Agenda Item 5

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**30th September 2025**
Title:	**Integrated Performance and Quality Report**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive (FPRC); Gareth Adkins (SGC); Louise Bussell, Director of Nursing & Dr Boyd Peters, Medical Director (CGC)**
Report Author:	**Sammy Clark, Performance Manager**

Report Recommendation: The Board is asked:

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

1 Purpose

Please select one item in each section ***and delete the others***.

This is presented to the Board for:

- Assurance

This report relates to a:

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

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	

Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		**All** Well Themes	X		

2 Report summary

2.1 Situation

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

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

2.2 Background

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

2.3 Assessment

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

2.4 Proposed level of Assurance

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

Substantial		Moderate	
Limited	X	None	

Comment on the level of assurance

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

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

This IPQR gives a summary of our related performance indicators relating to staff governance across our system.

3.3 Financial

Financial analysis is not included in this report.

3.4 Risk Assessment/Management

The information contained in this report is managed operationally and overseen through the appropriate Programme Boards and Governance Committees. It allows consideration of the intelligence presented as a whole system.

3.5 Data Protection

The report does not contain personally identifiable data.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document.

3.9 Route to the Meeting

Sections through the relevant Governance Committees;

- Clinical Governance Committee – 6th November 2025
- Finance Resource Performance Committee – 12th September 2025
- Staff Governance Committee – 4th November 2025

4.1 List of appendices

The following appendices are included with this report:

- Integrated Performance and Quality Report – September 2025 Board Meeting

Integrated Performance and Quality Report

NHS Highland Board Meeting

30 September 2025

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

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Executive Summary of Performance Indicators: July 2025

		NATIONAL TARGETS			PERFORMANCE AGAINST TARGETS	
Well Theme (Slide #)	**Area**	**Average 24/25 Performance**	**Current Performance**	**National Target**	**Activity (ADP) Target Set**	**Performance Rating**
Thrive Well (4)	**CAMHS**	71.5%	85.0%	90%	No	
Thrive Well (5)	**NDAS**	n/a	2074 waiting list	n/a	No	
Stay Well (6)	**Screening**	Various	Various	90%	No	
Stay Well (7)	**Pre-school Vaccination**	n/a	n/a	n/a	No	
Stay Well (8)	**Smoking Cessation**	n/a	n/a	n/a	n/a	
Stay Well (9)	**Alcohol Brief Interventions**	359	944 (Q1)	n/a	Yes	
Start Well (10)	**Breastfeeding**	n/a	n/a	n/a	n/a	
Stay Well (11)	**Drug & Alcohol Waiting Times**	n/a	n/a	n/a	n/a	
Respond Well (12)	**Emergency Access**	83.4%	82.3%	95%	No	
Respond Well (13)	**Delayed Discharges**	225	234 at census point	30% reduction (interim)	Yes	
Treat Well (14-15)	**Outpatients**	62.3%	62.8	95%	Yes	
Treat Well (16-17)	**Treatment Time Guarantee**	58.1%	65.4%	100%	Yes	
Treat Well (18-19)	**Diagnostics - Radiology**	56.8%	56.6%	100%	Yes	Activity is 9.95% above trajectory
Treat Well (20-21)	**Diagnostics – Endoscopy**	70.9%	63.4%	100%	Yes	
Treat Well (22)	**Diagnostics – Wait List Other**	n/a	n/a	n/a	n/a	
Journey Well (23)	**31 Day Cancer Target**	92.1%	86.1%	95%	No	
Journey Well (24)	**62 Day Cancer Target**	69.9%	65.2%	95%	No	
Journey Well (25)	**SACT Access and Benchmarking**	N/A	Average range = 25-28 days to start treatment	N/A		
Live Well (26)	**Psychological Therapies**	87.4%	89.8%	90%	No	

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.

Integrated Performance & Quality Report Guidance

The Integrated Performance & Quality Report (IPQR) contains an agreed set of Key Performance Indicators across the health and social care system aimed at providing the Finance, Resource and Performance Committee with assurance around the performance monitoring of the board and linkages to key deliverables described in our Annual Delivery Plan.

Throughout the IPQR, the BRAG rating of KPIs is assessed in terms of an assessment of latest performance in relation to meeting local and national targets in each Strategic Well theme.

Individual KPIs will also be BRAG rated with services providing narrative summary of current performance and highlighting current key risks to performance improvement.

Performance is reported for the NHS Highland board area and narrative to include both HSCP areas has been added where appropriate.

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

Performance relating to areas in Scottish Government's Operational Improvement Plan (OIP) are annotated with "OIP" for reference.

Guide to Performance Rating

- Meeting Target
- <5% off target
- >5% off target
- >10% off target

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Exec Lead
Katherine Sutton
Chief Officer, Acute

OIP

CAMHS (Child and Adolescent Mental Health Service)

Key Performance Indicators

Achievement of CAMHS national standard of 90% of patients < 18 weeks from referral to treatment by December 2025 (Tier 3).

Reduction of people who are currently on the Tier 3 CAMHS waiting list to <352 people by December 2025.

Service Summary & Feedback

During Q1 the HSCPs Integrated Performance Management Framework Indicator shows that all 90% of children in A&B were seen within 18 weeks of referral. As part of national activity and actions to meet RTT A&B CAMHs (in partnership with colleagues in North Highland) have developed comprehensive actions to ensure the national wait time target is met. Currently there is a review and service modelling of CAMHs services linked to the national specification.
Current staffing and capacity continue to challenge North Highland with 3.4 WTE lost in Psychological Therapies (40 new case allocations lost in Q1&Q2 and 2.0 WTE Band 6 & 7 nurses (22 loss of case allocations in Q1&Q2). New case allocation is dependent on discharge from case load and a proportion of new case allocations fall outside the scope of RTT reporting.

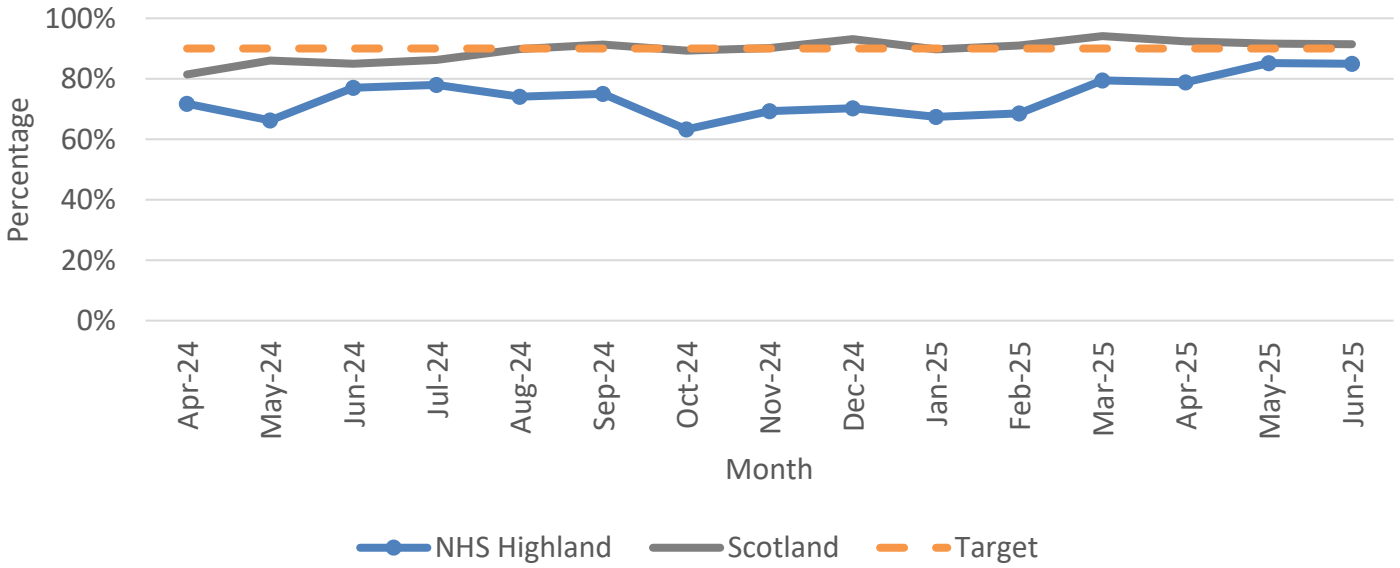
Service Risks

In A&B the relationship with the wider community paediatric service and the developing patient profile, neuro population (ADHD, ASD, ID, FASD). Redesigning around a model that combines neuro-development child health/CAMHs requires partnership working and means a service will carry broader clinical risk.
Approval of ATRs in North Highland will allow bank & secondment opportunities to be explored and recruitment into 2 replacement posts, which will increase capacity.
The service is still awaiting Trakcare upgrades which are expected to enhance waiting list oversight, improve reporting accuracy, support timely intervention and performance tracking.

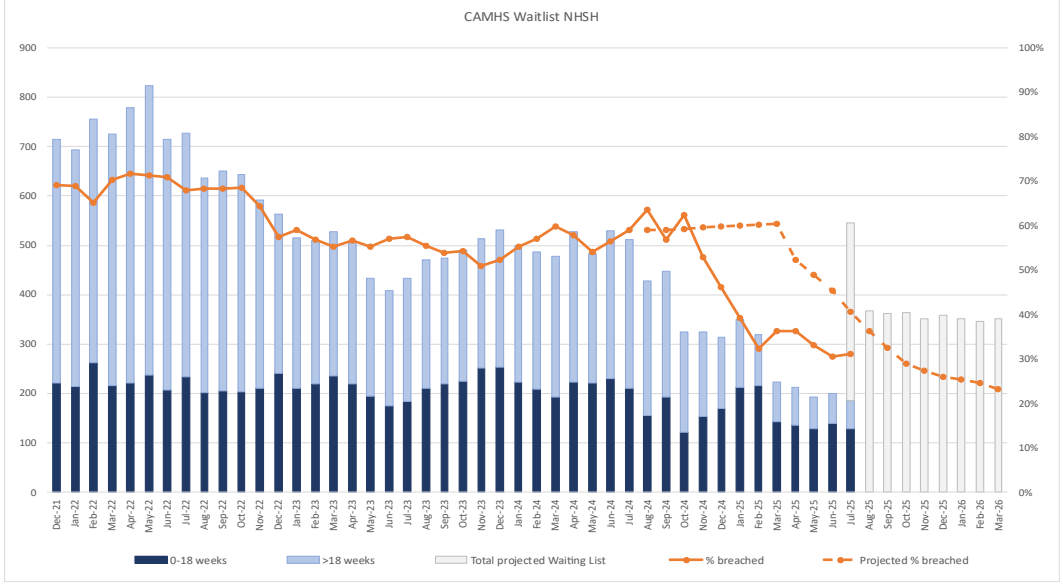
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Thrive Well

Performance Rating	
Latest Performance	85.0%
National Average	91.4%
National Target	Full compliance to the National Service Specification by end of March 2026
National Target Achievement	n/a
Position	13th out of 14 Boards

CAMHS: Percentage of patients seen <18 weeks from referral



CAMHS Tier 3 Waiting List in Weeks
(Draft trajectories currently being reviewed by service)



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Exec Lead
Katherine Sutton
Chief Officer, Acute

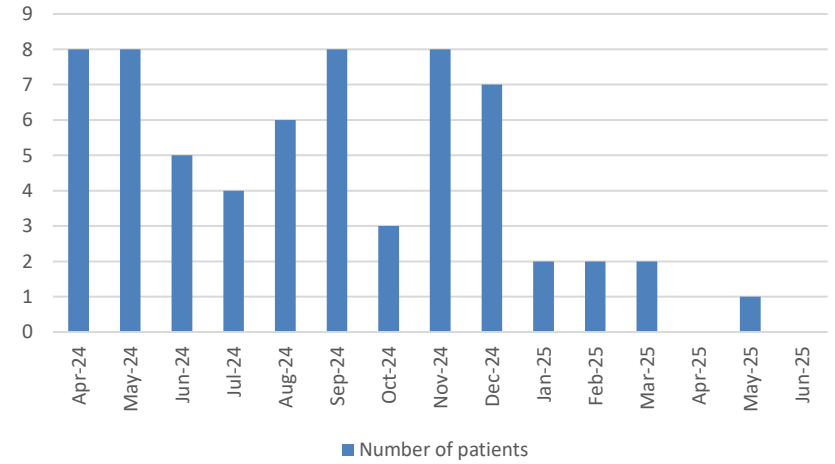
Neurodevelopmental Assessment Service (NDAS)

Key Performance Indicators		Service Summary & Feedback	Service Risks
Increasing percentage of NDAS patients seen within 18 weeks from referral, and towards meeting the national specification of greater than 95%.		The NDAS business case aimed at addressing the waitlist, clinical capacity and resource challenges has now been presented on two separate occasions to Chief Executives and Executive Directors. Discussions are ongoing at this senior level, with multiple strategic options under active consideration. While no final decision has been reached, the engagement at executive level reflects the seriousness with which the matter is being treated. New models are being developed in partnership with Highland Council which puts access to assessment through the Child's Plan and in the education environment with NDAS supporting more complex assessments.	NDAS remains under significant pressure with >2050 children and young people on the on the wait list, some waiting in excess of five years. The service is unable to meet current service demands or address the growing legacy waitlist. NDAS continues to operate with a lone clinician, making the delivery of timely and safe assessments unsustainable. A second clinician, who will require training to deliver neurodevelopmental assessments, has been recruited on a fixed term basis (to end of financial year). No assessments are currently being undertaken within the service and to maintain some service continuity, any available budget is being directed toward accessing private assessments where appropriate (47 assessments in progress).
Reduction in the total number of patients on the NDAS waiting list compared to the current baseline by March 2026.			

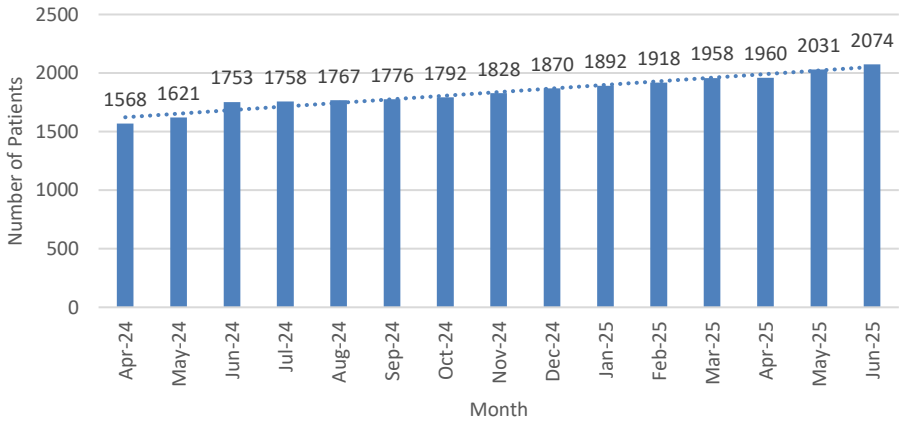
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Thrive Well

Performance Rating	
Latest Performance	2074 on waiting list
National Average	n/a
National Target	Full compliance to the National NDAS Service Spec by end March 2026.
National Target Achievement	n/a
Position	n/a

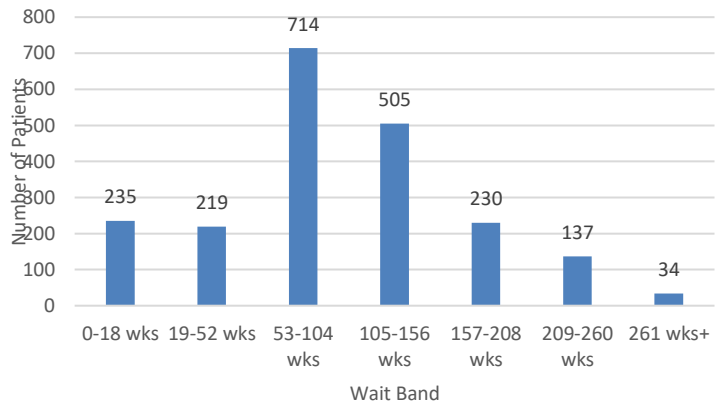
NDAS 1st New Appointment Only



NDAS Total Awaiting 1st Appointment (including unvetted)



NDAS New + Unvetted Patients Awaiting 1st Appointment by wait band



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Exec Lead
Jennifer Davies, Director of Public Health

Screening

Key Performance Indicators

Increase screening uptake across 4 screening programmes (AAA, Bowel, Breast, Cervical) to meet national targets.	
Monitor screening uptake by SIMD across 4 screening programmes (AAA, Bowel, Breast, Cervical)	

Service Summary & Feedback

- NHSH continues to outperform the Scottish average in participation rates for Bowel, Breast, Cervical, and AAA screening programmes, based on the latest verified data from Public Health Scotland (PHS).
- Official figures are published annually with a one-year delay. As of March 2025, only two programmes have updated data available (up to 2024). The most recent cervical screening data, published in 2023, covers up to March 2022. Further updates have been delayed due to data quality issues.
- Internal, non-verified management data supports similar trends for more recent periods.
- For Diabetic Eye Screening (DES) and Pregnancy & Newborn (P&N) programmes, no official data is yet available, but internal monitoring suggests performance is in line with national levels.

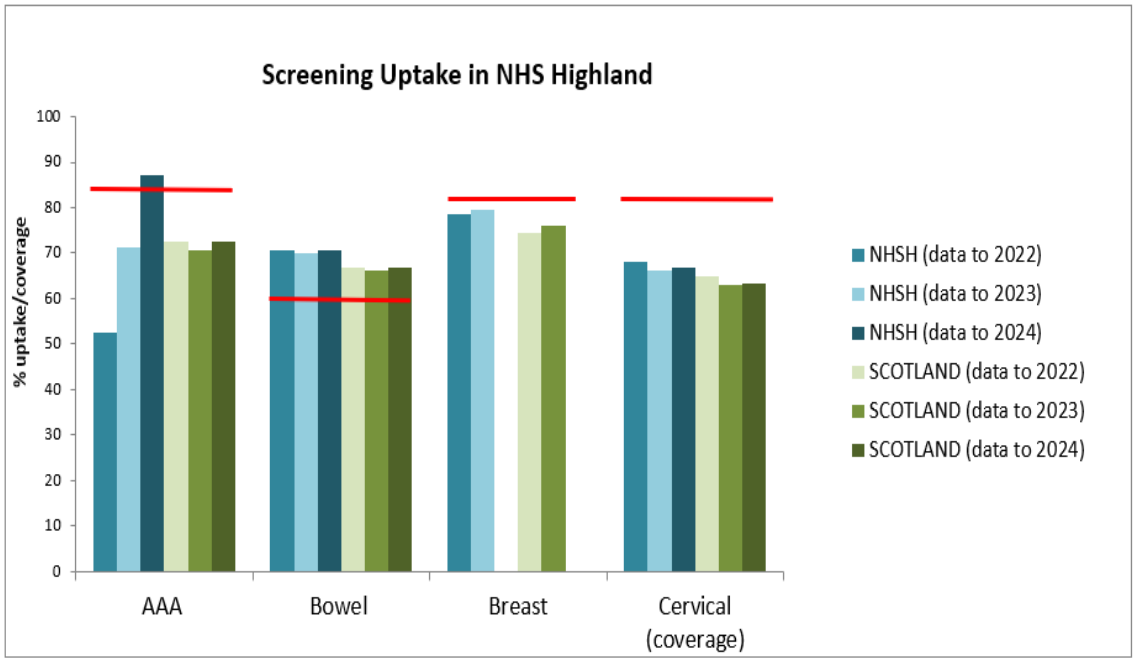
Service Risks

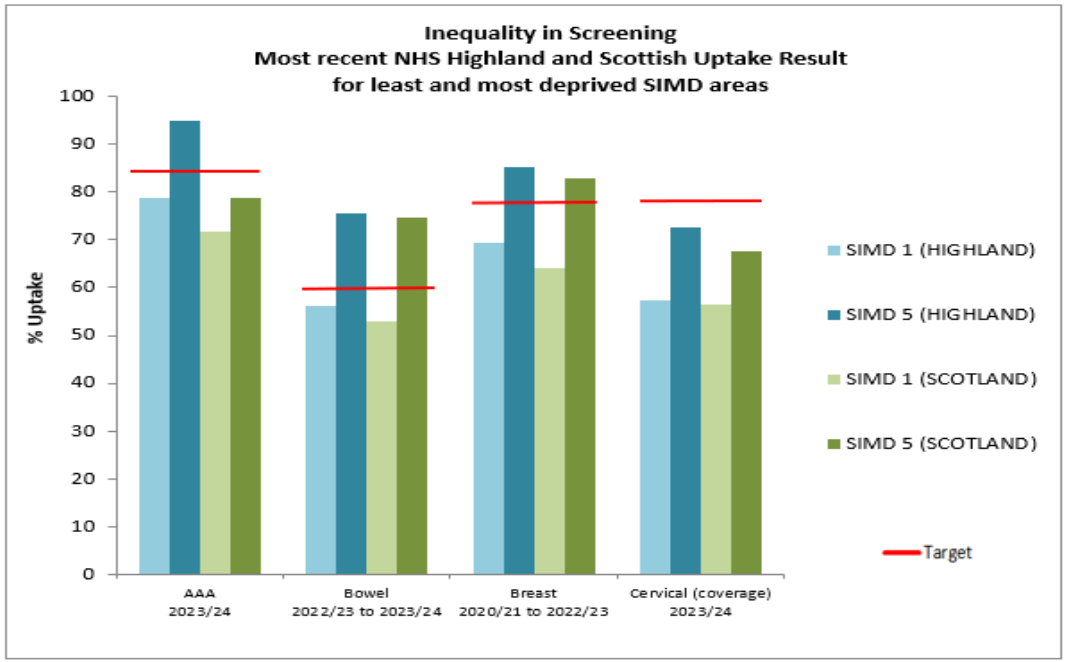
Work continues to drive improvements within screening programmes.

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

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

Performance Rating	
Latest Performance	See chart
National Benchmark	See narrative
National Target	2 of 4 reported programmes has uptakes meeting target
National Target Achievement	See charts
Benchmark	See charts





NOTE: Within cervical screening, the % of eligible population screened within age-appropriate timeframe is now referred to as "coverage".
Annual cervical screening statistics for Scotland published - News - Public Health Scotland

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Jennifer Davies, Director of Public Health

Pre-school vaccination

Key Performance Indicators

Meet the 95% national target for the three children's vaccinations

Service Summary & Feedback

There continues to be improvement required in relation to both the uptake and timeliness of pre-school vaccinations.

For most of the vaccinations measured, the WHO 95% vaccination uptake target is not being met.

For all of the vaccines measured at both 12 months and 6 years, the vaccination uptake across A&B HSCP exceeded the Scottish average. However, for 10 of the 12 vaccines measured, the uptake rates for Highland HSCP fall within the three lowest performing HSCPs in Scotland.

Improved performance across a range of metrics is a key aim of the delivery of the hybrid model.

