Together We Care
with you, for you

NHS Highland

Integrated Performance and Quality Report

July 2022

The purpose of the IPQR is to give an overview of the whole system performance and quality to the NHS Highland Board. The data within has previously been considered at the Staff Governance Committee, the Finance, Resources and Performance Committee or the Clinical and Care Governance Committee. The Argyll & Bute data has been considered at their Integration Joint Board therefore for information only.

Our Population Vaccinated for Covid 19

Principles by Tim Allison
Director of Public Health and Policy

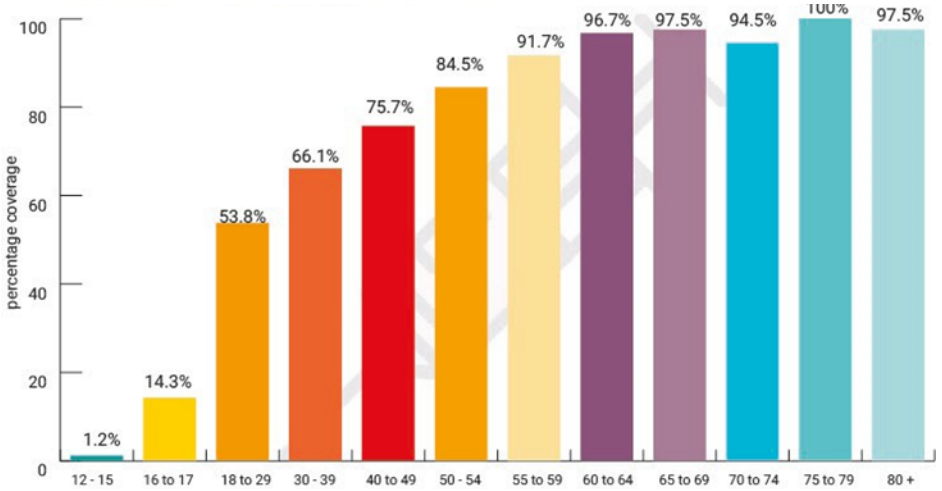
To ensure population health by maximising levels of vaccination uptake amongst eligible population groups (including hard to reach groups)

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

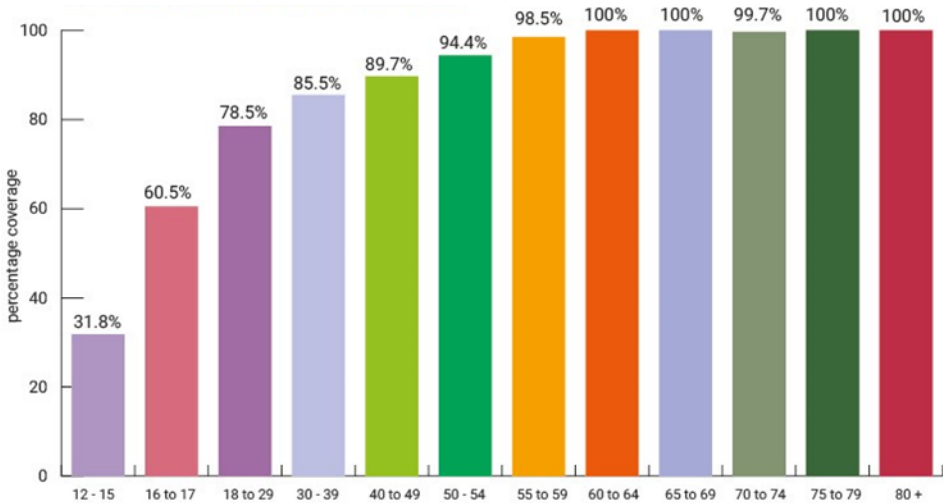
Using data driven insight and ideas to understand needs of our population, balancing the demands on the system for patient care and wellbeing and the need for sustainable clinical services in each locality.

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

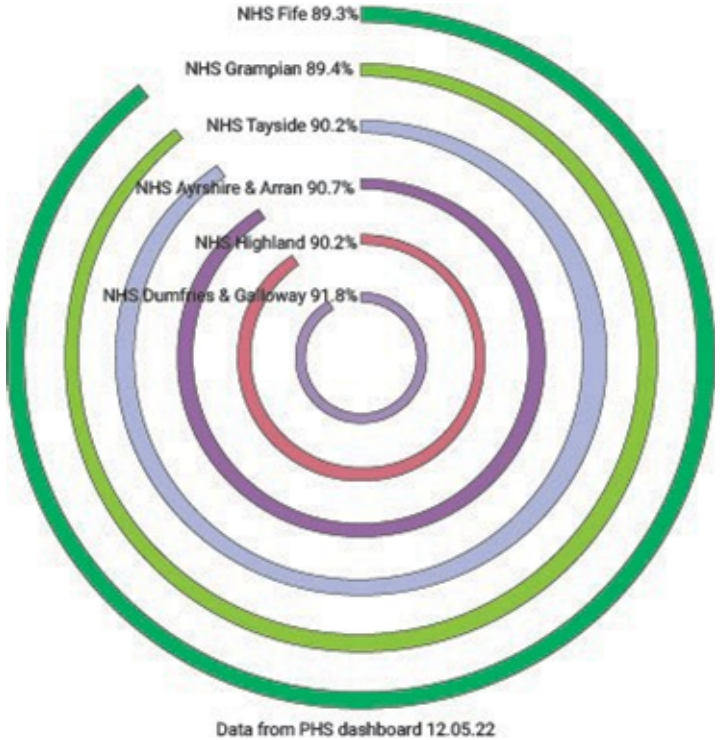
Percentage of population that have received a booster dose Covid 19 vaccine (3 doses in total)
Total percentage of coverage by age group, NHS Highland 12.05.22



Percentage of population that have received two doses of Covid 19 vaccine
Total percentage of coverage by age group, NHS Highland 12.05.22



No	Risk	Mitigation
1	Risk that spring booster campaign and catch-up 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	WorPlans are being developed with paper to Board meeting



Data from PHS dashboard 12.05.22

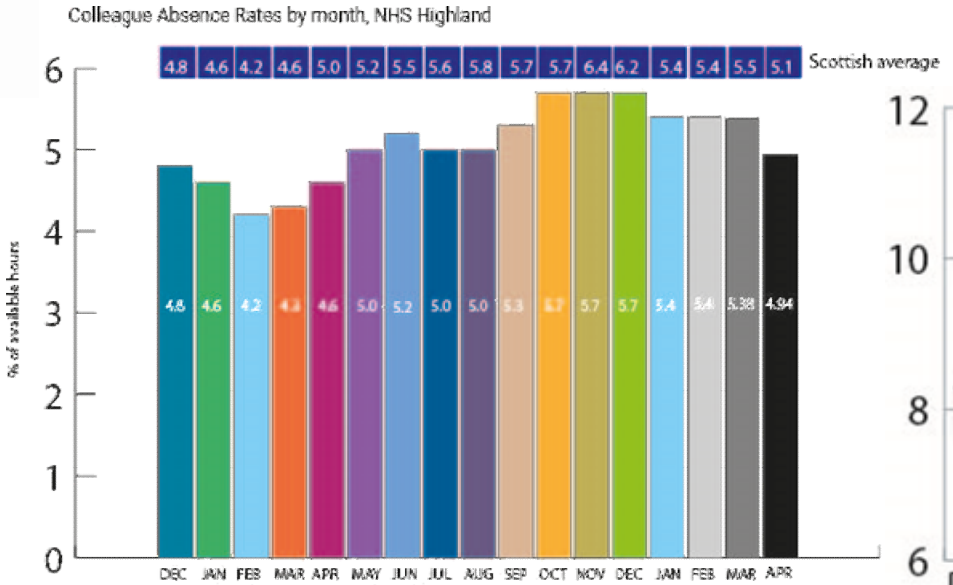
09.05.22

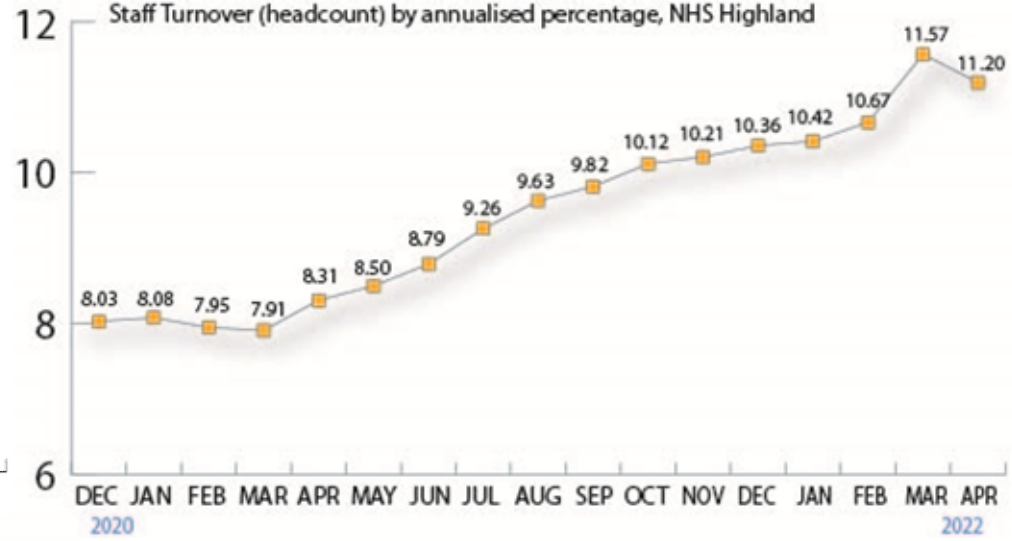
Our People - Absence, Turnover and Vacancies

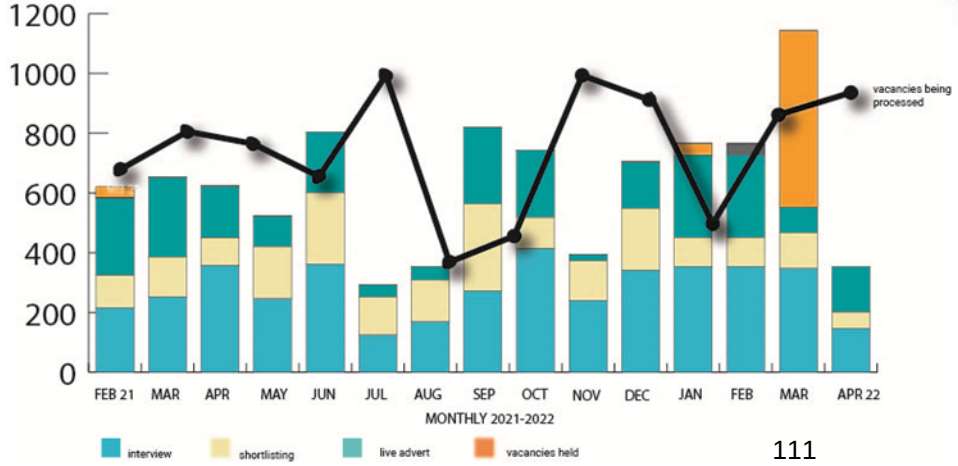
Context by Fiona Hogg
Director of People & Culture

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

Our Turnover has also decreased in April after having seen a large increase in March from previous months. We are 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. Our vacancies in April decreased however this is a dip in the trend as we have previously reported vacancies increasing as a result of leavers, newly funded posts and the building of the NTC. We continue to work on reviewing our resource within the recruitment team to ensure that we have the capacity to manage this effectively.

