a service
- DHDs – 45 awaiting a service
- DHDs – 5 awaiting a service for other coded DHDs (complexity)

This data is published by PHS and weekly returns from CAH officers are provided to allow for validation and analysis.

### Total unmet need hours by District 31/01/2023



Graph 2 – Care at Home (District level) - the total number of weekly hours of unmet need.

**Update 06/02/2023**



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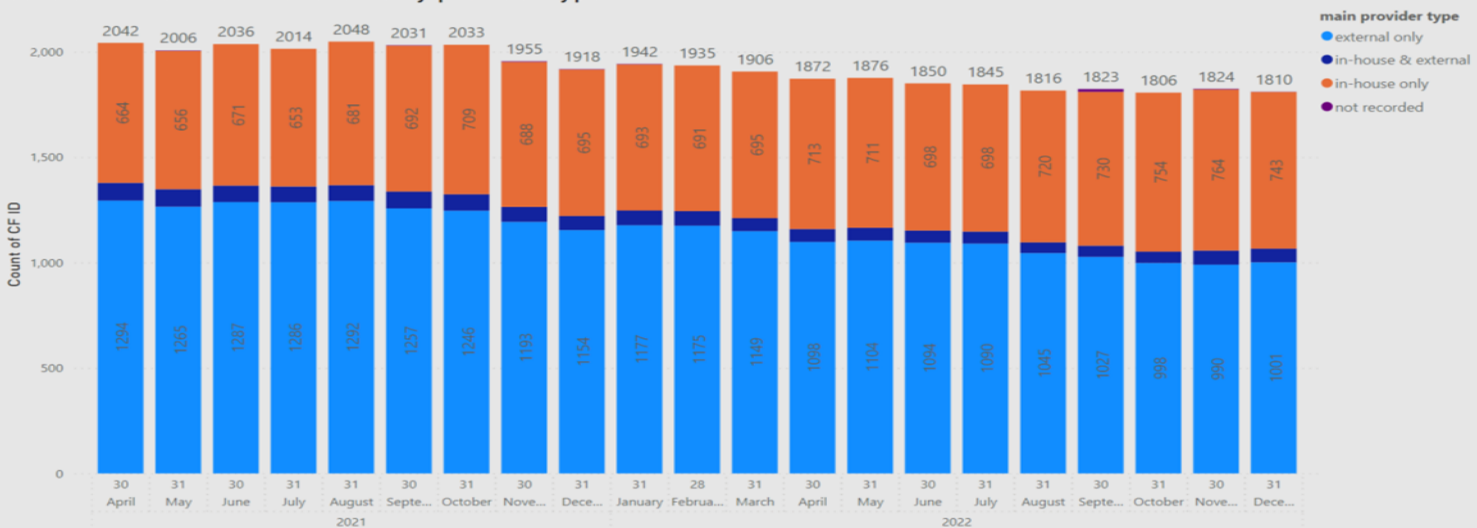
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## North Highland Care at Home

Care at Home - count of clients by provider type



## Care at Home

After a period of significant and sustained reduction in the number of people receiving external care at home due to workers leaving employment, the last two months have seen a stabilising of that position; however we are concerned that this is a temporary situation.

We have not yet seen a growth in external care at home and low levels of recruitment continues to be the key concern expressed by providers in our frequent discussions.

Current strategic steps/work stream activity include:  
Now: Responsive capacity release, collaborative recruitment and localised recruitment events.

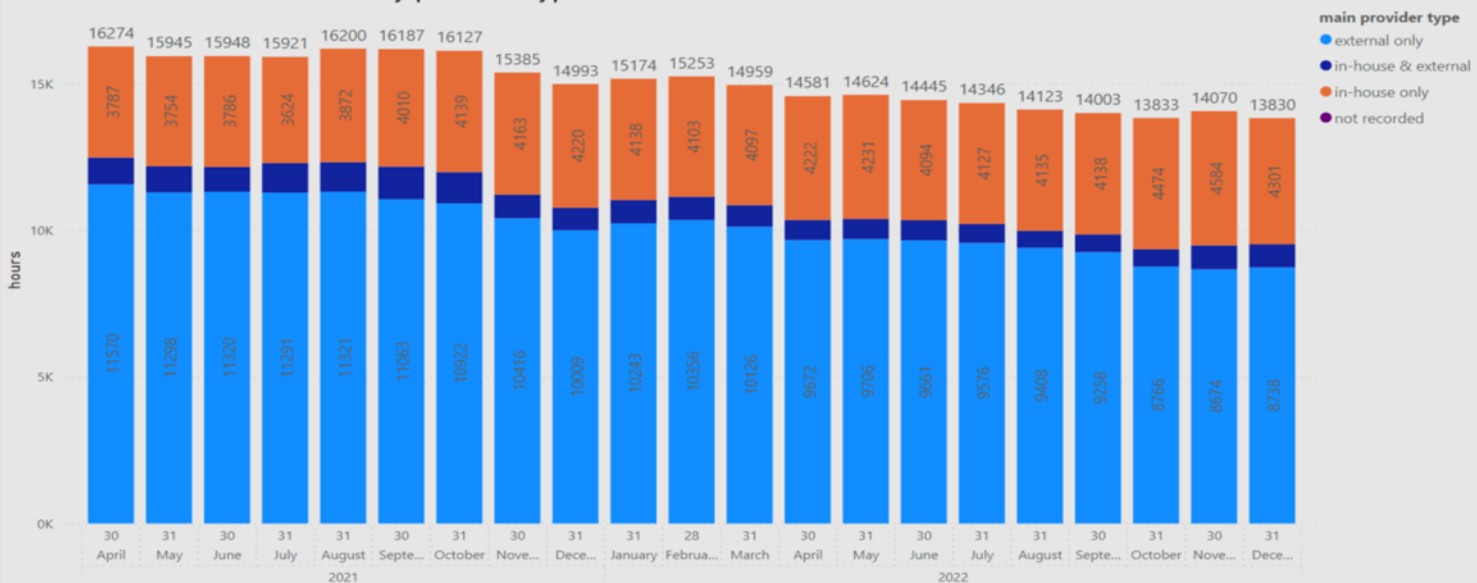
Next:

- Strategy and ambition
- Workforce creation and development
- Contract and commissioning redesign

NHS Highland and external care providers continue to operate in a pressured environment working in collaboration with ongoing sustained staffing and competing recruitment pressures.

**Update 06/02/2023**

Care at Home - sum of hours by provider type



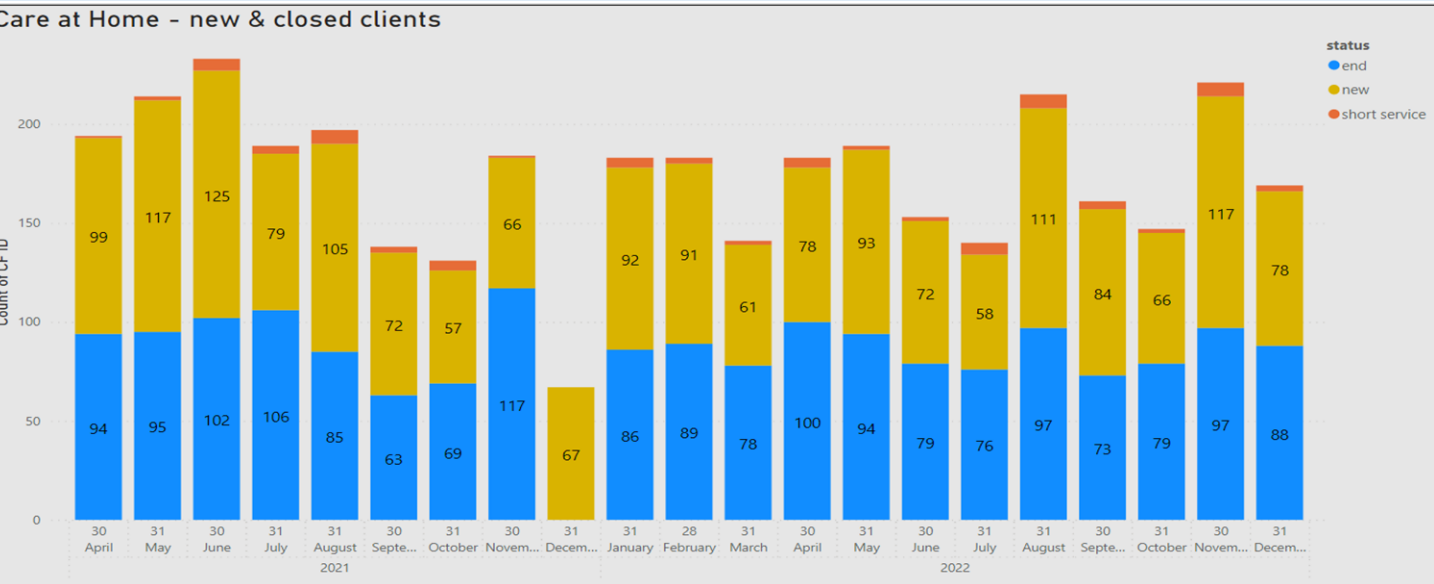
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## North Highland Care at Home

