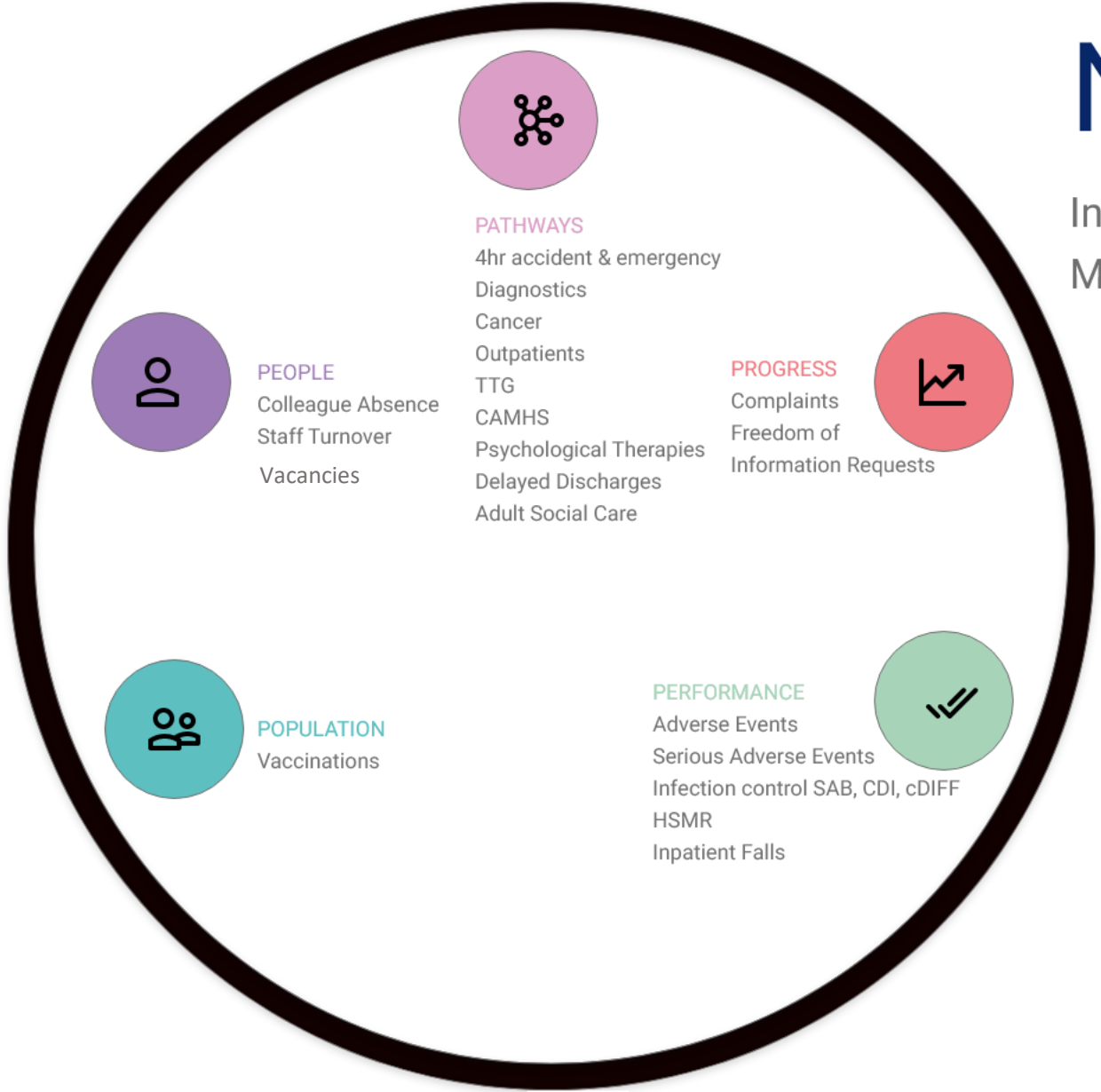


# NHS Highland

## Integrated Performance & Quality Report Dashboard (IPQR) March 2022 Update

The purpose of the IPQR is to give an overview of the whole system performance and quality within NHS Highland.

IPQR is evolving and in this month's version we have distinguished between NHS Highland and Argyll & Bute IJB.





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**Principles by Tim Allison**  
Director of Public Health and Policy

To ensure population health by maximising levels of vaccination uptake amongst eligible population groups (including hard to reach groups)

Making our services as efficient as possible whilst living within our financial envelope.

Using data driven insight and ideas to understand needs of our population, balancing the demands on the system for patient care and wellbeing and the need for sustainable clinical services in each locality.

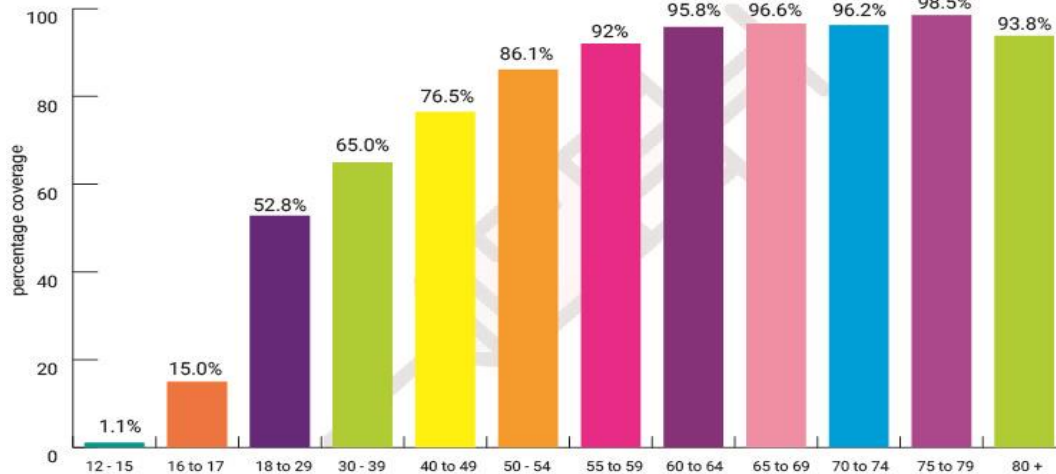
Ensuring that there is an integrated approach to workforce and service planning in the development of the elective aspect of the annual operating plan

# Integrated Performance & Quality Report March 2022 Update

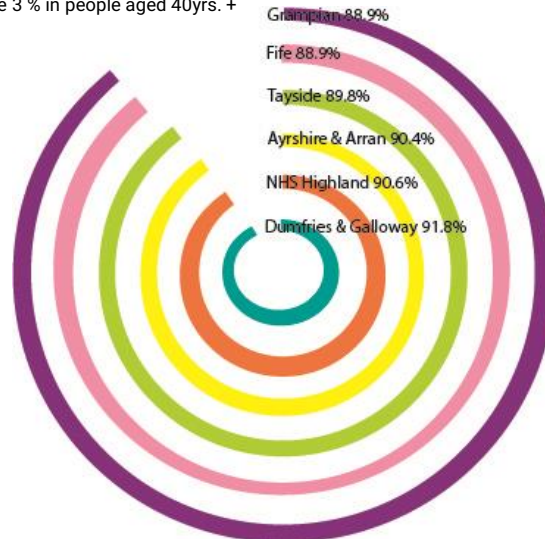
## Population

### Vaccinations - Covid 19

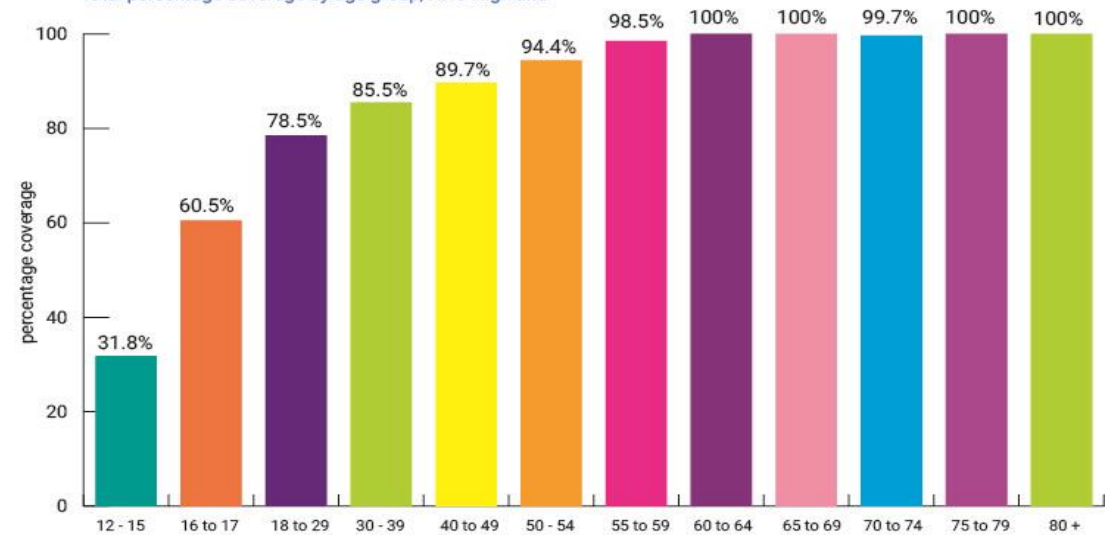
Percentage of population who have received a booster dose Covid 19 vaccine (3 doses in total)  
Total percentage coverage by age group, NHS Highland



Booster or dose 3 in people aged 40yrs. +



Percentage of population who have received two doses, Covid 19 vaccine  
Total percentage coverage by age group, NHS Highland



No	Risk	Mitigation
1	Risk that tranche 2 delivery will be inadequate	Delivery structures and clinic plans in place
2	Risk that planning for future vaccine delivery will be inadequate	Vaccine programme board set up and plans being developed for management and governance
3	Risk that staffing and finance will be inadequate for future vaccine delivery	Workforce analysis undertaken for dialogue with Scottish Government



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**Context by Katherine Sutton  
Chief Officer Acute**

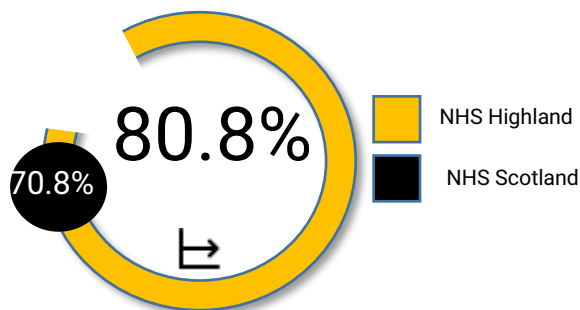
NHS Highland ED performance continues to be several percentage points above the Scottish average. However performance has failed to return to pre-pandemic levels. The main reason for breach continues to be the wait for medical beds. Over the course of the winter there have been significant challenges in particular relating to the impact of the most recent waves of the COVID pandemic. This has reduced capacity to support flow particularly due to the significant impact on available staffing levels and the lost capacity due to infection control policy which has closed beds and required increased bed capacity to be devoted to cohorting COVID positive patients.

Ambulance waits have been significant at times across a number of locations whilst awaiting access to hospital services.