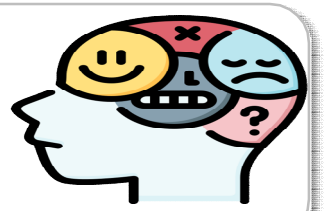






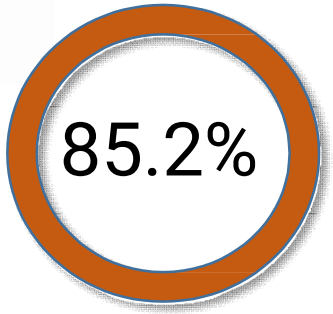
Figures may not be accurate for Nov 20 – Jan 21 due to transition from legacy system to Job Train
Figures after Jun 21 reflect on ongoing data cleansing process

90% of children and young people to commence treatment within 18 weeks of referral to CAMHS



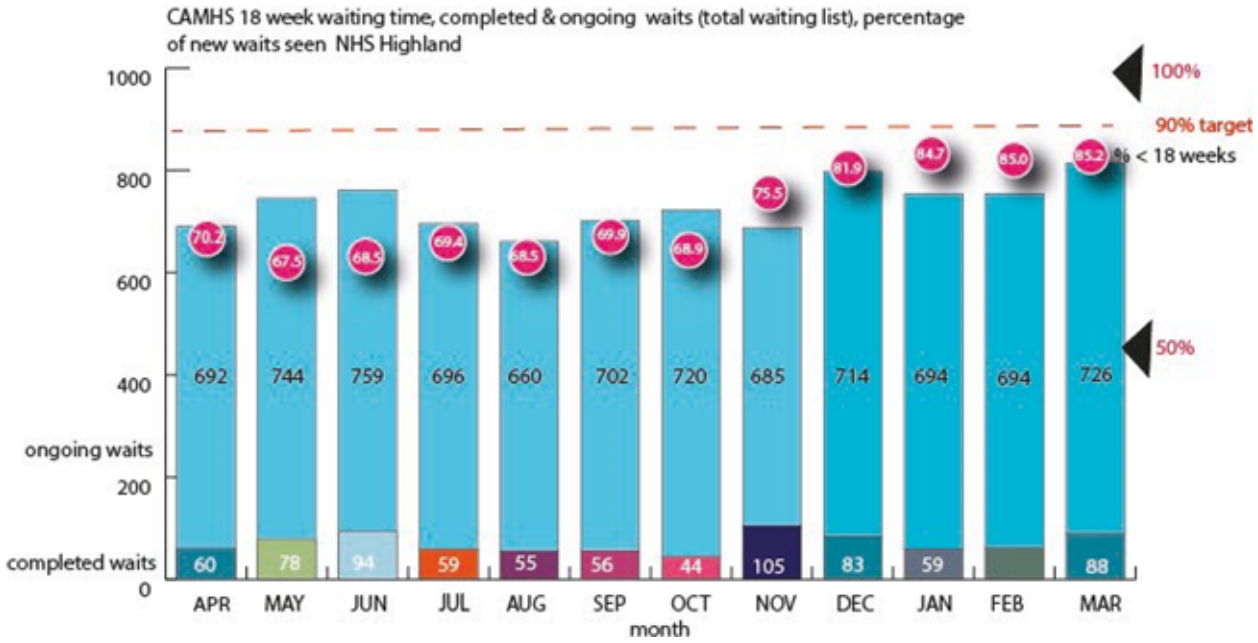
Context by Katherine Sutton

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 has been implemented with a Head of Operations for Women's and Children's Service recently appointed and a Clinical Director for CAMHs. 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. We continue to work closely with Scottish Government colleagues to implement the National CAMHs specification across Argyll and Bute and North Highland.



Current

	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.



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90% of patients to commence psychological therapy within 18 weeks of referral

88.3% Current

Source: NHS Scotland performance against LDP standards Q3 2021

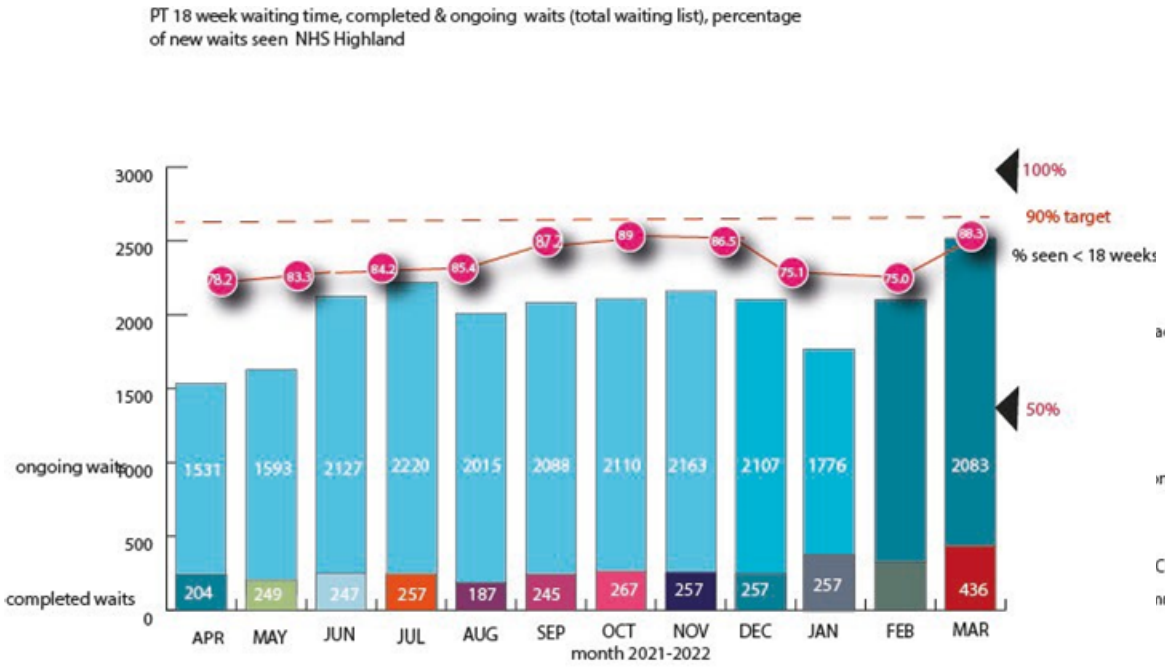
	Risk	Mitigation
1	Significant waiting list, patient experience	Improvement plans for A&B and N Highland approved with close collaboration with SG. Link with another NHS Board for peer support. New staff in post.
2	Recruitment & retention	Recruitment taken place, with more underway to new and existing roles. Exploring skill mix and MDT approaches.
3	Heavy focus on secondary care	Developing mental health services in Primary Care and consideration of the whole pathway including 3rd sector services and prevention.

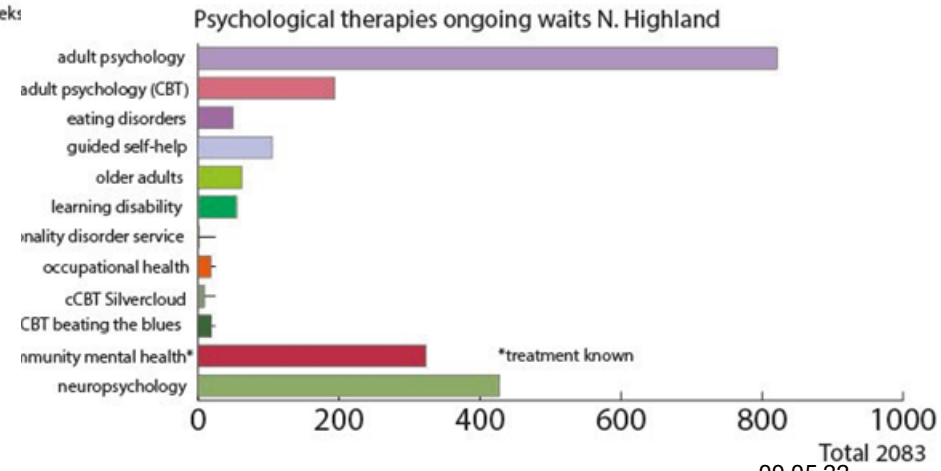
Context by Louise Bussell
Chief Officer, Community

The new Director of Psychology took up her post in February and having developed a new plan which has been supported by the Mental Health Programme board has been in ongoing dialogue with the Scottish Government in order to provide assurance of future direction.

The vast majority of the waits relate to adult services and primarily neurology waiting list. The new neurology psychologists are now in post and are actively working through the waiting list which is a real positive although after such a significant gap previously this work will be ongoing for some time.

We are also establishing a new primary care mental health worker team across Highland with the aim of providing early intervention, a key development in the overall pathway.

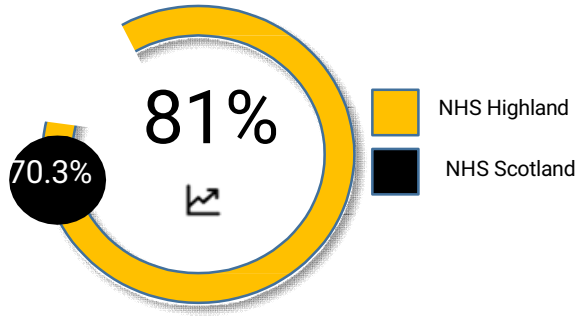




95% of our population to wait no longer than 4 hours in our Emergency Departments

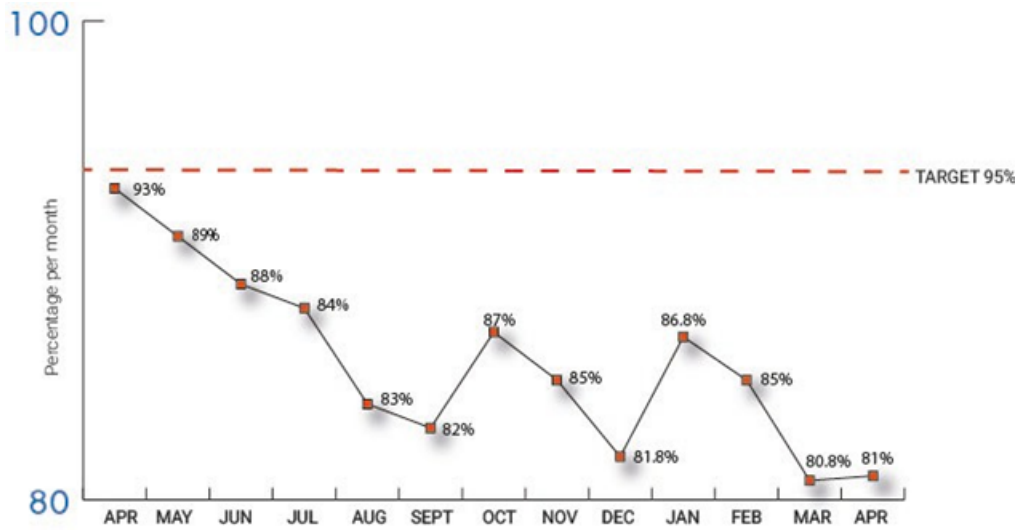
Overview by Katherine Sutton
Chief Officer Acute

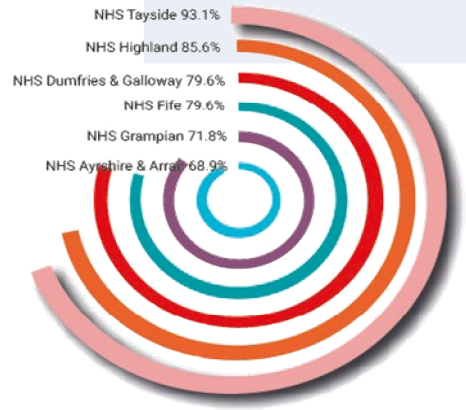
NHS Highland ED performance continues to be several percentage points above the Scottish average and work is ongoing across all acute hospital sites to return to expected ED access standards. Performance has failed to return to pre-pandemic levels and within Raigmore ED, performance is significantly impacted due to system wide pressures. The main reason for breach continues to be the wait for medical beds. Ambulance waits have been significant at times across a number of locations whilst awaiting access to hospital services. Work is ongoing through the recently launched Unscheduled Care Collaborative and working very closely with clinical teams on the front line to consider local interventions as well as broader more transformational redesign of urgent and emergency patient pathways and services which will help reshape resources to better meet the urgent and emergency access needs of the local Highland population.