Service Risks

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

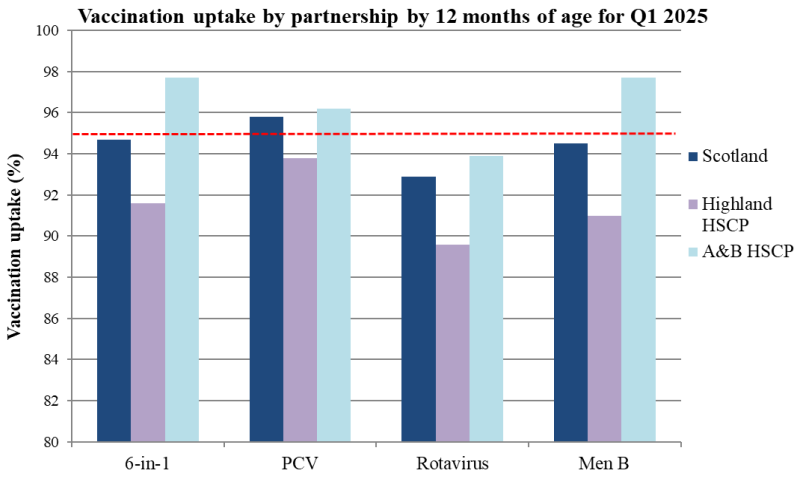
The Vaccination Collaborative Implementation Group has been convened to support the delivery of the collaborative hybrid model across the partnership.

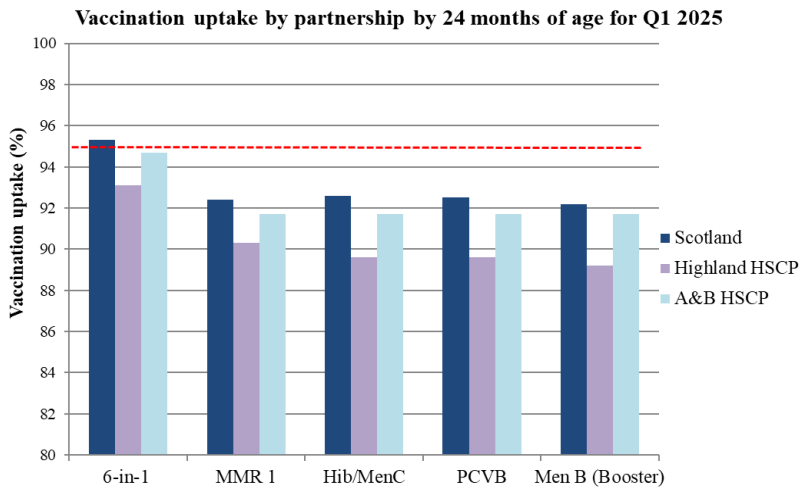
A tripartite advisory group has been convened (SG, PHS, NHSH) to offer external support to Highland HSCP as part of the implementation of the hybrid model of delivery.

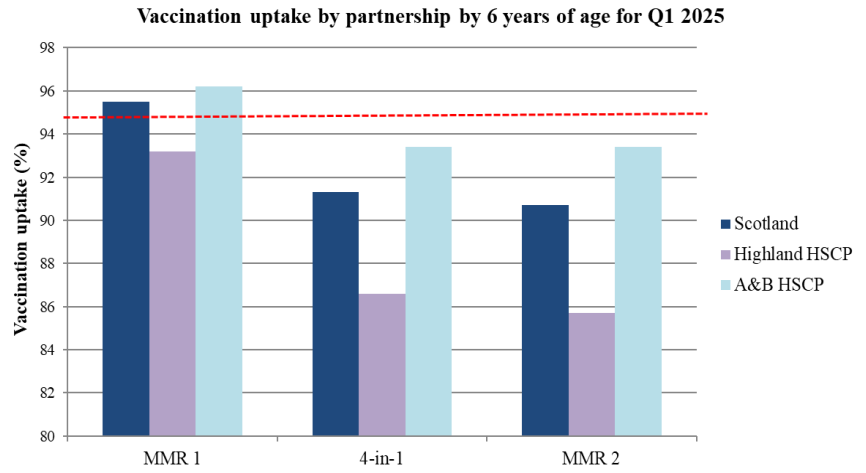
Work is ongoing in Argyll & Bute to maintain uptake rates and to support wider improvement work.

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

Performance Rating	
Latest Performance	95% target vaccination uptake achieved for 3 of the 4 vaccines measured at 12 months in A&B.
National Benchmarking	A&B vaccination uptake rates exceed the national average for all vaccines measured at 12 months and 6 years.
National Target	Vaccine uptake of 95%
National Target Achievement	See charts
Position	See charts







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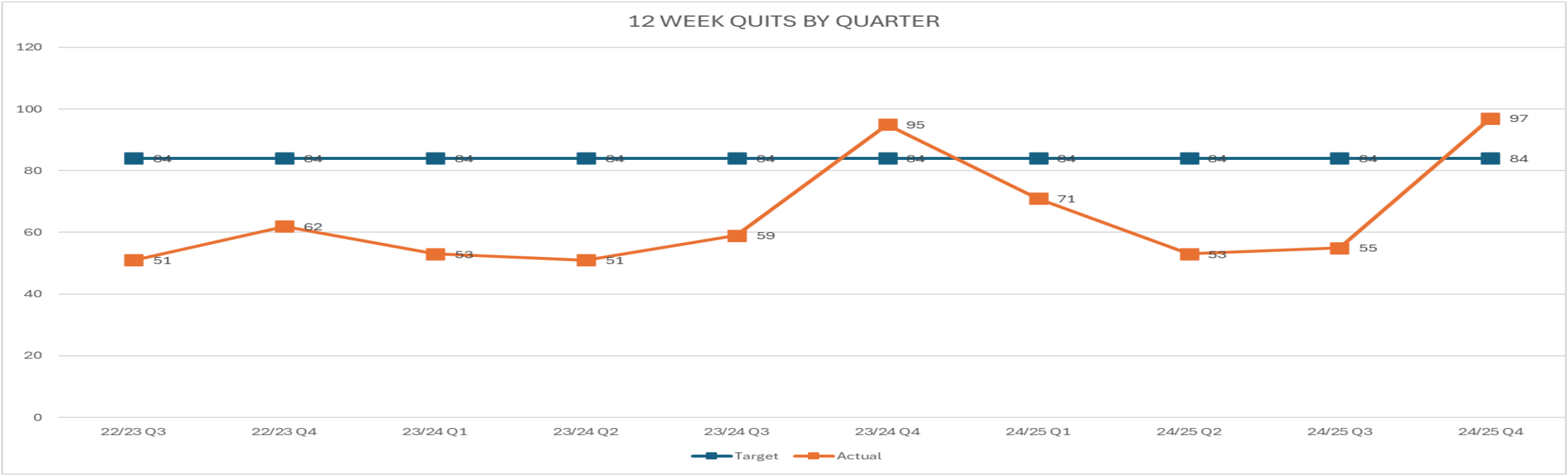
Exec Lead
Jennifer Davies, Director of Public Health

Smoking Cessation

Key Performance Indicators		Service Summary & Feedback	Service Risks
Delivery on national targets for Smoking Cessation interventions (12 week quits)		• Poor follow up data within Community Pharmacy therefore many follow up outcomes have not been recorded. Capacity issues to complete these follow ups. • High incidence of smoking within young pregnant women who are hard to reach. • Limited support for patients within our acute setting.	•Missing data from quit dates set from 1st April 2025 currently being reviewed – timeline for outcome will be 3 months •Meeting with Procurement and voucher provider re: financial incentive scheme taken place. Pilot due to start beginning of October. •Early indication of pilot at Raigmore is positive, report to be developed November (6 months from pilot begun)

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Performance Rating	
Latest Performance	97 (24/25 Q4)
National Benchmarking	
National Target	336 successful quits in 12 weeks in 40 most deprived SIMD areas
National Target Achievement	n/a
Position	



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Exec Lead
Jennifer Davies, Director of Public Health

Alcohol Brief Interventions (ABIs)

Key Performance Indicators	Service Summary & Feedback	Service Risks
Deliver at least 100% of the planned Alcohol Brief Intervention (ABI) activity target by March 2026	Fig 1.:Total no of ABIs delivered in Q1 is 944. This number is 3% above target for NHS Highland as set out in the Scottish Gov Local Delivery Plan (LDP). Fig. 2: Delivery is being met largely by GP Practices in Highland H&SCP (90.5%) with the remainder mainly being delivered in wider settings across NHS Highland.	ABI training sessions set for September- December 2025. In Highland HSCP, bespoke face to face training will be offered to mental health staff at New Craigs to increase ABI recording and delivery. This will begin sept/ October. The ABI e-learning module has been reviewed, and changes are being made to update course material and accessibility.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Performance Rating	
Latest Performance	944 Q1
National Benchmarking	n/a
National Target	NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.
National Target Achievement	n/a
Position	n/a

Fig.1

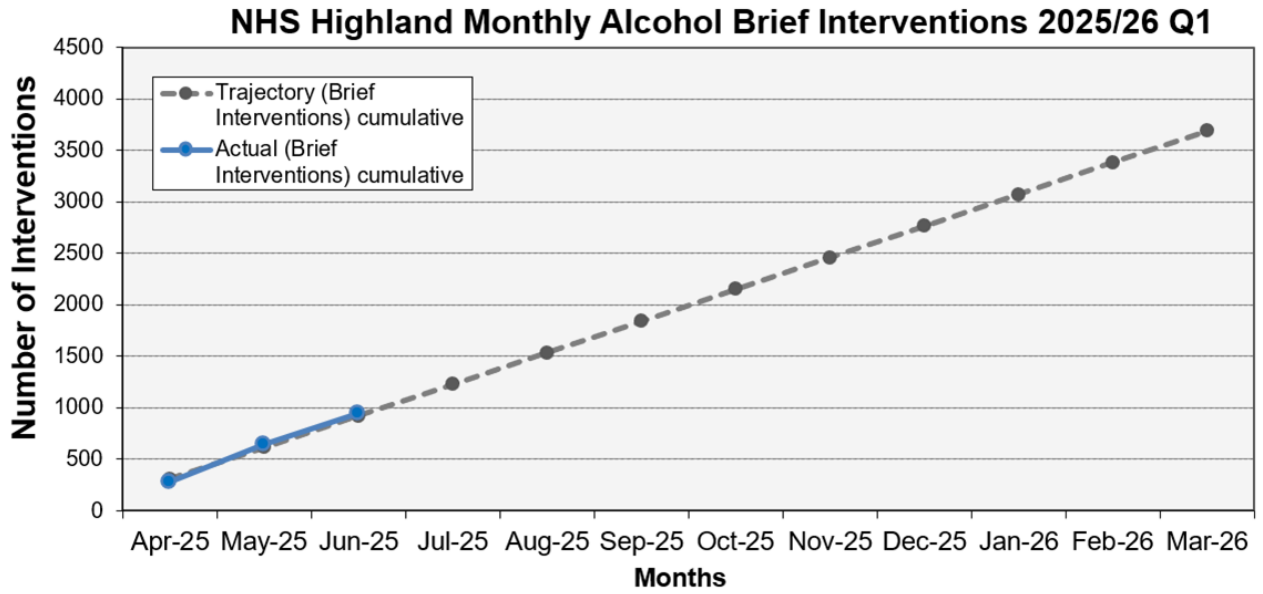

Fig.2

Setting Contribution 25/26 Q1

Primary Care	854	90.5%
Antenatal	4	0.4%
Wider Settings	86	9.1%
TOTAL	**944**	**100%**

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Exec Lead Jennifer Davies, Director of Public Health

Breastfeeding

Key Performance Indicators

Reduce the attrition of any breastfeeding at 6 –8 weeks by 10% by 2025

Service Summary & Feedback

- National infant feeding statistics published annually in November
- Breastfeeding scorecard distributed to boards in March by PHS providing data down to intermediate zone level to allow for planning and targeted intervention
- Scorecard data demonstrates a need to support our Polish community where attrition rates have increased.
- Unicef BFI Gold award has been achieved by all maternity and community (H.V and F.N.P) services in NHS Highland
- The neonatal unit at Raigmore has achieved full accreditation
- Recruitment in place to increase numbers of infant feeding support workers in North Highland through Whole Family Wellbeing Funding. This includes working in partnership with CALA to provide feeding groups which will commence in September.
- Work with CALA to test the roll out of the National Early Learning Scheme where their nursery provision will become accredited as Breastfeeding Friendly Scotland
- Initial scoping with A and B HSCP re: testing the Local Authority Breastfeeding Friendly Scheme
- Recruitment of breastfeeding keyworkers in existing midwifery, health visiting, children's ward and FNPs services to support audit and specialist support in all areas of NHS Highland.

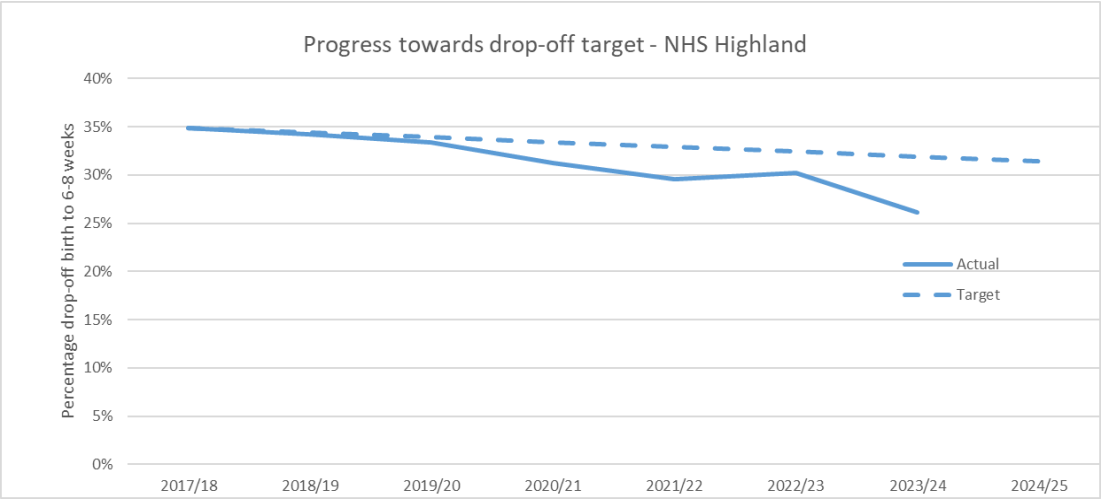
Service Risks

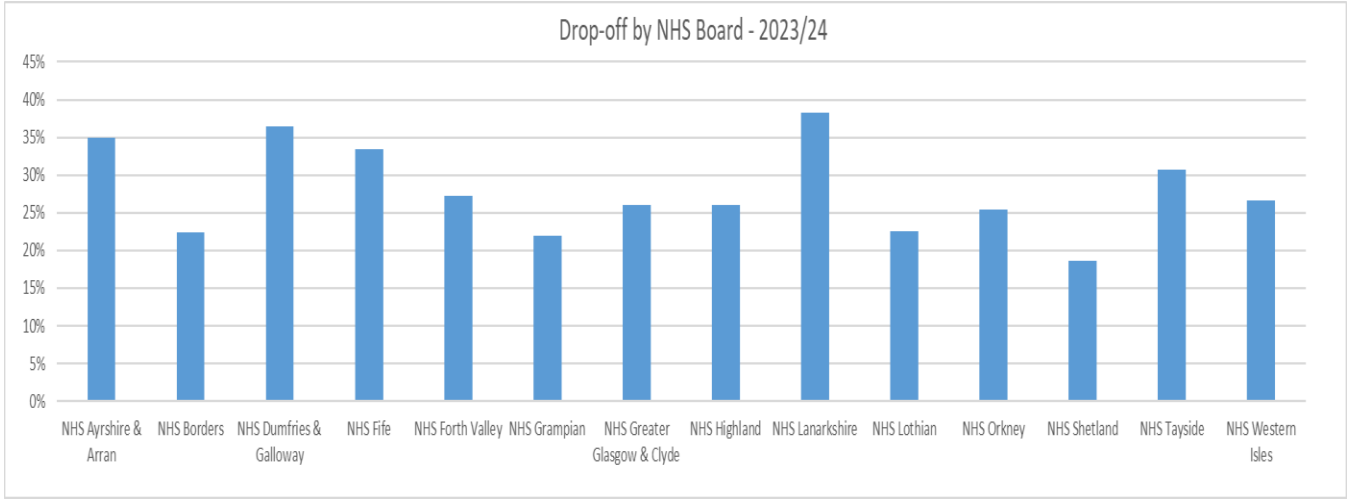
Work continues to drive improvements in all aspects of infant feeding workstreams.

Publication of National Infant feeding strategy will support forward planning Breastfeeding and Infant Feeding Strategic Framework and Delivery Plan

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Start well

Performance Rating	
Latest Performance	See chart
National Benchmarking	See chart
National Target	See chart
National Target Achievement	See chart
Benchmarking	See chart





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Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

Drug & Alcohol Recovery (DARS)

Key Performance Indicators

Achieve 90% of clients referred to DARS receiving a completed intervention or treatment plan within 3 weeks by March 2026.

Service Summary & Feedback

During 2024/25, DARS implemented waiting lists across multiple regions due to a reduction in staff capacity and a surge in service demand. This significantly impacted NHS Highland's ability to meet its referral-to-treatment targets. Focused improvement initiatives have been undertaken in our largest population centres and now these areas are providing support to rural communities . This collaborative approach is contributing to a reduction in overall waiting times across the region.
Efforts ongoing to ensure equitable access and timely care for all NHS Highland residents.

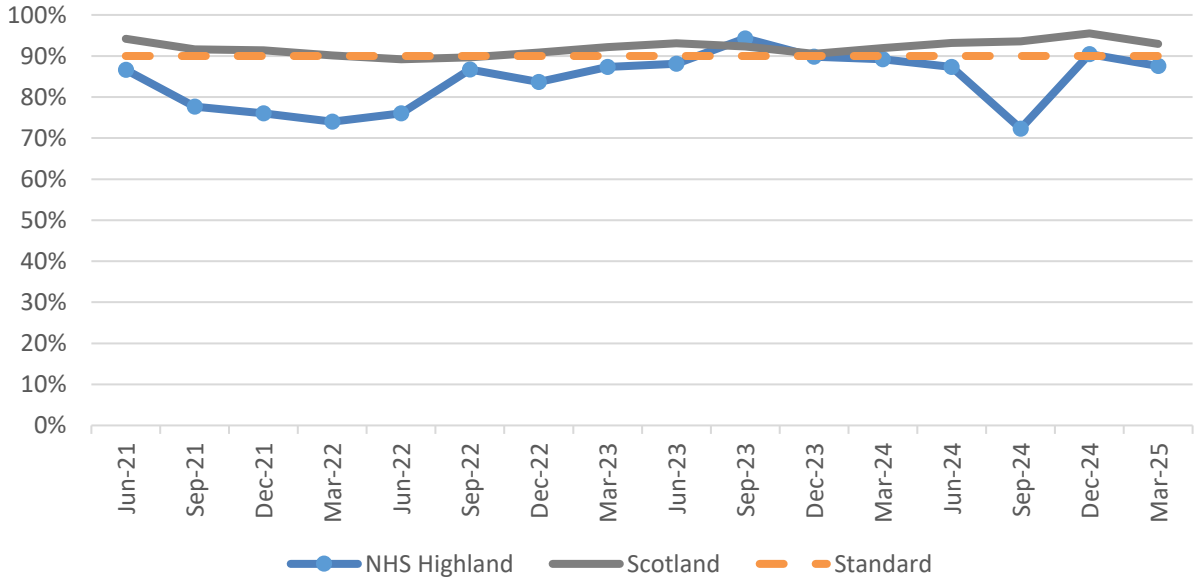
Service Risks

- Capacity Constraints: Limited clinical and administrative resources may impede the ability to meet fluctuating demand, exacerbating service delays.
- Access Inequity: Rural and remote communities may continue to face barriers to timely access.
  Performance Targets: Failure to consistently meet referral-to-treatment timeframes poses a risk to national compliance and could impact future strategic priorities.
- Patient Experience: Prolonged waiting times can contribute to patient dissatisfaction and potential deterioration in clinical outcomes.

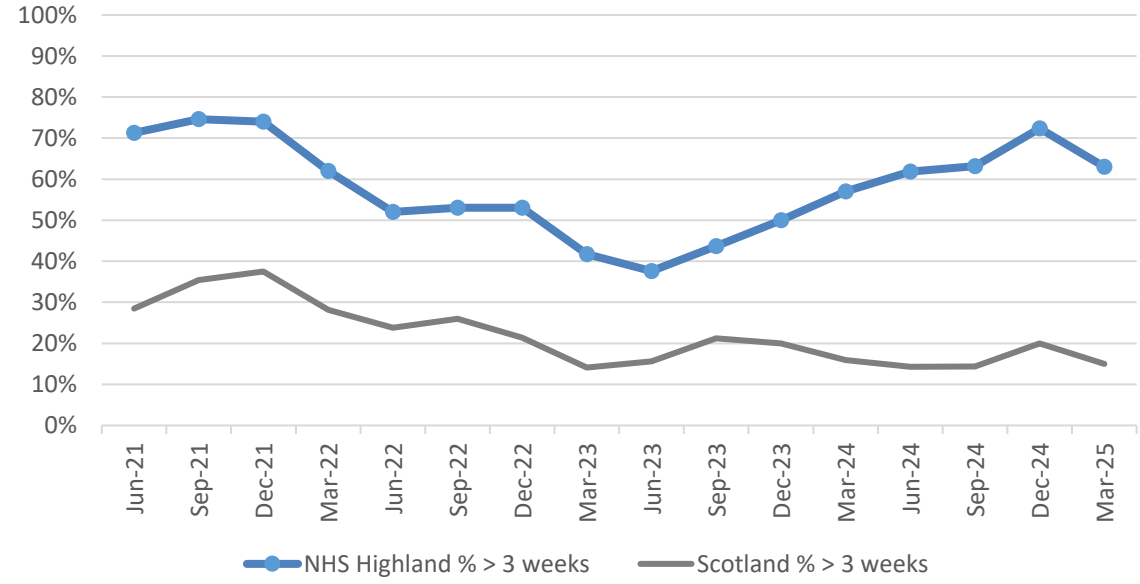
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Stay Well

Performance Rating	
Latest Performance	87.6%
National Benchmarking	92.9%
National Target	90% DARS referrals seen within 3 weeks
National Target Achievement	n/a
Position	n/a

NHS Highland DARS: Performance Against Standard for Completed Waits



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



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Exec Lead
Katherine Sutton
Chief Officer, Acute

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Emergency Department Access

Key Performance Indicators

Achieve at least 95% of patients attending A&E being seen, treated, admitted, or discharged within 4 hours by March 2026.	
Ensure that 99% of A&E patients are admitted, transferred, or discharged within 8 hours of arrival by March 2026, reducing extended waits and improving care quality.	
Reduce the number of patients waiting longer than 12 hours in A&E to zero by March 2026, ensuring no patient experiences excessively prolonged waiting times.	