# Integrated Performance & Quality Report March 2022 Update

## Pathways

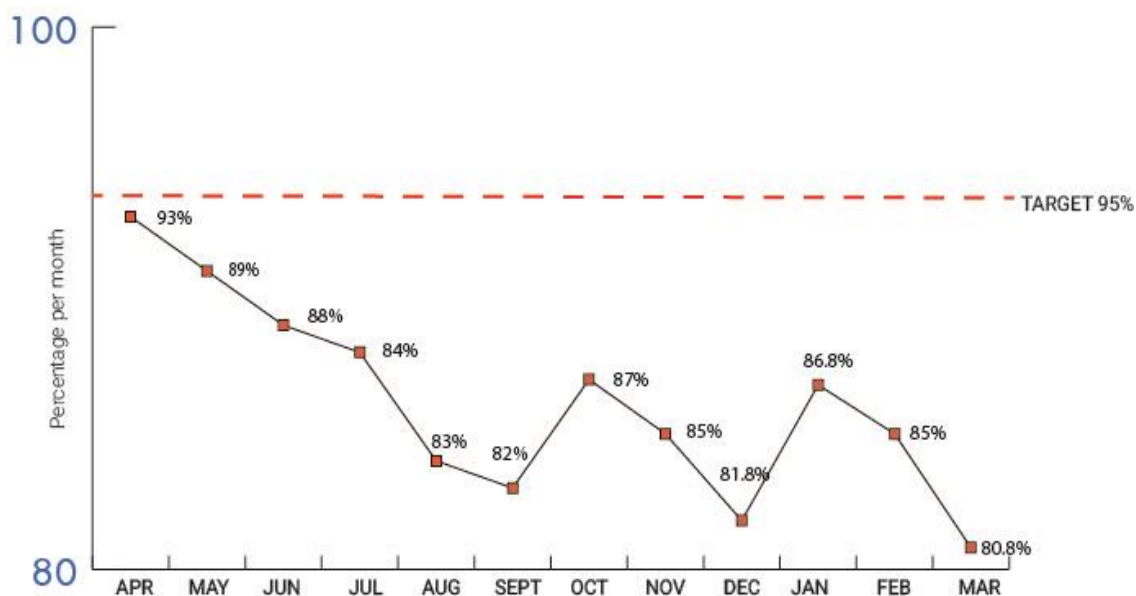
**4 Hour ED Access Target: 95% of patients to wait no longer than 4 hrs. from arrival to admission, discharge or transfer for ED treatment**



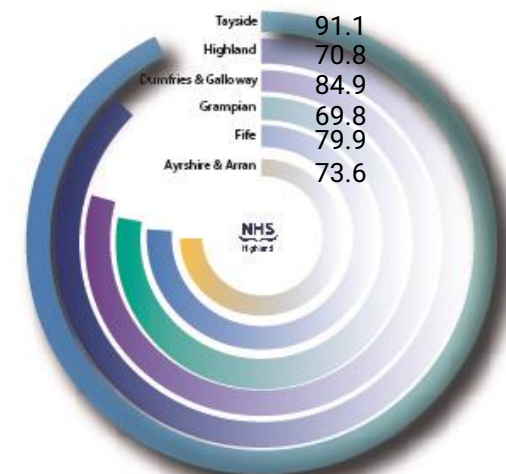
Measure 28.08.22	NHSH	NHSS
4 hour wait to treatment	80.8	70.8
ED conversion rate	21.8%	N/A
Total ED attendances	1,122	24,672

Report AE1005 (North Highland only) For A&B figure, see A&B section

Risk	Mitigation
Available medical inpatient capacity	RH is aiming to increase inpatient capacity and plans are being progressed to improve and streamline discharge processes.
Availability of transport	Holding capacity being explored outwith EDs at RGHS
EDs. reaching capacity	Capacity escalation plans in place. Whole system escalation plans being developed
Workforce capacity	ED business case completed, active recruitment



Board Level KPI report 28.02.2022 NHSS



PHS LDP standards update 01.03.2022



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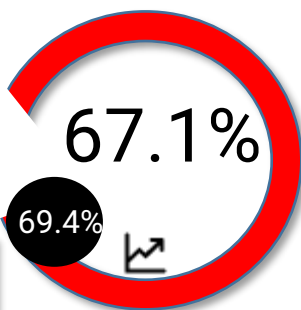


**Context by Katherine Sutton**  
Chief Officer Acute

Performance has continued to deteriorate as a result of pressures due to COVID and also system pressures which have significantly impacted available nursing, bed and theatre capacity. Remobilisation plans have been developed to increase activity levels towards 2019 pre-pandemic operating levels as soon as system pressures due to the latest wave of the pandemic subside. A Scheduled Care Performance Recovery Board has been established and initial proposals are currently with Scottish Government for consideration in relation to securing financial capacity to support an increase in activity and investment to support transformation. These plans will ensure transformational opportunities are embedded to deliver improved efficient utilisation of the limited clinical capacity available and sustainable delivery in the long term.

# Integrated Performance & Quality Report March 2022 Update Pathways

**Treatment Time Guarantee (TTG) No patient will wait longer than 12 weeks for inpatient or day case treatment**

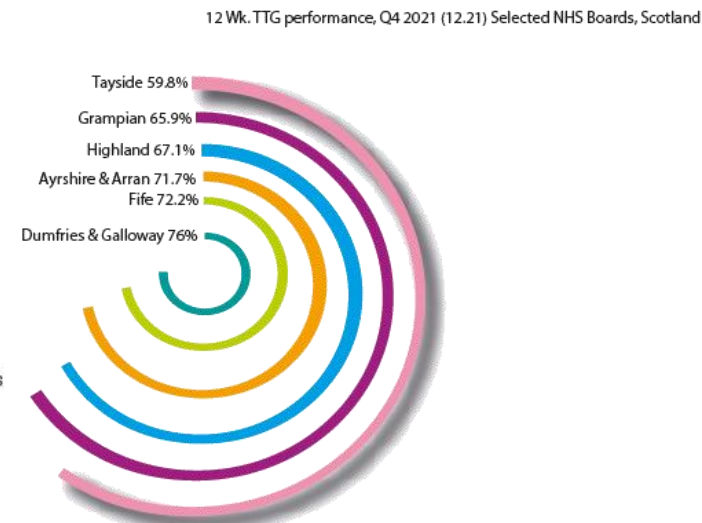
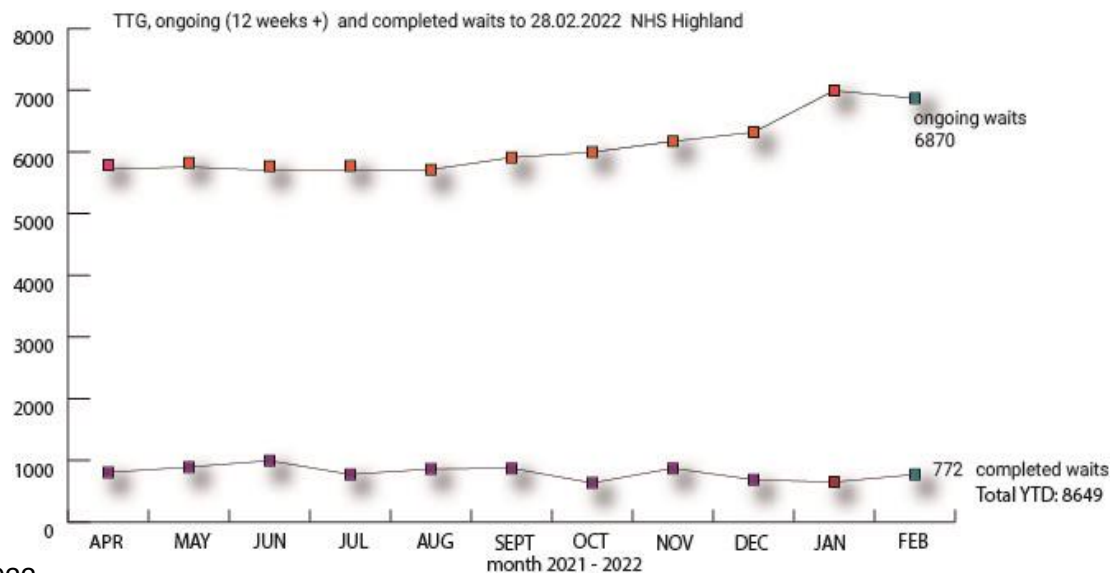
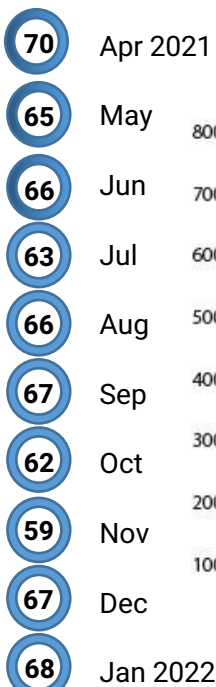


**Current**

■ Scottish Average

P1 seen within 72 hrs: 25%  
P2 seen within 4 weeks: 62.1%

	Risk	Mitigation
1	Workforce capacity & resilience	Recruitment campaigns across a range of clinical specialties and across Nursing & Consultant Staff
2	System pressures and processes to facilitate patient journeys across the Health & Care system	Improved processes and capacity as per USC plan
3	Available finance capacity to deliver increased levels of surgical activity across the acute system	Engagement with SG over an increased financial capacity for remobilisation
4	Further Covid 19 resurgence	Covid 19 containment, escalation & de-escalation plans





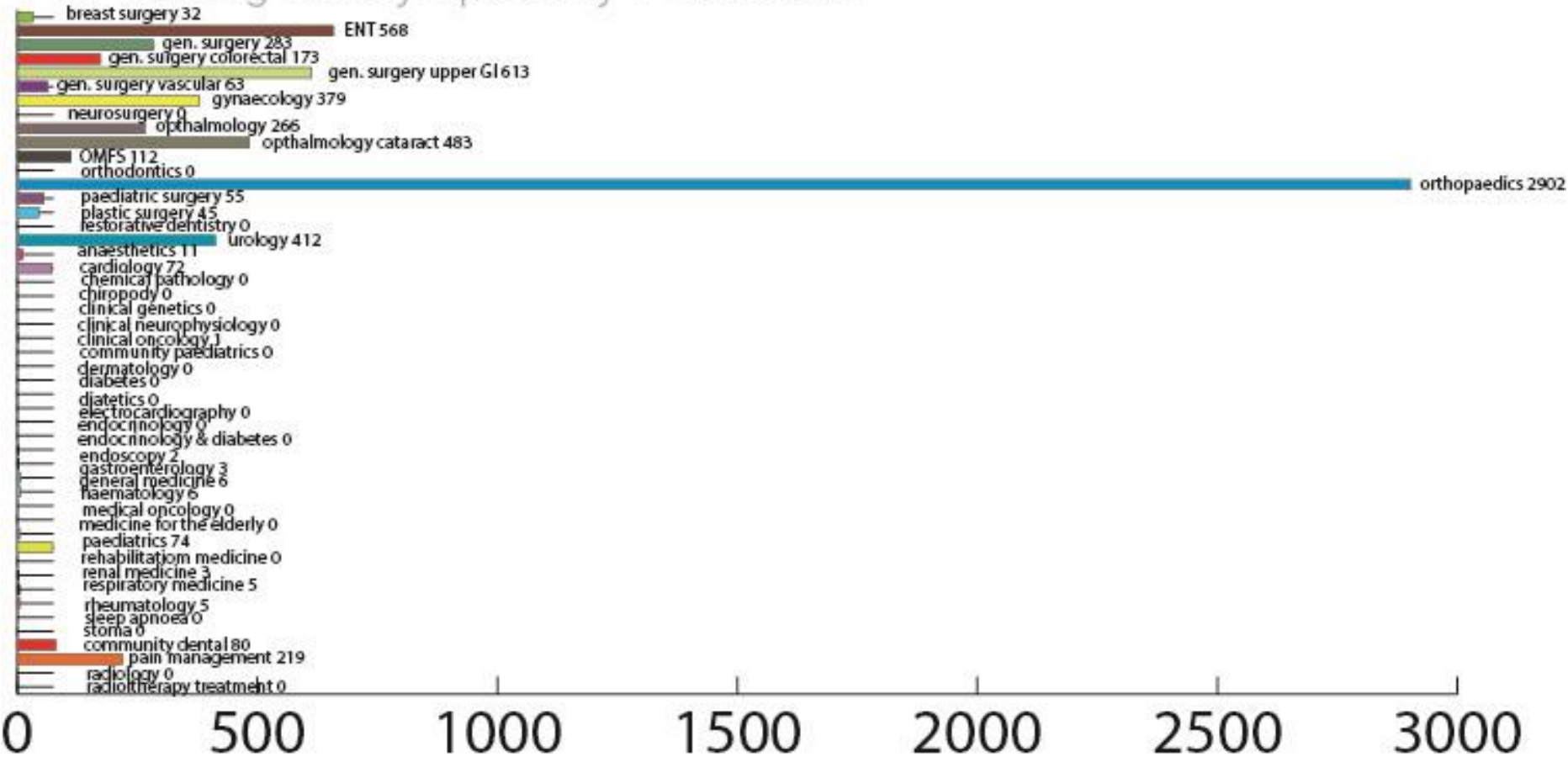


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# Integrated Performance & Quality Report March 2022 Update Pathways

TTG activity NHS Highland to 14.03.2022

## TTG Waiting List by Specialty 11.03.2022



Total 6,968



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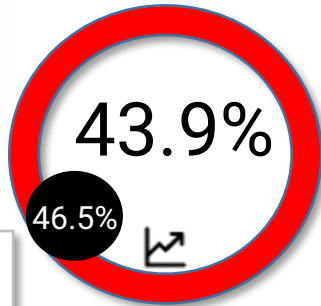
**Context by Katherine Sutton  
Chief Officer Acute**

Performance and capacity to deliver out-patient appointments has been challenging as a result of the pandemic and the impact on services. Remobilisation plans have been drafted that focus on increasing the number of appointments offered weekly to patients either via virtual or face to face contact. Progress is overseen through the Scheduled Care Performance Recovery Board. Plans are being developed at speciality level with Clinical Leadership at the forefront. Templates are being reviewed with the aim of getting back to the pre-pandemic rate of offering new out-patient appointments. Efficiency improvements as developed through the Financial Recovery Programme Board Out-Patients Cross Cutting Workstream are being applied across all speciality service areas. Additional capacity is being sourced to support in some service areas.