Measure 08.05.22	NHSH	NHSS
4 hour wait to treatment	81.0	70.3
ED conversion rate	21.8%	22%
Emergency (EDIS) att.	1879	N/A
Total ED attendances	1879	24,672

Risk	Mitigation
Available medical inpatient capacity	Raigmore Hospital has increased medical inpatient capacity. Work continues on improvements to develop more efficient patient pathways in the inpatient setting
Availability of transport	Holding capacity being explored outwith E.Ds. at RGHs and alternative transport options being explored.
Workforce capacity	ED business case funded and implemented with recruitment complete.
ED reaching capacity and access block	ED and Hospital escalation plans in place.
Patient harm due to pressured system	All clinical concerns and risks highlighted through the Datix, escalation arrangements and Quality and Patient Safety, Clinical Governance arrangements.

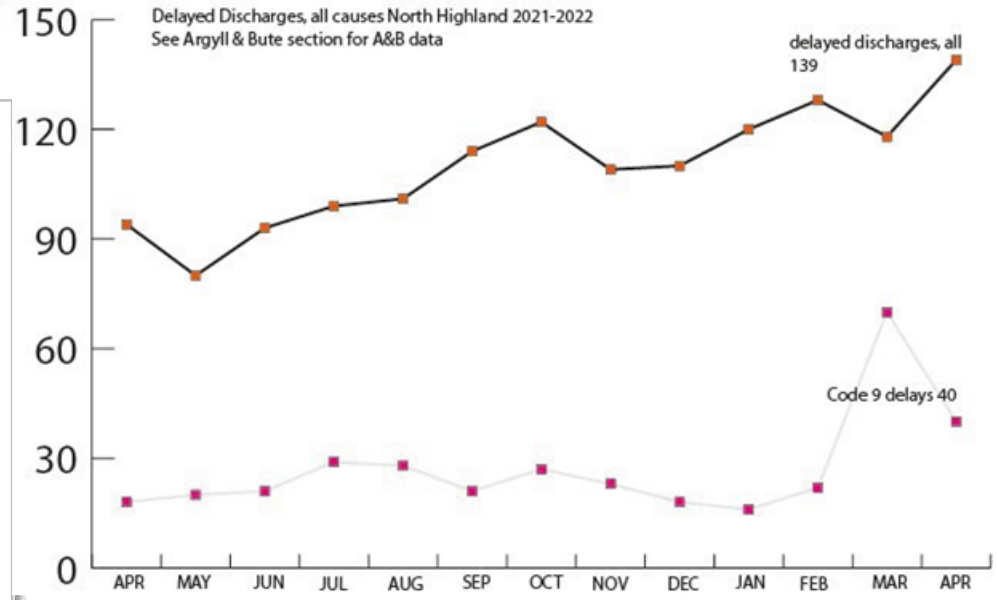




Delayed Discharges

Context by Louise Bussell
Chief Officer, Community

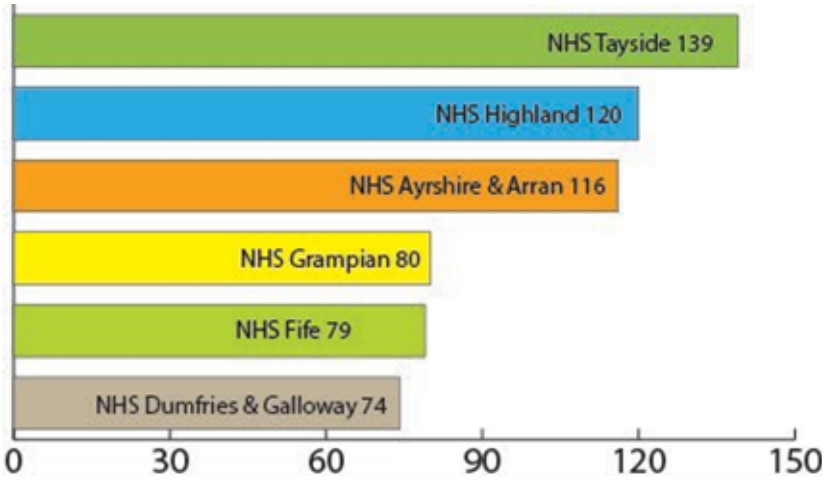
Delayed discharges are an ongoing challenge for north Highland in particular. The impact of Covid has been a significant issue for NHS and partners with the care home and care at home sectors increasingly impacted. We have strengthened the acute and community clinical and operational leadership responsibilities for unscheduled care as a whole with a clear plan established to take forward significant service change. Their work is linking closely to national requirements with work such as our respiratory pathway being seen as a positive direction to learn from. The new ASC Programme Board and programme lead will have a specific focus on planning for the future for these key services in line with the wider work set out within our annual delivery plan.



There was a noted spike in Code 9 delayed discharges in March 2022 due to numerous Covid 19 outbreaks closing Hospital wards and Care Homes

	Risk	Mitigation
1	Long standing issue, achieving sustainable change	Focussed plan and workstreams, greater understanding, whole system redesign and focus
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, social care staff in place and dedicated flow staff in the community. Capacity planning and flexible recruitment using CRT, new pathways, community pull
3	Patient experience, impact	Lead in place and workstreams

PHS monthly update March 2022



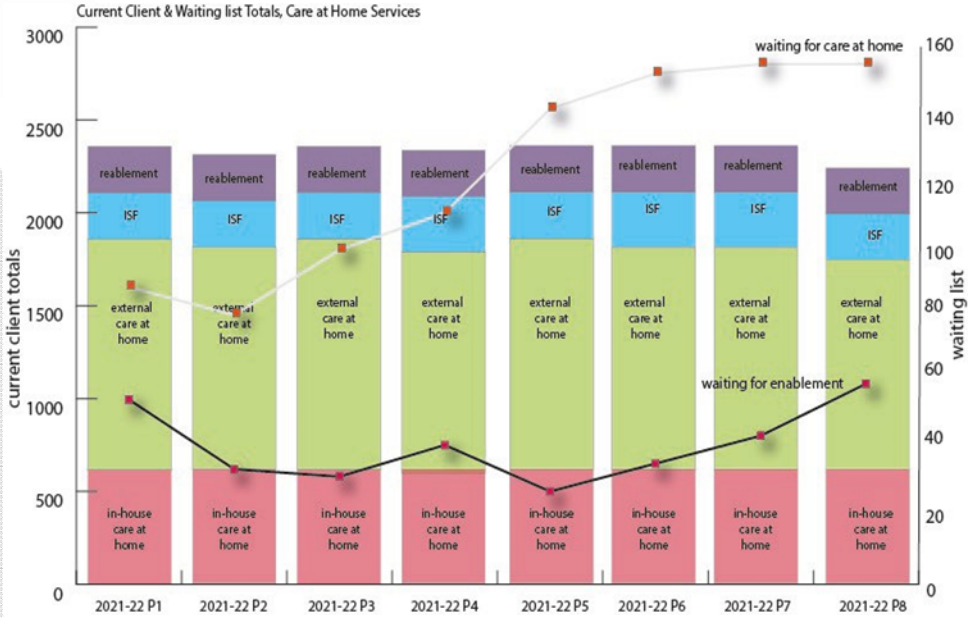
*Excludes A&B patients in GG&CHB

Adult Social Care

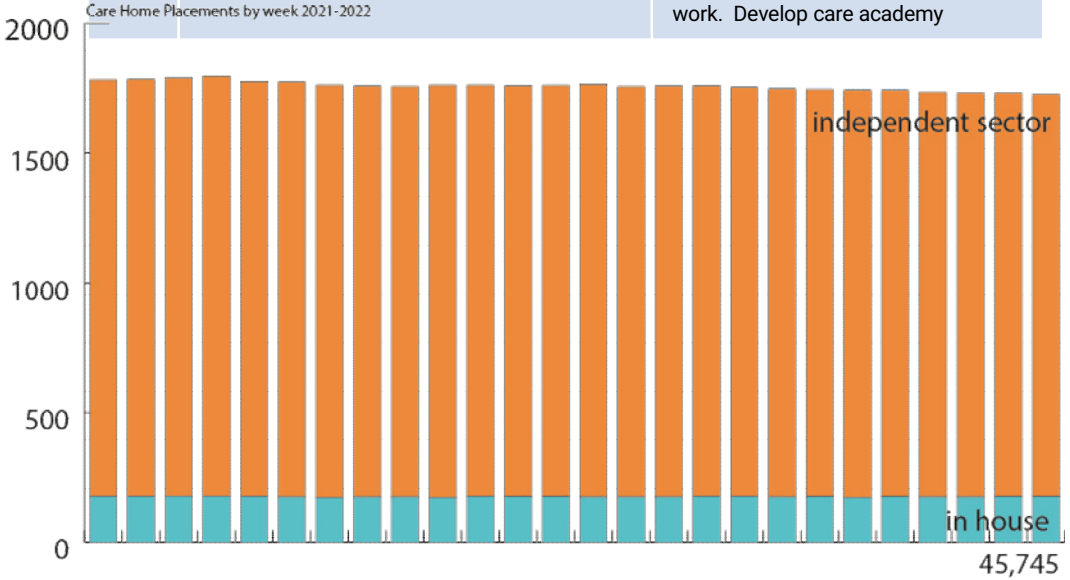
Context by Louise Bussell
Chief Officer, Community

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.



