



Meeting: NHS Highland Board
Meeting date: 24 September 2024
Title: Integrated Performance and Quality Report
Responsible Executive/Non-Executive: David Park, Deputy Chief Executive
Report Author: Lorraine Cowie, Head of Strategy & Transformation

1 Purpose

This is presented to Board for:

- Assurance

This report relates to:

Quality and Performance across NHS Highland

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

The NHS Highland Board Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on performance, workforce and quality based on the latest information available.

2.1 Situation

The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Finance, Resource and Performance Committee, Clinical and Care Governance Committee, Staff Governance Committee and the Health and Social Care Partnership Committee a bi-monthly update on performance and quality based on the latest information available. The Argyll & Bute Integrated Performance Management Framework metrics are included in the NHS Highland Board IPQR as an appendix.

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.

As described in the July 2024 IPQR paper to NHS Highland Board the following indicators are either now included or planned for future as it was not possible to complete in time for this meeting.

| Item | Area | Narrative |
|------|--|----------------------------------|
| 1 | Additional vaccination data | Children's vaccinations included |
| 2 | Dementia indicators | Planned |
| 3 | Long term conditions indicators | Planned |
| 4 | Palliative and End of Life Care | Planned |
| 5 | CAMHS trajectories and further data | Trajectories not agreed |
| 6 | NDAS and postcode analyses | Completed |
| 8 | Emergency breakdown of cancer activity | Planned |
| 9 | Additional public health indicators | Screening now included |
| 10 | Community Services Waiting Lists | Included |
| 11 | Dental registrations | Planned |

2.2 Background

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

2.3 Assessment

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

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

It is challenging to put an overall proposed level of assurance on a whole system report as there are areas of improvement and areas of challenge. The level of assurance has been proposed as moderate overall due to the number of services meeting or <5% off meeting ADP performance targets.

However, 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 including meeting national targets.

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

Through the relevant Governance Committees.

4 Recommendation

The Board is asked:

- To note moderate assurance level proposed due to improved performance on annual delivery plan targets and / or national target.
- To consider the level of performance across the system and direct any action through the appropriate governance committee.

1. List of appendices

The following appendices are included with this report:

- Integrated Performance and Quality Report – September 2024

Integrated Performance and Quality Report September 2024

Assuring the Board on the delivery of the 3 strategic objectives
through our Well outcome themes:

Our Population

Deliver the best possible health and care outcomes

Our People

Be a great place to work

In Partnership

Create value by working collaboratively to transform the way we deliver health and care

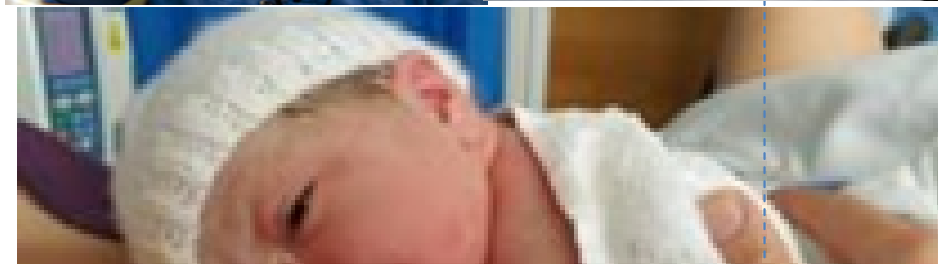


Together We Care
With you, for you

PERFORMANCE METRICS FOR OUR POPULATION AND IN PARTNERSHIP

FINANCE, RESOURCES AND PERFORMANCE COMMITTEE

Discussed at Committee on 6th September
2024



Executive Summary of Performance

- Above or meeting target
- <5% off target
- >5% off target
- >10% off target

| | | NATIONAL TARGETS | | | PERFORMANCE AGAINST TARGETS | |
|--------------|------------------------------|---------------------------|---------------------|------------------------|-----------------------------|--|
| Well Theme | Area | Average 23/24 Performance | Current Performance | National Target | ADP Target Set | Performance Rating |
| Stay Well | COVID Vaccinations | | 62.6% | 70% | No | National Target |
| Stay Well | Smoking Cessation | | 229 | n/a | Yes | ADP Target |
| Stay Well | Alcohol Brief Intervention | | 3323 | n/a | Yes | ADP Target |
| Stay Well | Drug & Alcohol Waiting Times | | 85.3% | 90% | No | National Target |
| Thrive Well | CAMHS | 70.8% | 77% | 90% | No | National Target |
| Respond Well | Emergency Access | 78.5% | 75.3% | 95% | No | Although not meeting target 2 nd of mainland boards |
| Care Well | Delayed Discharges | 195 | 207 | 30% reduction (interm) | No | National Target |
| Treat Well | Outpatients | 39.2% | 37.9% | 95% | Yes | ADP Target |
| Treat Well | Treatment Time Guarantee | 56.5% | 55.1% | 100% | Yes | ADP Target |
| Treat Well | Diagnostics - Radiology | 70.3% | 78.1% | 100% | Yes | ADP Target |
| Treat Well | Diagnostics – Endoscopy | | 61.2% | 100% | | |
| Journey Well | 31 Day Cancer Target | 93.6% | 91.3% | 95% | No | National Target |
| Journey Well | 62 Day Cancer Target | 68.8% | 69.4% | 95% | No | National Target |
| Live Well | Psychological Therapies | 83.1% | 84.3% | 90% | No | National Target |

Additional Guidance

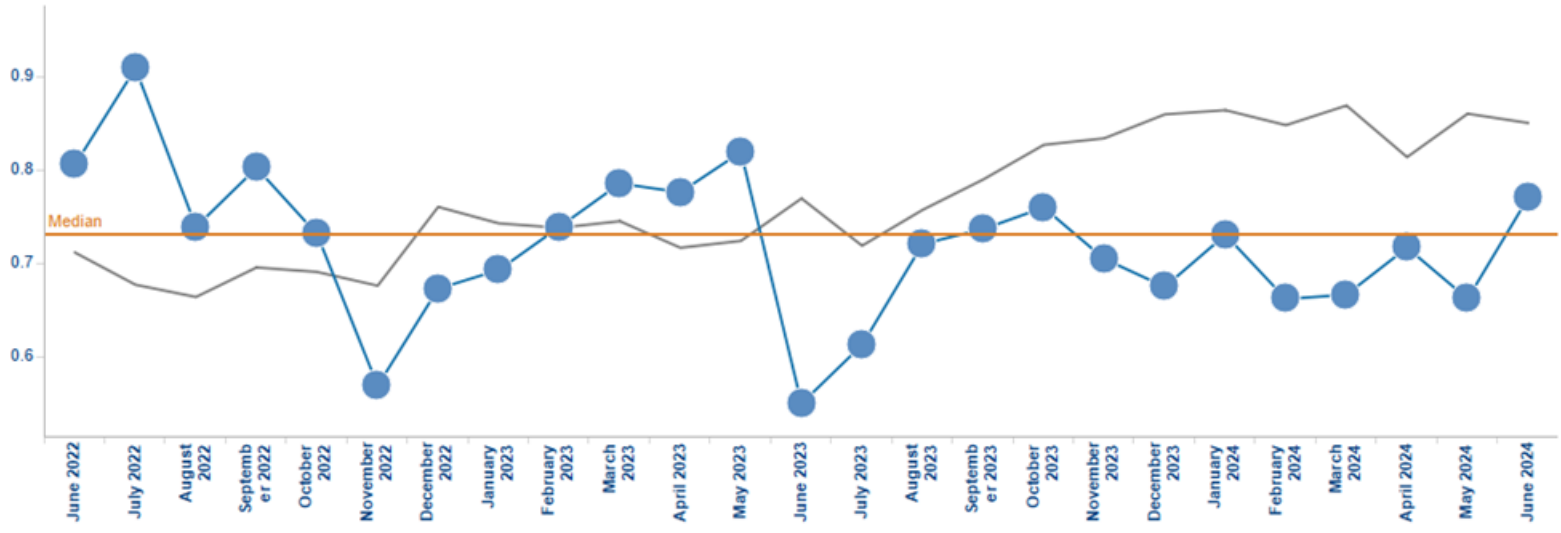
Where applicable upper and lower control limits have been added to the graphs as well as an average mean of performance.

Within the narrative section areas where action was highlighted in the previous IPQR all Exec Leads have been asked for assurance of reason for current performance and areas for improvement.

Not all performance indicators are included within this summary table.

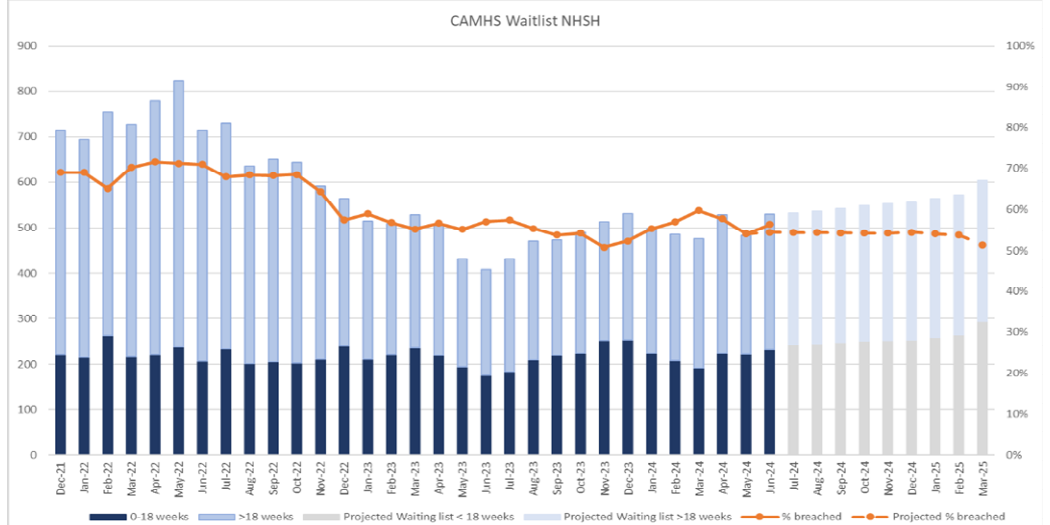
| | | | | | | | | | | |
|----------------------|----------------|---------|--------------|-----------|--|---------|----------------------------------|-------|----------|-------|
| OBJECTIVE | Our Population | OUTCOME | Thrive Well | EXEC LEAD | Katherine Sutton, Chief Officer, Acute | Service | Child & Adolescent Mental Health | | | |
| PERFORMANCE OVERVIEW | TARGET | 90% | NHS HIGHLAND | 77% | TREND | ↗ | BENCHMARK | 85.1% | POSITION | 10/14 |

CAMHS Waiting Time < 18 Weeks (P)

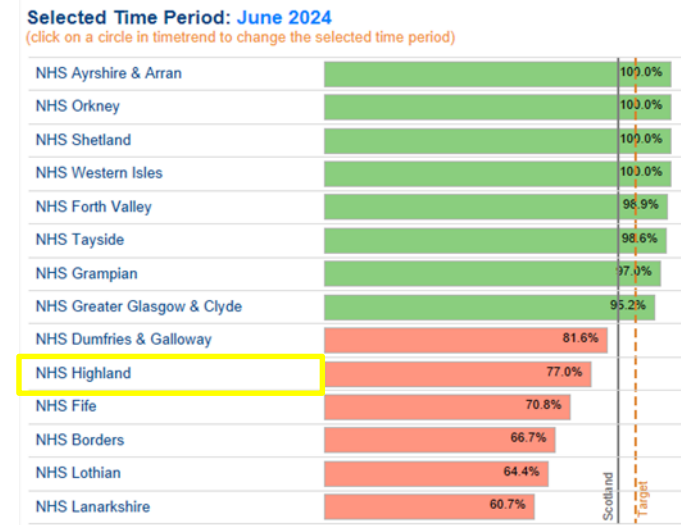


CAMHS Waiting List in Weeks (P&Q)

(Draft trajectories currently being reviewed by service)



Benchmarking across Scotland (P)

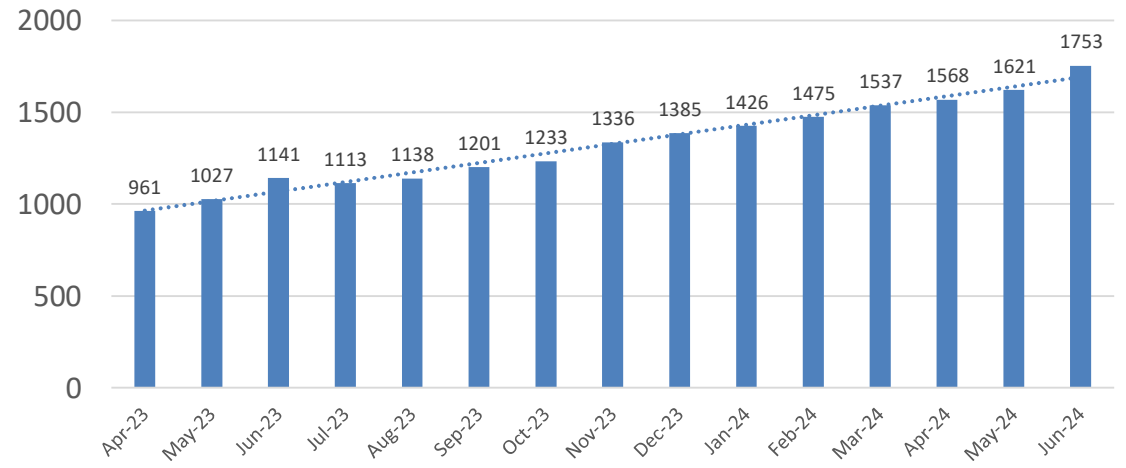


| Reasons for current Performance | Plan and Mitigation | Expected Impact |
|--|---|---|
| <p>CAMHS remains one of, if not the lowest staffed service per population rate in Scotland with approx. 30-35% vacancies</p> <p><u>Highland Area</u> To continue to work towards achieving aims set out in the improvement plan, including improving RTT, it is essential that the service continues to build on the current workforce. Finance and workforce are critical risks. Critical floor of staffing capacity remains low compared to levels of demand. Any loss of clinical capacity will significantly impact on service provision.</p> <p>Reduced clinical capacity is now impacting on service provision and a subsequent decline in overall performance.</p> <p>Data quality is improving, but work is ongoing. Changes to Trakcare are essential and required to improve management of the waitlist.</p> <p>Future planning will need to include the significant work required to take the service up to increase the age range to eighteen across the board</p> | <p><u>Highland Area</u> The service continues with remodelling, cleansing data, performance management measures around activity rates all of which have brought improvements both in waiting times and in clinical quality and outcomes</p> <p>The service is offering engagement appointments for all new referrals to the service. Any unused capacity will be directed to offering engagement appointments to cases most recently placed on the wait list. This will happen in tandem with cases being allocated from the end of the wait list under the old system. The wait list is now being addressed from both ends.</p> <p>Realignment and refocus of the unscheduled care team is working well and there has been significant progress in the home intensive treatment team modelling (full implementation requires additional workforce)</p> <p>A refresh of the CAMHS Programme Board has commenced to provide strategic oversight, governance, and leadership for the next iteration of the Improvement Plan. The Board Nurse Director in her role as Mental Health Executive Lead for the Board will chair future Programme Boards.</p> | <p><u>Highland Area</u> With the clear limiting factor of workforce capacity, improvement to waiting times will be challenging in the service at present.</p> |

| | | | | | | | | | |
|-----------------------------|-----------------------|----------------|--------------------|------------------------------------|---|----------------|---|------------------|-----|
| OBJECTIVE | Our Population | OUTCOME | Thrive Well | EXEC LEAD | Katherine Sutton, Chief Officer, Acute | Service | Neurodevelopment Assessment (NDAS) | | |
| PERFORMANCE OVERVIEW | | TARGET | No target agreed | NATIONAL TARGET ACHIEVEMENT | N/A | TREND | ↓ | BENCHMARK | N/A |

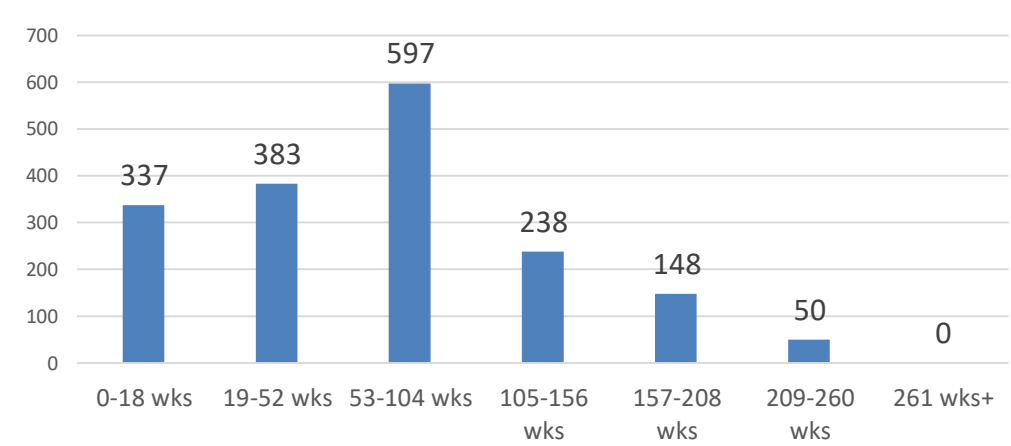
Overall Waiting List (P&Q)

NDAS Total Awaiting 1st Appointment (inc unvetted)



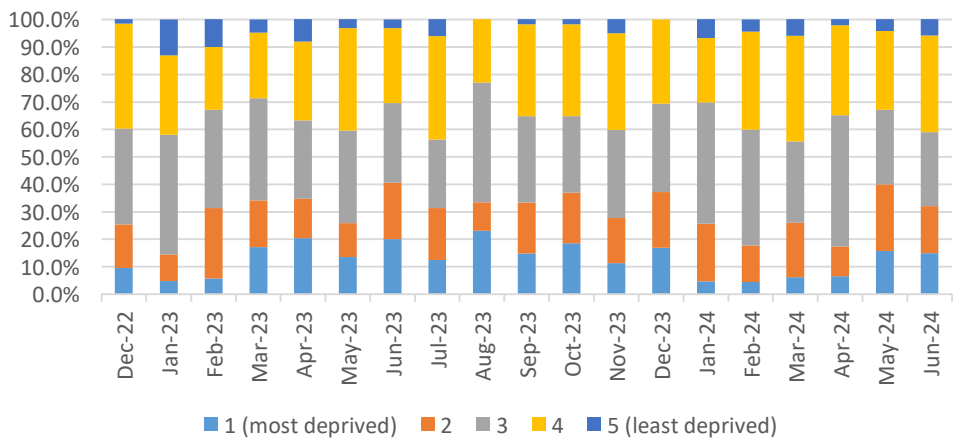
Waiting List in Weeks (P&Q)

New + Unvetted Patients Awaiting 1st Appointment



Deprivation (Q)

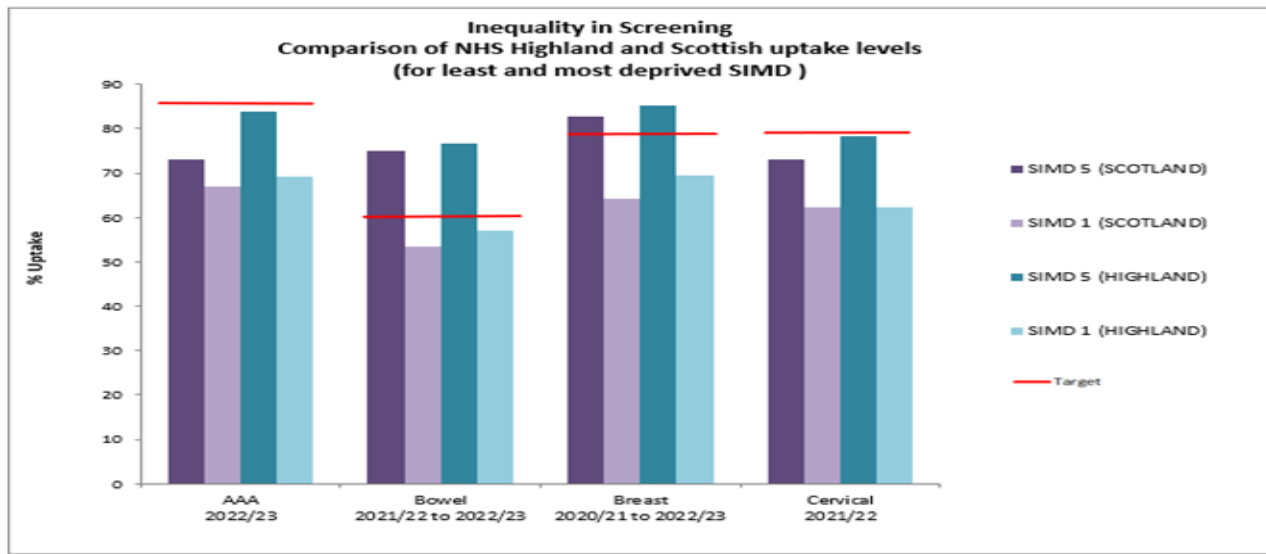
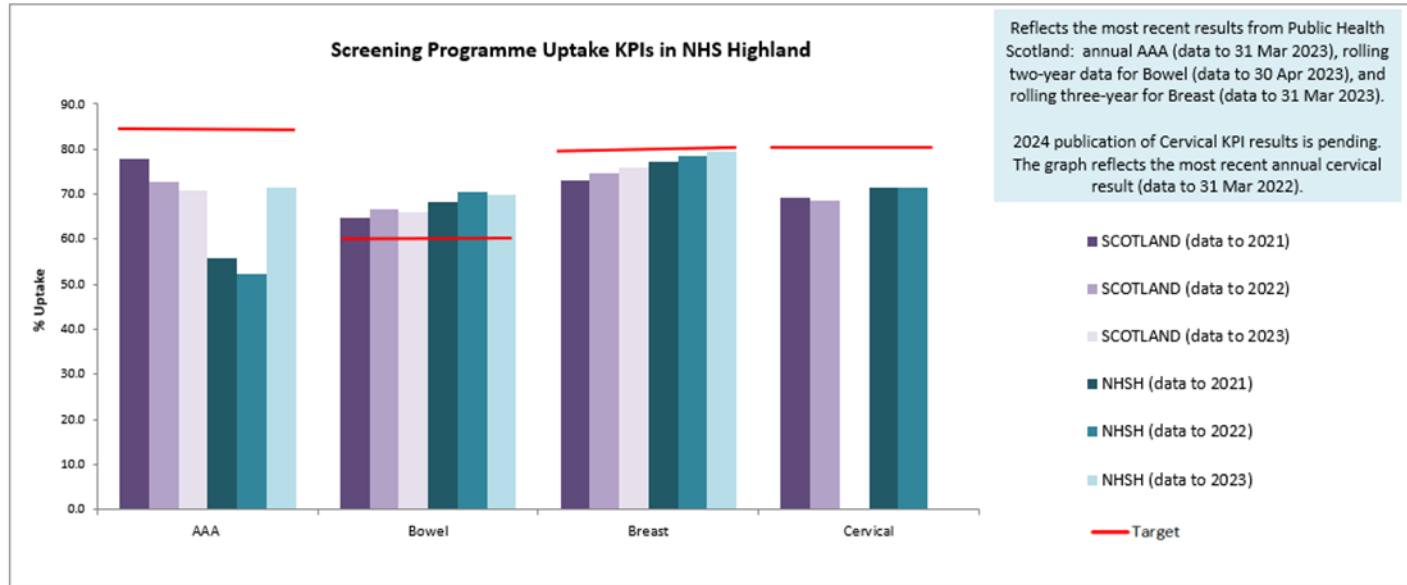
NDAS Deprivation – Referrals by SIMD Quintile



| Reasons for current Performance | Plan and Mitigation | Expected Impact |
|---|---|---|
| <p>The service has been under significant pressure since it was first established in 2017. Governance (clinical, financial and staff) arrangements, accountability, performance reporting, assurance mechanisms were not wholly in place when the service started. Service capacity has reached a critical level with > 1800 C&YP on the waitlist and limited provision to provide assessments from September onwards.</p> <p>The service does not have a clear clinical or service model in place. Referral criteria needs to be established with a more robust vetting/triage gate keeping process. Approx 95% of referrals come from education. There are wide ranging training requirements across the full ND pathway</p> <p>Critical to redesign and delivery of the service will be a whole systems approach to the national neurodevelopmental specification via the Programme Board</p> | <p>The first ND Programme Board has taken place to provide strategic oversight, governance, and leadership for the development, implementation, and evaluation of the redesign of NDAS and the ND pathway.</p> <ul style="list-style-type: none"> • Recruitment to the clinical director post has taken place which will provide clinical leadership and review of clinical and workforce model. • Commence waitlist cleansing and validation • Develop a comms strategy for the C&YP, their families and stakeholders | <p>Reduced waiting list and improve outcomes and experience through timelier access to NDAS assessment. with only those patients who require services on the waiting list.</p> <p>Referral and vetting process to ensure referral is appropriate, reduce demand, and ensure right pathways are followed. Integration between NHSH and THC to ensure joined up approach and governance.</p> <p>Communications to C&YP waiting to ensure expectations are managed and improved experiences.</p> |

| | | | | | | | |
|------------------|----------------|----------------|-----------|------------------|--|----------------|---|
| OBJECTIVE | Our Population | OUTCOME | Stay Well | EXEC LEAD | Tim Allison, Director of Public Health | Service | Screening Services – Adults (6) - Bowel Ca, Breast Ca, Cervical Ca, AAA, Diabetic Eye, Pregnancy Children (3) – bloodspot and hearing; vision screening |
|------------------|----------------|----------------|-----------|------------------|--|----------------|---|

| | | | | | | | | |
|-----------------------------|---------------|---------------------------|------------------------------------|-----------|--------------|-----------|------------------|-----------|
| PERFORMANCE OVERVIEW | TARGET | 1 out of 4 meeting target | NATIONAL TARGET ACHIEVEMENT | See graph | TREND | See graph | BENCHMARK | See graph |
|-----------------------------|---------------|---------------------------|------------------------------------|-----------|--------------|-----------|------------------|-----------|

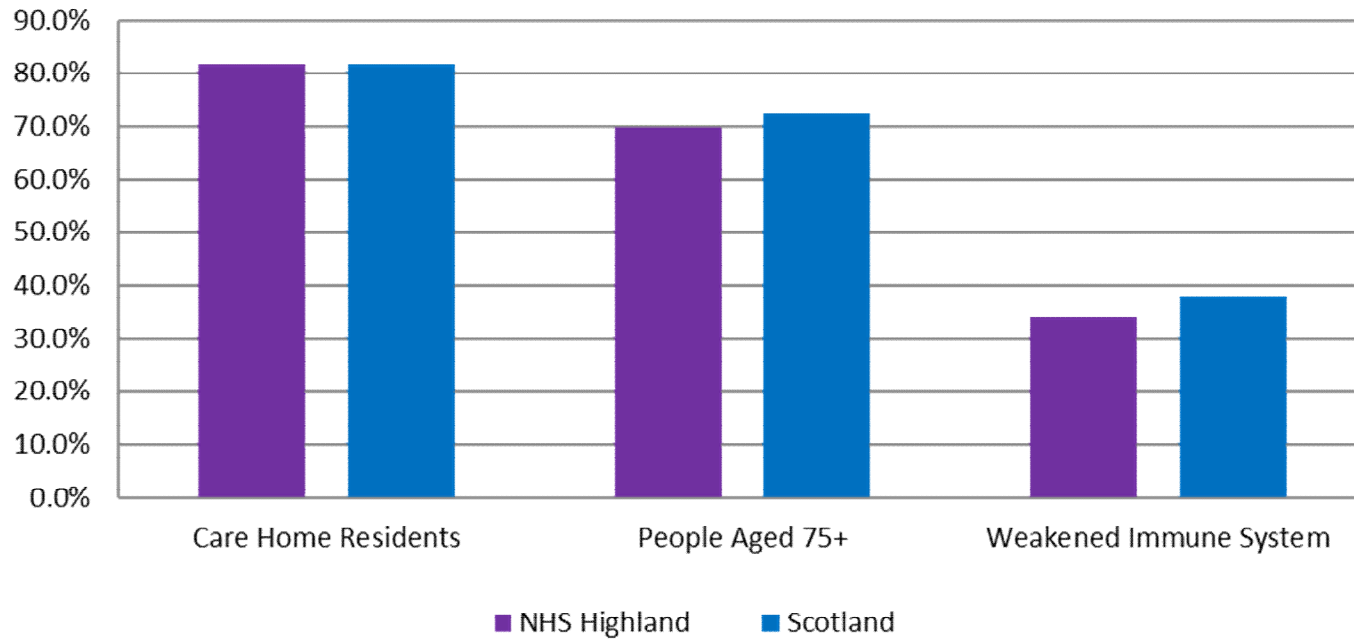


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|------------------|-----------------------|----------------|------------------|------------------|---|----------------|--|
| OBJECTIVE | Our Population | OUTCOME | Stay Well | EXEC LEAD | Tim Allison, Director of Public Health | Service | Screening Services – Adults (6) - Bowel Ca, Breast Ca, Cervical Ca, AAA, Diabetic Eye, Pregnancy Children (3) – bloodspot and hearing; vision screening |
|------------------|-----------------------|----------------|------------------|------------------|---|----------------|--|

| Reasons for current Performance | Plan and Mitigation | Expected Impact |
|---|--|--|
| <p>A comparison of screening performance against Scottish benchmarks, shows that the overall participation for NHSH is higher than average uptake levels throughout Scotland for Bowel, Breast, Cervical and AAA screening programmes.</p> <p>The most recent result for AAA screening, shows a successful recovery from pressures in the Argyll & Bute service where a backlog of uninvited men had accumulated. Actions taken by the Health Board to improve and recover service performance was delivered during 2022, and the results show an improvement in the most recently published PHS programme statistic for men tested before age 66 years and 3 months.</p> <p>For performance monitoring for Pregnancy & Newborn screening, actions to improve data quality and reporting from Badgernet are on-going.</p> <p>Provision of Diabetic Eye Screening (DES) KPIs and KPI monitoring from Public Health Scotland is pending, so it is not possible to report on performance for DES, and Pregnancy & Newborn.</p> | <p>Work continues to drive improvements within the screening programmes. The NHS Highland Screening Inequalities Plan 2023-26 outlines focused activities to specifically address equality gaps and widen access to screening.</p> | <p>Improved uptake in screening programmes</p> |

| | | | | | | | | |
|-----------------------------|---------------|--|------------------------------------|--|--------------|--|------------------|--|
| PERFORMANCE OVERVIEW | TARGET | c.70% uptake in general for each programme | NATIONAL TARGET ACHIEVEMENT | | TREND | | BENCHMARK | |
|-----------------------------|---------------|--|------------------------------------|--|--------------|--|------------------|--|

COVID Vaccine Uptake at 14/07/24



Comparative Covid vaccine uptake for all eligible people at 14/07/24:

| NHS Board | Covid |
|---------------------|-------|
| Ayrshire & Arran | 66.4% |
| Dumfries & Galloway | 69.3% |
| Fife | 67.1% |
| Grampian | 68.6% |
| Highland | 63.5% |
| Tayside | 70.1% |

| | | | | | | | | |
|------------------|----------------|----------------|-----------|------------------|--|----------------|--------------------------------|--|
| OBJECTIVE | Our Population | OUTCOME | Stay Well | EXEC LEAD | Tim Allison, Director of Public Health | Service | Children's Vaccinations | |
|------------------|----------------|----------------|-----------|------------------|--|----------------|--------------------------------|--|

| | | | | | | | | |
|-----------------------------|---------------|------------|------------------------------------|--|--------------|--|------------------|--|
| PERFORMANCE OVERVIEW | TARGET | 95% Uptake | NATIONAL TARGET ACHIEVEMENT | | TREND | | BENCHMARK | |
|-----------------------------|---------------|------------|------------------------------------|--|--------------|--|------------------|--|

| 6 in 1 @24 weeks | Q3 23/24 | Q4 23/24 | April/May 24 |
|-------------------------|-----------------|-----------------|---------------------|
| Highland HSCP | 96% | 97% | 96% |
| Argyll & Bute HSCP | 95% | 99% | 98% |
| NHS Highland | 95% | 97% | 96% |

Scotland 4/5 24:
97%

| MMR 1 @16m | Q3 23/24 | Q4 23/24 | April/May 24 |
|--------------------|-----------------|-----------------|---------------------|
| Highland HSCP | 77% | 85% | 84% |
| Argyll & Bute HSCP | 91% | 88% | 87% |
| NHS Highland | 79% | 86% | 84% |

Scotland 4/5 24:
88%

| MMR 2 @3y 8m | Q3 23/24 | Q4 23/24 | April/May 24 |
|---------------------|-----------------|-----------------|---------------------|
| Highland HSCP | 72% | 77% | 68% |
| Argyll & Bute HSCP | 78% | 85% | 76% |
| NHS Highland | 73% | 79% | 70% |

Scotland 4/5 24:
81%



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with you, for you

12 Month View of Complaint and Feedback Activity: Vaccination Service for North Highland and A&B

Progress Made

- Vaccination related complaints have reduced, however, improvement work continues for the following years programme of vaccinations

Next Steps

- Analysis on Actions and impacts

Timescale

- October 2024

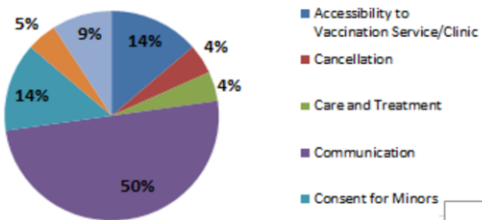
- The total volume of vaccinations administered in 12 months has been 347363 (Excludes Child vaccination for A&B), with a total of 14 complaints received; giving a conversion rate of 0.004%
- Within the 12-month period a total of 6 complaints involve minors, regarding consent and questions about when vaccinations are available to children
- Within the 12-month period there has been a total volume of 206 incidents raised relating to Vaccinations, giving a conversion rate of 0.06%

NHS Highland – Listening and Responding to our Patients

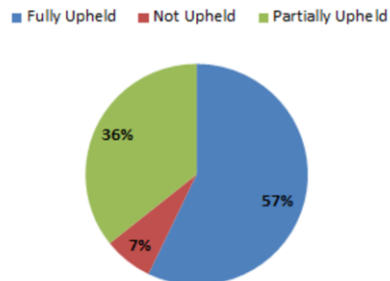
| | | | |
|--|---|---|--|
|  <p>The Patient Said.. To their MSP the service does not recognise their need for home vaccinations and their letters are, therefore, incorrect</p> <p>What We Did.. Apologised, explained how letters are distributed, and gave reassurance that their needs have been placed on a register so will be contacted going forward for home vaccinations</p> |  <p>The Patient Said.. The vaccination clinic locations in their letter was inaccurate, causing confusion.</p> <p>What We Did.. Apologised for the location error in the letters. Reassurance the letters have been rectified and the learning shared with relevant teams and staff.</p> |  <p>The Patient Said.. They were upset and concerned that they were not asked for consent for their child to be vaccinated.</p> <p>What We Did.. A case review investigation was carried out, apology provided to the parents of child. Actions taken to revise the process for communicating vaccinations to parents, and a pre-consent process put in place prior to vaccinations being given.</p> |  <p>The Patient Said.. There was an error in how the vaccination was administered.</p> <p>What We Did.. Thoroughly investigated the matter. Issued an apology to the patient and reassurance on actions taken to update procedures and to provide additional training to staff.</p> |
|--|---|---|--|

Since July 2023, 9 complaints have been logged with improvement actions and activity attached to them.