# Integrated Performance & Quality Report March 2022 Update

## Pathways

**No patient will wait longer than 12 weeks for a first outpatient appointment**



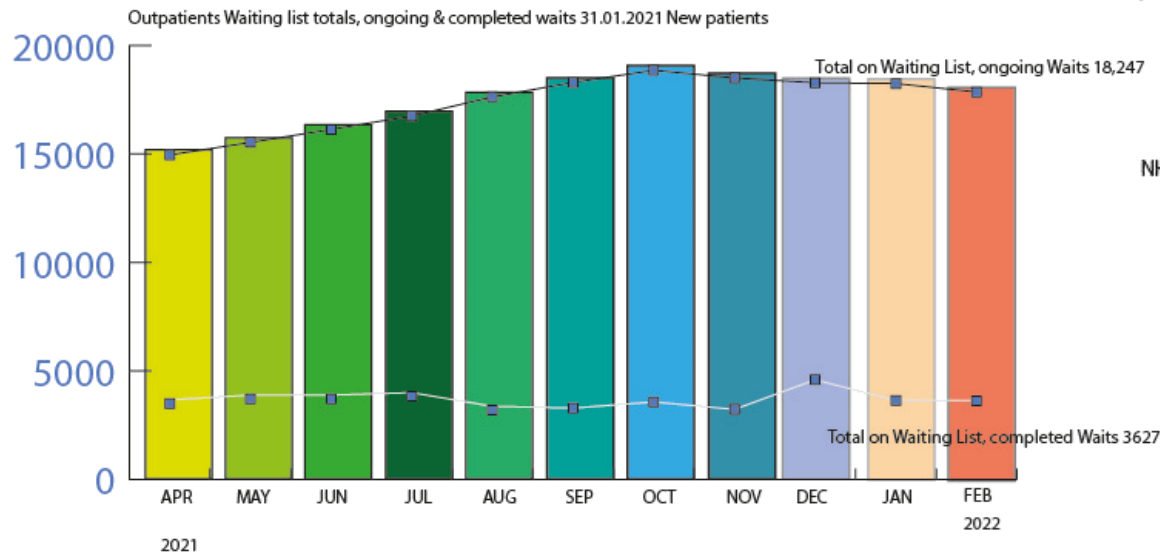
46.5%

■ Scottish Average 31.01.22

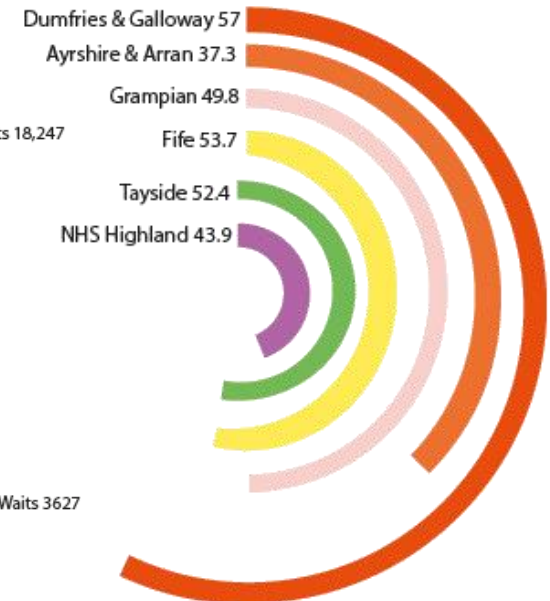
- 71 Apr
- 68 May
- 68 Jun
- 68 Jul
- 71 Aug
- 69 Sep
- 57 Oct
- 62 Nov
- 62 Dec
- 68 Jan
- 42 Feb

### Risks & Mitigations

	Risk	Mitigation
1	Workforce capacity to deliver services	Increased capacity is accessed via RMP funding and business case recruitment processes to additional staffing, private sector additional capacity, open return appointments, role and skills development within the service.
2	Physical space to deliver OP services	Utilisation of virtual consultations where possible
3	Post lockdown surge in demand	Link with GPs and public to promote early contact with acute services where appropriate
4	Currency of waiting list	Continuing waiting list validation



### 12 Weeks to 1st OP appointment Q4 2021 (12.21) Selected NHS Boards, Scotland





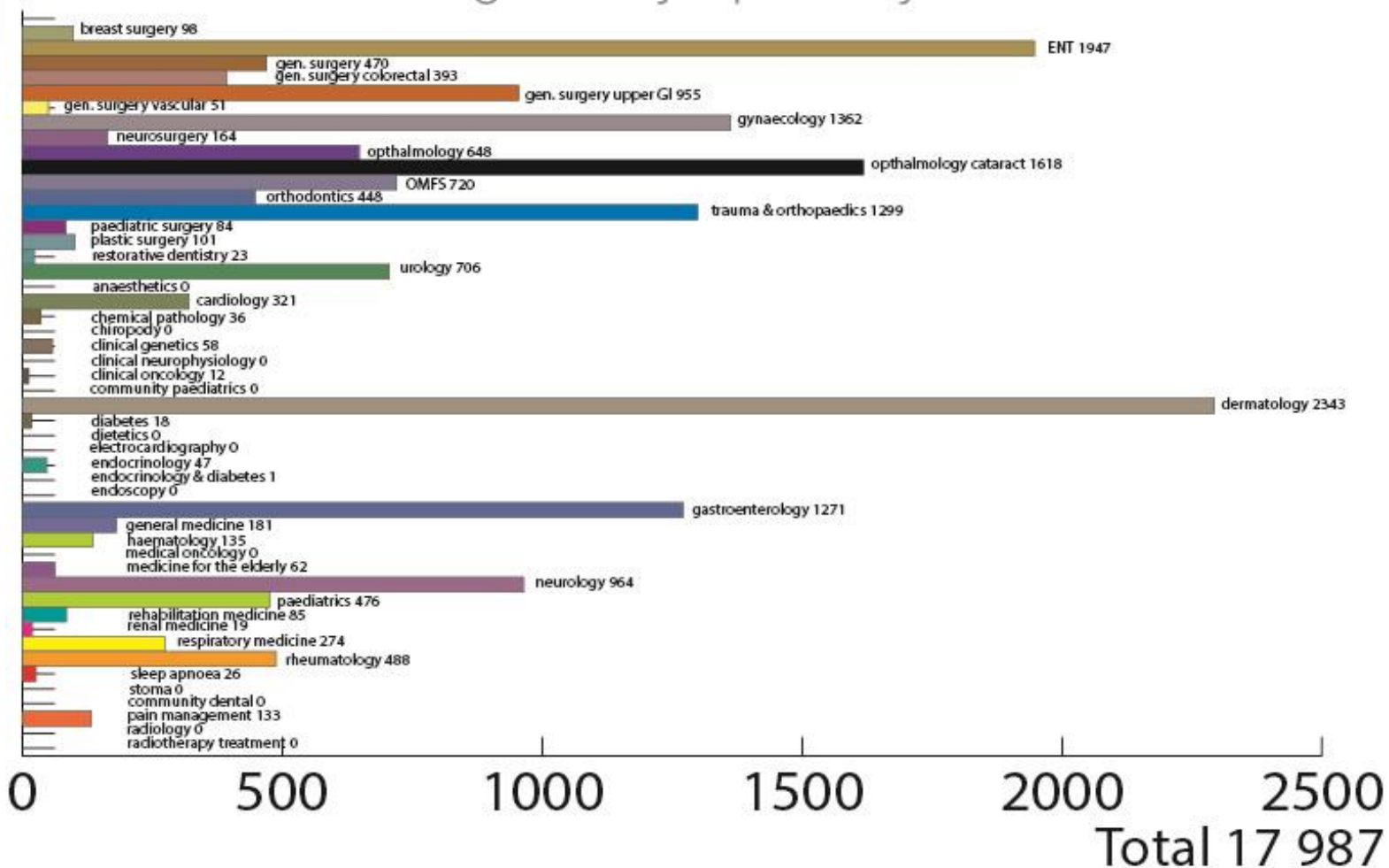
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# Integrated Performance & Quality Report March 2022 Update

## Pathways

Outpatient Waiting List, Ongoing waits totals by Specialty to 14.03.2022

### Out Patient Waiting List by Specialty 11.03.2022





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**Context by Katherine Sutton**  
Chief Officer Acute

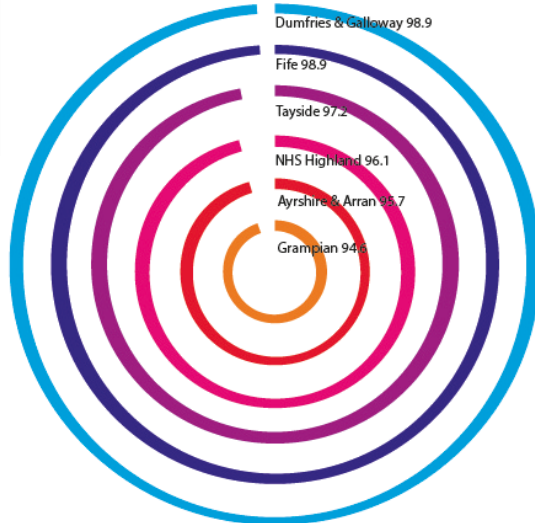
The current dip in performance of the 31 Day Standard is mainly due to staffing pressures within Breast Services as a result of gaps in Surgical and Pathology workforce and reduced theatre availability due to the pandemic impact in December. Performance against the 62 Day Standard reduced over the winter period as a result of pressures caused by the pandemic, reduced theatre and staff availability to provide treatment. Lack of Endoscopy, Imaging and Pathology staff has also impacted on performance. The February position has improved as a result of the improved Urology pathways. Performance continues above the Scottish average. Clinical prioritisation has been applied.

# Integrated Performance & Quality Report March 2022 Update

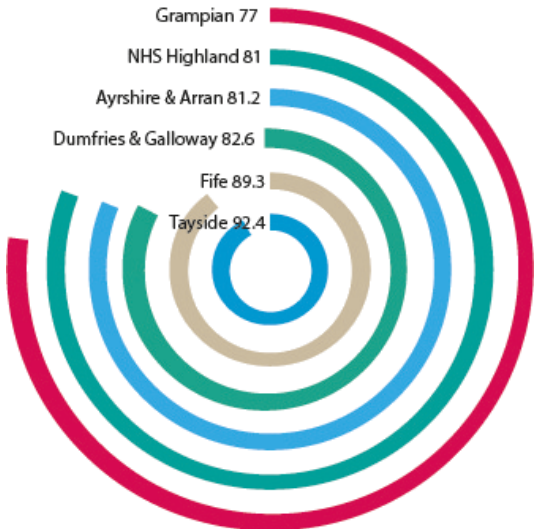
## Pathways

**Cancer 31 day standard, 95% of all patients diagnosed with cancer to begin treatment within 31 days**

**Cancer 62 day standard, 95% of USC referrals to begin treatment within 62 days**



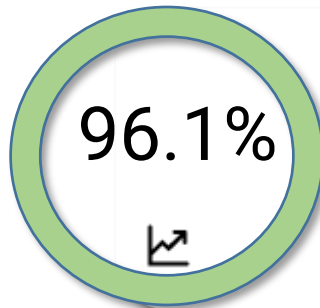
% compliance with 31 day standard, Q4 2021



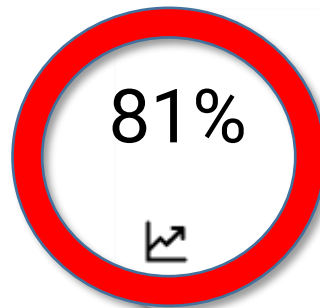
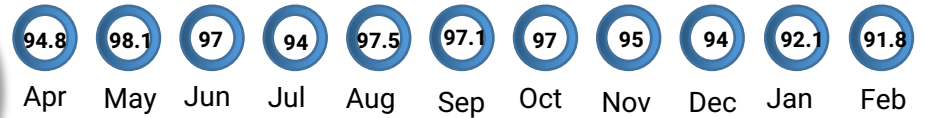
% compliance with 62 day standard, Q4 2021

### Risks & Mitigations

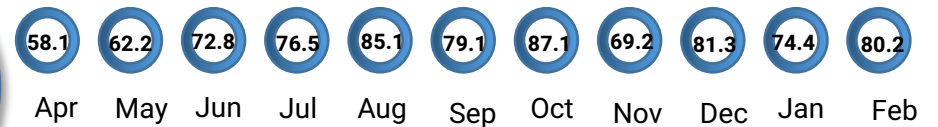
	Risk	Mitigation
1	Workforce capacity and resilience	Recruitment campaigns across a range of clinical specialties and across Nursing & Consultant Staff
2	Diagnostics. Responsiveness of diagnostics within 14 day target due to capacity issues.	Recruitment continues for Endoscopists and Radiologists. Service development with introduction of technology to support teams with implementation. Engagement with SG over increased financial capacity for remobilisation
3	Reliance on external Health Board capacity for specialist services, robotic services, brachytherapy and PET CT scanning	Business cases in development for PET CT. Local provision of robotic prostatectomy pending recruitment. Engaging with NHS Lothian and GG & C HB re: Brachytherapy.



