

NHS Highland



Meeting: Highland Health and Social Care Committee

Meeting date: 15th January 2025

Title: Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)

Responsible Executive/Non-Executive: Pamela Stott, Chief Officer, HHSCP (Highland Health and Social Care Partnership)

Report Author: Sammy Clark, Performance Manager, Strategy & Transformation

1 Purpose

This is presented to the Committee for:

Assurance

This report relates to a:

Annual Delivery Plan

This aligns to the following NHS Scotland 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	X	Live Well	X	Respond Well	X	Treat Well	X
Journey Well		Age Well		End Well		Value Well	
Perform Well		Progress Well					

2 Report summary

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

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

2.1 Situation

To standardise the production and interpretation, a common format is presented to committee which has been aligned to the Clinical and Care Governance Committee and the Finance, Resources and Performance Committee. Within this version the HHSCP IPQR has been updated to include some additional metrics and narrative aligned to the Annual Delivery Plan summarising current performance position, plans, and mitigations to improve/sustain performance and the anticipated impact these plans will have on performance once achieved. It is acknowledged that further work is required on targets and trajectories within some of the key areas.

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

The health and wellbeing indicators will be included at appropriate times along with consideration of the approved joint strategic plan indicators.

2.2 Background

The IPQR for HHSCP has been discussed at previous development sessions where the format of the report and indicators were agreed.

2.3 Assessment

As per **Appendix 1**.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

Given the ongoing challenges with the access to social care, delayed discharges and access for our population limited assurance is offered today.

3 Impact Analysis

3.1 Quality / Patient Care

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

3.2 Workforce

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

3.3 Financial

The financial summary is not included in this report.

3.4 Risk Assessment/Management

The information contained in this IPQR is managed operationally and overseen through the appropriate groups and Governance Committees

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement, and consultation

This is a publicly available document.

3.9 Route to the Meeting

This report has been considered at the HHSCP previously and is now a standing agenda item.

4 Recommendation

The Health and Social Care Committee and committee are asked to:

- Consider and review the performance identifying any areas requiring further improvement and in turn assurance of progress for future reports.
- To accept limited assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.
- Consider any further indicators that are required to support the assurance for the Highland Health and Social Care Partnership

4.1 List of appendices

The following appendices are included with this report:

- **HHSCP IPQR Performance Report, January 2025**

Highland Health and Social Care Integrated Performance and Quality Report

Assuring the HHSCP Committee on the delivery of the well
outcome themes aligned to the Annual Delivery Plan



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HHSCP Integrated Performance and Quality Report

- The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Highland Health and Social Care Partnership committees a bi-monthly update on performance and quality based on the latest information available.
- For this IPQR the format and detail has been modified to bring together the measurable progress aligned to the actions within NHS Highland's Annual Delivery Plan that will be reviewed by Finance, Resources and Performance Committee and the Clinical and Care Governance Committee. Where relevant, progress against these deliverables is referenced in the HHSCP IPQR.
- In addition, 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 and what the anticipated impact of these improvements will be.
- We will continue to develop this report to include further metrics as described on the following pages and to provide assurance of progress on the annual delivery plan deliverables.
- A performance rating has been assigned in each area to provide an indication of the current level of performance in each area based on available information including national benchmarking.

Executive Summary of Performance Indicators

Well Theme (Slide Number)	Area	Performance Rating
Stay Well (4)	Vaccinations (Children's)	Below national averages
Stay Well (5)	Drug & Alcohol Waiting Times	Waiting times performance decreasing vs. national target
Stay Well (6)	Alcohol Brief Interventions	Above activity (ADP) targets
Care Well (7-8)	Self Directed Support – Option 1	Increasing
Care Well (9)	Self Directed Support – Option 2	Increasing
Care Well (10)	Adult Protection	n/a
Care Well (11-13)	Care at Home	n/a
Care Well (14-15)	Care Homes	Decreasing number of placements
Care Well (16-17)	Delayed Discharges	Below performance improvement trajectory
Care Well (17-18)	Community Hospital's Length of Stay	n/a
Treat Well (19)	Psychological Therapies Waiting Times	Below national target but performance consistently improved
Live Well (20)	Community Mental Health	n/a
Treat Well (21)	Chronic Pain	Improving vs. 18-week performance
Treat Well (22)	Overview of HSCP waiting lists	n/a - this data is a snapshot of activity

Guide to Performance Rating

-  Meeting Target / Trajectory
-  Improving / increasing
-  Stable / decreasing
-  Target / trajectory not met

Note: where performance ratings are N/A, this is because there is no target or performance trajectory agreed for this area and performance is provided as information.



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Exec Lead
Dr. Tim Allison, Director
of Public Health

Vaccinations (Children's)

ADP Deliverables

Progress as at End of Q2 2024/25

Vaccination Programme: consider the options for consolidation of delivery of vaccination activity required across NHS Highland.

October 2024

Medium-Term Plan priority:
Improved disease prevention and reduced inequalities in access through consolidated NHS Highland vaccination programme.

March 2027

Insights to Current Performance

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 Winter COVID vaccination programme has been undertaken for people aged 65+ 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.

Plans and Mitigations

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.

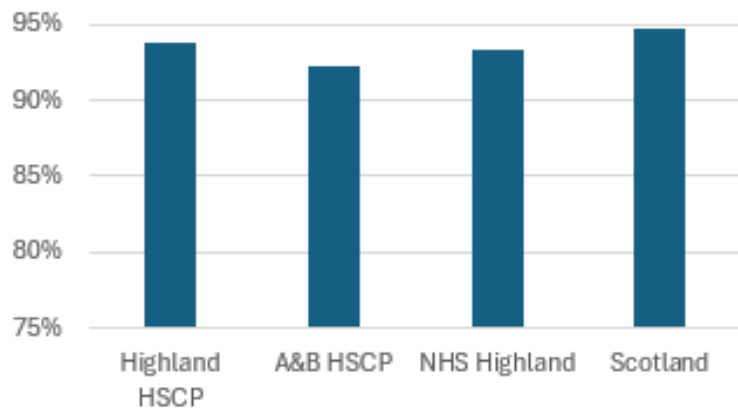
Options are being considered for delivery models in Highland HSCP.

The Vaccination Improvement Group has a detailed action plan for service improvement

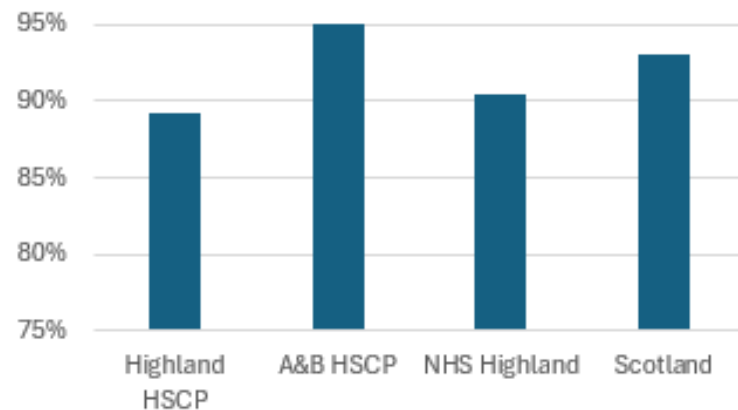
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Stay Well

Performance Rating	Below averages
Latest Performance	Range of 83-94%
National Benchmarking	Below national average
National Target	95%
National Target Achievement	n/a
Position	n/a

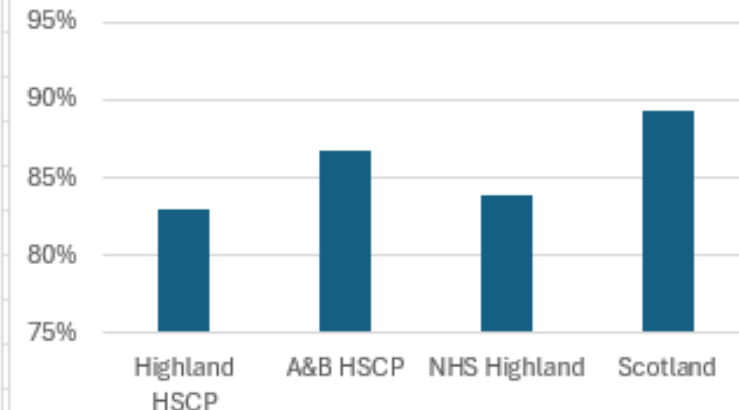
6 in 1 @ 12 months (2024/25 Q3)



MMR 1 at 24 months (2024/25 Q3)



MMR 2 at 5 years (2024/25 Q3)