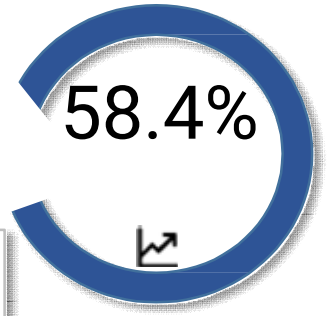
	Risk	Mitigation
1	Ongoing Covid pandemic and impact of the pandemic on sustainability	Proactive support for Sector/ contingency and capacity planning. Work with SG and CI colleagues. New ways of working
2	Capacity across all areas	New approaches including development of head of programmes (ASC) to take forward service redesign, 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. Develop care academy



Our population will wait no longer than 12 weeks for inpatient or day case treatment (TTG)

Overview 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.



Current

Scottish Average: 51%

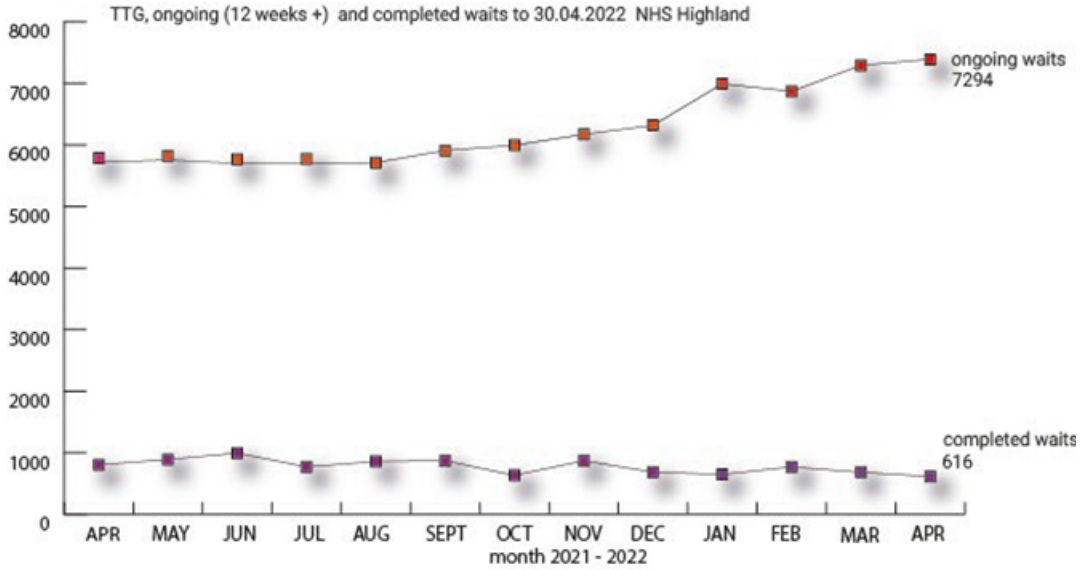
Board level KPI dashboard 02.05.22

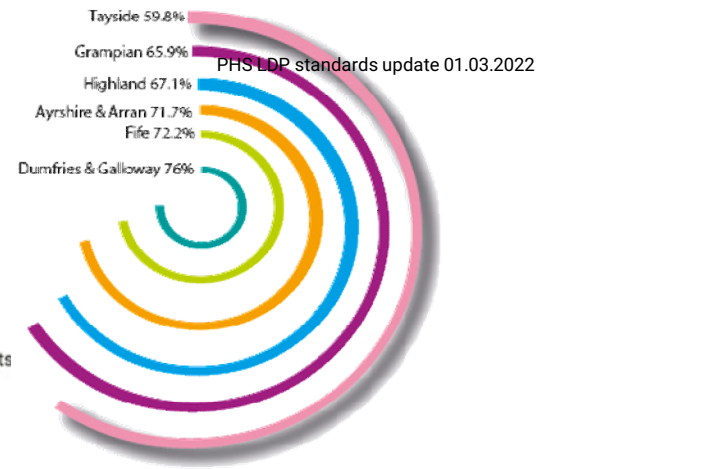
70	Apr 2021
65	May
66	Jun
63	Jul
66	Aug
67	Sep
62	Oct
59	Nov
67	Dec
68	Jan
65	Jan

P2 seen within 4 weeks: 57.35%

Risks & Mitigations

	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

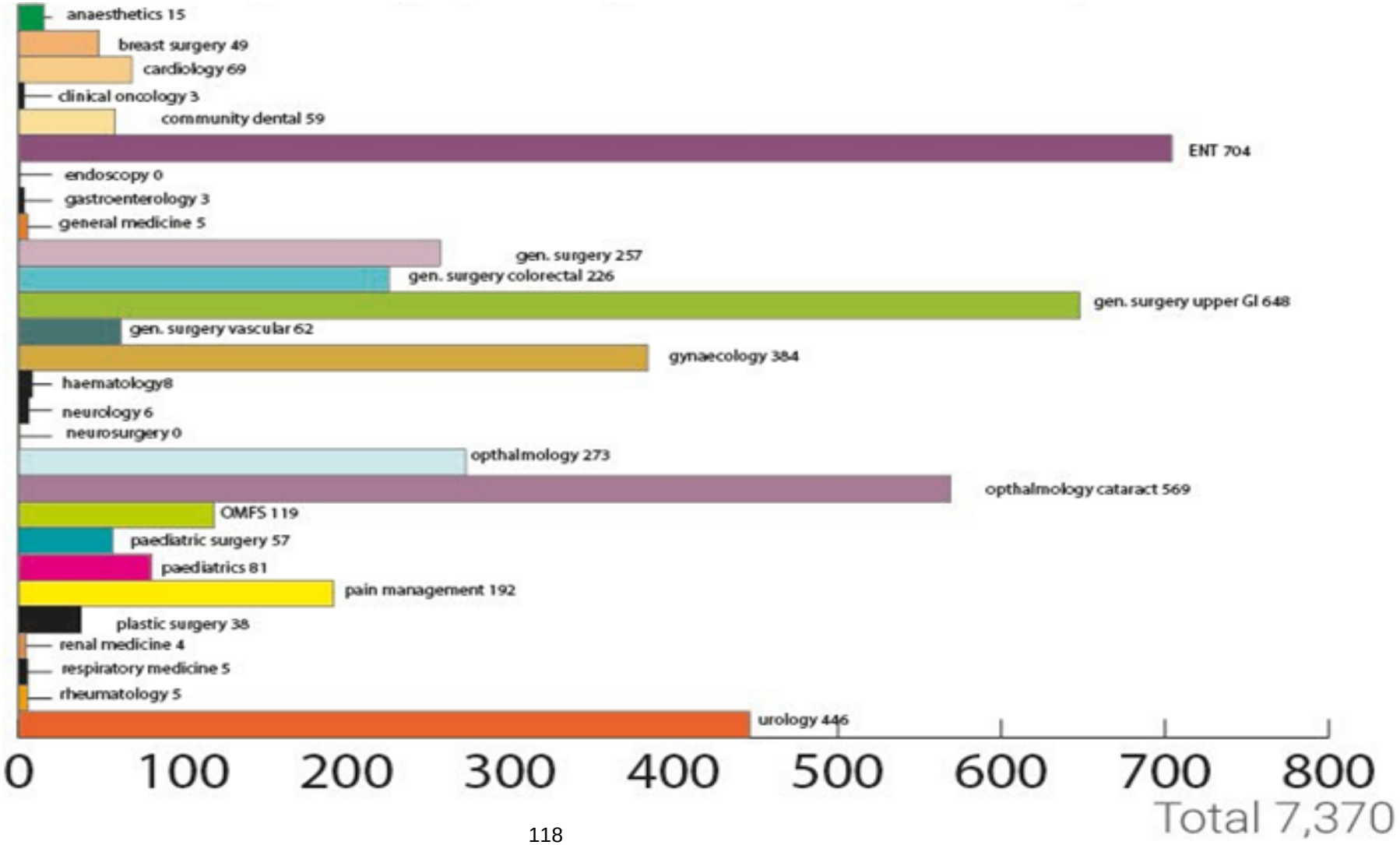




09.05.22

Our population will wait no longer than 12 weeks for inpatient or day case treatment (TTG) by Specialty

2476 people are waiting longer than 12 weeks for trauma and orthopaedics. We have removed this from the graph as it gave a clearer view of the other specialties.



Our population will wait no longer than 12 weeks for a first outpatient appointment

Overview by Katherine Sutton
Chief Officer Acute

Performance and capacity to deliver outpatient appointments has been challenging as a result of the pandemic and the impact on services. Plans have been drafted that focus on increasing the number of appointments offered weekly to patients either via virtual or face to face contact. Plans have been developed at speciality level with Clinical Leadership at the forefront. Efficiency improvements linking with The Centre for Sustainable Delivery are being applied across all speciality service areas. Additional capacity is being sourced to support in some service areas. Engagement with the Scottish Government recently launched planned care recovery programme.
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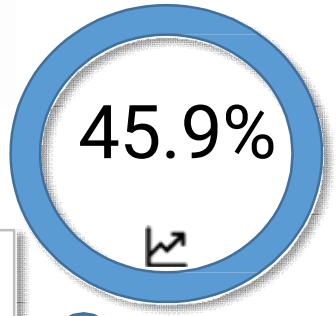
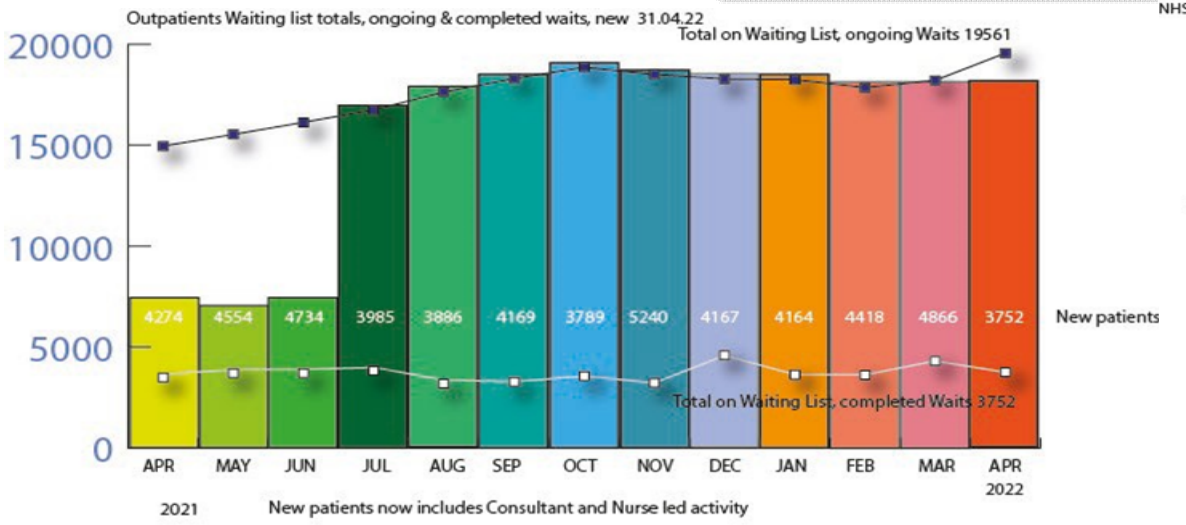


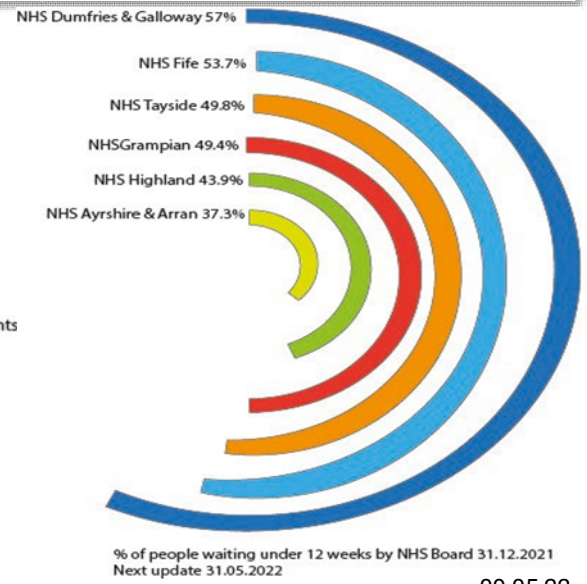
Scottish Average 31.01.22 : 46.5%

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 financial capacity through RMP funding, recruitment in some specialities, utilisation of private sector and transformational opportunities are critical
2	Physical space to deliver OP services	Utilisation of as much virtual consultation as possible. Securing additional outpatient consultation space as required.
3	Post lockdown surge in demand	Continue to monitor appropriateness of referrals, apply transformational and more efficient ways of working – ACRT and Open return appointments as an example.
4	Accuracy of waiting list	Continue review and activity on waiting list validation.