### Monthly 31 day performance



### Monthly 62 day performance







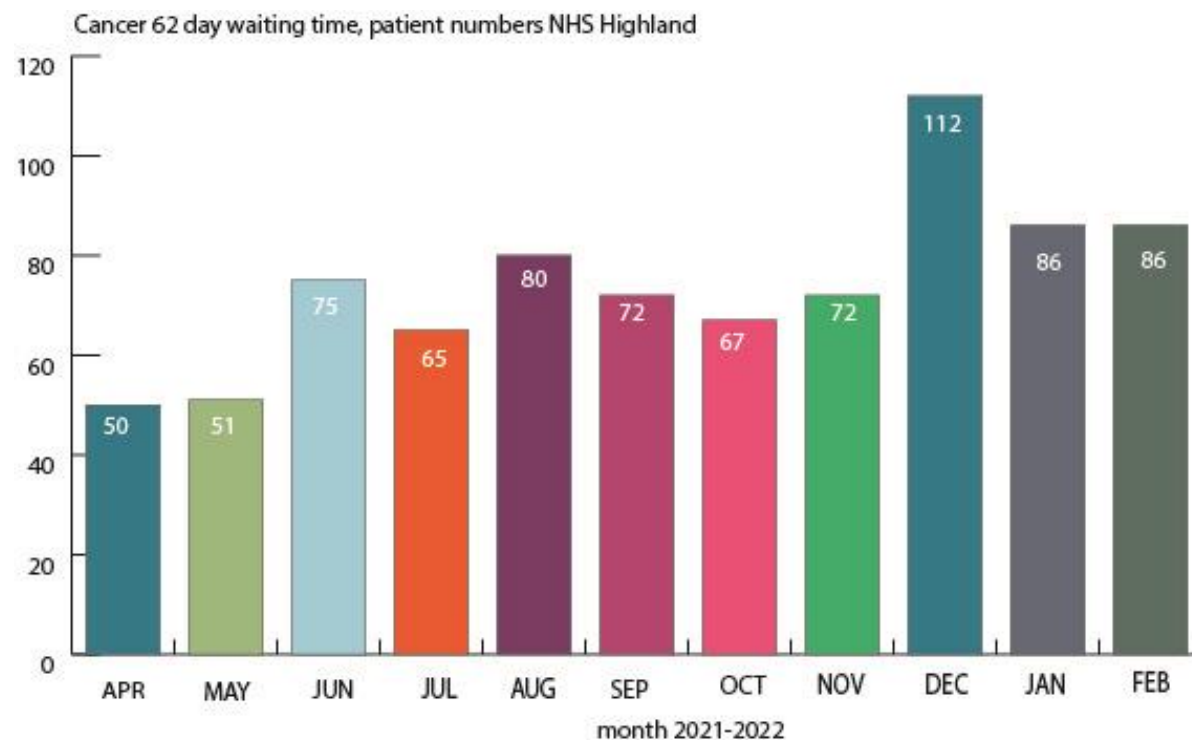
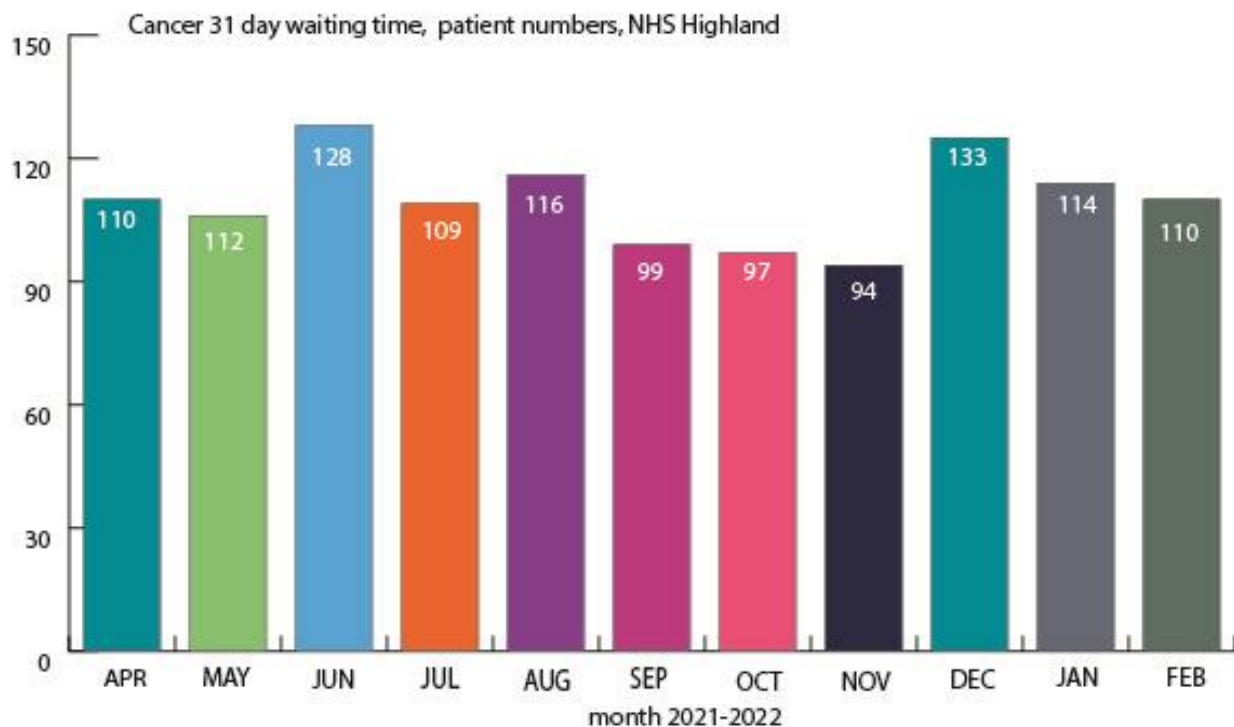
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# Integrated Performance & Quality Report March 2022 Update

## Pathways

**Cancer 31 day standard, 95% of all patients diagnosed with cancer to begin treatment within 31 days**

**Cancer 62 day standard, 95% of USC referrals to begin treatment within 62 days**



\*Percentage of totals as a line overlay in the next update



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**Context by  
Katherine Sutton  
Chief Officer Acute**

Workforce gaps have reduced capacity to deliver Endoscopy capacity. Locum staffing have been recently recruited to cover short term workforce gaps. Recruitment is ongoing to fill consultant vacancies.

Nurse endoscopists have now completed training and able to increase capacity. The service has developed a recovery plan that supports JAG accreditation, improved admin processes and the utilisation of all endoscopy capacity across Raigmore and RGHs.

# Integrated Performance & Quality Report March 2022 Update

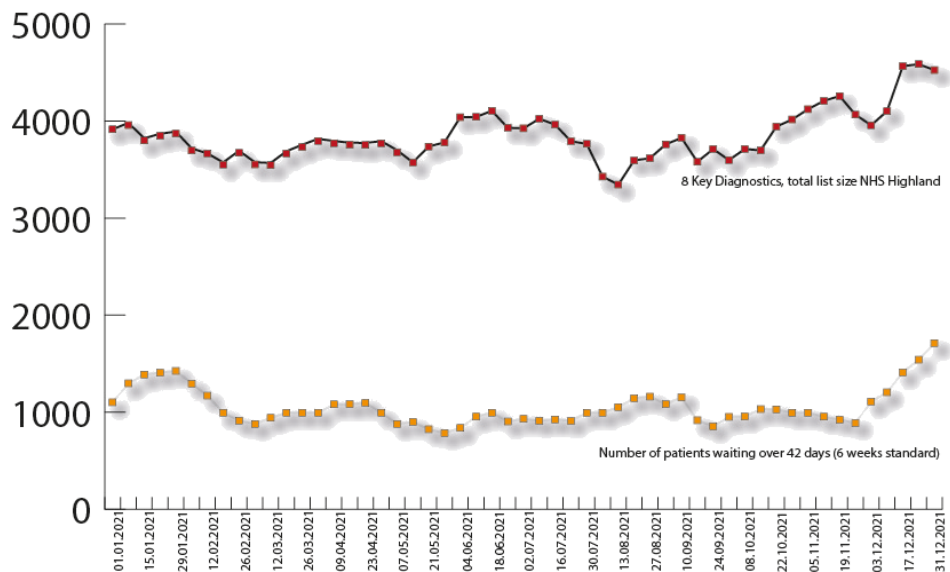
## Pathways

### Diagnostics, Scopes

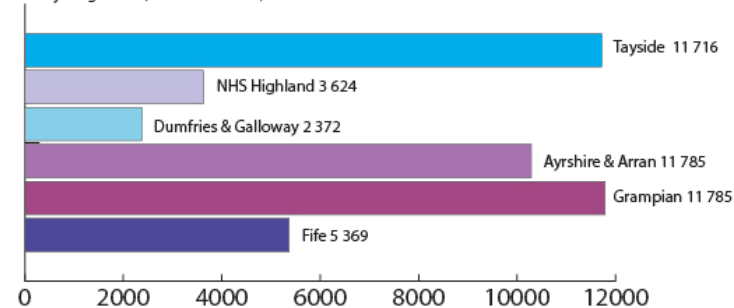


8 KEY DIAGNOSTICS Month to 22.03.22	NUMBER OF PATIENTS SEEN	% OF TOTAL
Upper Endoscopy	227	57.61%
Lower Endoscopy	49	21.21%
Colonoscopy	136	41.98%
Cystoscopy	34	60.71%
CT Scan	752	96.78%
MRI Scan	614	64.90%
Barium Studies	24	96%
Non Obstetric Ultrasound	1109	38.44%
<b>Total</b>	<b>2945</b>	<b>52.53%</b>

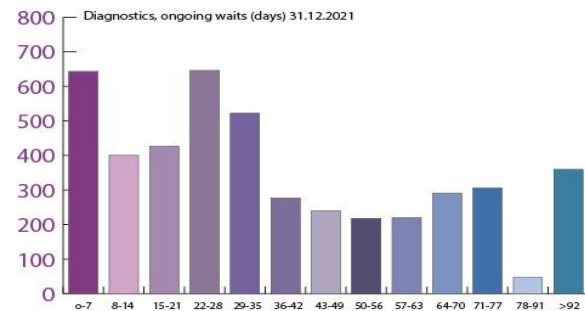
	Risk	Mitigation
1	Workforce capacity and resilience	Recruitment continues for Endoscopists and Radiologists. Service development with introduction of technology to support teams with implementation.
2	Pressure build up with increasing demand through work to clear OP waiting lists	Whole system planning to performance recovery.
3	Available financial capacity to deliver increased levels of activity	Engagement with SG over increased financial capacity for remobilisation
4	Further Covid 19 resurgence	Covid 19 containment, escalation and de-escalation plans.



8 Key Diagnostics, numbers on list, 30.09.2021



Source: Public Health Scotland





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**Context by  
Dr. Boyd Peters  
Medical Director**

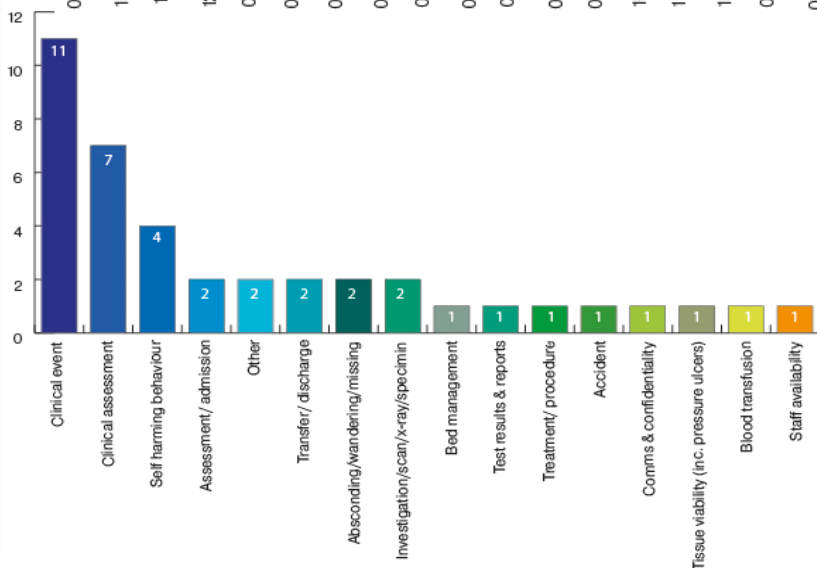
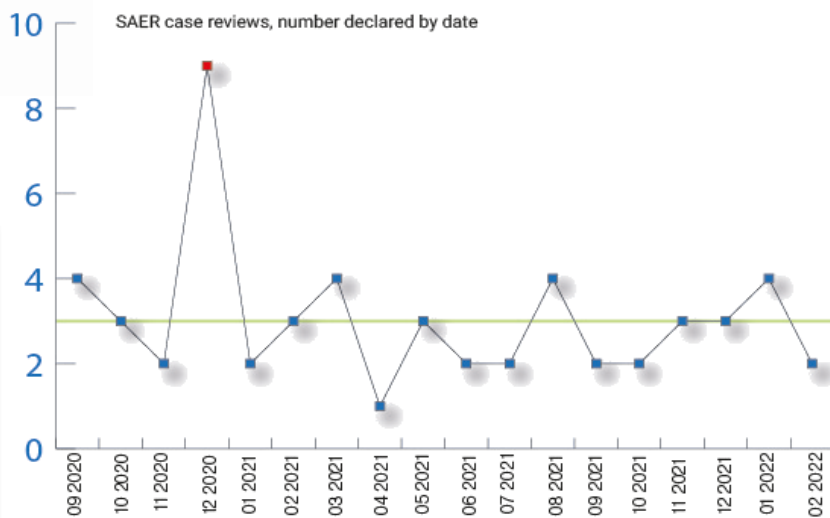
**Adverse Events and SAERs:**

A slight rise in adverse events (incidents logged on datix) is linked to the increased clinical activity in 2021 including remobilisation, vaccination and Covid waves. None of the four acute sites are outliers on the standardised hospital mortality rate.