Service Summary & Feedback

- OPEL for RGHs successfully piloted in Belford during August, with plan to roll out to CGH and L&I in September.
- Follow up action to explore cross partner action card alignment between RGHs and Raigmore towards the end of 2025.
- Lochaber redesign programme developing workforce place with focus on medical models of care, frailty and rehab and place of safety. All workstreams delivery UUC improvements.
- Hospital at Home service expansion into weekends and whole system approach work for community services is underway in L&I.
- Raigmore's improvement work is moving at pace and being supported/monitored through the Acute Urgent & Unscheduled Improvement Programme.

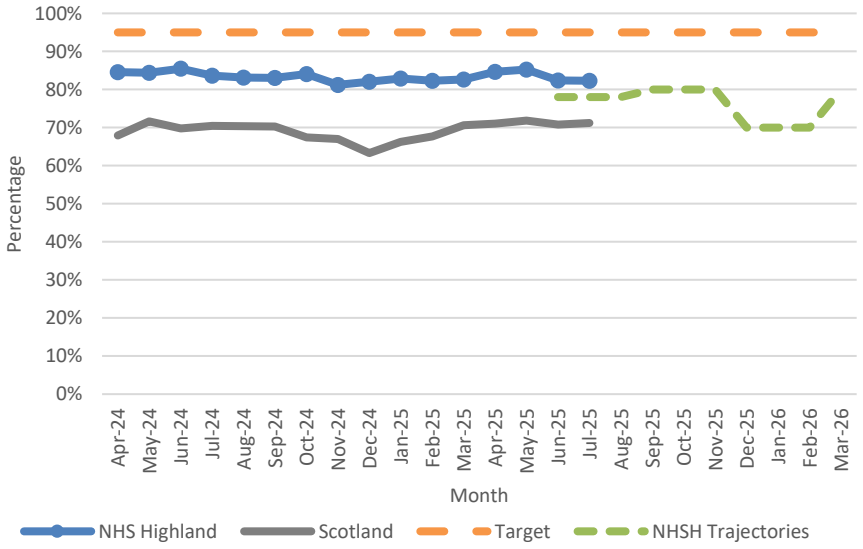
Service Risks

Belford capacity and demand for emergency services exceeds department's capacity with no designated triage room to prioritise patients.
CGH Planned returns continue in ED with an appointment system in place to support Surgical & Medical returns which is working well.
Delayed transfers of care patients in the wards has contributed to increased LOS and breaches in ED
L&I note patient flow is impacted by a number of DDs. Reviews are being undertaken for workforce gaps and MH pathways.
Raigmore's intentional improvement work on Flow Groups 1 to 4, with an aim to reduce waits in ED, improve SAS off load time and improve over-all ED performance.

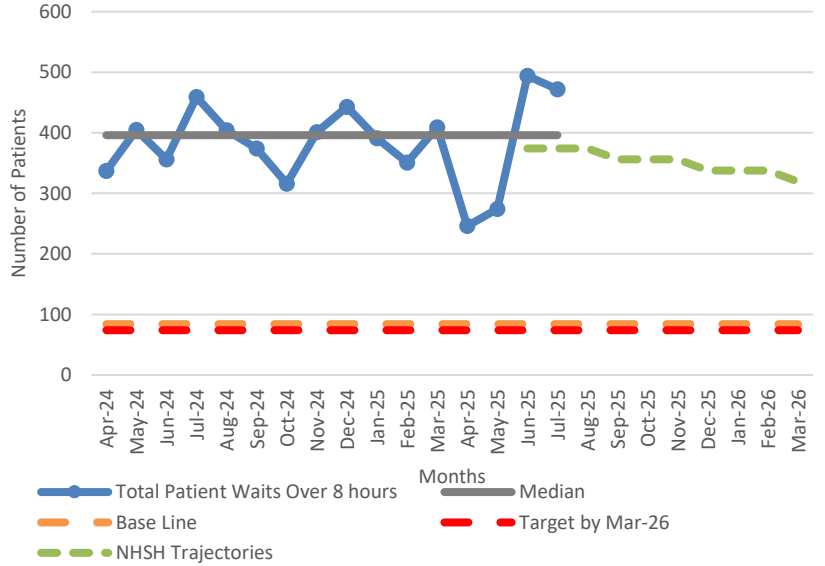
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Respond Well

Performance Rating	
Latest Performance	82.3%
National Benchmarking	71.2%
National Target	95%
National Target Achievement	NHS H as a whole remains above the Scotland average, but off target
Position	5th out of 14 Boards

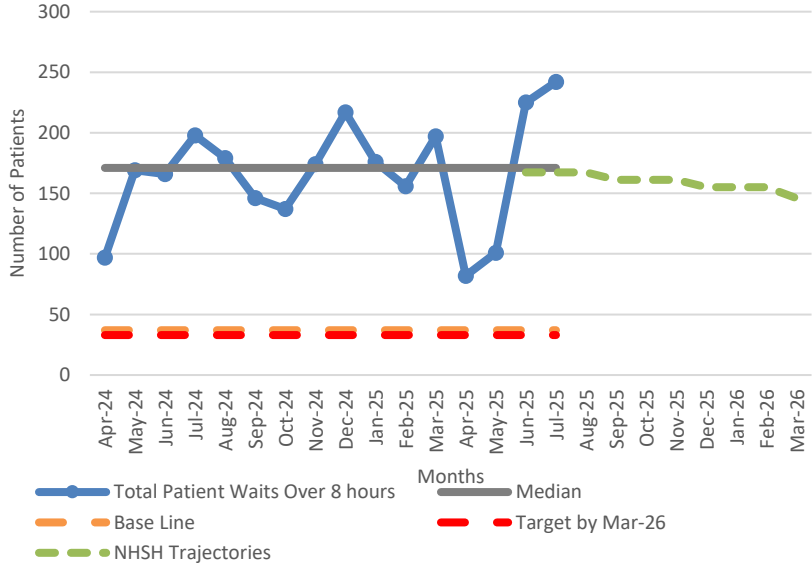
% of people seen in ED within < 4 hours per month



Total Patients waiting > 8 hours in ED per month



Total Patients waiting > 12 hours in ED per month



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Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

OIP

Delayed Discharges

Key Performance Indicators

Reduce the total number of patients experiencing a standard delay in discharge from hospital across NHS Highland to agreed targets and trajectories.

Please note: These targets and trajectories will be included in future IPQR reporting.

Service Summary & Feedback

HHSCP community risks are a limited ability to provide step up and step down intermediate care and rehabilitation. There is also a whole system risk associated with reduced flow through the system.

- NCH has a total of 98 beds – 18 of which are delayed discharges.
- The average length of delay once fit for discharge awaiting a care home is 158 days.
- The average length of delay once fit for discharge awaiting care at home is 183 days.

A&B continue to focus on early identification, intervention and proactive management of DDs and daily operational flow meetings, MDTs to ensure appropriate allocation of all available resources. A robust review programme ensures those discharged to assess have access to reablement first and that care packages are reviewed and reduced in line with enablement / improvement. Proactive impact assessment for all hospital delays.

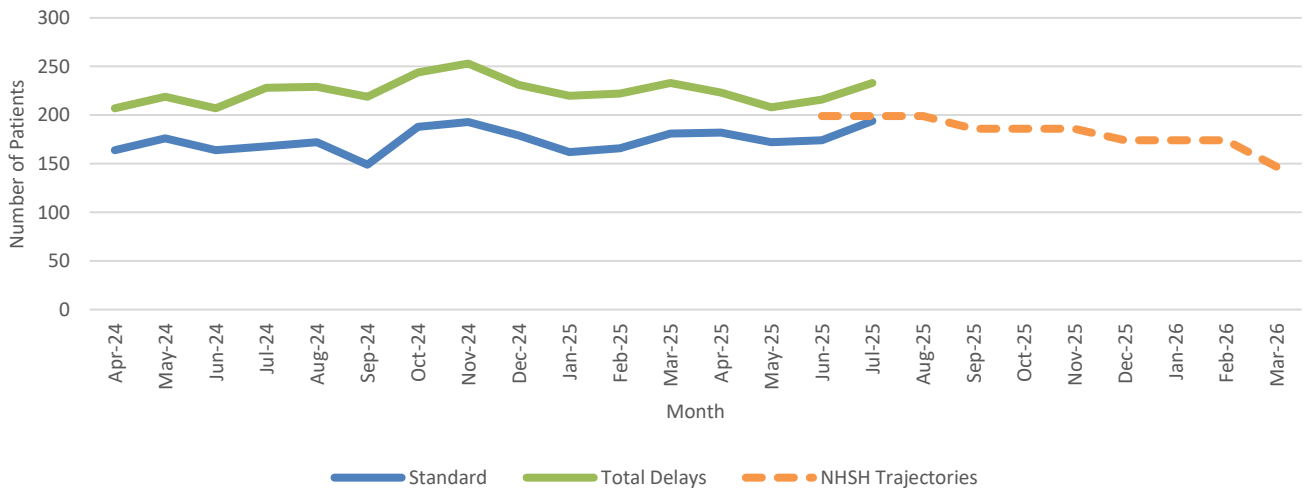
Service Risks

Risks to MHLD Inpatient services include – inability to meet statutory duty under MHA to admit detained patient within 72 hours – difficulty ensuring the whole of a patient's recovery takes place within the appropriate specialist environment – increased risk within community settings when unable to provide an admission bed within a timely manner.
The MHLD Division oversight of delayed discharges includes daily operational site rundown (twice per day), tactical weekly flow and capacity meeting, and strategic monthly oversight from Divisional Senior Leadership Team.
In A&B the situation with lack of homecare across the region, due to both availability of staff and budget, has increased, together with challenges for 24hr care provision, impact of AWIs and court backlogs

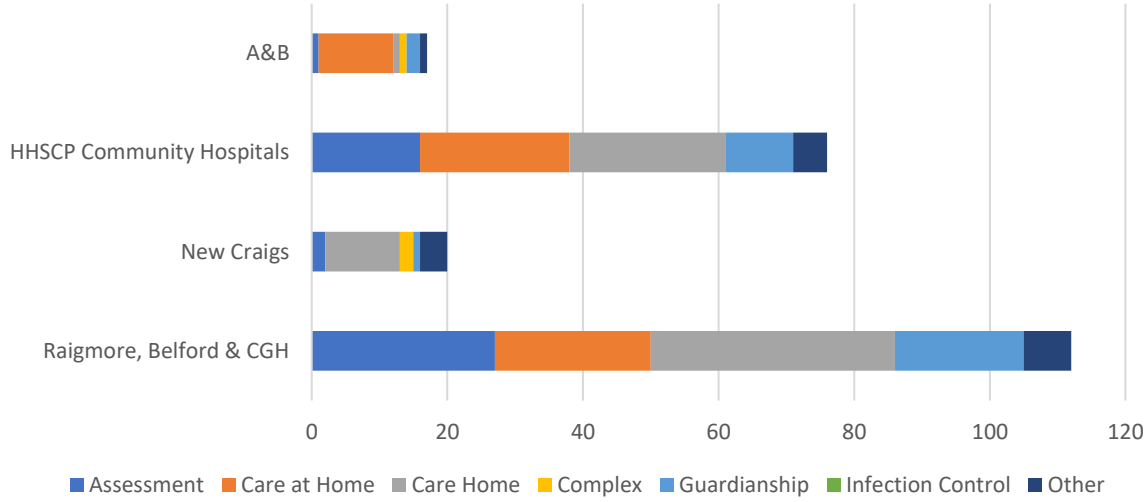
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Respond Well

Performance Rating	
Latest Performance	234 at Census Point
National Benchmarking	Engagement through national CRAG group and CfSD
National Target	Trajectories developed
National Target Achievement	Not Met
Position	14th of 14 Boards

Number of people delayed from hospital discharge at monthly census point NHS Highland (Highland and Argyll & Bute)



Number of people delayed from discharge – Location and Code



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Chief Officer, Acute

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

Key Performance Indicators	
Increase the percentage of new outpatient referrals seen within 12 weeks of referral equal to or above 95%.	
Reduce the number of new patients waiting over 52 weeks for a new outpatient appointment to 1393 by March 2026.	
The number of completed new outpatients appointments is equal to or exceeds the monthly target	
The number of completed new outpatients appointments is equal to or exceeds the cumulative target	
Total number of patients currently waiting for return outpatient appointments to be equal to or less than previous year's monthly average	

Service Summary & Feedback

At the end of July, NHS Highland had seen 0.8% (n=595) fewer new outpatients than intended. Speciality performance is monitored weekly and action plans have been developed with those services where activity is lower than anticipated. We continue to focus on booking our longest waiting patients to reduce how long people are waiting for our services. Overall, there is a reduction in the past couple of months in the number of people waiting over 52 weeks for a new appointment.

Work is ongoing to establish an access meeting in Argyll & Bute to improve ownership of waiting times and data quality across the hospital sites and direct attention to performance against the planned care planned activity and targets. Patient focused booking and phone call reminders/list validation will be employed to target our longest waiting patients.

Service Risks

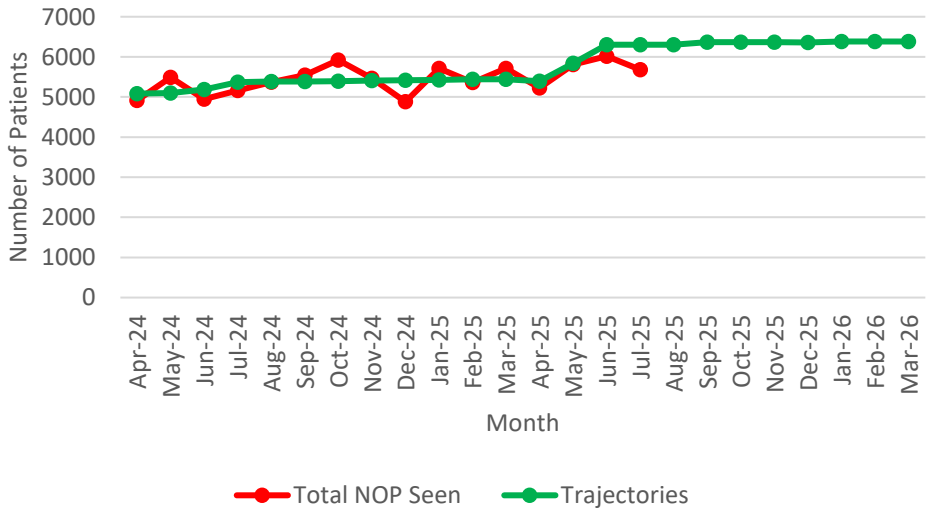
NHS Highland's main risk continues to be staffing, particularly in our smaller services where absence/vacancies can have a disproportionate impact on our ability to meet our activity trajectories.

In Argyll & Bute the main risk is around the future of the Minor Oral Surgery service and urgent discussions are required to take forward.

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

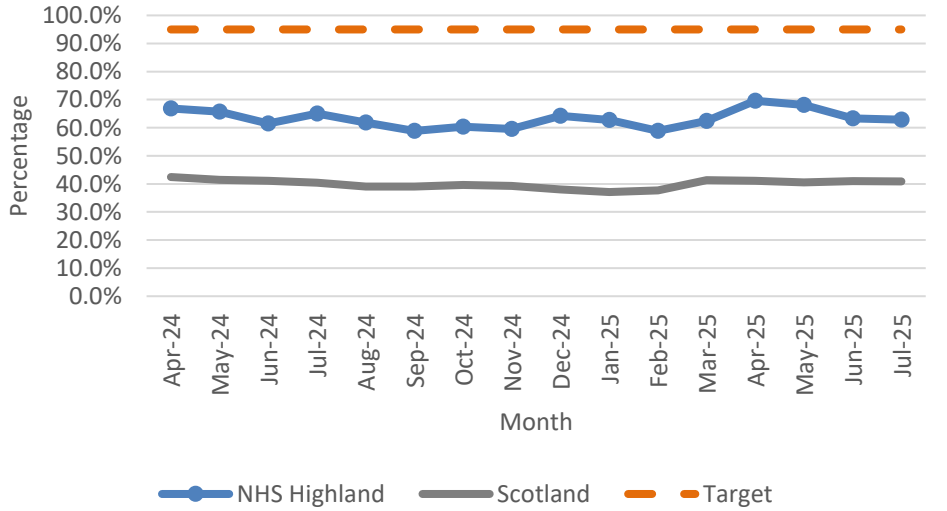
Performance Rating	
Latest Performance	62.8%
National Benchmarking	40.9%
National Target	95%
National Target Achievement	Target not met Below lower control limit
Position	3rd out of 15 Boards

New Outpatients Seen & Trajectories



Outpatients Seen <12 Weeks

Including Consultant and Nurse Lead Activity



Outpatients (Planned Activity, Long Waits & Return Outpatients) - Slide 2 of 2

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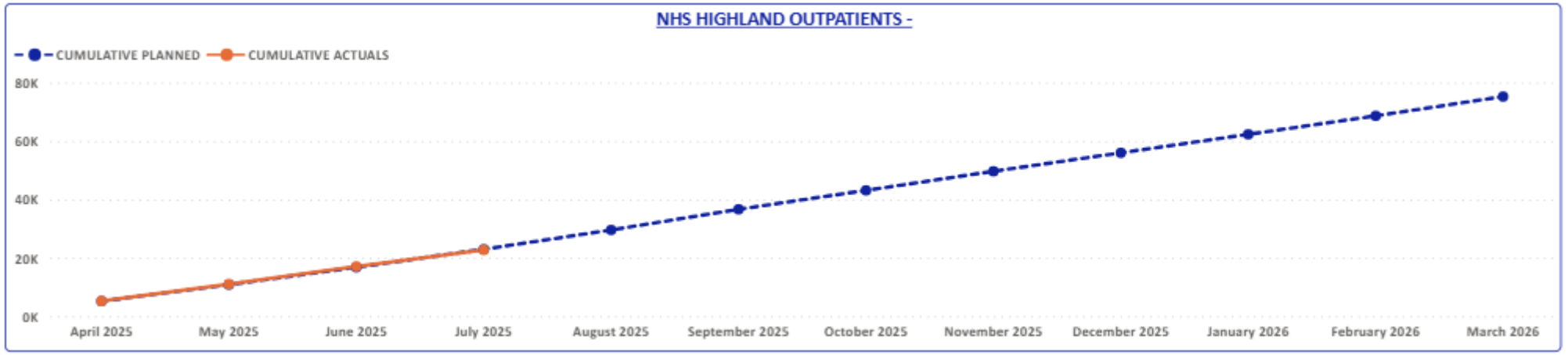
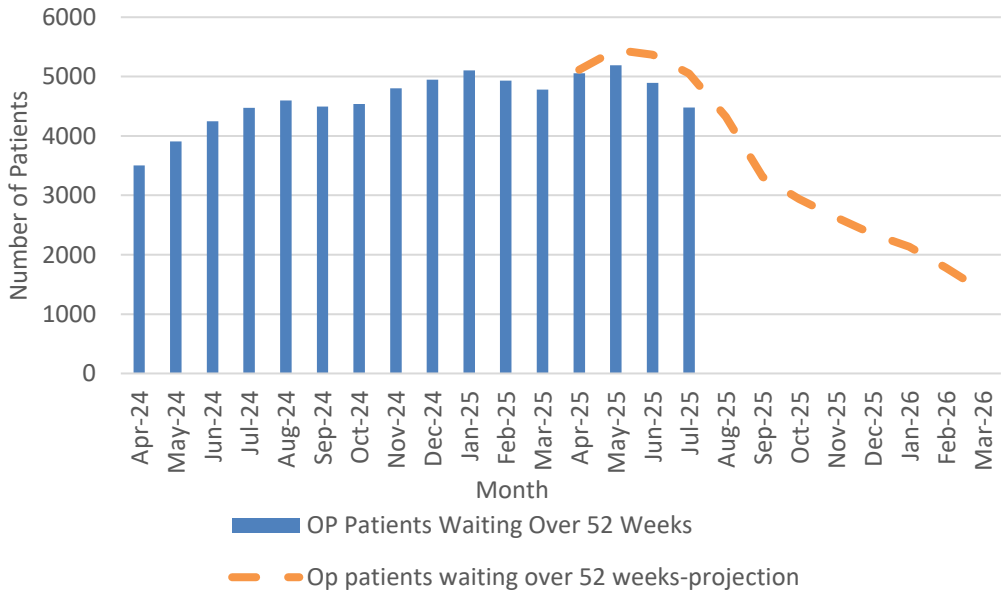
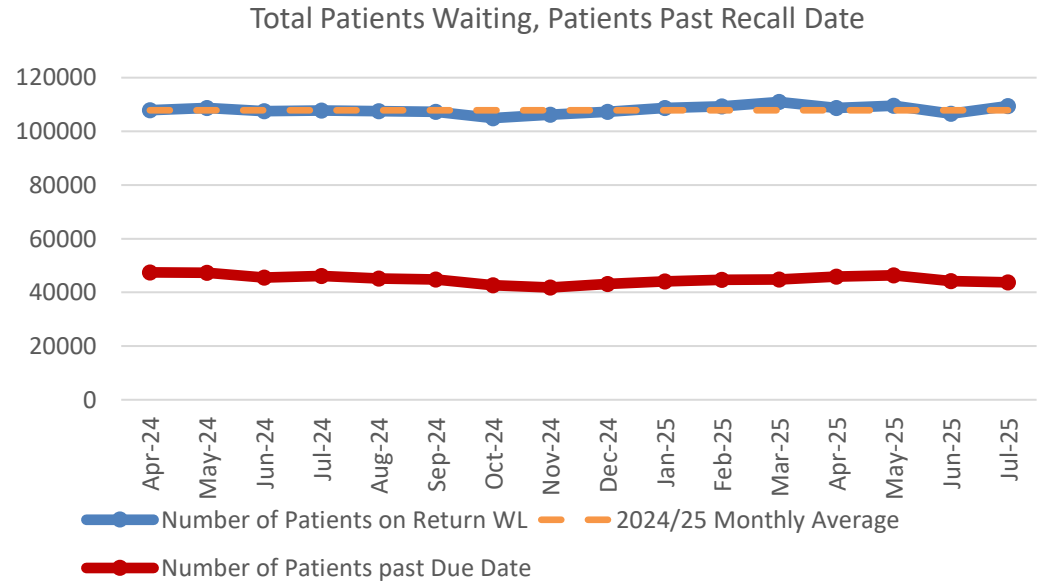
Planned Activity



Long Waits >52 weeks



Return Outpatients Wait List



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Treatment Time Guarantee: TTG < 12 week target

Key Performance Indicators	
Percentage of TTG patients seen within 12 weeks of referral equal to or above 95% every month.	
Reduce the number of TTG patients waiting over 52 weeks to 200 by March 2026	
The number of inpatient/day case procedures undertaken is equal to or exceeds the monthly target	
The number of inpatient/day case procedures undertaken is equal to or exceeds the cumulative target	

Service Summary & Feedback

At the end of July, NHS Highland had undertaken 7.32% (n=1,287) more procedures than intended. Speciality performance is monitored weekly and action plans have been developed with those services where activity is lower than anticipated. We continue to focus on booking our longest waiting patients to reduce how long people are waiting for our services and waiting times continue to fall more quickly than we had anticipated.