Vaccination Complaint Issues

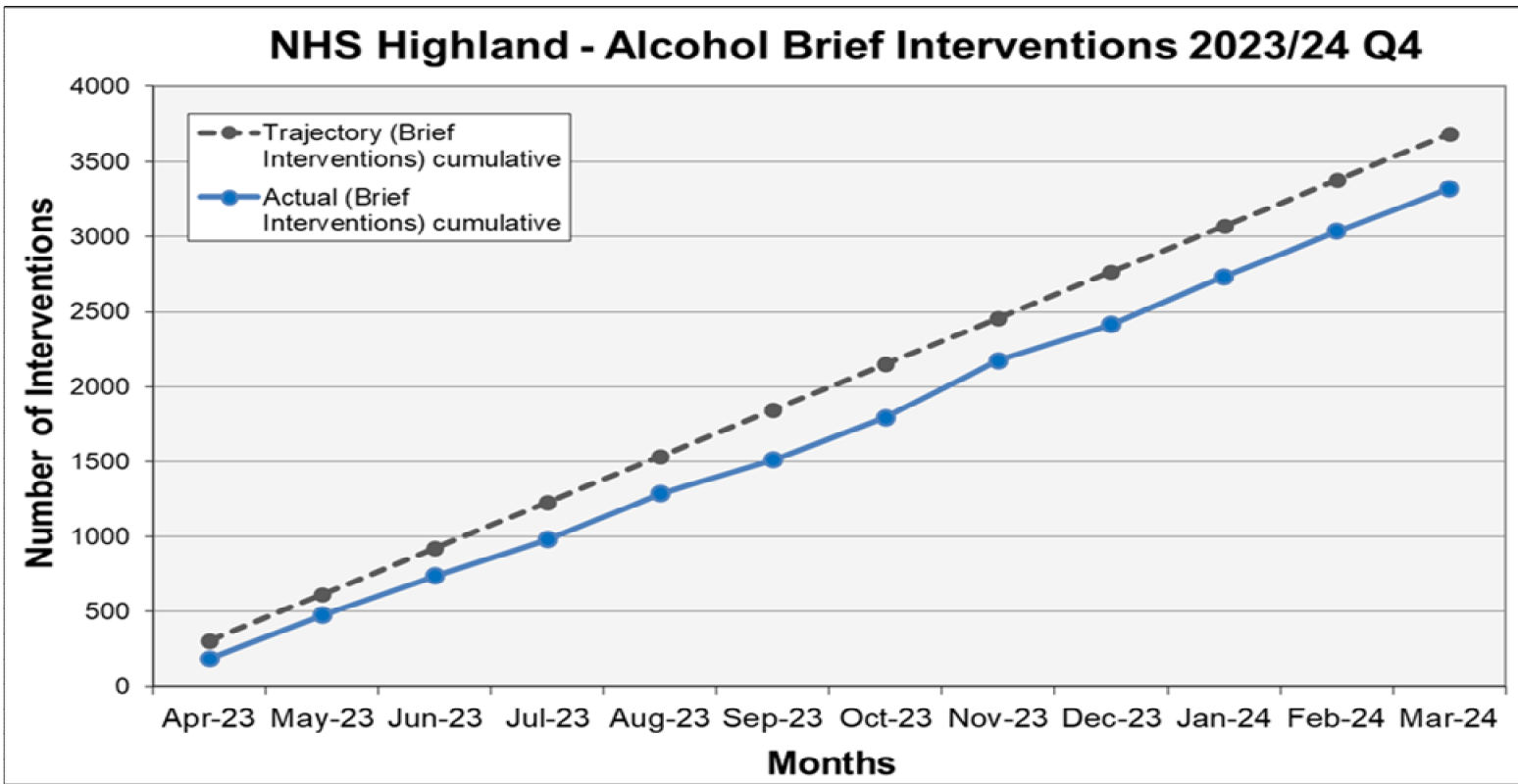


Complaint Outcomes

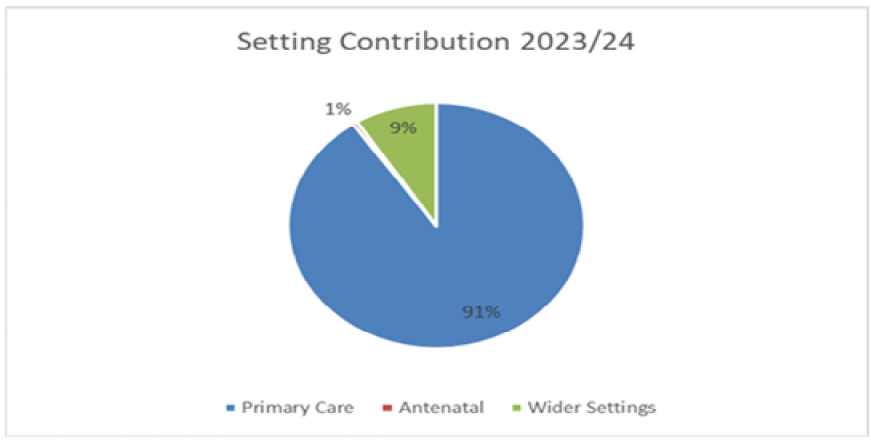


| Reasons for current Performance | Plan and Mitigation | Expected Impact |
|---|--|--|
| <ul style="list-style-type: none"> •Overall COVID & 'Flu uptake has been reasonable, but the quality of performance delivery needs to be improved as does uptake in these programmes and for children's vaccination. •The spring COVID vaccination programme has been undertaken for people aged 75+ and those more vulnerable. Other adult and child programmes also continue. •There has been some improvement in the timeliness of children's vaccination, but overall vaccination rates remain low, especially in Highland. Delivery models and staffing need to be improved. This is especially important for those missing vaccinations. | <ul style="list-style-type: none"> •Scottish Government is working with Highland HSCP in level 2 of its performance framework. •Public Health Scotland is acting as a critical friend. The peer review has been carried out and recommendations are being implemented. •Options are being considered for delivery models in Highland HSCP. •The Vaccination Improvement Group has a detailed action plan for service improvement | <p>Improved uptake rates for vaccinations</p> <p>Improved service with better satisfaction from public and staff</p> |

| | | | | | | | | |
|-----------------------------|---------------|---|------------------------------------|--|--------------|----------|------------------|--|
| PERFORMANCE OVERVIEW | 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 | | TREND | See data | BENCHMARK | |
|-----------------------------|---------------|---|------------------------------------|--|--------------|----------|------------------|--|



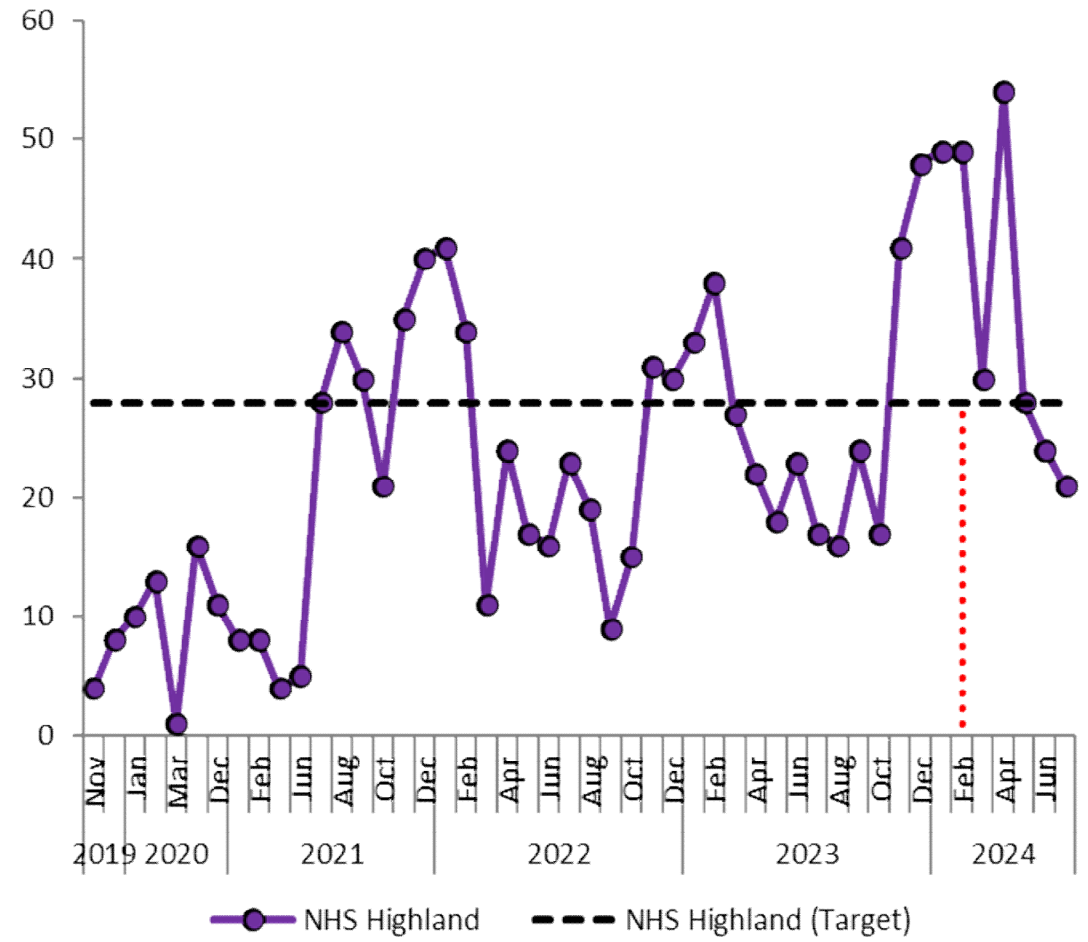
| Area | Q1 Trajectory | Q1 Delivery | Q2 Trajectory | Q2 Delivery | Q3 Trajectory | Q3 Delivery | Q4 Trajectory | Q4 Delivery |
|----------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|-------------|
| Highland | 919 | 739 | 1841 | 1514 | 2764 | 2415 | 3688 | 3323 |
| NH | 664 | 739 | 1330 | 1491 | 1995 | 2317 | 2660 | 3137 |
| A&B | 255 | 0 | 511 | 23 | 769 | 98 | 1028 | 186 |

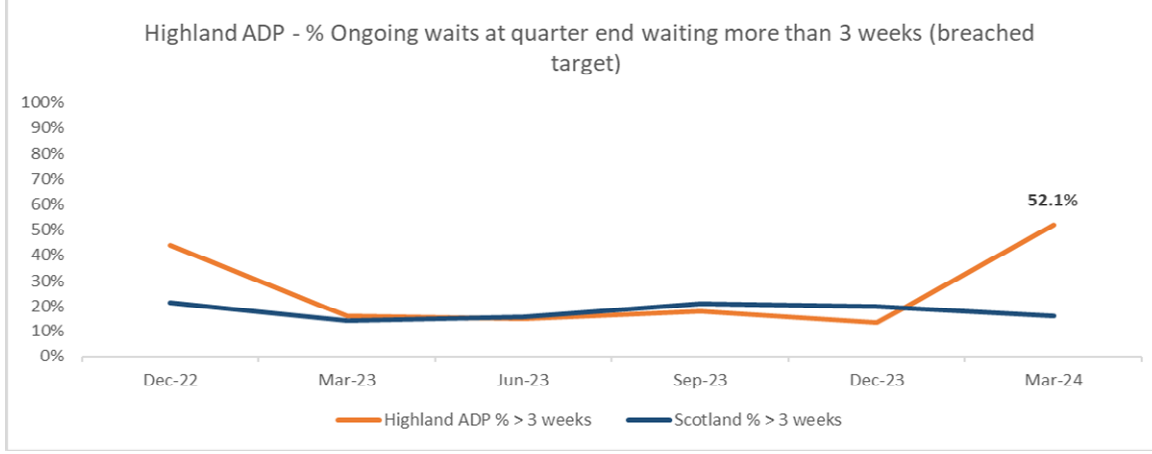
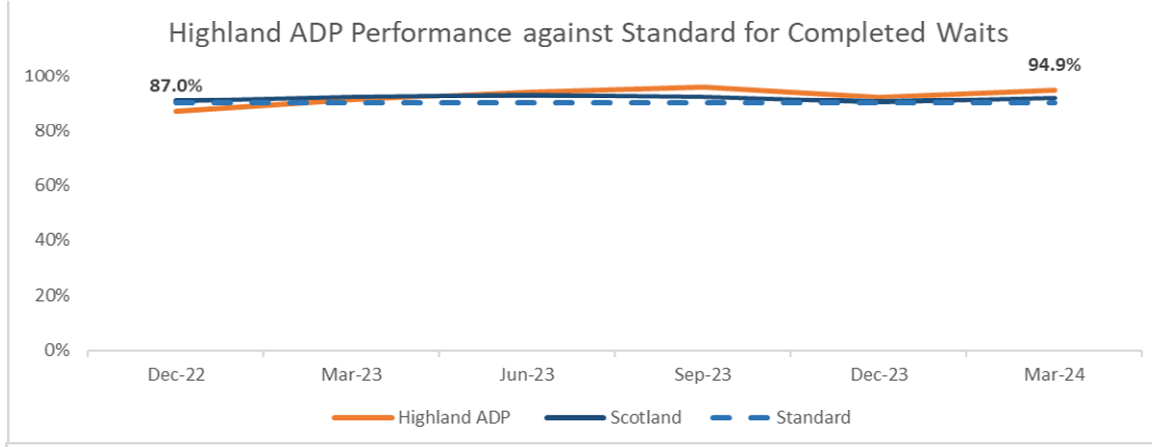


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|------------------|----------------|----------------|-----------|------------------|--|----------------|-------------------|
| OBJECTIVE | Our Population | OUTCOME | Stay Well | EXEC LEAD | Tim Allison, Director of Public Health | Service | Smoking Cessation |
|------------------|----------------|----------------|-----------|------------------|--|----------------|-------------------|

| | | | | | | | | |
|-----------------------------|---------------|---|------------------------------------|---------|--------------|--|------------------|--|
| PERFORMANCE OVERVIEW | TARGET | 336 successful quits in 12 weeks in 40 most deprived SIMD areas | NATIONAL TARGET ACHIEVEMENT | Not met | TREND | | BENCHMARK | |
|-----------------------------|---------------|---|------------------------------------|---------|--------------|--|------------------|--|

LDP 12-week smoking quits by month of follow up - NHS Highland






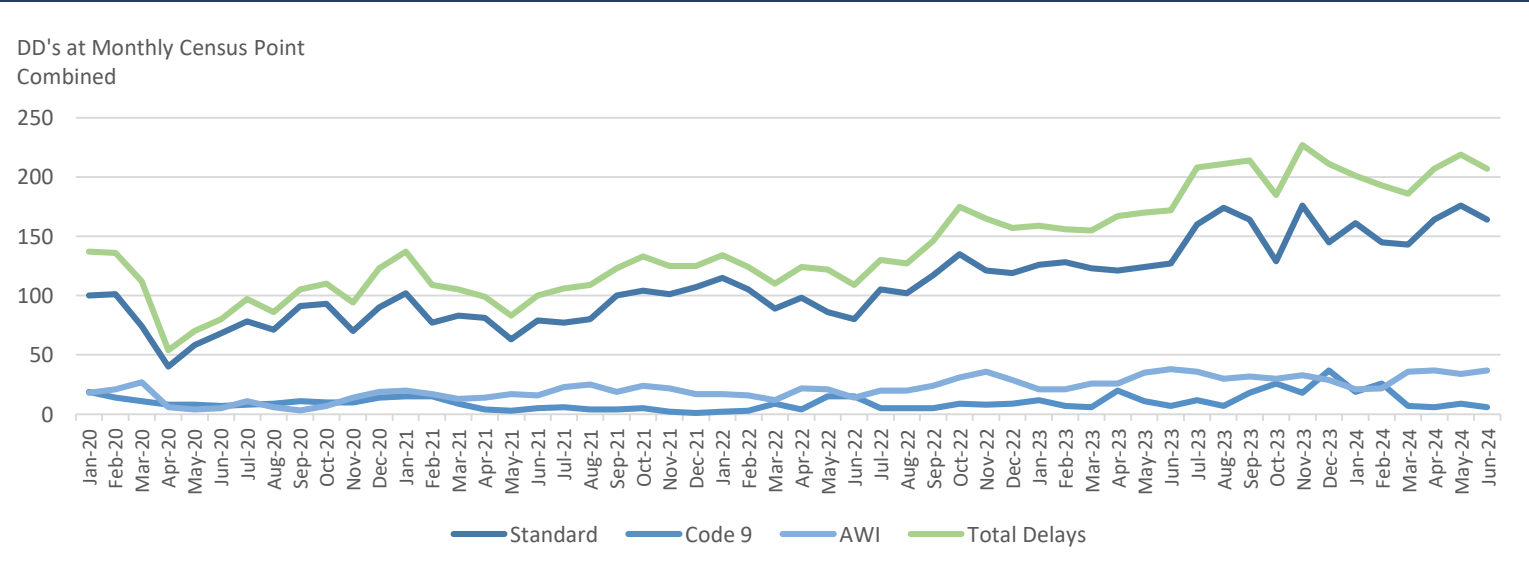
| HHSCP - Highland ADP only | | |
|--|---------------------|-----------------|
| No. of referrals to community based services completed in quarter end 31/03/2024 | Highland ADP | |
| Alcohol | 172 | |
| Drug | 145 | |
| Co-dependency | 32 | |
| Total completed | 349 | |
| % of referrals to community based services completed within target in quarter end | Highland ADP | Scotland |
| % completed <= 3 weeks - Alcohol | 91.2% | 90.5% |
| % completed <= 3 weeks - Drug | 98.4% | 94.3% |
| % completed <= 3 weeks - Co-dependency | 100.0% | 91.2% |
| % completed <= 3 weeks - All | 94.9% | 91.9% |
| TARGET | 90% | 90% |
| > 3 weeks | 5.1% | 8.1% |
| Ongoing referrals to community based services at quarter end 31/03/2024 | Highland ADP | |
| Alcohol | 78 | |
| Drug | 22 | |
| Co-dependency | 21 | |
| Total ongoing | 121 | |
| <= 3 weeks | 58 | |
| > 3 weeks | 63 | |
| % breached ongoing waits as at quarter end 31/03/2024 | Highland ADP | Scotland |
| % ongoing > 3 weeks - Alcohol | 53.8% | 56.3% |
| % ongoing > 3 weeks - Drug | 45.5% | 58.3% |
| % ongoing > 3 weeks - Co-dependency | 52.4% | 58.1% |
| % ongoing > 3 weeks - All | 52.1% | 57.0% |

| The Issue and Cause | Plan and Mitigation | Expected Impact |
|--|--|--|
| <ul style="list-style-type: none"> Struggled to maintain previous performance due to increased demand coupled with reduced capacity. Recruitment delayed by limited access to finance support Financial instability has delayed tender for support to individuals misusing substances | <ul style="list-style-type: none"> Exploration of shifting balance of NESH DARS teams towards dependant substance use and tender to third sector for non-dependant use Finance support now available and time has been prioritised to confirming posts for recruitment | <ul style="list-style-type: none"> Waiting list targets met |

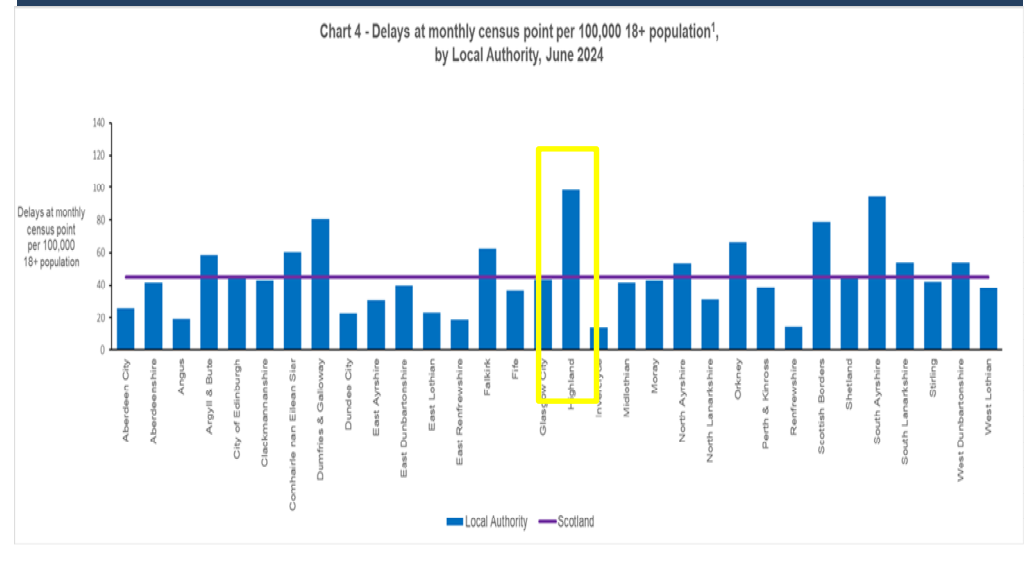
| Reasons for current Performance | Plan and Mitigation | Expected Impact |
|--|--|---|
| <p>ABIs</p> <ul style="list-style-type: none"> •Over the 12 months reported, 2023/24 ABI delivery has remained below the target trajectory in each month for NHS Highland. •ABI delivery remains above trajectory for Highland H&SCP area largely due to delivery in GP Settings. Progress with Locally Enhanced Service (LES) has stalled. •There has been a small number of ABIs recorded in Q4 in Argyll & Bute for wider settings. <p>Smoking Cessation</p> <ul style="list-style-type: none"> • Renewed focus on pregnant women particularly in the 40% most deprived areas. • TEAMS training with Community Pharmacies from throughout the NHS Highland area on the evening of 6th August. • Early exploratory discussions have taken place to pilot smoking cessation support for patients in 2 wards in Raigmore Hospital. | <p>ABIs</p> <p>Progress with updating LES. Develop 2024/2025 ABI plan. Audit of ABI trainer numbers and course provision due to staff changes. Continue further evaluation of training to determine practical application. Review end Q2 2024-25</p> <p>Smoking Cessation</p> <ul style="list-style-type: none"> • Monthly review of missing follow up data at both 1 month and 3 months • Smoking Cessation Midwives to develop a plan for a one year pilot of a financial incentive stop smoking scheme for pregnant women who are eligible for NHS Highland Family Nurse Partnership (FNP). • Work has begun to refresh NHH Tobacco Strategy and action plan | <p>ABIs</p> <p>Improved waiting times and number of ABIs undertaken, to meet national targets</p> <p>Smoking Cessation</p> <p>Improved successful quits in most deprived areas to meet targets.</p> |

| | | | | | | | |
|-----------------------------|-----------------------|---|---------------------|-------------------------------------|---|----------------|--|
| OBJECTIVE | Our Population | OUTCOME | Care Well | EXEC LEAD | Pam Cremin, Chief Officer, HHSCP | Service | Delayed Discharges |
| PERFORMANCE OVERVIEW | TARGET | Reduction of 30% or 65% (to be agreed) | NHS HIGHLAND | 207 DDs at June Census Point | 6600 bed days lost | TREND |  POSITION 14/14 |

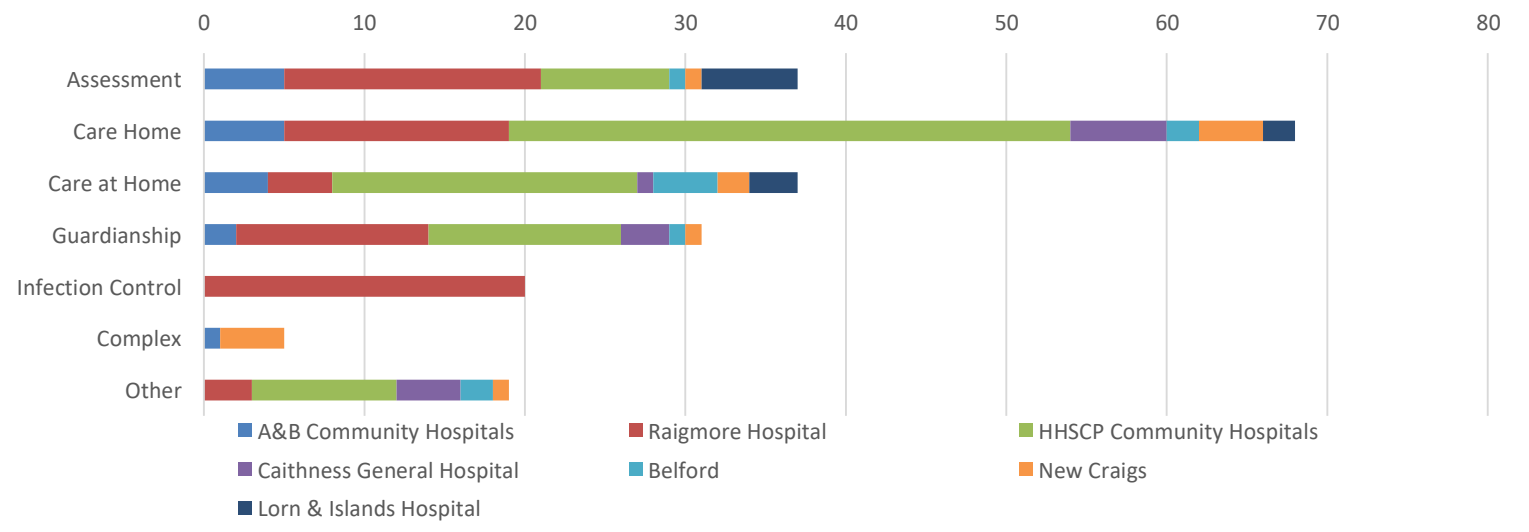
Delayed Discharges at Monthly Census Point (P) - NHS Highland inc A&B



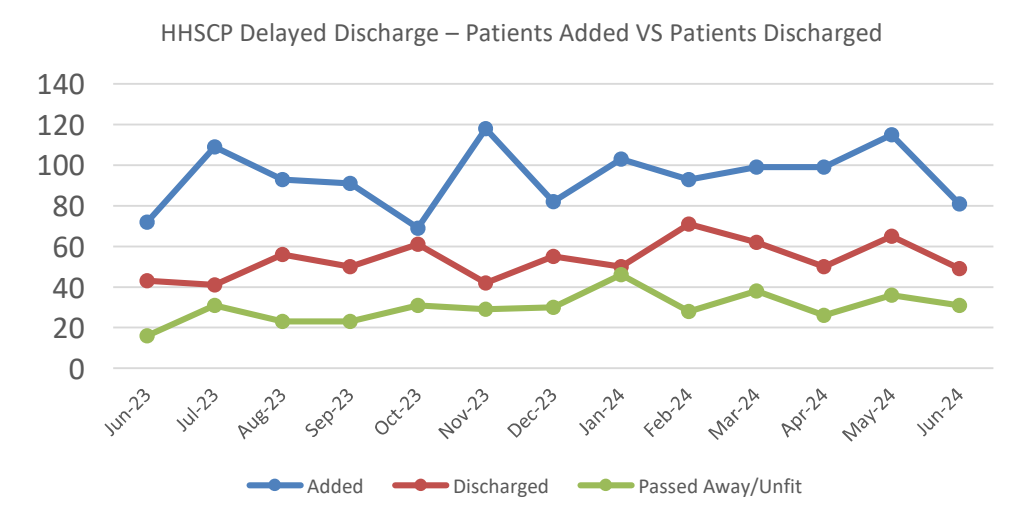
Benchmarking across Scotland (P)



Delayed Discharge – Location and Code (P&Q)



HHSCP Delayed Discharge – Patients Added VS Discharged (Q)

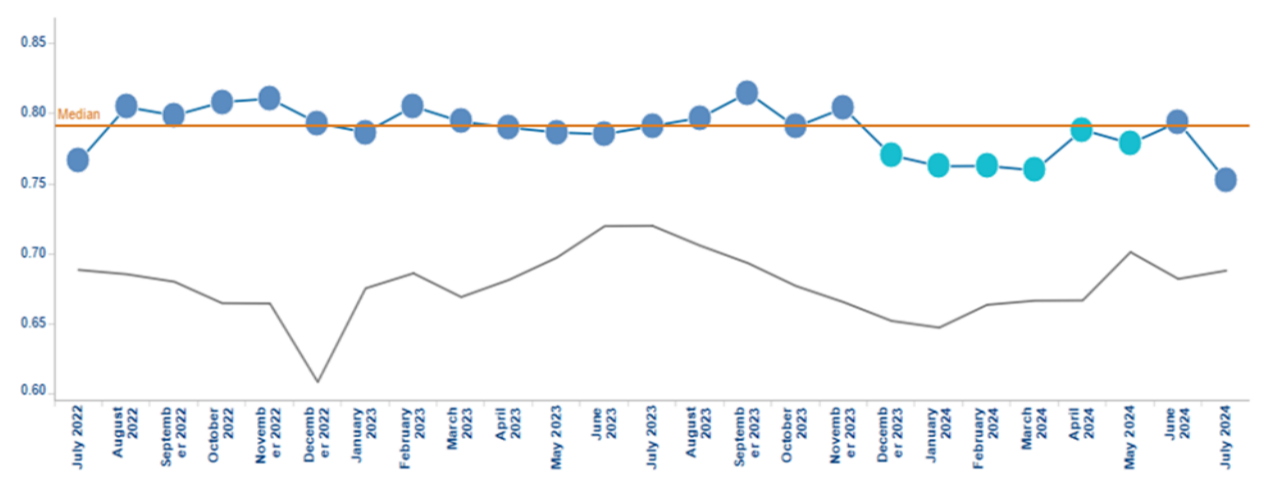


| | | | | | | | |
|------------------|-----------------------|----------------|------------------|------------------|---|----------------|---------------------------|
| OBJECTIVE | Our Population | OUTCOME | Care Well | EXEC LEAD | Pam Cremin, Chief Officer, HHSCP | Service | Delayed Discharges |
|------------------|-----------------------|----------------|------------------|------------------|---|----------------|---------------------------|

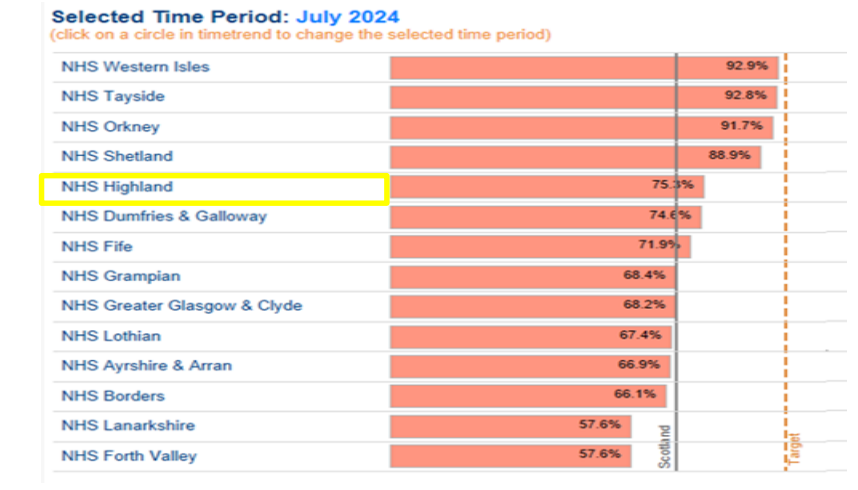
| Reasons for current Performance | Plan and Mitigation | Expected Impact |
|---|---|---|
| <p>We continue to be challenged with high numbers of delayed hospital discharges and wider unmet Care at Home and Care Home need. Several initiatives are making progress to support provision. Deliverables have been combined into a geographically focused plan for Inverness to improve flow and reduce delays, these include:</p> <ul style="list-style-type: none"> - Discharge to Assess - Home is best redesign | <ul style="list-style-type: none"> • NHSH has developed a 90 day Urgent & Unscheduled Care recovery plan • We have submitted targets to Scottish Government for a short term improvement in reducing standard delays • We have established a daily operational group to provide organisational reassurance that we are addressing delays | <ul style="list-style-type: none"> • Reduce the duration and number of people affected by delayed discharges |

PERFORMANCE OVERVIEW TARGET 95% NHS HIGHLAND 75.3% TREND ↓ BENCHMARK (SCOTLAND AVERAGE) 68.8% POSITION 5/14

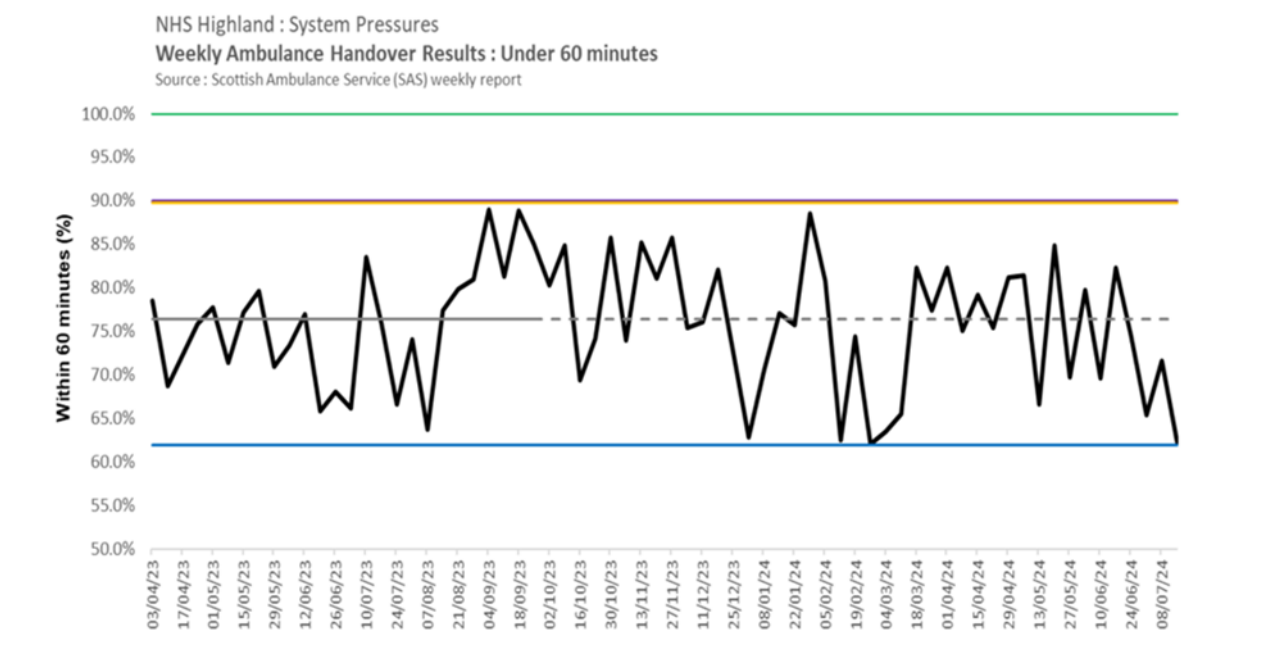
People seen in ED within < 4 hours (P)



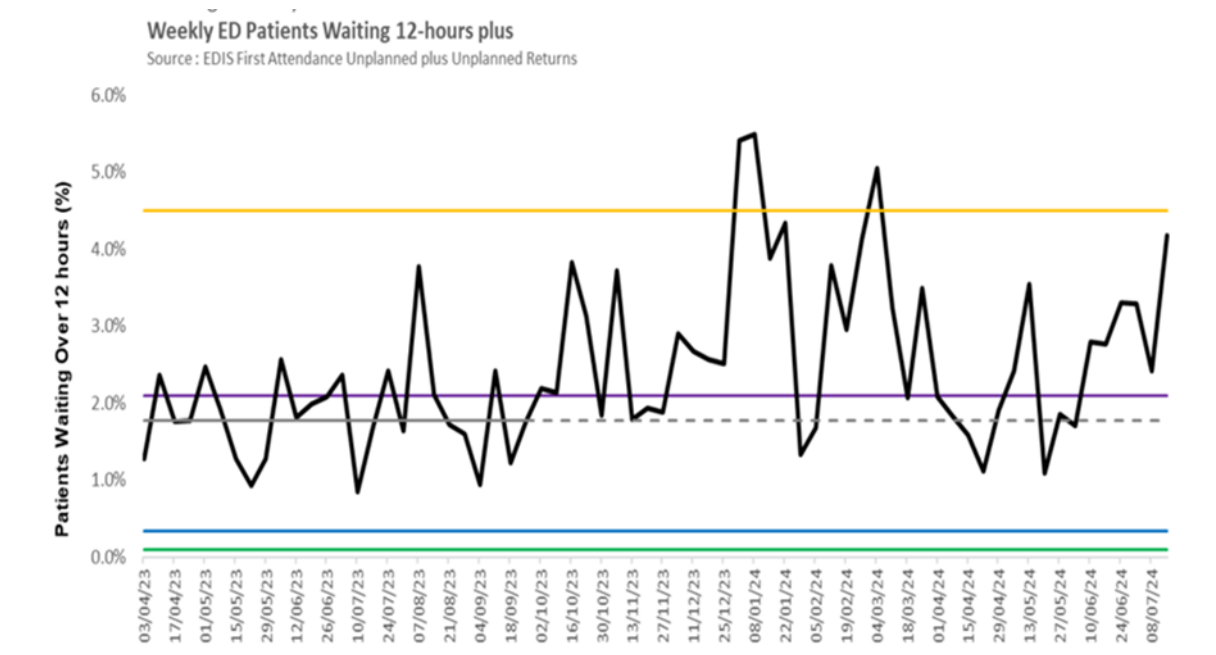
Benchmarking across Scotland




Ambulance Handover < 60 mins (Q)



Patients waiting > 12 hours in ED (Q)

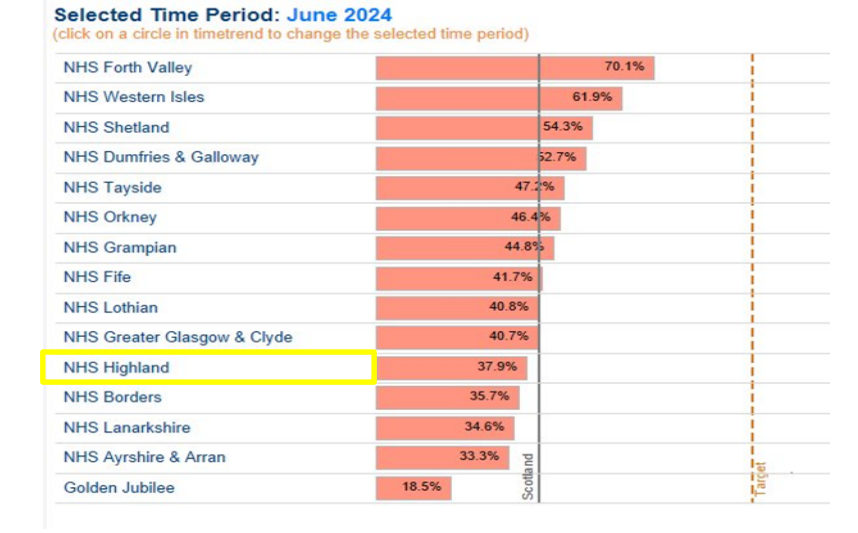
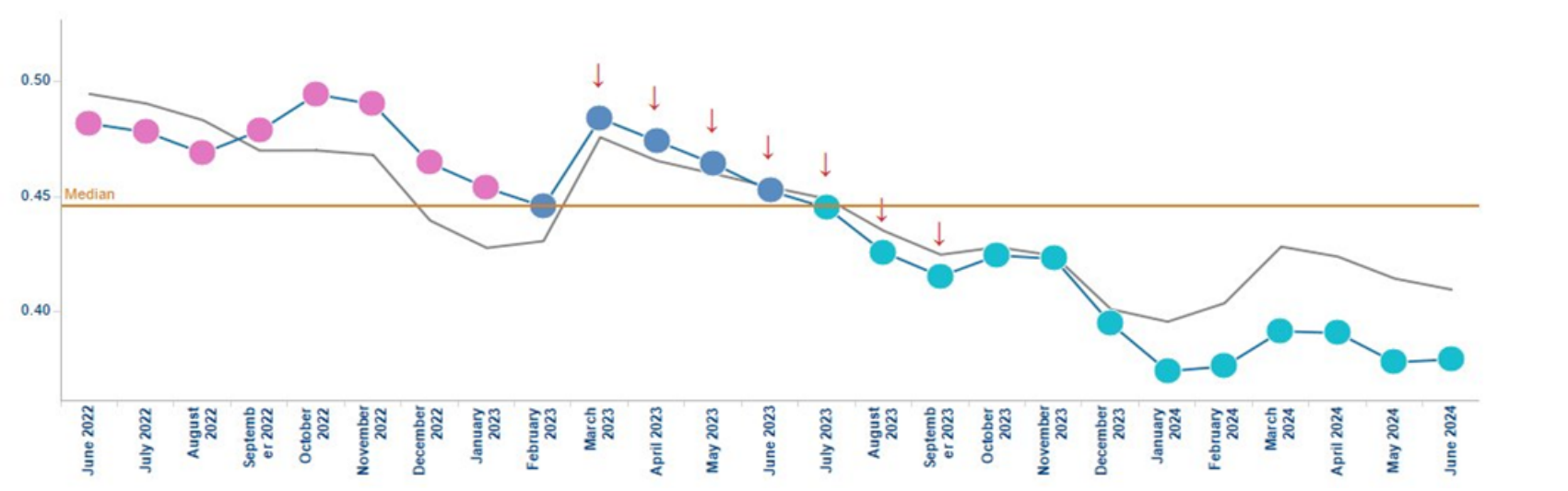


| Reasons for current Performance | Plan and Mitigation | Expected Impact |
|--|--|---|
| <p>Progress being made on all Deliverables within strategic area of focus – due dates March 2025</p> | <p>Acute Front Door & Optimising Flow Data analysis requested via LIST (PHS) to support identification of priorities</p> <ul style="list-style-type: none"> • Restructure of OPEL escalations/actions • Extended Phased Flow hours when on level 4/5 • Community AHP in reach into ED to support Frailty pathways currently being tested • Flow Group 2 process mapping • Working with P&P and CSD to map out trajectories for improvement • Assess to admit model testing in AMU • Standardised working models for AMU consultants (3rd October) • Data review with SAS - 60% of incident conveyed (in line with national benchmarking) <p>AEC</p> <ul style="list-style-type: none"> • Reduce overall MLOS in dept to under 4:30hrs. • Average weekly attendance increased by 20% (45/week – 56/week) • Direct ED consultant admitting rights to AEC slots. • Increase specialty to include surgical & ortho AEC. <p>OPEL Whole system OPEL group stood up to link with resilience and business continuity</p> | <p>Acute Front Door</p> <ul style="list-style-type: none"> • Reduce ED presentations by providing alternatives <p>Optimising Flow</p> <ul style="list-style-type: none"> • Reduce length of stay by redesigning clinical pathways • Reduce time spent in ED prior to admission <p>OPEL</p> <ul style="list-style-type: none"> • Reduce frequency of high level escalations |

| | | | | | | | | | | |
|-----------------------------|-----------------------|----------------|---------------------|------------------|---|--|------------------|--------------------|-----------------|--------------|
| OBJECTIVE | Our Population | OUTCOME | Treat Well | EXEC LEAD | Katherine Sutton, Chief Officer, Acute | | Service | Outpatients | | |
| PERFORMANCE OVERVIEW | TARGET | 95% | NHS HIGHLAND | 37.9% | TREND |  | BENCHMARK | 41% | POSITION | 11/14 |