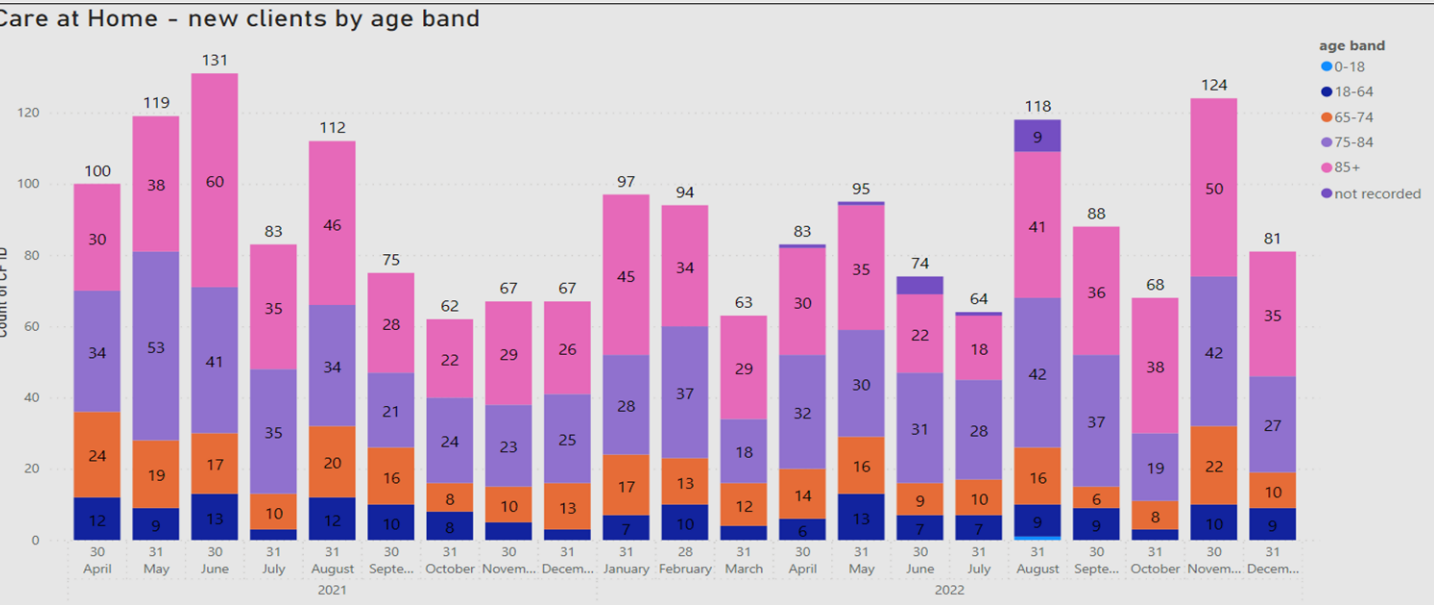


## Care at Home – New & Closed Packages

Graph 1 – Shows the number of new and closed packages per month.

Please note that available capacity to provide care-at-home to new service users is particularly challenging due to similar staffing related pressures in both in house and commissioned services.

Graph 2 – Shows the number of **new** care at home service users split by age band over the same period, significant increase in throughput in November 22.



Update 06/02/2023

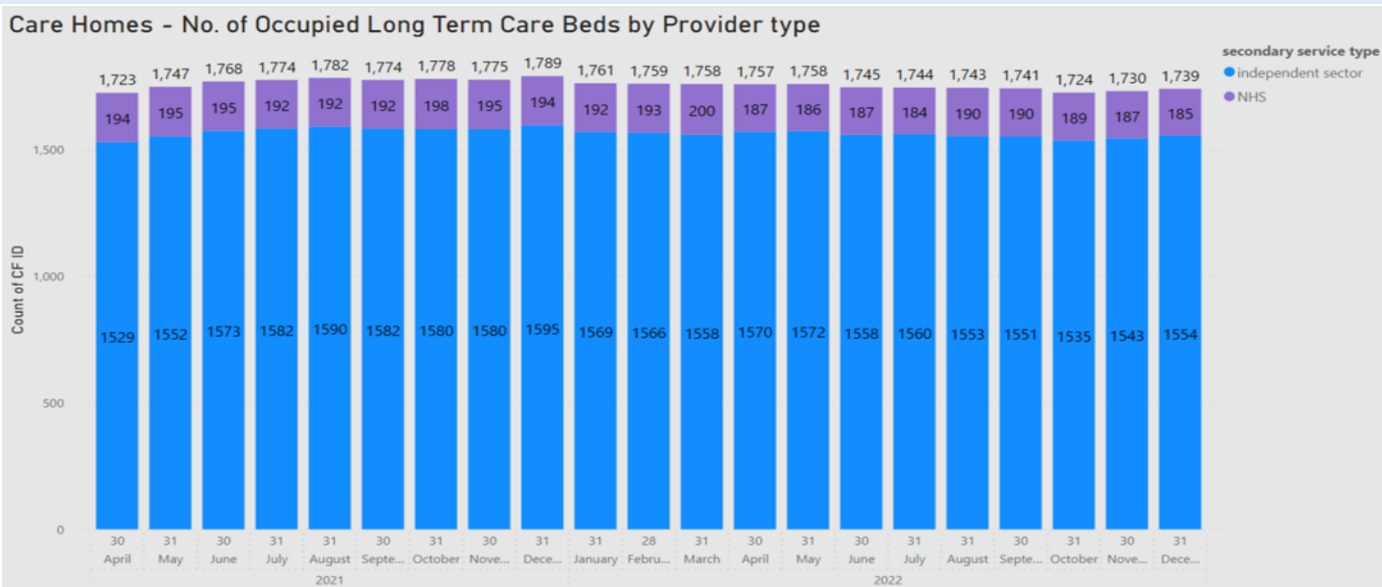
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## North Highland Care Homes

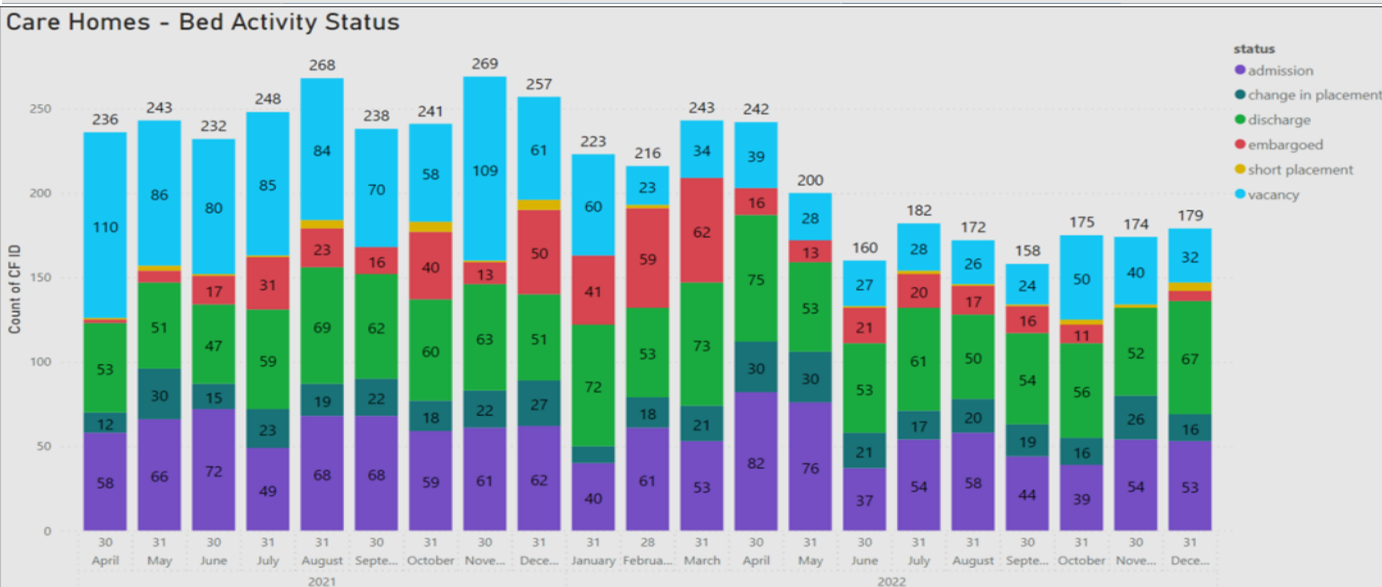


## North Highland Care Homes

The care home and indeed the care at home sectors are both under significant stress and pressure. This is multi-factorial including recruitment and retention challenges, financial concerns and the remote and rural context that the services work within.

The HSCP are working closely with care home providers as the overall number of available beds continues to challenge NHS Highland with a number of providers leaving the sector and others expressing concerns about the future. The total number of externally purchased beds during Dec 22 is 1554.

During 2022-23, 3 care homes have closed, these were Shoremill, Cromarty; Budhmor House, Skye; Grandview, Granttown on Spey. In April 2021, Eilean Dubh was registered as a new care home.



This unprecedented number of closures (usually one per annum) highlights the real challenge of supporting the care sector as various cost of living impacts, such as additional food costs, insurance, and increasing energy costs cause additional financial stress for care providers.

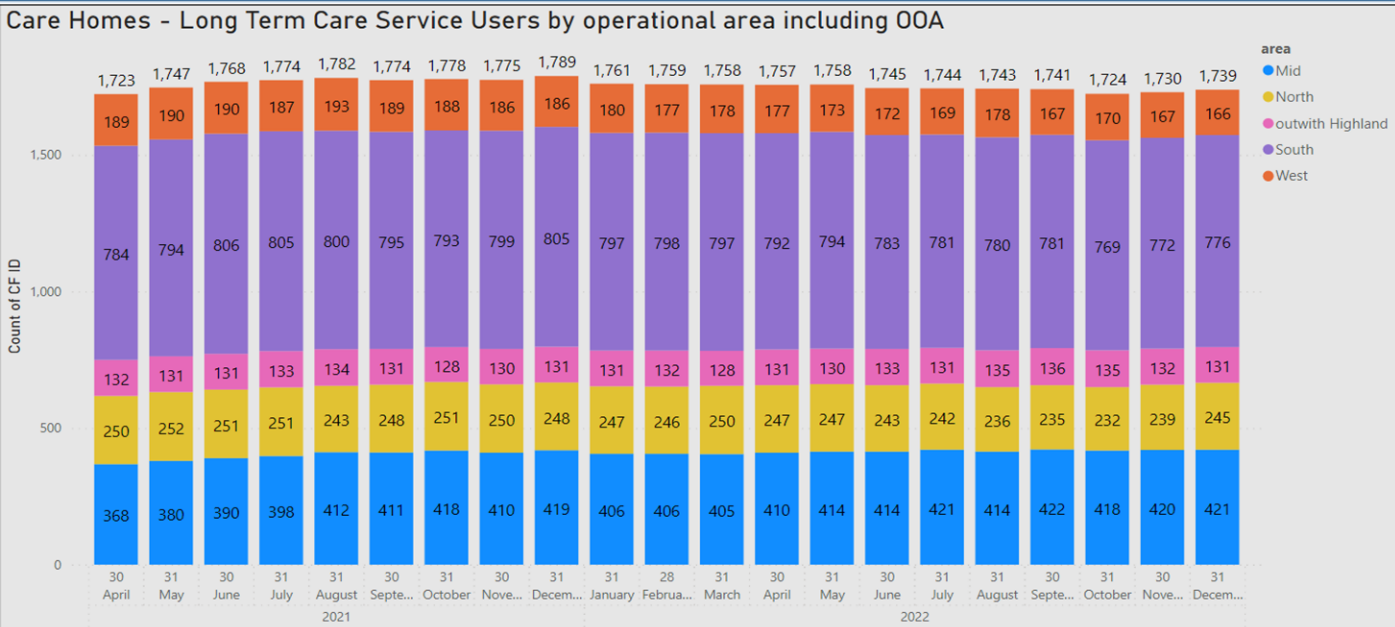
The HSCP are working with the Highland Council to develop a strategy for care homes and an implementation plan to span the short to longer term care environment.