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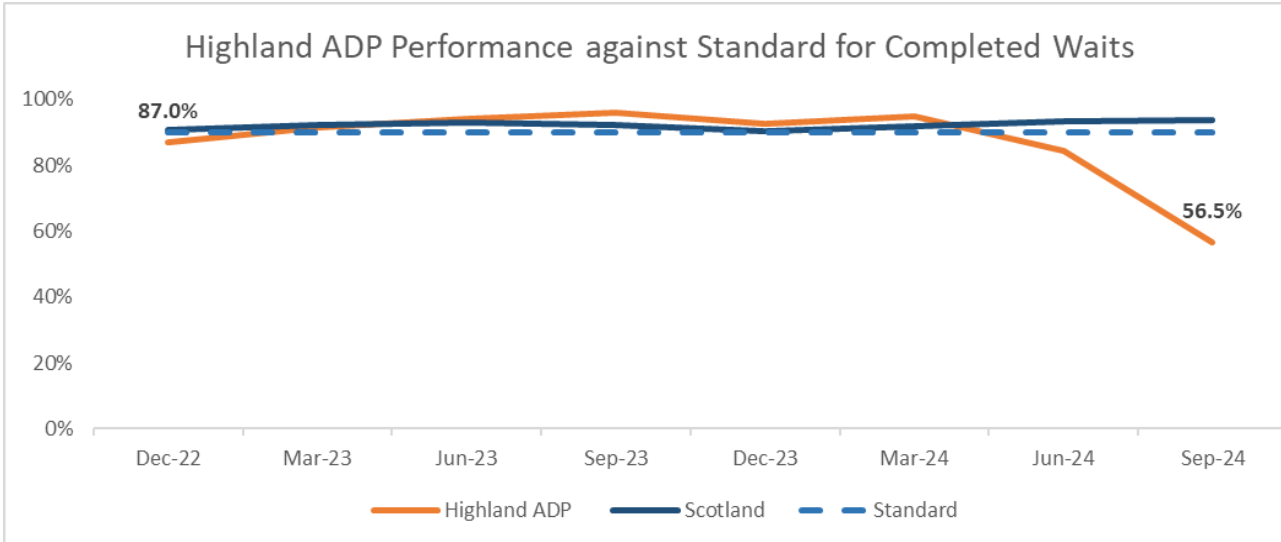
HHSCP Drug & Alcohol Waiting Times

Less than 3 weeks from referral to start of treatment

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

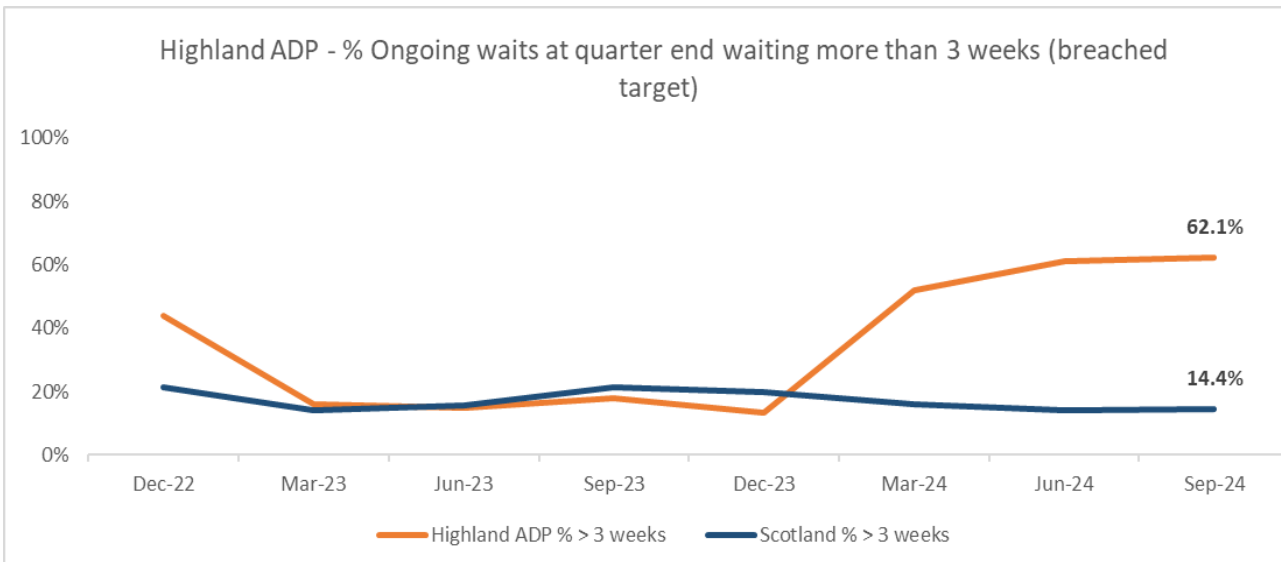
Performance Rating

Waiting times performance
decreasing vs. target



HHSCP - Highland ADP only

No. of referrals to community based services completed in quarter end 30/09/2024	Highland ADP	Scotland
Alcohol	148	
Drug	91	
Co-dependency	26	
Total	265	
% of referrals to community based services completed within target in quarter end	Highland ADP	Scotland
% completed <= 3 weeks - Alcohol	53.3%	92.6%
% completed <= 3 weeks - Drug	53.4%	95.6%
% completed <= 3 weeks - Co-dependency	83.3%	92.2%
% completed <= 3 weeks - All	56.5%	93.6%
TARGET	90%	90%
> 3 weeks	43.5%	6.4%



Ongoing referrals to community based services at quarter end 30/09/2024	Highland ADP	Scotland
Alcohol	92	
Drug	35	
Co-dependency	13	
Total ongoing	140	
<= 3 weeks	53	
> 3 weeks	87	
% breached ongoing waits as at quarter end 30/09/2024	Highland ADP	Scotland
% ongoing > 3 weeks - Alcohol	62.0%	14.7%
% ongoing > 3 weeks - Drug	60.0%	16.9%
% ongoing > 3 weeks - Co-dependency	69.2%	8.5%
% ongoing > 3 weeks - All	62.1%	14.4%



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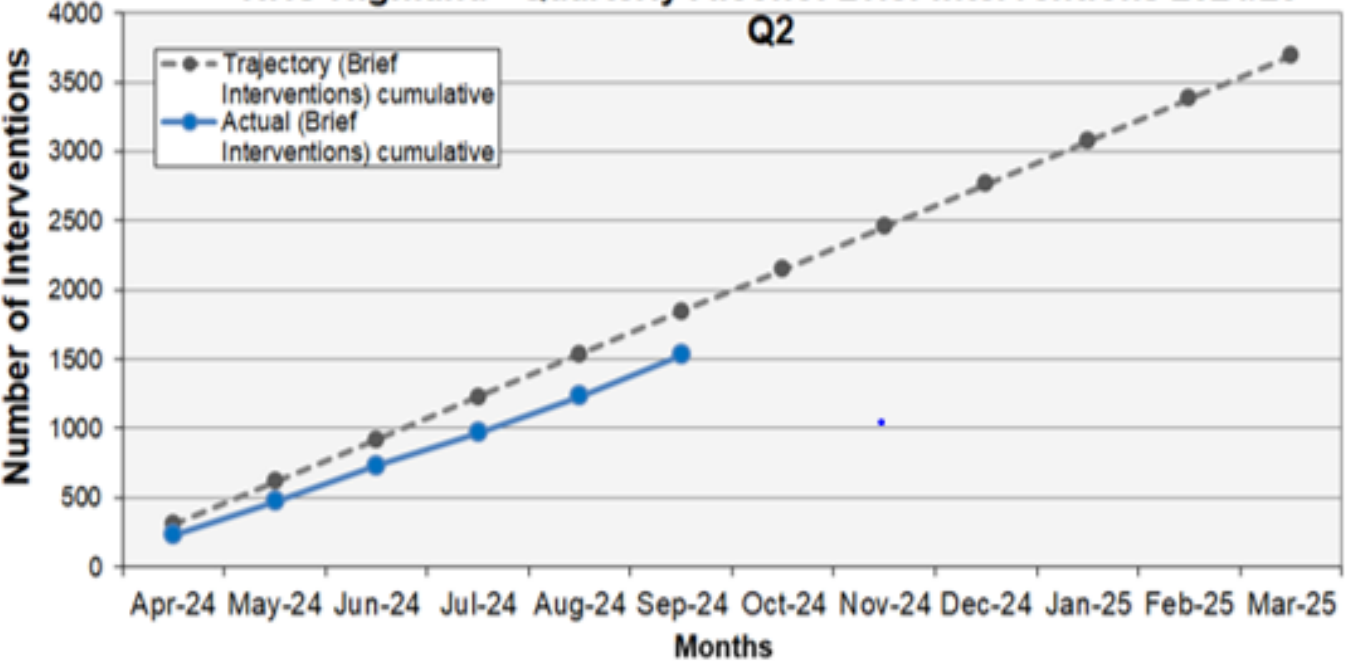
Exec Lead
Dr. Tim Allison, Director of Public Health

Alcohol Brief Interventions (ABIs)