# Integrated Performance & Quality Report March 2022 Update

## Performance

### Quality & Patient Safety, Adverse & Serious Adverse Events, Hospital Standardised Mortality Rate (HSMR)



	Risk	Mitigation
1	Operational pressures	Ensure processes supported in operational units
2	Reduced Organisational learning	Maintain QPS activities
3	Quality adversely affected	Oversight of responses by key senior staff

Serious Adverse Event Reviews by month declared 2021-22, NHS Highland											
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
1	3	2	2	4	2						
0	1	0	0	0	0						

YTD: Count (572) Open (63) Closed (509) Ave. working wks. (36.0)

Adverse Event Reviews by month declared 2021-22, NHS Highland											
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
998	1111	1188	1119	1112	1096						

Hospital Standardised Mortality Rate (HSMR) Jan-Dec 2020					
Location	Observed deaths	Predicted deaths	Patients	Crude rate	HSMR
NHSH	1,359	1,396	26,081	5.2%	0.97
Scotland	27,257	27,257	535,940	5.1%	1.00

Please note: If the HSMR value is less than 1.00, the number of deaths is fewer than predicted. If the value is greater than 1.00 the number of deaths is greater than predicted.



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**Context by  
Dr. Boyd Peters  
Medical Director**

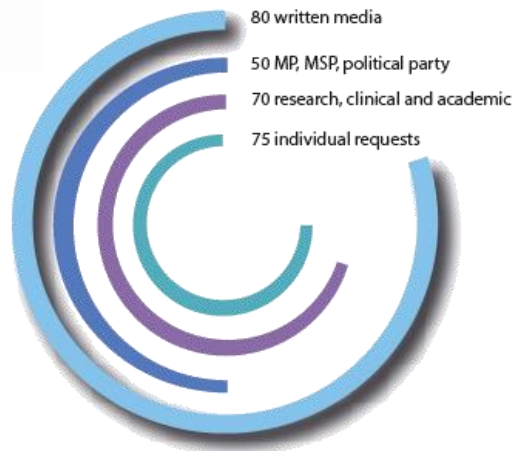
**COMPLAINTS**

Response times for clinical complaints have been affected by operational pressures (Covid waves and remobilisation efforts.) If 2022 sees a stabilisation of workload the improvement in response times will be a priority.

# Integrated Performance & Quality Report March 2022 Update

## Performance

### Complaints & Freedom of Information Requests (FOIs)

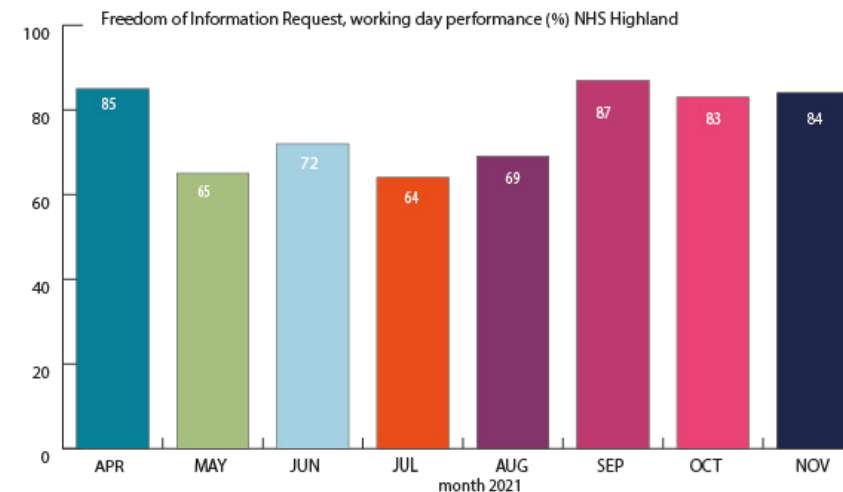
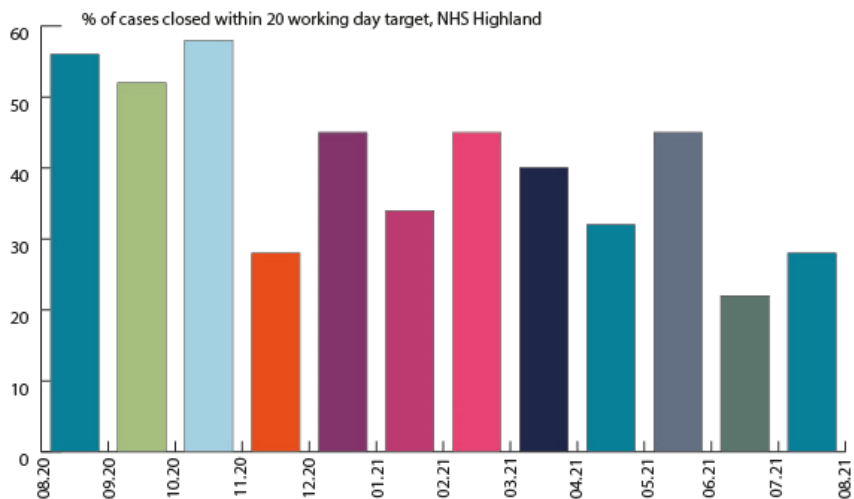


**Number of FOIs received and performance (%) 2021-22, NHS Highland**

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Received	45	41	53	68	59							
Performance (%)	85	65	72	64	69							

**Complaints Stage 2 closed within the working day target 2021-22, NHS Highland**

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Closed	30%	40%	21%	29%	22%							







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**Context by Heidi May  
Director of Nursing & AHPs**

NHS Highland is on track to meet the Government set SAB target by the due date of 31.03.22. We are not on track to meet the C Difficile target as previously discussed at the Board – however we do remain within predicted levels of infection given our case mix of patients and activity. A plan is in place to identify how levels of infection might be improved.

We are awaiting confirmation from the Government re Infection Prevention and Control improvement aims from April 2022. A detailed IPC report is submitted to each Clinical Governance Committee for discussion and assurance

# Integrated Performance & Quality Report March 2022 Update

## Population

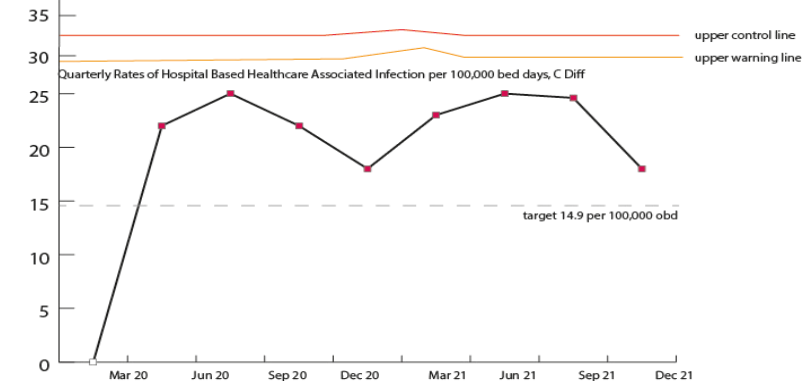
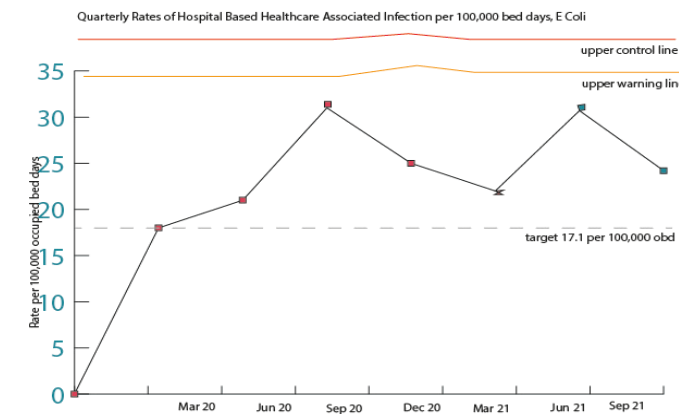
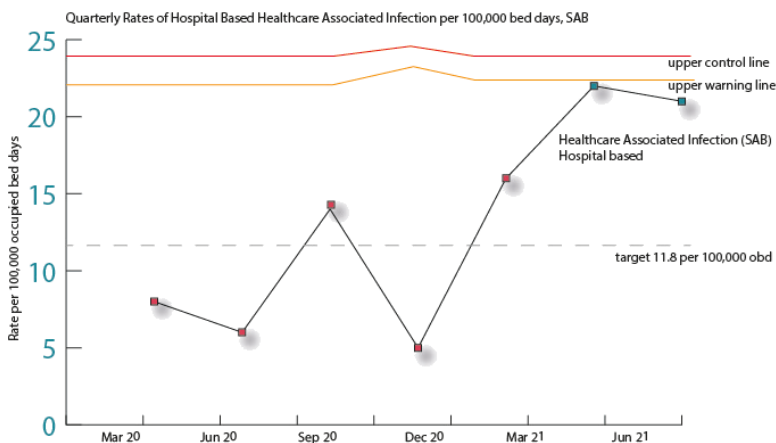
### Infection Prevention, E Coli, SAB and C Diff Infection Rates per 100,000 population



Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) 3 month ave.

SAB	Apr-Jun		Jul-Sep		Oct-Dec	
	HAI	CDI	HAI	CDI	HAI	CDI
NHS HIGHLAND	15.4	11.3	11.4	12.4		
SCOTLAND	18.7	10.9	18.3	9.6		
C. DIFF						
NHS HIGHLAND	24.6	7.5	18.5	7.4		
SCOTLAND	14.6	5.4	16.7	6.5		
E.COLI						
NHS HIGHLAND	30.7	40.0	24.2	29.7		
SCOTLAND	38.2	41.9	41.4	41.1		

Risk	Mitigation
Risk of harm to patients and a poor care experience due to development of health care associated Staphylococcus Aureus Bacteraemia and E coli infection	An annual work plan is in place to support the reduction of infection. Cases are monitored and investigated on an individual basis; causes are identified, and learning is fed back to the operational units. Where present themes are addressed through specific action plans.





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**Context by Heidi May  
Director of Nursing & AHPs**

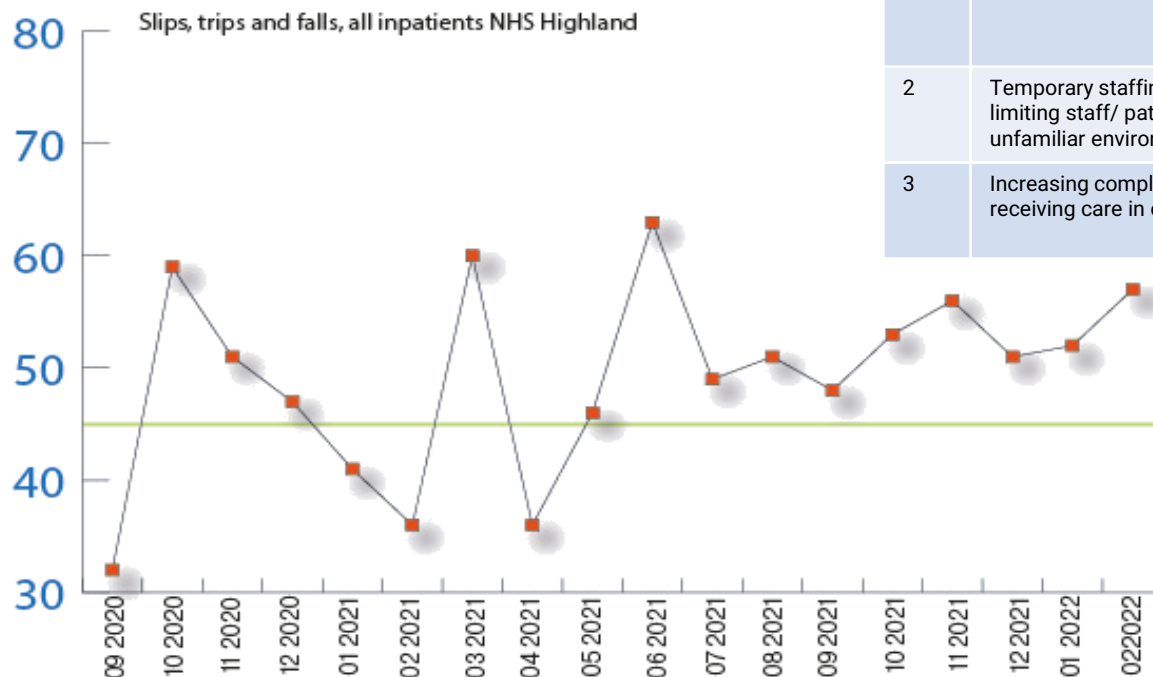
Whilst overall performance on avoidance of falls has been maintained in 2021/22 compared with the previous year, there is significant variation in local falls rates across NHS Highland and progress towards further reduction has stalled. Significant work is required to meet the target of a further reduction of 20% in falls by 2023; the Scottish Patient Safety Programme Falls Prevention Collaborative launched last September is supporting Boards with this improvement work.