**Update 06/02/2023**

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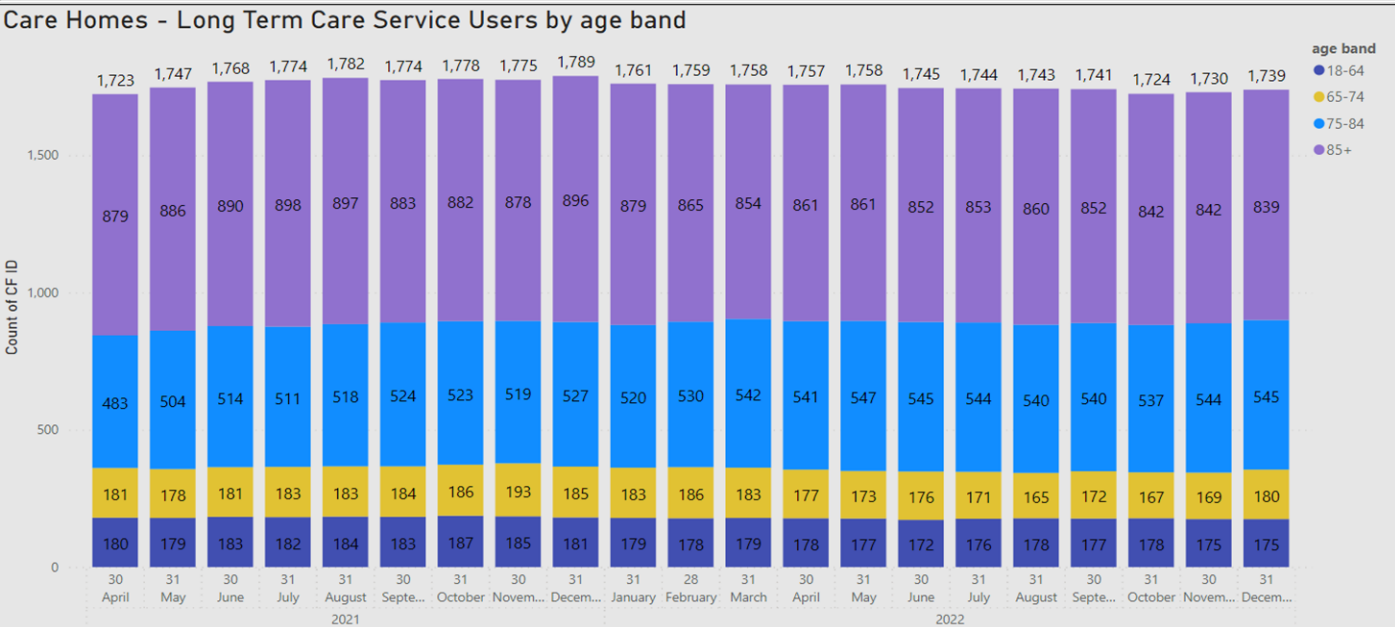
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## North Highland Care Homes

These graphs provide an overview of the occupied long term care beds during the month for both external and NHS managed care homes by providing a breakdown by Area in North Highland (NH) and those placed out of area, but funded by NH.

- South: 776 occupied beds
- Mid: 421 occupied beds
- North: 245 occupied beds
- West: 166 occupied beds
- Out of Area: 131 occupied beds



In addition a further breakdown is provided by the current age of those service users for North Highland only, showing 48% are currently over the age of 85 in both residential and nursing care settings.

**Update as at 06/02/2023**

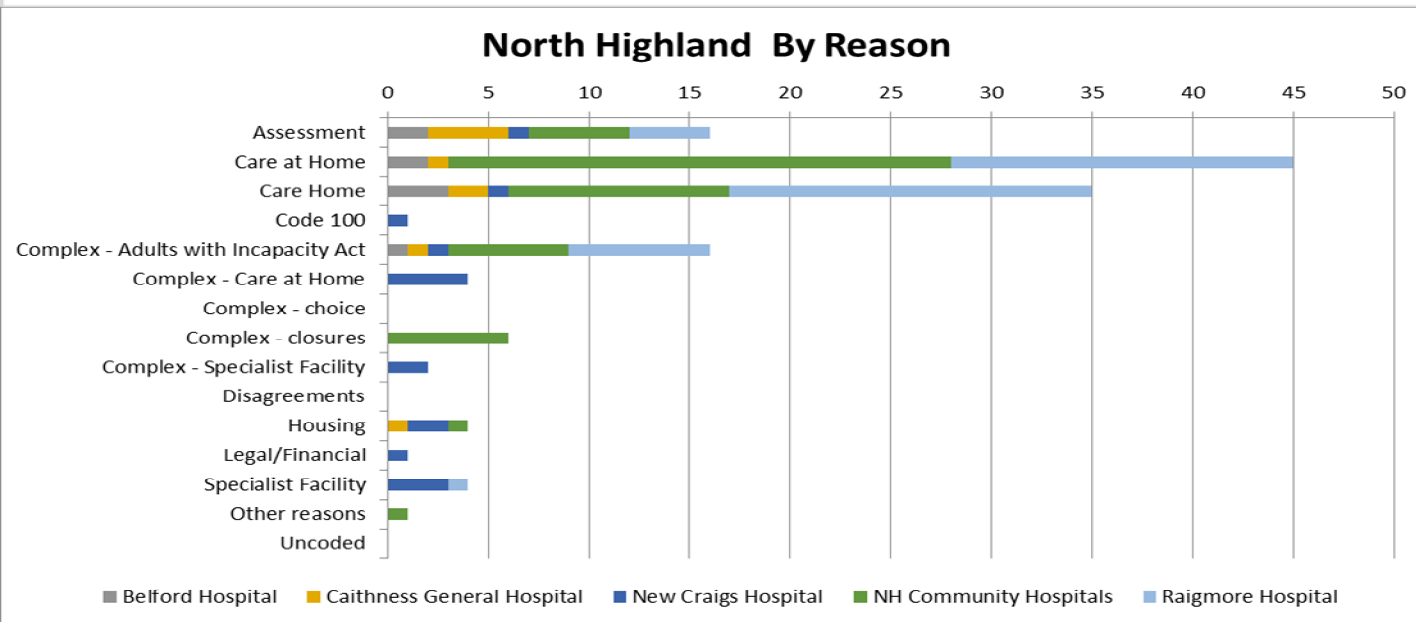
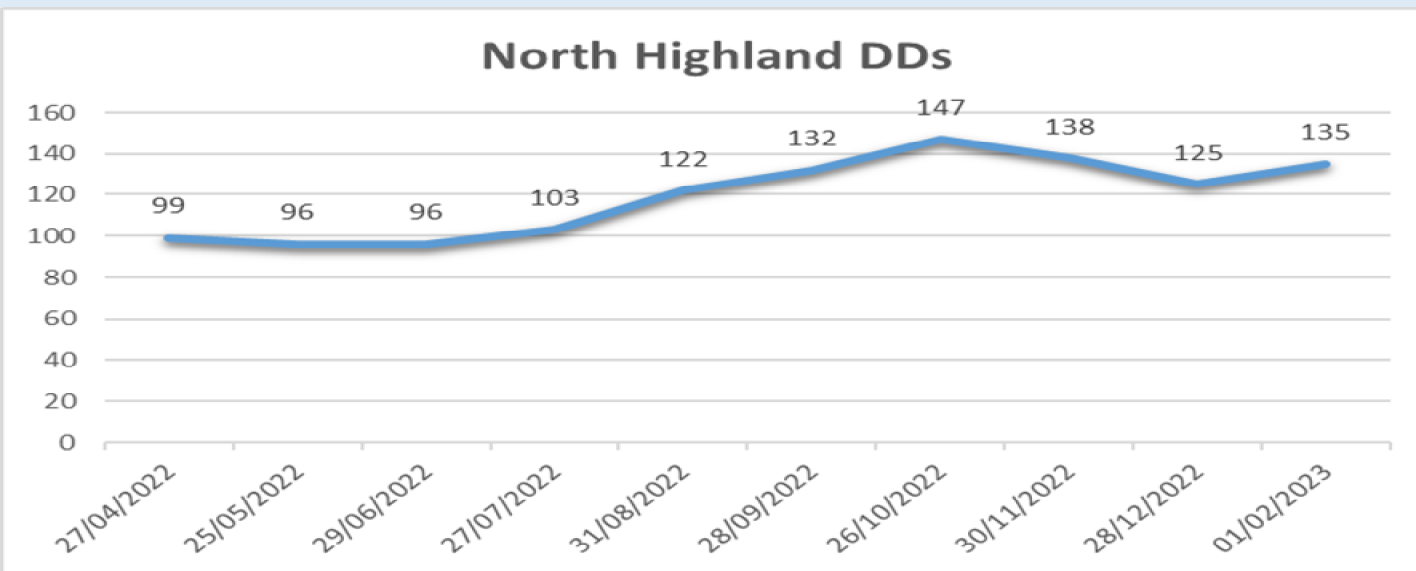
**Strategic Objective 3 Outcome 11 – Respond Well**

**Priority 3** - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a “home is best” approach

**Priority 11C** – Ensure that our services are responsive to our population’s needs by adopting a “home is best” approach



**North Highland DDs**



**Performance Overview North Highland**

**There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time. 135 delayed discharges @ 01/02/2023 with 16 of those are code 9 (complex).**

*The graphs show the trend for total delayed discharges for North Highland and the reason for those awaiting discharge shown at a hospital level.*

- Delayed discharges remain a concern both nationally and within NHS Highland. They are part of a bigger picture of a system under strain as well as the need to ensure we are focusing on reshaping how we work together.
- There is a close relationship between the unscheduled care work required across the system and the level of delayed discharges alongside the competing challenges within acute and community services. There is a need for quality improvement work across a number of areas. This work is in progress with a number of key developments underway. This is though in the context of significant system pressure such as in adult social care and the need to effectively manage change across the organisation.
- Cross system working is key to ensuring success of this work as long as benchmarking from other areas to achieve sustainable improvements.