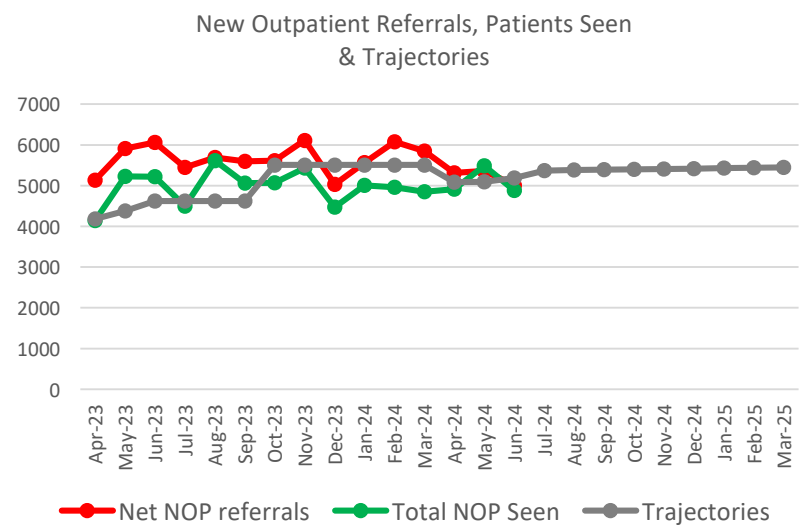
Outpatients Seen <12 Weeks (P)

Benchmarking across Scotland (P)

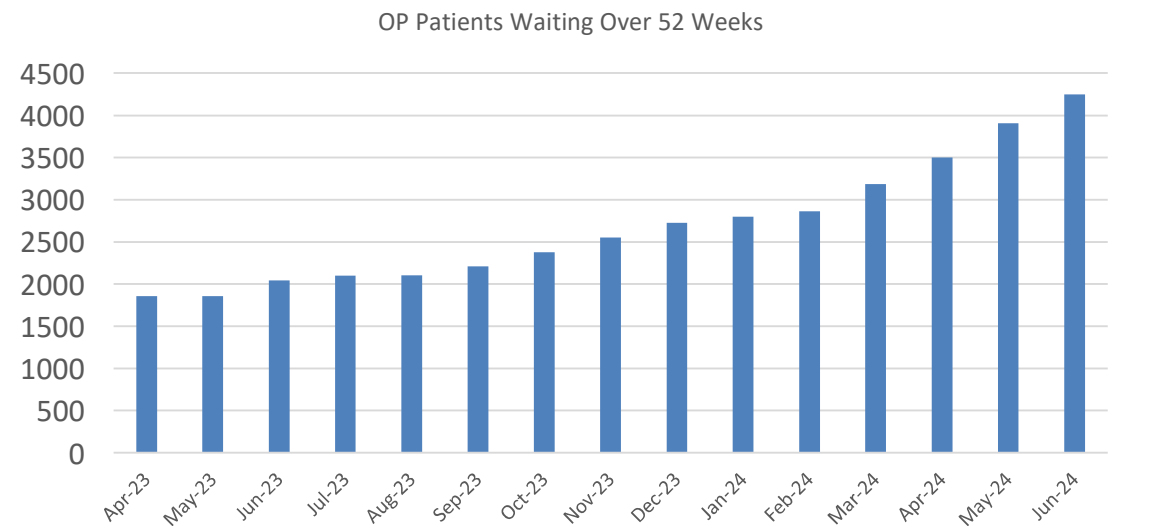


Referrals, Patients Seen & Trajectories (P)

Long Waits (P&Q)



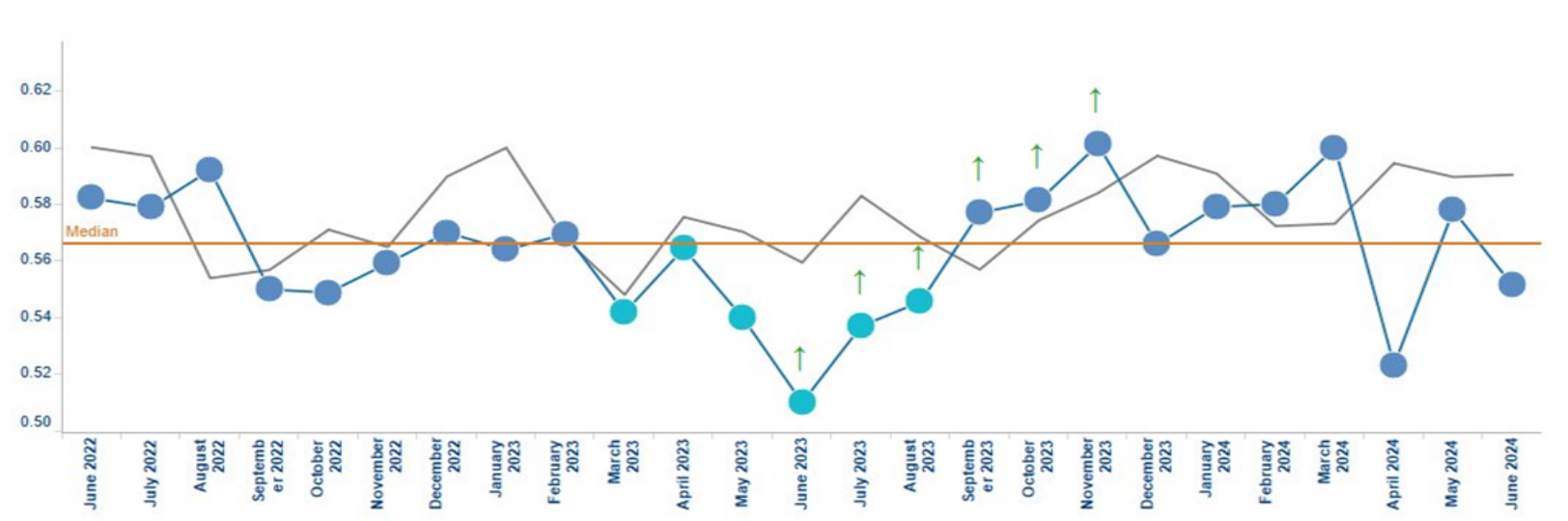
| Yearly Trajectory | YTD | Patients Seen-June 24 | Overall |
|-------------------|-----------------|-----------------------|--------------------|
| 64,045 | 15,368 (23.99%) | 15,278 (23.85%) | 0.14% below target |



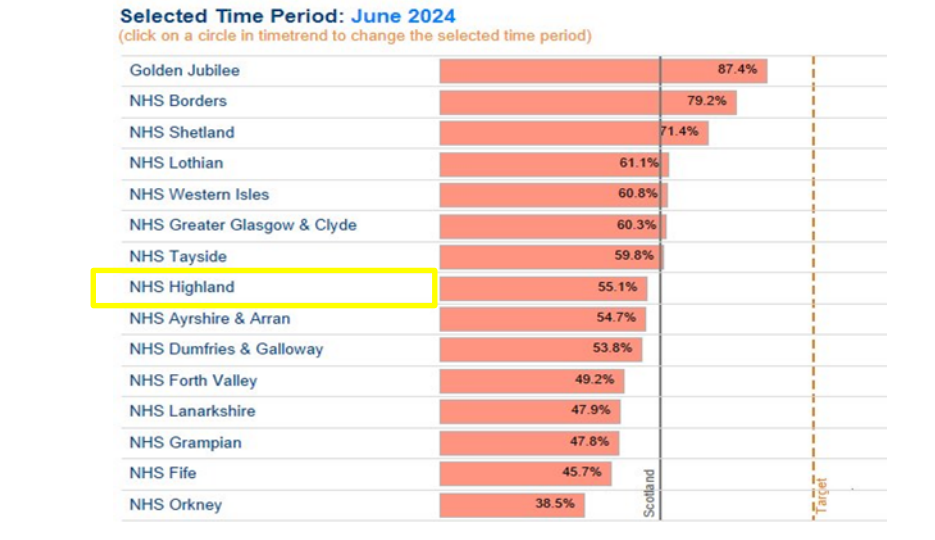
| Reasons for current Performance | Plan and Mitigation | Expected Impact |
|--|--|---|
| <p>Temporary drop in NOP seen is due to waiting list initiative funding commencing mid-financial year.</p> <p>CfSD measures are in progress for implementation</p> | <p>Waiting list clinics have been commissioned and are commencing late September 2024/beginning October 2024. The booking process for these clinics will adhere to strict patient access policy rules and will be booked in date order i.e. longest waiting patients first. This booking process adheres to the financial management framework of waiting list monies and tendering process.</p> <p>Job planning to review volume of clinics through Attention to Detail</p> <p>Review of clinic templates and virtual clinic usage</p> <p>Ehealth are in working in tandem with the clinical teams and service managers towards full implementation</p> | <p>Increase in NOP seen, reduction in long waits and ensuring waits > 2 years are brought to 0</p> <p>This will ensure all clinicians deliver the number of clinics they are job-planned for</p> <p>Reducing the variation within clinic templates, this standard approach will maximise clinic slot availability. Clinic types are being adjusted to address long waiters.</p> <p>Less additions to our waiting lists resulting in more capacity to book long waiters, reducing waiting times overall</p> |

| | | | | | | | | | | | |
|-----------------------------|-----------------------|----------------|-------------------|---------------------|---|--------------|----------------|---------------------------------|------------|-----------------|-------------|
| OBJECTIVE | Our Population | OUTCOME | Treat Well | EXEC LEAD | Katherine Sutton, Chief Officer, Acute | | Service | Treatment Time Guarantee | | | |
| PERFORMANCE OVERVIEW | | TARGET | 100% | NHS HIGHLAND | 55.1% | TREND | ↓ | BENCHMARK | 59% | POSITION | 8/15 |

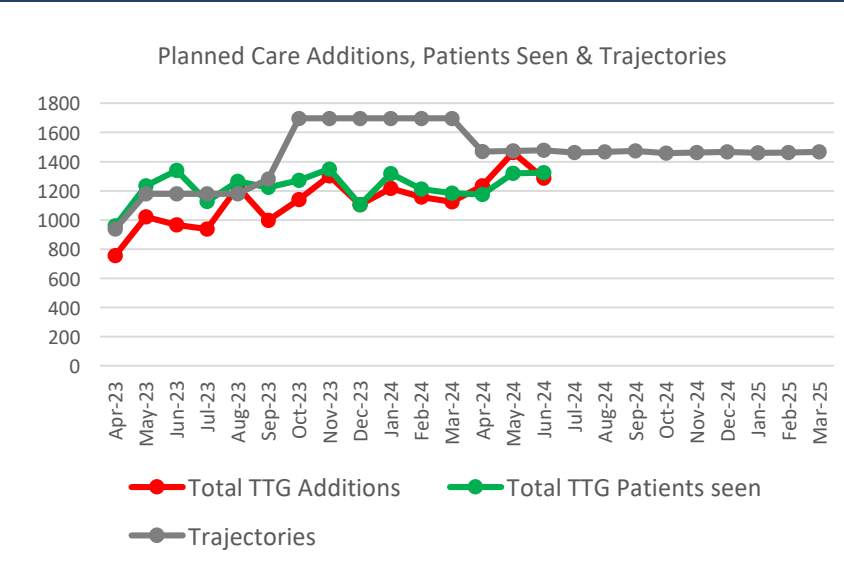
TTG Seen <12 Weeks (P)



Benchmarking across Scotland (P)

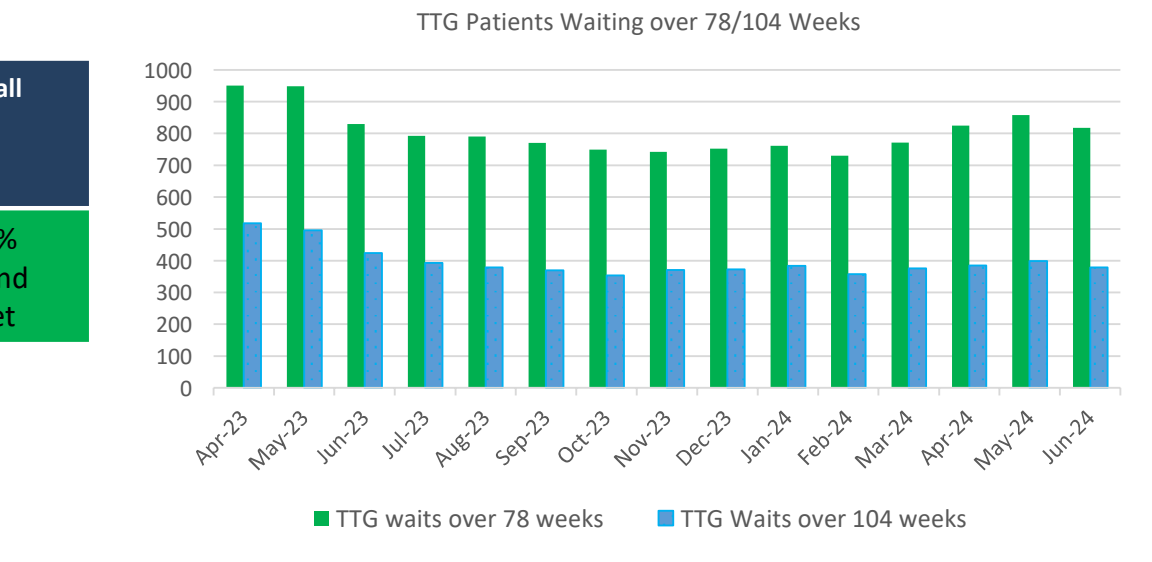


Referrals, Patients Seen & Trajectories (P)



| Yearly Trajectory | YTD | Patients Seen-June 24 | Overall |
|-------------------|----------------|-----------------------|---------------------|
| 17,603 | 4,420 (25.10%) | 3,819 (21.69%) | 3.41% behind target |

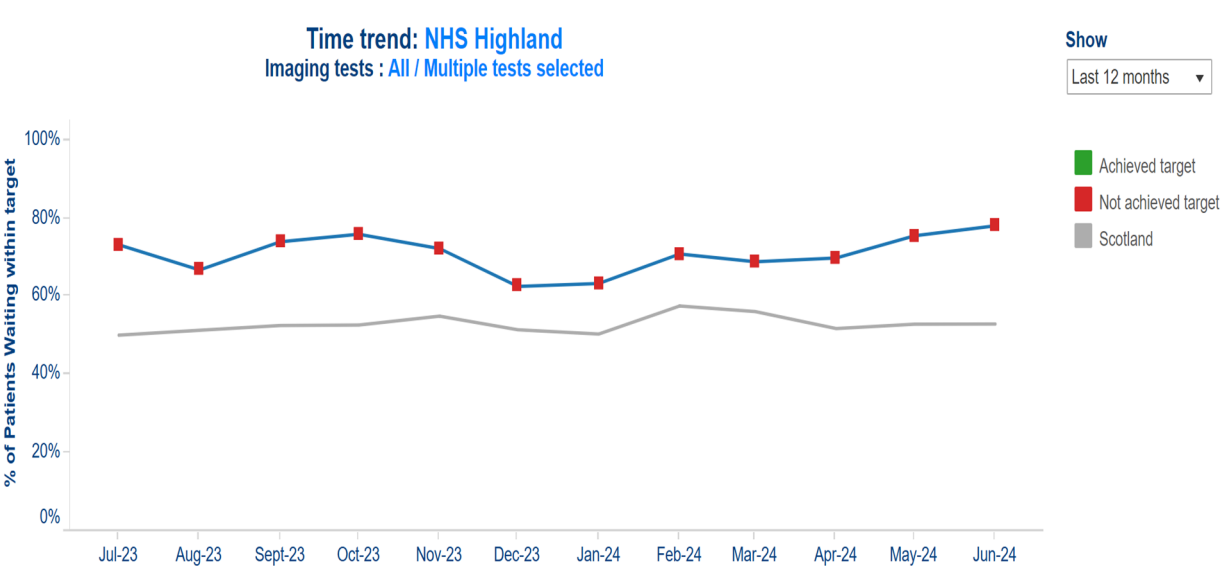
Long Waits (P&Q)



| OBJECTIVE | Our Population | OUTCOME | Treat Well | EXEC LEAD | Katherine Sutton, Chief Officer, Acute | Service | Treatment Time Guarantee |
|---|----------------|---------|------------|---|--|---------|--|
| Reasons for current Performance | | | | Plan and Mitigation | | | Expected Impact |
| <p>Increasing demand and complexity.</p> <p>Lack of workforce to deliver care pathways.</p> <p>Lack of waiting list scrutiny resulting in lack of ownership / knowledge of patients' journeys through services.</p> <p>Patients referred into services with long waits who may realise better outcomes if care managed in primary care.</p> | | | | <p>Service planning implemented through ISP workstreams to realise efficiencies in process and alternative workforce models.</p> <p>Implementation of CfSD initiatives.</p> <p>Awareness and delivery of new WTG to ensure that only those who are fit, willing, and able are on a waiting list.</p> <p>Delivery of NHH waiting times dashboard to support appropriate management of care pathways.</p> | | | <p>Improved performance against TTG.</p> <p>Improved patient experience through timelier access to care and delivery of locally enhanced services.</p> |

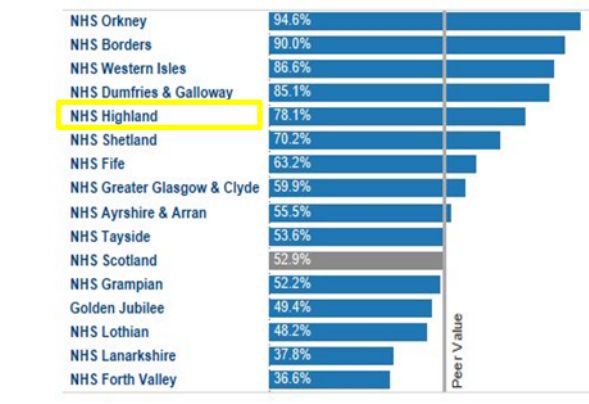
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|-----------------------------|-----------------------|----------------|---------------------|------------------|---|----------|------------------|------------------|-----------------|-------------|
| OBJECTIVE | Our Population | OUTCOME | Treat Well | EXEC LEAD | Katherine Sutton, Chief Officer, Acute | | Service | Radiology | | |
| PERFORMANCE OVERVIEW | TARGET | 100% | NHS HIGHLAND | 78.1% | TREND | ↑ | BENCHMARK | 52.9% | POSITION | 5/14 |

Imaging Tests: Maximum Wait Targets 6 Weeks (P)



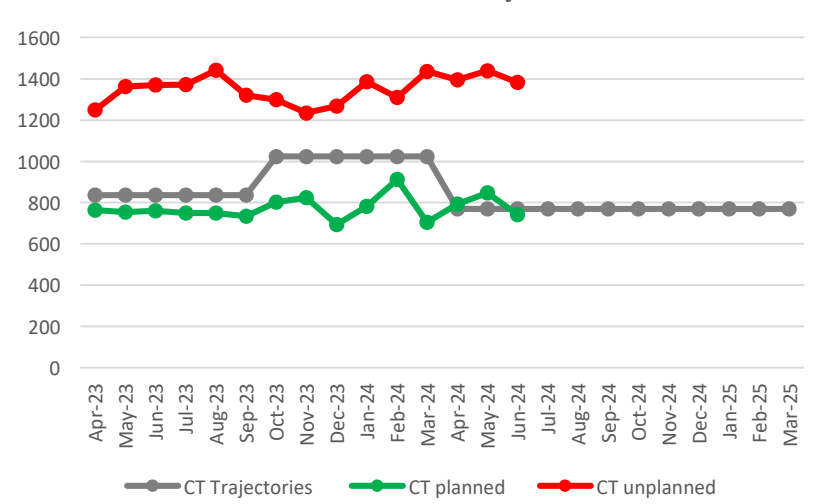
| | | | |
|--------------------------|-------------------|-----------------------------------|--------------------|
| Yearly Trajectory | YTD Target | Patients Seen - April 2024 | Overall |
| 33,229 | 8,306 (25%) | 8872 (26.70%) | 1.70% Above target |

Benchmarking Across Scotland (P)

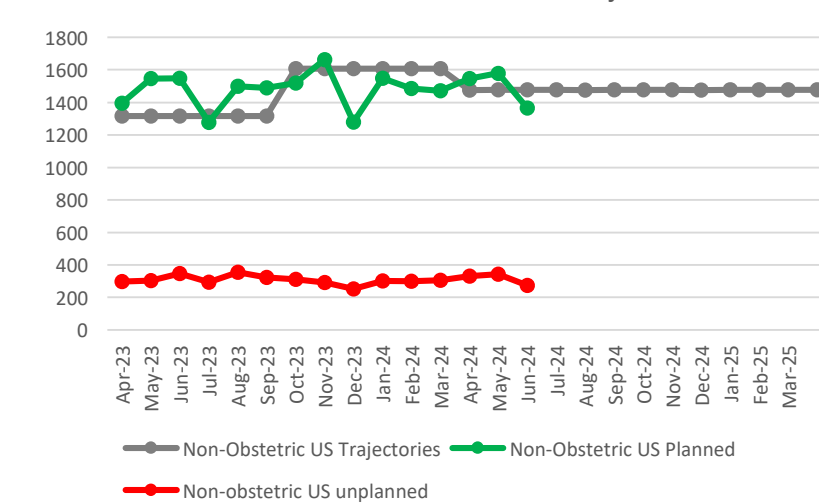


Referrals, Patients Seen & Trajectories (P)

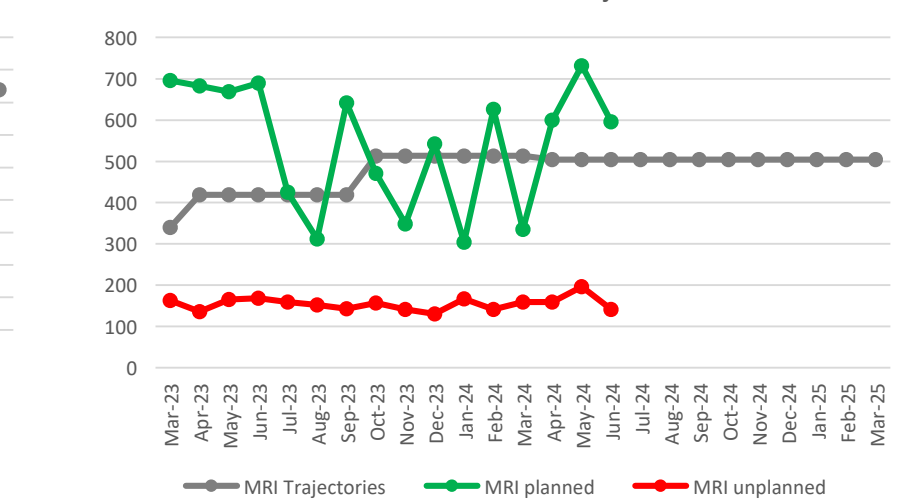
CT Patients Seen & Trajectories



Non-Obstetric Patients Seen & Trajectories

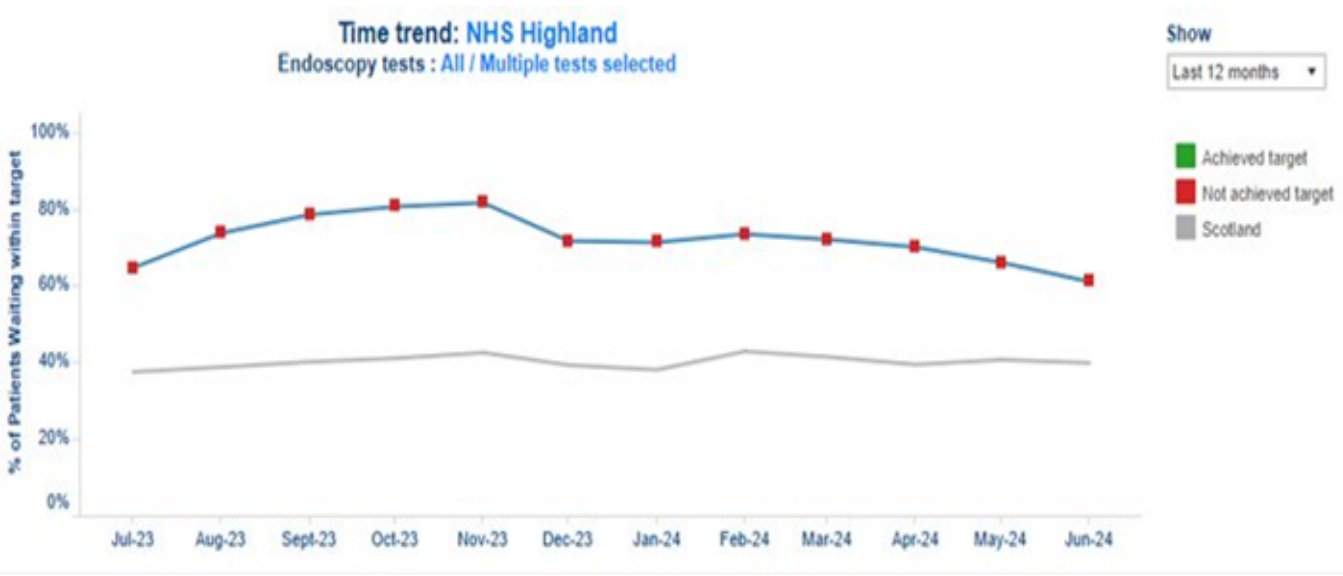


MRI Patients Seen & Trajectories



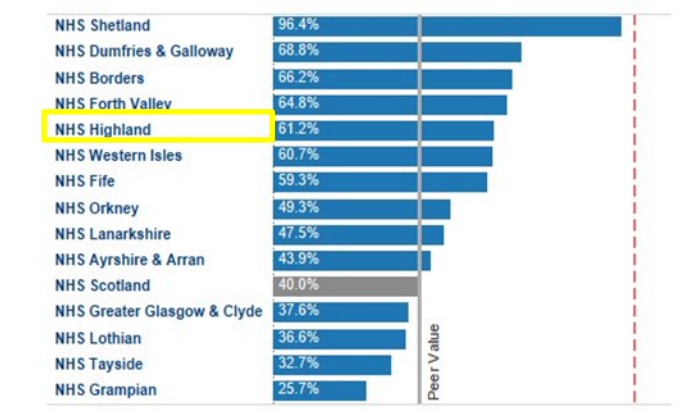
| | | | | | | | | | | |
|----------------------|----------------|---------|--------------|-----------|--|---|-----------|-----------|----------|------|
| OBJECTIVE | Our Population | OUTCOME | Treat Well | EXEC LEAD | Katherine Sutton, Chief Officer, Acute | | Service | Endoscopy | | |
| PERFORMANCE OVERVIEW | TARGET | 100% | NHS HIGHLAND | 61.2% | TREND | ↓ | BENCHMARK | 40.0% | POSITION | 5/14 |

Endoscopy Tests: Maximum Wait Targets 6 Weeks (Q)



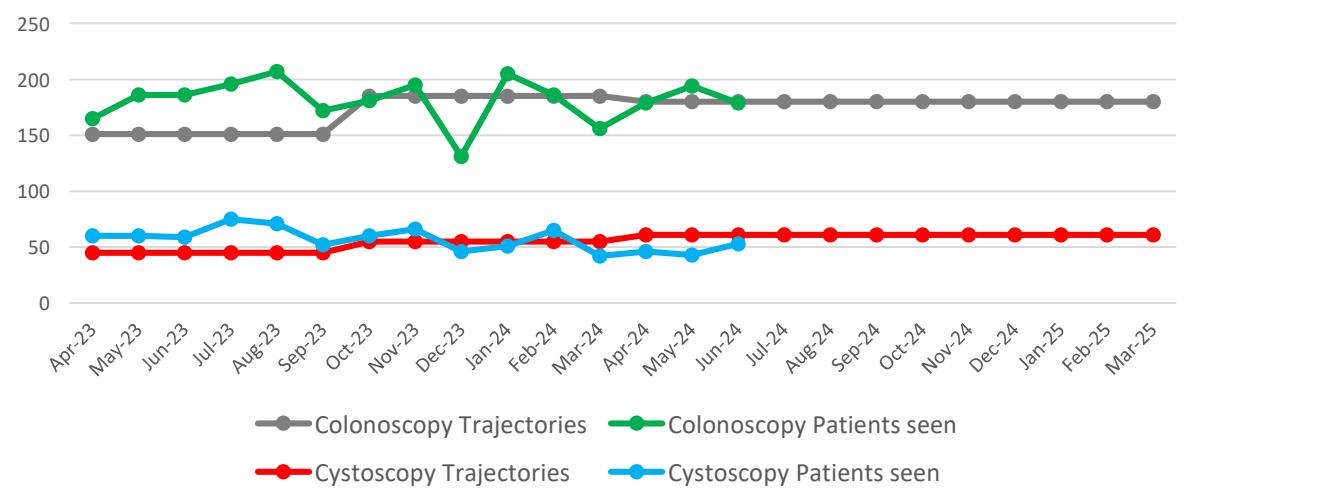
| Yearly Trajectory | YTD Target | Patients Seen | Overall |
|-------------------|----------------|----------------|-------------------|
| 6,576 | 1,644 (25.00%) | 1,646 (25.03%) | 0.03% over target |

Benchmarking Across Scotland (P)

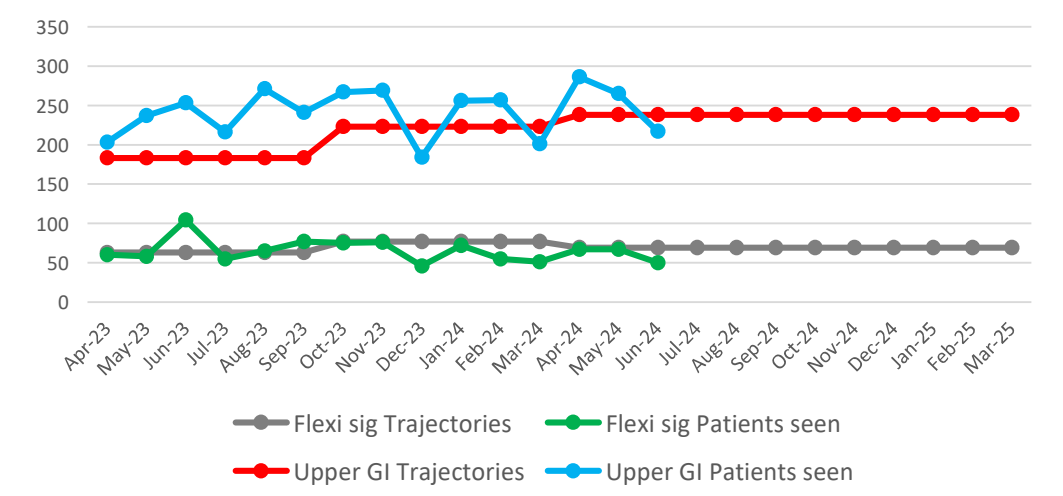


Referrals, Patients Seen & Trajectories (P)

Colonoscopy & Cystoscopy: Patients Seen & Trajectories

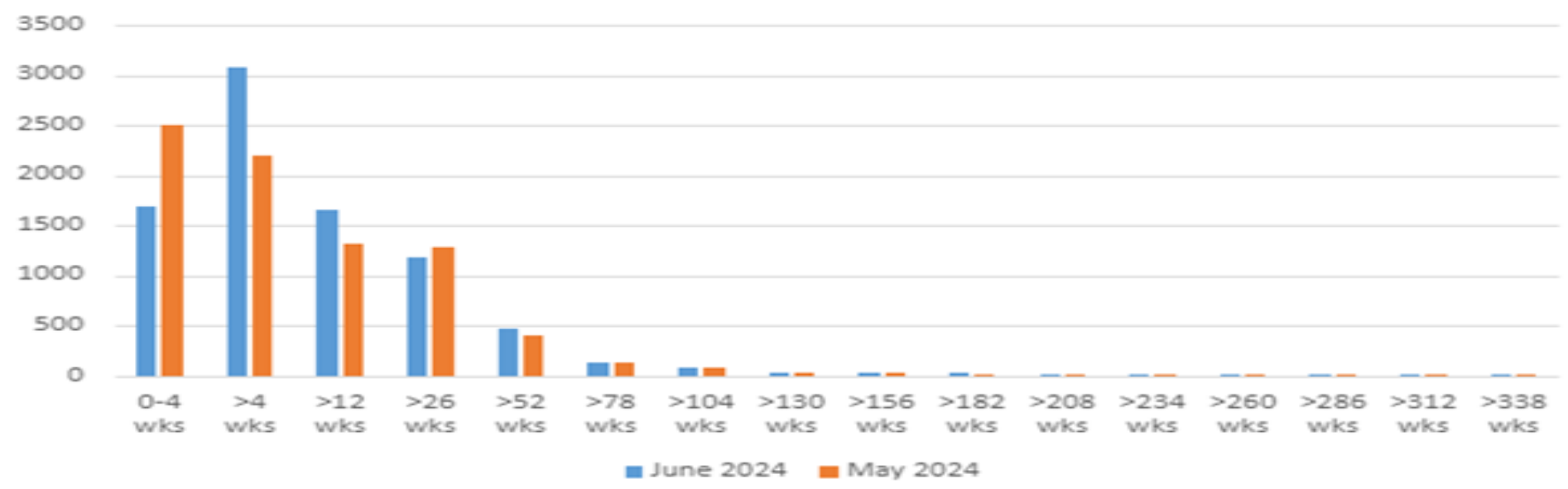


Flexi Sig & Upper GI: Patients Seen & Trajectories



| Reasons for current Performance | Plan and Mitigation | Expected Impact |
|--|--|---|
| <p>Overall performance in diagnostics is positive however demand on diagnostic overall is increasing. Diagnostic services are demand led with no control over activity levels or budget.</p> <p>Workforce vacancies exist and there is a dependence on locum / agency staffing. Pathology and radiology are heavily dependent on outsourcing, resulting in cost pressures.</p> <p>Historic models of testing exist that are not based on shared decision making.</p> <p>Testing schedules are protocolised rather than being person centred.</p> | <p>Two programmes of work focused on creating sustainable services, underpinned by the principles of realistic medicine. Focus will be on:</p> <ul style="list-style-type: none"> - Creating a sustainable workforce - Adherence to standards & best practice to reduce demand for tests that add little / no clinical value - Optimising digital technologies to reduce manual processes / inefficiencies - Meaningful and transparent data to demonstrate value and healthcare benefits - Collaborative working with our population and communities to tackle inequalities and improve patient experience <p>Radiology working group and Laboratory working group established. Diagnostics governance group in place to provide accountability and assurance.</p> | <p>Reduction in testing requests</p> <p>Reduction in costs through reduction in outsourcing and reliance on locum workforce</p> <p>Reduction in inequalities / unwarranted variation</p> <p>Improved patient outcomes</p> |