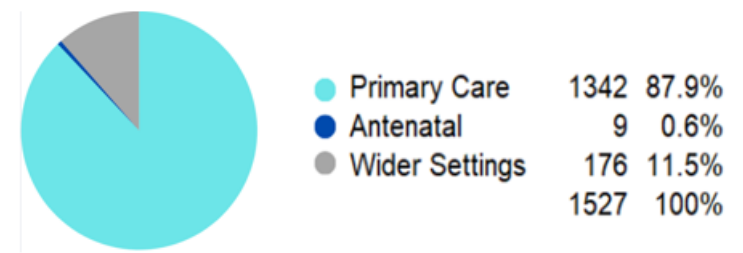
ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Health Improvement Delivery focused on: Alcohol Brief Interventions, Smoking Cessation, Breastfeeding, Suicide Prevention and Weight Management as target areas.	Ongoing	<ul style="list-style-type: none"> ABI delivery remains below target trajectory in each month for NHS Highland. 86% of delivery in NHS Highland is due to delivery in GP settings. ABI delivery remains very slightly below trajectory for Highland H&SCP area. A small number of ABI's have been recorded in Argyll & Bute in wider settings, which is why this is reflected as being below trajectory for NHS Highland. 	<ul style="list-style-type: none"> Locally Enhanced Service for Alcohol Screening and Brief Interventions Service Level Agreement has been agreed for Highland H&SCP area. New contract will begin in Oct/Nov 24. Argyll and Bute plan to increase ABI across wider workforce and third sector, with no current plans to reinstate GP LES. ABI meeting/training held in Sept to enhance whole Highland approach to Abi training. Plan to meet quarterly. National ABI Strategy and Performance review due to be published 29th October 2024.
Embed MAT Standards within practice in NHS Highland.	Mar 2025		

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Performance Rating	Above trajectory for Highland HSCP
Latest Performance	1389 actual vs. 1330 planned in Highland HSCP
National Benchmarking	n/a
National Target	NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.
National Target Achievement	n/a
Position	n/a

NHS Highland - Quarterly Alcohol Brief Interventions 2024/25



Setting Contribution in 24/25 Q1 & Q2



Area	Q2 Trajectory	Q2 Delivery
NHS Highland	1,585	1,527
Highland HSCP	1,330	1,389
A&B HSCP	255	138



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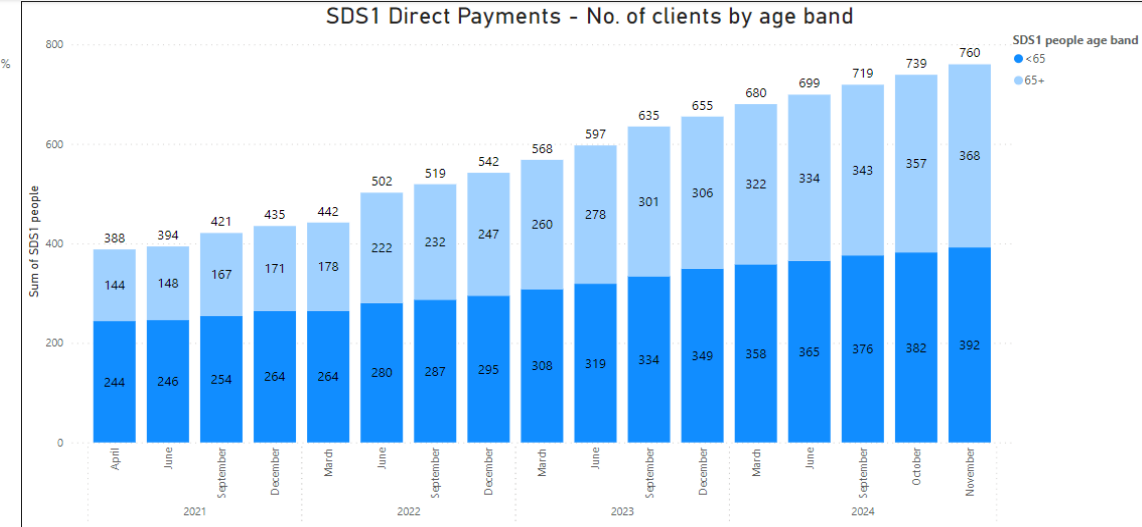
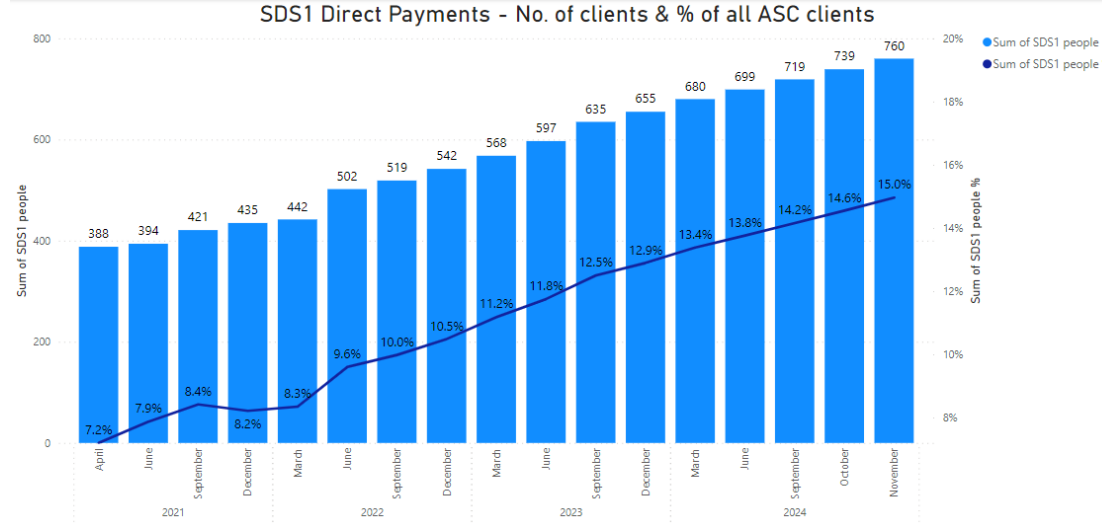
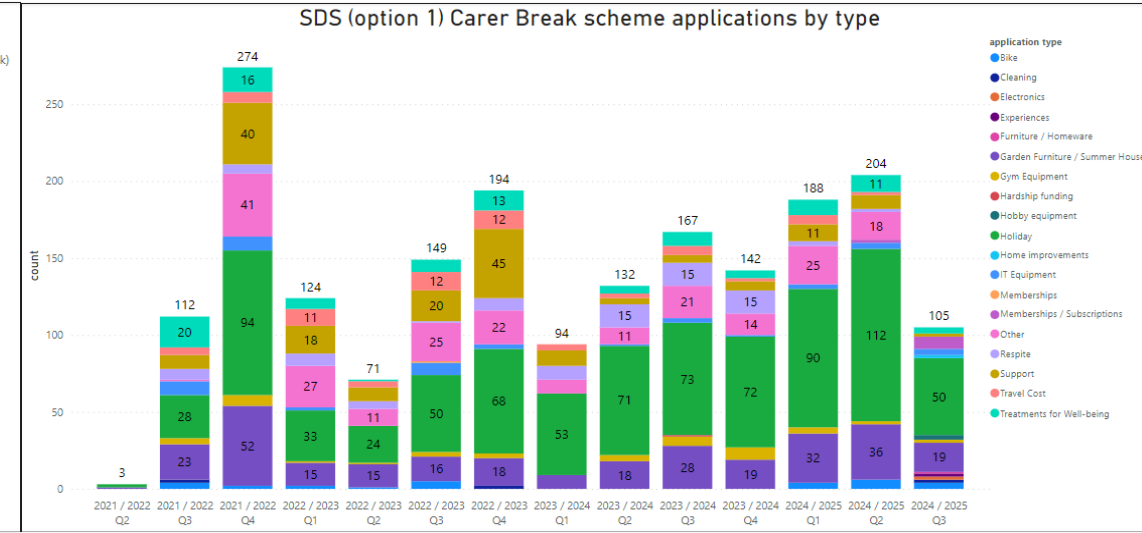
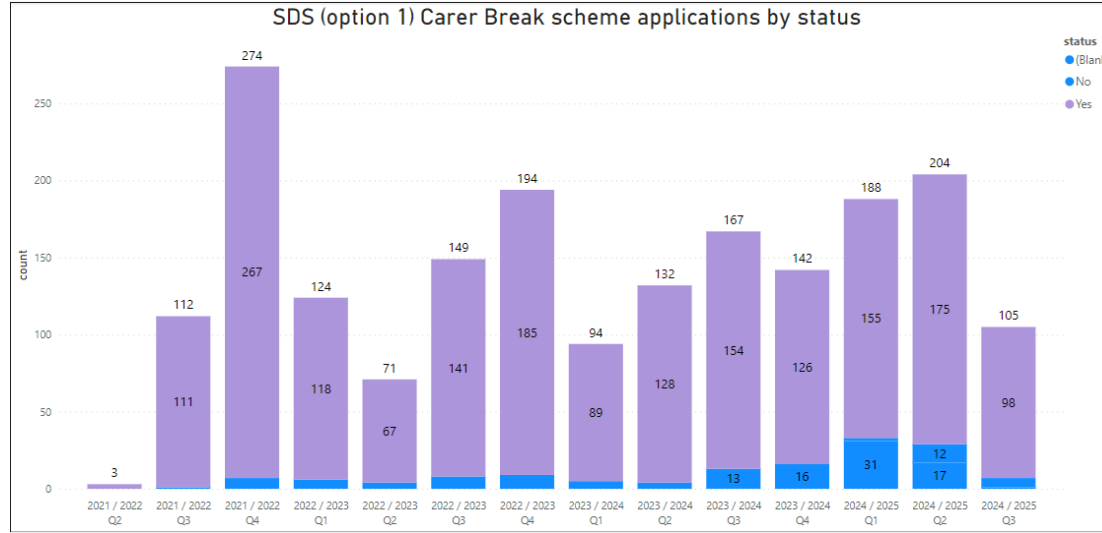
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HHSC Adult Social Care