**Update 06/02/2023**

## Strategic Objective 3 Outcome 11 – Respond Well & Care Well (Delayed Discharges)

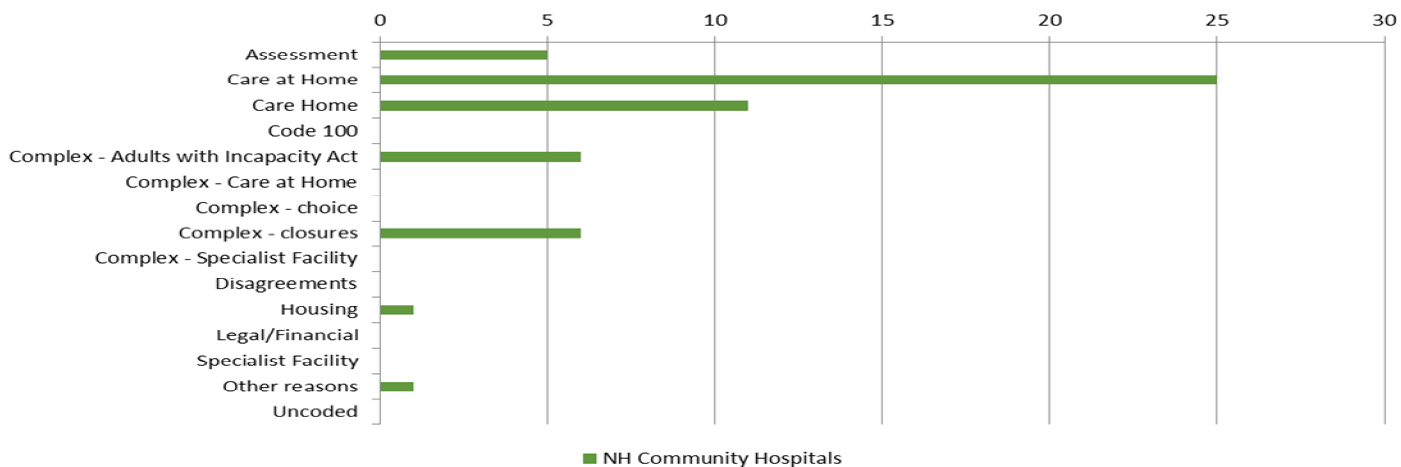
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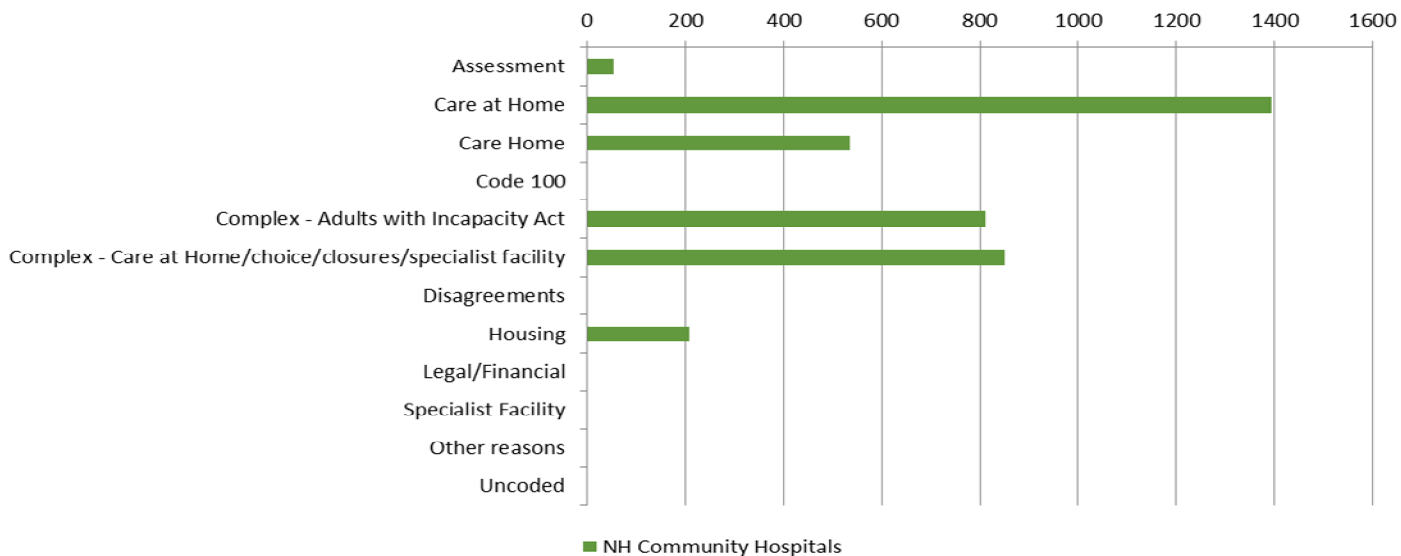


### North Highland Community Hospitals DDs

**North Highland Community Hospitals 01/02/2023 By Reason**



**NH Community Hospitals - Bed Days By Reason**



### Performance Overview North Highland

There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time.

*Of the 135 delayed discharges at 01/02/2023, 55 are in North Highland Community Hospitals. 16 are in New Craigs hospital and all other delayed discharges are in acute hospitals.*

**Update 06/02/2023**

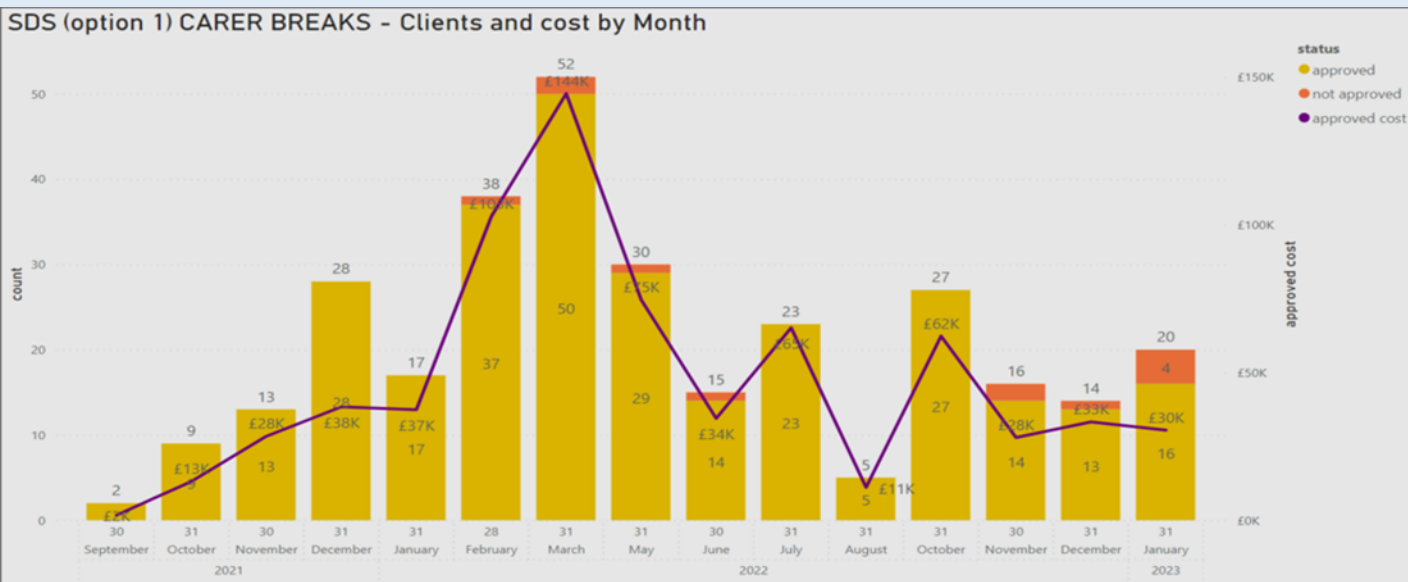
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## Carer Breaks – Option 1 (DP)



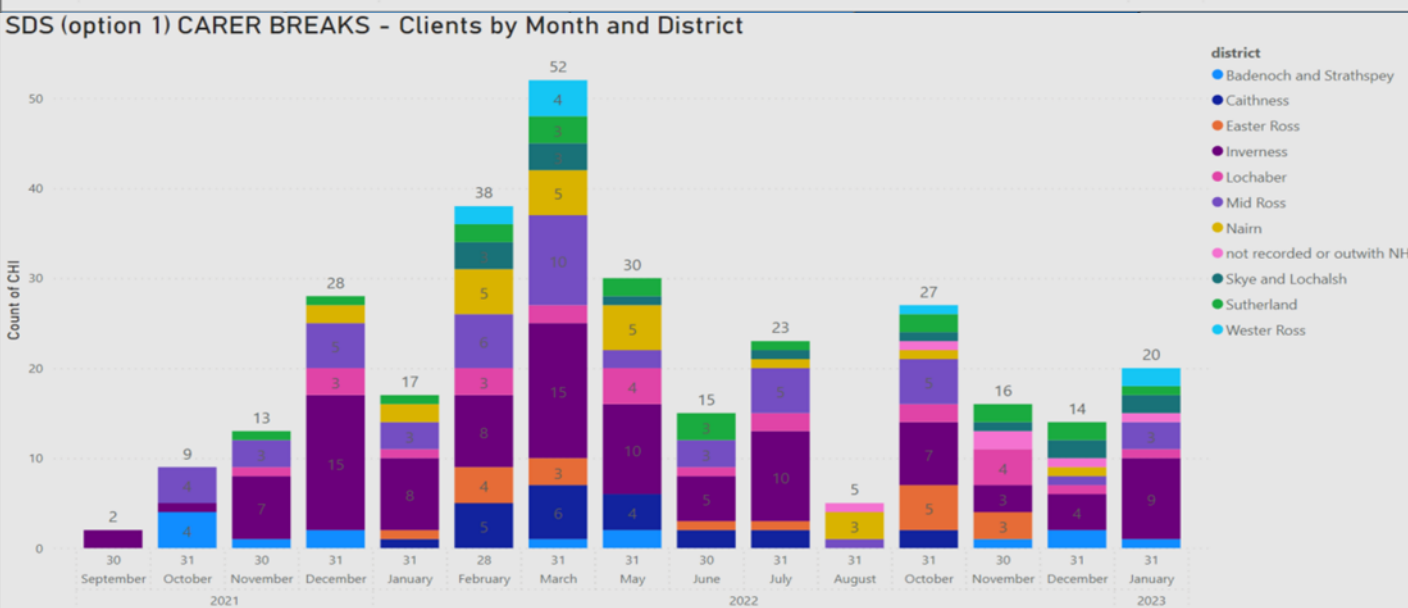
## SDS Option 1 Carer Breaks

As reported to previous committee and included in previous Carer Programme update reports, this scheme to support unpaid carers started in September 2021 and is an integral component of a balanced “carers programme” aimed at meeting our duties under the Carers Act.