**NHS Highland Non Reportable Specialties- Outpatient WL
(excludes Raigmore and A&B)**



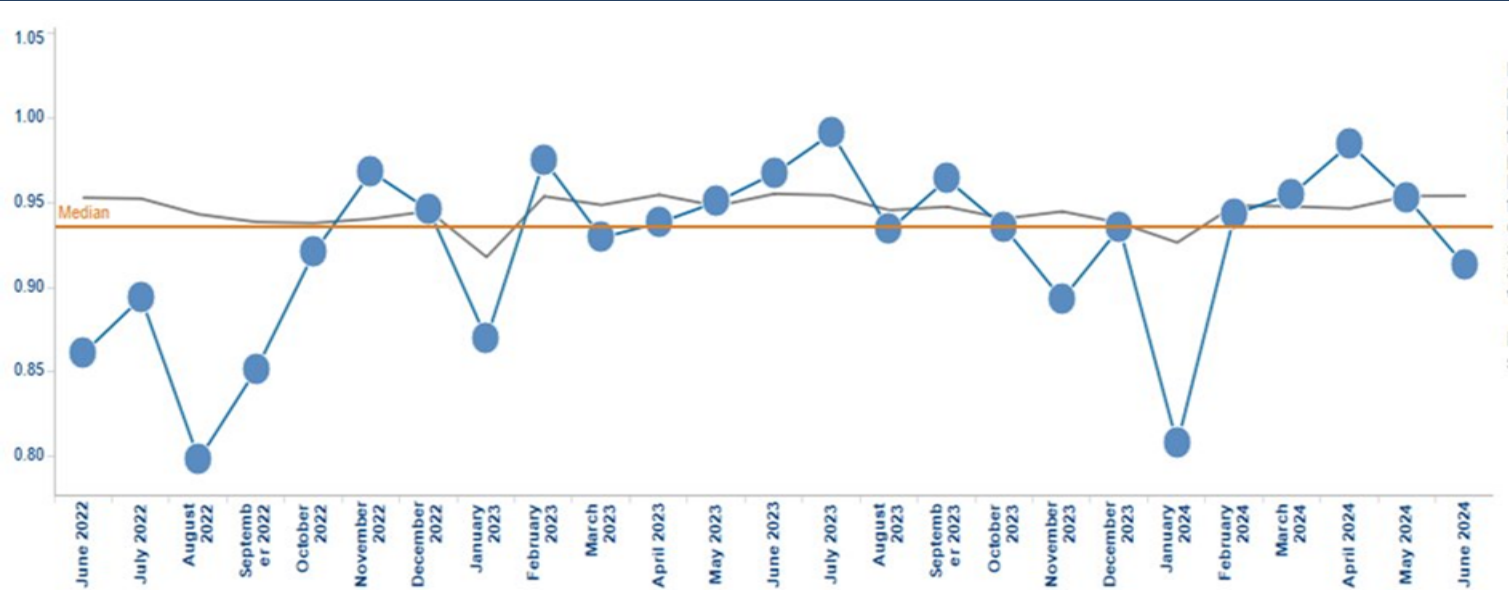
| MAIN SPECIALTY | 0-4 wks | >4 wks | >12 wks | >26 wks | >52 wks | >78 wks | >104 wks | >130 wks | >156 wks | >182 wks | >208 wks | >234 wks | >260 wks | >286 wks | >312 wks | >338 wks | Total |
|-----------------------------------|-------------|-------------|-------------|-------------|------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|-------------|
| Chiropody | 516 | 607 | 223 | 17 | | | | | | | | | | | | | 1363 |
| Dietetics | 149 | 177 | 175 | 129 | 25 | 6 | 8 | 1 | 2 | 1 | | 1 | | 1 | 1 | | 676 |
| Obstetrics Antenatal | 7 | 1 | | 1 | | | | | | | | | | | | | 9 |
| Occupational Therapy | 17 | 31 | | 1 | | | | | 1 | | 1 | | | | | | 51 |
| Physiotherapy | 625 | 783 | 647 | 441 | 172 | 5 | 3 | 2 | 5 | 2 | | | | | | 1 | 2686 |
| General Psychiatry | 155 | 209 | 268 | 406 | 188 | 36 | 8 | 1 | 2 | | | | | | | | 1273 |
| Learning Disability | 13 | 927 | 191 | 113 | 80 | 82 | 66 | 24 | 15 | 23 | 10 | 11 | 16 | 6 | 5 | | 1582 |
| Learning Disability Nursing | 39 | 152 | | | | | | | | | | | | | | | 191 |
| Psychiatry of Old Age | 94 | 86 | 65 | 46 | 6 | 3 | | | | | | | | | | | 300 |
| Psychotherapy | | | | 1 | 1 | | 1 | | | | | | | | | | 3 |
| GP Acute | 75 | 101 | 81 | 29 | 2 | | 1 | | | | | | | | | | 289 |
| Investigations and Treatment Room | 4 | 3 | | 2 | 4 | 1 | 1 | | | | | | | | 1 | | 16 |
| Social Work | | | | | | 1 | | | 1 | | 2 | | | | | | 4 |
| Current Report | 1694 | 3077 | 1650 | 1186 | 478 | 134 | 88 | 28 | 26 | 26 | 13 | 12 | 16 | 8 | 6 | 1 | 8443 |
| Previous Report | 2505 | 2203 | 1321 | 1281 | 397 | 138 | 77 | 30 | 30 | 20 | 14 | 14 | 14 | 15 | 3 | 1 | 8063 |

| PODIATRY - The Issue and Cause | | | Plan and Mitigation | | | Expected Impact | |
|---|--|--|---|--|--|--|--|
| Vacancies main issue for longer waits, solutions for cover being exhausted. Vacancies, having biggest impact in Skye and Caithness/Sutherland. | | | <ul style="list-style-type: none"> Working tightly to prioritisation framework within service spec to ensure highest risk patient seen first, rearranged clinics and geographic spread of staff for best cover as able within workforce policies | | | <ul style="list-style-type: none"> Minimise effect on highest risk patients, however lower risk patients likely to experience impacted service, | |
| DIETETICS - The Issue and Cause | | | Plan and Mitigation | | | Expected Impact | |
| Community dietetics team working with 50% capacity due to vacancies and long-term absence. | | | <ul style="list-style-type: none"> All staffing working maximal hours to cover, no bank staff available Agency cover being sought. Recruitment challenges impacting on service delivery. | | | <ul style="list-style-type: none"> Minimise risk to patients and impact on secondary care. | |
| PHYSIO - The Issue and Cause | | | Plan and Mitigation | | | Expected Impact | |
| vacancies/demand out strips capacity/challenges in leadership posts being vacant/increase in capacity in other areas impacting on physio outpatient capacity. Data quality work still on going. | | | <ul style="list-style-type: none"> Physiotherapy: continued review of vacancies and use of Sup staffing to fill these, wider discussions about team lead roles (3/8 vacant) and how to best support - currently district managed services so movement of resource difficult. Standardisation work being undertaken within current models, however full MSK/Ortho pathway review required. SBAR on increase in NTC ortho surgery impact on physio outpatients to be developed - collect data on increased referrals and impact on capacity. | | | <ul style="list-style-type: none"> Physiotherapy: support for teams in capacity/demand decisions and maximise use of all staffing available. Ensure equity across North highland physio outpatient clinics. | |
| OT - The Issue and Cause | | | Plan and Mitigation | | | Expected Impact | |
| Data being checked and verified | | | | | | | |

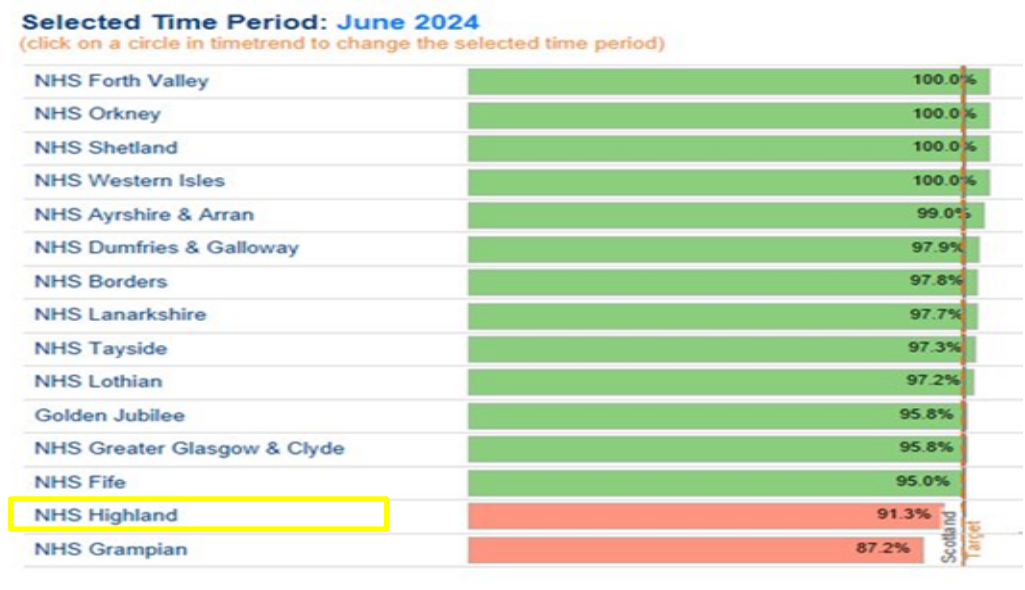
| GENERAL PSYCHIATRY - The Issue and Cause | Plan and Mitigation | Expected Impact |
|---|--|---|
| <ul style="list-style-type: none"> Source data and recording does not reflect the current delivery of services therefore this heading consists of a number of different teams. Issue relates to waits for both psychological therapy group work, first OP appointment and CMHT waits. | <ul style="list-style-type: none"> Work is ongoing to adjust TRAK to ensure accurate data recording and gathering. | <ul style="list-style-type: none"> Accurate data gathering and reporting |
| LEARNING DISABILITIES - The Issue and Cause | Plan and Mitigation | Expected Impact |
| <ul style="list-style-type: none"> The LD service have recently moved to the use of TRAK to record LD Health Checks and service activity. The waits are mostly in relation to LD Health Checks. The funding received will not enable all people to receive a HC and agreed prioritisation. | <ul style="list-style-type: none"> LD Health Checks are underway and therefore the "waits" will reduce as individuals receive a HC. | <ul style="list-style-type: none"> Reduction in waits |
| PSYCHIATRY OLD AGE - The Issue and Cause | Plan and Mitigation | Expected Impact |
| <ul style="list-style-type: none"> Recruitment difficulties in relation to substantive medical Psychiatric staffing. | <ul style="list-style-type: none"> Short term locum staff employed, substantive staff fulfilling additional sessions, exploration of ANP staff and alternative models | <ul style="list-style-type: none"> Reduction in waits |
| PSYCHOTHERAPY - The Issue and Cause | Plan and Mitigation | Expected Impact |
| <ul style="list-style-type: none"> The data identifies that there are 3 people waiting for Psychotherapy interventions. As for General Psychiatry there is an issue in relation to the source data and the team the code refers to is unknown. | <ul style="list-style-type: none"> Further deep dive into the source data to ensure re-alignment to services | <ul style="list-style-type: none"> Accurate data gathering and reporting |
| GP ACUTE - The Issue and Cause | Plan and Mitigation | Expected Impact |
| | | |

| | | | | | | | | | | |
|----------------------|----------------|---------|--------------|-----------|--|---|-----------|-------------------------------|----------|-------|
| OBJECTIVE | Our Population | OUTCOME | Journey Well | EXEC LEAD | Katherine Sutton, Chief Officer, Acute | | Service | Cancer Waiting Times (31 Day) | | |
| PERFORMANCE OVERVIEW | TARGET | 95% | NHS HIGHLAND | 91.3% | TREND | ↓ | BENCHMARK | 95.4% | POSITION | 14/15 |

31 Day Cancer Waiting Times (Q)

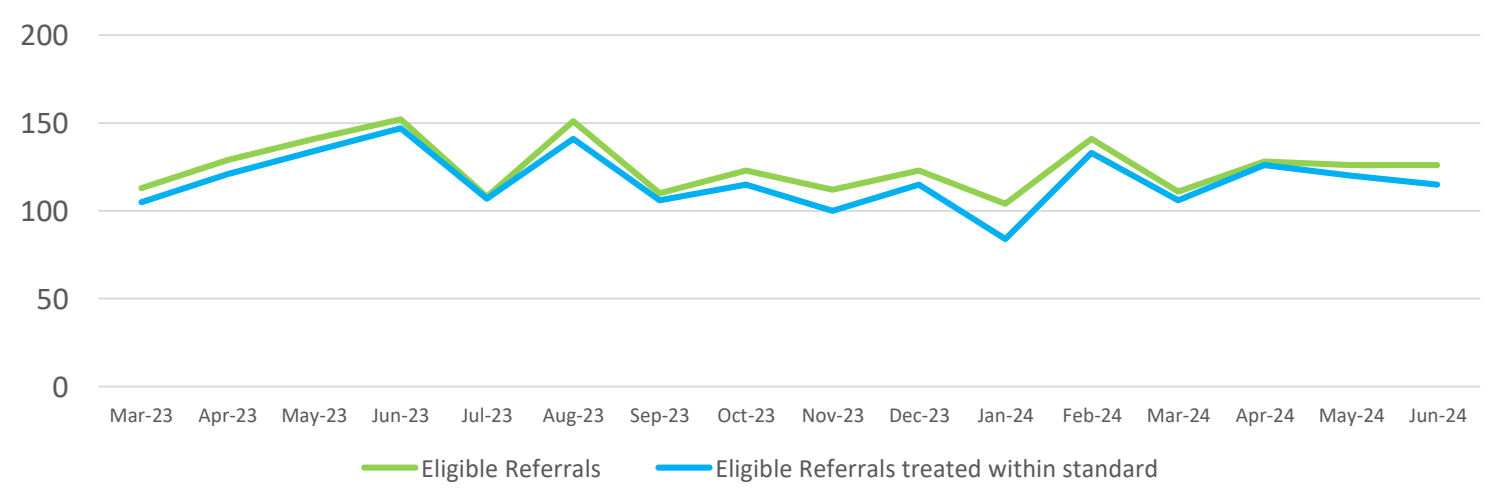


Benchmarking across Scotland



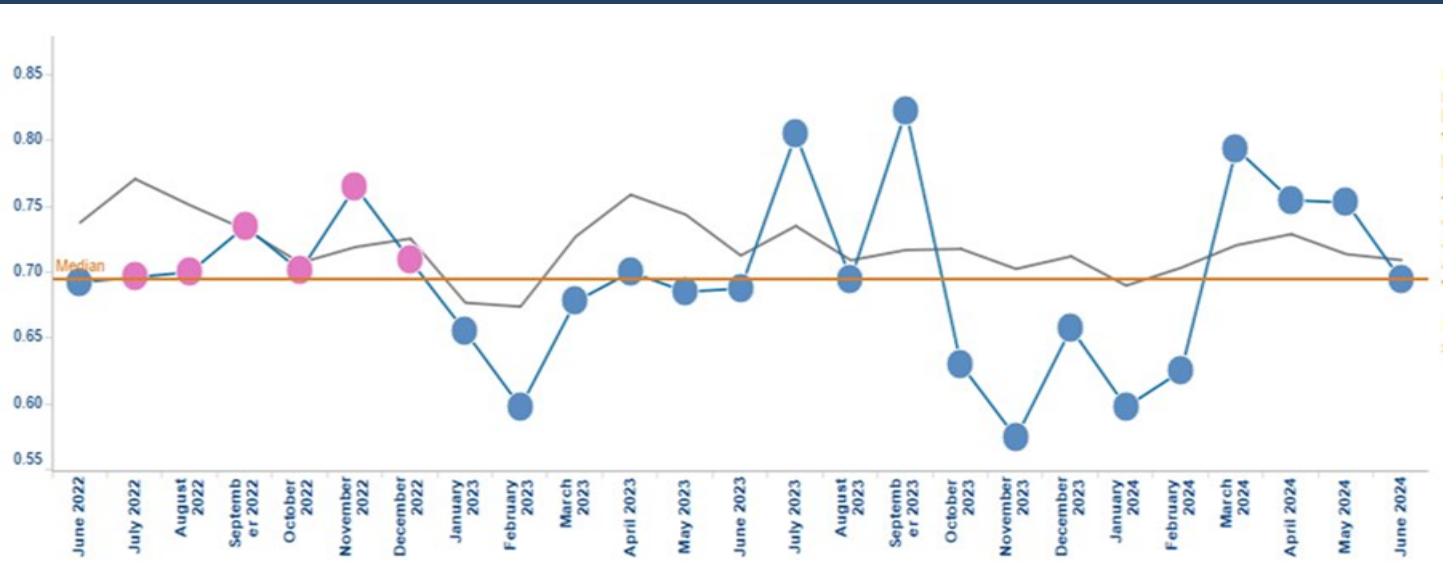
Patients Seen (P)

Patients Seen on 31 Day Pathway

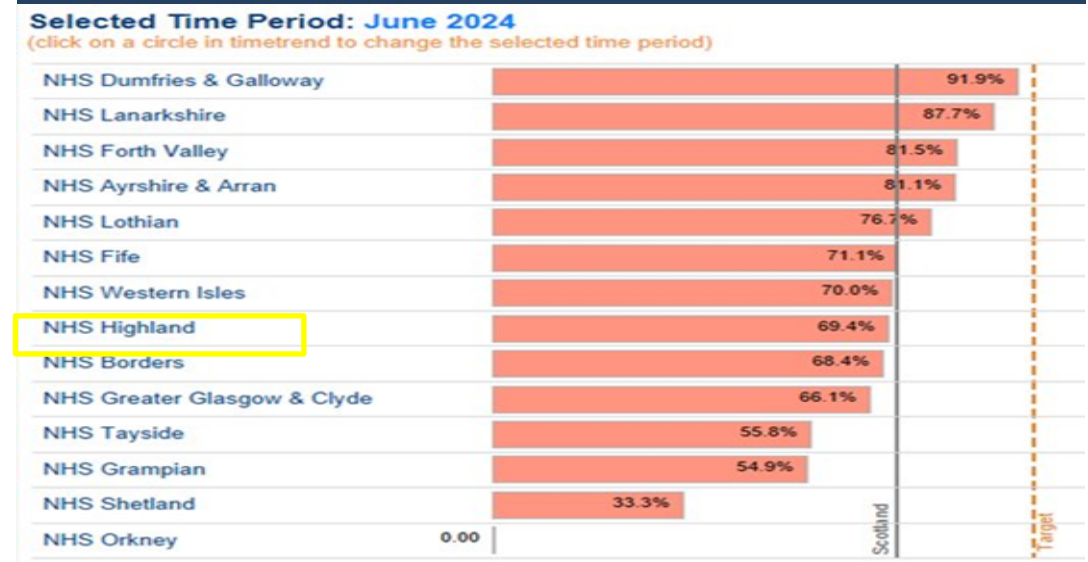


| | | | | | | | | | | |
|----------------------|----------------|---------|--------------|-----------|--|---|-----------|--------------------------------|----------|------|
| OBJECTIVE | Our Population | OUTCOME | Journey Well | EXEC LEAD | Katherine Sutton, Chief Officer, Acute | | Service | Cancer Waiting Times (62 Days) | | |
| PERFORMANCE OVERVIEW | TARGET | 95% | NHS HIGHLAND | 69.4% | TREND | ↓ | BENCHMARK | 70.9% | POSITION | 8/15 |

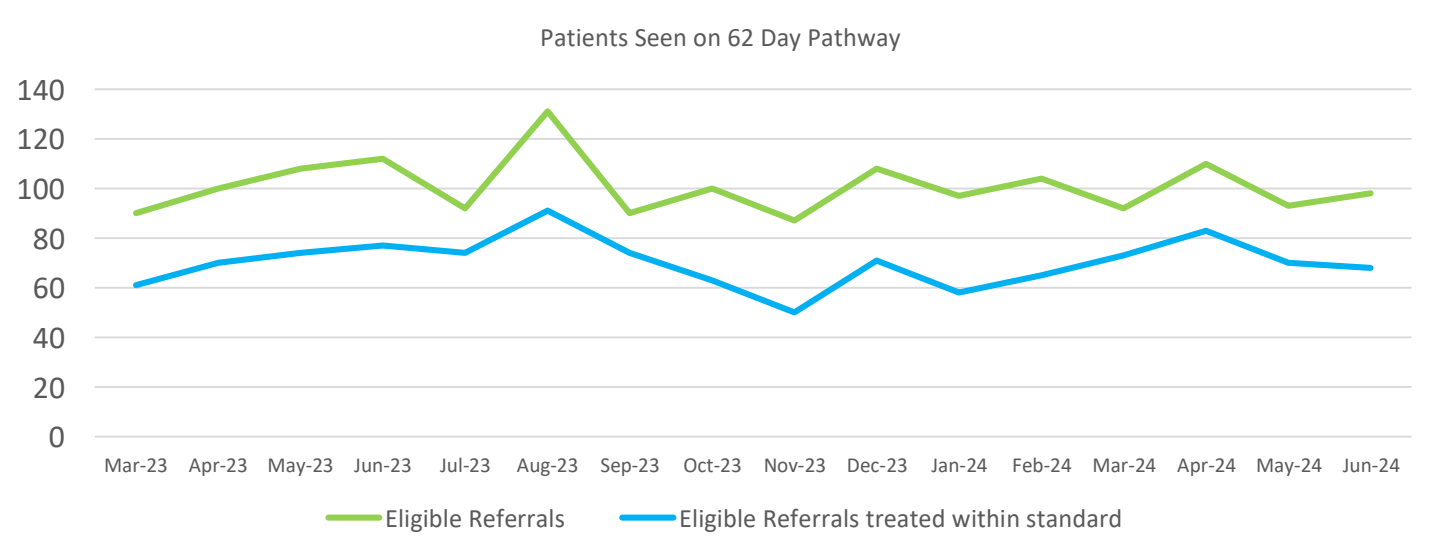
62 Day Cancer Waiting Times (Q)



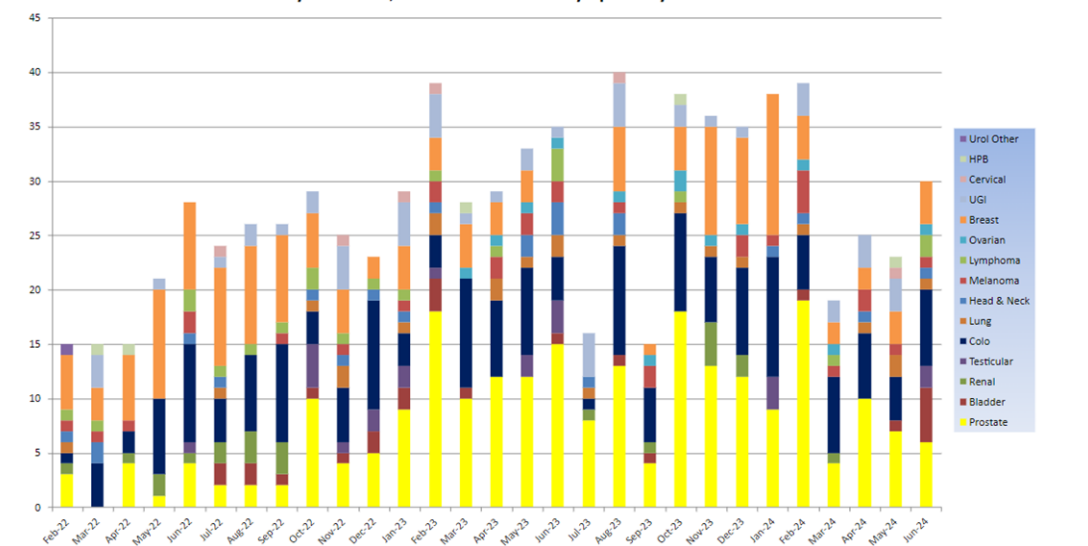
Benchmarking in Scotland (P)



Patients Seen (P)



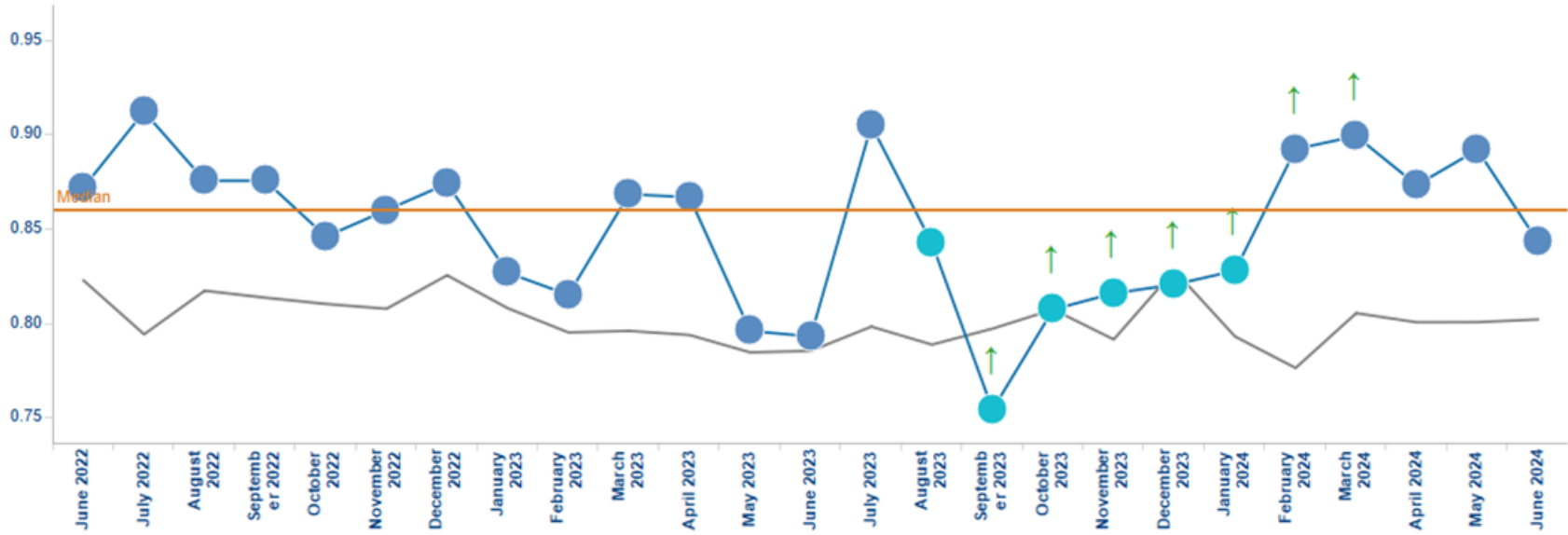
62 Day Standard Breached by Specialty Type



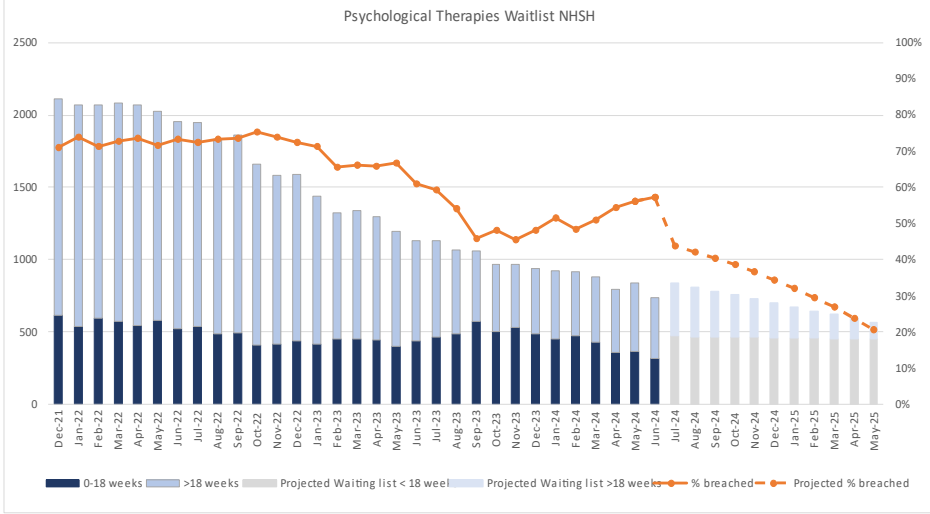
| Reasons for current Performance | Plan and Mitigation | Expected Impact |
|---|---|---|
| <p>Cancer services witing times: Increasing demand and lack of workforce to manage / deliver oncology services.</p> <p>Diagnostics: Lack of accountability / governance around clinical standards, increase in demand and complexity, lack of digital systems to support efficient processes. Demand driven with limited control over own budget.</p> | <p>Cancer services: Development of national oncology target operating model. Finance and workforce gap analysis underway to realise national working.</p> <p>Diagnostics: Laboratory and Radiology improvement groups working to deliver governance around clinical standards, alternative workforce models, and digital efficiencies</p> | <p>Cancer services: Improved patient and workforce experience, robust service, waiting times standards met for all reportable cancer types, reduced costs.</p> <p>Diagnostics: Improved reporting speed, reduction in demand through implementation of "right test, right time", cost reduction through removal of tests of low clinical value.</p> |

| | | | | | | | | | | |
|----------------------|----------------|---------|--------------|-----------|----------------------------------|---|-----------|-------------------------|----------|------|
| OBJECTIVE | Our Population | OUTCOME | Live Well | EXEC LEAD | Pam Cremin, Chief Officer, HHSCP | | Service | Psychological Therapies | | |
| PERFORMANCE OVERVIEW | TARGET | 90% | NHS HIGHLAND | 84.3% | TREND | ➔ | BENCHMARK | 80.2% | POSITION | 4/14 |

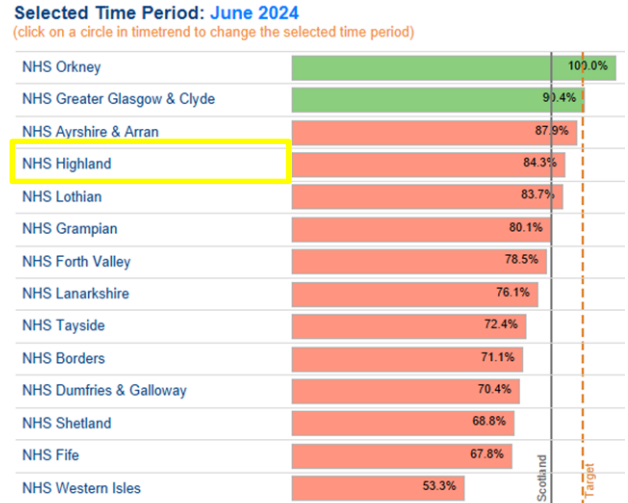
Patients Seen < 18 Weeks (P)



Waiting List (P)



Benchmarking across Scotland (P)



| OBJECTIVE | Our Population | OUTCOME | Live Well | EXEC LEAD | Pam Cremin, Chief Officer, HHSCP | Service | Psychological Therapies Waiting Times |
|--|----------------|---------|-----------|--|----------------------------------|---------|--|
| Reasons for current Performance | | | | Plan and Mitigation | | | Expected Impact |
| <p>As at June 2024:</p> <ul style="list-style-type: none"> 564 of our population waiting to access PT services in North Highland. 259 patients are waiting >18 weeks (45.9% breached), a significant reduction from 738 waiting >18 weeks in March 2023. <p>Psychological therapies services have had longstanding challenges with significant waiting times. There are a number of factors that have led to this including a lack of any other route for psychological interventions at an earlier stage.</p> | | | | <ul style="list-style-type: none"> The development of Primary Care Mental Health services will help to fill this gap in provision along with the targeted use of community resources and the development of CMHT colleagues to work with their Psychological Therapy colleagues. It has also been identified that there is a gap in the provision of Clinical Health Psychology. This is currently being addressed by the Board and Director of Psychology. Recruitment and retention is difficult when national recruitment is taking place, however, there has been some success to date with the development of our Clinical Neuropsychology service which has proved effective in reducing a large number of our extended waits. | | | <ul style="list-style-type: none"> There will always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. The data provided here is already showing improvement overall with clear trajectories agreed with SG as we progress with our implementation plan. De-escalation is expected given improvement |

CLINICAL AND CARE GOVERNANCE METRICS

CLINICAL AND CARE GOVERNANCE COMMITTEE

Discussed at Committee on 5th September
2024





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Complaint Activity: Last 3 months

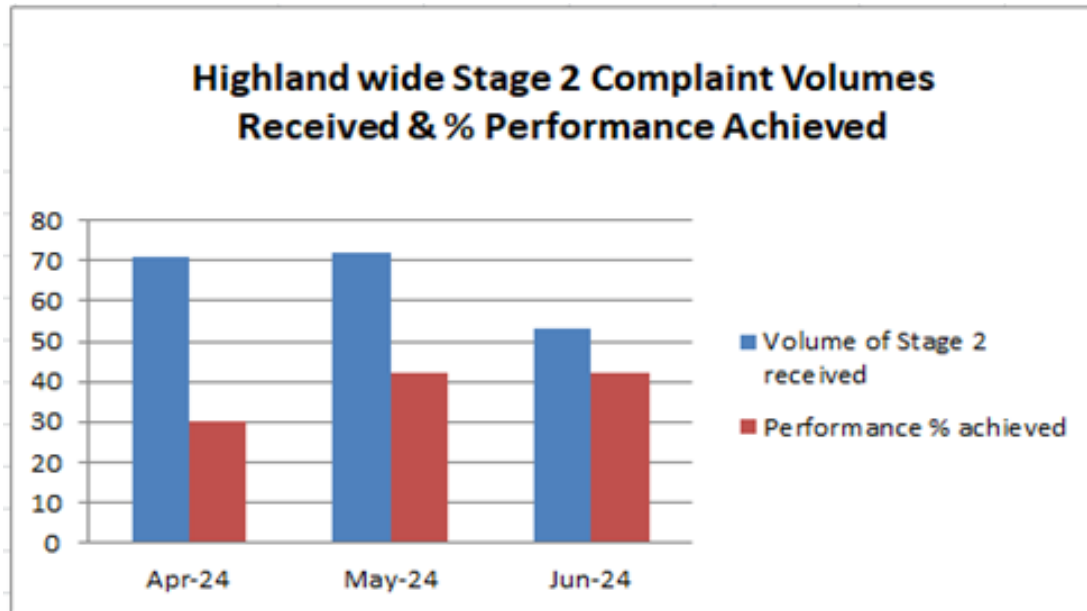
| Progress Made | Next Steps | Timescale |
|--|---|---|
| <ul style="list-style-type: none"> Child Friendly Complaint Process rolled out and website updated Training for Medical Division regarding Quality scheduled HHSCP - Drivers Diagram workshop scheduled | <ul style="list-style-type: none"> Re-visit SPSO guidance with working group to develop training Training sessions arranged on how to construct a robust and quality response Workshop to define actions for improvements in performance and quality | <ul style="list-style-type: none"> Sept 2024 2 Sept 2024 6 Sept 2024 |

PERFORMANCE OVERVIEW

Strategic Objective:
Outcome Area:

Latest Performance
(Target 60%)

June 42%



Factors which Influenced complaint volumes has been:

- CAMHS and NDAS assessment delays
- Delays in Urology referrals and appointments
- Weight Management - issues with treatments
- Adult Social Care – lack of care provisions
- Mental Health services and ADHD assessments and care
- Community mental health support for children
- Emergency admissions to community hospitals
- Nursing care and behaviours

Factors which influenced performance has been:

- Quality of investigations and responses creating multiple re-drafts
- Administrative delays in sign-off
- Complaint handler changes and delays caused
- Seasonal period of leave for staff over the summer
- Complaints are more complex impacting investigation times

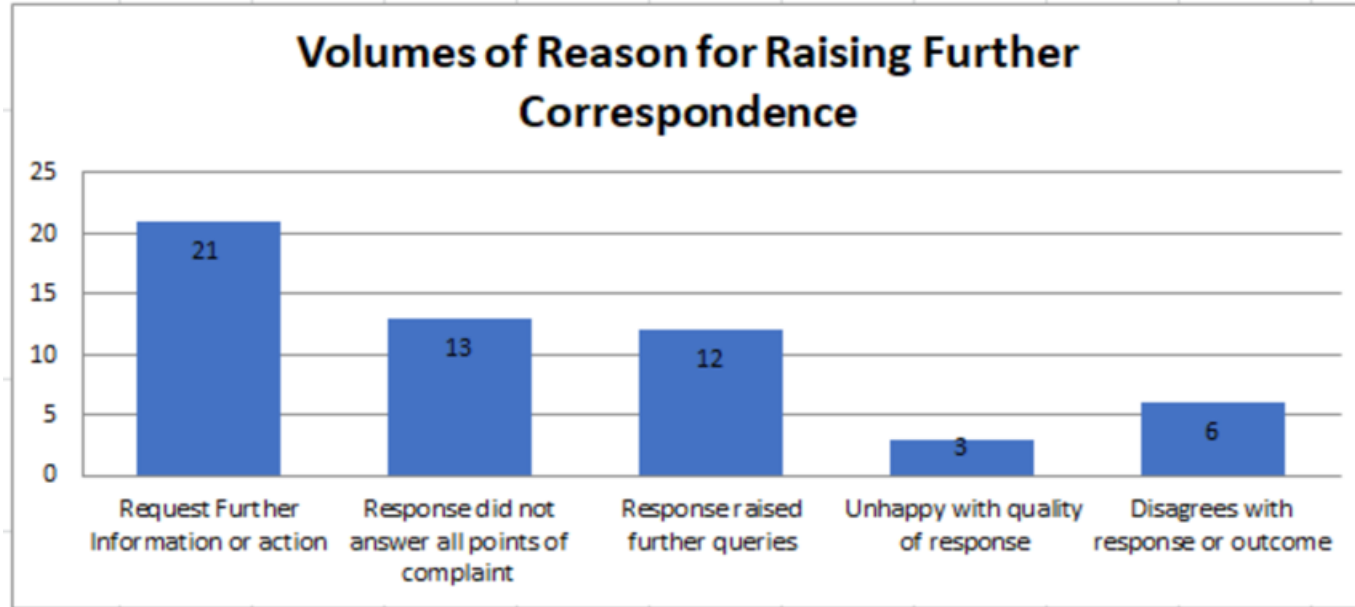


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Quality and Impacts: Review of SPSO and Further Correspondence Returns

The aim of this slide is to review aspects of Feedback Team workstreams which may give indication on the standards of NHS Highland complaint handling.