TTG performance in Argyll & Bute continues to be above target and enhanced monitoring as part of access meetings will be established.

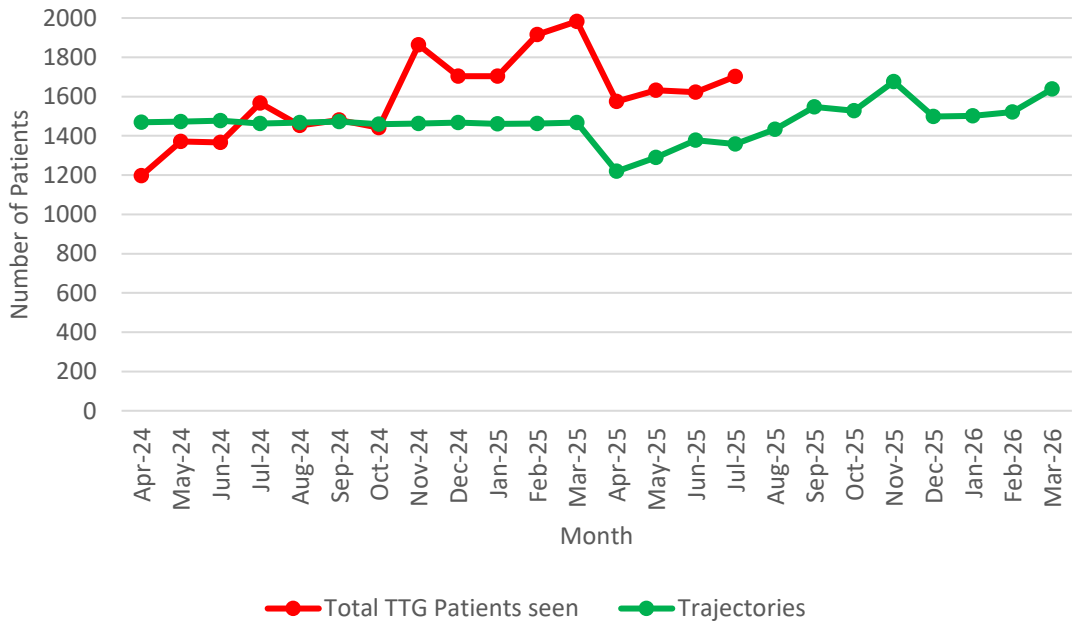
Service Risks

Our main risk continues to be staffing, particularly in our smaller services where absence/vacancies can have a disproportionate impact on our ability to meet our activity trajectories.

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

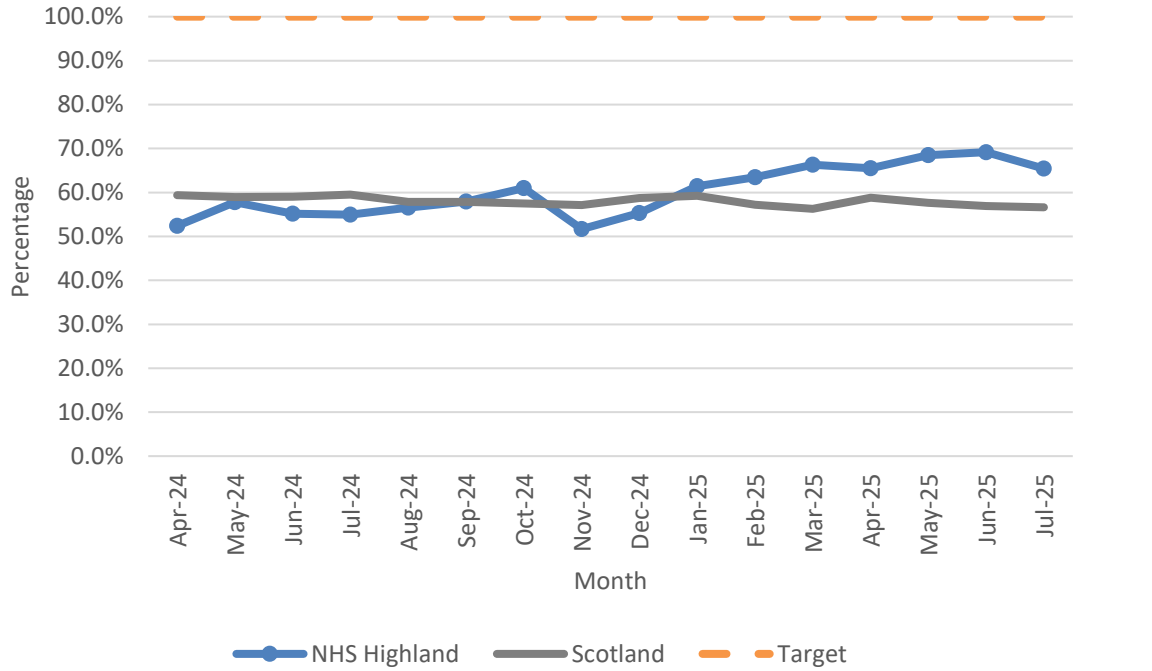
Performance Rating	
Latest Performance	65.4%
National Benchmarking	56.6%
National Target	100%
National Target Achievement	Target Not Met; Above median for 1 month after 2 below
Benchmarking	4th of out 15 Boards

Patients Seen & Trajectories



TTG Seen <12 Weeks

Consultant Only



TTG (Planned Activity & Long Waits) - Slide 2 of 2

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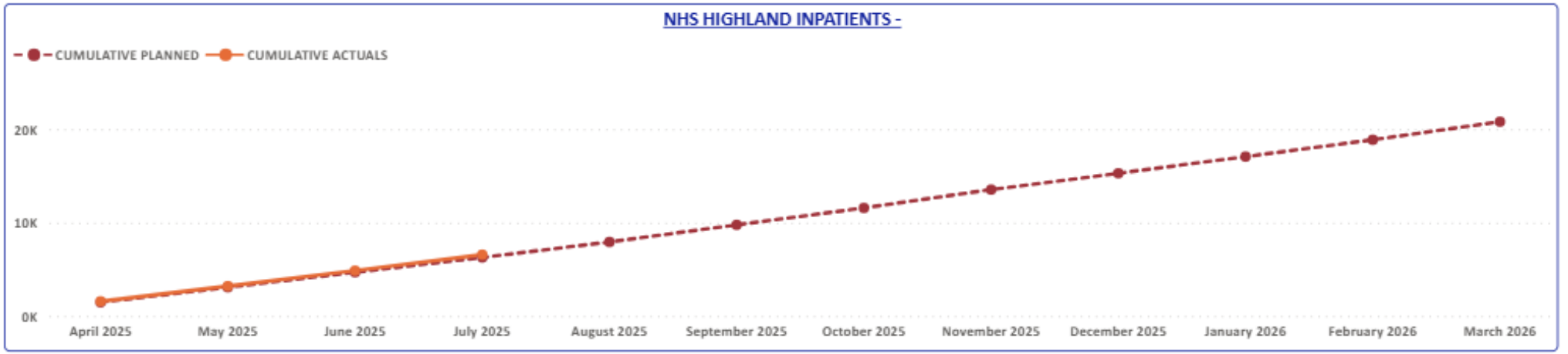
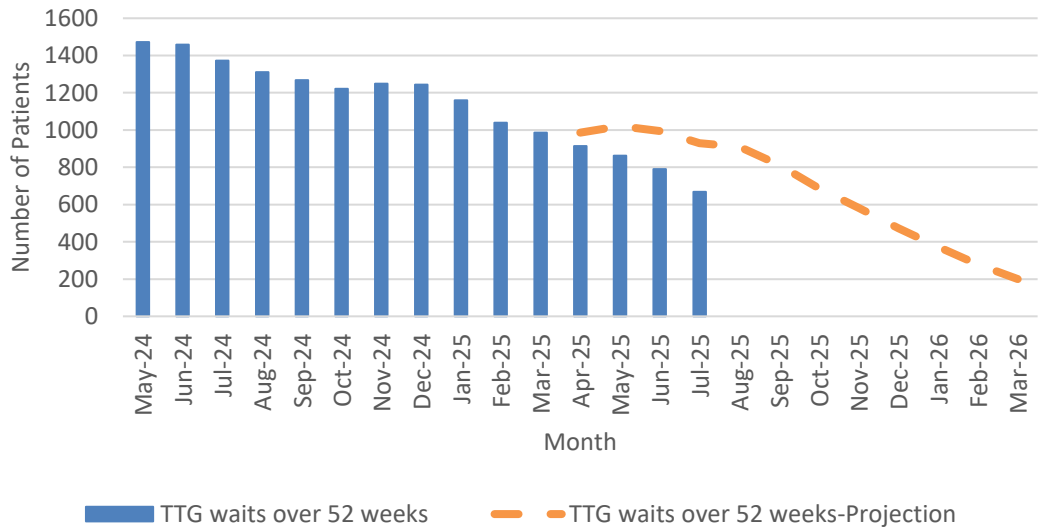
Planned Activity



Long Waits >52 Weeks



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Diagnostics – Radiology – Slide 1 of 2

Key Performance Indicators	
Increase the number of patients receiving a key diagnostic test within 6 weeks from referral, in line with NHS Scotland guidance.	
The number of patients who receive imaging (all) is equal to or exceeds the trajectory every month.	
The number of patients who received a CT scan is equal to or exceeds the number of planned appointments every month	
Patients seen for non-obstetric ultrasound radiology testing is equal to or exceeds trajectory every month	
The number of patients who receive an MRI scan is equal to or exceeds the number of planned appointments every month	

Service Summary & Feedback

A new radiographer team lead/professional lead has been appointed in L&I and will take up role in November. Axon providing outsourcing service, which is working well. Wait times satisfactory at present but pressure within General Ultrasonography from September onwards due to vacancy.

Service Risks

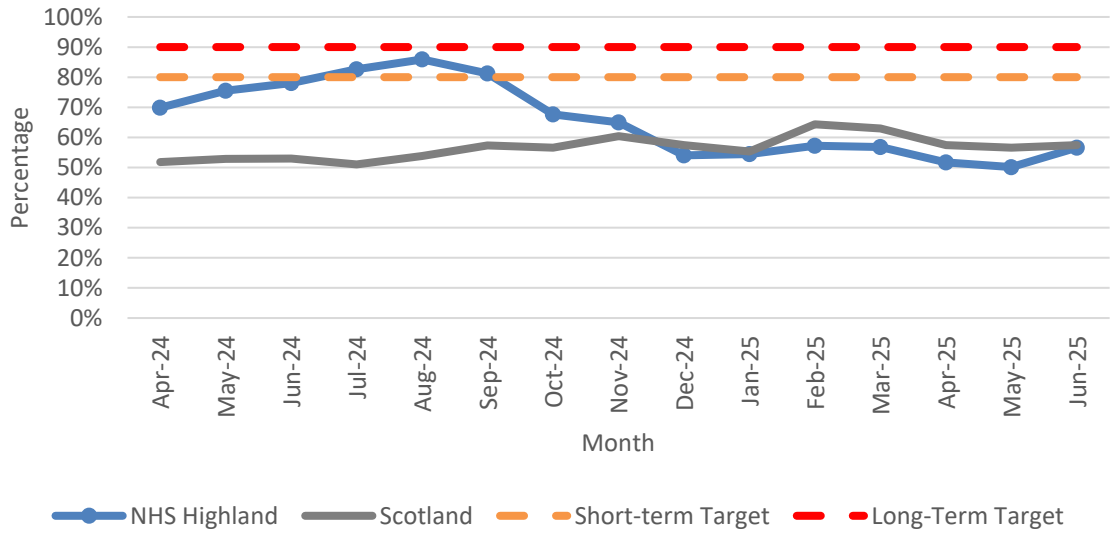
General Ultrasonography capacity due to retirement, the post is currently out for advert. Negations to cover with some locum, short term underway to ensure waiting times maintained.
Lack of F/T Radiographer Team Leader due to vacancy. Interim arrangements in place for post holder, but only on a part time basis is. Recruitment has successfully taken place and new post holder will be available from November on wards.
CTCA – pressure due to availability of clinician.

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

Performance Rating	
Latest Performance	56.6%
National Benchmark	57.5%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	National target not met, performance in NHSH is below Scotland average
Benchmarking	10th out of 15 Boards

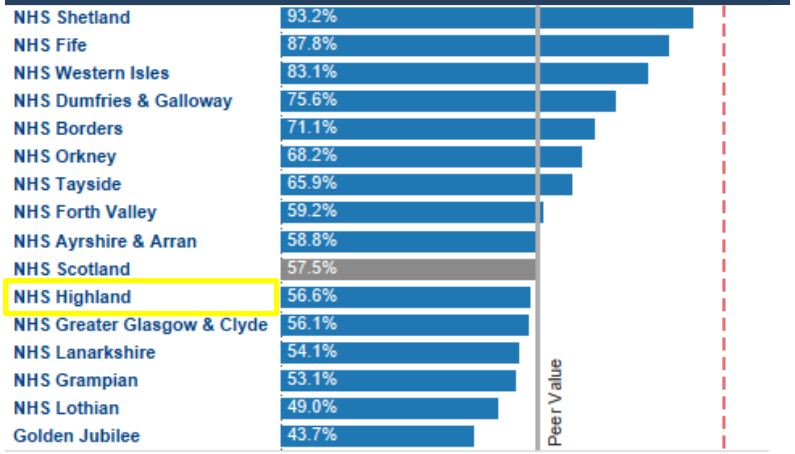
Imaging Tests: Maximum Wait Target 6 Weeks

Magnetic Resonance Imagine, Computer, Non-obstetric Ultrasound, Barium Studies Tomography



Yearly Trajectory	YTD Target	Patients Seen- July 25	Overall
28,668	9,556 (33.33%)	12,409 (43.29%)	9.95% above target

Benchmarking with Other Boards



Diagnostics – Radiology – Slide 2 of 2

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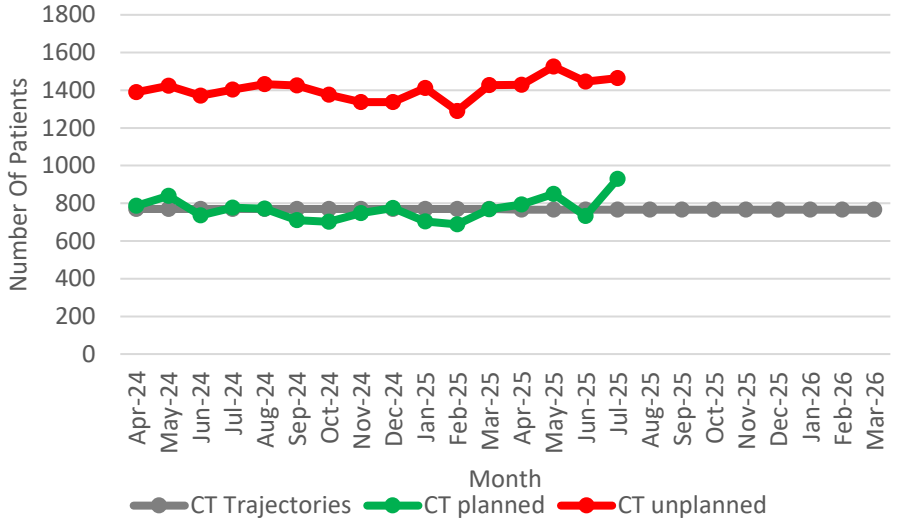
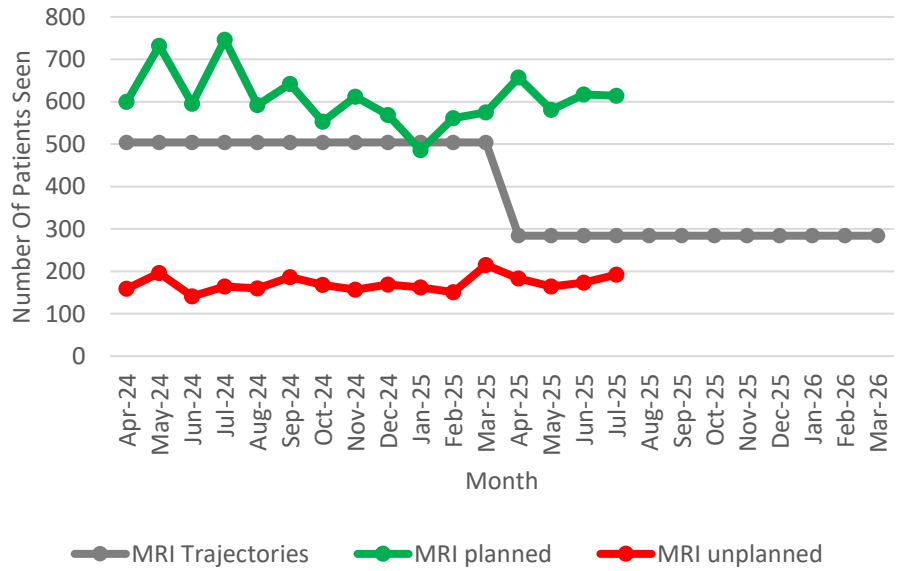
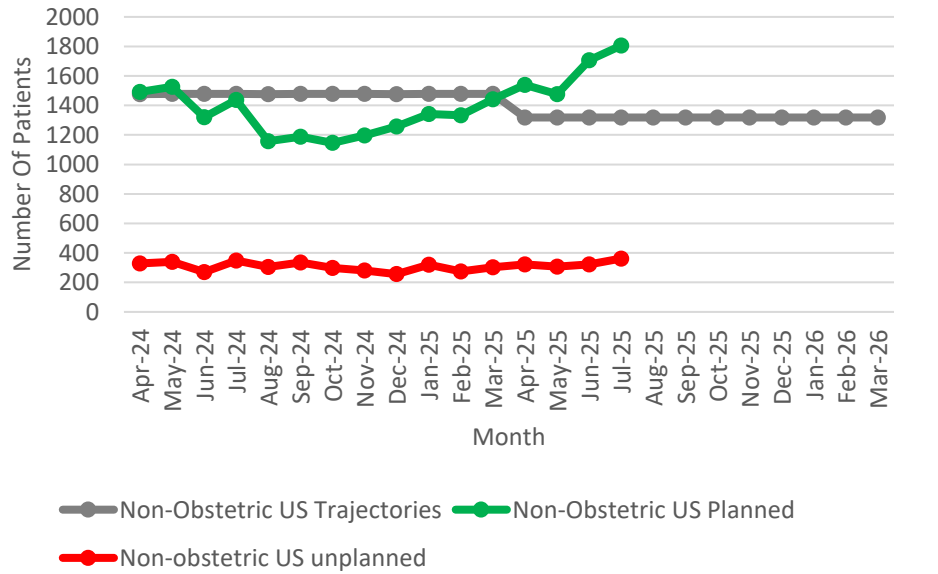
CT Patients Seen and Trajectories



MRI Patients Seen and Trajectories



Non-Obstetric Patients Seen and Trajectories



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Diagnostics – Endoscopy – Slide 1 of 2

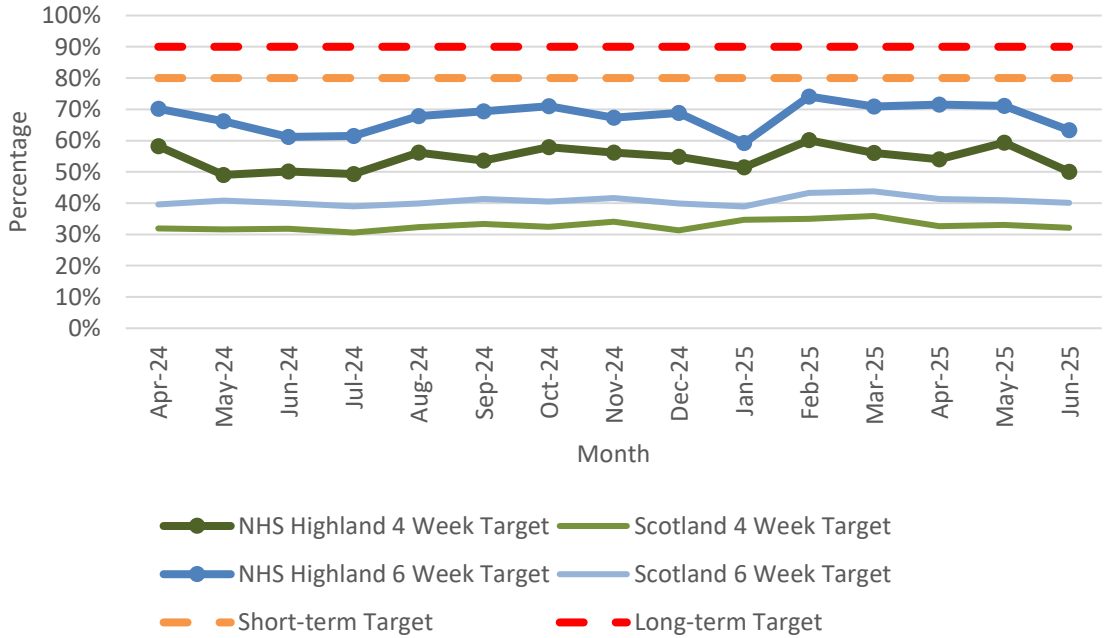
Key Performance Indicators		Service Summary & Feedback	Service Risks
No patients waiting longer than 6 weeks for an endoscopy test (from referral to test) in line with Scottish Waiting Time Targets		Endoscopy – need NHS Highland to update TrakCare PMS to report on 6 week target; currently no clock resets or unavailability will be counted from 28-42days which means are reporting a worse position. GI endoscopy – national diagnostic group to confirm how those patients having upper and lower investigations at same appointment should be recorded. Ehealth support required to finalise the formstream referral form to reduce a 2.8day delay for paper-referral card to arrive with booking team. Cystoscopy – booking will be moving to GI endoscopy team in October 2025. In September, in preparation for booking transfer, 50/week (new patients on non-USC pathway) will be sent a letter to ensure they still wish to proceed.	GI endoscopy – collapse/pause of colon capsule endoscopy – due to UK branch of company has gone into administration. Work is ongoing with procurement to contract this element of service. This also impacts on the small bowel capsule reading service. Cystoscopy – 2 consultant resignations with ongoing pressures around recruitment. Nurse staffing review underway to increase scope sessions.
The number of patients seen for a new endoscopy appointment is equal to or exceeds the trajectory every month.			
The number of patients seen for a new Colonoscopy, Cystoscopy, Flexi Sig and Upper GI is equal to or exceeds the number of planned appointments every month			