The peak was during February to April 2022 with at the end of January 2023, some 297 individuals benefitting from this carer support scheme.

It is the aim of NHS Highland to ensure that unpaid carers continue to access a range of services and we are committed to supporting carers, while maintaining our Option 1 short breaks scheme to increase the access of carers to flexible, personalised ways to provide them with a break.

It is well evaluated and continues to be well received by carers and their families.



**Update 06/02/2023**

## Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

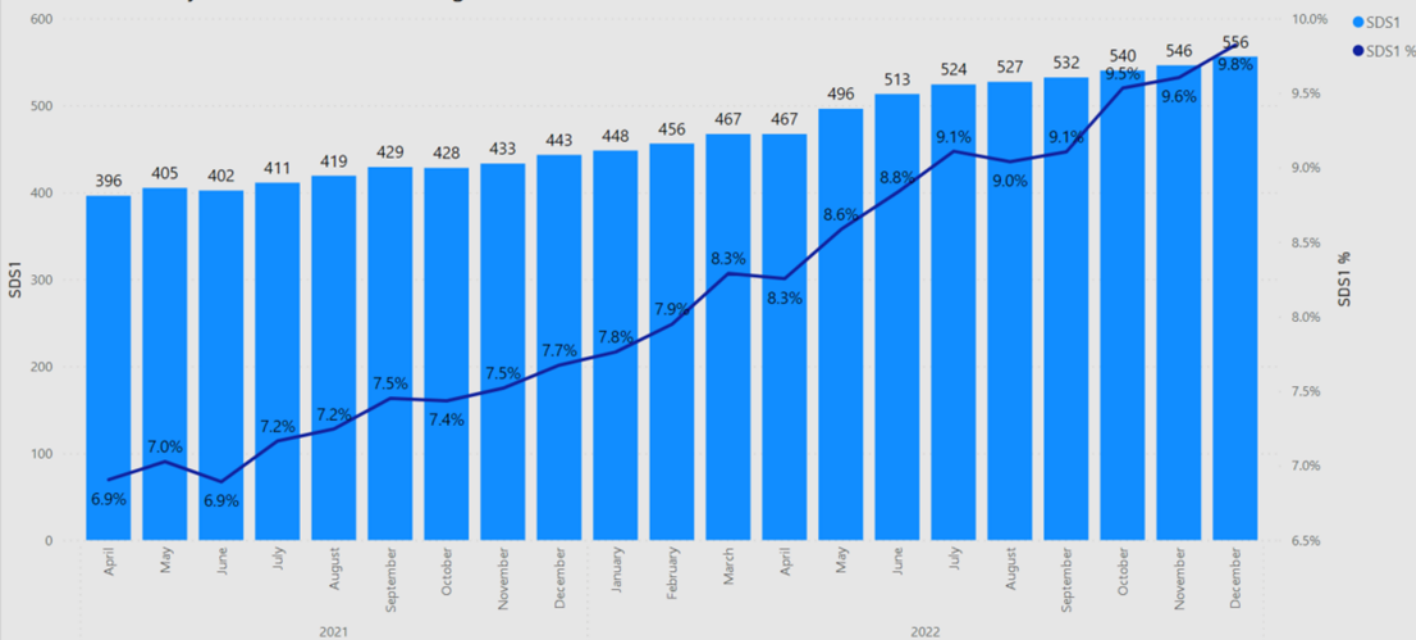
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### Self Directed Support – Option1 (DP)

SDS1 Direct Payments - No. of Packages & % of all ASC clients



### SDS Option 1 (Direct Payments)

Sustained growth in Option 1s with increases for both younger and older adults in some of our more remote and rural areas. An **increase** of in excess of 100 recipients during 2022.

The increase does highlight the unavailability of other care options and a real market shift as we are unable to commission “traditional” services.

During recent months, we are aware of some Option 1 recipients struggling to retain and recruit staff/personal assistants which clearly demonstrates the resource pressure affecting all areas of care delivery.

Our current number of active service users receiving a direct payment is 556 with a projected annual cost of in excess of £10m.

As an integral component of our Self Directed Support Strategy, development work continues with the SDS Peer Support Group, a group representing users of these services, and Community Contacts to design a co-produced proposal with NHS Highland which will identify and include the core cost components and move closer to identifying the “true cost” of delivering care for Options 1s.

Currently Option 1 service users are paid based on an initial rate of £15.01 per hour which is significantly less than external rates paid to providers.

**Update 06/02/2023**



## Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

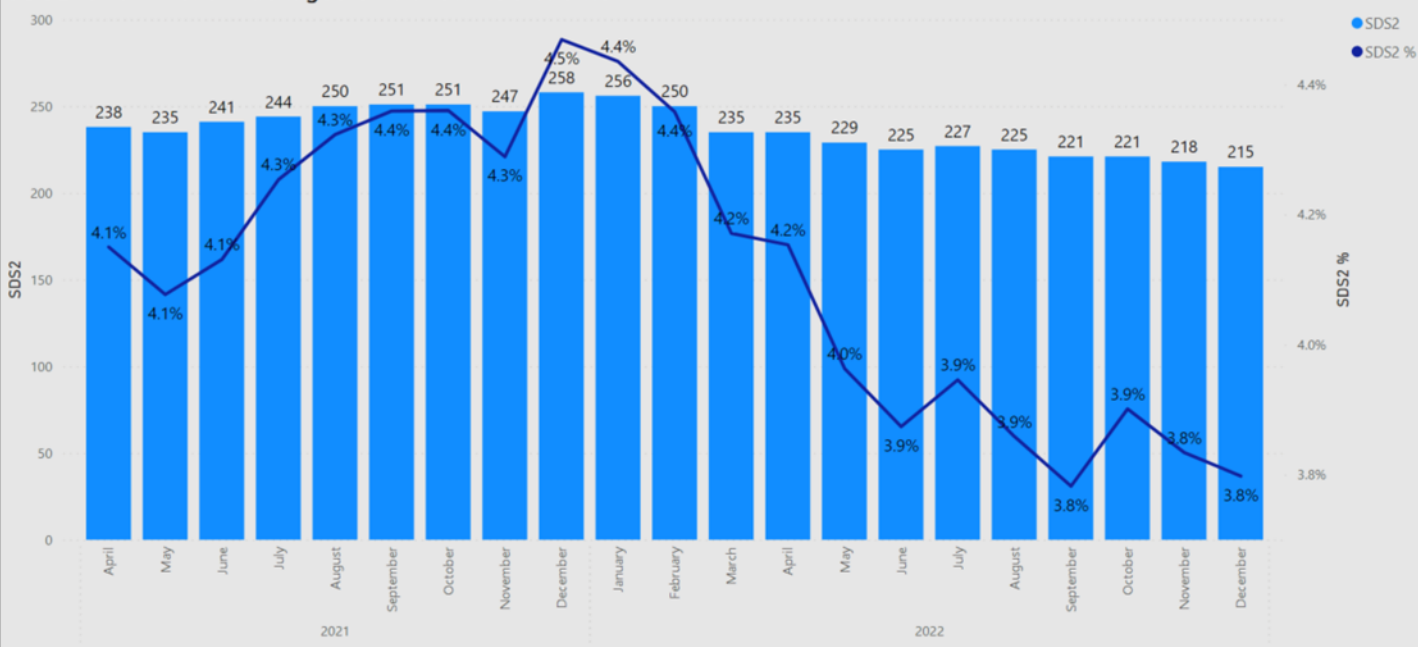
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### Self Directed Support – Option2 (ISF)

SDS2 ISFs - No. of Packages & % of all ASC clients



### SDS Option 2 (Individual Service Funds)

Recent sustained reduction from June 2022 in the overall number of ISFs split by age band, highlighting resource pressures which is a recurring theme across Health and Social Care.

Our current number of active service users receiving an ISF is 215 as at December 2022 with a projected annual cost of £4.6m.