The monitoring and governance of this work sits with the Falls Prevention Assurance Group, chaired by the Deputy AHP Director which reports regularly to the Clinical Governance Committee. Work is focusing on areas where the greatest increase in falls has been seen (using Pareto methodology) using quality improvement support. In the first instance this will be focused on Raigmore and the RGs in light of a potentially emerging trend towards increasing falls in these areas.

# Integrated Performance & Quality Report March 2022 Update

## Population

### Inpatient slips, trips and falls



	Risk	Mitigation
1	New build environments	Thorough induction and orientation to environment and risk assessment of individuals in this context. Focussed monitoring of falls in these areas as part of transition from previous accommodation
2	Temporary staffing challenges including: limiting staff/ patient ratio, staff working in unfamiliar environments.	Explicit expectation that falls bundle is implemented as part of essentials of safe care.
3	Increasing complexity and frailty of those receiving care in our facilities	Routine application of falls risk assessment for identified "at risk" and access to MDT support



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# Integrated Performance & Quality Report March 2022 Update

## Population

### Tissue viability

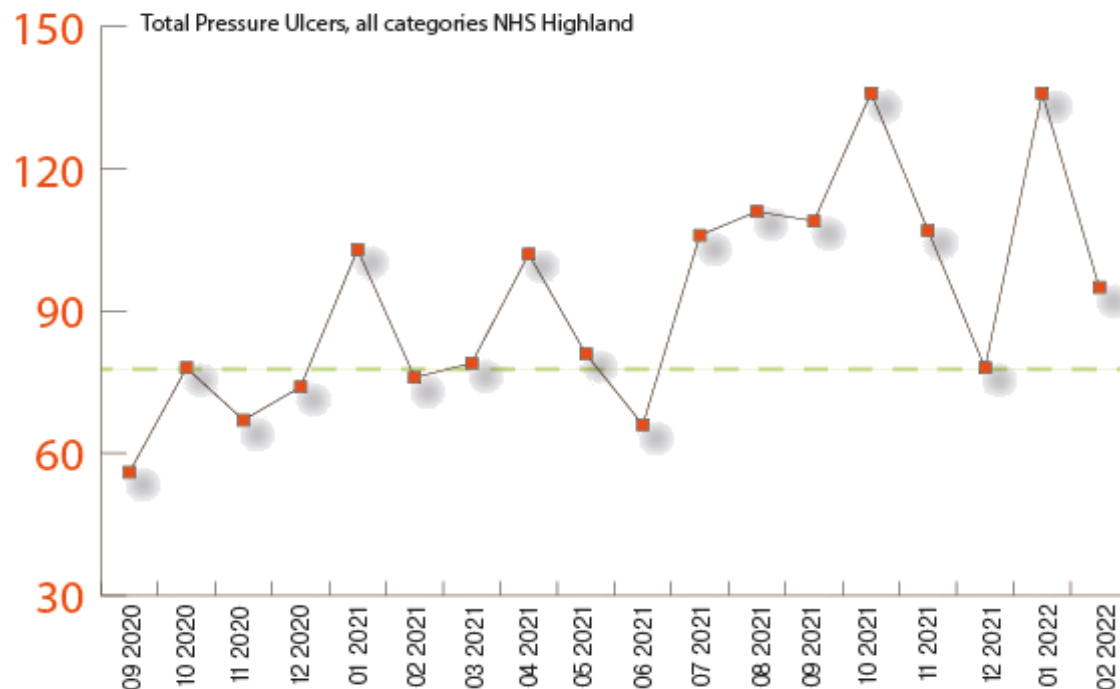


**Context by Heidi May**  
Director of Nursing & AHPs

NHS Highland's Tissue Viability Leadership Group (TVLG) is a multi-professional group that reports to the Clinical Governance Committee.

The impact of the pandemic, particularly in relation to acuity and dependency of patients and residents in all care settings is being referenced as impacting on other areas of risk such as falls and frailty and any impact on pressure ulcer occurrence is still to be fully understood.

For the last two years, sustained challenges with long term absence, difficulty recruiting specialist Tissue Viability staff and reassignment of Tissue Viability staff to front line direct care services has resulted in reduced focus on staff training and service development and review. This pattern has resulted in a review of the structures in place to support tissue viability in Highland and forms part of a refreshed work plan for the Tissue Viability Leadership Group.



	Risk	Mitigation
1	Specialist Tissue Viability Nurse clinical expertise and leadership capacity	<ol style="list-style-type: none"> <li>1.Reprofiling and development of new pan Highland senior Tissue Viability nurse post to be appointed - this post will provide more senior clinical and leadership nurse resource to support the wider service review and redesign</li> <li>2.Additional nursing support for Care Homes as part of SG commitment to enhanced care home support which will increase capacity to deliver preventative work in Care Homes</li> <li>3.Designated Quality Improvement Practitioner to provide focussed support for TVLG for 18/12 to reduce pressure ulcer occurrence</li> </ol>
2	Demand for specialist Tissue Viability advice and support continues to increase and referrals to the NESH e-clinic are beginning to outstrip existing capacity	<ol style="list-style-type: none"> <li>1. Changes to the e-clinic referral pathway to educate referrers to other routes for accessing support before specialist input is required</li> <li>2. Review and monitoring impact of enhanced care home support to referral rates.</li> </ol>

Total pressure ulcers recorded NHS Highland 2021-22, all categories; (1) Developed in Hospital (2) Developed in community (3) discovered on admission (4) known ulcer deteriorating

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
All	102	81	66	106	111	109	136	107	78	136	95	



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Context by Louise Bussell  
Chief Officer, Community

Delayed discharges continue to be a significant challenge for the whole system in north Highland in particular. The ongoing impact of Covid is a particular issue for care at home and care home provision. There is a new Home is Best Programme board overseeing a number of workstreams aimed at shifting the balance of care from hospital to community. Detailed work identified improvements required in both acute and community to ensure that multi-disciplinary discharge planning commences on admission from hospital and the community actively pull people out of hospital to the right service. In addition, ongoing work is underway to develop capacity and flexibility across community care services.

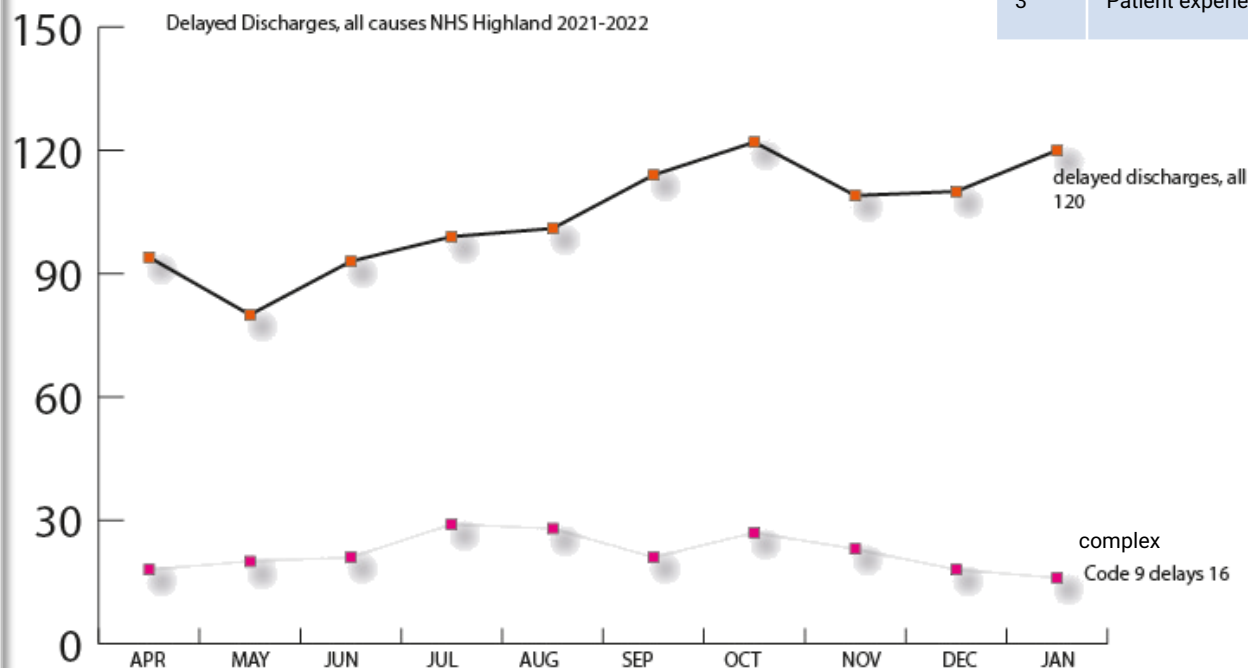
# Integrated Performance & Quality Report March 2022 Update

## Pathways

Delayed Discharges (includes A&B of which there are 15 at Jan end)

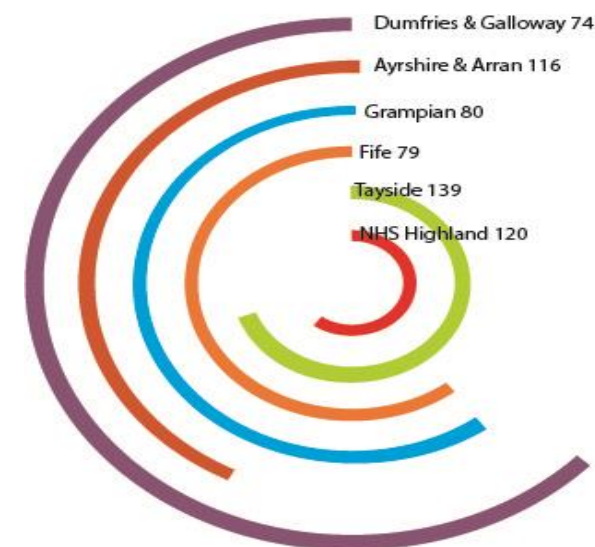


	Risk	Mitigation
1	Long standing issue, limited change	Focussed plan and workstreams, greater understanding, whole system change.
2	Impact on flow, capacity – Limited beds in Hospital, e.g. for scheduled care and capacity limitations in care homes and care at home.	Discharge Hub and dedicated staff to support discharge planning. Capacity planning and flexible recruitment using CRT model
3	Patient experience, impact	Lead in place and workstreams



Source: PHS monthly delayed discharge census Feb. 2022

\*Excludes A&B patients in GG&C see breakdown in A&B section







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2022 - 2027



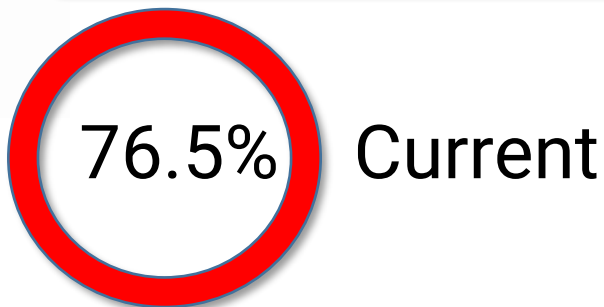
**Context by Louise Bussell**  
Chief Officer, NHHSCP

Psychological therapies have a longstanding waiting list challenge related to imbalance of capacity and demand. There was a marked reduction in ongoing waits from November to January. This related to recording of CBT starters. This is positive but will level off. The vast majority of the waits relate to adult services and primarily neurology waiting list. Until recently there has not been an established neurology service, however two posts have now been recruited to which will begin to impact on the waiting times for this service. In addition, the new Director of Psychology took up her post in February and has already developed a new plan which has been supported by the Mental Health Programme board and the Scottish Government.