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

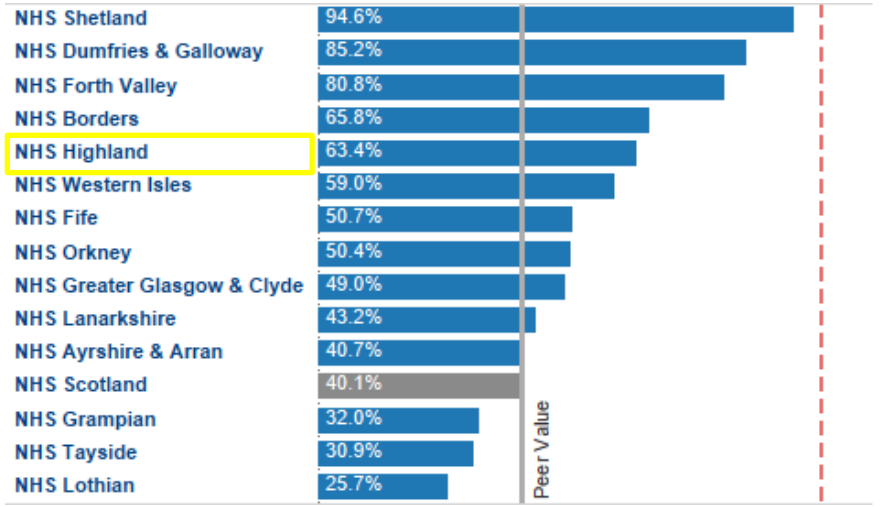
Performance Rating	
Latest Performance	63.4%
National Benchmark	40.1%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	While national target not met, performance in NHSH is ahead of Scotland average
Benchmarking	5th out of 14 Boards

Endoscopy Tests: Maximum Wait Target 4/6 Weeks

Colonoscopy, Cystoscopy, Flexi Sig, Upper GI



Benchmarking with Other Boards
6 Week National Target



Planned Activity

Yearly Trajectory	5,176
YTD Performance Trajectory	1728 (33.38%)
Patients Seen – July 25	2,221 (42.91%)
Overall	9.52% above target

Diagnostics – Endoscopy – Slide 2 of 2

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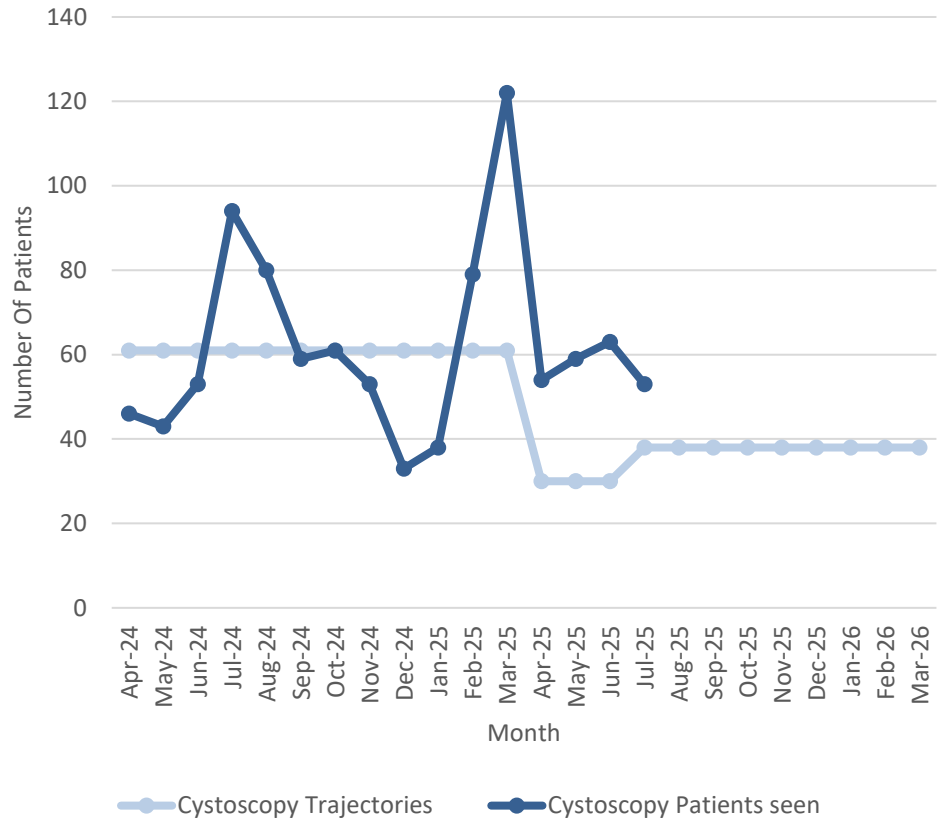
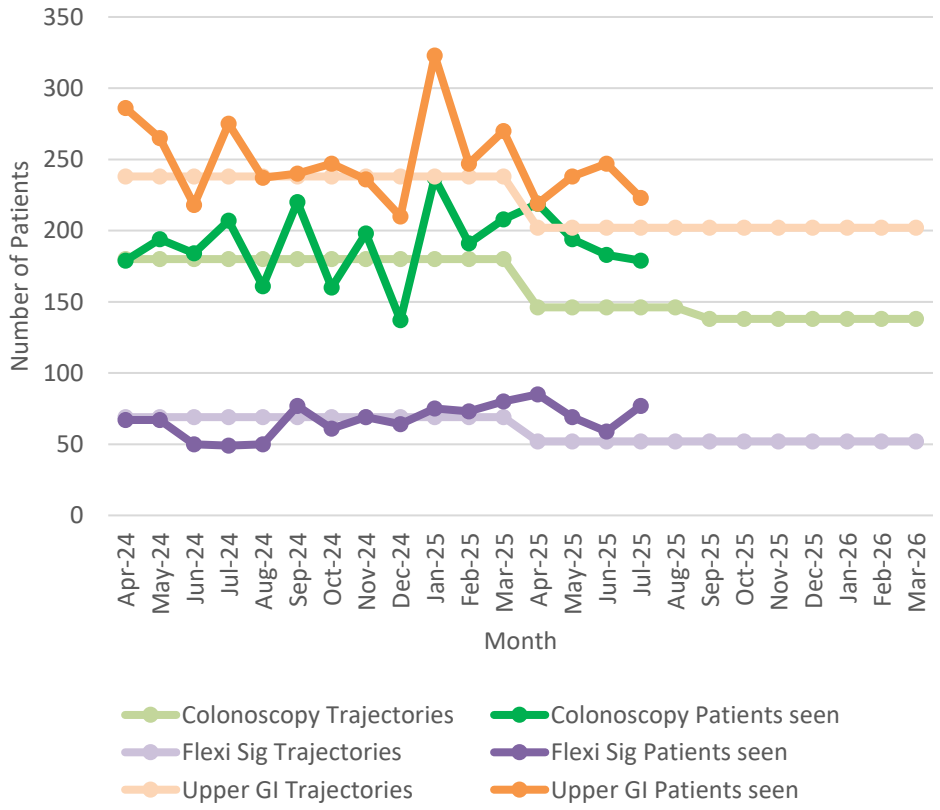
Patients Seen and Trajectories: *Cystoscopy*



Cystoscopy Patients Seen and Trajectories: *Colonoscopy, Flexi Sig & Upper GI*



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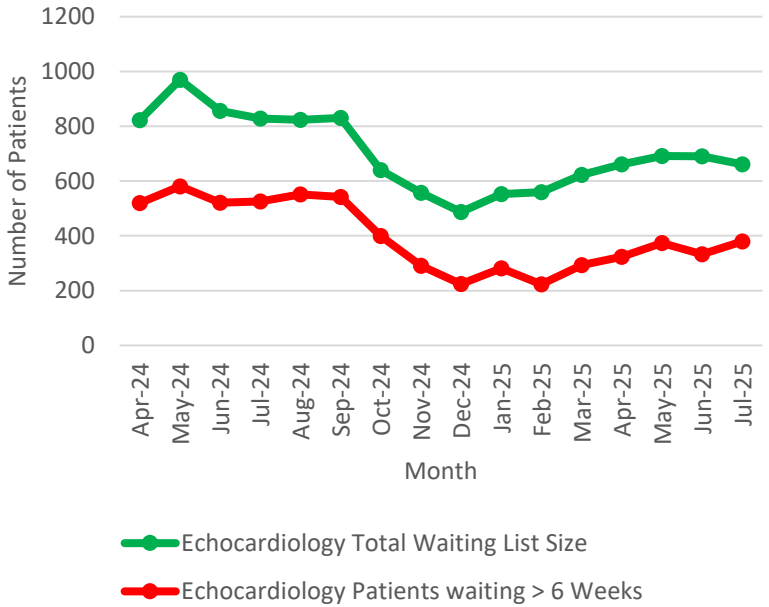
Diagnostics - Wait List Other

Key Performance Indicators		Service Summary & Feedback	Service Risks
Increase the number of patients waiting less than 6 weeks for an ECHO test (from referral to test) in line with Scottish Waiting Time Targets		Wait times in Clinical Physiology services shown have improved over the previous 18 months as a result of focused work and/or staffing.	In Echocardiology, a combination of vacant lead post and approaching likely reduction in staff numbers means some risk of further increase in wait times.
Increase the number of patients waiting less than 6 weeks for an R Test / 24 ECG (from referral to test) in line with Scottish Waiting Time Targets			
Increase the number of patients waiting less than 6 weeks for an spirometry test (from referral to test) in line with Scottish Waiting Time Targets			

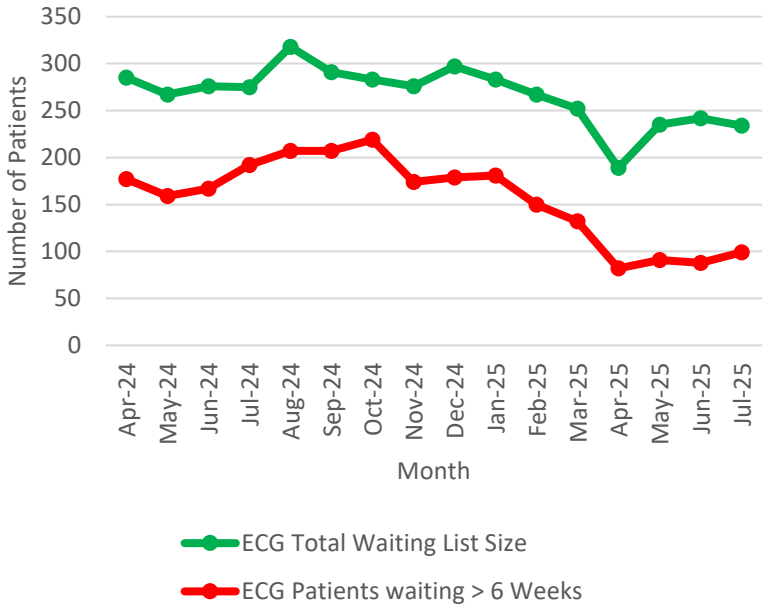
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	
Latest Performance	n/a
National Benchmark	
National Target	
National Target Achievement	
Benchmarking	

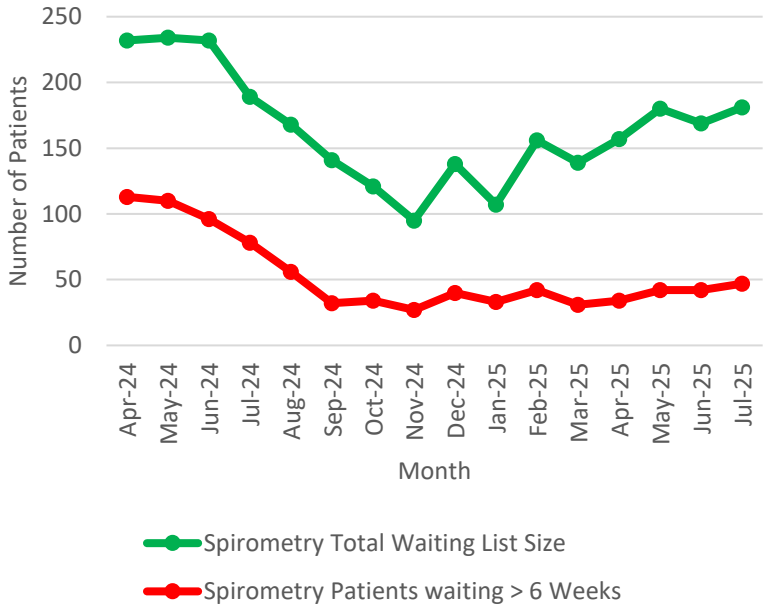
ECHO: Total Waiting List Size & Patients Waiting >6 Weeks



ECG: Total Waiting List Size & Patients Waiting >6 Weeks



Spirometry: Total Waiting List Size & Patients Waiting >6 Weeks



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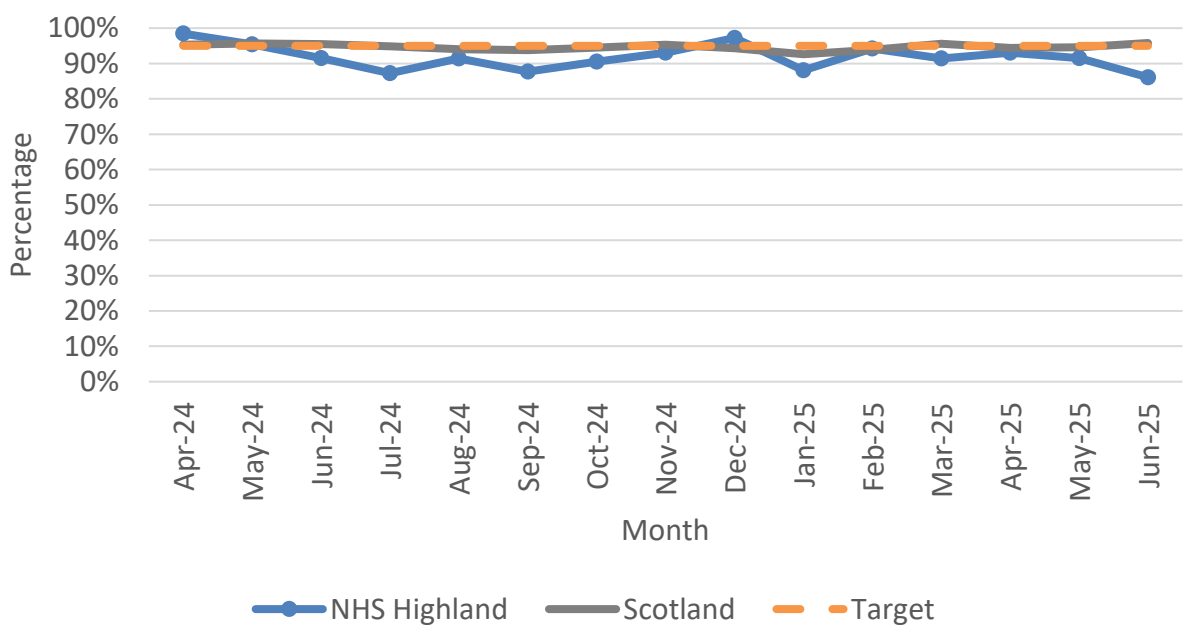
31 Day Cancer Waiting Times

Key Performance Indicators	Service Summary & Feedback	Service Risks
95% of patients should begin treatment within 31 days of the decision to treat, regardless of the referral route.	Very little cancer treatment is delivered within Argyll & Bute. Treatment will be mostly delivered at NHS GGC locations (or in partnership) with NHS GGC locations. In Highland this standard which measures the wait from decision to treat to treatment is a challenge in a number of areas: surgery for breast and bladder and also radiotherapy for both Head & Neck and Lung. Future analysis shows performance in July has improved to 93 per cent.	In Highland lack of surgical capacity with 2 out of 6 Consultant Urology posts vacant and the retiral of a Clinical Oncologist from 1 November necessitates a new way of working

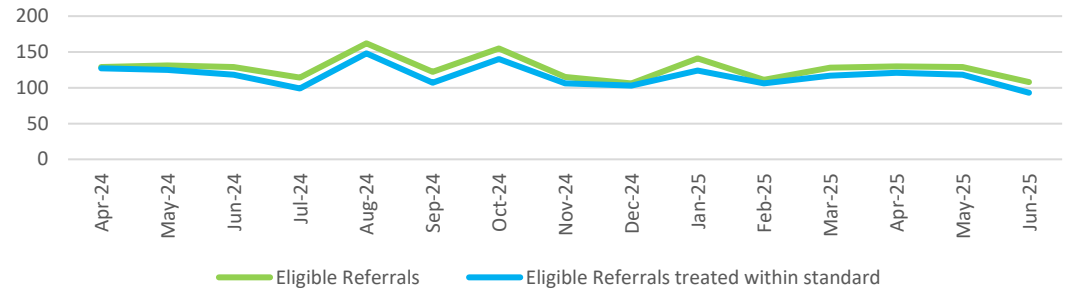
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	
Latest Performance	86.1%
National Benchmarking	95.8%
National Target Achievement	Last met in December 2024
Position	15th 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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Chief Officer, Acute

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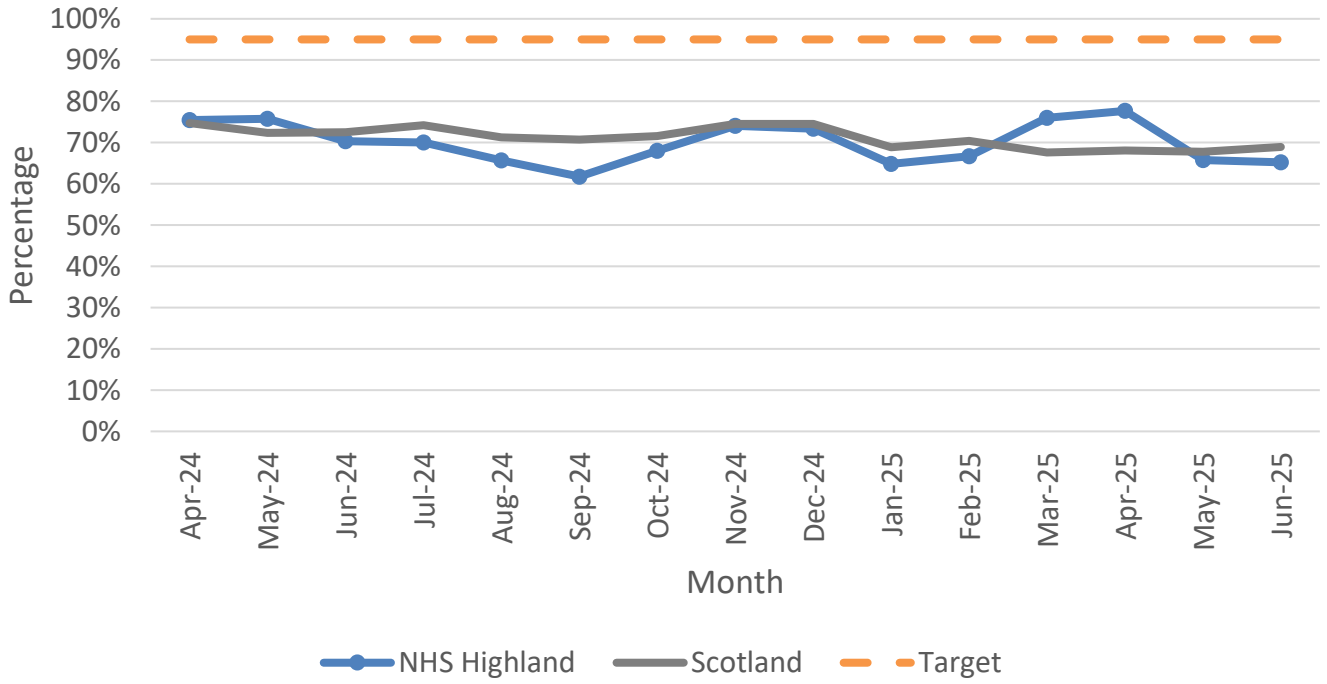
62 Day Cancer Waiting Times

Key Performance Indicators		Service Summary & Feedback	Service Risks
95% of patients referred urgently with a suspicion of cancer (USC) - whether through a GP referral, national screening programme, should be their first cancer treatment within 62 days of receiving the referral.		The focus is upon reducing the backlog of detected cancer patients as quickly as possible and also reducing the number of patients without a diagnosis by day 48 of their referral. This is a particular problem within Urology and Breast.	Lack of assessment, diagnostic and treatment capacity in Urology and Breast.