Self Directed Support

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

Performance Rating Increasing





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HHSCP Adult Social Care

Self Directed Support

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

Performance Rating n/a

Reasons for Current Performance	Plan and Mitigation	Expected Impact
<p>SDS Option 1 (Carer Well-being fund) We are continuing to use powers within the Carers Act to provide an Option 1 Well-being fund for unpaid carers. It seeks to make resources available to carers via a simple application process supported by a social worker or a carers link worker etc. The scheme is largely free from resource allocation decision-making processes and seeks to rely on professionals and carers coming together to identify the kind of help that would be right for them. Help is targeted to support unpaid carers to be willing and able to maintain their caring role.</p> <p>SDS Option 1 (Direct Payments) We have seen sustained levels of growth for both younger and older adults in our urban, remote and rural areas. Option 1's account for 11% of all commissioned spend for this flexible and popular personalised care option.</p> <p>These increases do however highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services, suggest a market shift in Adult Social Care service provision.</p> <p>We are also aware of Option 1 recipients who struggle to retain and recruit personal assistants. This demonstrates the resource pressure affecting all aspects of care delivery.</p> <p>Work is well underway locally to promote the opportunities that taking on Personal Assistant (PA) role can offer people. This work is being complemented by an initiative to increase Independent Support across specific geographies</p>	<p>Unpaid Carers Our Carers Services Development Officer is established in post and is prioritising our arrangements with our range of unpaid carers services seeking to ensure we have a strong collaborative basis to build upon going forward.</p> <p>A new Project Support Officer has recently been recruited to increase the engagement of unpaid carers to ensure their perspectives help shape the supports available to them.</p> <p>Currently the scheme works to a finite budget of around £1m per annum (£0.25m made available in quarterly tranches). The fund reopened to new applicants in April 2024.</p> <p>In addition to implementing financial ceilings, those applying for the first time will receive priority status for funds, ensuring that as many carers as possible benefit from the scheme</p> <p>However, based on what we've heard from unpaid carers to date, we are currently exploring the potential to increase the provision of home-based respite across Highland</p> <p>Direct Payments Option 1 recipients in 24-25 all received an above inflationary increase due to the significant investment from NHS to level up the previous low baseline hourly rate.</p>	<p>Improved access for SDS option 1 (wellbeing fund) in future aligned to what matters to people approach</p> <p>Protection of adult carer funding for short breaks</p> <p>Exploration of how to increase availability of home-based replacement care (respite)</p> <p>NHS is committed to increasing the level of independent support across all service delivery options but due to the current financial constraints, officers are exploring any remaining funding available to procure independent sources of advice, information and support by reinvesting any unused funds to strengthen our independent support.</p> <p>Work is progressing in this area and committee will be updated as plans progress.</p>



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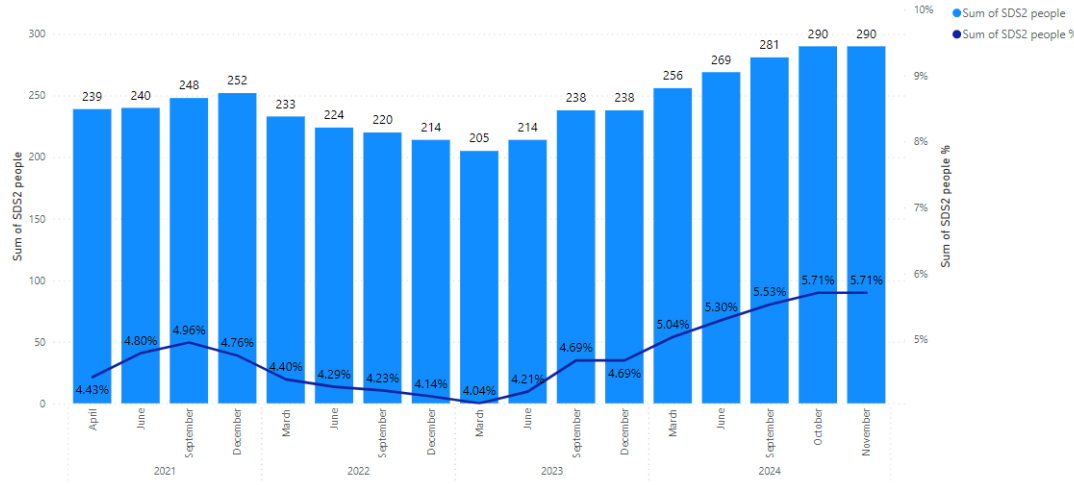
HHSCP Adult Social Care

Self Directed Support – Option 2 (Individual Service Funds)

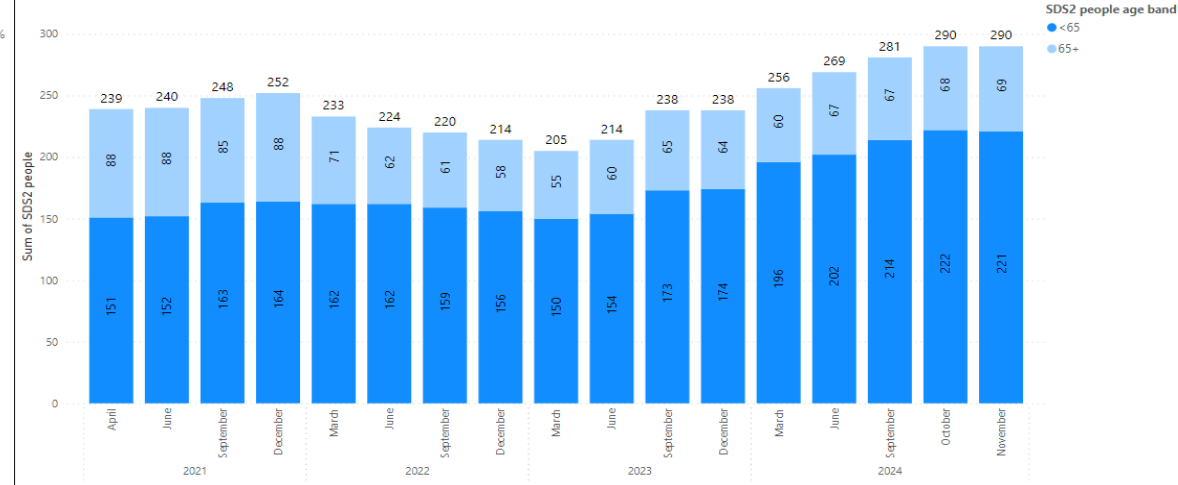
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating Increasing

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



SDS2 ISFs - No. of clients by age band



Reasons for Current Performance	Plan and Mitigation	Expected Impact
<p>ISFs reduced during 2022 although we have seen a welcome and sustained increase in commissioned service provision continuing in 2024.</p> <p>Current numbers of ISFs are now exceeding pre pandemic levels of the 2021 peak.</p> <p>Our current number of active service users is 290 with a projected annual 2024-25 cost of £7.9m.</p> <p>Graph 2 - Overall number of ISFs split by age band, noting 76% of our current service provision is provided under this commissioning option to younger adults.</p>	<p>After an inclusive inquiry into the operation of our Option 2 offer in Highland plans are now in place to increase the range and number of 'providers' who can offer an ISF within an overall programme for Promoting choice, flexibility and control.</p>	<p>As per plan and mitigation</p> <p>To sustain and to grow Option 2s, including exploring brokerage opportunities to support service users using a wide range of possible providers</p>



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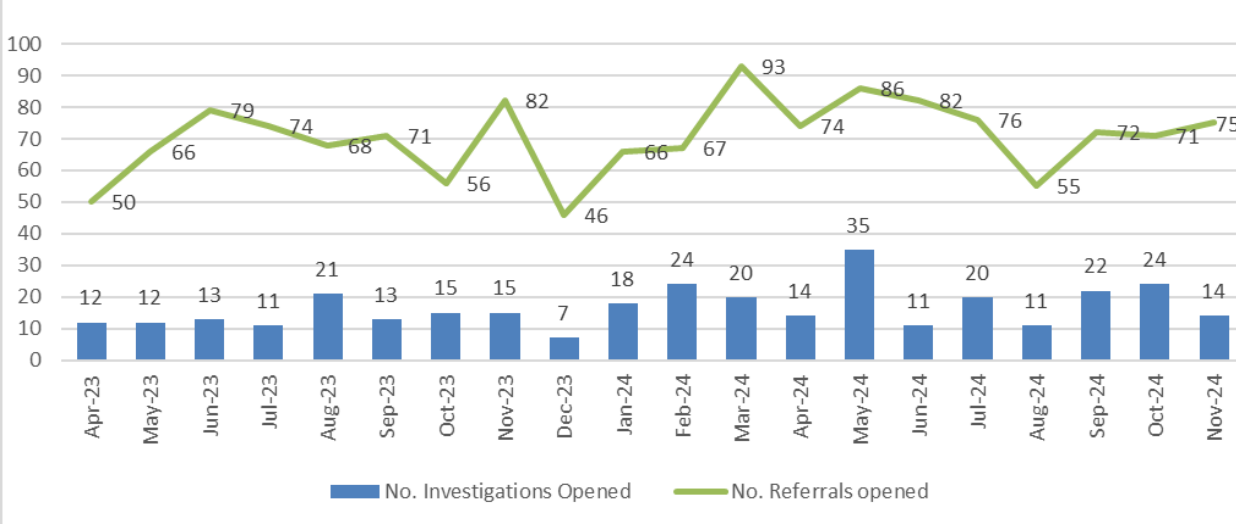
Highland HSCP Adult Protection