# Integrated Performance & Quality Report March 2022 Update

## Pathways

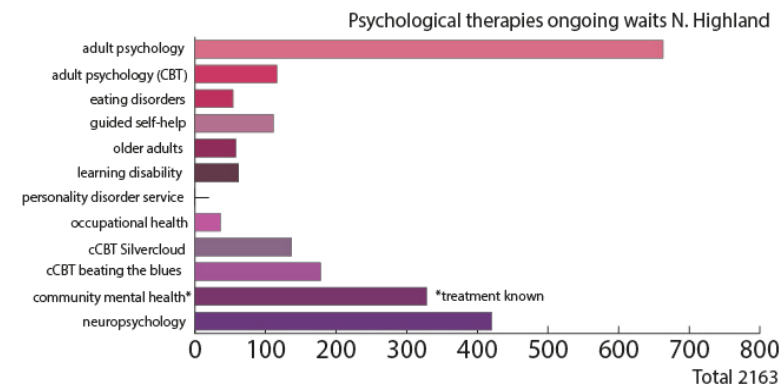
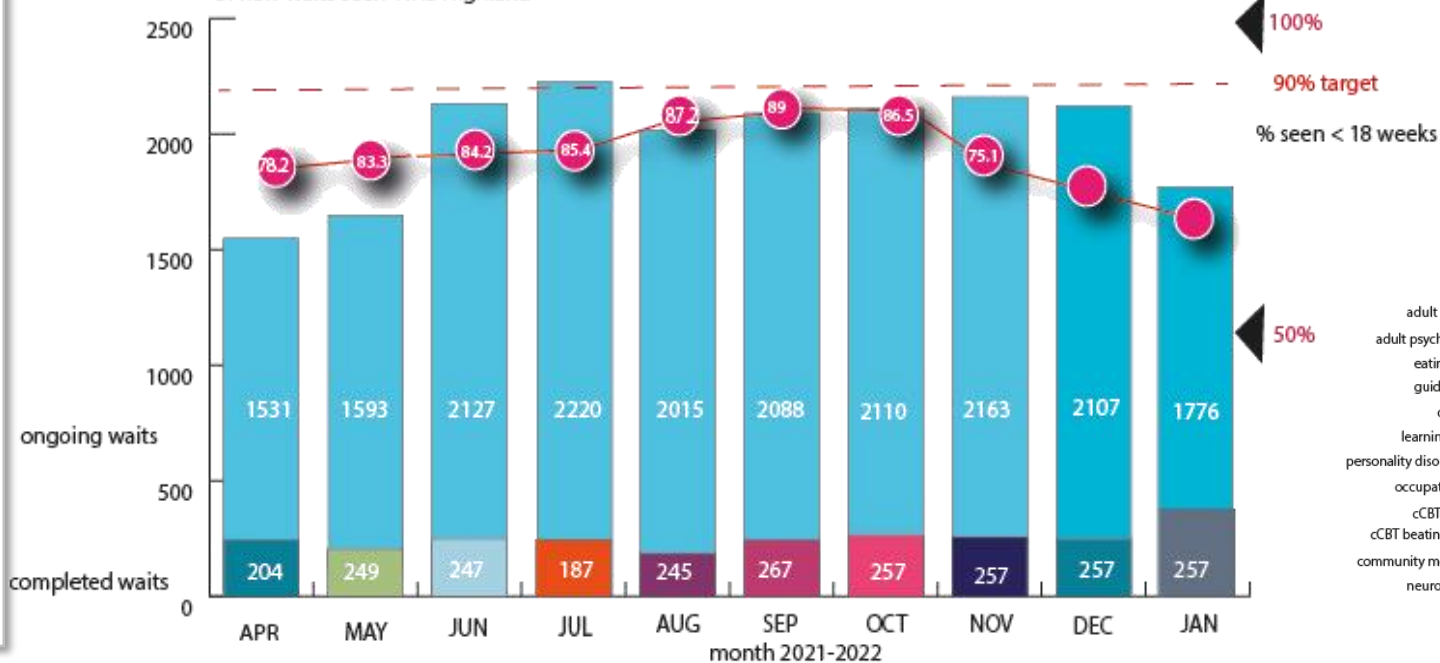
**Psychological Therapies: 90% of patients to commence psychological therapy based treatment within 18 weeks of referral**



Source: NHS Scotland performance against LDP standards Q3 2021

	Risk	Mitigation
1	significant waiting list, patient experience	Improvement plans for A&B and N Highland approved with close collaboration with SG. Link with another NHS Board for peer support.
2	Recruitment & retention	Recruitment taken place, with more underway to new roles. Director of Psychology now in place. Greater MDT working.
3	Heavy focus on secondary care	Developing mental health services in Primary Care and consideration of the whole pathway including 3 <sup>rd</sup> sector services and prevention.

PT 18 week waiting time, completed & ongoing waits (total waiting list), percentage of new waits seen NHS Highland





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2022 - 2027



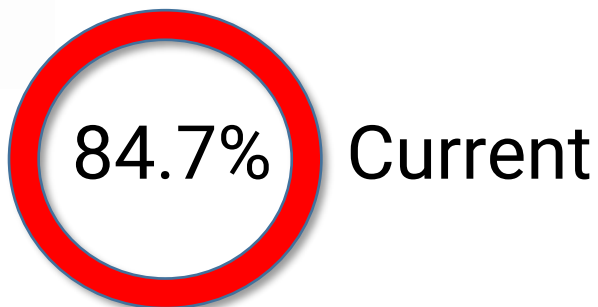
**Context by Louise Bussell**  
Chief Officer, NHHSCP

The CAMHS waiting times position continues to be challenging. Plans to improve performance are being progressed by the service: Introduction of Engagement appointment for all referrals to the service. Leadership structure is being addressed with a Clinical Director planned to commence in post from the beginning of June. Eating disorder referrals are increasing and links with the adult eating disorder service are aimed at increasing capacity to meet demand. A refreshed CAMHS programme board has been established working in an integrated way with inclusion of Highland Council colleagues aiming to link the Tier 1&2 services, Education and AHPs together in an integrated working approach.

# Integrated Performance & Quality Report March 2022 Update

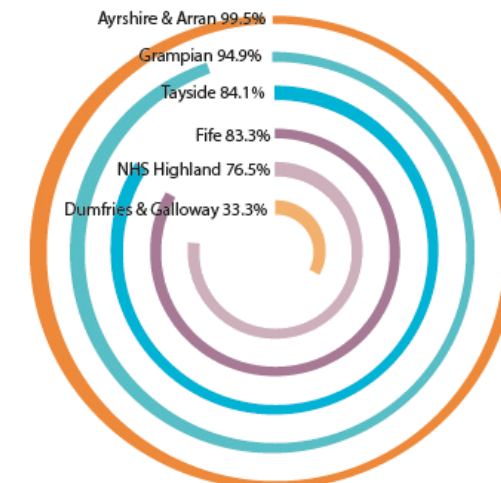
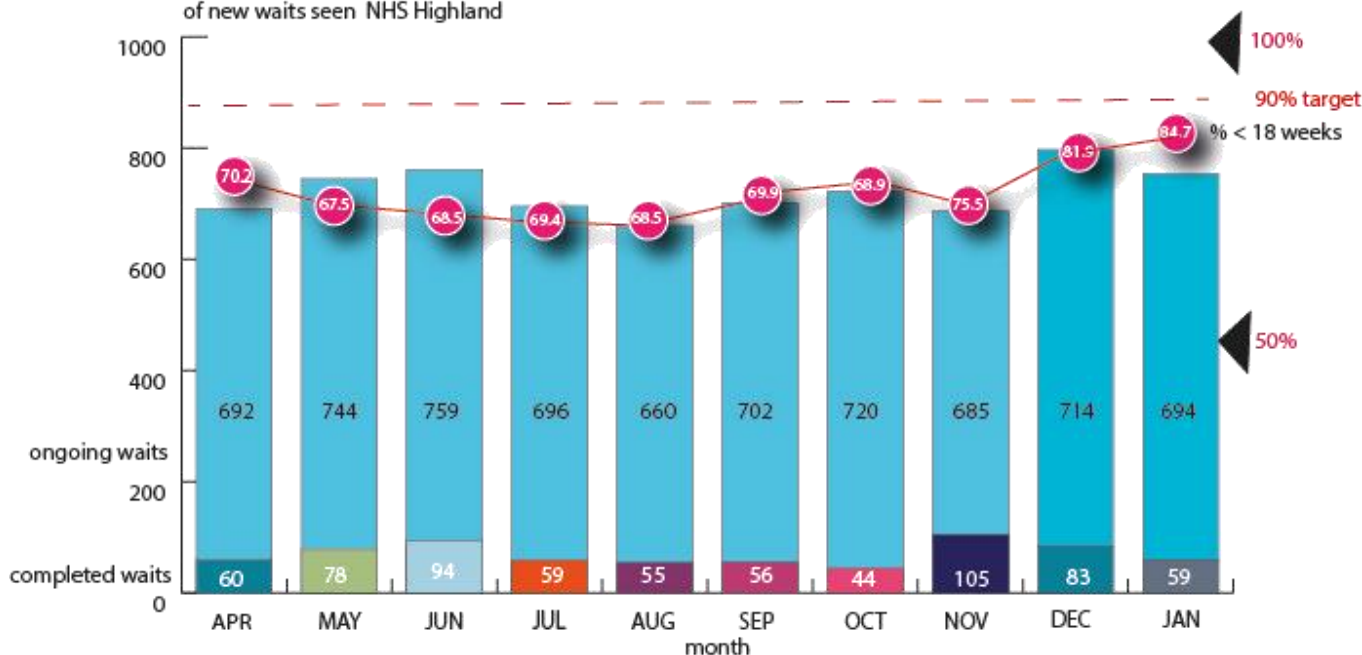
## Pathways

**CAMHS 90% of young people to commence treatment for specialist CAMHS services within 18 weeks of referral**



	Risk	Mitigation
1	significant waiting list, patient experience	Improvement plans now in place and being implemented
2	Recruitment & retention impacting on the ability to implement the plan and reduce waiting times	Recruitment under way/ new roles and links with and support from other Boards.
3	Need for new approaches within the Board and system wide working with The Highland Council	New leadership posts recruited to and establishing closer links with THC. New approaches being taken forward, including link up with Adult Teams , e.g. eating disorders service.

CAMHS 18 week waiting time, completed & ongoing waits (total waiting list), percentage of new waits seen NHS Highland





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2022 - 2027



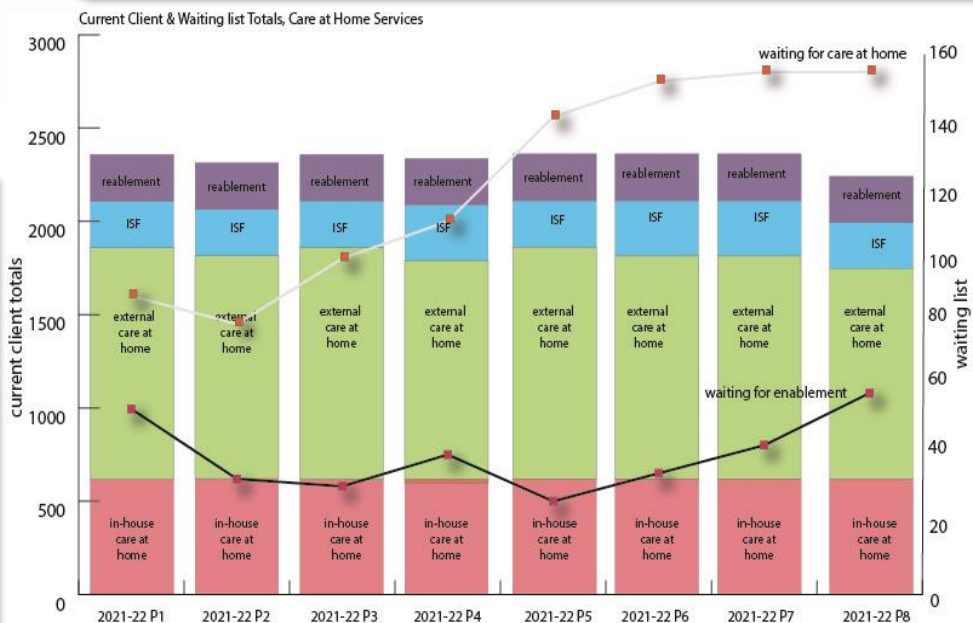
**Context by Louise Bussell**  
Chief Officer, NHHSCP

Care at home and care homes across Highland, both in-house and external providers, have been and continue to experience continued difficulties. These relate to multiple issues including recruitment and retention, capacity and demand and the impact of the ongoing pandemic. The Board has been working closely with providers to achieve sustainable services. This included daily contact with providers, early payment of the higher fee rate set out by the Scottish Government and working with individual providers with particular challenges. The Covid Response Team successfully supported services and was able to recruit and retain staff. This model is being built upon to create greater resource and flexibility.