Further Correspondence Activity: Since September 2023 total of 766 Stage 2 have been logged and 32 of those became a Further Correspondence (4% conversion rate)



Quality Improvement Recommendations for Complaint Handling

- Mandatory contact made with complainant when the complaint is received
- To not enter the complaint handling process until contact is made and clarifications on the complaint have been secured with full understanding and expectations given to complainant
- More meetings with complainants/families to explain outcomes of investigations
- Training on drafting a quality response
- Quality Management System with audits and structured feedback for continuous improvement
- Improved contacts lists for ensuring Professional Leads are involved at earlier stages of the complaint process

SPSO Activity June 2024 - July 2024

3 New SPSO Enquiries Received. All were for Acute

Topics of new complaints:

Care and Treatment

Discharge practices and communication

6 closed SPSO Enquiries. 2 Not Upheld, 2 Not Taken Forward and 2 Fully Upheld

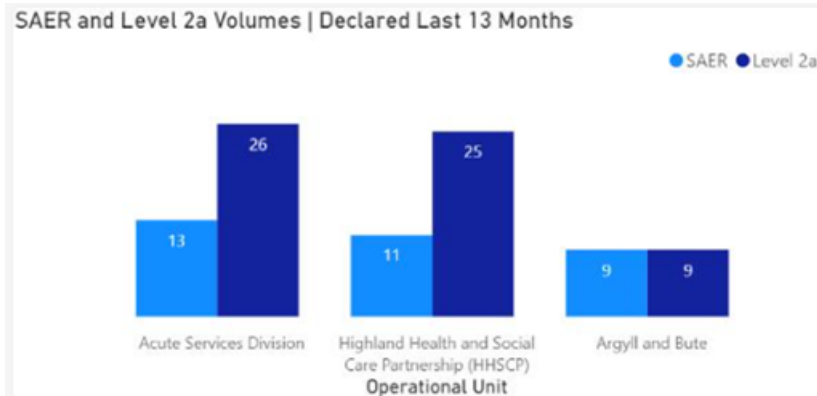
Upheld complaints regarding care and treatment, quality of nursing notes and delays in communication. Apology letters sent and actions completed



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SAER and Level 2A (Case Reviews): Last 13 months

| Progress Made | Next Steps | Timescale |
|--|--|--|
| <ul style="list-style-type: none"> Building capacity to Lead and support SAERs. SAER session held on 13 August 2024 for HHSCP Working with each operational area to ensure open actions are progressing. A review of Mental Health actions has been undertaken | <ul style="list-style-type: none"> Incident management training for A&B SAER training arranged for HHSCP on 24 and 26 August | <ul style="list-style-type: none"> By end of September 2024 |



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

In the 13-month period a total of 17420 incidents have been raised across North Highland and A&B. A total of 33 SAERs have been declared, giving a conversion rate of 0.19%.

| OUTSTANDING ACTIONS | LEVEL 1 / SAER | LEVEL 2A |
|--|----------------|----------|
| Acute | 24 | 14 |
| HHSCP | 17 | 0 |
| Argyll | 21 | 12 |
| Corporate | 0 | 3 |
| NHS Highland | 62 | 29 |
| All Level 1 / SAER are overdue, apart from 1 due in the next month. All Level 2A actions are overdue apart from 2 due this month. | | |

Current Status :

- 49 Major and Extreme cases awaiting decision
- 25 Active level 1 cases
- 43 Active Level 2 cases

Clinical Governance support team continues to help ensure investigations are efficient, and the correct people are involved at the earliest opportunity.



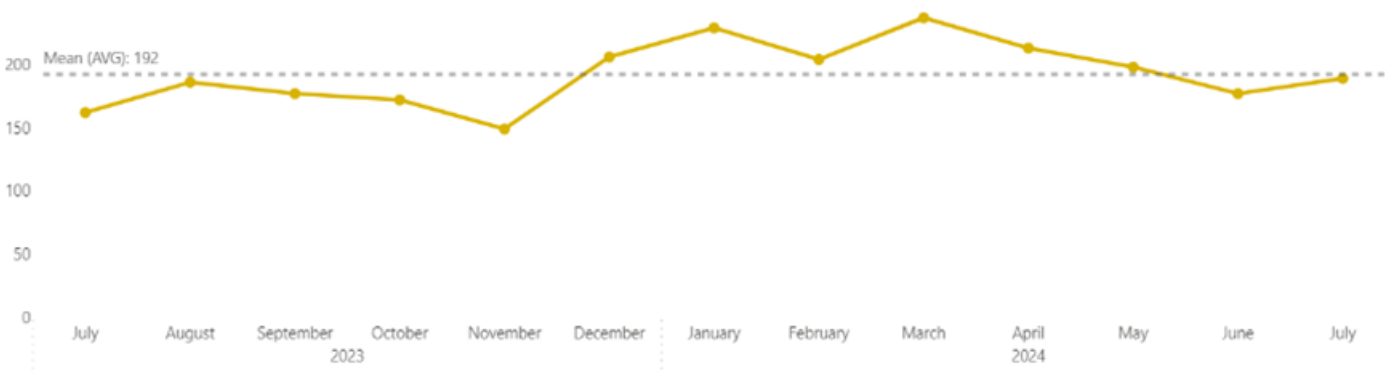
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Clinical Governance

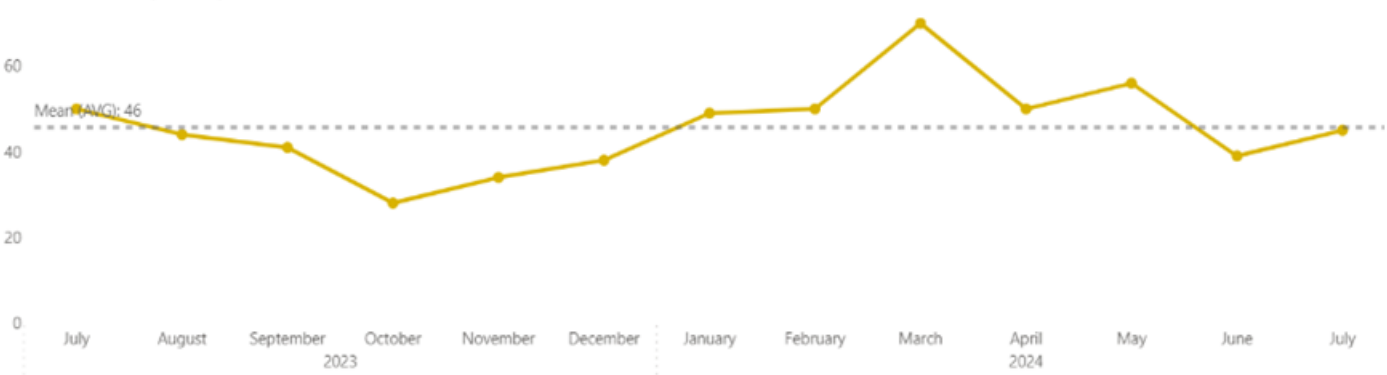
Hospital Inpatient Falls | Run Chart and Site Harm/No Harm Outcome

| Progress Made | Next Steps | Timescale |
|--|---|--|
| <ul style="list-style-type: none"> Reduction in all falls and falls with harm over last 4 months Focus on areas of highest falls using revised audit tool continues, reporting back through steering group monthly meeting Review of lifting equipment across all sites underway Testing of post fall review document to commence on 4 wards, across acute, RGH and MH | <ul style="list-style-type: none"> NHSH Falls and Frailty conference scheduled for 20th September Falls newsletter to be September 9Week of 16th is Falls awareness week) Literature review of lighting under beds | <p>20/9/24 30/9/24</p> <p>15/10/24</p> |

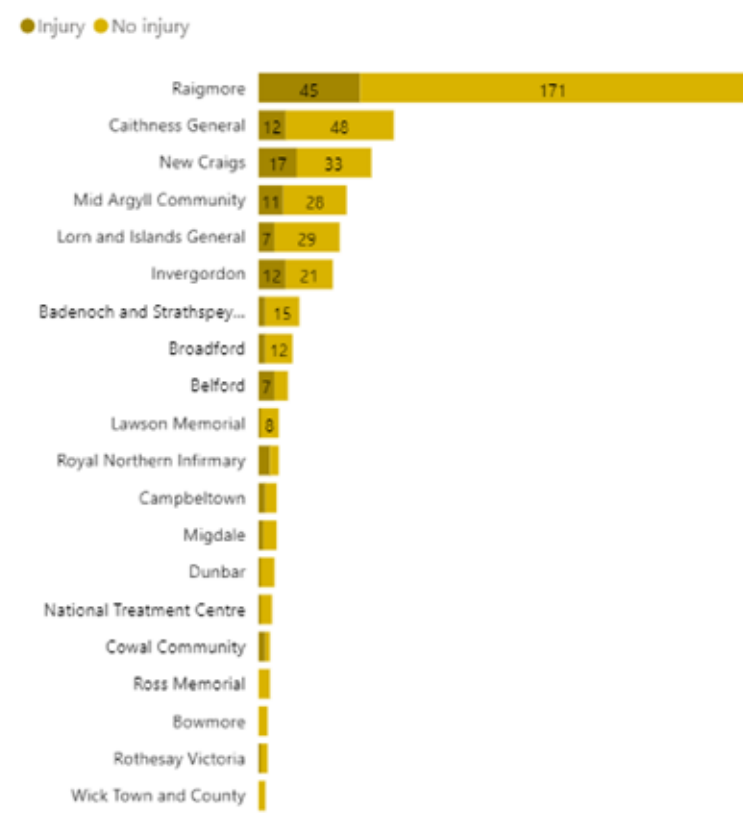
Number of Hospital Inpatient Falls



Number of Hospital Inpatient Falls with Harm



Number of Hospital Inpatient Falls | Sites | Result | Last 3 Months





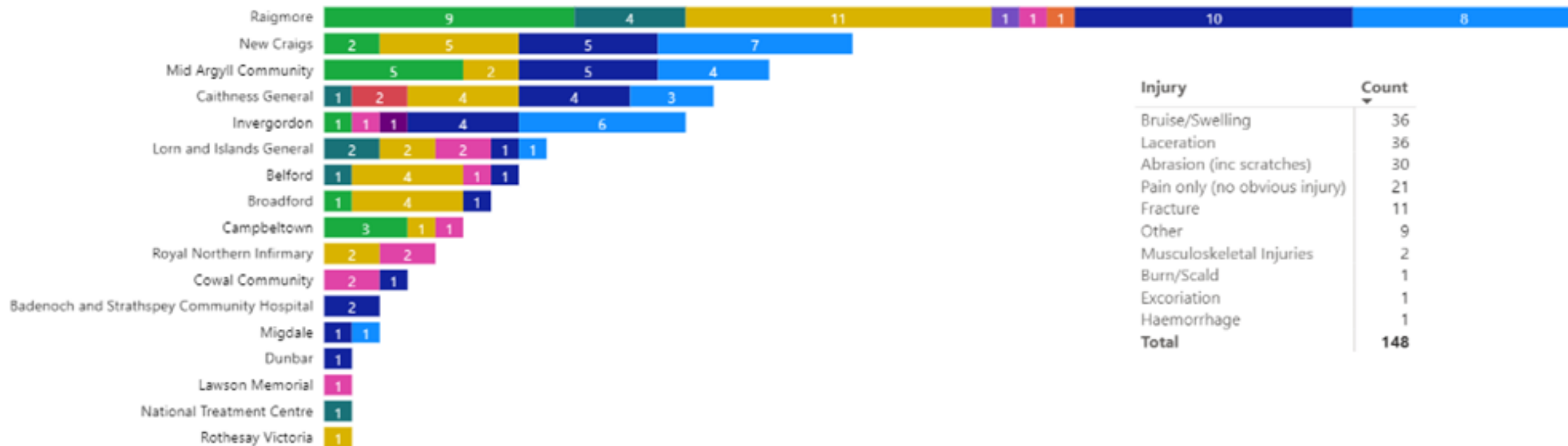
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Clinical Governance

Hospital Inpatient Falls | Falls with Harm Site and Injury Type Detail

Number of Hospital Inpatient Falls | Sites | Injury Type | Last 3 Months

● Abrasion (inc scratches) ● Bruise/Swelling ● Burn/Scald ● Excoriation ● Fracture ● Haemorrhage ● Laceration ● Musculoskeletal Injuries ● Other ● Pain only (no obvious injury)





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Infection Control | SAB, CDIFF and ECOLI

| Progress Made | Next Steps | Timescale |
|--|--|---|
| <ul style="list-style-type: none"> The current reduction aims are: Clostridioides difficile healthcare associated infection rate of 15.6 per 100,000 total occupied bed days by April 2024. Staphylococcus aureus bacteraemia rate of 15.3; and EColi bacteraemia rate of 17.1 Data published by Public Health Scotland in July 2024 identified that NHS Highland did not meet the above reduction aims above. When analysing trends over the past three years however we remain within predicted limits and are not above normal variation. None of the Local Delivery Plan reduction aims were achieved at NHS Scotland level and no boards achieved the standards across all three HCAI reduction aims The Infection Prevention and Control Team actively monitor each patient with a reported episode of infection for learning and to prevent future occurrences. Information is disseminated to the wider teams for shared learning Following the increase in CDI cases noted antimicrobial prescribing has been updated and implemented. As of August 2024, a downward trend in the prescribing of certain antibiotics has been noted. | <ul style="list-style-type: none"> Nationally there is a review of the current reduction aims, which are based on 2018/19 rates. NHS Highland await the outcome of this review. Whilst awaited the current rate reduction aims are being utilised. IPC annual work plan continues to be monitored, and a detailed report is submitted to Clinical Governance Committee for assurance. Local review of the management of CDIFF cases in acute care settings continues. The outcome from the changes to the antimicrobial prescribing guidance will continue to be monitored. | <ul style="list-style-type: none"> Local review of the management of CDIFF cases underway, antimicrobial changes to be measured Dec 24 Await forthcoming publication of national reduction aims for 2024/25, expected within next 4 weeks |

Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2024/2025 Includes validated and published data by Public Health Scotland (PHS), and NHS Highland unvalidated data when unavailable

| Period | Apr -Jun 2024 Q1 (unvalidated data) | | | |
|---------------------|-------------------------------------|--|--|--|
| SAB | HCAI | | | |
| NHS HIGHLAND | 8 | | | |
| SCOTLAND | - | | | |
| C. DIFFICILE | | | | |
| NHS HIGHLAND | 24 | | | |
| SCOTLAND | - | | | |
| E. COLI | | | | |
| NHS HIGHLAND | 25 | | | |
| SCOTLAND | - | | | |

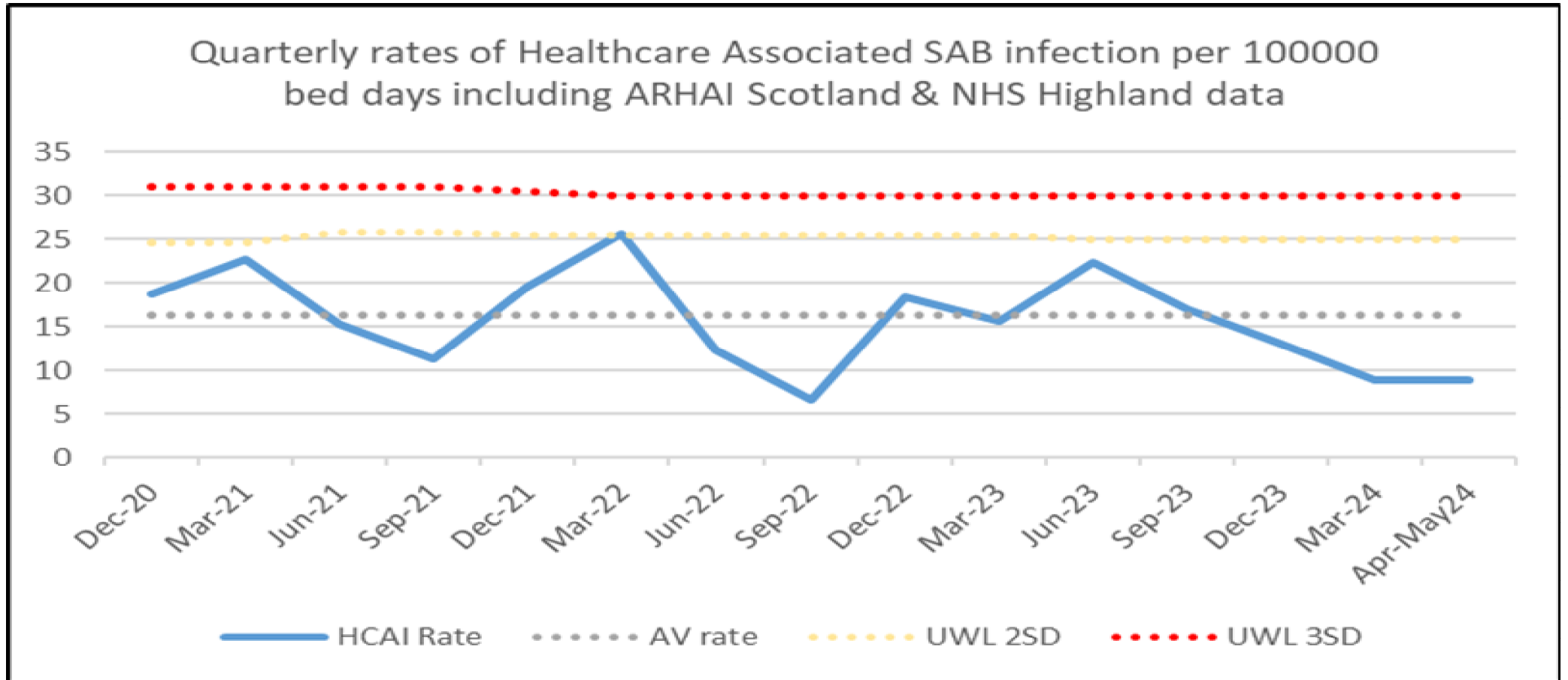


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Infection Control

Staphylococcus Aureus Bacteraemias (SABs)

NHS Highland data on Staphylococcus Aureus Bacteraemia infections positive rate for healthcare associated cases per quarter. Apr-June validated data not available until September 2024.



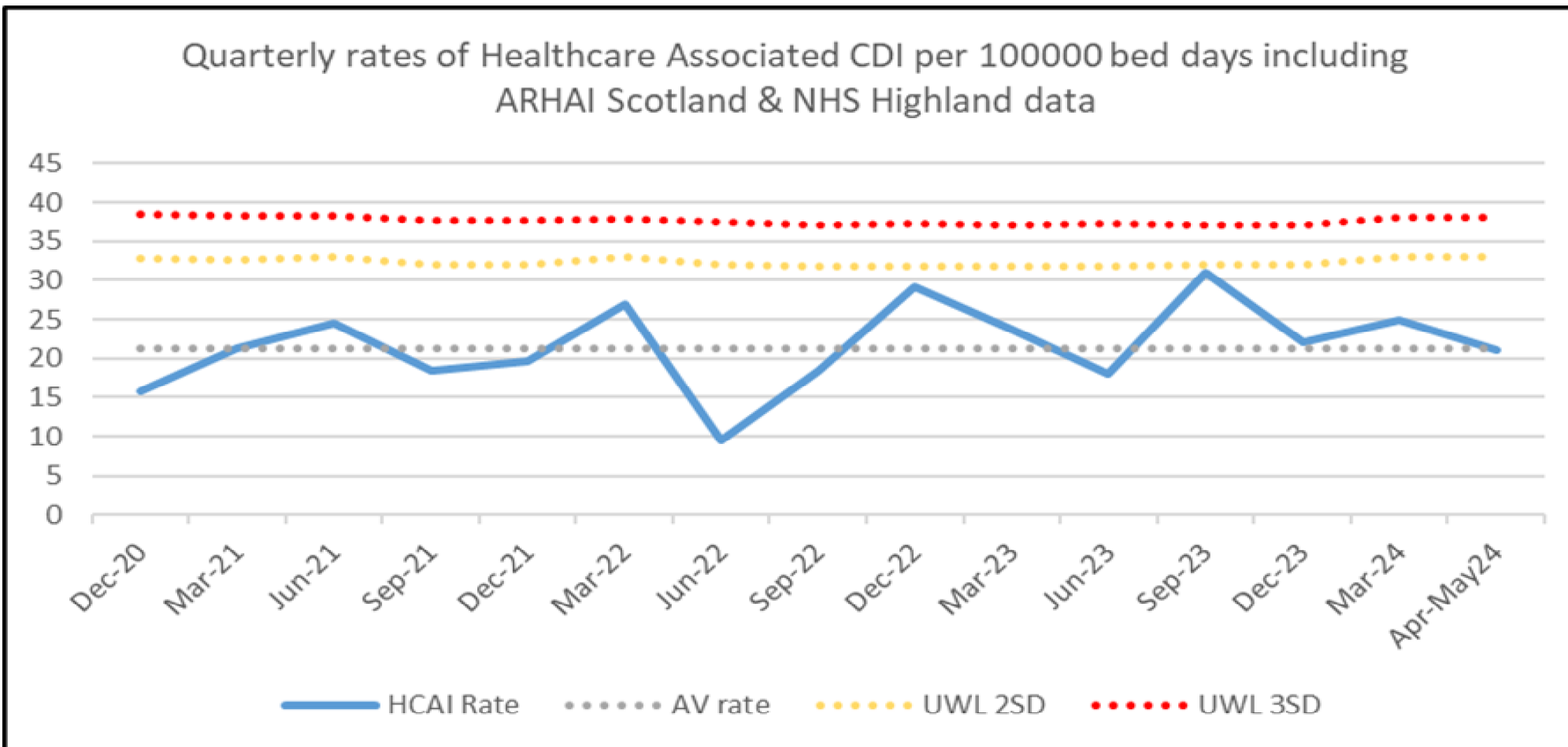


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Infection Control

Clostridioides difficile infection (CDIFF)

NHS Highland data on *CDI* toxin positive rate for healthcare associated cases per quarter. Apr-June validated data not available until September 2024.



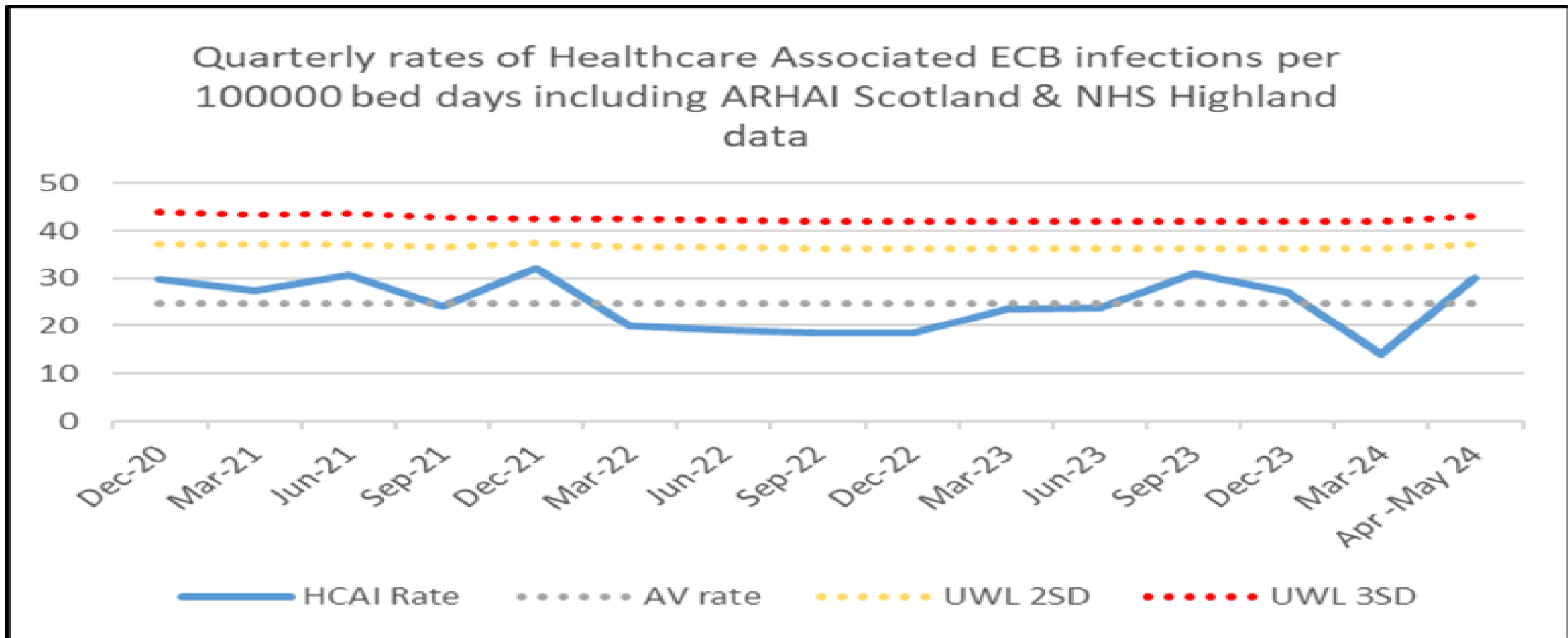


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Infection Control

E.coli Bacteraemia (ECOLI)

NHS Highland data on *E.Coli Bacteraemia* Healthcare associated cases per quarter. Apr-June validated data not available until September 2024.





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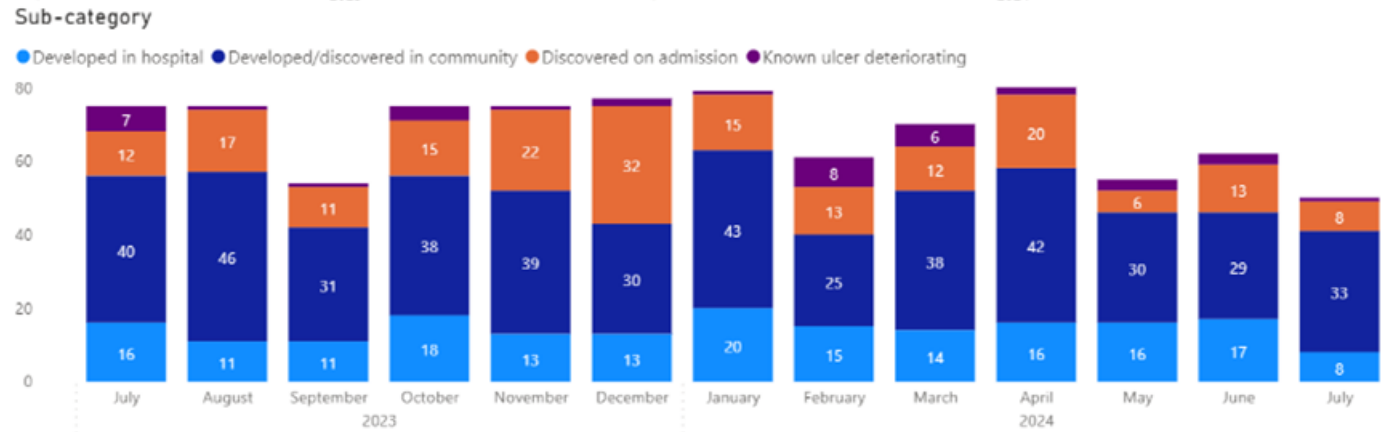
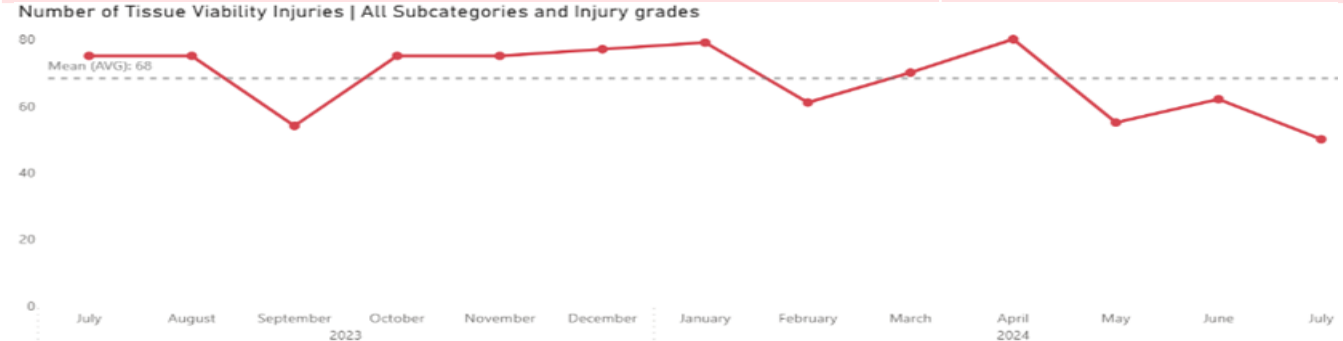
Clinical Governance



Executive Lead
Louise Bussell

Tissue Viability Injuries | Grade 2/3/4 | Overall and Subcategory Detail

| Progress Made | Next Steps | Timescale |
|--|---|--|
| <ul style="list-style-type: none"> Target aim to reduce pressure ulcers agreed and progressing steadily Discussions undertaken with SAS re pilot pressure damage risk assessment and implementation of risk reduction measures for patients delayed waiting in ambulances.- SAS looking into new toppers/equipment currently aSSKING model - have commenced trials on some Raigmore wards and now for community beds. Identified potential improvements to patient care from the standardisation of the Red Day Tool (HIS document) across acute and community settings - potential to improve compliance, interventions and communication across patient journey. aSSKING model to be trialled in community- Phase 1 succesful, now phase 2 ELearning for pressure ulcers in progress Hybrid mattress evaluation and results being compile- completed and HIS consulted on need to reduce Grade 1 and Grade 2 PUs rather than overall reduction in line with hybrid mattress evaluation results. Discussion with other TVNs suggest similar pattern | <ul style="list-style-type: none"> Reduction of community acquired pressure ulcers SAS investigating options to access pressure relieving equipment.- Consideration of including pressure damage risk assessment in SAS triage tool. Development of an aide memoir for all users for aSSKING Plan community team trial to commence aSSKING- Phase 1 successful, now progressing phase 2 Evaluate acute trial with QI team for Hybrid mattress in progress TV Lead to liaise with HIS re potential to make changes and next steps after trial of aSSKING tool ELearning for Pressure ulcers with updated tools ongoing Follow up with HIS re: Grade 1 and Grade 2 % r TVLG in abeyance so work continues areond above steps, pending TOR review HIS has highlighted that Grade 1 and Grade 2 reporting is acceptable and if agreed by NNSH can go ahead | <p>As TVLG is in abeyance until October 2024, actions will be updated thereafter</p> <ul style="list-style-type: none"> Aim November 2024 for further updates |





PEOPLE METRICS
STAFF GOVERNANCE
COMMITTEE

Data as of 31st July 2024

Organisational Metrics Jul 2024

Sickness Absence Rate (%)

5.99

Long Term SA Rate (%)

3.22

Short Term SA Rate (%)

2.75

Recorded Absence Reason (%)

75.10

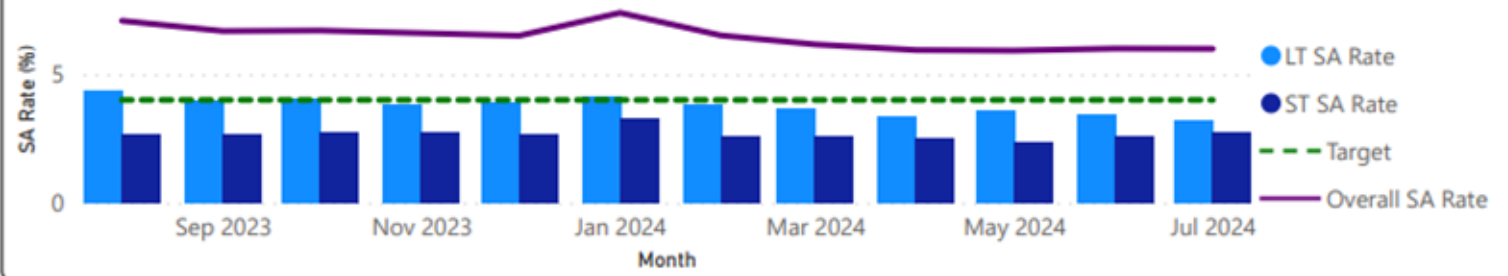
Vacancy Time to Fill (Days)

128.93

Annual Employee Turnover (%)

8.74

Sickness Absence Rates (%) by Month



Vacancy Time to Fill (Days) by Month



Annual Employee Turnover (%) by Month



Recorded Absence Reason (%) by Month



Training Metrics Jul 2024

Mandatory eLearning Completion (%)

68.2

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

V&A Practical Training Completion Rate (%)

9.3

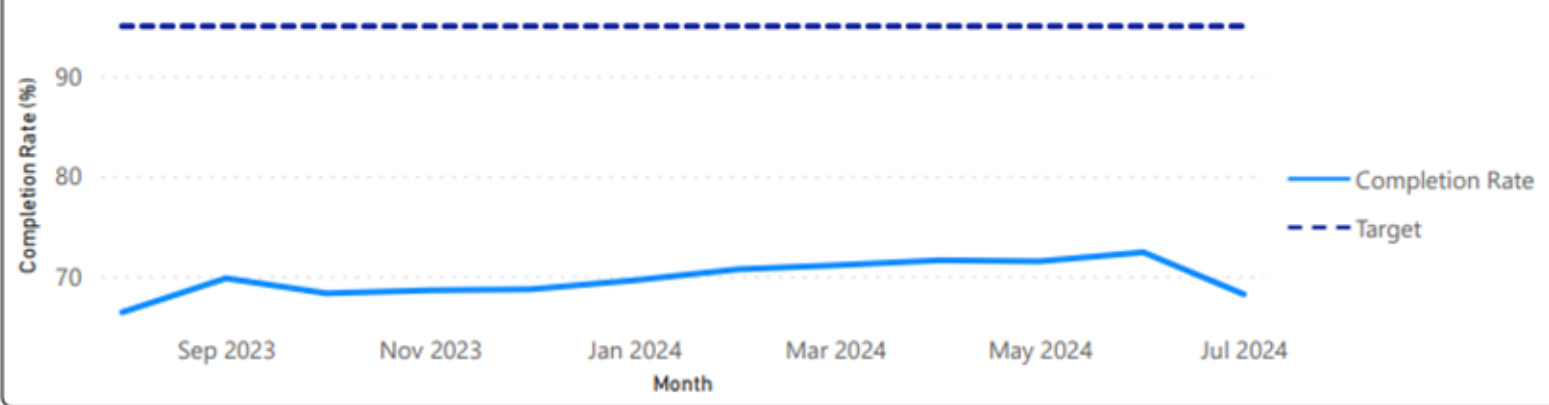
M&H Practical Training Completion Rate (%)

34.5

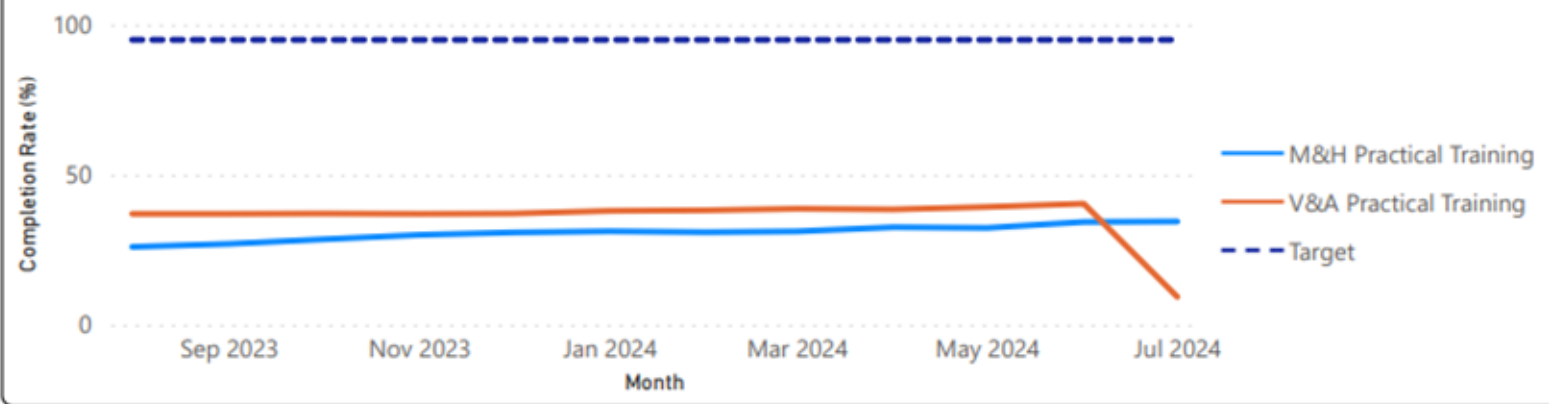
Appraisal Completion Rate (%)

30.3

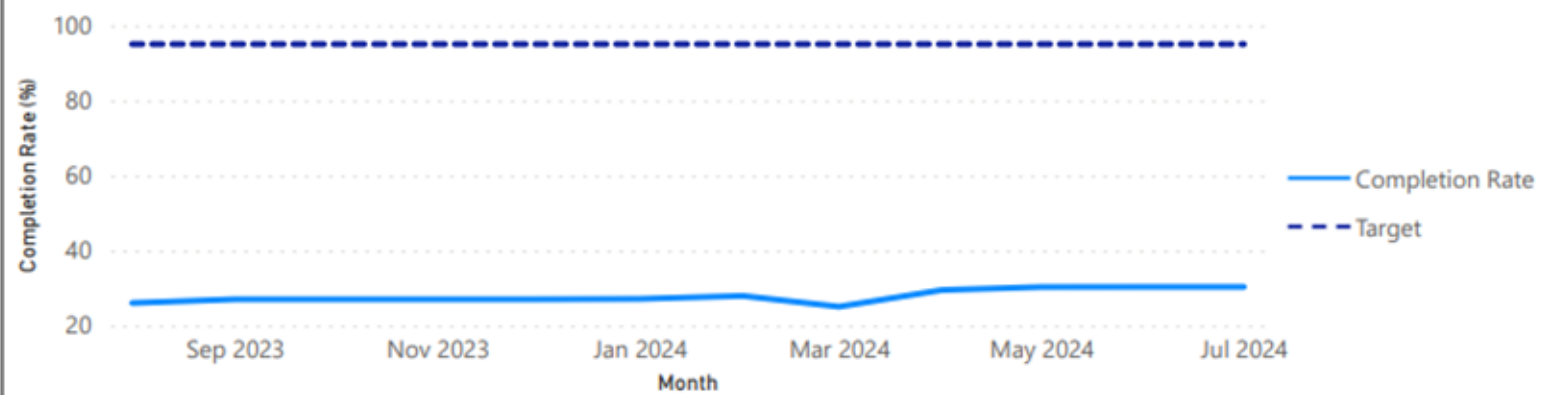
Core Mandatory eLearning Completion Rate (%) by Month



Practical Training Completion Rate (%) by Month



Appraisal Completion Rate (%) by Month



- NHS Highland absence remains above the national 4% target and has levelled at around 6% for April, May June and July 2024 . The absence rate has decreased since a peak of 7.39% in January this year. 24% of Long-term absences are related to anxiety/stress /depression/other psychiatric illnesses. Short term absences in Cold, Cough, Flu (20.5% of short-term absences) remain high as well as gastro-intestinal problems (14.3% of short-term absences). Covid related illness accounts for 6.2% of short-term absence.
- Absences with an unknown cause/not specified remaining high (accounting for around 25% of all absence). Managers are asked to ensure that an appropriate reason is recorded and continuously updated. Sickness absence workstream is being progressed to focus on specific areas with high sickness absence rates. Targeted support will be planned to enable changes which may see a reduction in the level of absence. Absence dashboard is now live for managers to use for their areas.
- 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.
- Sickness absence workstream is being established to focus on areas with high sickness absence rates. Targeted support will be planned to enable changes which may see a reduction in the level of absence. An audit regarding attendance management is underway with outcomes expected in September.
- The NHS Highland Health and Wellbeing Strategy consultation has concluded and the final document being prepared for the Governance Committees. 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 has been developed and is being progressed by the Health & Wellbeing Group.
- The average time to fill vacancies remains above the NHS Scotland KPI of 116 days at 128.9 days. This data includes vacancies approved at the vacancy management group only and not those vacancies that have not been but not those before this pre vacancy management group approvals or where staff have left post and the manager hasn't started the replacement process. To support the progression of vacancies in the system, hiring managers can help by ensuring that they have time arranged to review applications and undertake the process of shortlisting as soon after the closing date as possible and interview dates are arranged well in advance. An Executive Vacancy Monitoring group has been established to consider all vacancies across North Highland
- NHS Highland's annual turnover sits at 8.74% for July 2024 compared to 9.12% in July 2023. The National Turnover rate was 7.2% as of March 2024, having been 10% in March 2023. In July 2024 we continued to see high levels of leavers related to retirement (35%) and voluntary resignation (25%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 22% of our leavers. Further encouragement is required to capture leaving reasons.
- Refreshed awareness sessions for managing PDP&R has been launched in the organisation and attendance being monitored. The sessions provide information on how to successfully and meaningfully undertake a PDP&R with individuals An improvement plan is being progressed regarding the completion of PDPs commencing with senior managers.
- The agreed 6-month monitoring period has been completed for improvement in compliance with statutory and mandatory training. Each month reports are shared with EDG colleagues and their direct reports on the compliance levels against the agreed improvement trajectory for the core elearning modules. An oversight group is established reporting to EDG and APF consisting of representatives from across the organisation. An action plan is being progressed to support overall compliance.