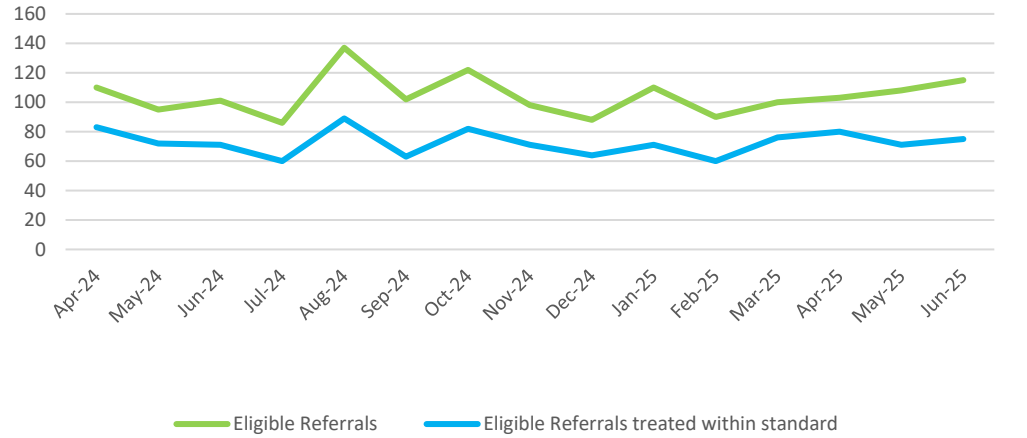
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	
Latest Performance	65.2%
National Benchmarking	68.9%
National Target	95%
National Target Achievement	Nationally target not achieved in some time
Position	8th out of 14 Boards

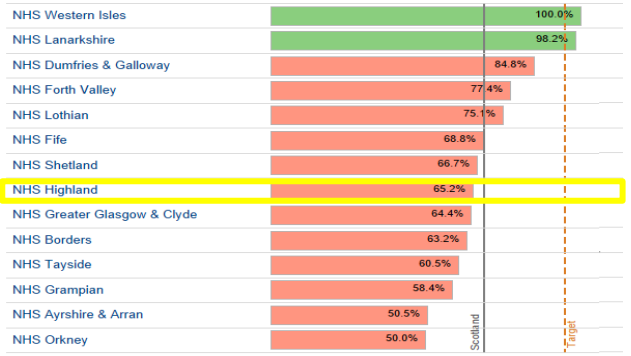
62 Day Cancer Waiting Times



Patients Seen on 62 Day Pathway



62 Day Benchmarking with Other Boards



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Exec Lead
Katherine Sutton
Chief Officer, Acute

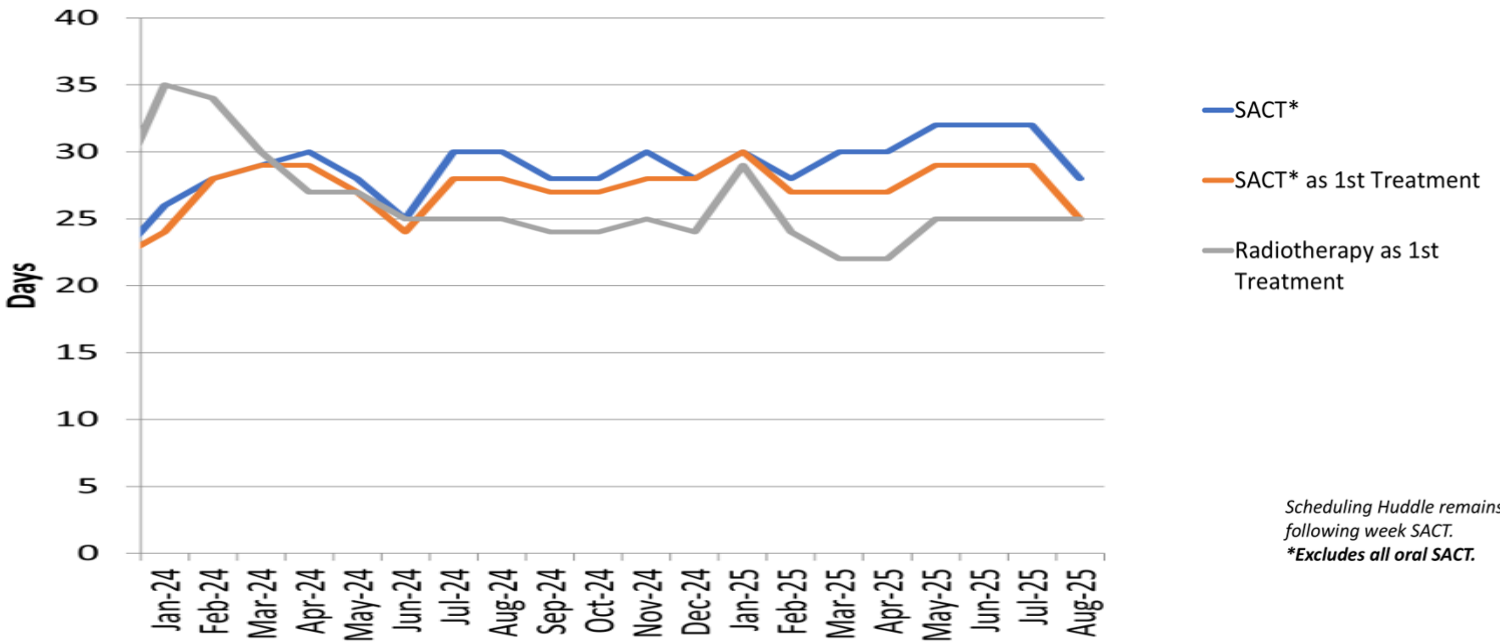
SACT Access and Benchmarking

Key Performance Indicators	Service Summary & Feedback	Service Risks
The average waiting times for SACT as 1st Treatment, Radiotherapy as First Treatment and ASCT patients overall (new and subsequent) will be no more than 28 days.	The Highland waiting times to Oncology treatment have reduced slightly in the last month. The pressures throughout the sites are significant, including the RGHs where the availability of specialist nursing staff is even more acute. Very little cancer treatment is delivered within Argyll & Bute. Treatment will be mostly delivered at NHS GGC locations (or in partnership) with NHS GGC locations. There is no radiotherapy delivered at Argyll & Bute sites. Some chemotherapy is delivered at LIH and oral and subcutaneous in Lochgilphead.	Small teams of specialist staff, an inability to recruit during times of short and long term absence.

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

Performance Rating	
Latest Performance	Average range = 25-28 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 (SACT): average waiting times by month



Scheduling Huddle remains in place to ensure capacity for following week SACT.
Excludes all oral SACT.

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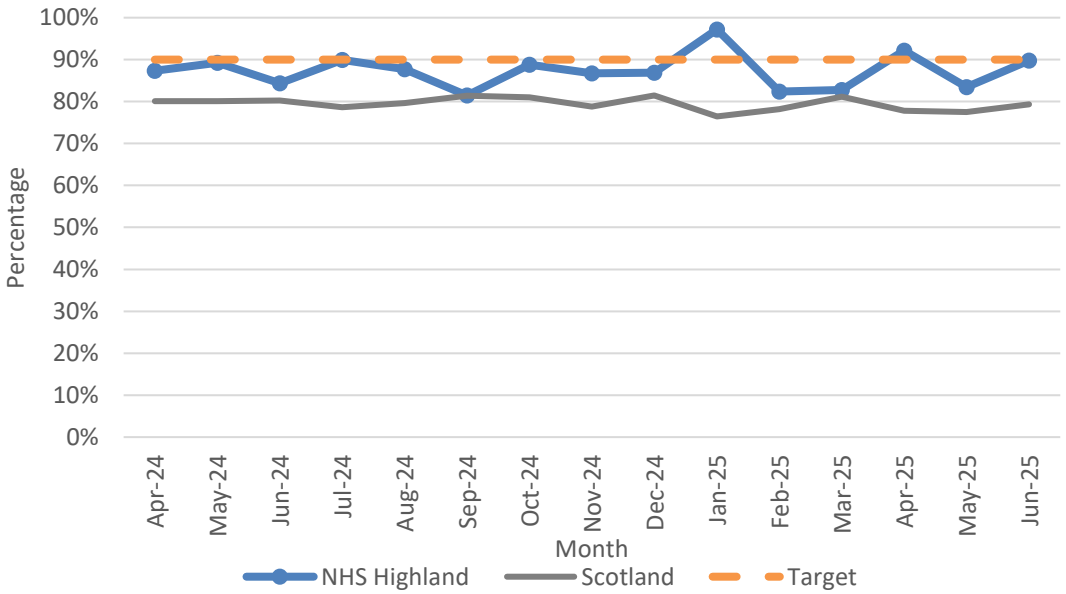
Psychological Therapies Waiting Times

Key Performance Indicators	Service Summary & Feedback	Service Risks
Ensure that at least 90% of patients referred to Psychological Therapy services are seen for their first appointment within 18 weeks of referral by March 2026. (pan-Highland)	Psychology Services still continues to make positive improvements in patient referral to treatment times. For the period March 2025 – June 2025, 87.3% of patients referred to the service received treatment within the national performance timescale of 18 weeks, compared to the national average of 78.9% for the same period. Whilst the national target is 90%, NHS Highland was 3rd highest in Scotland and 2nd highest of the mainland boards. Argyll and Bute have continued to work towards ensuring accurate data, wait well and appropriate trajectories. We have continued to utilise our dovetailed commissioned partner to assist in delivery. Our own Integrated Performance Framework indicator for Q1 highlights that the service has been able to reduce waits.	While development to improve quality within the department continues, several projects have now stalled due to our competing eHealth department priorities. This has prevented DCAQ and forecasting projects continuing, work on EPR for psychology, and has negatively impacted on CAPTND and aggregate reporting (e.g. sub-specialties and questionnaire). Argyll & Bute staffing levels do not offer a critical floor and we are currently impacted by vacancies and leave. The service is a mental health service only and therefore concern in relation to accessing wider pathways remains challenging.
Increase number of completed PT waits (pan-Highland)		

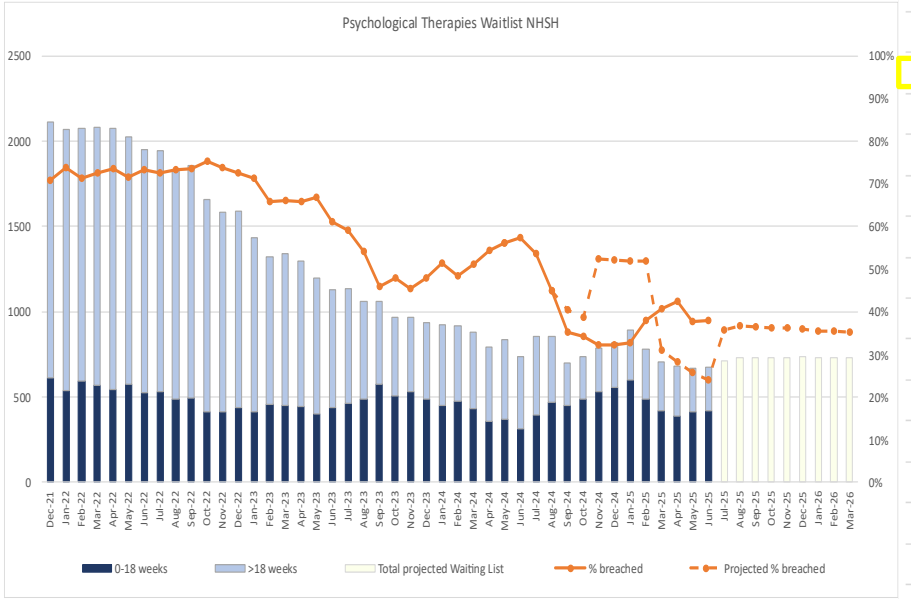
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	
Latest Performance	89.8%
National Benchmarking	79.3%
National Target	90%
National Target Achievement	Consistent improvements in targets and downward trajectory
Position	2nd out of 14 Boards

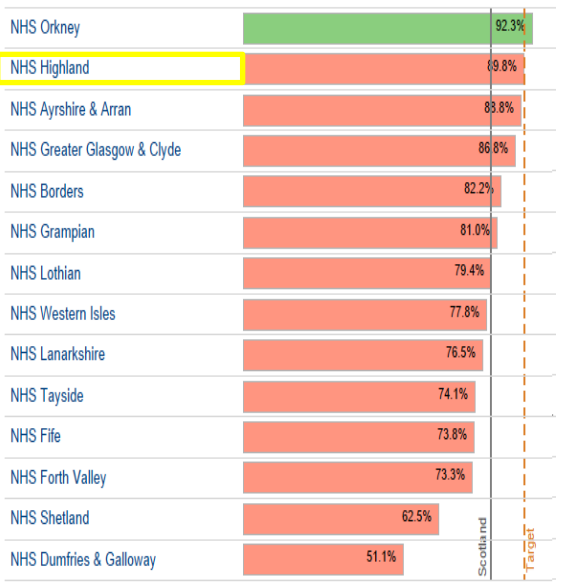
Patient seen < 18 weeks



Waiting List Size



Benchmarking with Other Boards



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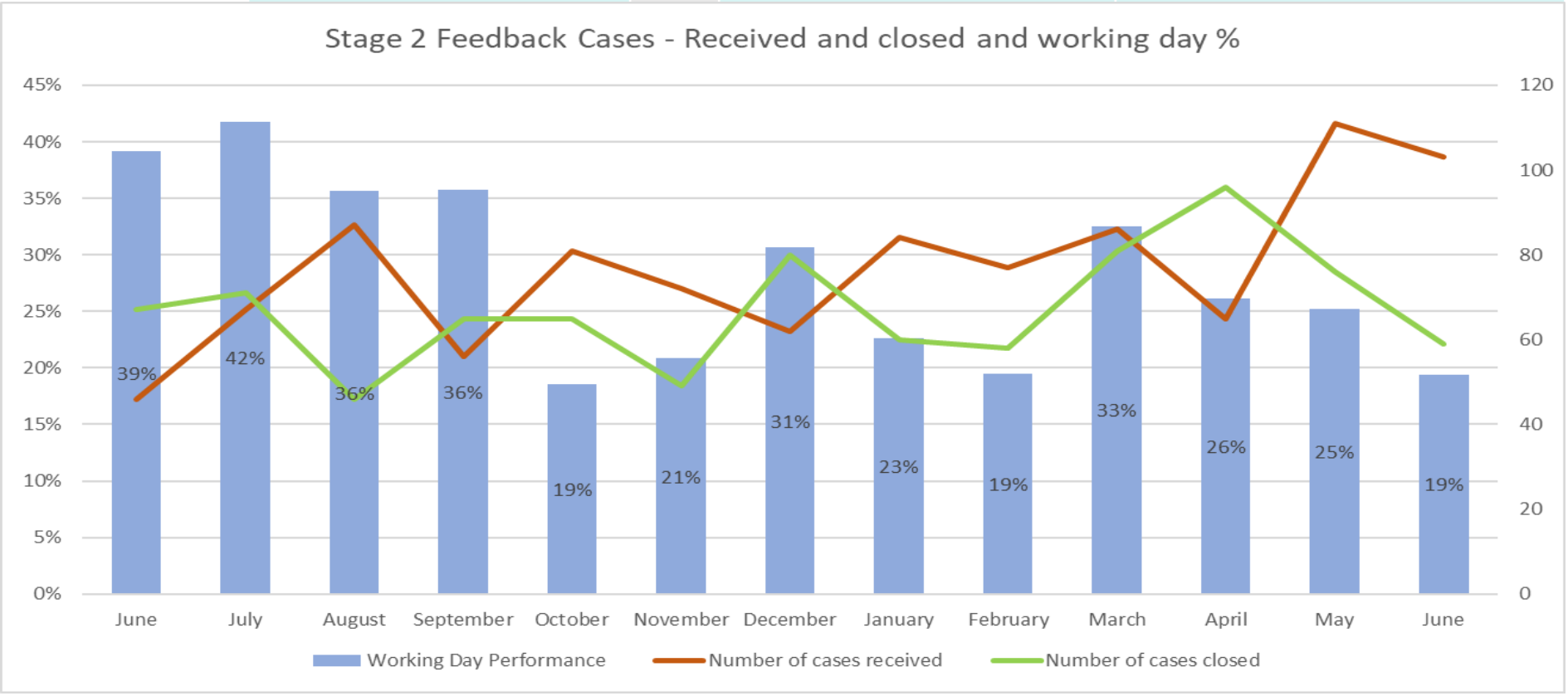
Stage 2 Complaint Activity (June 2024 – June 2025)

ADP Deliverables Progress as at End of Q1 2025/26	Insights to Current Performance	Plans and Mitigations
N/A	Continued poor performance against the 20 day working target with 50.1% increase in Stage 2 complaints receive in May/June 2025 compared to previous 11 months. The Services to receive most complaints over the past 2 months are: General Practice Services Orthopaedics Medical – Emergency Care	Reporting to EDG and escalation to Board Medical Director where required. Update at Partnership Development Day regarding review of complaint and further discussed at Clinical and Care Governance Meeting Case management in place within Feedback Team from May 2025. Meetings are being held with Acute to identify area for improvement

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	19%
National Benchmarking	None
National Target	60%
National Target Achievement	
Position	



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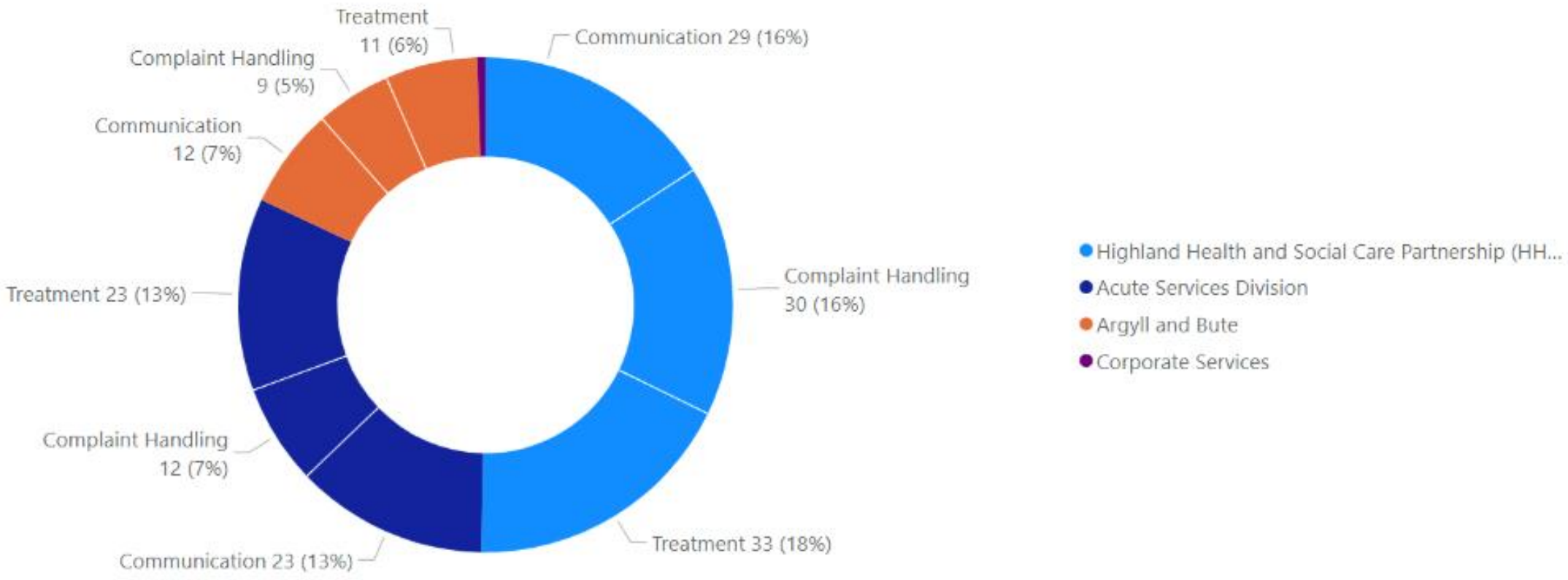
Stage 2 Complaint Issues (April 2025 – June 2025)

ADP Deliverables Progress as at End of Q1 2025/26	Insights to Current Performance	Plans and Mitigations
	Recording all overdue complaints through ISD coding as 'Complaint Handling'. All GP/Local Enhanced Services (diabetes) complaints recorded under 'communication' and 'treatment'.	

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	None
National Target	60%
National Target Achievement	
Position	

Top Issue Categories | Last 3 Months



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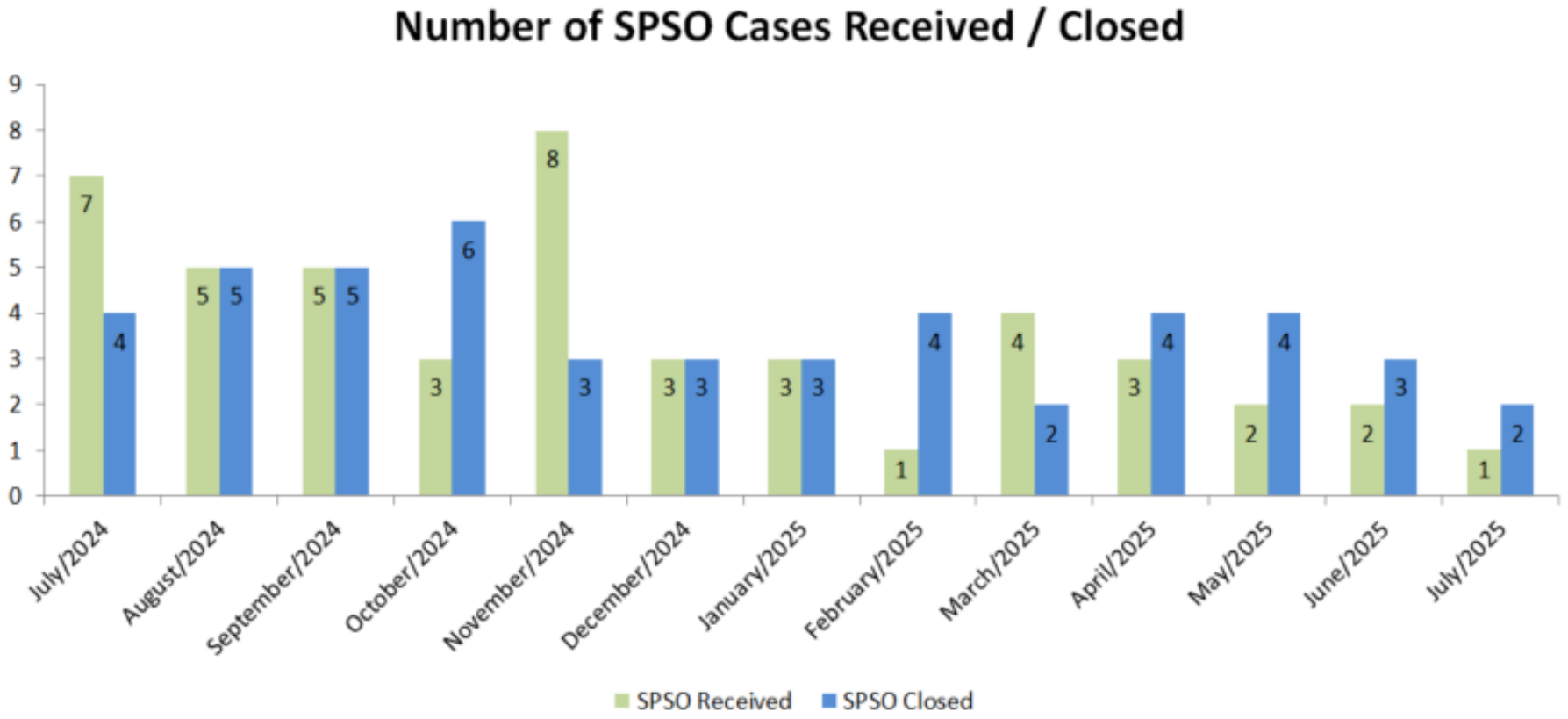
SPSO Activity (July 2024 – July 2025)

ADP Deliverables Progress as at End of Q1 2025/26	Insights to Current Performance	Plans and Mitigations
	SPSO activity has remained steady over the last few months. Observed that recent cases have required significant amount of information to be sent. Majority of cases have been not been taken forward.	SPSO cases continue to be monitored via the Quality and Patient Safety structure. A SPSO case features as the complaint case as part of the patient experience paper.

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



SPSO cases received last 3 months:
5 received:

- 2 Acute
- 1 A&B
- 2 HHSCP

These relate to Other - Adult Social Care - Care at Home, Medical – Gastroenterology, Mental Health Services - Community Mental Health, General Practice Services - General (salaried)

SPSO cases closed last 3 months:
9 SPSO enquiries closed.