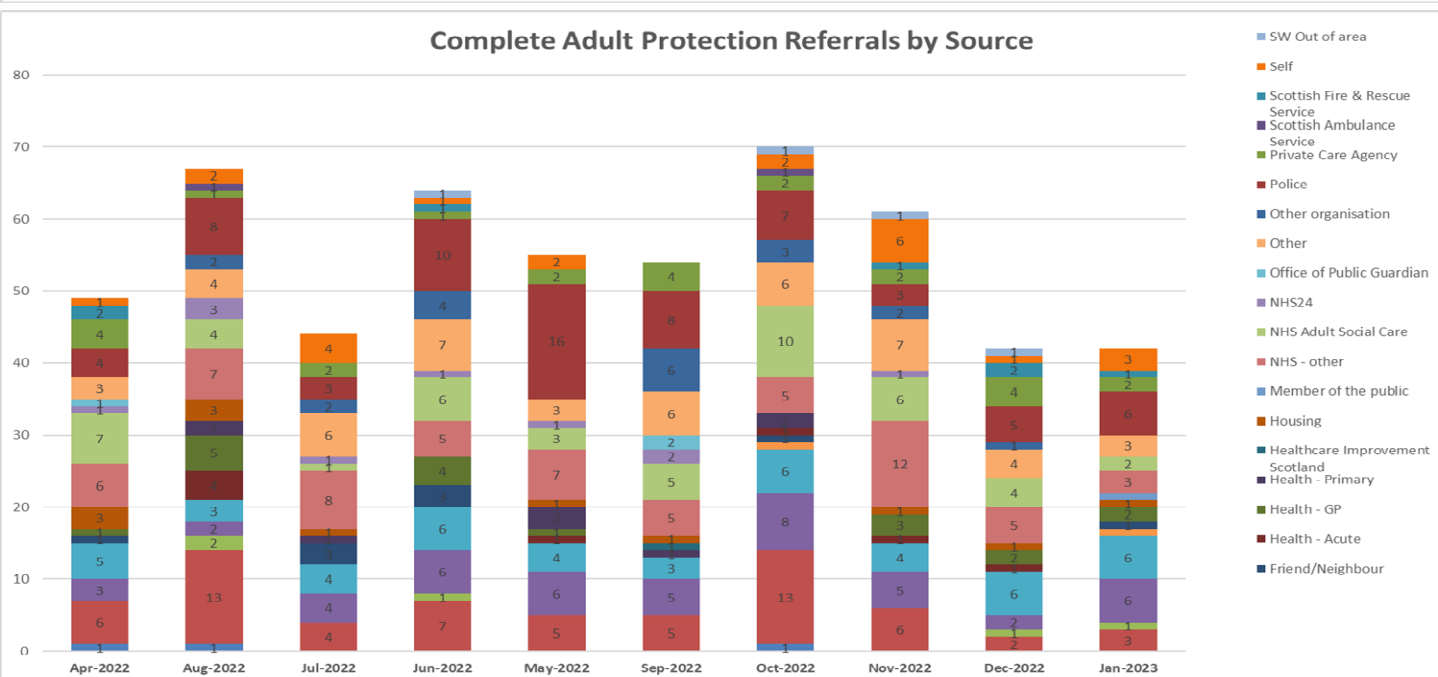
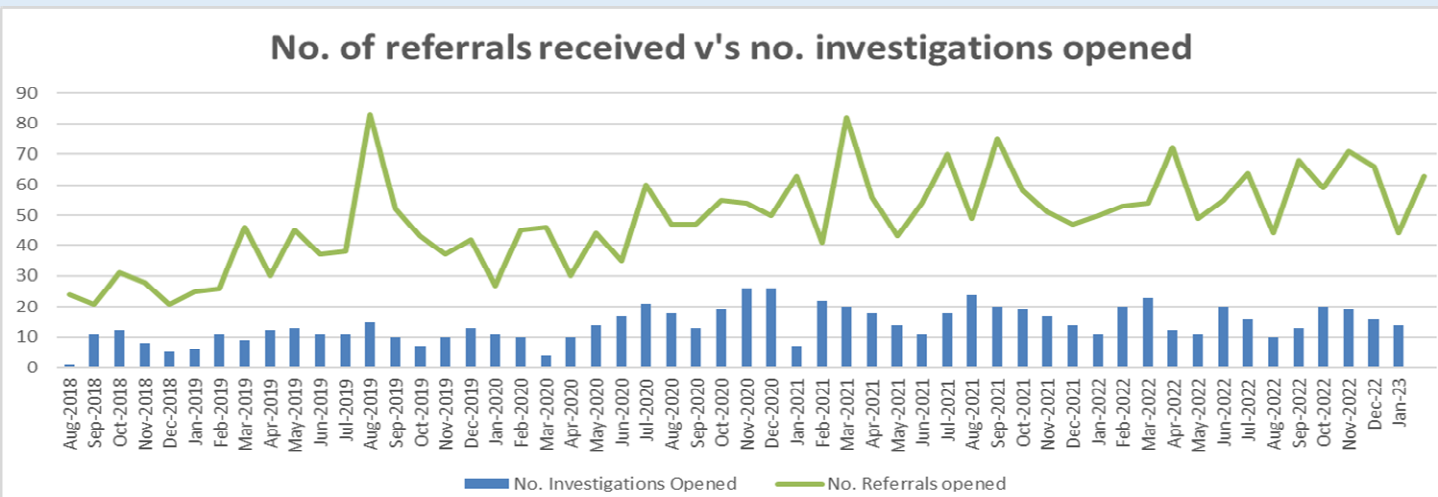
As part of our Self Directed Support Strategy, work will continue in partnership with In Control Scotland as a participating site (there are 6 other partner agency sites across Scotland) to work together to better understand and resolve any process barriers to growing ISFs.

3 successful workshops were held during September and November 2022 with a number of actions agreed and progressing across NHS Highland in partnership with other stakeholders.

**Update 06/02/2023**

# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

## Adult Protection



## Adult Protection

The recent development session confirmed information on Adult Protection should be included.

Currently Adult Protection information is provided as part of an Annual Adult Protection return to PHS. A new National dataset is currently being introduced with guidelines expected in January 2023. This will require an amendment to quarterly reporting.

The number of initial referrals and inquiries received are assessed by Community Care teams as to whether or not they meet the 3 point test and should progress to an investigation. Referrals come from multiple sources as shown on the graph, previously the main source was the police however as people have become more aware of Adult Protection the numbers of referrals have increased from other sources.

The number of referrals that progress to a full investigation following the initial inquiry is approximately 23%.

**Update 07/02/2023**

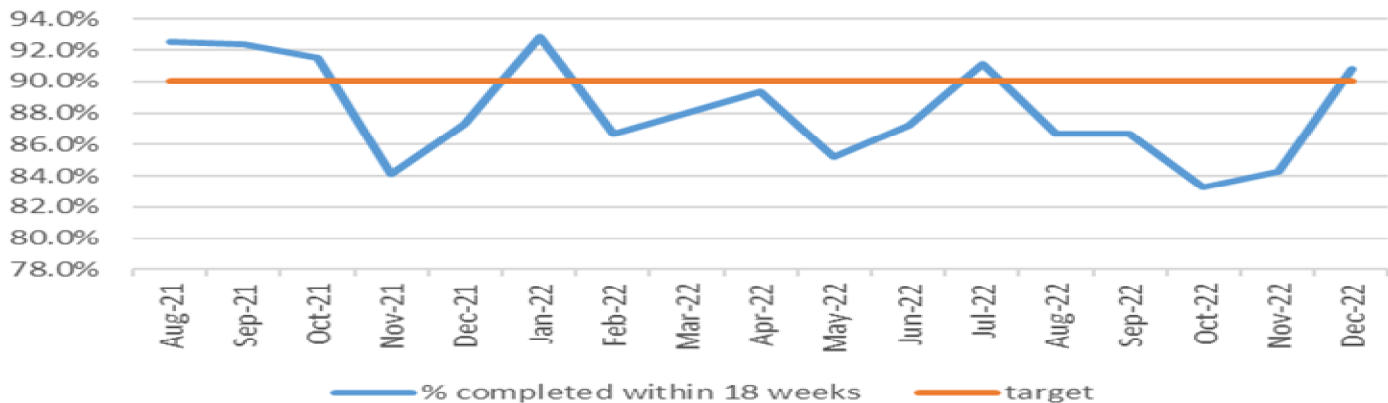
# Strategic Objective 3 Outcome 10 – Live Well (Psychological Therapies)

Priority 10A,10B,10C - Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing”



## Psychological Therapies North Highland 86.7% August Performance

North Highland Psychological Therapies Completed Waits <=18 weeks



## Psychological Therapies Performance Overview - North Highland

The national target:

**90% of people commence psychological therapy based treatment within 18 weeks of referral. December 2022: Current performance 90.8%**

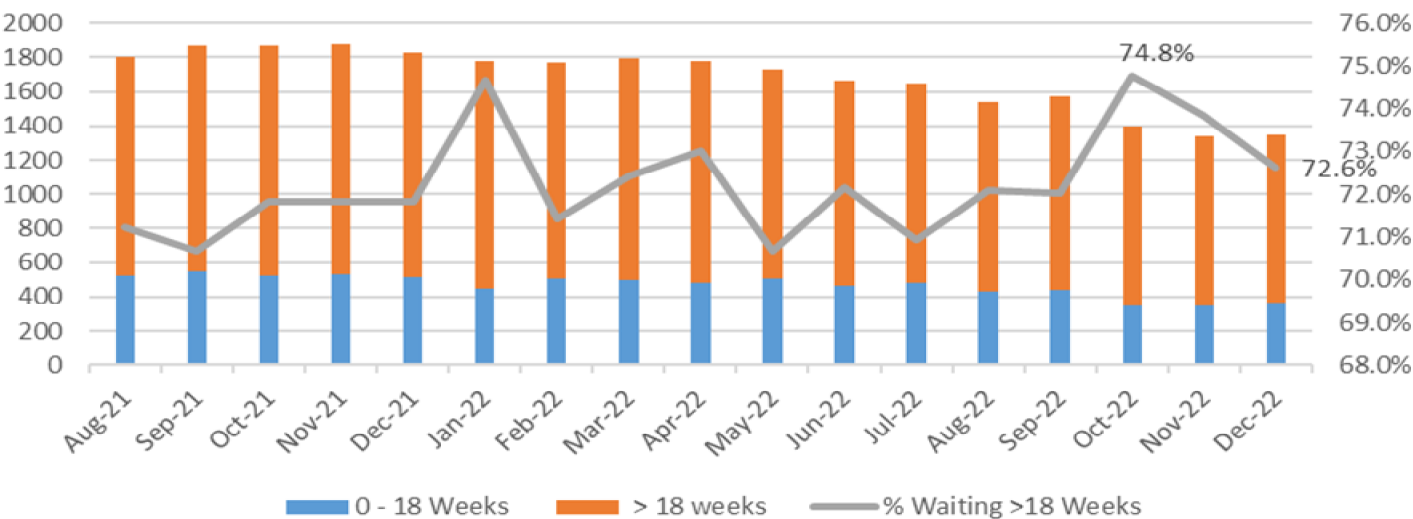
AS at December 22:

- 1347 of our population waiting to access PT services in North Highland.
- 978 patients are waiting >18 weeks (72.6% breached target) of which 656 have been waiting >1 year.
- Of the 656 waiting >1 year, 307 of those are waiting for North Highland Neuropsychology services

Psychological therapies services have had longstanding challenges with significant waiting times. There are a number of factors that have led to this including a lack of any other route for psychological interventions at an earlier stage. It is anticipated that the development of primary care mental health services will help to fill this gap in provision along with the targeted use of community resources and the development of CMHT colleagues to work with their psychological therapy colleagues. It has also been identified that there is a gap in the provision of Clinical Health Psychology this is currently being addressed by the Board and Director of Psychology.