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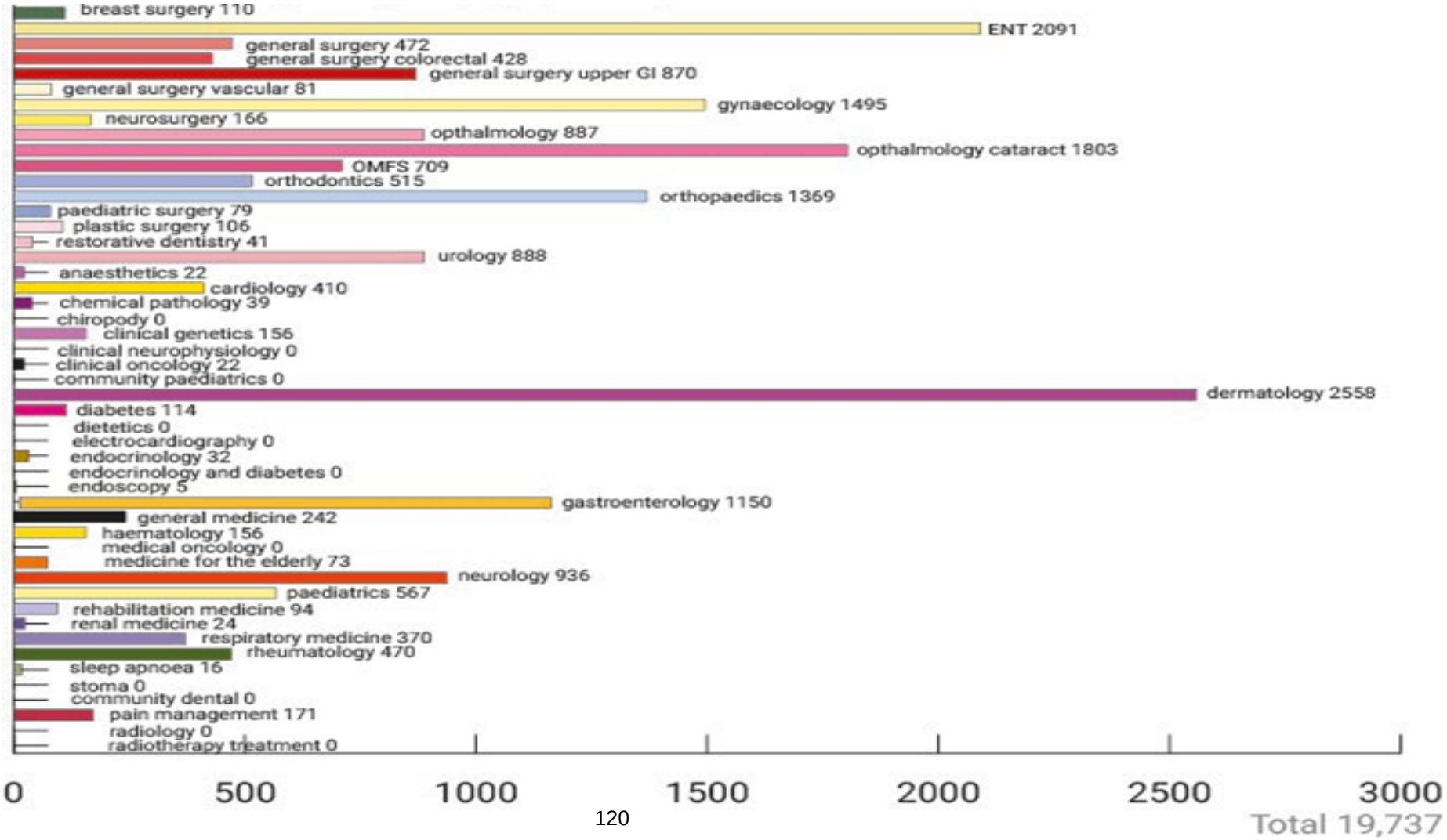
Building a brighter future for health and care
2022 - 2027

Our population will wait no longer than 12 weeks for a first outpatient appointment by Specialty



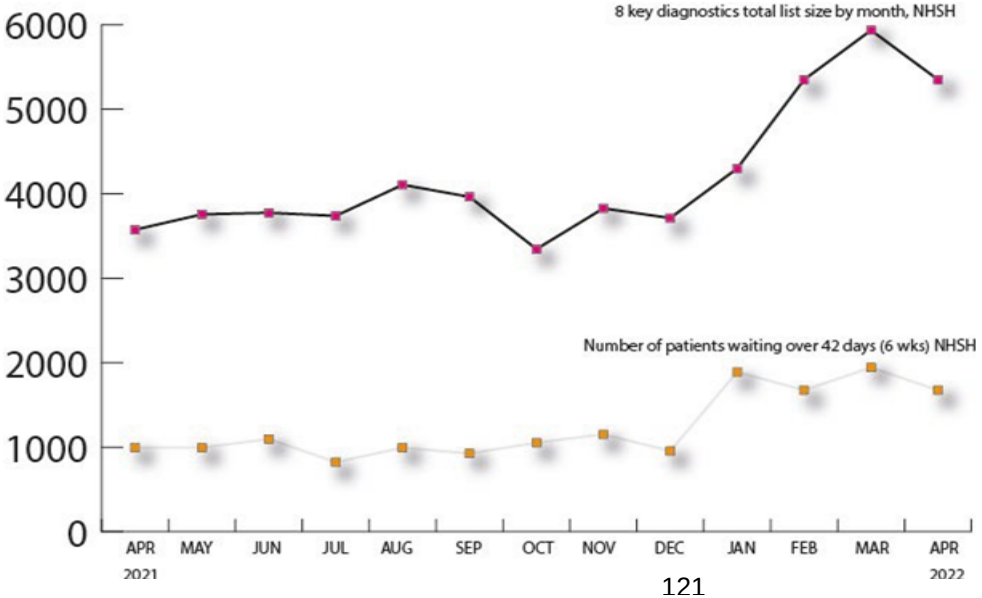
Diagnostics Activity and Demand

Overview by Katherine Sutton
Chief Officer Acute

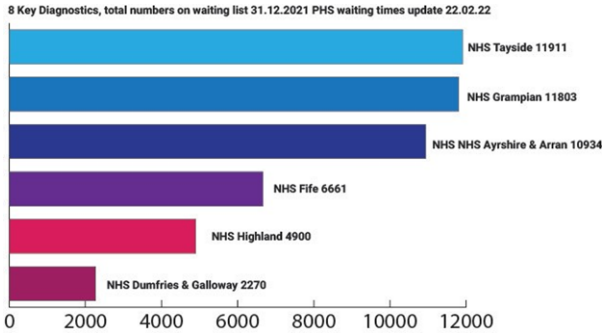
Workforce gaps have reduced capacity to deliver Endoscopy capacity. Locum staffing have been recently recruited to cover short term workforce gaps. Recruitment is ongoing to fill consultant vacancies.

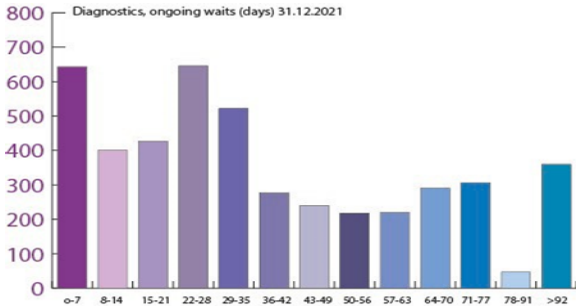
Nurse endoscopists have now completed training and able to increase capacity. The service has developed a recovery plan that supports JAG accreditation, improved admin processes and the utilisation of all endoscopy capacity across Raigmore and RGHs.

8 KEY DIAGNOSTICS Month to 30.04.22	NUMBER OF PATIENTS SEEN	% OF TOTAL
Upper Endoscopy	217	46.1%
Lower Endoscopy	91	37.9%
Colonoscopy	166	45.4%
Cystoscopy	35	44.9%
CT Scan	1126	133% (subject to review)
MRI Scan	742	68.4%
Barium Studies	14	36%
Non Obstetric Ultrasound	1630	73.3%
Total	4021	60.6%



	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.





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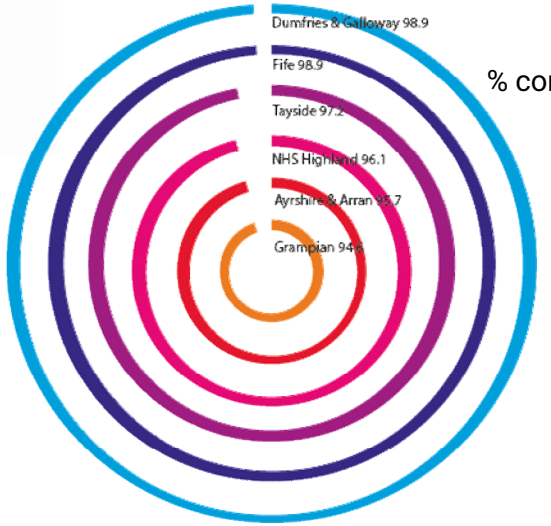
Together We Care

Building a brighter future for health and care 2022 - 2027

95% of all patients diagnosed with cancer to begin treatment within 31 days
95% of urgent suspected cancer referrals to begin treatment within 62 days

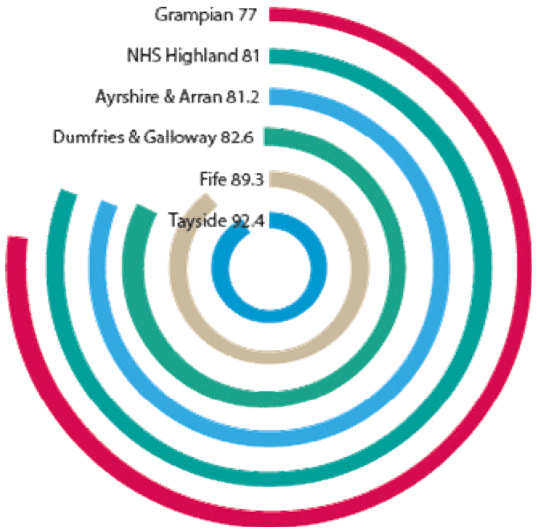
Overview by Katherine Sutton
Chief Officer Acute

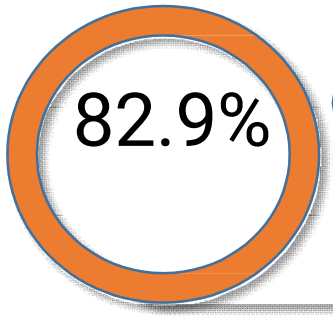
There have been challenges with capacity particularly within the endoscopy diagnostic capacity due to COVID absence and workforce capacity. Arrangements have been established through the independent sector to increase endoscopy capacity. Capacity to deliver integrated breast surgery pathways has been challenging due to capacity within breast surgery and also due to diagnostics. Recovery plans are being progressed to ensure patients are seen as early as possible.