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

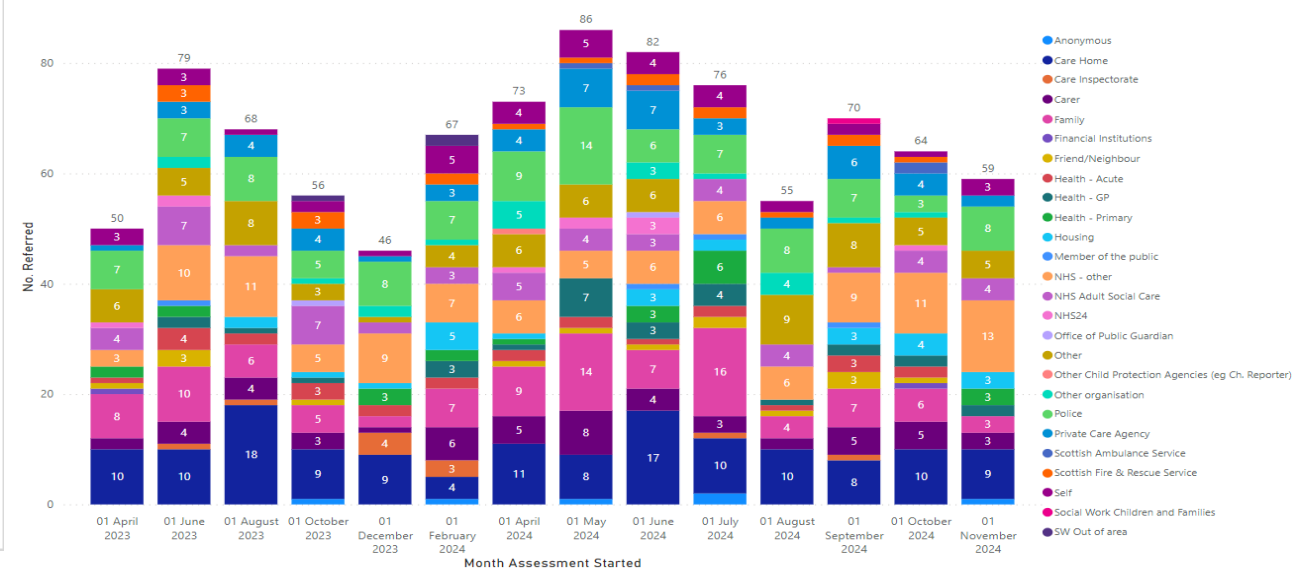
Performance Rating n/a

Reasons for Current Performance	Plan and Mitigation	Expected Impact
<p>The definitions of Referrals, Inquiries (with or without the use of Investigatory powers), Case Conferences and Protection Plans have been consolidated and agreed across Scotland. Benchmarked data (across the 32 Local Authorities) is expected from Q2 or Q3 2024. The ability to greater analyse referrals in respect of type and location of harm is already being utilised to give a clear picture of harm in our communities. A peak of 93 referrals was recorded in March 2024.</p> <p>Ongoing and increasing demand on Adult Protection Services is shown in the adjacent chart.</p>	<p>Highland’s Adult Protection arrangements across Health, Social Work and Police were the subject of a recent Joint Inspection. The Inspection concluded that Highland had effective Adult Protection processes, with some areas for improvement</p> <p>An update report on the inspection and associated improvement plan was considered at the last committee meeting.</p>	<p>To implement the agreed action plan and improvement actions from the recent inspection as reported to committee.</p>

No. of referrals received v's no. inquiries using investigatory powers opened



Completed Adult Protection Referrals by Source





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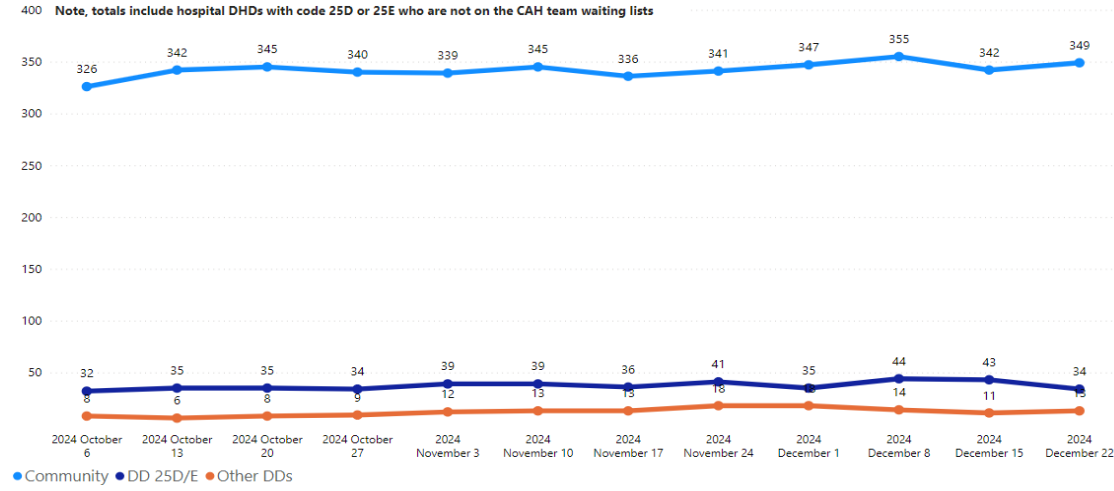
Highland HSCP Care At Home

Slide 1 of 3

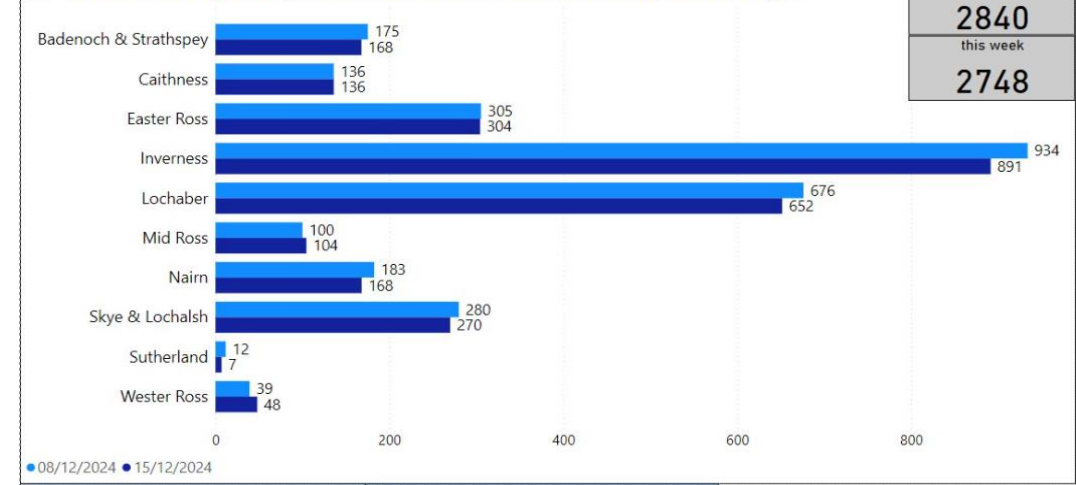
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating N/A