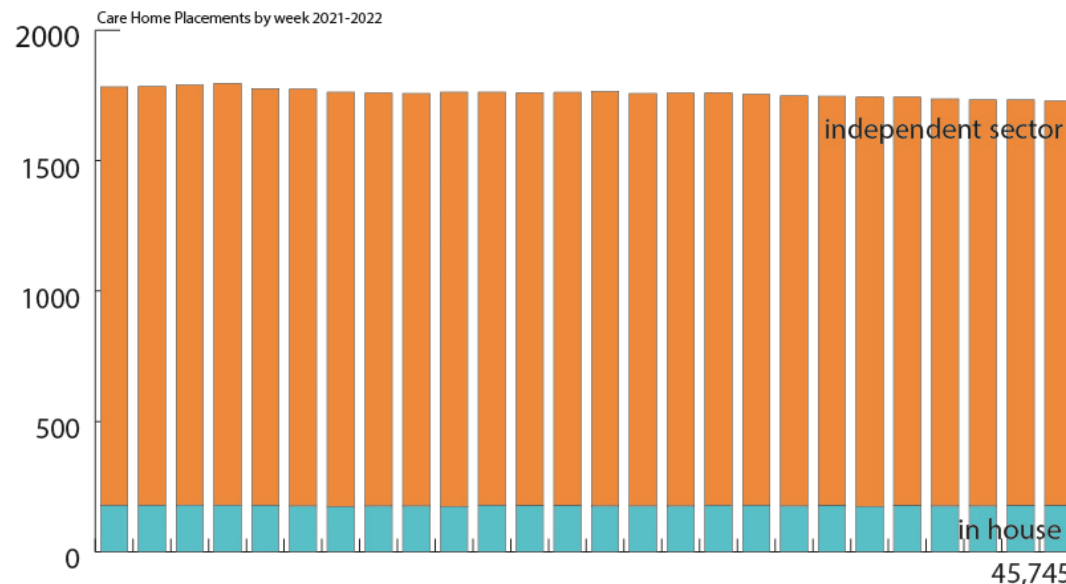
# Integrated Performance & Quality Report March 2022 Update

## Pathways

### Adult Social Care



	Risk	Mitigation
1	Ongoing Covid pandemic	Proactive support for Sector/ contingency and capacity planning. Work with SG and CI colleagues.
2	Sustainable capacity across all areas.	New approaches including development of community led support, SDS strategy and developing strategic plan.
3	Recruitment & retention	Developing the new community response team model And promote the care sector as a positive place to work.





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2022 - 2027



**Context by Fiona Hogg**  
Director of People & Culture

Sickness Absence has fallen slightly in January, and is aligned with the NHS Scotland position, however, we continue to work with colleagues and managers on prevention and proactive approaches and managing ill health effectively.

Our turnover has slightly increased in January and is on an upward trend, reflecting a buoyant job market and a high level of retirements as a result of our aging workforce. We're working on our plans for flexible retirement to ensure those who wish to keep working in a reduce / different capacity are supported to do so.

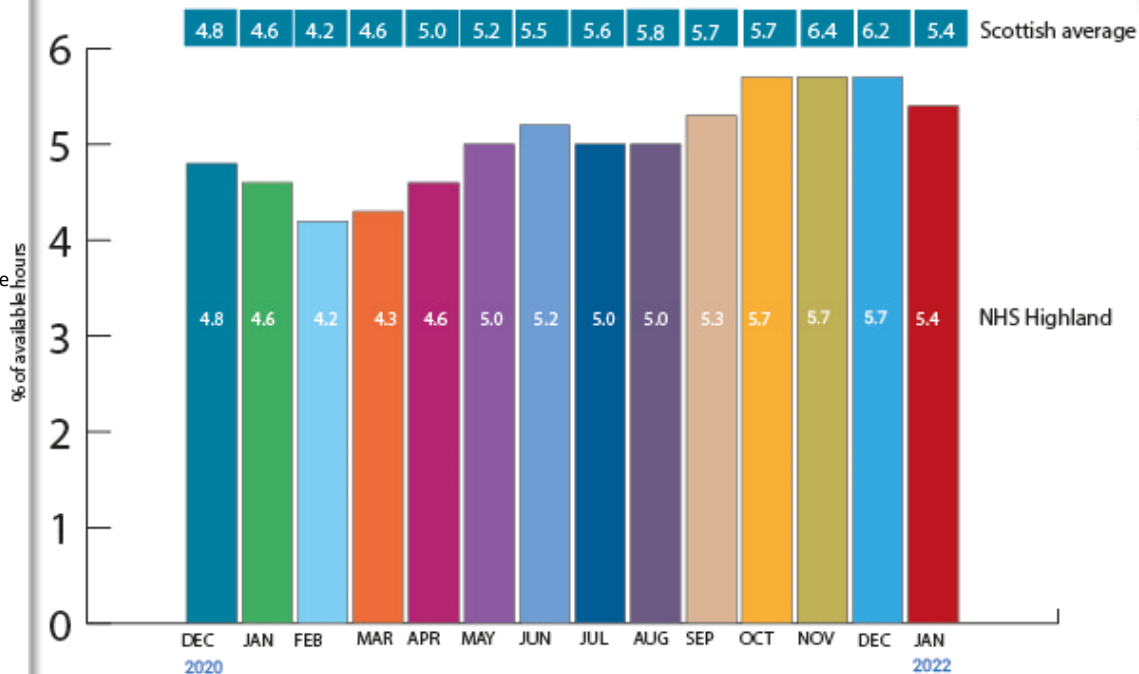
# Integrated Performance & Quality Report March 2022 Update

## People

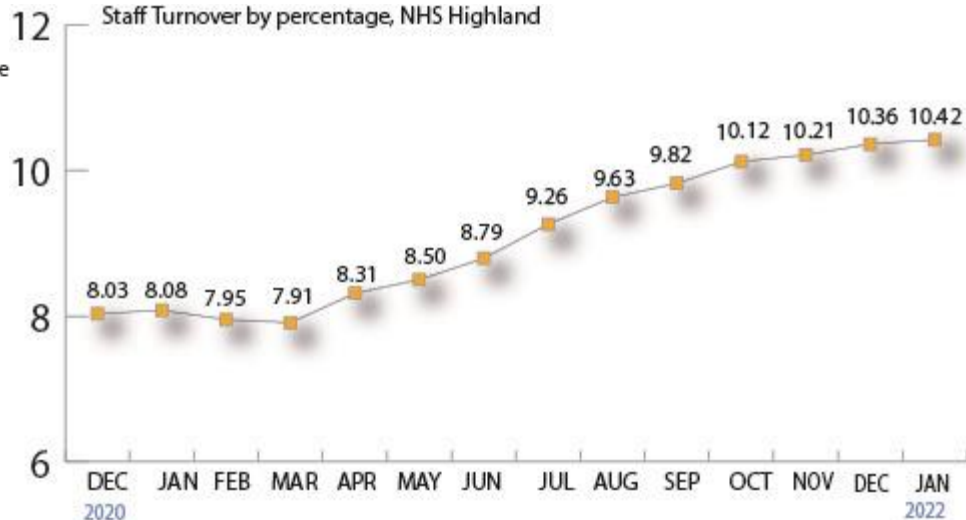
### Colleague absence and Turnover



Colleague Absence Rates by month, NHS Highland



Staff Turnover by percentage, NHS Highland







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2022 - 2027



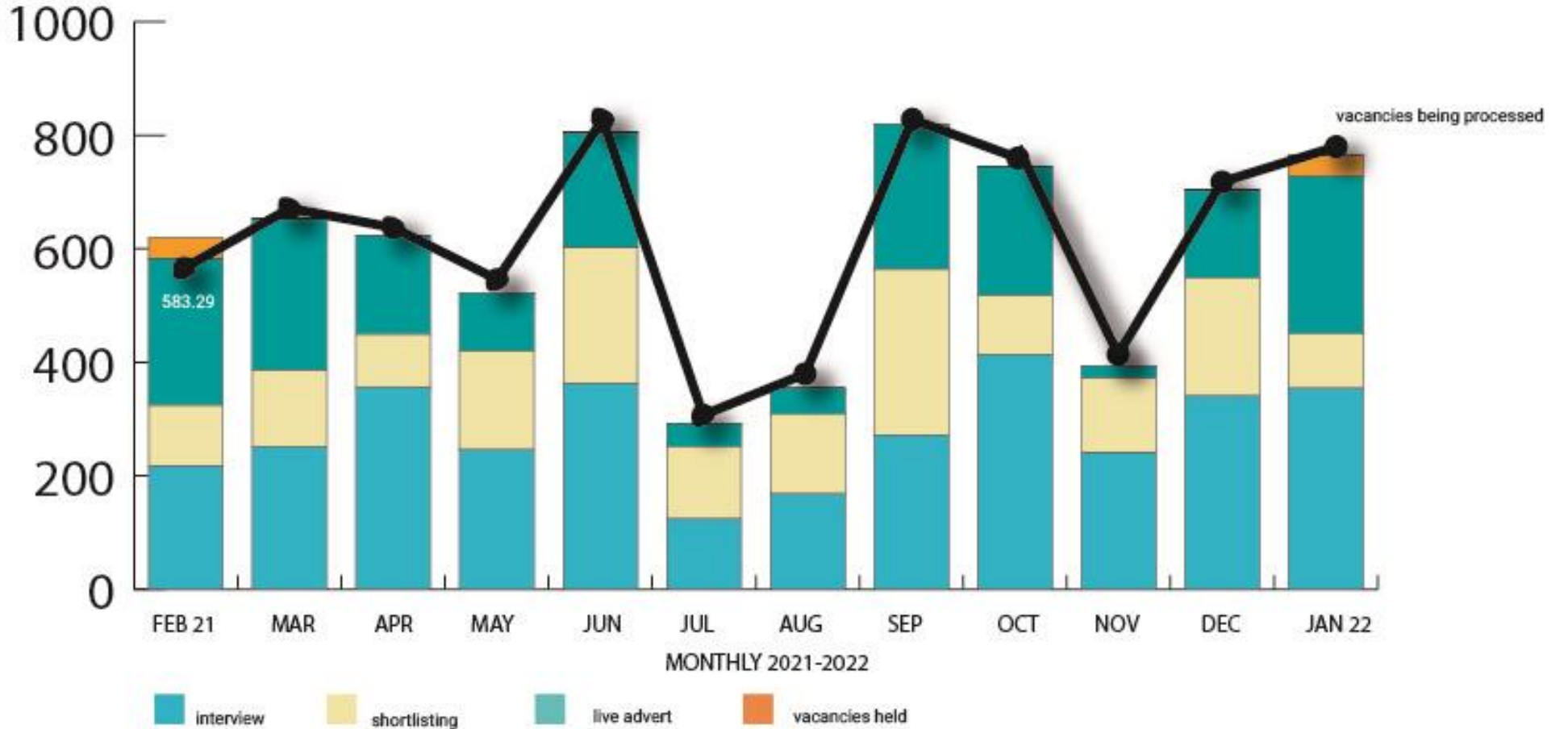
Context by Fiona Hogg  
Director of People & Culture

Our vacancies continue to increase as a result of leavers, newly funded posts and the building of the NTC, and we are reviewing our resource within the recruitment team to ensure that we have the capacity to manage this effectively.

# Integrated Performance & Quality Report March 2022 Update

## People

### Colleague Vacancies



Figures may not be accurate for Nov 20 – Jan 21 due to transition from legacy system to Job Train  
Figures after Jun 21 reflect on ongoing data cleansing process



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2022 - 2027

# Integrated Performance & Quality Report March 2022 Update

## Argyll & Bute Summary

From HSCP Remobilisation Plan Tracker, IJB Board Papers. DD reports from weekly summary A&B



Context by Fiona Davies  
Chief Officer Argyll & Bute

The Argyll & Bute Integration Joint Board (IJB) is the Governance Board of the Health and Social Care Partnership and has responsibility for the planning, resourcing and overseeing of the operational delivery of integrated services.

We utilise performance and quality data to provide assurance through our own governance mechanisms and scrutiny and assurance will be provided through our IJB Board on the 30<sup>th</sup> of March 2022.

The data displayed here is for information only.

### Argyll & Bute delayed discharges at 17.03.2022

Dunoon, Cowal	1(3)
Bute, Rothesay	1(1)
Campbeltown	0(1)
Lorn & Islands	2(0)
Mull & Islands	1(0)
Mid Argyll (all wards)	5(0)
Mull & Iona	2(0)
Helensburgh & Lomond	0(8)
<b>Total</b>	<b>12(13) 25</b>

GG&C A&B patients in brackets

### Argyll & Bute Care at Home at 17.03.2022

Waiting	98
Assessed	38
Unmet need	355.78 hrs.

### Argyll & Bute Nov. 2021 Acute

TTG Inpatient & Day Case activity	38
Outpatient referrals	896
New OP	793
Return OP	1,631
Endoscopy	62
Radiology	528
31 day cancer	1
ED attendances (LIH)	598
Emergency admissions	165
USC referrals received	43

### Argyll & Bute Nov. 2021 Adult Social Care

Adult referrals	686
UAA assessments	264
Adult Protection Referrals	42
New people in receipt of home care	33
New Care Home placements	17



## Integrated Performance & Quality Report March 2022 Update

### Argyll & Bute Summary

From HSCP Remobilisation Plan Tracker, IJB Board Papers. DD reports from weekly summary A&B

#### Argyll & Bute Children & Families Nov. 2021

Requests for assistance	306
Universal Child assessments	108
Children on CP Register	36

#### Argyll & Bute Nov. 2021 Community Health

Mental Health new episodes	41
Mental Health patient contacts	851
District Nursing new contacts	112
District Nursing patient contacts	4628
AHP new episodes	441
AHP patient contacts	3820

We will continue to work with Argyll & Bute IJB to improve the formatting of this data moving forward and learn from their intelligence.