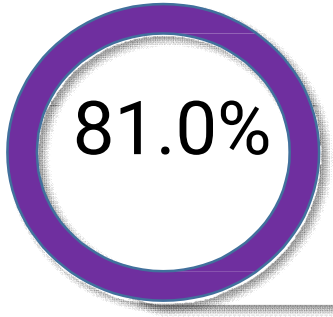
% compliance with 31 day standard, Q4 2021

	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.	Responsiveness of diagnostics within 14 day target due to capacity / resilience issues
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.

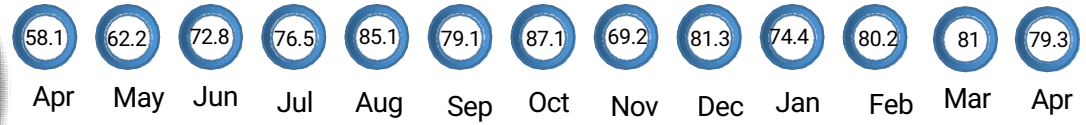




31 day performance



62 day performance



% compliance with 62 day standard, Q4 2021. Next update 28.06.22

09.05.22

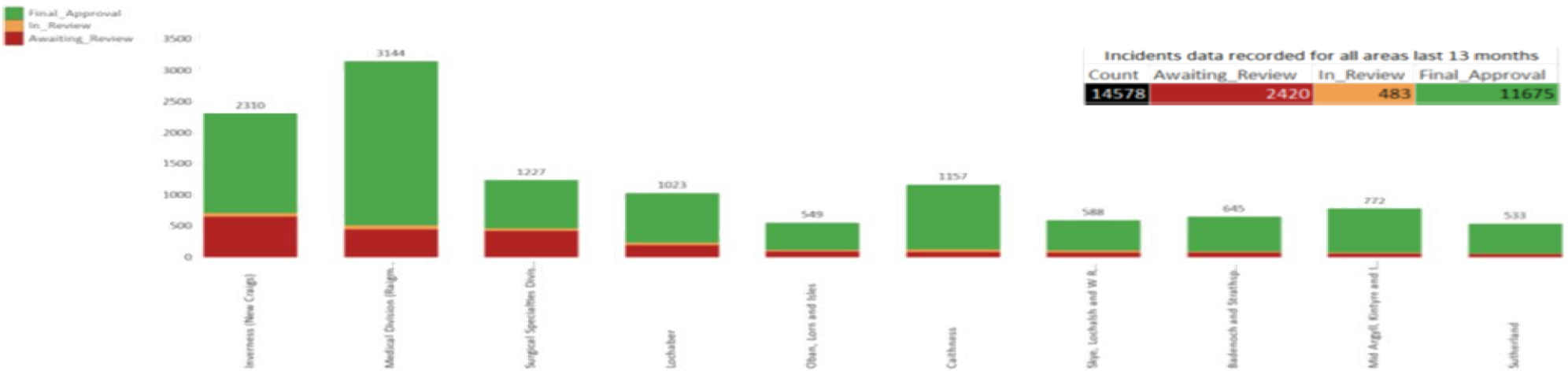
Adverse Event Overview

Overview by Dr.
Boyd Peters
Medical Director

A slight rise in adverse events (incidents logged on datix) is linked to the increased clinical activity since 2021including i remobilisation, vaccination and Covid waves. QPS meetings are reviewing higher impact/risk incidents regularly to monitor the situation. Clinicians report there is greater risk in the system particularly in Acute, as a result of increased length of stay, patient flow issues and patient illness acuity.

	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	APR
1	5	1	2	3	2	2	1	2	1	0	0	1



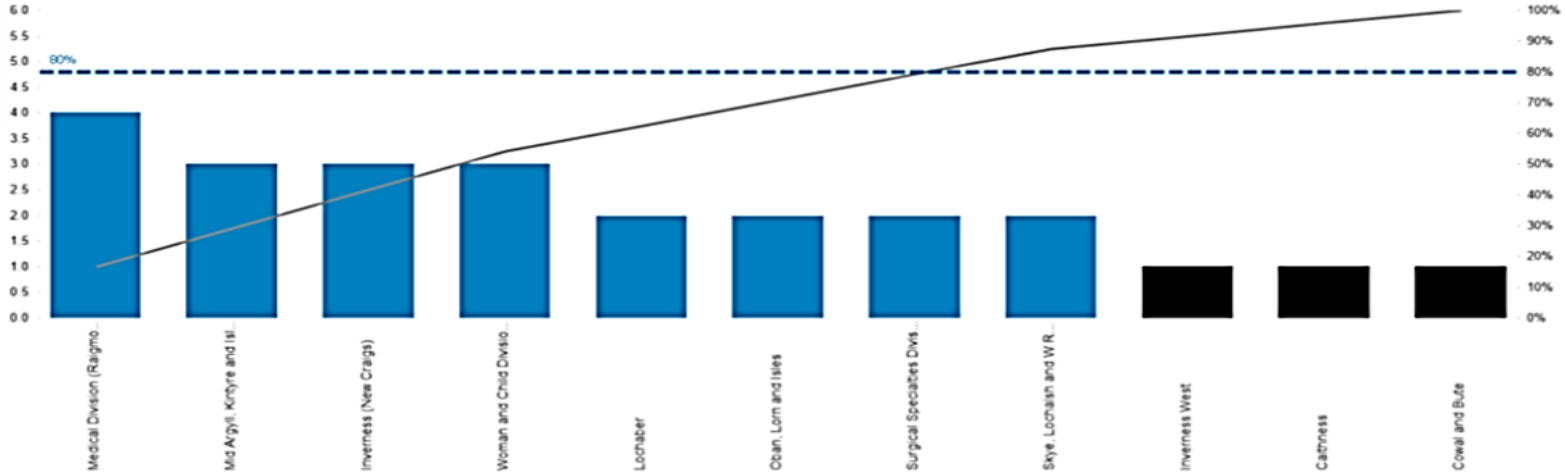
Total number of incidents recorded by district/division over last 13 months (top 10) Shown by approval status (Descending order of "Awaiting review")

Adverse Event Overview (continued)

Context by Dr. Boyd Peters
Medical Director

SAERsystem improvement work continues in line with the internal audit plan. Backlog issues are being addressed, although this is more challenging in some parts of the organisation especially where the case is complex. The internal audit work is reported to Clinical Governance Committee and also to the Audit Committee.

Pareto graph displaying number of SAERs declared by district/division over last 13 months



	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Highland	5	1	1	2	2	2	1	3	3	0	0	1	3

Number of SAER's declared

Number of SAERs declared that are over working day target by month declared

Stage 2 Complaints Overview

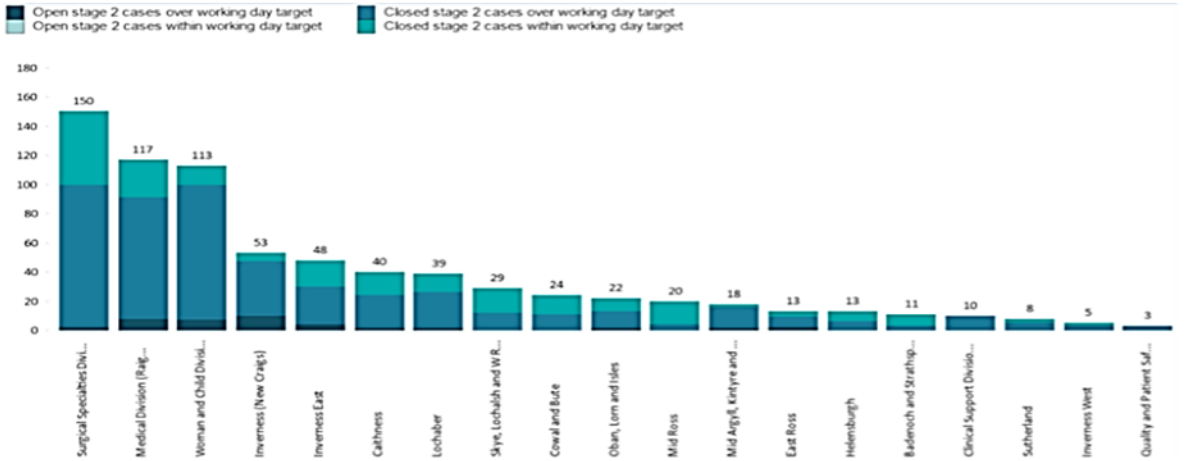
Overview by Dr. Boyd Peters
Medical Director

Response times for clinical complaints have been affected by operational pressures. A framework for improvement in performance has been agreed and in each operational unit there is now further work with early signs of performance improvement anticipated in June and July especially in Acute.