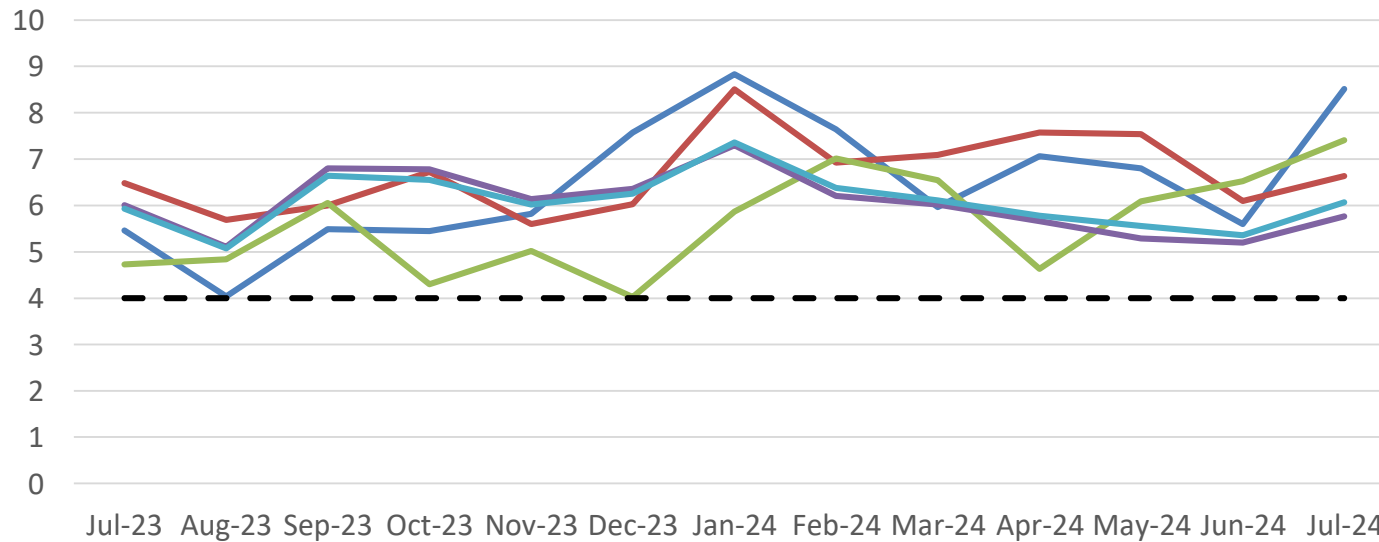
PEOPLE
METRICS
Acute
SERVICES

July 2024



Sickness Absence

% Absence Rate



The graph presents absence rates across Acute Services over the past year. In July all areas within Acute Services increased from the previous month, with a significant increase in Belford from 5.6% to 8.51%

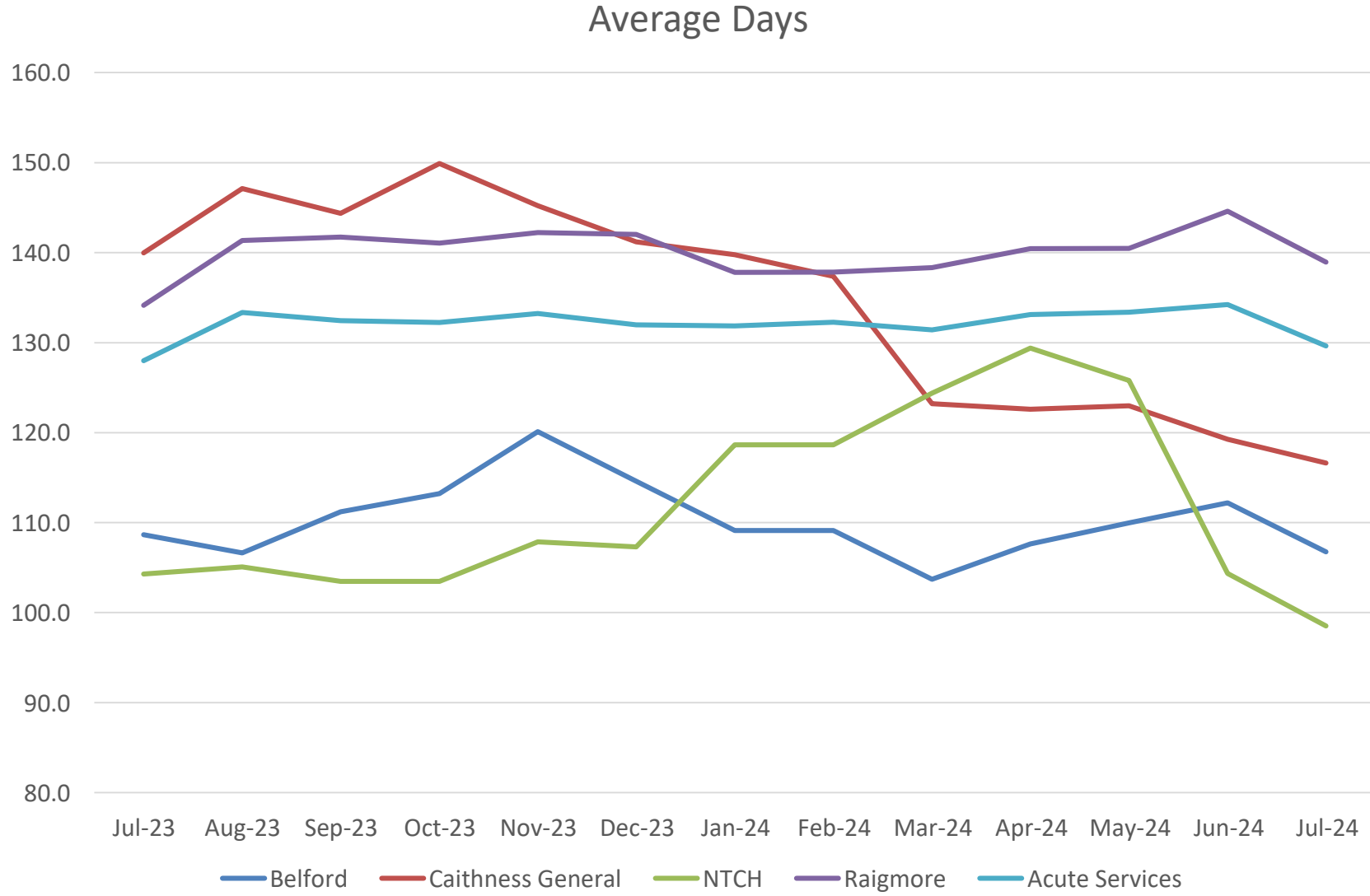
| | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 |
|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Belford | 5.46 | 4.04 | 5.49 | 5.45 | 5.82 | 7.57 | 8.83 | 7.64 | 5.97 | 7.06 | 6.8 | 5.6 | 8.51 |
| CGH | 6.48 | 5.69 | 6 | 6.72 | 5.6 | 6.03 | 8.51 | 6.92 | 7.09 | 7.57 | 7.54 | 6.1 | 6.63 |
| NTC-H | 4.73 | 4.84 | 6.06 | 4.3 | 5.02 | 4.02 | 5.87 | 7.01 | 6.54 | 4.63 | 6.09 | 6.52 | 7.41 |
| Raigmore | 6.01 | 5.11 | 6.8 | 6.78 | 6.14 | 6.36 | 7.3 | 6.21 | 6.02 | 5.66 | 5.29 | 5.2 | 5.77 |
| Acute Services | 5.93 | 5.07 | 6.64 | 6.55 | 6.02 | 6.26 | 7.36 | 6.38 | 6.11 | 5.78 | 5.56 | 5.36 | 6.07 |
| Target | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |

— Belford — CGH — NTC-H — Raigmore — Acute Services — — Target

Time to fill presents a count of days between post added to Job Train and the start date added to Job Train. The fill period uses date entries within the system or change of status and is reliant on the recruiting officers and the hiring managers maintaining the system timely and accurately.

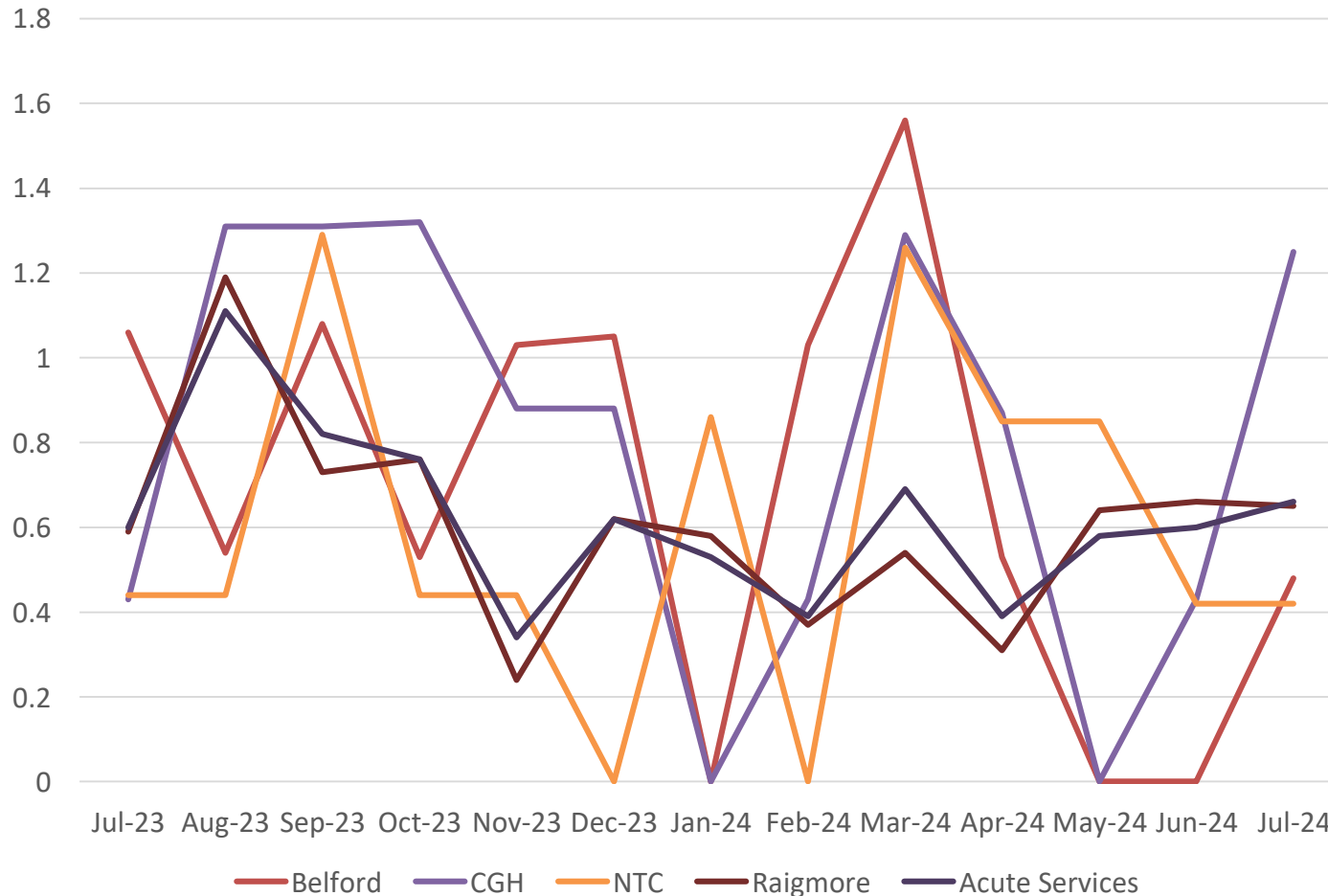
Across the Board the average time was 128.9 days for July, from the graph Caithness, Belford and NTC were lower.

The time to fill NHS Scotland KPI is 116 days.



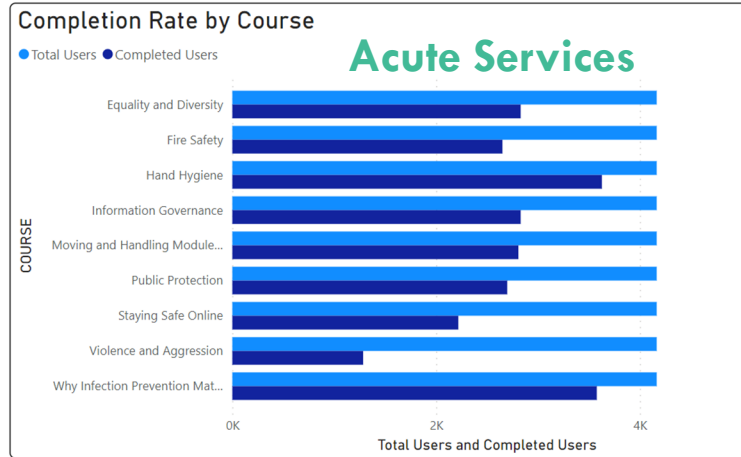
Turnover

Monthly Turnover (%) By Division – to July 2024



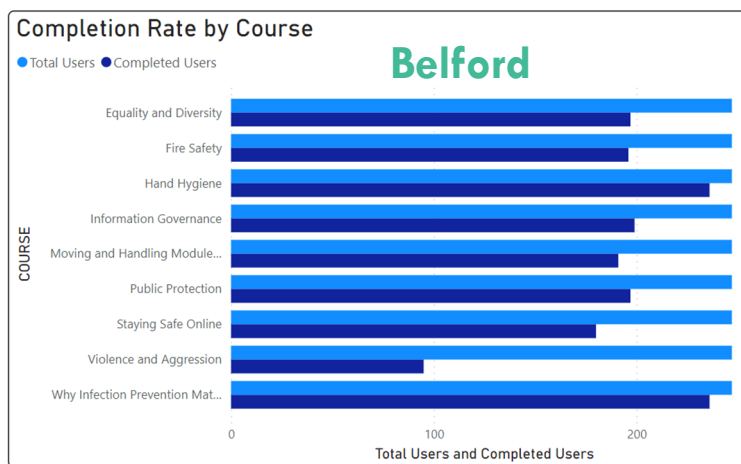
The graph presents the leavers over the past 12 months in Acute Services. Since May there has been a significant increase in leavers from Caithness General Hospital.

Statutory/Mandatory Training (July 31st, 2024)



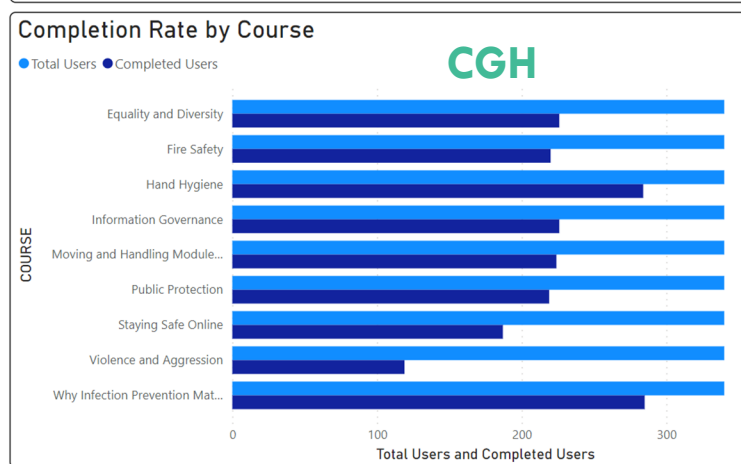
Completion Rate for all Courses Jul-2024

| Course | Current Completion Rate |
|----------------------------------|-------------------------|
| Equality and Diversity | 67.9% |
| Fire Safety | 63.6% |
| Hand Hygiene | 87.1% |
| Information Governance | 67.9% |
| Moving and Handling Module A | 67.4% |
| Public Protection | 64.8% |
| Staying Safe Online | 53.3% |
| Violence and Aggression | 30.8% |
| Why Infection Prevention Matters | 85.9% |
| Total | 65.4% |



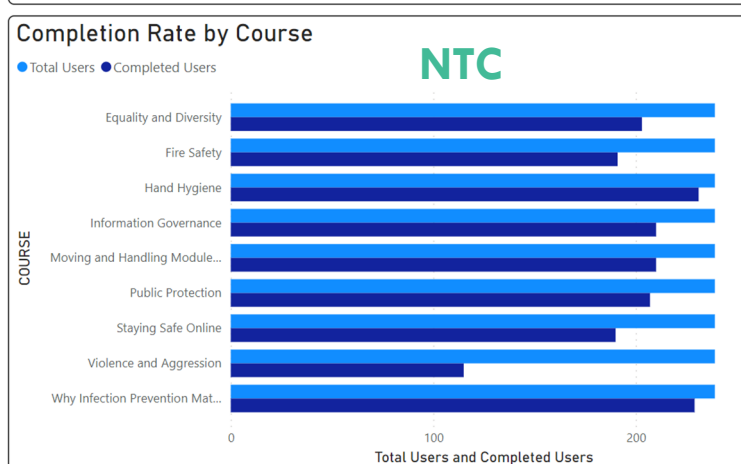
Completion Rate for all Courses Jul-2024

| Course | Current Completion Rate |
|----------------------------------|-------------------------|
| Equality and Diversity | 79.8% |
| Fire Safety | 79.4% |
| Hand Hygiene | 95.5% |
| Information Governance | 80.6% |
| Moving and Handling Module A | 77.3% |
| Public Protection | 79.8% |
| Staying Safe Online | 72.9% |
| Violence and Aggression | 38.5% |
| Why Infection Prevention Matters | 95.5% |
| Total | 77.7% |



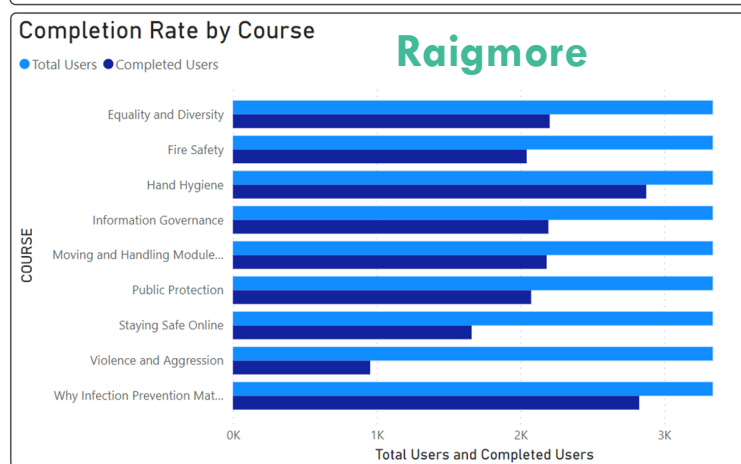
Completion Rate for all Courses Jul-2024

| Course | Current Completion Rate |
|----------------------------------|-------------------------|
| Equality and Diversity | 66.5% |
| Fire Safety | 64.7% |
| Hand Hygiene | 83.5% |
| Information Governance | 66.5% |
| Moving and Handling Module A | 65.9% |
| Public Protection | 64.4% |
| Staying Safe Online | 55.0% |
| Violence and Aggression | 35.0% |
| Why Infection Prevention Matters | 83.8% |
| Total | 65.0% |



Completion Rate for all Courses Jul-2024

| Course | Current Completion Rate |
|----------------------------------|-------------------------|
| Equality and Diversity | 84.9% |
| Fire Safety | 79.9% |
| Hand Hygiene | 96.7% |
| Information Governance | 87.9% |
| Moving and Handling Module A | 87.9% |
| Public Protection | 86.6% |
| Staying Safe Online | 79.5% |
| Violence and Aggression | 48.1% |
| Why Infection Prevention Matters | 95.8% |
| Total | 83.0% |

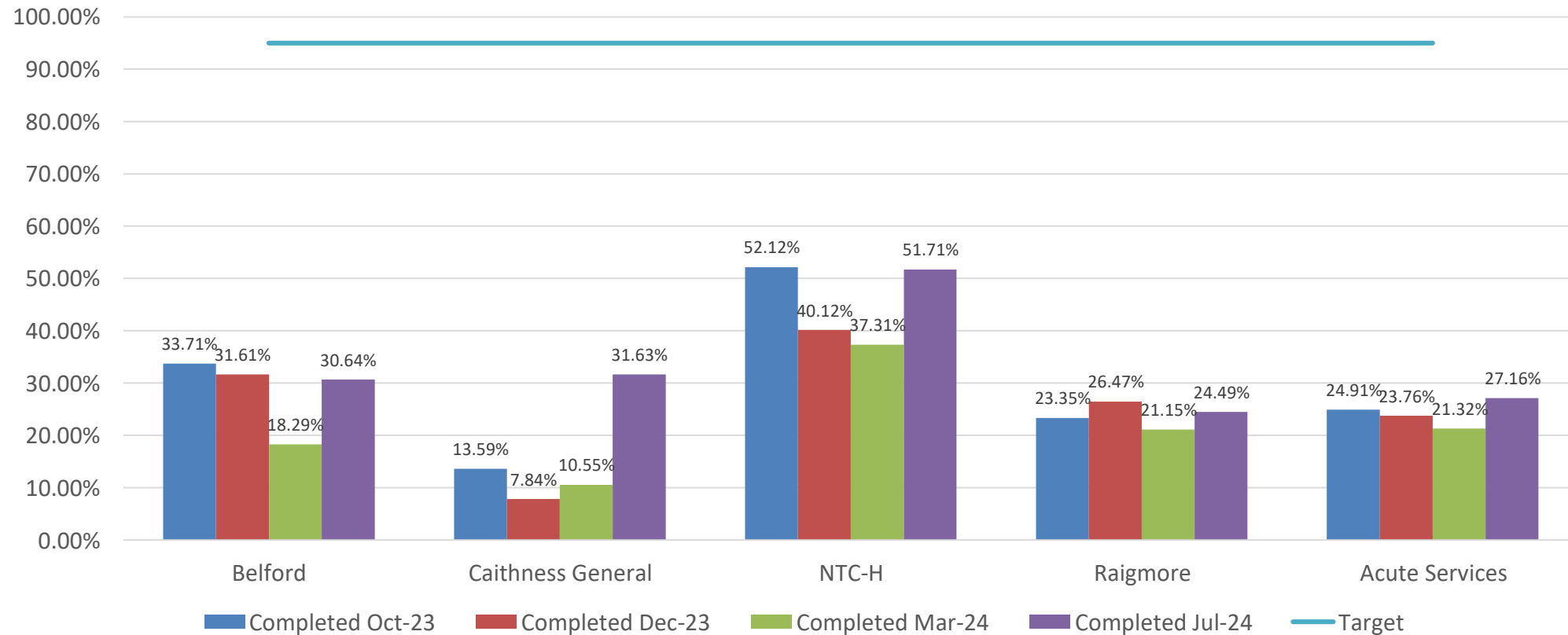


Completion Rate for all Courses Jul-2024

| Course | Current Completion Rate |
|----------------------------------|-------------------------|
| Equality and Diversity | 66.0% |
| Fire Safety | 61.2% |
| Hand Hygiene | 86.1% |
| Information Governance | 65.7% |
| Moving and Handling Module A | 65.4% |
| Public Protection | 62.1% |
| Staying Safe Online | 49.7% |
| Violence and Aggression | 28.6% |
| Why Infection Prevention Matters | 84.7% |
| Total | 63.3% |

Completed Appraisals

01/04/2023 - 31/07/2024 (AfC staff only)



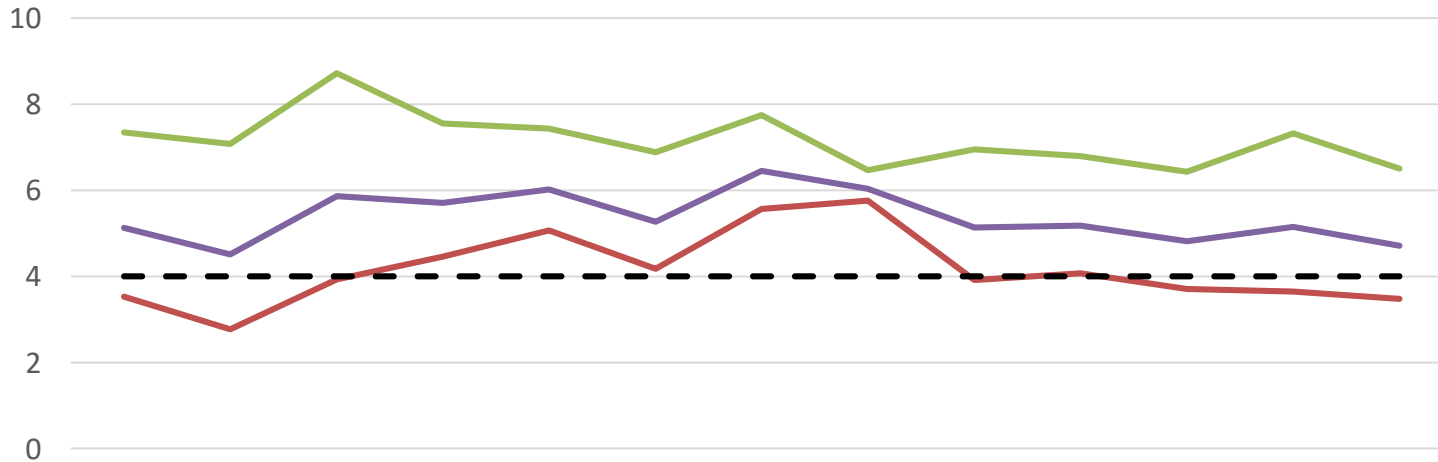
PEOPLE
METRICS
Corporate
Services

July 2024



Sickness Absence

% Absence Rate



| | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 |
|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Business Support Directorate | 4.53 | | | | | | | | | | | | |
| Corporate | 3.53 | 2.77 | 3.93 | 4.46 | 5.07 | 4.18 | 5.57 | 5.76 | 3.92 | 4.07 | 3.71 | 3.65 | 3.48 |
| NHSH Facilities North Highland | 7.34 | 7.07 | 8.72 | 7.55 | 7.43 | 6.88 | 7.74 | 6.46 | 6.95 | 6.79 | 6.43 | 7.32 | 6.5 |
| Total | 5.13 | 4.51 | 5.87 | 5.71 | 6.02 | 5.27 | 6.45 | 6.04 | 5.14 | 5.18 | 4.82 | 5.15 | 4.71 |
| Target | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |

— Business Support Directorate — Corporate
— NHSH Facilities North Highland — Total
- - Target

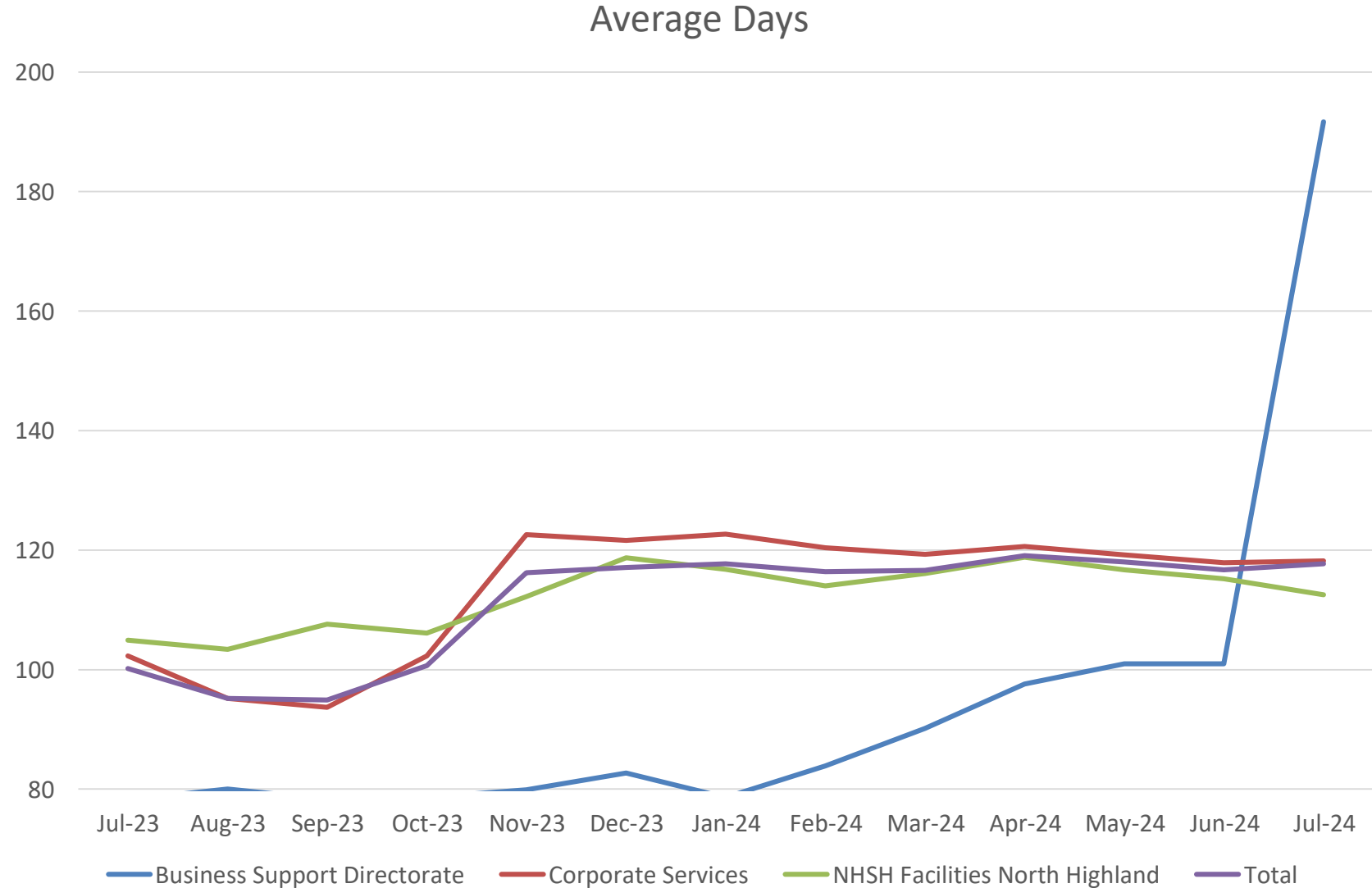
This graph contains data for all corporate services with Facilities being reported separately. Since April Corporate services (minus Facilities) absence rates have been decreasing and have remained under the 4% national target. The absence rates in Facilities have fluctuated reporting 6.5% in July

Time to Fill

Time to fill presents a count of days between post added to Job Train and the start date added to Job Train. The fill period uses date entries within the system or change of status and is reliant on the recruiting officers and the hiring managers maintaining the system timely and accurately.

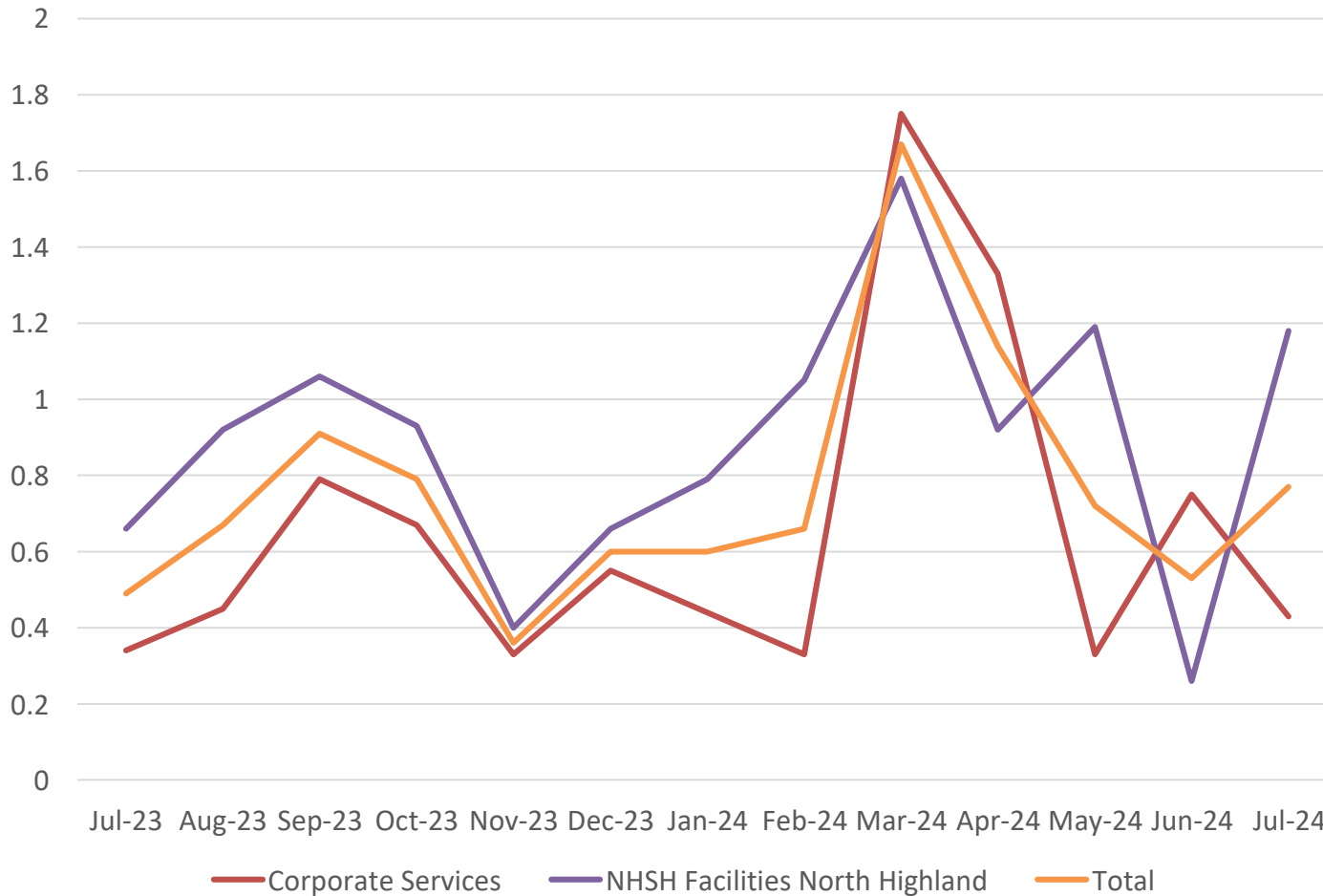
Across the Board the average time was 128.9 days for July, in Corporate Services all were below this figure.

The time to fill NHS Scotland KPI is 116 days.