- 7 x not taken forward / 2 x investigations
- 1 x Partially upheld, 1 x Not upheld

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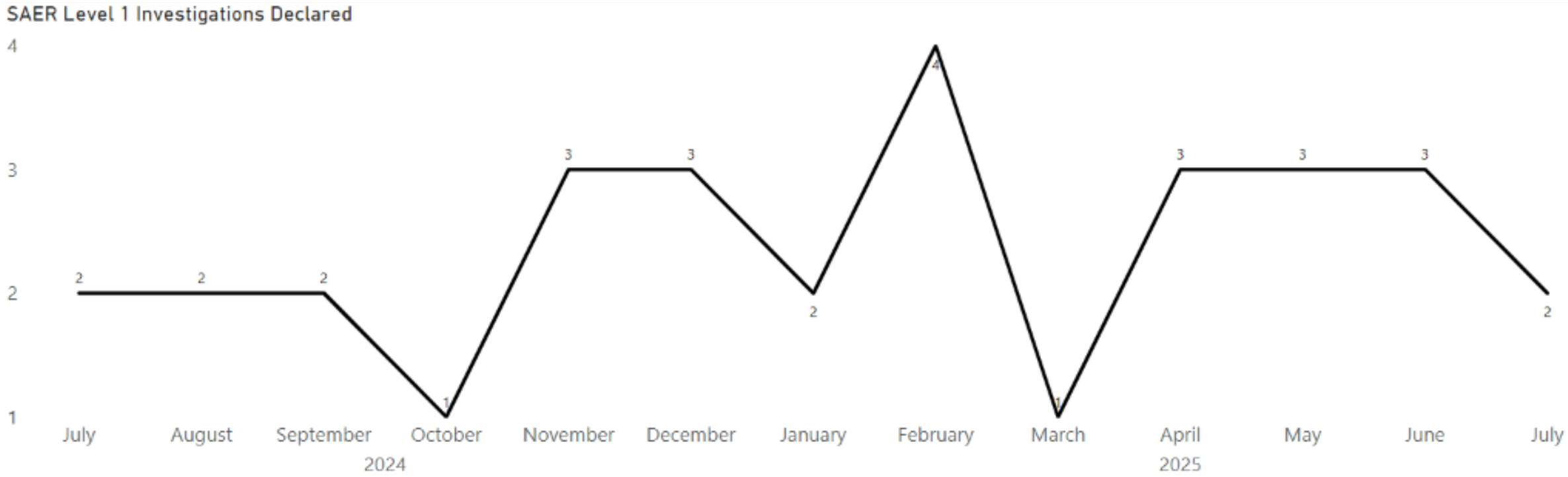
Level 1 SAERs Declared and Status Overview (July 2024 – July 2025)

ADP Deliverables Progress as at End of Q1 2025/26	Insights to Current Performance	Plans and Mitigations
	11 SAERs are over the 26 week target. 77 SAER actions are overdue.	All 11 cases have been reviewed. 4 were completed and ready for approval. Review progress is monitored through the Quality and Patient Safety Structure. The adverse event policy and procedures have been updated to reflect the national framework. This is out for consultation and meetings arranged with professional groups.

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

Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

26	10	31	0.19%
Open Level 1 (L1) Incidents	L1: Active more than 26 weeks	L1: SAER Declared Last 13 Months	Incident | SAER Conversion Last 13 Months



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Level 2a Declared and Status Overview (July 2024 – July 2025)

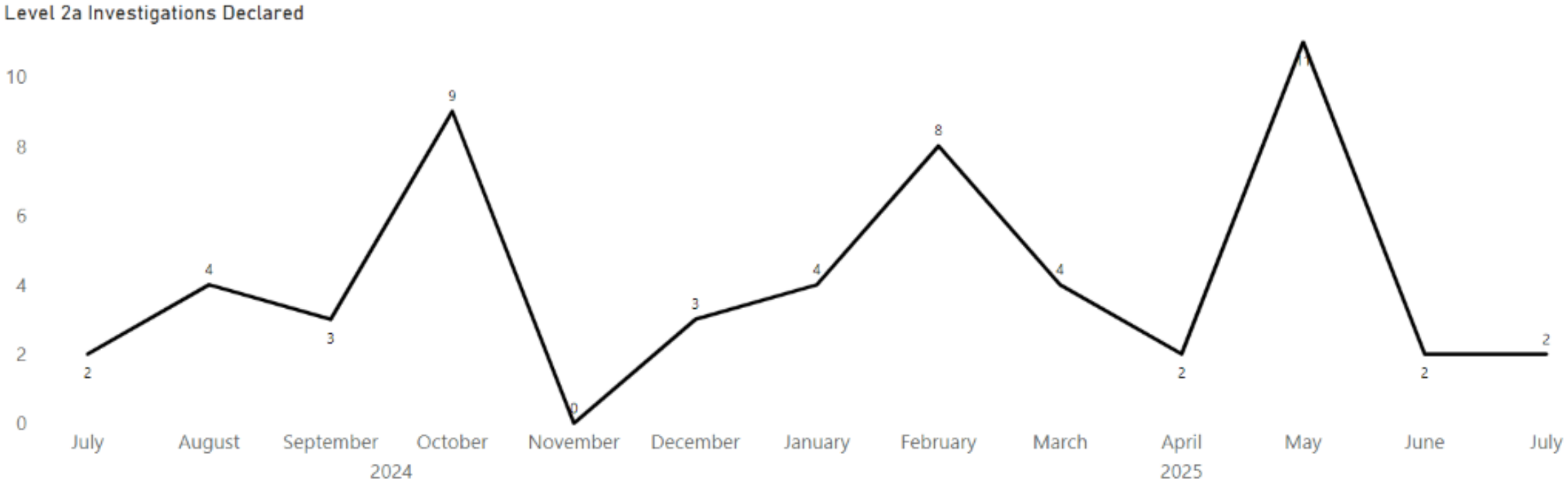
ADP Deliverables Progress as at End of Q1 2025/26	Insights to Current Performance	Plans and Mitigations
	20 Level 2a reviews are over the 12 week target. 28 actions are overdue.	All open reviews and open actions are reviewed by the Quality and Safety Groups. Overdue actions are being followed by the CGST.

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

Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

52
Open Level 2a (L2) Incidents

41
L2: Active more than 12 weeks



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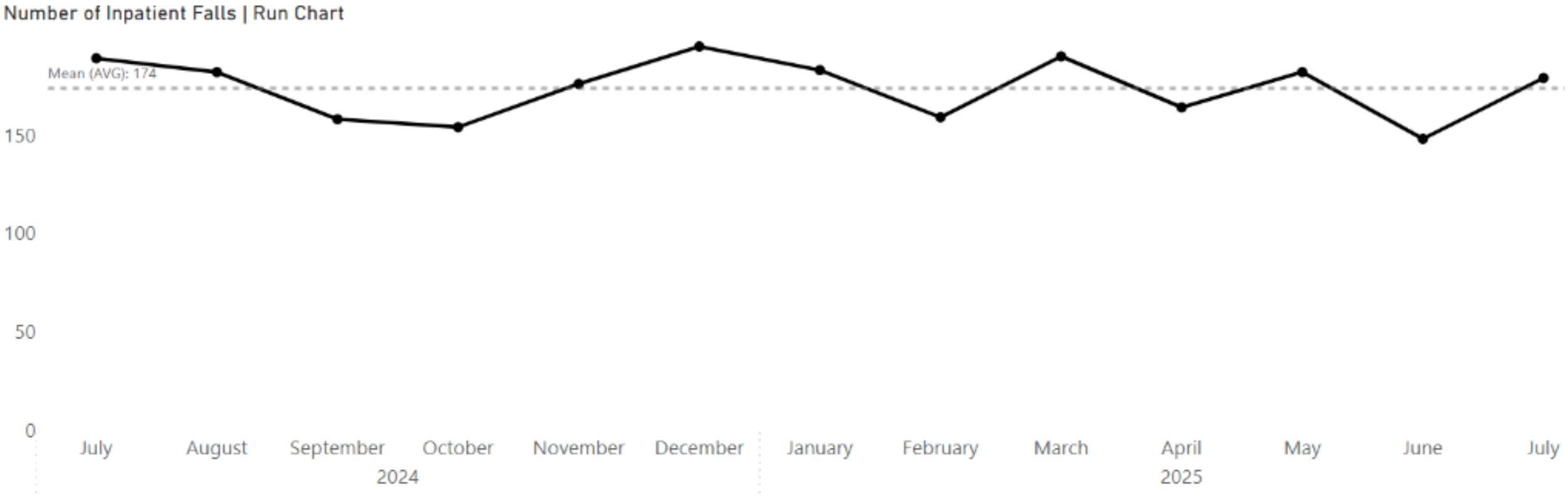
Hospital Inpatient Falls (July 2024 – July 2025)

ADP Deliverables Progress as at End of Q1 2025/26		Insights to Current Performance	Plans and Mitigations
		Inpatient falls remain static. A&B 20% reduction in falls over April, May and June	Work continues across the organisation to share learning – poster developed by A&B team to be distributed across NHSH Teams encouraging safe mobilisation for patients and families Completion of DCP and non adherence to policy main reason for RIDDOR reporting

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	20% reduction (falls) 30% reduction (falls with harm)
National Target Achievement	
Position	



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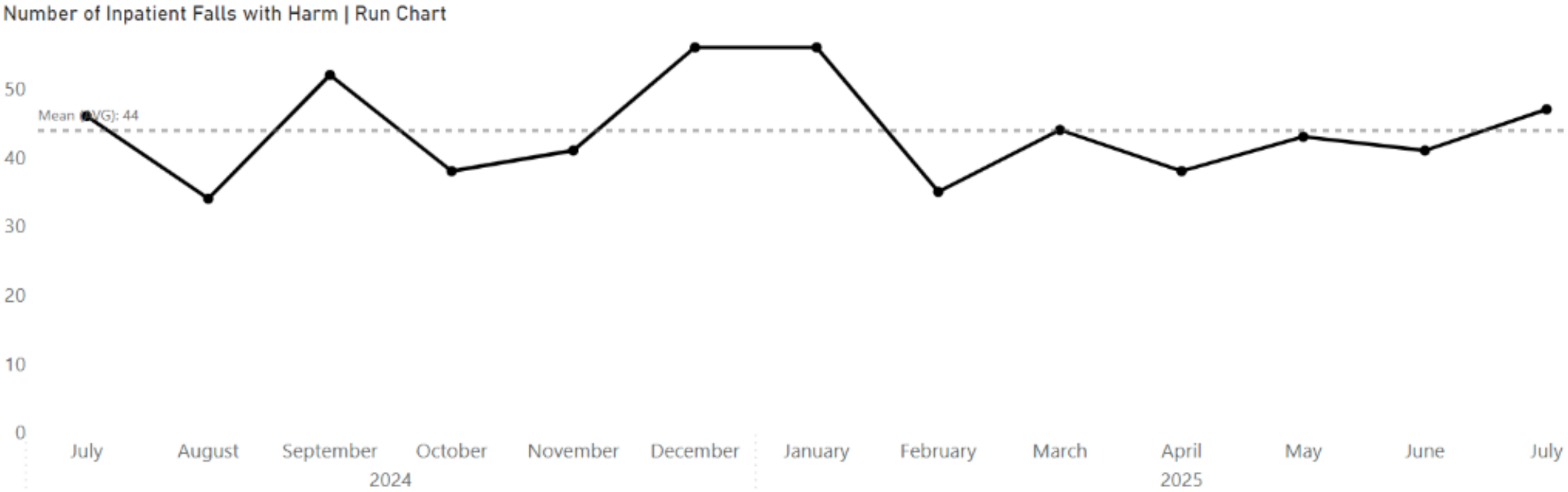
Hospital Inpatient Falls with Harm (July 2024 – July 2025)

ADP Deliverables Progress as at End of Q1 2025/26	Insights to Current Performance	Plans and Mitigations
	Reduction in falls with harm over the last 6 months although total falls remain static	Continue to share learning through monthly falls steering group Falls audit tool determining areas of focus for individual teams

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	20% reduction (falls) 30% reduction (falls with harm)
National Target Achievement	
Position	



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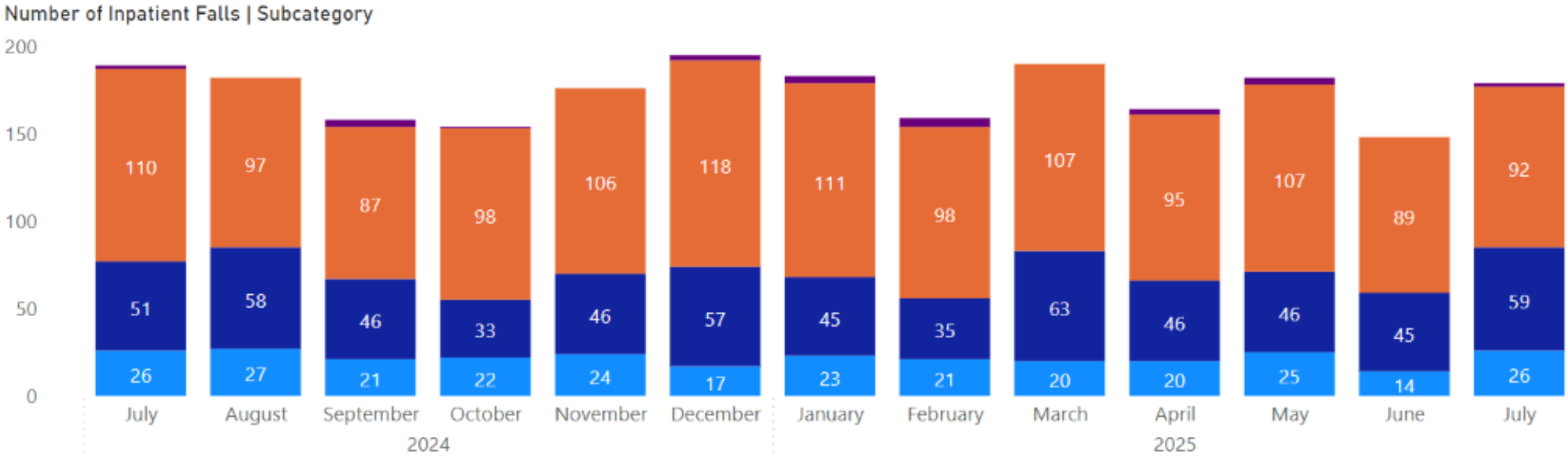
Hospital Inpatient Falls by Subcategory (July 2024 – July 2025)

ADP Deliverables Progress as at End of Q1 2025/26	Insights to Current Performance	Plans and Mitigations

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	20% reduction (falls) 30% reduction (falls with harm)
National Target Achievement	
Position	



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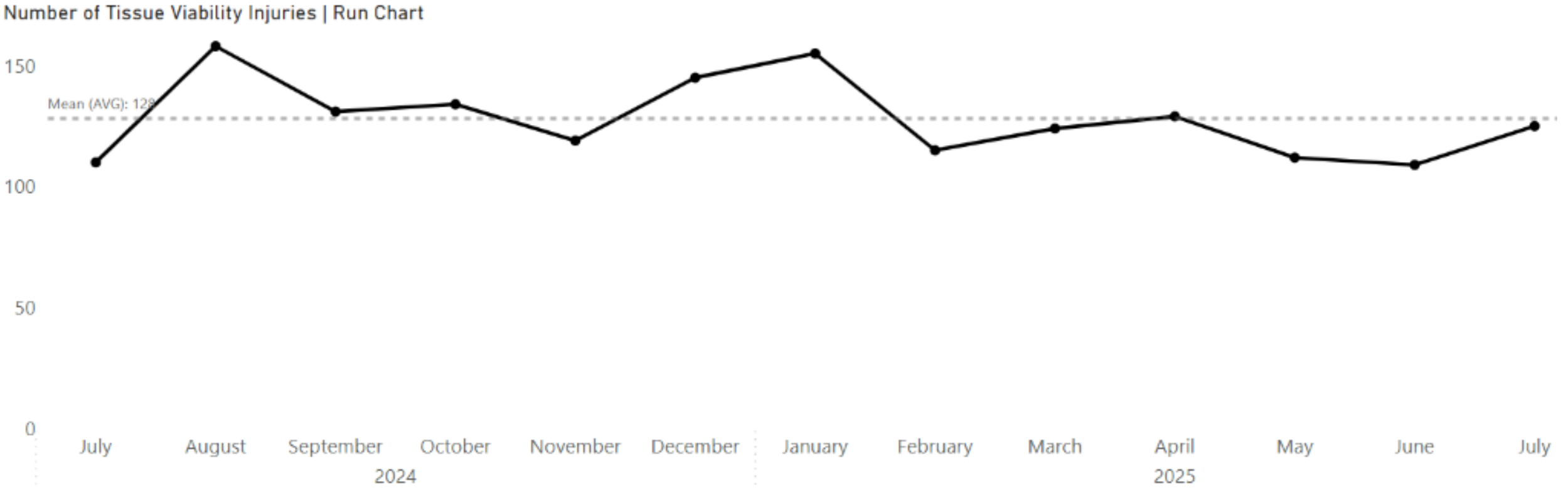
Tissue Viability Injuries (July 2024 – July 2025)

ADP Deliverables Progress as at End of Q1 2025/26		Insights to Current Performance	Plans and Mitigations
-Pressure Ulcer Policy under review via NATVNS – almost complete -Training and support for key at risk areas continue -Engagement with teams and equipment continues, acute and community -Audit of interventions to be agreed, on equipment knowledge for acute and community services, as well as grading Tissue Viability Link Practitioners contact updated for acute and community services		- Developed pressure ulcers continue below the median – to consider reducing the median to address common themes etc - More training needed on Grading Pressure Ulcers and a campaign to raise awareness of pressure ulcer grading is next target - Moisture Associated Skin Damage Tool updated to include bacterial and fungal infections and for review via NATVNS.	- -Continue to implement support for high risk areas - -CPR for Feet on Red Day Tool now and for TVLG - -CPR Feet documents updated and will be available on PECOS- old stock of Nursing Assx Packs to be used up first - Seek clarity from this group on moving forward with pressure ulcer benchmarking as HIS will not be doing this for a while - -Pressure Ulcer training ro be Essential/Mandatory for all clinical Nurses/AHPS and Support Workers
- SAS discussions ongoing			

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	HIS to confirm plans for future/ and how soon
National Target	20% reduction
National Target Achievement	Not available currently
Position	



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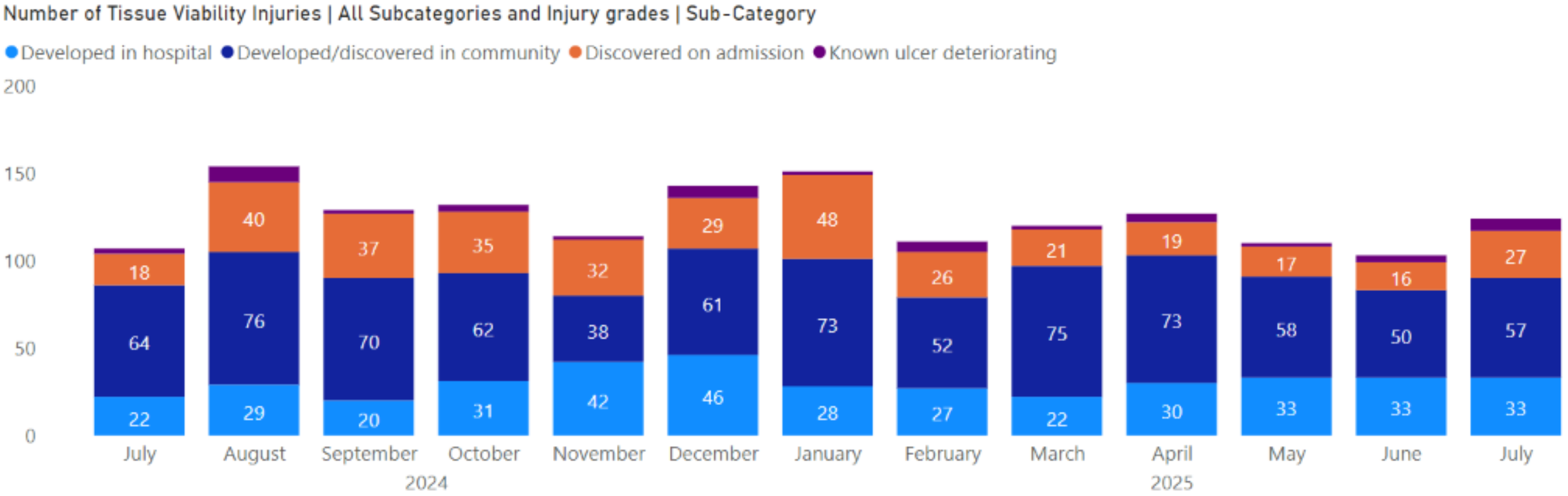
Tissue Viability Injuries by Subcategory (July 2024 – July 2025)

ADP Deliverables Progress as at End of Q1 2025/26		Insights to Current Performance	Plans and Mitigations
- At risk ward shows improvement with PUs, but now has increase in number of PUs to feet- ongoing support, and include roll out of CPR Feet		- Red Day Tool Updated and now includes CPR Feet question- for TVLG	- Await new guidelines for PU Policy - -Discuss with NATVNS how we can move forward with benchmarking our PU/lincontinence related Datix and who best to support

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	HIS to confirm plans for future/ and how soon
National Target	20% reduction
National Target Achievement	
Position	



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Tissue Viability Injuries | Subcategory by Injury Grade (July 2024 – July 2025)

ADP Deliverables Progress as at End of Q1 2025/26		Insights to Current Performance	Plans and Mitigations
- Need to focus on Grade 2 and Grade 1 prevention as these 2 categories still account for the highest incidents of developed PUs.		- TO discuss if Grade 1 can continue to be Datixed, as well as Grade 2- as there is discussion that Grade 1 should not be reported- but it should as it is the start of skin damage	There is a head to toe inspection video that will be used via NATVNS – I have asked TURAS to share and be made accessible to/including non NHS Highland care homes- https://youtu.be/zUs93xdBKxU -Equipment guide being updated as a step up/step down guide for all clinicians across acute and community- for TVLG

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	
National Benchmarking	HIS to confirm plans for future/ and how soon- ongoing
National Target	20% reduction
National Target Achievement	
Position	

Subcategory | Injury

Injury	Developed in hospital	Developed/discovered in community	Discovered on admission	Known ulcer deteriorating	**Total**
Mucosal Pressure Damage	18	1	13		**32**
Pressure Ulcer - combination lesions	5	9	0	0	**14**
Pressure Ulcer - deep tissue injury	27	83	15	5	**130**
Pressure Ulcer - ungradable	38	110	31	13	**192**
Pressure ulcer (grade not specified)	9	10	8	0	**27**
Pressure ulcer Grade 1	107	135	83	2	**327**
Pressure ulcer Grade 2	175	385	163	8	**731**
Pressure ulcer Grade 3	16	58	37	14	**125**
Pressure ulcer Grade 4	1	18	15	13	**47**
Ulcers	1	3	6	0	**10**
Total	**397**	**812**	**371**	**55**	**1635**