NHS Highland stage 2 case overview

38 cases open (been longer than 20 days)	**99.5** Average time open (days)
476 cases closed (took longer than 20 days)	**51.8** Average time to close (days)
0 cases open (still less than 20 days)	**223** cases closed (in less than 20 days)
68% of cases were closed over working day target	**87%** cases received and opened within 3 working days

Working day status graph displaying number of stage 2 cases received by district/division over last 13 months



	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Highland	28%	33%	28%	22%	28%	38%	25%	27%	28%	34%	28%
Argyll & Bute	50%	44%	29%	33%	44%	63%	25%	33%	33%	60%	20%
Acute	12%	23%	11%	12%	0%	29%	21%	31%	31%	21%	24%
HHSCP	50%	50%	61%	35%	47%	39%	38%	7%	20%	64%	38%

Data from Jun-21 when new NHS Highland organisational structure was formed

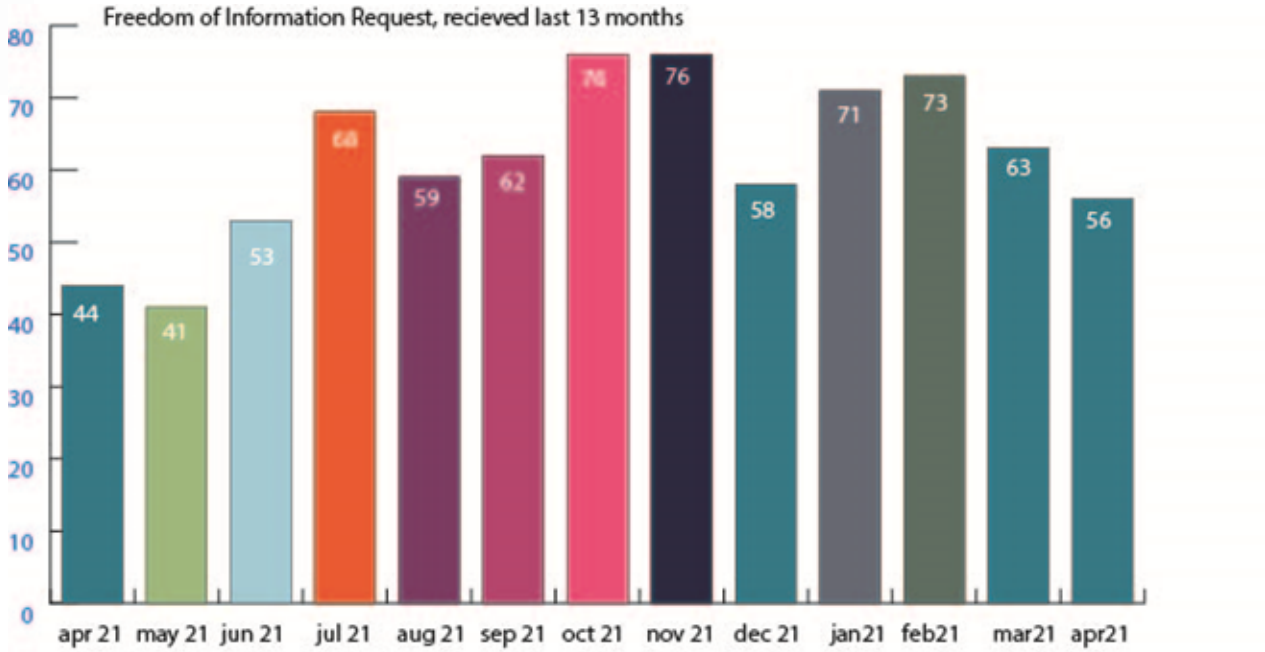
Freedom of Information Requests (FOIs)

Context by Dr. Boyd Peters
Medical Director

The Board is under a Level 2 Intervention by the Scottish Information Commissioner.

The performance target is 95% of FOI being responded to within 20 working days.

Performance in April achieved this and actions are in place to sustain this level of performance.



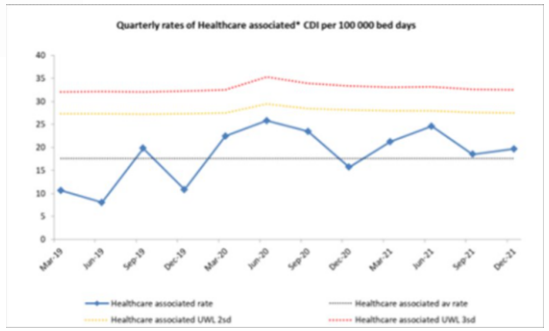
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Highland	84%	71%	74%	68%	75%	63%	62%	87%	83%	90%	68%	86%	96%

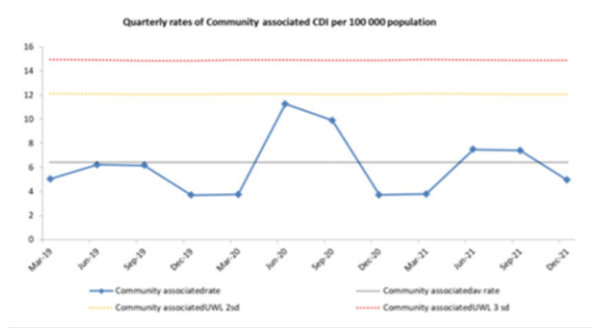
Infection Prevention, E Coli, SAB and C Diff Infection Rates per 100,000 population

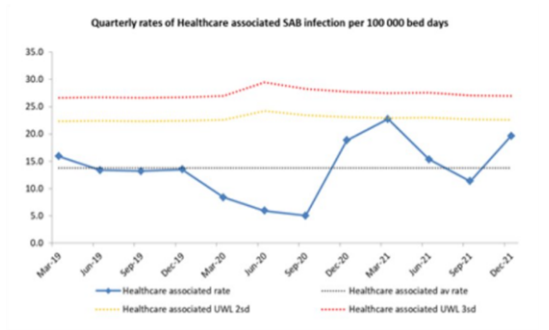
Overview by Heidi May
Board Nurse Director

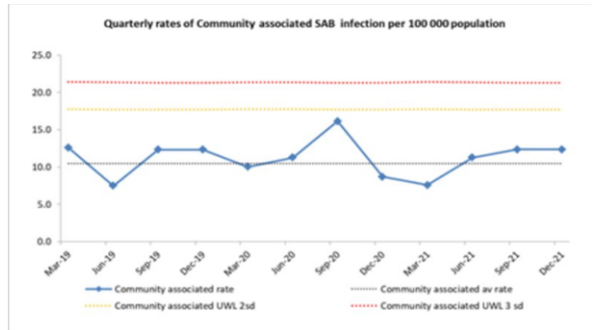
NHS Highland is on track to meet the Government set SAB target by the due date of 31.03. 22. We are not on track to meet the C Difficile target as previously discussed at the Board – however we do remain within predicted levels of infection given our case mix of patients and activity. A plan is in place to identify how levels of infection might be improved.

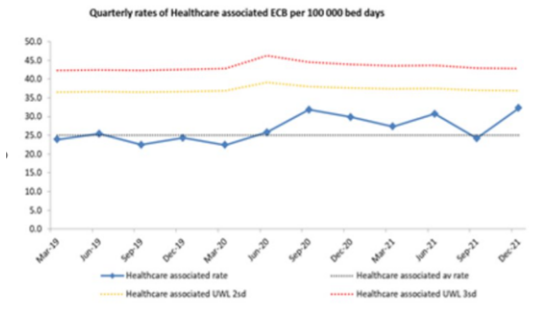
We are awaiting confirmation from the Government re Infection Prevention and Control improvement aims from April 2022. A detailed IPC report is submitted to each Clinical Governance Committee for discussion and assurance

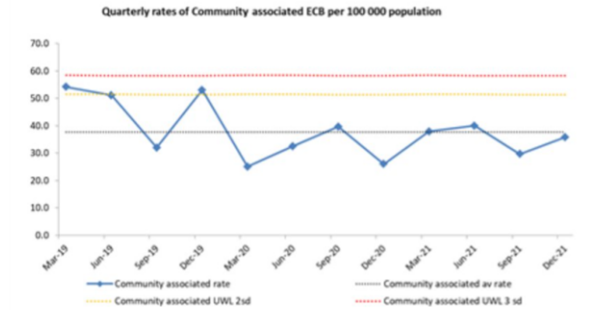












	Risk	Mitigation
	Risk of harm to patients and a poor care experience due to development of health care associated Staphylococcus Aureus Bacteraemia and E coli infection	An annual work plan is in place to support the reduction of infection. Cases are monitored and investigated on an individual basis;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

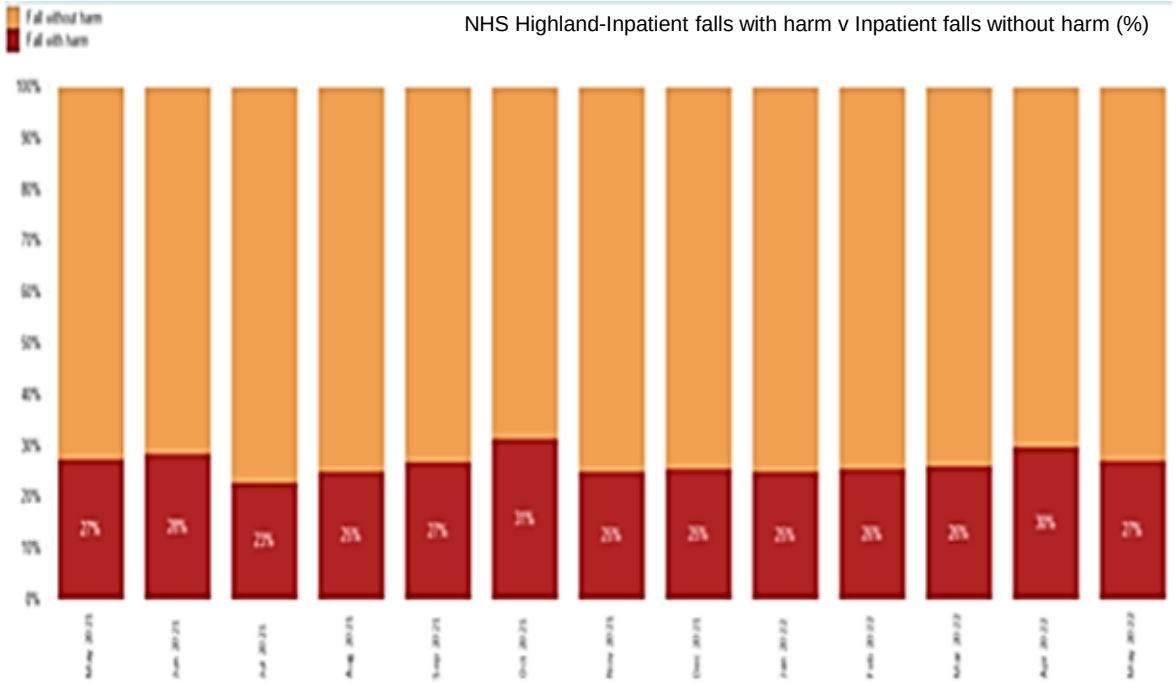
Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2021/2022

SAB	Apr-Jun Q1		Jul-Sep Q2		Oct-Dec Q3	
	HAI	CAI	HAI	CAI	HAI	CDI
NHS HIGHLAND	15.4	11.3	11.4	12.4	19.6	12.4
SCOTLAND	18.6	10.9	18.3	9.6	17.3	9.9
C. DIFF						
NHS HIGHLAND	24.6	7.5	18.5	7.4	19.6	4.9
SCOTLAND	14.6	5.4	16.7	6.5	13.3	4.8
E.coli						
NHS HIGHLAND	30.7	40.0	24.2	29.7	32.3	35.9
SCOTLAND	38.2	41.9	41.4	41.1	34.1	39.8

Inpatient slips, trips and falls

Overview by Heidi May
Board Nurse Director
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 Ccommittee. 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 RGHs in light of a potentially emerging trend towards increasing falls in these areas.