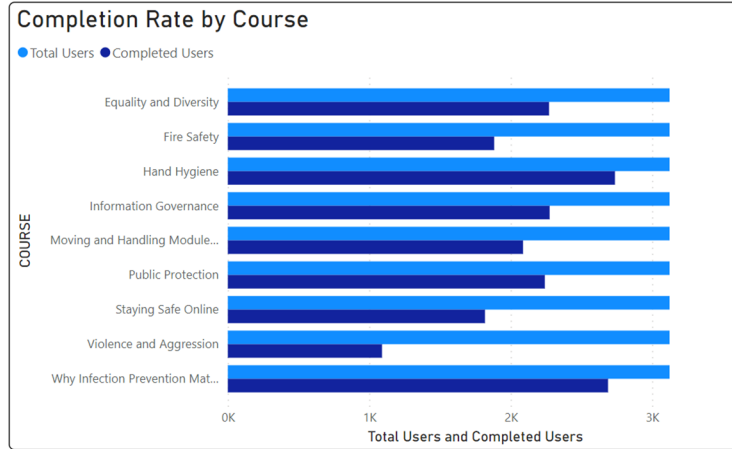
Turnover

Monthly Turnover (%) By Division

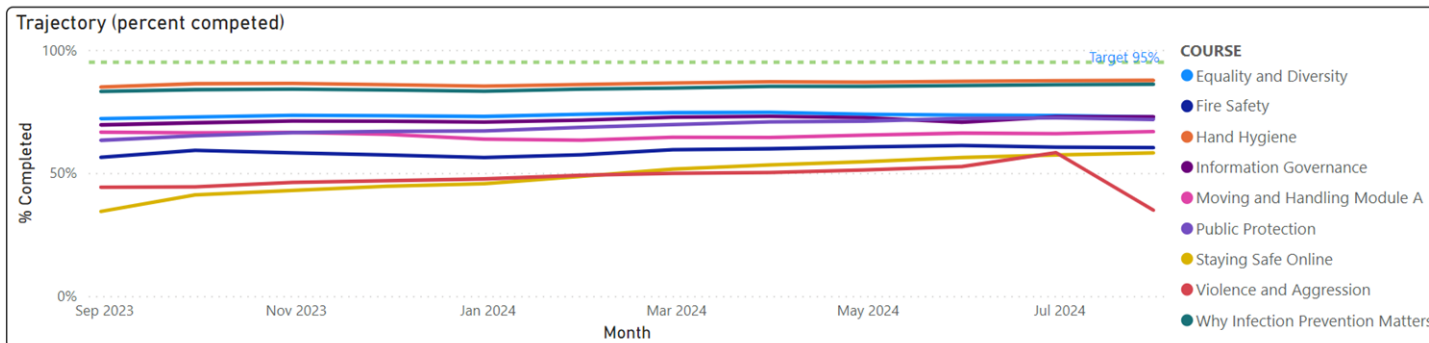
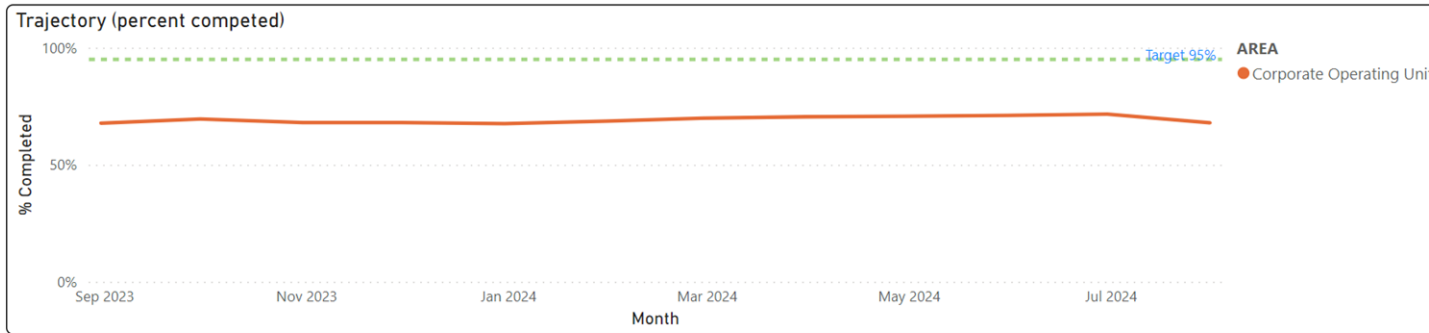


The graph presents the leavers over the past 12 months in Corporate Services.

Statutory/Mandatory Training (July 31st, 2024)

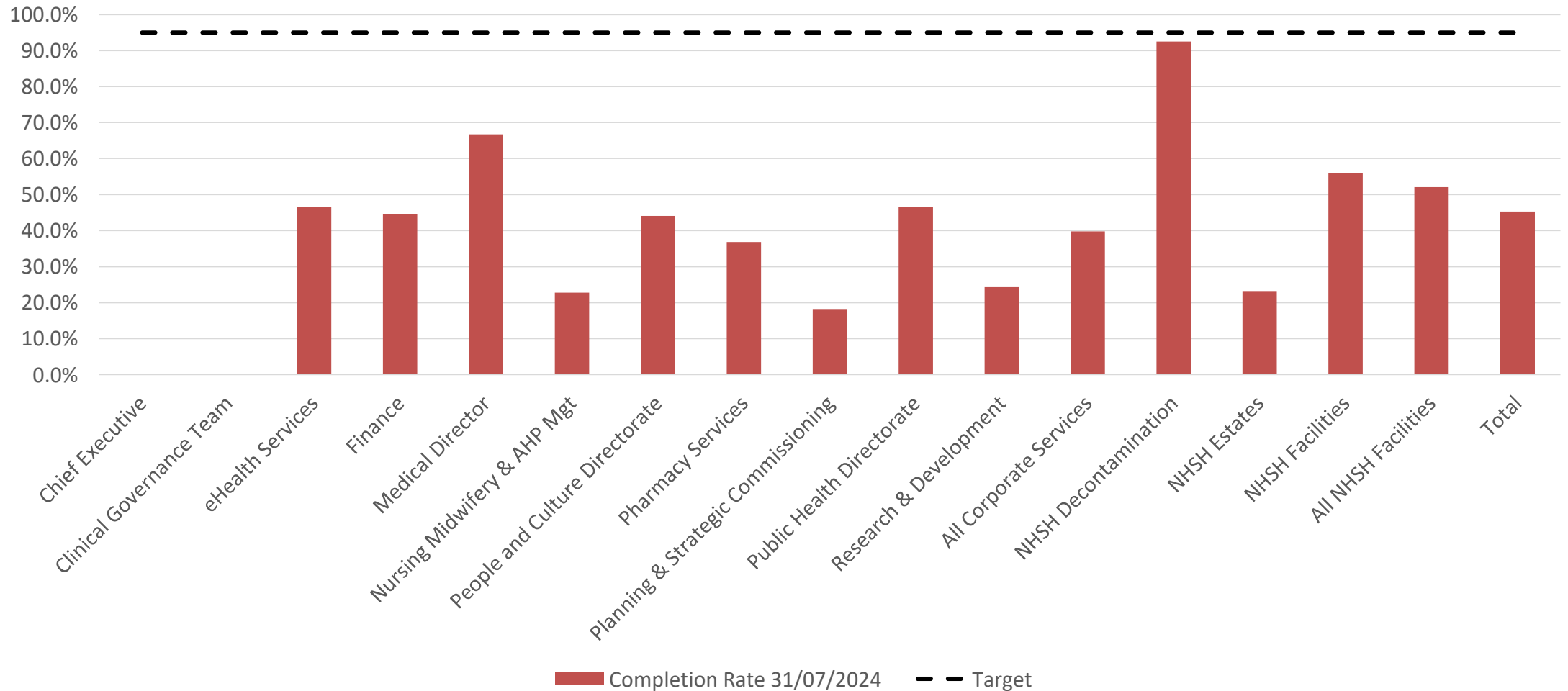


| Course | Current Completion Rate |
|----------------------------------|-------------------------|
| Equality and Diversity | 72.7% |
| Fire Safety | 60.3% |
| Hand Hygiene | 87.6% |
| Information Governance | 72.8% |
| Moving and Handling Module A | 66.8% |
| Public Protection | 71.8% |
| Staying Safe Online | 58.2% |
| Violence and Aggression | 34.9% |
| Why Infection Prevention Matters | 86.1% |
| Total | 67.9% |



*Note that prior to July 2024, V&A figures are only for Administrative Services job family, a new course has now been launched so from July 2024 onwards all job families are included in this figure

Completed Appraisals 31/07/2024 (AfC staff only)



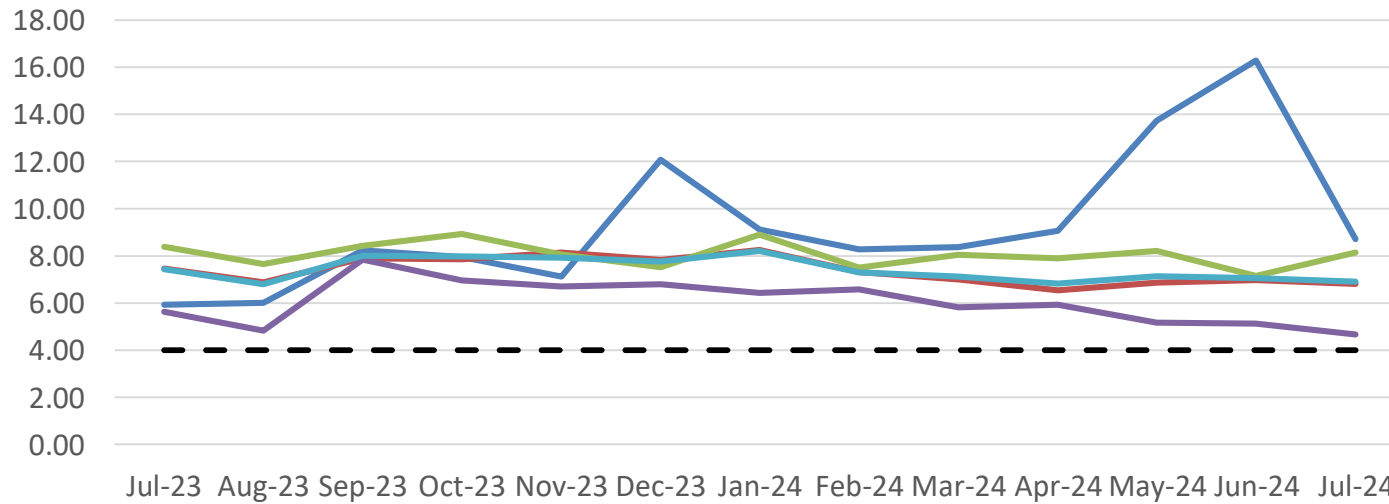
PEOPLE
METRICS
Community
HHSCP

July 2024



Sickness Absence

% Absence Rate Jul-24



The graph presents absence rates across Community Services (HHSCP)

There has been a significant decrease in Adult Social Care in July decreasing from 16.28 to 8.72. There has been a 1% increase in Mental Health but slight decreases in the other areas.

| | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Adult Social Care | 5.92 | 6.01 | 8.24 | 7.96 | 7.13 | 12.07 | 9.13 | 8.28 | 8.38 | 9.07 | 13.74 | 16.28 | 8.72 |
| Communities | 7.47 | 6.89 | 7.90 | 7.86 | 8.14 | 7.83 | 8.25 | 7.31 | 7.00 | 6.54 | 6.86 | 6.98 | 6.82 |
| MH & LD | 8.40 | 7.65 | 8.43 | 8.93 | 8.06 | 7.51 | 8.90 | 7.51 | 8.05 | 7.90 | 8.21 | 7.15 | 8.15 |
| Primary Care | 5.63 | 4.83 | 7.84 | 6.96 | 6.70 | 6.80 | 6.43 | 6.58 | 5.83 | 5.93 | 5.17 | 5.13 | 4.67 |
| HHSCP | 7.44 | 6.79 | 8.01 | 7.99 | 7.93 | 7.76 | 8.21 | 7.30 | 7.13 | 6.83 | 7.15 | 7.06 | 6.90 |
| Target | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |

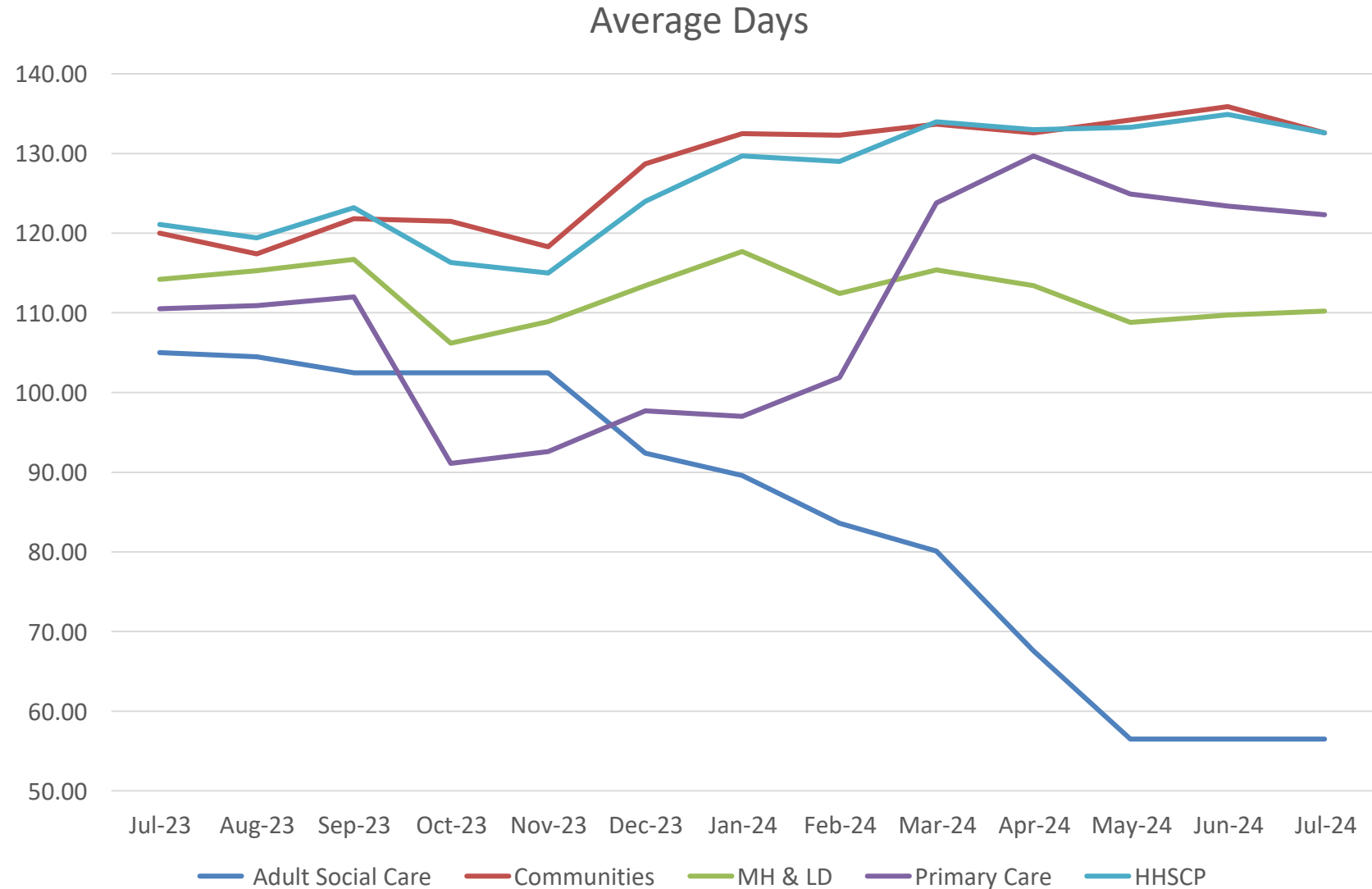
— Adult Social Care — Communities — MH & LD — Primary Care — HHSCP - - Target

Time to Fill

Time to fill presents a count of days between post added to Job Train and the start date added to Job Train. The fill period uses date entries within the system or change of status and is reliant on the recruiting officers and the hiring managers maintaining the system timely and accurately.

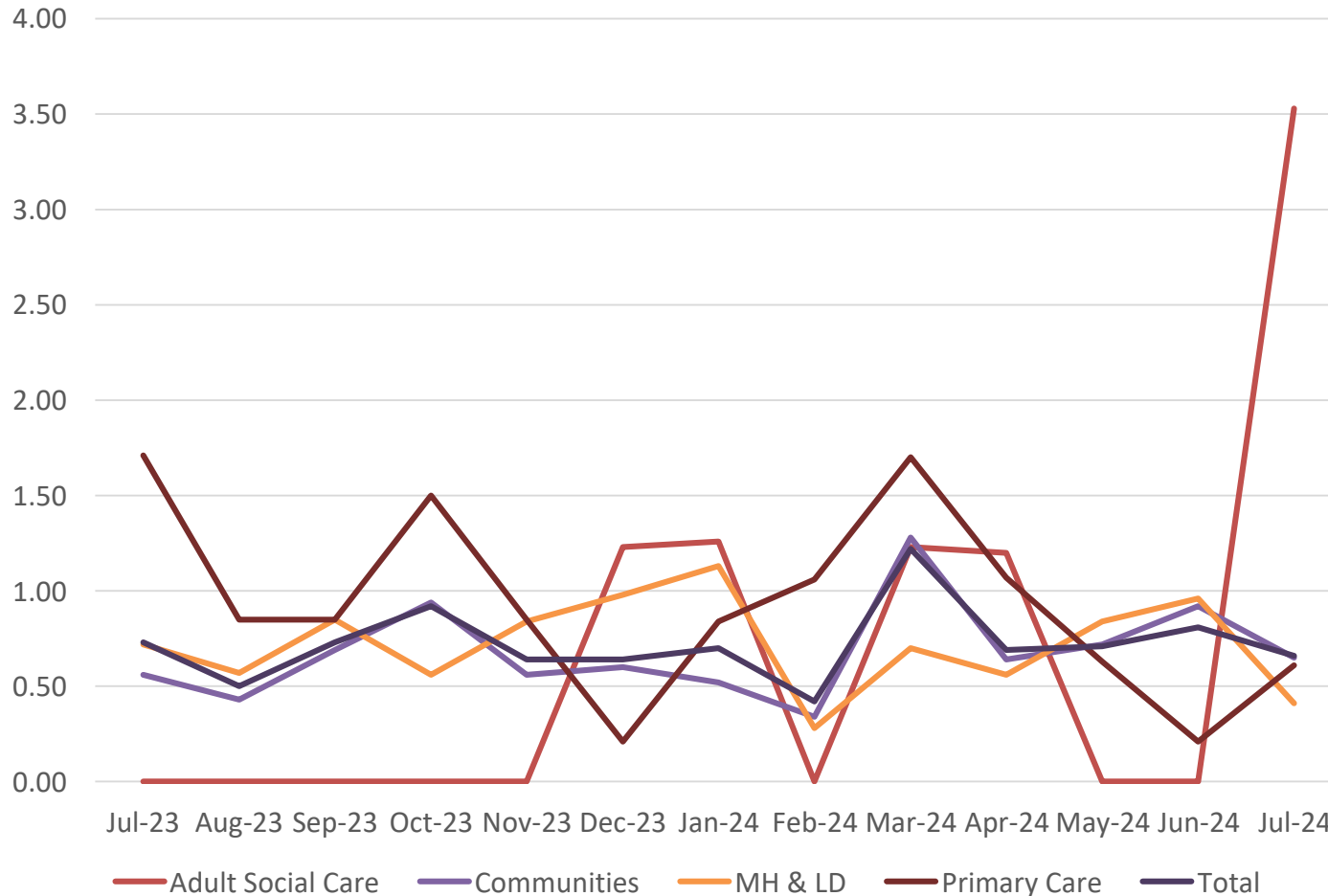
Across the Board the average time was 128.9 days for July, from the graph Adult Social Care, Mentalhealth and Primary caer were lower than this nut Communities slight higher.

The time to fill NHS Scotland KPI is 116 days.



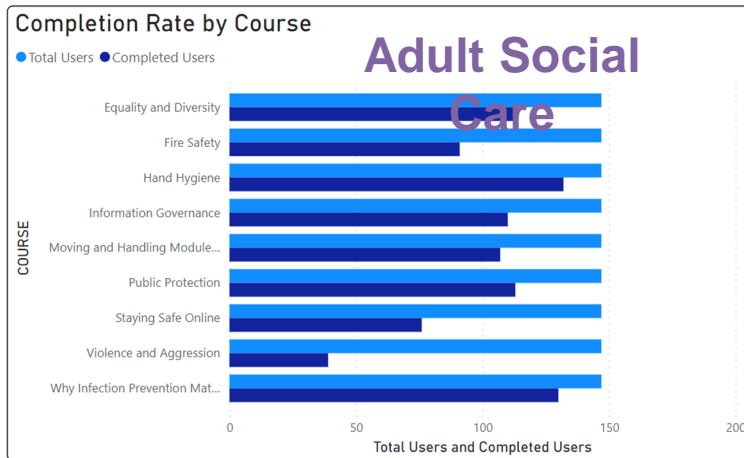
Turnover

Monthly Turnover (%) By Division – to June 2024



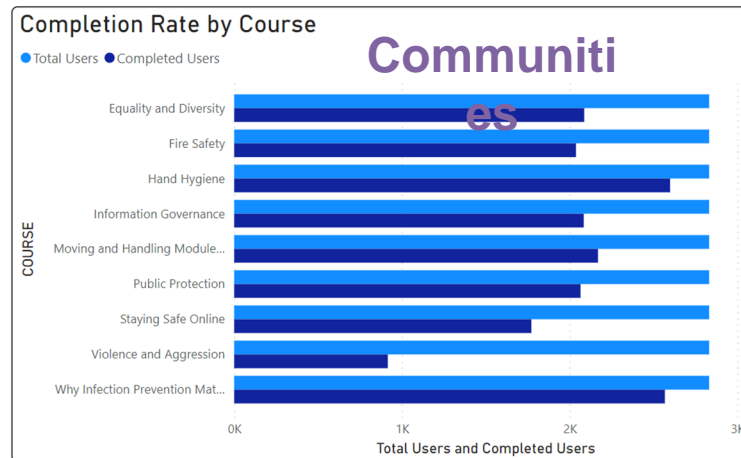
The graph presents the leavers over the past 12 months in Community Services. Since May there has been a significant increase in leavers from Adult Social Care

Statutory/Mandatory Training (July 31st, 2024)



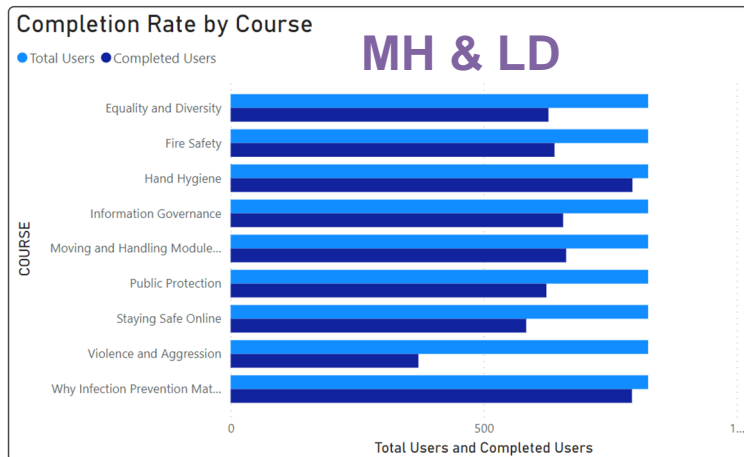
Completion Rate for all Courses Jul-2024

| Course | Current Completion Rate |
|----------------------------------|-------------------------|
| Equality and Diversity | 76.9% |
| Fire Safety | 61.9% |
| Hand Hygiene | 89.8% |
| Information Governance | 74.8% |
| Moving and Handling Module A | 72.8% |
| Public Protection | 76.9% |
| Staying Safe Online | 51.7% |
| Violence and Aggression | 26.5% |
| Why Infection Prevention Matters | 88.4% |
| Total | 68.9% |



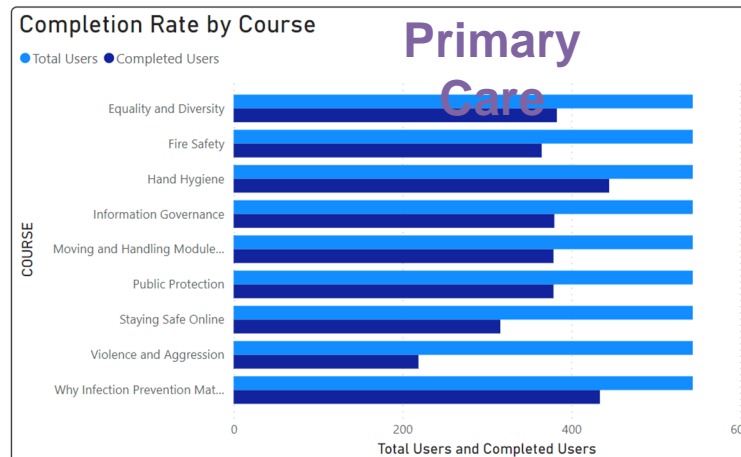
Completion Rate for all Courses Jul-2024

| Course | Current Completion Rate |
|----------------------------------|-------------------------|
| Equality and Diversity | 73.7% |
| Fire Safety | 72.0% |
| Hand Hygiene | 91.8% |
| Information Governance | 73.6% |
| Moving and Handling Module A | 76.6% |
| Public Protection | 72.9% |
| Staying Safe Online | 62.6% |
| Violence and Aggression | 32.3% |
| Why Infection Prevention Matters | 90.7% |
| Total | 71.8% |



Completion Rate for all Courses Jul-2024

| Course | Current Completion Rate |
|----------------------------------|-------------------------|
| Equality and Diversity | 76.1% |
| Fire Safety | 77.6% |
| Hand Hygiene | 96.2% |
| Information Governance | 79.6% |
| Moving and Handling Module A | 80.4% |
| Public Protection | 75.6% |
| Staying Safe Online | 70.8% |
| Violence and Aggression | 45.0% |
| Why Infection Prevention Matters | 96.1% |
| Total | 77.5% |

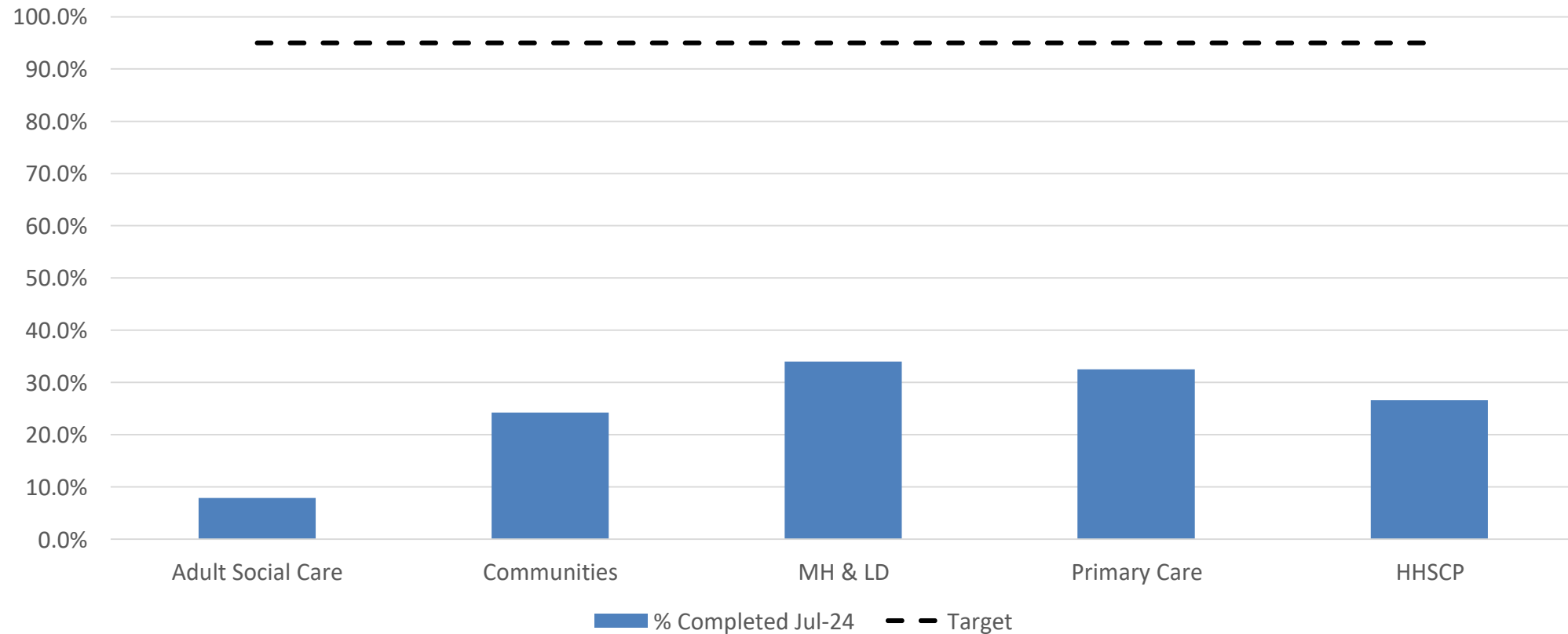


Completion Rate for all Courses Jul-2024

| Course | Current Completion Rate |
|----------------------------------|-------------------------|
| Equality and Diversity | 70.4% |
| Fire Safety | 67.1% |
| Hand Hygiene | 81.8% |
| Information Governance | 69.9% |
| Moving and Handling Module A | 69.7% |
| Public Protection | 69.7% |
| Staying Safe Online | 58.1% |
| Violence and Aggression | 40.3% |
| Why Infection Prevention Matters | 79.8% |
| Total | 67.4% |

Completed Appraisals

01/07/2023 - 31/07/2024 (AfC staff only)





PEOPLE METRICS ARGYLL & BUTE HSCP

July 2024

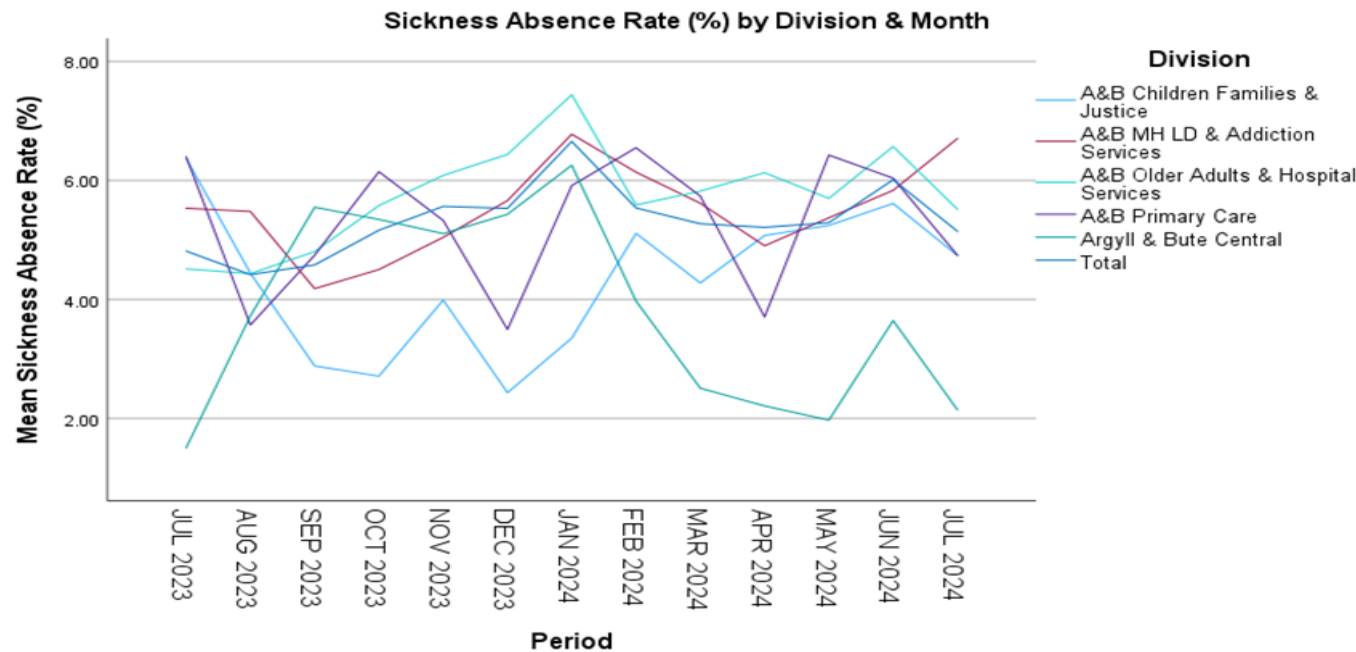


Sickness Absence

The graph presents absence rates across Argyll & Bute.

The table presents the average absence based on the rates of the HSCP and a comparison against NHS absence rate overall and the NHS Scotland national average per month.

A&B is in the main consistently lower than the board wide and National average and the July 2024 figure is lower than the overall NHS Highland figure. We await national average rates for July 2024.

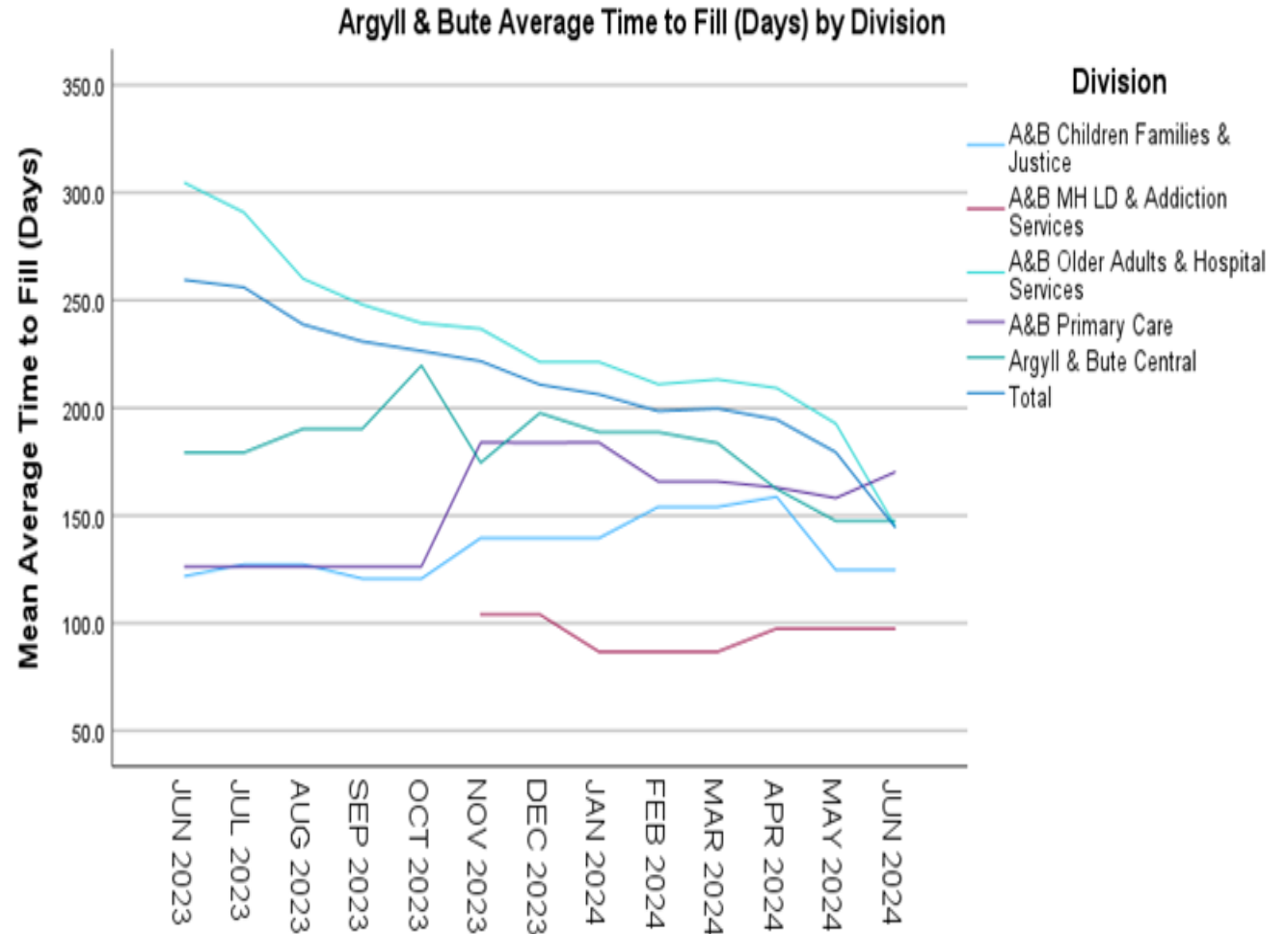


| Absence Rates % | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| A&B HSCP Total | 4.81 | 4.42 | 4.58 | 5.16 | 5.56 | 5.53 | 6.66 | 5.54 | 5.27 | 5.21 | 5.29 | 6.01 | 5.14 |
| NHS Highland Total | 6.16 | 7.08 | 6.68 | 6.70 | 6.60 | 6.50 | 7.39 | 6.51 | 6.16 | 5.94 | 5.92 | 6.00 | 5.99 |
| NHS Scotland Average | 5.78 | 6.32 | 5.94 | 6.31 | 6.45 | 6.52 | 6.99 | 6.17 | 6.07 | 6.19 | 6.39 | 6.22 | TBC |

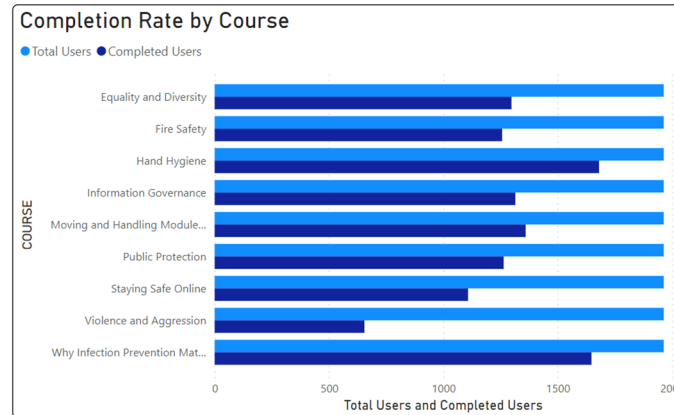
Time to fill presents a count of days between post added to Job Train and the start date added to Job Train. The fill period uses date entries within the system or change of status and is reliant on the recruiting officers and the hiring managers maintaining the system timely and accurately.

Across the Board the average time was 128.9 days.

The time to fill NHS Scotland KPI is 116 days.