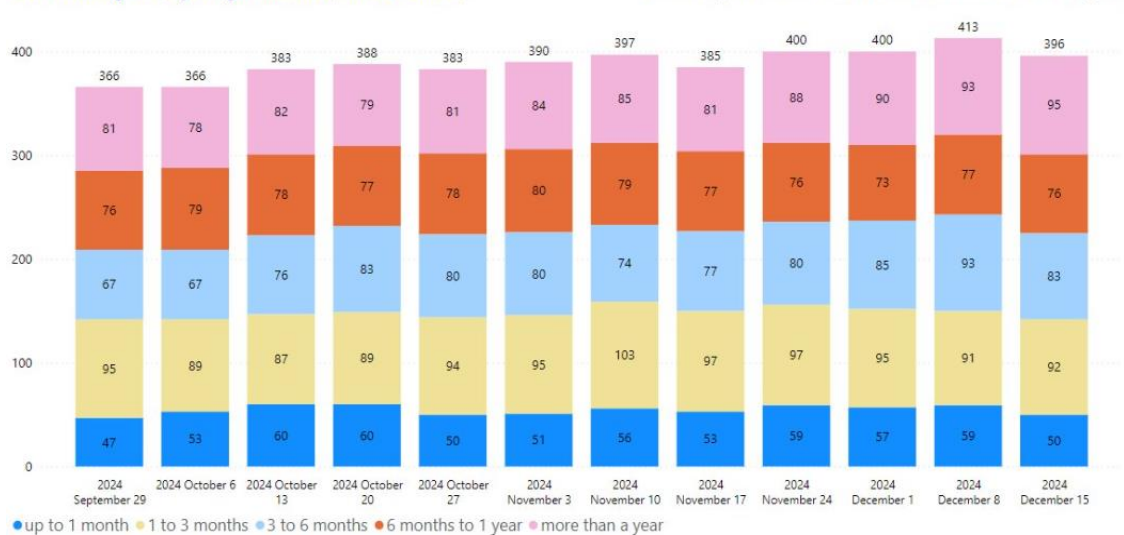
Total number of people assessed and awaiting a new package of care (Community and DHDs) (last 12 weeks)



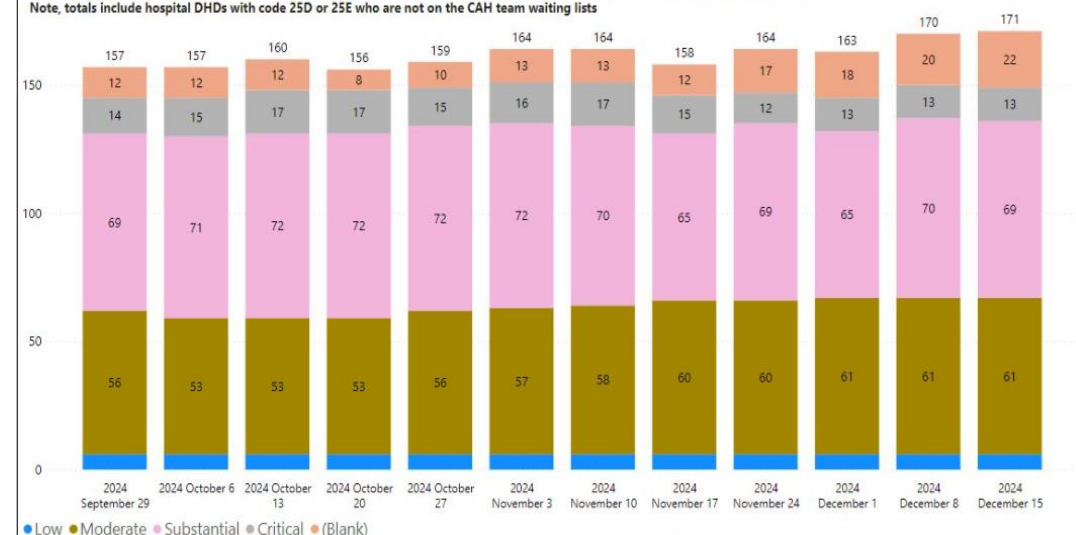
Unmet need hours by locality, this includes all unmet need hours regardless of type



CAH waiting list, by length of wait (last 12 weeks)



CAH waiting list for new service (those waiting 6 months and over), by level of need (last 12 weeks)





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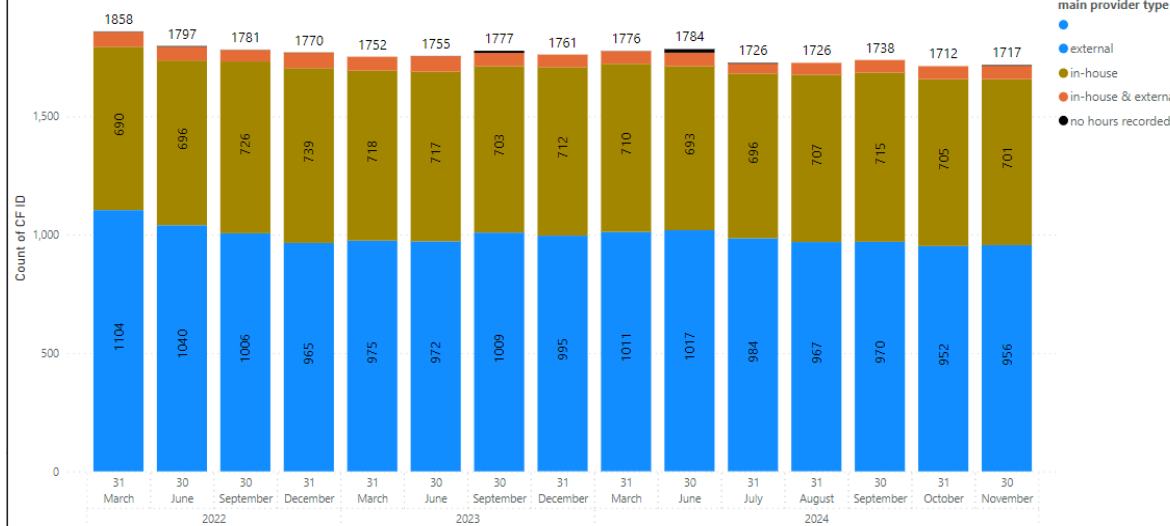
Highland HSCP Care At Home

Slide 2 of 3

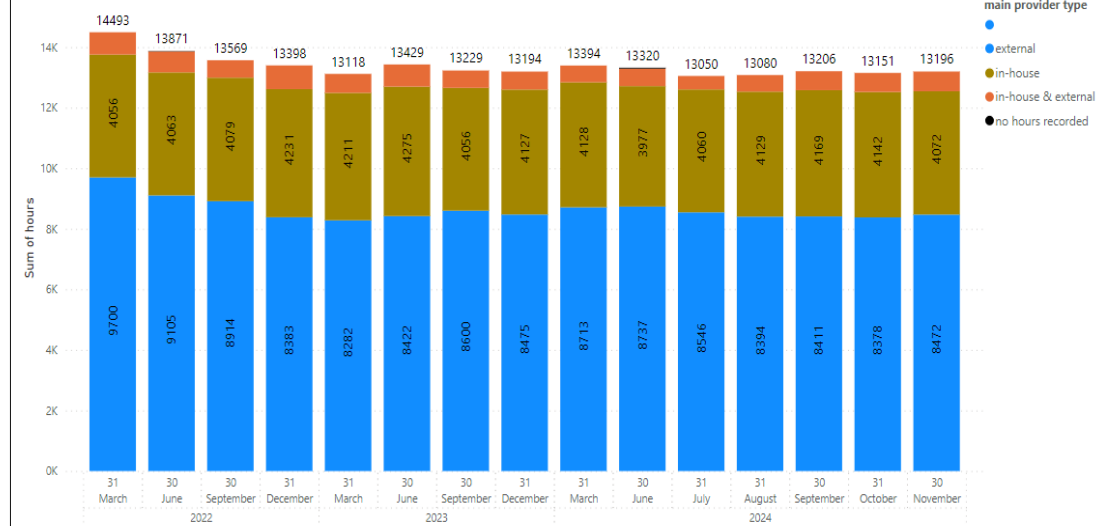
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating N/a

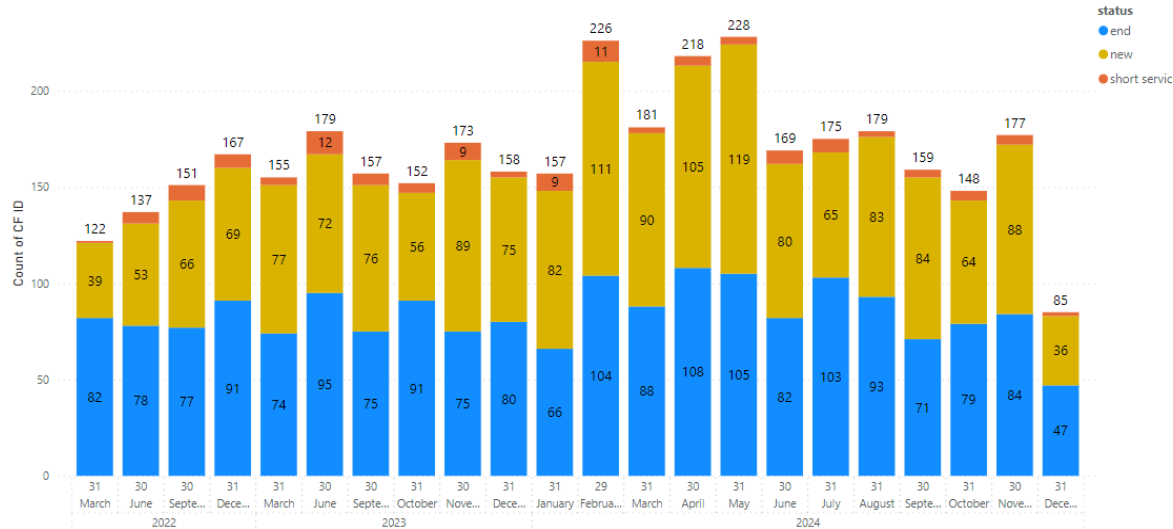
Care at Home - count of clients by provider type