There will though always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. Recruitment and retention is difficult when national recruitment is taking place, however there has been some success to date and in particular we are developing our neuropsychology service which forms the majority of our current extended waits. The data provided here is already showing improvement overall with clear trajectories agreed with SG as we progress with our implementation plan.

North Highland Psychological Therapies Ongoing Waits

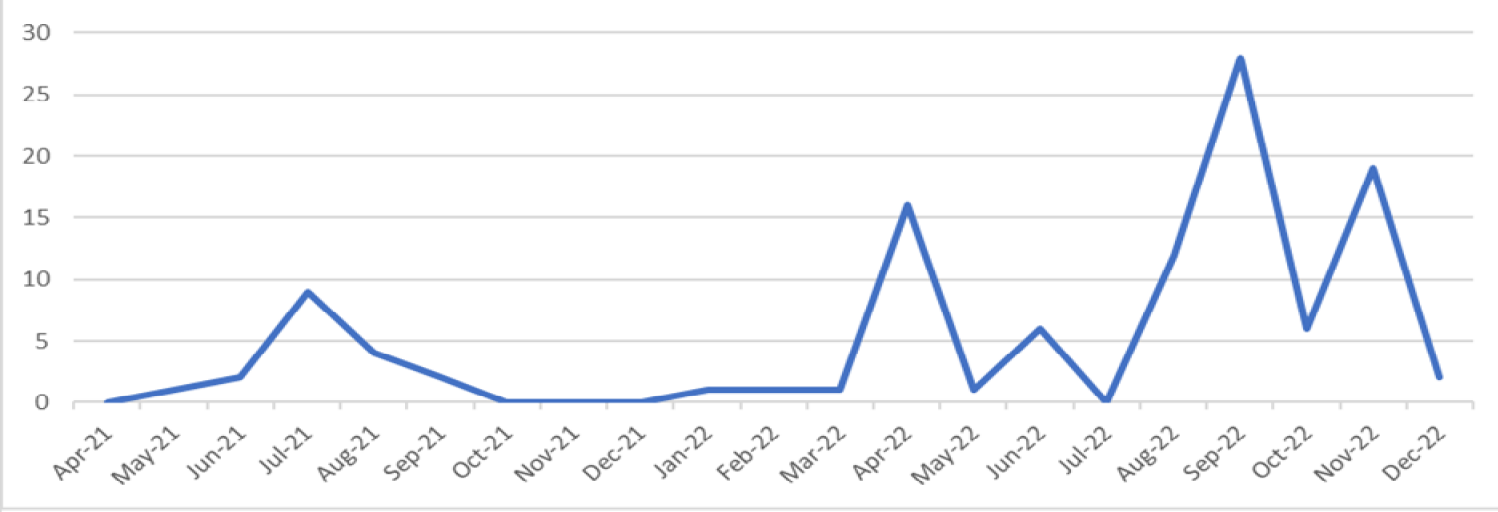


**Allyson Turnbull-Jukes Date 06/02/2023**

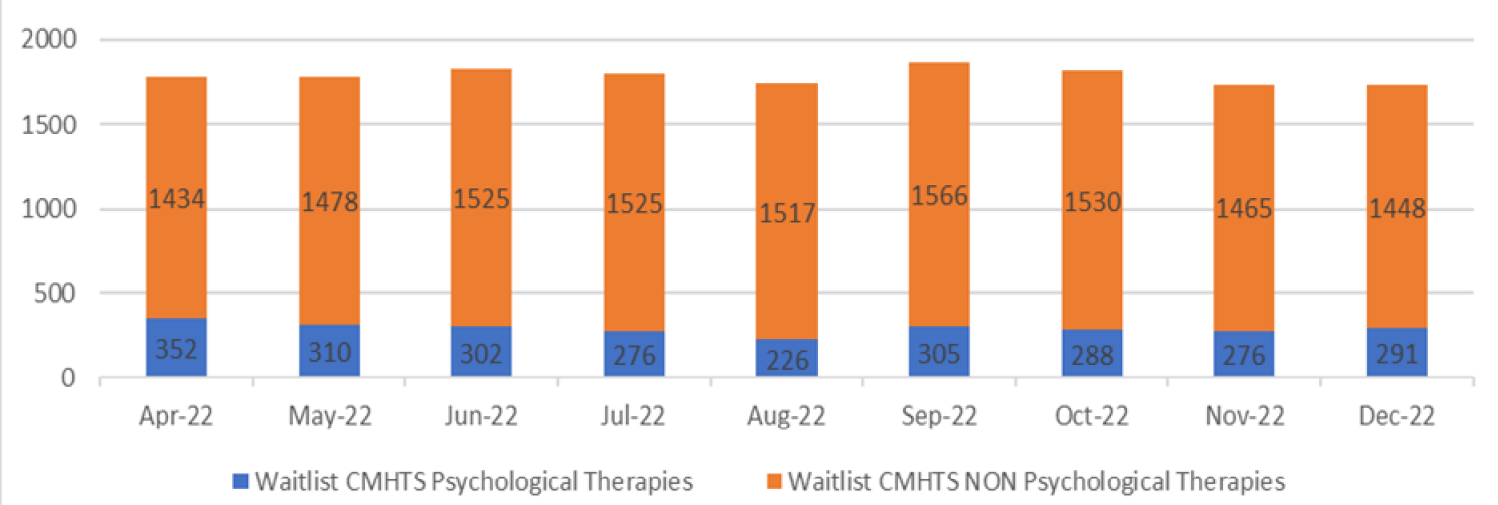


## Community Mental Health Teams

Completed Waits CMHT Psychological Therapies



CMHTs Ongoing Waits



## Community Mental Health Teams

The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as STEPPS group therapies. The delivery of these group therapies was halted during COVID and the availability of an online method was slow to progress. This has resulted in a significant backlog in this area. There is a shortage in STEPPS trainers within the UK so we are therefore exploring a range of options for increasing NHS Highland STEPPS practitioner capacity. There are now 2 completed groups. 2 groups starting in parallel on 2<sup>nd</sup> November.

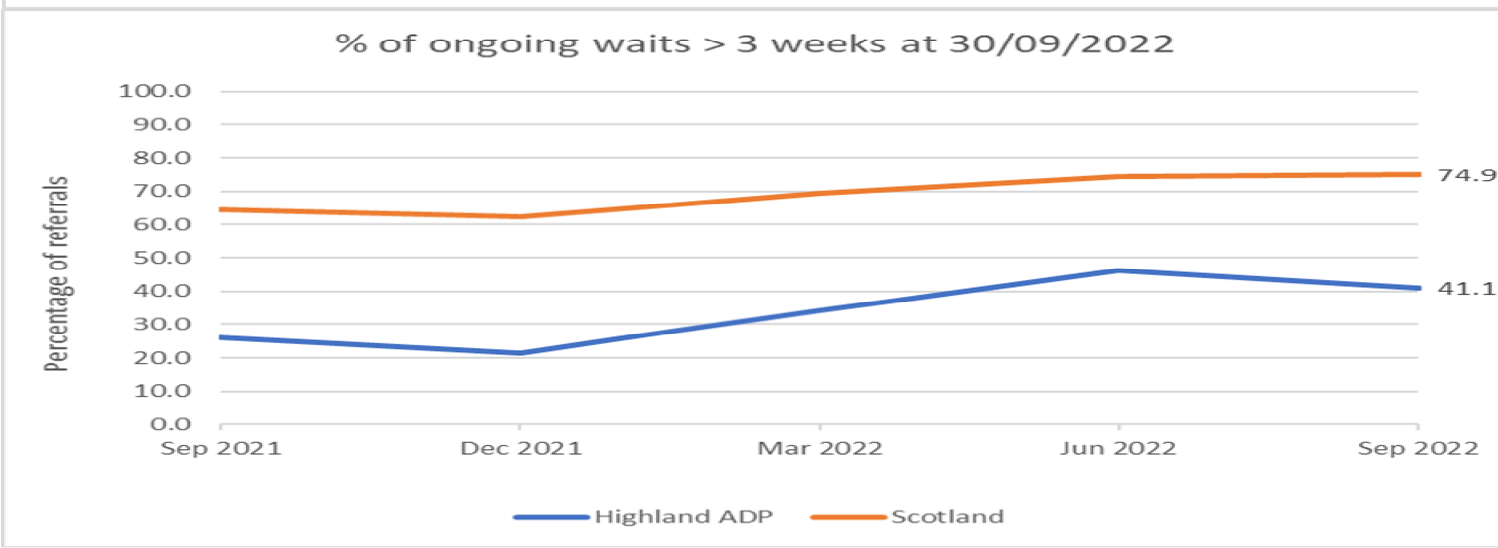
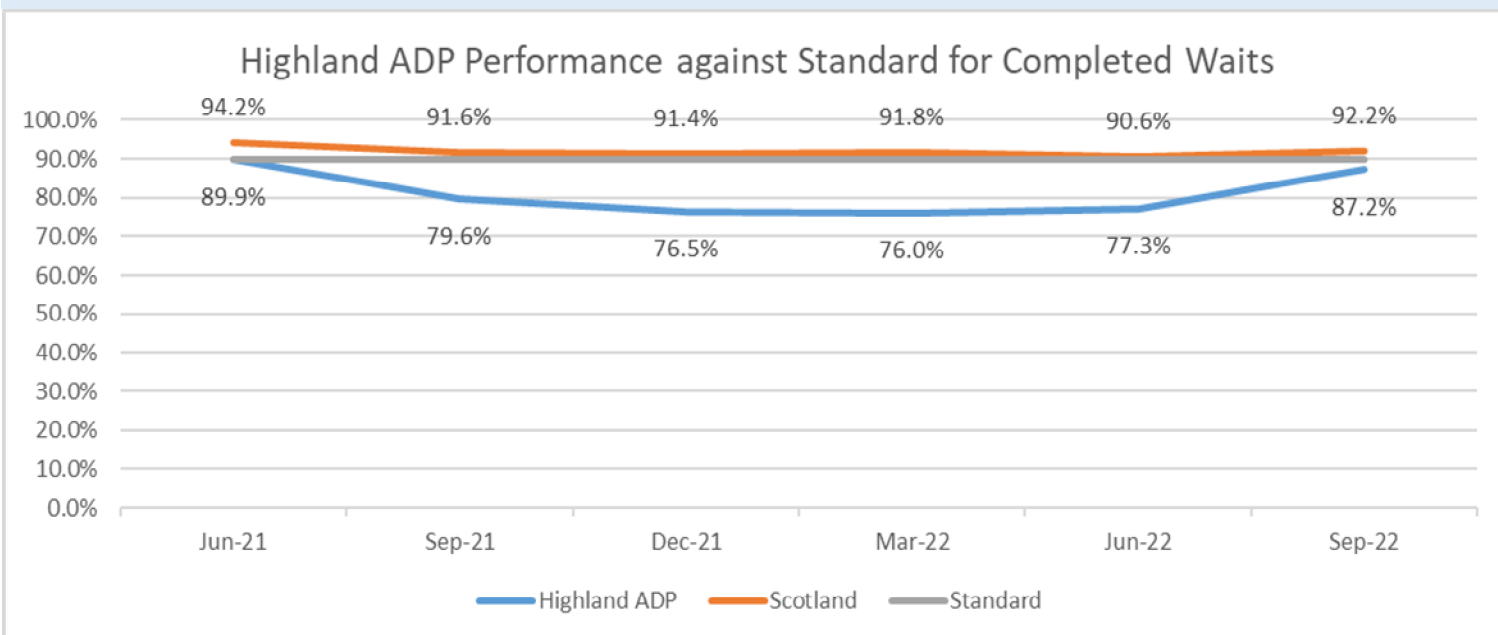
Also, in addition the PD Service are going to lead by example with an on-line STEPPS for patients across NHS Highland. Three people have been identified for the impending training.