NHS Highland-Inpatient falls with harm v Inpatient falls without harm (%)

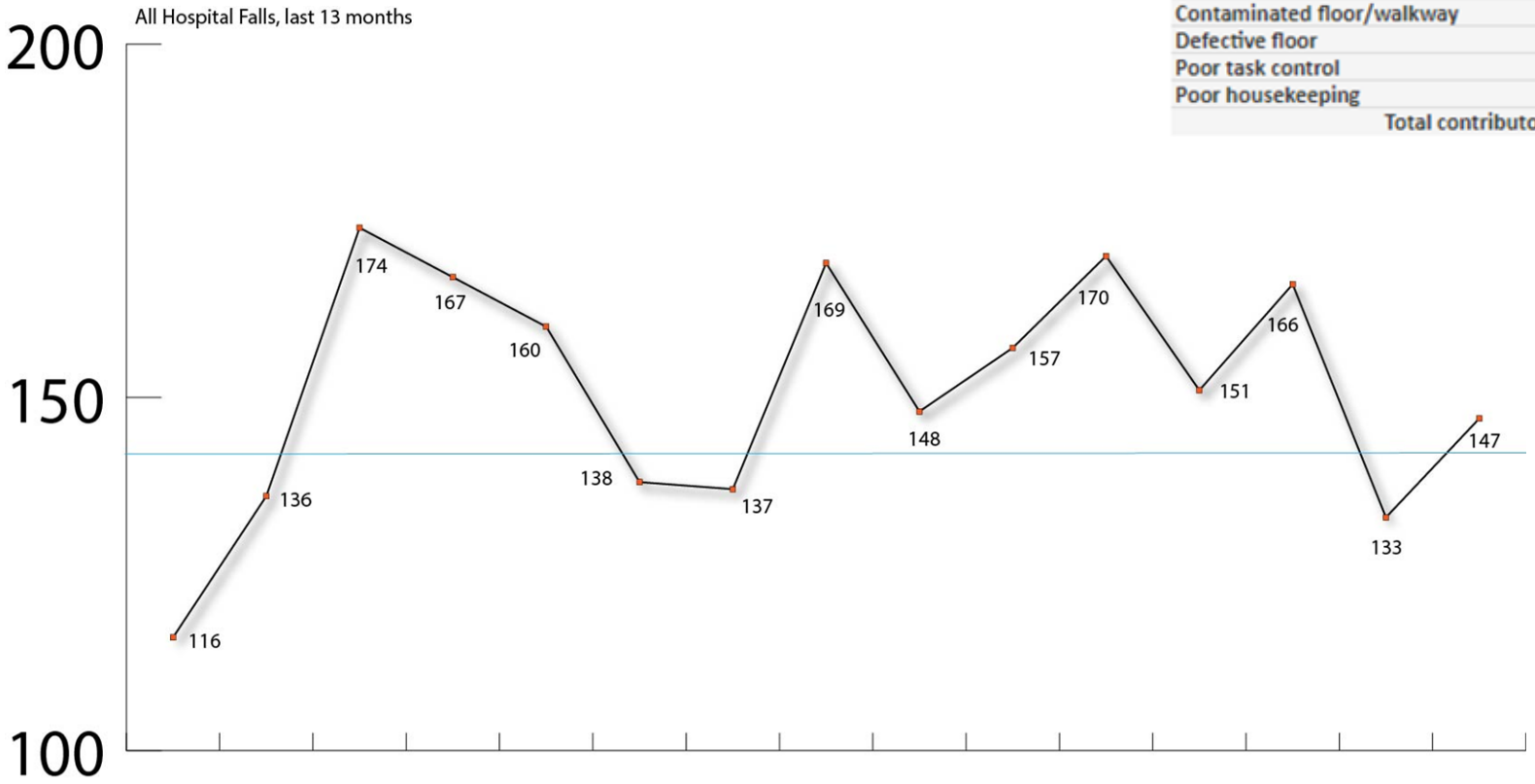
	Risk	Mitigation
1	New build environments	Thorough induction and orientation to environment and risk assessment of individuals in this context. Focussed monitoring of falls in these areas as part of transition from previous accommodation
2	Temporary staffing challenges including: limiting staff/ patient 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

Inpatient slips, trips and falls (cont)

Overview by Heidi May
Board Nurse Director

Following increases in both falls and falls with harm across our inpatient settings since early 2022 there has been a renewed focus on risk reduction measures and monitoring of compliance with these. This has resulted in a reduction of both falls and falls with harm across the Board to our previous baseline rate. This is encouraging progress. The new governance structure for falls has now been established and we expect this will facilitate a further improvement in falls rates across our inpatient settings.

Falls | contributory factors (%)	
Unaware of own limitations/limited mobility	64%
Confusional state	45%
Result of medical condition	25%
Inappropriate footwear	14%
Inadequate lighting	3%
Result of medication	3%
Contaminated floor/walkway	2%
Defective floor	0%
Poor task control	10%
Poor housekeeping	0%
Total contributory factors	89%



Tissue Viability

Context by Heidi May
Board Nurse Director

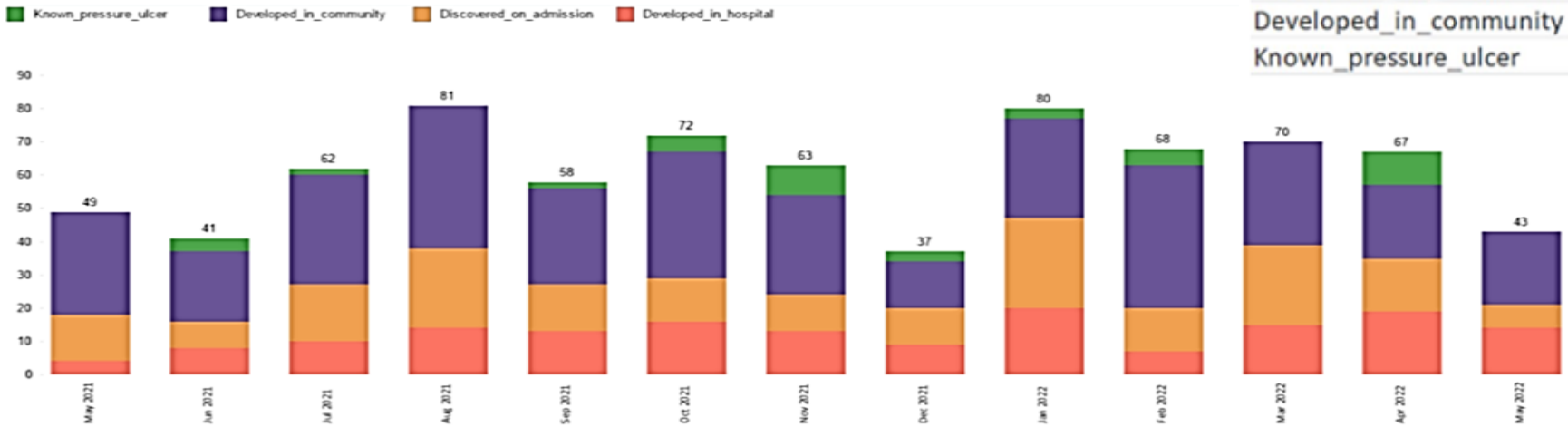
NHS Highland's Tissue Viability Leadership Group (TVLG) is a multi- professional group that reports to the Clinical Governance Committee. The impact of the pandemic , particularly in relation to acuity and dependency of patients and residents in all care settings is being referenced as impacting on other 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.

Tissue viability leadership is currently going through a transition phase at present due to the previous lead retiring. The portfolio lead for TV will now be through the TVLG leadership group and Sara Sears Associate Nurse Director- HHSCP will hold this portfolio from June 2022. There are current vacancies within this small team and this will hopefully go out for recruitment soon.

	Risk	Mitigation
1	Specialist Tissue Viability Nurse clinical expertise and leadership capacity	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 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 3.Designated Quality Improvement Practitioner to provide focussed support for TVLG for 18/12 to reduce pressure ulcer occurrence
2	Demand for specialist Tissue Viability advice and support continues to increase and referrals to the NHSH e-clinic are beginning to outstrip existing capacity	1.Changes to the e-clinic referral pathway to educate referrers to other routes for accessing support before specialist input is required 2.Review and monitoring impact of enhanced care home support to referral rates.

	Count
Developed_in_hospital	162
Discovered_on_admission	199
Developed_in_community	387
Known_pressure_ulcer	43



Integrated Performance & Quality Report July 2022 Update

Argyll & Bute Integration Joint Board

Argyll & Bute Integration Joint Board (IJB) is the public body that has strategic oversight and direction of the integrated services across Argyll and Bute. Through the Health and Care Partnership, NHS Highland ensures the safe and effective delivery of the healthcare services in partnership with the Council Social Care Services, this too is supported by a partnership integration scheme determining the partnership agreements. All NHS Services are delegated to the Argyll & Bute IJB.

Argyll & Bute delayed discharges at 17.04.2022

Patient Locality	A&B Hospital	GGC Hospital	Total
Dunoon Cowal	2	2	4
Bute Rothesay	0	0	0
Campbeltown	4	1	5
Lorn & Islands	1	0	1
Mull & Islands	1	0	1
Mid Argyll (all)	4	0	4
Helensburgh & Lomond	0	10	10
Total	12	(13)	25

GG&CHB patients in brackets

Argyll & Bute Care at Home at 17.03.2022

Waiting	98
Assessed	38
Unmet need	355.78 hrs.

Argyll & Bute Children & Families Nov. 2021 (cumulative from Apr.21)

Requests for assistance	287	2737
Universal Child assessments	81	912
Children on CP Register	33	

Argyll & Bute Jan. 2022 Acute (cumulative from Apr.21)

TTG IP & Day Case activity	36	(354)
Outpatient referrals	699	7606
New OP	594	6561
Return OP	1413	14144
Endoscopy	15	600
Radiology	410	5015
31 day cancer	3	41
ED attendances (LIH)	622	6908
Emergency admissions	158	1734
USC referrals received	28	428

Argyll & Bute Nov. 2021 Adult Care (cumulative from Apr.21)

Adult referrals	580	5910
UAA assessments	196	2501
Adult Protection Referrals	19	269
New people in receipt of home care	48	358
New Care Home placements	9	194

Argyll & Bute Nov. 2021 Community Health

Mental Health new episodes	41	550
Mental Health patient contacts	689	7936
District Nursing new contacts	105	1186
District Nursing patient contacts	4429	46668
AHP new episodes	311	3693
AHP patient contacts	3350	33226

09.05.22

LDP Standards calendar of updates used in IPQR

LDP Standard	Next data published	Period of currency
12 week outpatient standard	31.05.2022	JAN – MAR 2022
CAMHS waiting times	07.06.22	JAN-MAR 2022
A&E waiting times	07.06.22	APR 2022
Cancer waiting times	28.06.22	APR-MAR 2022
C Diff infections	TBC	TBC
SAB (MRSA/MSSA)	TBC	TBC
Psychological therapies waiting	07.06.22	JAN-MAR 2022
Sickness absence	2022	2021-2022
TTG	31.05.22	JAN-MAR 2022

IPQR is produced to follow the annual cycle of meetings of the Board of NHS Highland. To provide the data required, it also has to take note of the various Committees that verify information and report the results nationally. Because of this, there may be a time lag between dates data is updated in the tables and graphs. Where this happens, there may be a difference (especially with the radial charts) in totals or percentages. These will balance over the course of the year.

All of the data used in IPQR is sourced primarily from the Operational Teams submitting through various systems and reports to Strategy & Transformation Analysts and fed through to IPQR. This data is also used in Operational dashboards and other Reports.

Information and data is also sourced through the BI team's reporting catalogue, verified external sources, Public Health Scotland and The Scottish Government.