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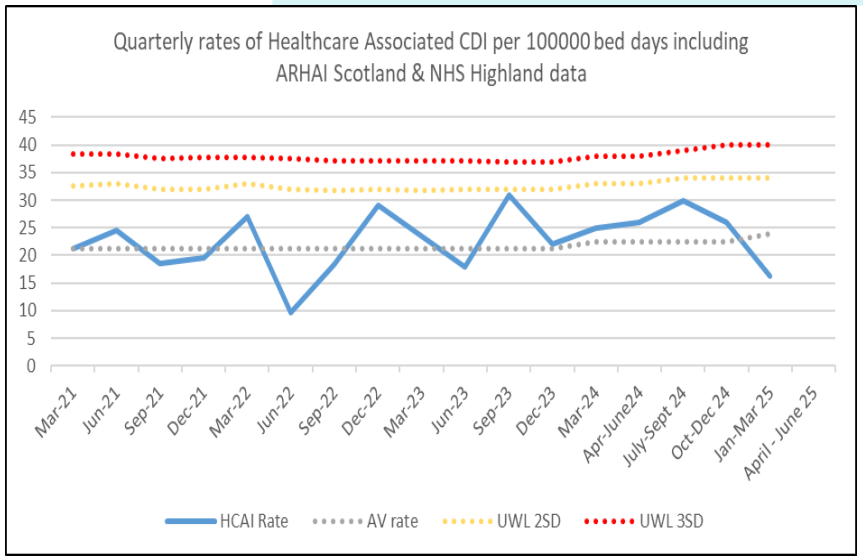
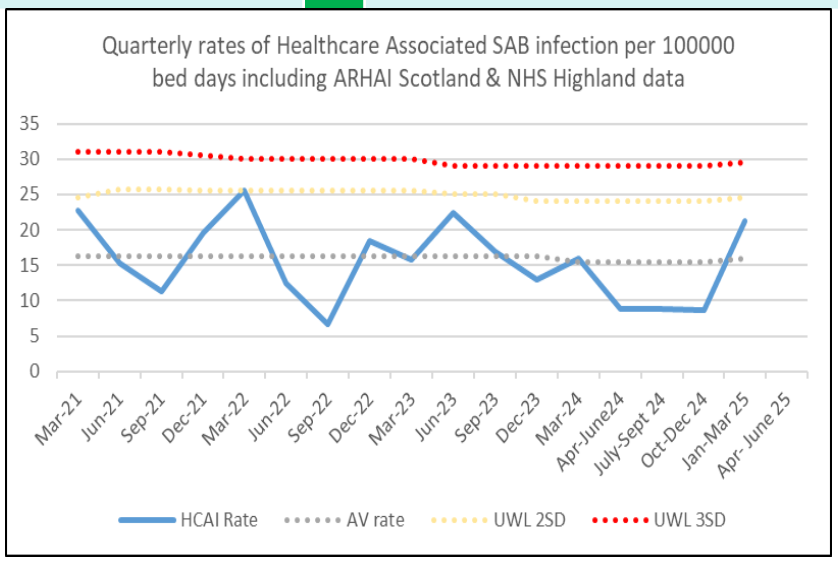
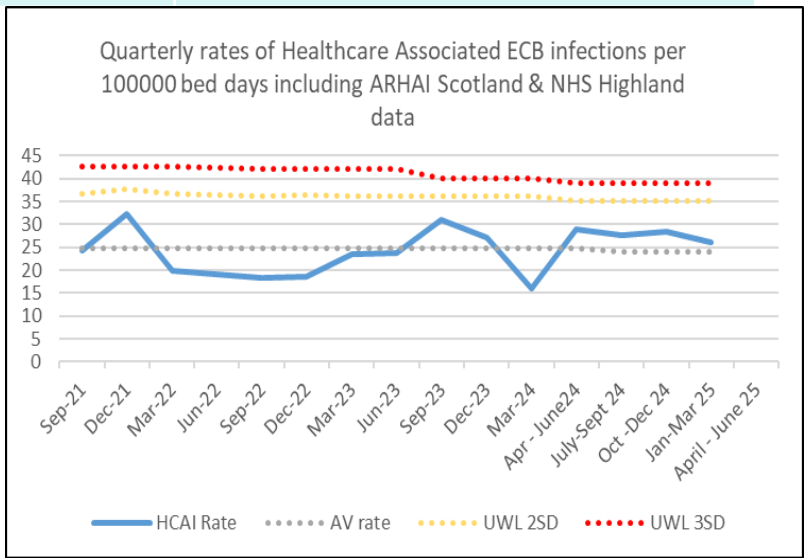
Infection Control - CDI, SAB and ECB Healthcare Associated Infection (HCAI) Reduction aims

ADP Deliverables: Validated position for 2024/25 and current position for 2025/26	Insights to Current Performance	Plans and Mitigations
Clostridioides difficile (CDI) Validated end of year Healthcare Associated infection (HCAI) rate of 24.6 (79 cases) against target of 15.6 (April24-March 25) reported. As predicted, target not met. 2025/2026 reduction aim is 75 HCAI cases. As of 30/06/2025 13 HCAI cases reported	The RAG rating is calculated on the predicted monthly numbers. A rise in SAB cases was seen in Jan-March 25, upon investigation no commonalities have been identified. ARHAI Scotland have been approached regarding complexity of cases and to understand if NHSH is an outlier. Awaiting response. Case numbers now reduced.	Continue to review individual cases for learning and any subsequent actions. Targeted work with antimicrobial prescribing continues, GP CDI pack updated. The use of faecal microbiota transplant therapy continues to be progressed as a treatment for chronic CDI. Continue to ensure adherence to national guidance for the management of infections.
Staphylococcus aureus bacteria (SAB) Validated end of year Healthcare Associated infection (HCAI) rate of 11.8 (38 cases) against target of 15.3 (April24-March 25) reported. This reduction aim has been met. 2025/26 reduction aim is 53 HCAI cases. As of 30/06/2025 19 HCAI cases reported		
Escherichia Coli (ECB) Validated end of year Healthcare Associated infection (HCAI) rate of 27.7 (89 cases) against target of 17.1 (April24-March 25) reported. As predicted target not met. 2025/2026 reduction aim is 75 HCAI cases. As of 30/06/2025 18 HCAI cases reported		

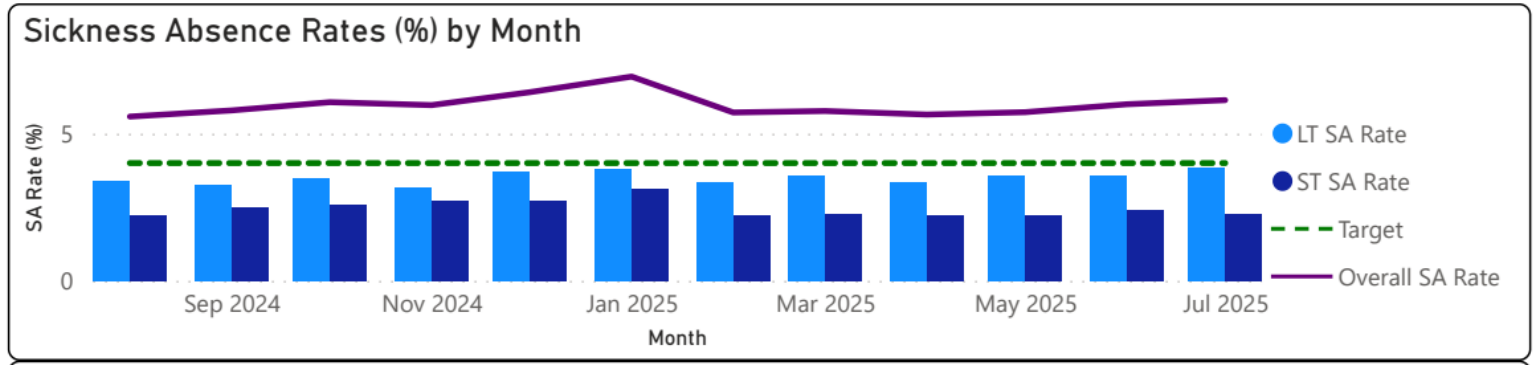


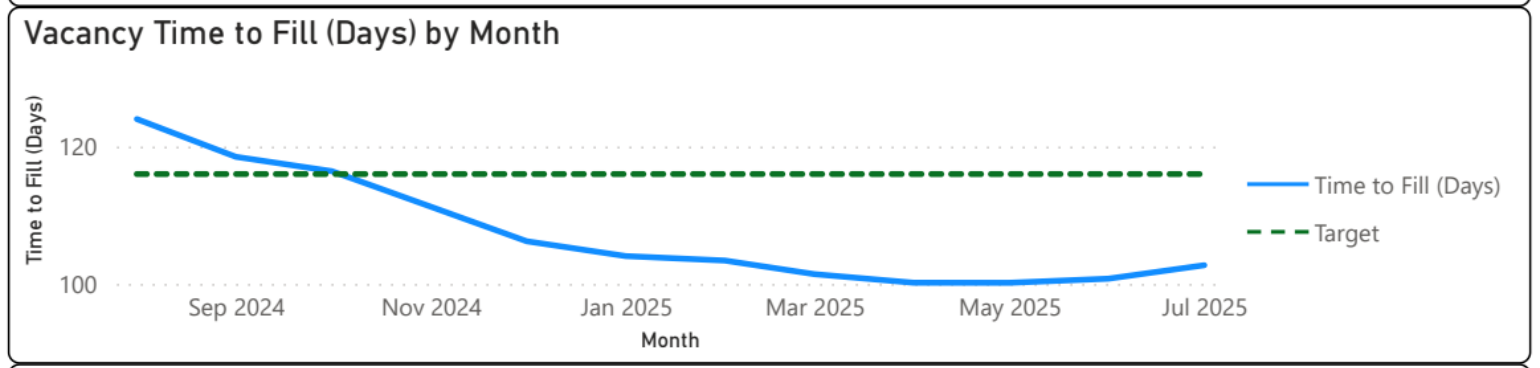


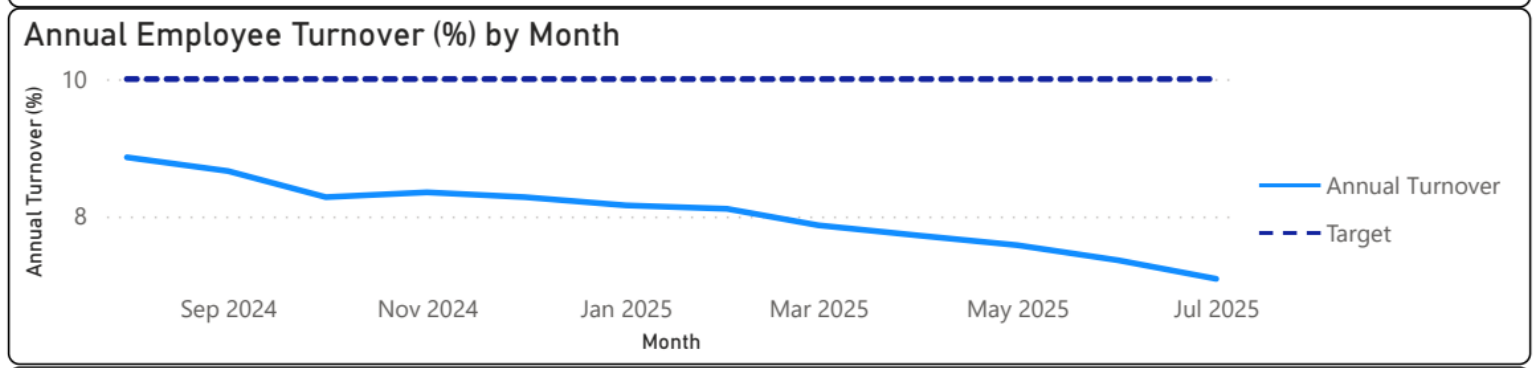


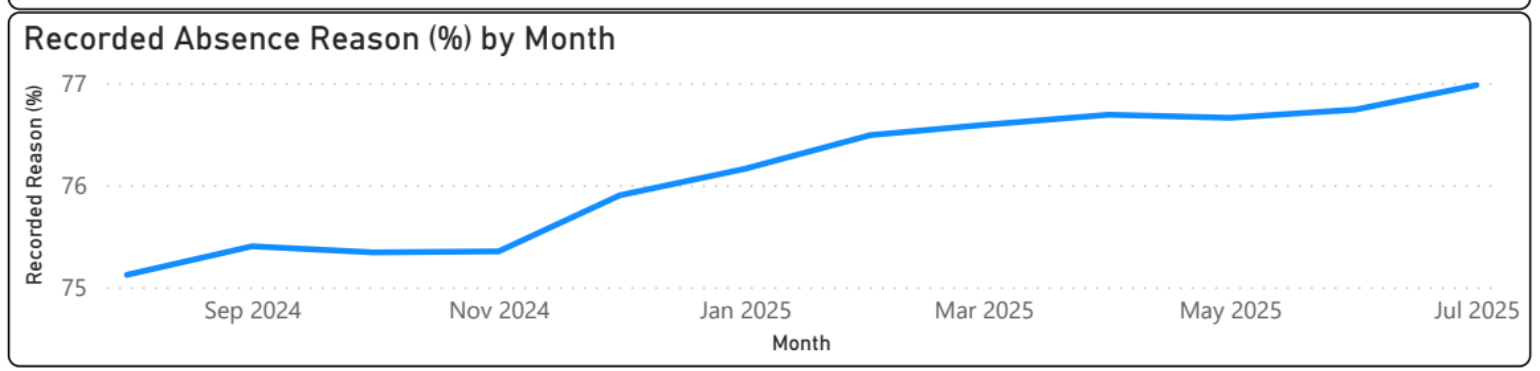
Organisational Metrics Jul 2025

Sickness Absence Rate (%)	6.14
Long Term SA Rate (%)	3.86
Short Term SA Rate (%)	2.27
Recorded Absence Reason (%)	76.98
Vacancy Time to Fill (Days)	102.72
Annual Employee Turnover (%)	7.09









Training Metrics Jul 2025

Bank eLearning Completion Rate (%)	Substantive eLearning Completion Rate (%)
48.5	78.6

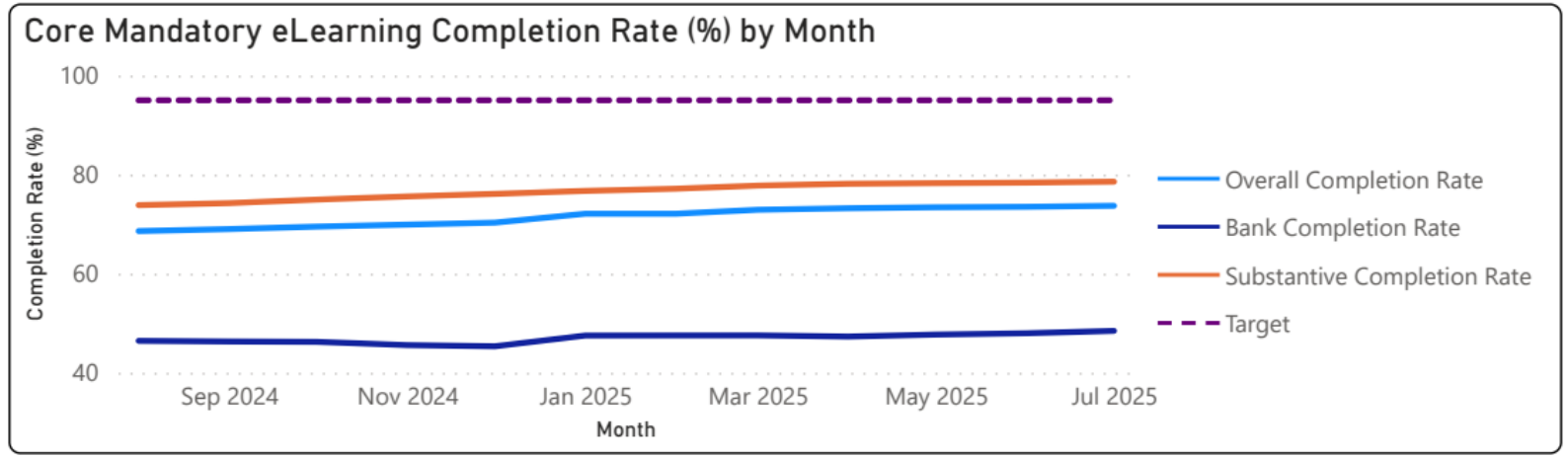
Overall eLearning Completion (%)
73.7

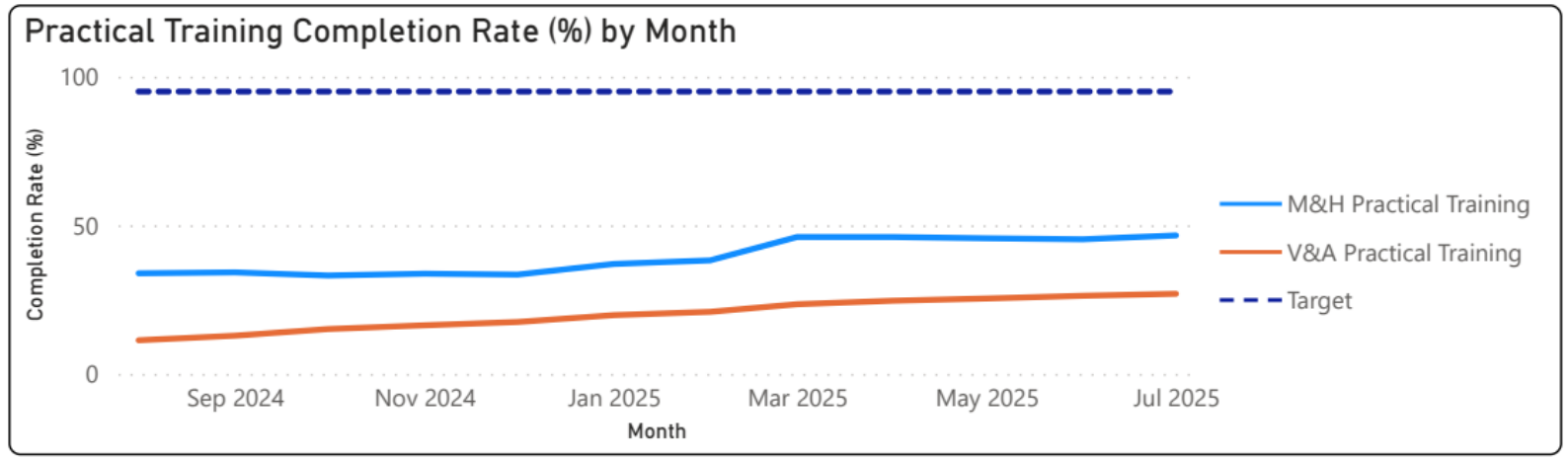
Note that from Jul 2024 V&A e-Learning module has been reintroduced to Mandatory Training compliance figures as a new course was launched in June for all Job Families. V&A Practical figures have dropped due to a new template report which is mirroring the new V&A training pathway requirements.

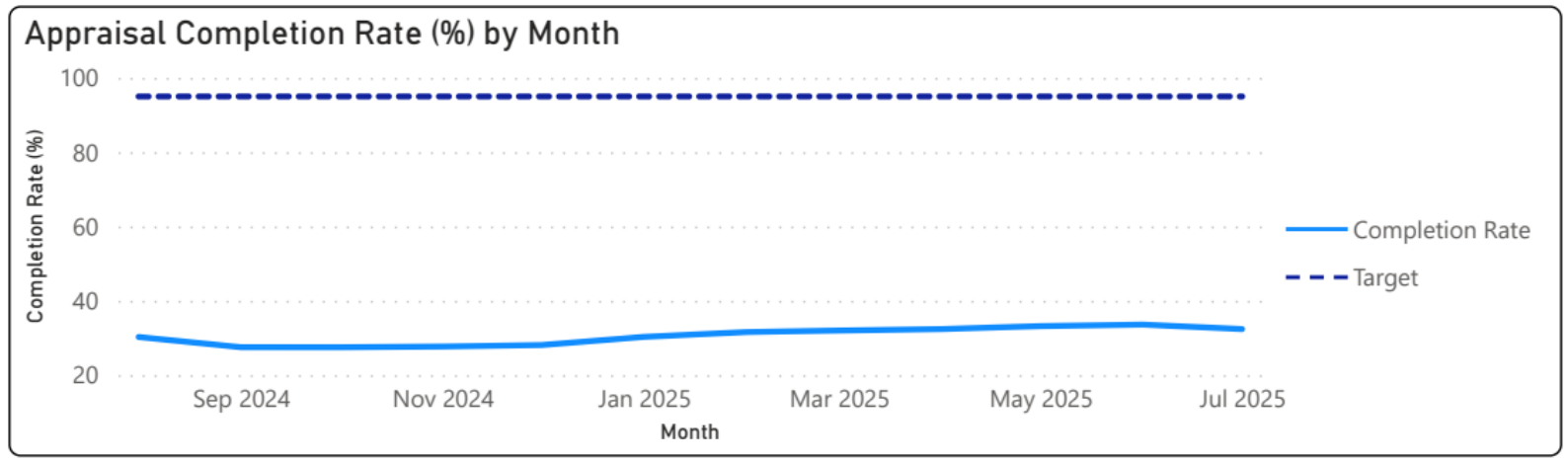
M&H Practical Training Completion Rate (%)	V&A Practical Training Completion Rate (%)
46.6	27.0

Appraisal Completion Rate (%)
32.4

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







- NHS Highland absence remains above the national 4% target and is now 6.14% for July 2025, the previous peak was 6.94% in January 2025. 24.6% of Long-term absences are related to anxiety/stress /depression/other psychiatric illnesses. Short term absences in Cold, Cough, Flu (21.6% of short-term absences) remain high as well as gastro-intestinal problems (16.6% of short-term absences).
- Absences with an unknown cause/not specified remaining high (accounting for around 23.02% 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. It has improved markedly since its peak of 128.9 days in July 2024 and is now 102.7 days. Work continues to improve on timescales.
- NHS Highland's annual turnover sits at 7.09% for July 2025.
- In July 2025 we continued to see high levels of leavers related to retirement (25.5%) and new NHS employment (23.6%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 14.5% of our leavers. Further encouragement is required to capture leaving reasons.
- An improvement plan for Appraisals is being progressed with refreshed awareness sessions for managers and staff. Compliance reports are distributed monthly to Senior Managers. 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
4	18 Weeks CAMHS Services Treatment	Monthly	August 2025
4	CAMHS Waitlist NHSH	Monthly	August 2025
5	1st New Appointment Only	Monthly	August 2025
5	NDAS Total Awaiting 1st App (incl unvetted)	Monthly	August 2025
5	New + Unvetted Patients Awaiting First Appointment by Wait Band	Monthly	August 2025
6	Screening Programme Uptake KPIs in NHS Highland	Annual	August 2025
6	Inequality in Screening Comparison of NHS Highland and Scotland	Annual	August 2025
7	Children's Vaccination Uptake	Quarterly	August 2025
8	Smoking Cessation	Quarterly	August 2025
9	NHS Highland-Alcohol brief interventions 2023/24 Q2	Quarterly	August 2025
9	Setting Contribution 2024/25	Quarterly	August 2025
10	Breastfeeding	Monthly	NEW
11	.Drug and Alcohol Recovery Performance Against Standard for Completed Waits	Quarterly	August 2025
11	% Ongoing Waits at Quarter End Waiting More than 3 Weeks (Breached Target)	Quarterly	August 2025
12	A&E – 4 Hour Target	Monthly	August 2025
12	Weekly ED Patients Waiting 12-Hour Plus	Monthly	August 2025
12	Weekly Ambulance Handover Results: Under 60 Minutes	Monthly	August 2025
13	Delayed Discharges at Monthly Census Point	Monthly	August 2025
13	Delayed Discharge – Location and Code	Monthly	August 2025

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

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

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