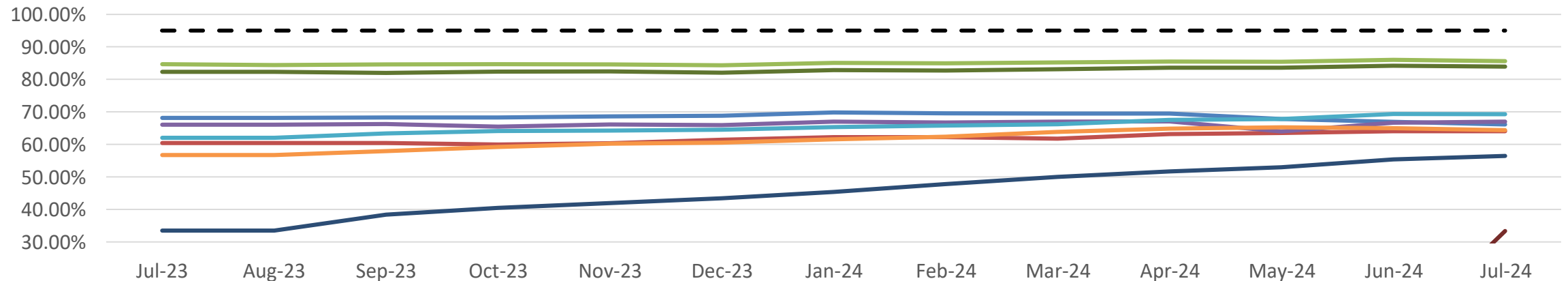


Statutory/Mandatory Training (July 31st, 2024)



| Course | Current Completion Rate |
|----------------------------------|-------------------------|
| Equality and Diversity | 66.1% |
| Fire Safety | 64.0% |
| Hand Hygiene | 85.6% |
| Information Governance | 67.0% |
| Moving and Handling Module A | 69.2% |
| Public Protection | 64.4% |
| Staying Safe Online | 56.4% |
| Violence and Aggression | 33.4% |
| Why Infection Prevention Matters | 83.9% |
| Total | 65.5% |

Trajectory (% Completed)



- Equality and Diversity
- Fire Safety
- Hand Hygiene
- Information Governance
- Moving and Handling Module A
- Public Protection
- Staying Safe Online
- Violence and Aggression
- Why Infection Prevention Matters
- - - Target

NHS Appraisals

- The table shows the appraisal completion, recorded on the Turas Appraisal system for NHS AfC employees as of 31/07/2024.
- Improvement of appraisal rates and quality is a Board priority, and this will be an area of focus for the year ahead. Training for reviewees is available on the [Turas Learn](#) system

| Division/Directorate | Total Staff | Completed Appraisals | Percentage |
|---|-------------|----------------------|------------|
| AB Child Services | 67 | 13 | 19% |
| AB Maternity Services | 33 | 16 | 48% |
| Children & Families - Central | 12 | 5 | 42% |
| Cowal and Bute Area | 7 | 0 | 0% |
| Helensburgh and Lomond Area | 6 | 0 | 0% |
| Mid Argyll Kintyre & Islay | 26 | 0 | 0% |
| Oban Lorn & Isles Area | 4 | 0 | 0% |
| A&B Children Families & Justice Total | 155 | 34 | 22% |
| LD PD and Autism (A&B) | 9 | 0 | 0% |
| MH & Addictions (A&B) | 136 | 18 | 13% |
| A&B MH LD & Addiction Services Total | 145 | 18 | 12% |
| Cowal and Bute Area | 211 | 86 | 41% |
| Helensburgh and Lomond Area | 71 | 28 | 39% |
| Mid Argyll Kintyre & Islay | 224 | 114 | 51% |
| Oban Lorn & Isles Area | 307 | 56 | 18% |
| Older Adult and Hospital Central | 6 | 4 | 67% |
| A&B Older Adults & Hospital Services Total | 819 | 288 | 35% |
| Dental Service (Argyll & Bute) | 50 | 20 | 40% |
| Pharmacy (Argyll & Bute) | 15 | 1 | 7% |
| Primary Care (Argyll & Bute) | 62 | 13 | 21% |
| A&B Primary Care Total | 127 | 34 | 27% |
| A&B Strategic Planning & Performance | 33 | 9 | 27% |
| Argyll & Bute Corporate Services | 74 | 27 | 36% |
| Argyll & Bute Estates | 39 | 1 | 3% |
| Argyll & Bute Central Total | 146 | 37 | 25% |
| Argyll & Bute Total | 1392 | 411 | 30% |

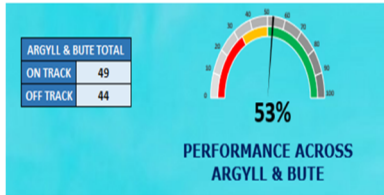
ARGYLL & BUTE INTEGRATION JOINT BOARD

INTEGRATED PERFORMANCE MANAGEMENT FRAMEWORK

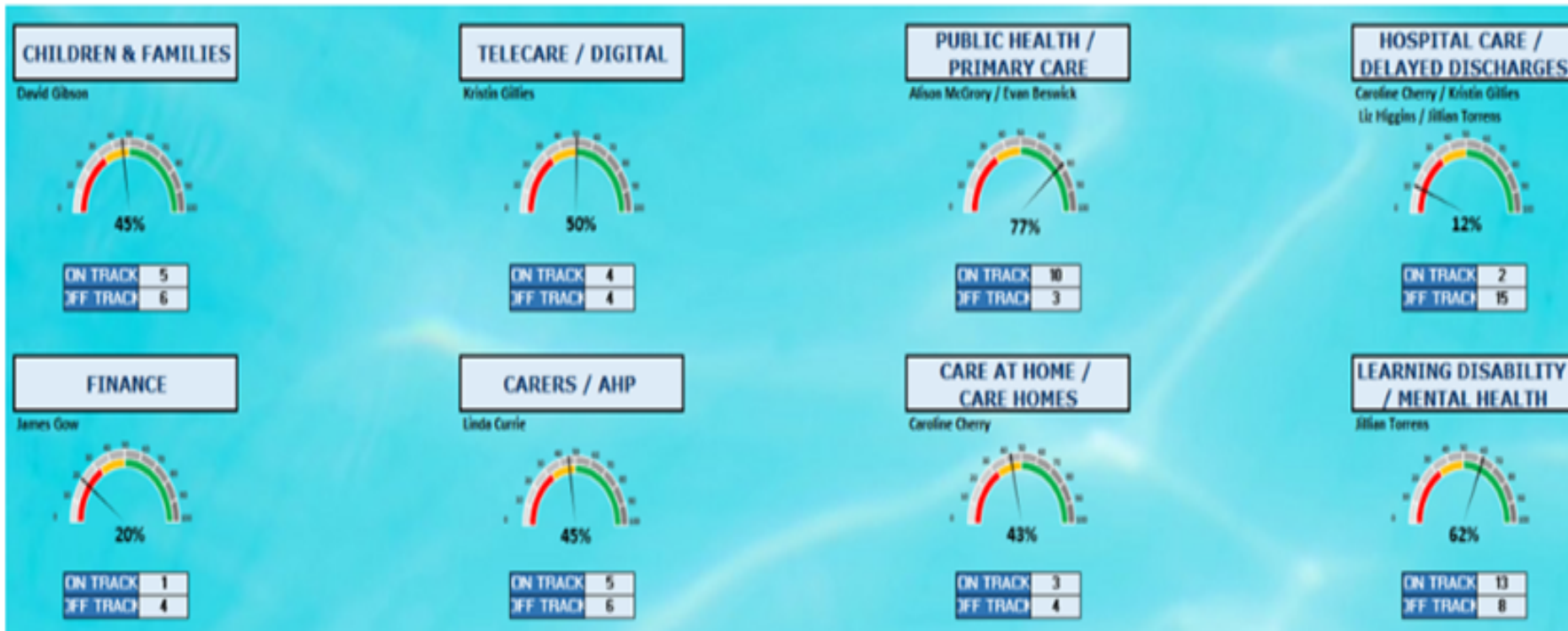
For information only



2023/24- FQ4 Performance Overview

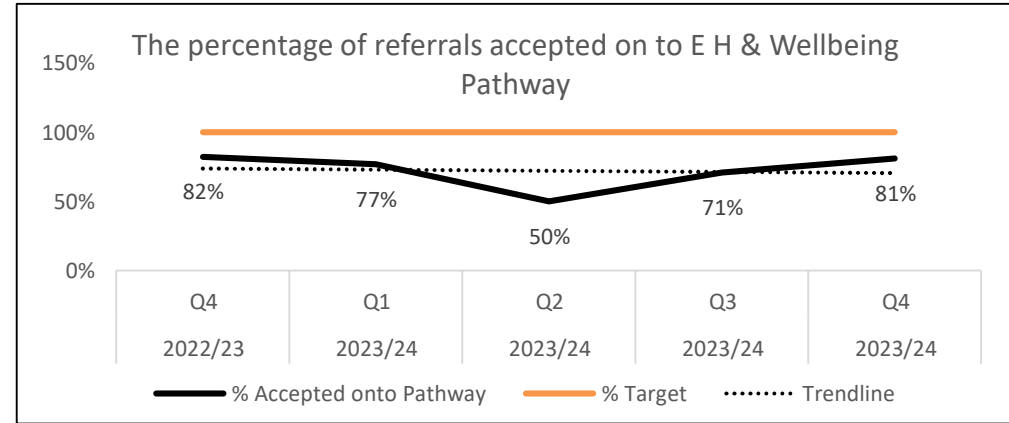
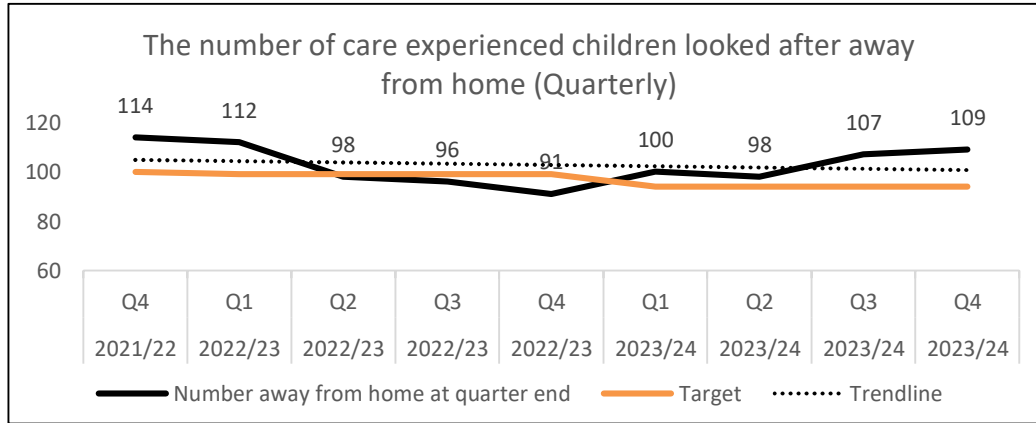


Overall performance for FQ4 notes that 53% of KPI's are scoring against target, with 49 reporting as on-track and 44 off-track, this is a slight increase of +7% against previous FQ3 performance. The KPI's report performance against the target and include the target, actual and variance and is a mix of both quantitative and qualitative indicators.



Children & Families

Across 11 KPI, C&F services performance notes 3 (27%) on track, with 8 (73%) off track against the targets set in Q4 23/24. This is a decrease from 36% on track reported (-9%) variance on the previous quarter performance.



Performance on or above target:

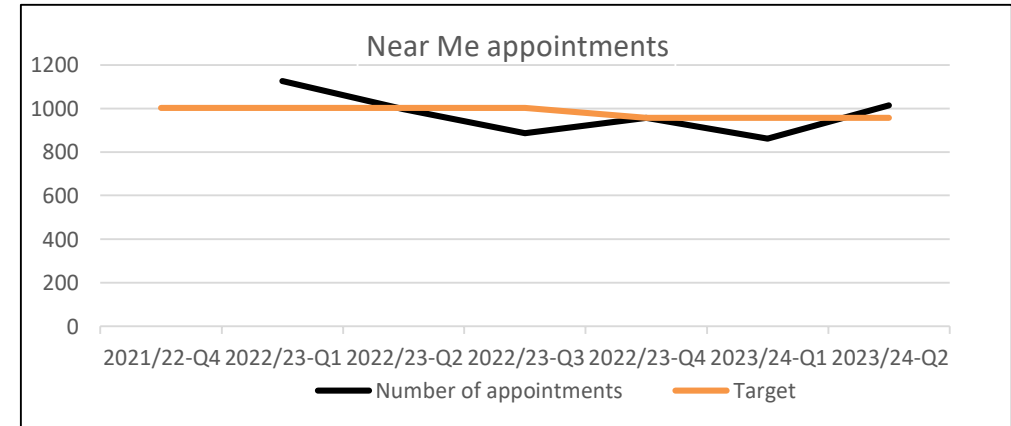
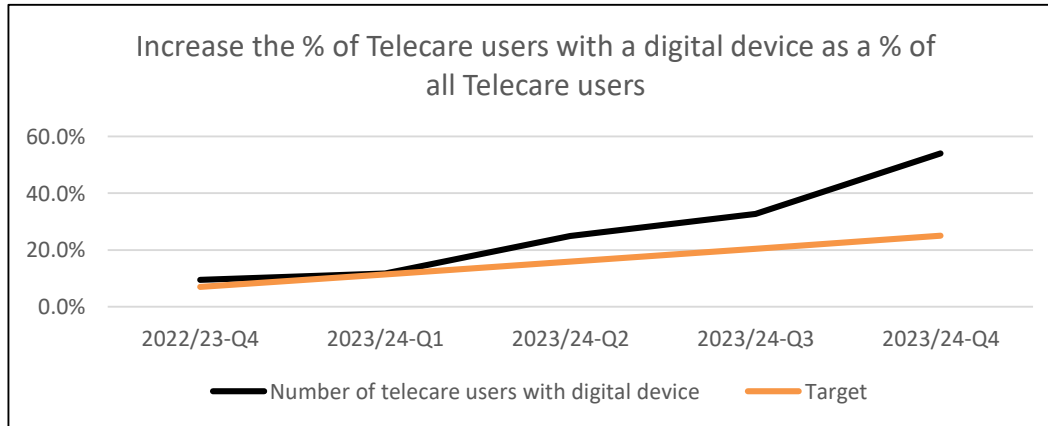
- Increasing the number of care experienced children placed at home or in Kinship or Fostering Care is on track, noting 24% above target performance.
- VAWG training is as achieving 250 staff trained against a target of 100 being trained.

Performance below target & areas for improvement:

- Performance around reducing numbers of care experience children looked after away from home has failed to meet target of 94, with 109 residing out with the home, 69% of all care experienced children, with no improvement on the previous quarter.
- Performance with regards to the number of children accepted onto the Emotional and Wellbeing Pathway is below the target of 100%, with 81% accepted. This is an improvement on Q3 where performance was 71%.

Telecare & Digital

Benchmarked performance across 8 Key Performance Indicators (KPIs) for Telecare and Digital Services shows an increase in the overall Quarter 4 performance, with 6 KPIs (75%) remaining on track compared with 5 (50%) on track at Quarter 3. 2 KPIs (25%) are reported as off track against target for FQ4.



Performance on or above target:

- The number of new Telecare service agreements continues to exhibit growth, indicating a promising trend.
- The number of 'Near Me' clinic appointments has continued to rise, now showing a clear increasing trend after a post-COVID slump.
- The digitalisation of telecare equipment has further increased by 6% to reach 40%, surpassing the 25% target.
- The utilisation of Buddi hubs has increased by 43% this quarter.
- Freedom of Information requests are now back to being completed on time at a rate of 100%, after falling off target last quarter.

Performance below target & areas for improvement:

- The number of Telecare annual reviews overdue continues to decline, remaining below target.
- Silver Cloud referrals have decreased a further 6%.

Public Health & Primary Care

Public Health and Primary Care Quarter 4 performance notes 10 (77%) measures on track, no change from Quarter 3. Public Health have achieved 100% target performance across all 5 KPIs in Q4 of 2023/24. Out of the 8 Key Performance Indicators (KPIs) for Primary Care services, 3 (37.5%) are currently off track, while 5 (62.5%) are on track to meet their set targets. This overall performance aligns with Q3, however, there have been changes in which specific KPIs are meeting or not meeting their targets.

Performance on or above target:

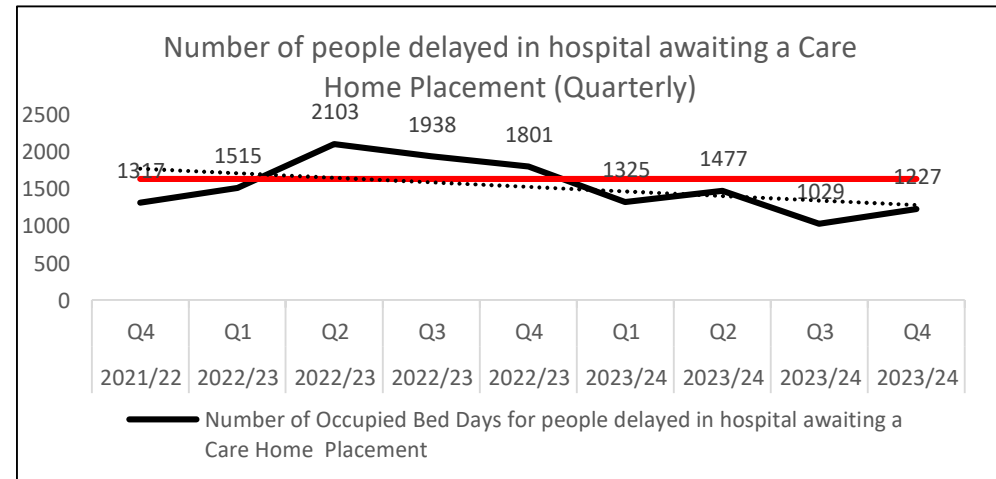
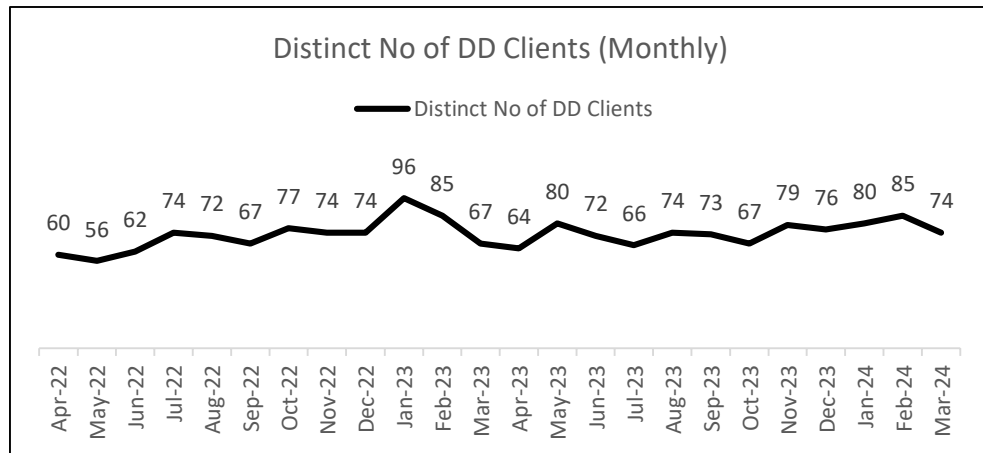
- The number of quit dates set by achieving 20, exceeding the target of 10, representing an 82% increase from Q3.
- Our actual performance of monitoring contracts and KPIs has consistently matched the target of 100% for each quarter of 2023/24, remaining at 100%.
- 31 engagement activities, significantly exceeding the target of 1, marking a continuous improvement throughout each quarter of 2023/24 and a 19% increase from Q3.
- We successfully achieved the rolling training target of 68 with an actual count of 69. Our actual performance has shown steady increase in each quarter of 2023/24, representing a 19% improvement compared to Q3.
- 163 referrals to community link workers, exceeding the target of 101. Our performance has seen a consistent trend above the target each quarter, and we improved by 10% compared to Q3.
- The "ChildSmile: Enroll 100% of eligible nurseries into Daily Toothbrushing Programme" demonstrated exceptional performance, reaching 97%, well above the 80% target.
- The Fluoride Varnish Programme remains consistent, still implemented in 29% of eligible schools for P1-P3 pupils.
- Vaccination transfer from GP practices has been successfully accomplished.
- "Community Link Workers within Primary Care settings established within areas with the highest level of deprivation" achieved full compliance, meeting the target of 100%.
- Significant progress was observed in the reduction of instances of 2C practices entering contingency measures, with a remarkable 96% improvement from Q3. The number decreased from 56 occurrences to only 2 during Q4.

Performance below target & areas for improvement:

- Vaccination delivery during autumn, winter, and spring booster programs for COVID-19 reached 58%, below the targeted 80%. It's noteworthy that the Scottish National average achieved only 56.6% coverage.
- The establishment of Community Treatment Assessment Centres (CTAC) across Argyll and Bute fell short of the 100% target, reaching 93%. This includes 2 practices outside of rural flexibility arrangements that have yet to offer this service.
- The metric assessing practices operating at Level zero within the Practice Escalation policy, with no reduction in services, attained 93%, slightly under the 100% target.

Hospital & Delayed Discharges

Hospital Care & Delayed Discharge Quarter 4 performance notes 4 (24%) measures on track, an increase from 12% in Quarter 3. Across 11 Hospital Care KPIs, performance notes 1 (9%) on track, with 9 (82%) off track against the targets. In terms of the 6 Delayed Discharge KPIs, there was an improvement in Quarter 4 with 3 (50%) on track, compared to 33% in Quarter 3.



Performance on or above target:

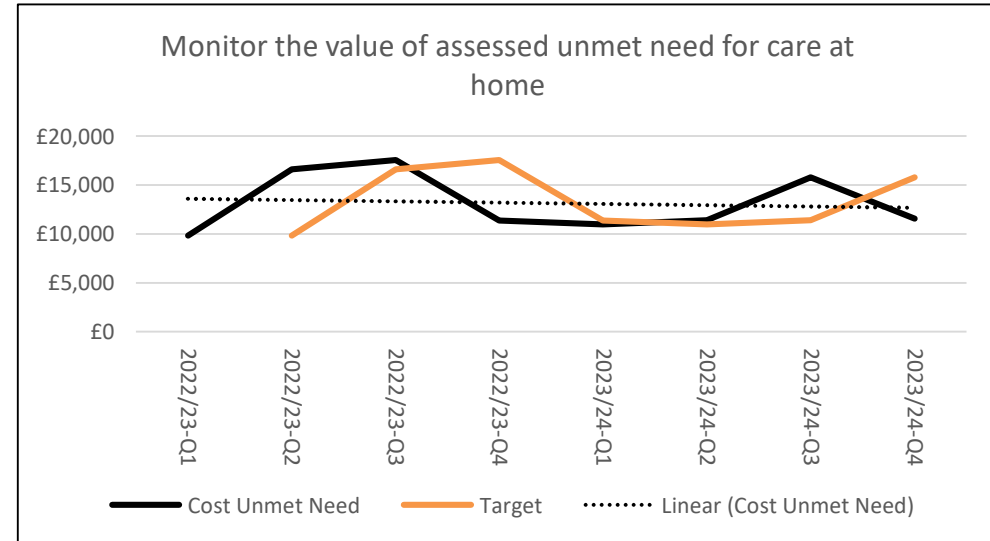
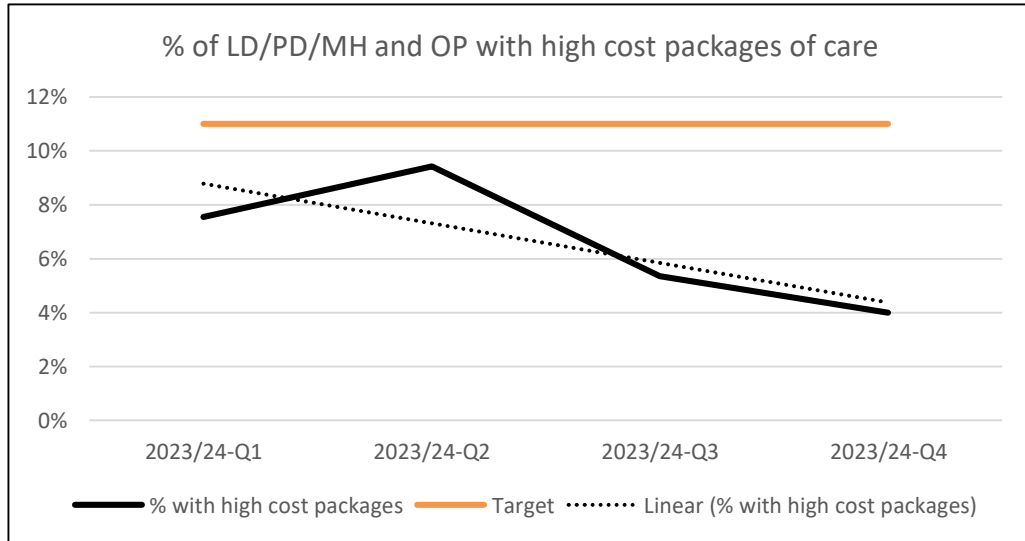
- Number of unplanned admissions to hospital reported as a result of a fall has been reported as on track however it is acknowledged this is likely to be due to lag with the full quarter data. This measure will be subject to review at year end.
- Reduce the number of bed days for people delayed due to AWI **notes** an increase in actual occupied bed days during Q4 of 35% from Q3. The actual stands at 381 against a target of 589.
- Reduce the number of occupied bed days for people delayed awaiting a care home placement notes an increase in actual occupied bed days during Q4 of 19% compared to Q3. The actual stands at 1227 against a target of 1632.
- Increase the number of inpatients 18+ who are discharged without delay shows an improvement of 15% from Q3, and we're back on target after being slightly off track in Q3. The actual stands at 1328 against a target of 1222.

Performance below target & areas for improvement:

- There has been an unusually large increase in unplanned admissions to hospital, with the Q4 total up 15% on Q3.
- Reduce the Average Length of Stay (ALOS) for inpatients in A&B Hospitals - Although we missed the target, there was a 13% improvement

Finance

Across 5 KPIs, Financial services performance notes 3 (60%) on track, with 2 (40%) off track against the targets set in FQ4 23/24. This is an improvement from the 20% reported on track for the previous quarter's performance.



Performance on or above target:

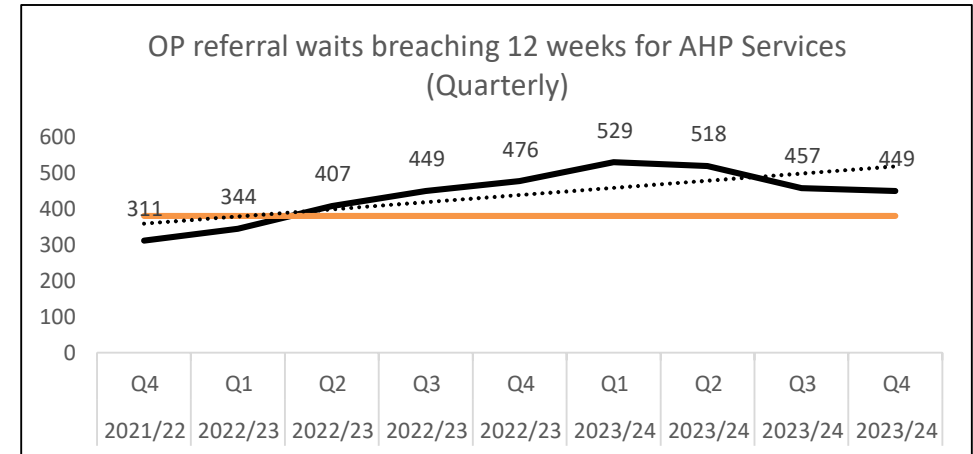
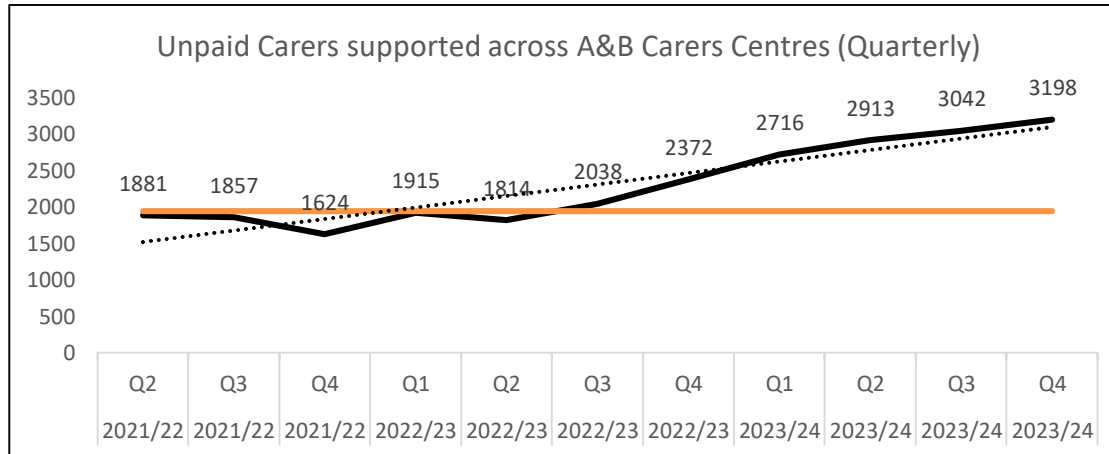
- The performance on reducing the % of clients with high-cost packages of care KPI is improving and below target and 1% improvement on last quarter.
- Performance around the reduction in value of assessed unmet need for care at home is 27% improvement on previous quarter,
- Performance on reducing the costs of agency nursing staff in A&B hospitals is above track, with FQ4 noting 21% compared to the previous quarter. This represents a reduction of circa £50k per month on spend.

Performance below target & areas for improvement:

- Performance with regards to reducing the cost of hospital stays as a result of delayed discharge remains off track, with FQ4 noting 28% above target, a decrease of 4% on previous quarter's performance.
- Performance on reducing the cost on pharmacy expenditure remains off track, with FQ4 noting 32% variance in expenditure on previous quarter.

Carers & Allied Health Professionals

Across 11 KPI, Carers / AHP services performance notes 5 (45%) on track, with 6 (55%) off track against the targets set for FQ4 23/24. There is no variance in the previous quarter performance.



Performance on or above target

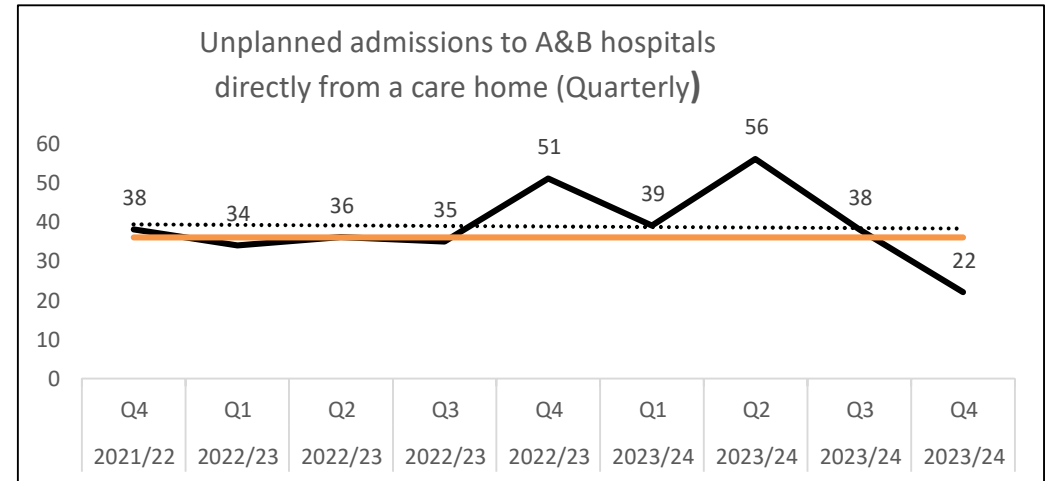
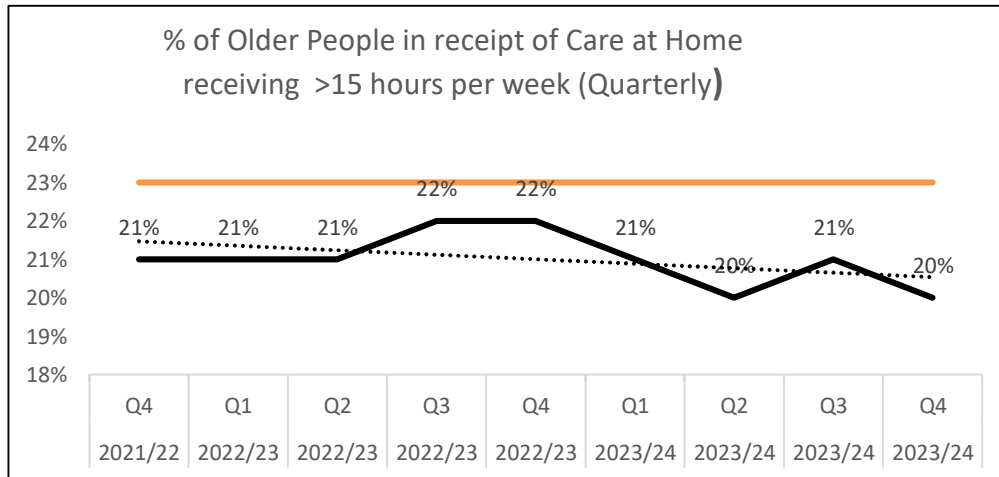
- The number of Unpaid Carers Supported / Registered across A&B's Carers Centres continues to increase – up 5% on last quarter.
- There has been another slight increase this quarter in the number of completed Adult Carer Support Plans – continues to be on target.
- Community Patient Discharges have again increased this quarter – up 10% on last quarter.

Performance below target & areas for improvement:

- Referral waits are currently off-track, although Outpatients waiting over 12 weeks for AHP services has continually decreased over recent quarters.
- AHP Outpatient completed waits again slightly down on last quarter.
- Young Carers Statements Completed have increased this quarter although still off-track.

Care at Home & Care Homes

Across 7 KPIs, Care at Home/Care Homes performance notes 3 on track (43%), with 4 off reporting as track against target for FQ4 23/24. The overall picture has declined slightly, as 4 KPIs were reported as on track in Q3.



Performance on or above target:

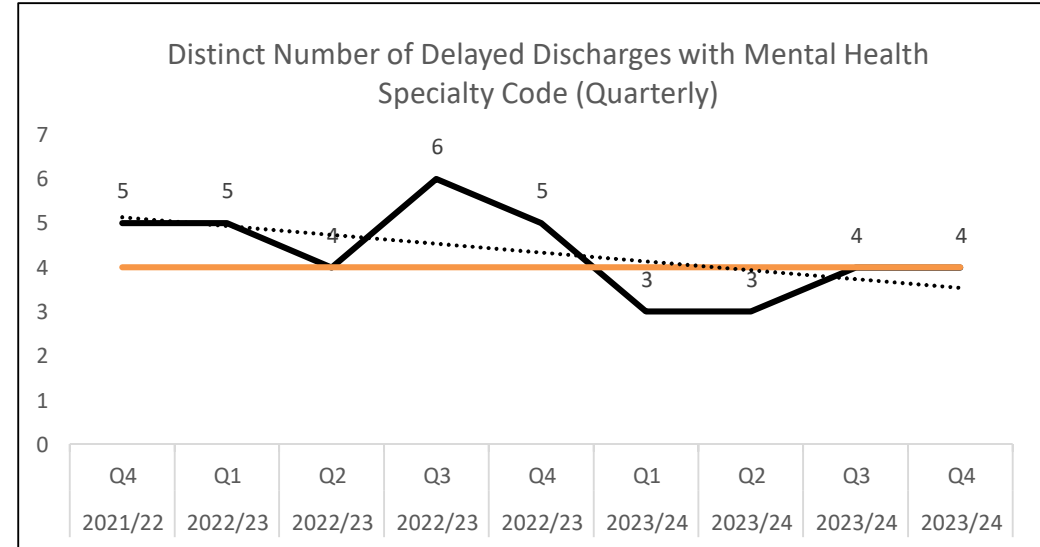
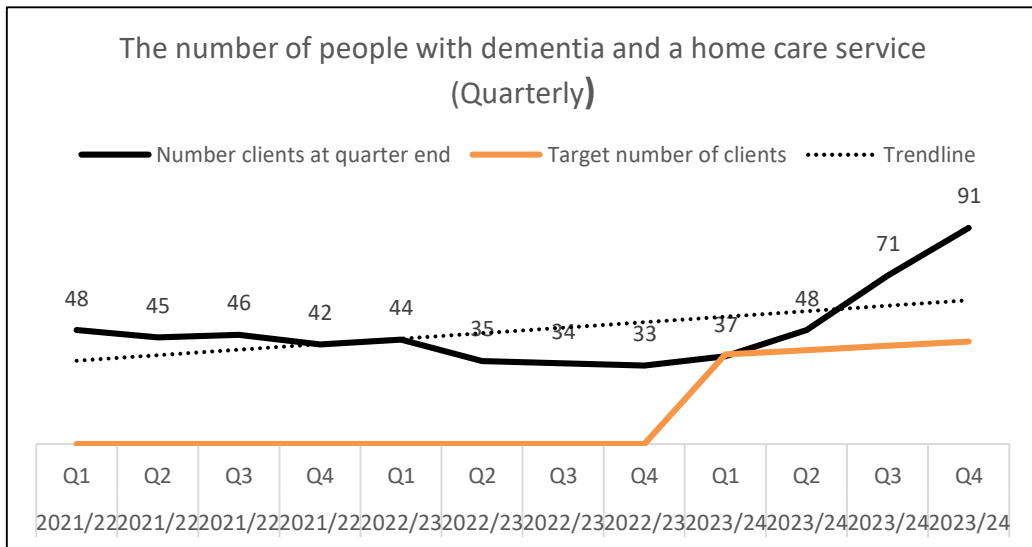
- Unplanned admissions to A&B hospitals from a care home are showing a drop of 42% against Q3, although it is likely this number is underreported.

Performance below target & areas for improvement:

- The number of Older People who waited >6 months for their homecare monitoring review increased by 21% from Q3.
- Occupancy rates across A&B care homes dropped in Q4 for the first time in a year, by 1%.
- Performance on % of Older People receiving nursing care home service continues on a plateau of 8 to 9% below target. Note there are concerns from the service about the legitimacy about this target.

Learning Disability & Mental Health

Across 21 KPIs Learning Disability / Mental Health performance notes 15 (71%) on track, with 6 (29%) off track against the targets set for FQ4 23/24. This is an increase from 62% on track reported (+9%) variance on the previous quarter's performance. .



Performance on or above target:

- People with dementia supported by a Care at Home service continues to increase in Q4. Since the last quarter it has risen by 20 (28%) to 91.
- The number of people with needs assessed by the A&B Dementia teams has increased from 21 to 27 over the quarter (+29%).
- The number of HSCP staff completing Adult Support Protection Training has increased this quarter – up from 171 to 260 (+52%).
- ASP training for HSCP staff continued to perform well compared to previous quarters, exceeding the 2023/24 yearly target by 20%.
- ASP investigation completion times improved significantly, with 100% completed within the specified 15 days, an increase from 60% the previous quarter.

Performance below target & areas for improvement:

Post Diagnostic Support referrals after recent quarterly increases has decreased this quarter from 75 to 39 (-48%).
 ASP duty to inquire completion times experienced a notable decrease, falling further below target from 32% to 26%.
 The review of case conferences within 3 months of the initial meetings remains at 50% completion on time.

Health & Wellbeing Outcome Indicators & Ministerial Steering Group Integration Indicators

The latest data in relation to 26 HWBOI and MSG Indicators reports 50% on track, with 13 on track and 13 off track.