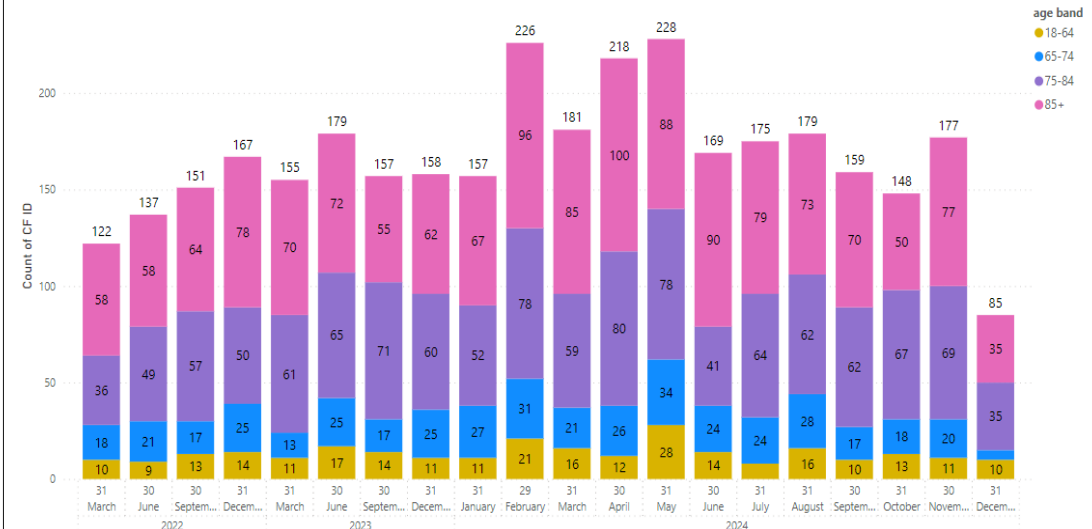
Care at Home - sum of weekly hours by provider type



Care at Home - new & closed clients



Care at Home - new clients by age band





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Chief Officer, HHSCP

Highland HSCP Care At Home

Slide 3 of 3

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

Performance Rating N/a

Insights for Current Performance	Plan and Mitigation	Expected Impact
<p>All HHSCP delayed hospital discharges (DHD's) are included which show those assessed as requiring CAH in either a hospital, or at home.</p> <p>Our current level of unmet need is:</p> <ul style="list-style-type: none"> • Community – 349 awaiting a CAH service, an increase of 22 from September • DHDs – 34 awaiting a CAH service, an increase of 2 from September. • Despite ongoing organisational and provider effort to improve flow, the overall unmet need for CAH is 2748 planned hours per week. <p>The impact of lower levels of service provision on flow within the wider health and social care system is significant, and this needs to be recognised as part of the approach to, and solutions around, addressing care at home capacity.</p> <p>There remains sustainable pressures in the market and since Dec 23, 4 providers have exited the market with the hours picked up by the sector and NHS Highland.</p> <p>Operational colleagues and our partner providers have worked tirelessly to avoid any service disruption during contracted notice period.</p>	<p>Through the System Capacity group, we are focusing on Inverness services and support to refocus activity and criteria to enable a reduction in unmet need.</p> <p>There is a wider understanding of Care at Home services across our system and a current drive to support:</p> <ul style="list-style-type: none"> • Sustained in-house recruitment • Rebalancing of services to ensure prevention/rehabilitation is at the forefront <p>Initiatives such as frailty identification and AHPs at the front door of Raigmore should also support improvement management of Care at Home resources.</p> <p>Co-production of actions with our independent sector providers remain a priority to support stabilisation of the sector.</p> <p>A multi-disciplinary and sector implementation group was initiated to take forward co-produced proposals with the sector. These are:</p> <p>Improving Access and Processes</p> <ul style="list-style-type: none"> • Clear pathway • Information quality • Zones/runs/flexibility • Outcome commissioning/interactive commissioning tool <p>Valuing Staff</p> <ul style="list-style-type: none"> • Tariff implementation – new payment tariff including increased carer mileage costs was introduced October 24 • Joint training/locality shared staff • Collaboration event 	<p>Expected impact and trajectories for improvement have been developed for overall delayed discharges.</p> <p>Sustaining current service delivery levels for care at home.</p> <p>Targets and any future realistic growth trajectories are to be developed at a district level through the System Capacity Group.</p>



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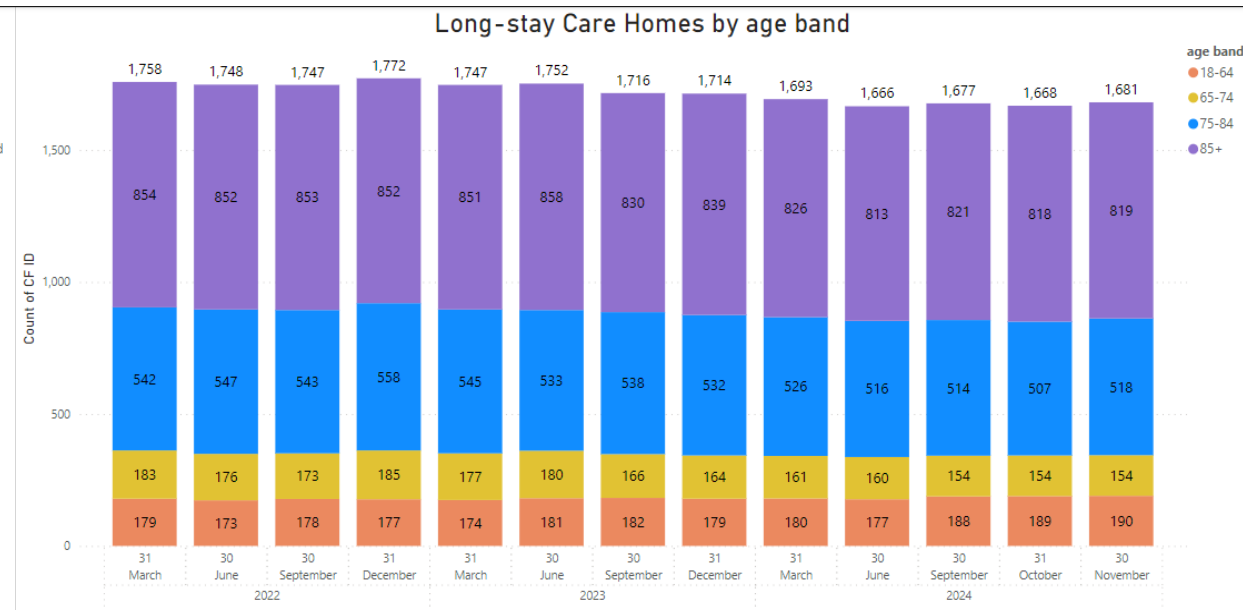
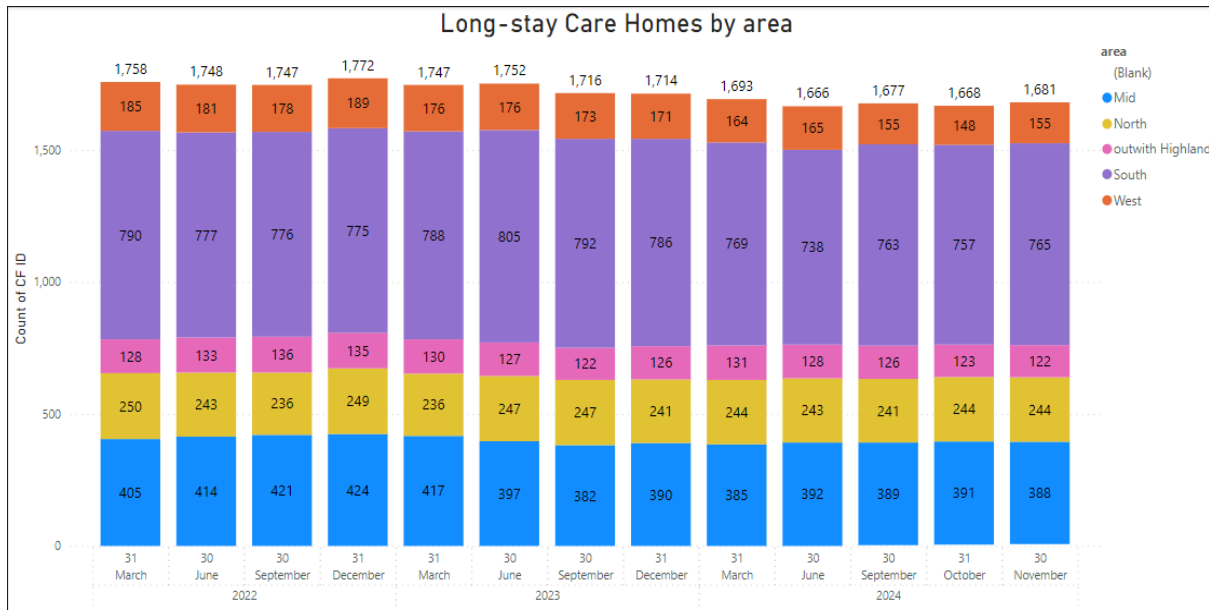
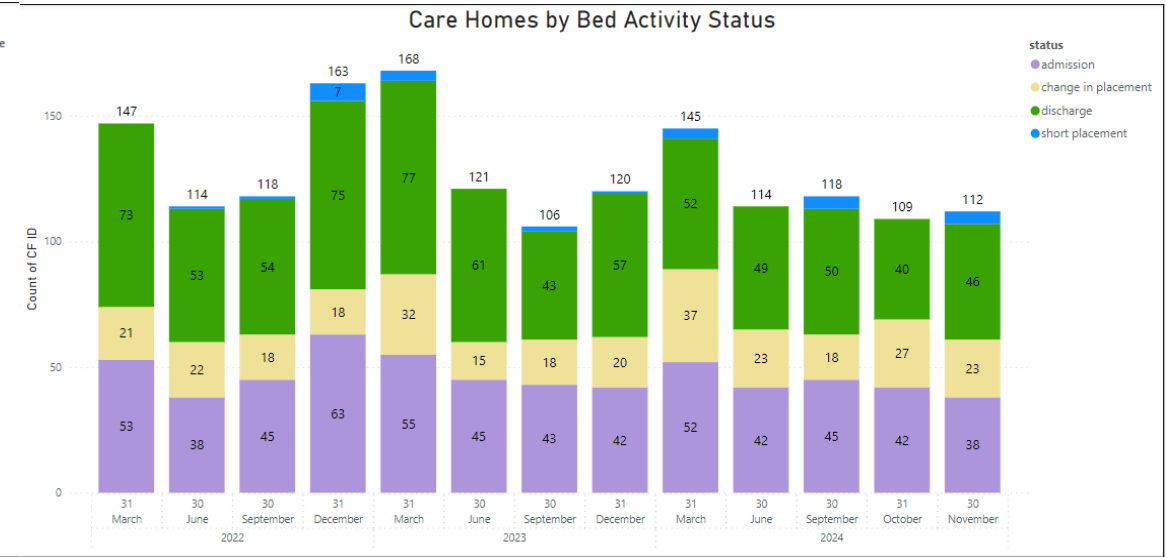
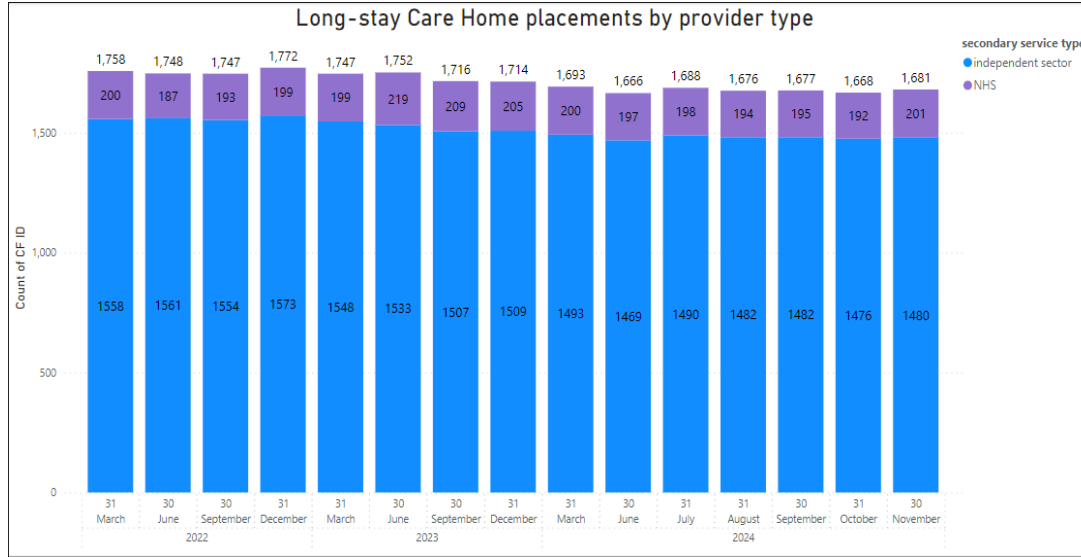
Highland HSCP Care Homes