Graph 1 – shows the number of completed waits within the CMHT PT patients waiting on group therapies.

Graph 2 – shows the ongoing waits as recorded on PMS for the CMHTs, split between PT group therapies and other patients. Validation work is required around this waitlist as has happened within PT.



## Highland Drug & Alcohol Recovery Services



## North Highland Drug & Alcohol Recovery Services Update PHS Publication September 2022 (next publication 28 March 2023)

**North Highland Drug & Alcohol Recovery Service 87.2%, Scotland 92.2%**

### Main points completed Waits

- Of the 219 referrals to community-based specialist drug and alcohol treatment services completed in this quarter, 87% (191) involved a wait of three weeks or less.
- Of the treatment referrals completed in this quarter, 136 (62%) were for people seeking help for problematic use of alcohol, 71 (32%) for problematic use of drugs, and 12 (5%) for problematic use of both alcohol and drugs (co-dependency).

### Main points ongoing waits

- At the end of the quarter, 90 treatment referrals had ongoing waits and from these, 37 or 41% of referrals had been waiting more than three weeks.

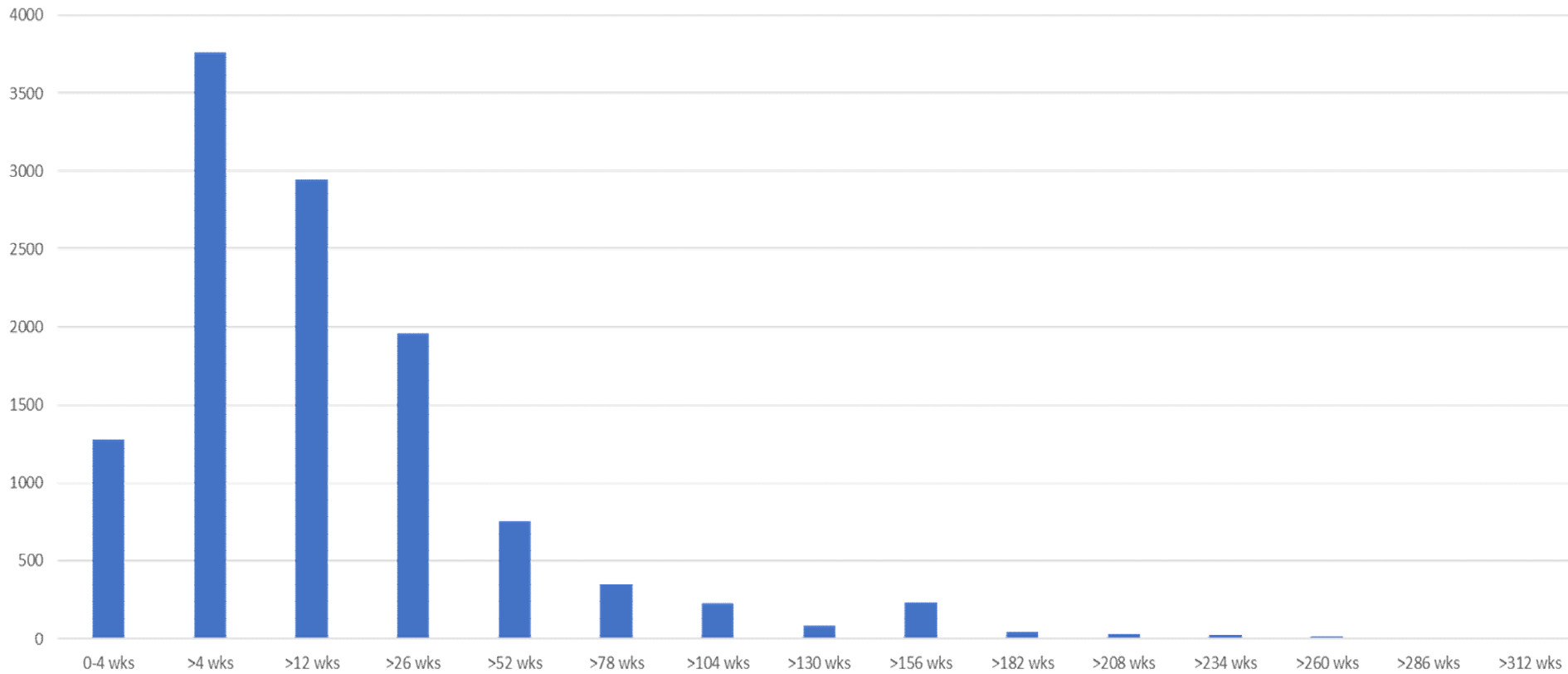
**Priority areas include identifying areas for improvement using lean methodology and the method for improvement to release capacity in teams to further meet this standard. This work has started in some teams.**

**Update: Bev Fraser 06/02/2023**



## Non Reportable Specialties – Ongoing Waits 14/12/2022

Non Reportable Specialties - Outpatient Ongoing Waits (Excludes Raigmore)



**Total Waiting List – 11,705**  
**Longest Wait > 329 weeks**

This is new data to the service so requires further consideration of what it is showing. We need closer scrutiny in each of the areas in relation to data cleansing, waiting list management, waiting time targets and forward service planning.

All areas will have a level of waiting times and we need to understand what is reasonable and where the service is outside of this what are our options to reduce waiting times.

**14/12/2022**

# Current Overview of Community Waitlists

## NHS HIGHLAND NON REPORTABLE SPECIALTIES - OUTPATIENT ONGOING WAITS (Excludes Raigmore)

MAIN SPECIALTY	0-4 wks	>4 wks	>12 wks	>26 wks	>52 wks	>78 wks	>104 wks	>130 wks	>156 wks	>182 wks	>208 wks	>234 wks	>260 wks	>286 wks	>312 wks	Total
Aviemore CMHS	9	18	22	30	14	2	5		15							115
Caithness CMHS	18	33	42	48	72	25	13	10	15	14	14	14	10	1	1	330
Child and Adolescent Psychiatry	9	46	29	9	10											103
Chiropody	209	580	212	30		1										1032
Dietetics	94	369	251	120	30	17	6	3	1	1		1				893
Clinical Psychology	2	11	21	43	50	31	13									171
Community Child Health			1													1
Community Dental	3	1	1	1				1								7
Community Paediatrics	7	46	51	43	1											148
East Ross CMHS	13	58	80	52	9				5							217
Electrocardiography	56	166	301	274	107	4		3								911
General Psychiatry	59	326	157	112	67	28	8	2								759
GP Acute	40	117	124	38	2	2										323
Highland Community Mental Health Team	19	45	52	70	25	17	5	8	2	5	1	1	1			251
Inverness CMHS	8	7	1													16
Investigations and Treatment Room			1	2			1				1					5
Learning Disability		14	42	77	31	23	22	17	15	20	16	12	1		2	292
Lochaber CMHS	9	40	43	58	43	30	54	1	73							351
Mental Health Nursing MHN	15	32	31	40	26	11	3	2	1	1						162
Mid Ross CMHS	11	42	43	42	8		1		5							152
Nairn CMHS	9	9	25	38	16	14	23		44							178
Obstetric	6	7	12													25
Obstetrics Antenatal	3	4	3	1												11
Occupational Therapy	19	47	25	4	4	3		1								103
Optometry	2	2	14													18
Orthoptics	5	39	19	1												64
Orthotics	17	91	114	73	2											297
Physiotherapy	524	1317	927	464	80	21	6	14					1			3354
Psychiatry of Old Age	67	127	62	57	10			1								324
Psychological Services	36	141	165	172	115	106	59	18	3	1	1					817
Psychotherapy						2	1									3
Skye and West Ross CMHS	14	27	69	57	30	13	3	1	52							266
Social Work			1			1		2								4
Sonography		1			1											2
<b>Total</b>	<b>1283</b>	<b>3763</b>	<b>2941</b>	<b>1956</b>	<b>753</b>	<b>351</b>	<b>223</b>	<b>84</b>	<b>231</b>	<b>42</b>	<b>33</b>	<b>28</b>	<b>13</b>	<b>1</b>	<b>3</b>	<b>11705</b>