Slide 1 of 2

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

Performance Rating

Decreasing





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Exec Lead
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Chief Officer, HHSCP

Reasons for current Performance	Plan and Mitigation	Expected Impact
<p>Demand for a care home placement remains our most common reason for delayed hospital discharges. At the end of December there were 80 people delayed in hospital waiting for a Care Home placement which is an increase of 6 from last reported period.</p> <p>There continues to be turbulence in the care home market related to operating on a smaller scale, and the challenges associated with rural operation - recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation.</p> <p>A further compounding factor of this turbulence relates to the current National Care Home Contract (NCHC) – this is insufficient to cover their costs and particularly disadvantages Highland as the NCHC rate is predicated on a fully occupied 50 bed care home – in Highland only 7 of the 46 independent sector care homes are over this size.</p> <p>Since March 2022, 6 independent sector care homes have closed, and the partnership is in the process of seeking to acquire Moss Park in Lochaber to prevent closure and a further loss of bed provision. Supplementary staff costs for care and nursing staff is significantly higher in the recently acquired NHHH care homes.</p> <p>Strathburn remains temporarily closed, however reopening is intended for February 2025. Mackintosh Centre is fully open, and a recruitment process is underway with the intention to re-open Dail Mhor as a respite centre. Recent temporary care home closures were all in small rural and remote communities specifically due to acute staffing shortages.</p> <p>Reduced overall bed availability is having an impact on the wider health and social care system and the ability to discharge patients timely from hospital.</p>	<p>Through our System Capacity group, we have identified potential capacity which could positively impact our delayed hospital discharges. However, this is based on improving our recruitment and retention within our internal provision and securing external funding to enable further use of our independent sector.</p> <p>There is a need for a Care Home Commissioning Strategy and Market Facilitation Plan to be developed. This plan will include both in-house and external care homes underpinned by quality and sustainable services in identified strategically important locations.</p> <p>High level commissioning intentions are agreed.</p> <p>A Care Home overall risk status has been developed for all external commissioned care homes and is reviewed at the Care Programme Board.</p> <p>A Care Programme Board has been established to oversee:</p> <ul style="list-style-type: none"> • Acquisitions, closures and sustainability • Forward Planning and Strategy 	<ul style="list-style-type: none"> • Exploring additional internal provision based on available workforce availability, being led by the System Capacity Group • These measures will be impacted if there are any more Care Home closures or reductions in capacity • Sustainability of existing care home provision • Future market intentions stated



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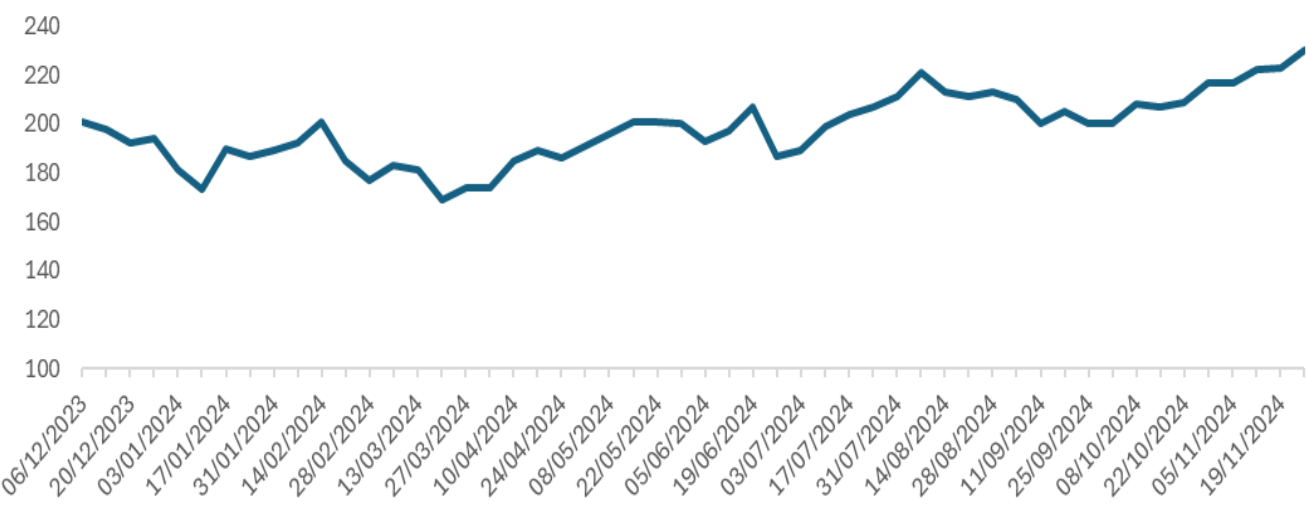
**Exec Lead
Pamela Stott
Chief Officer, HHSCP**

Highland HSCP Delayed Discharges

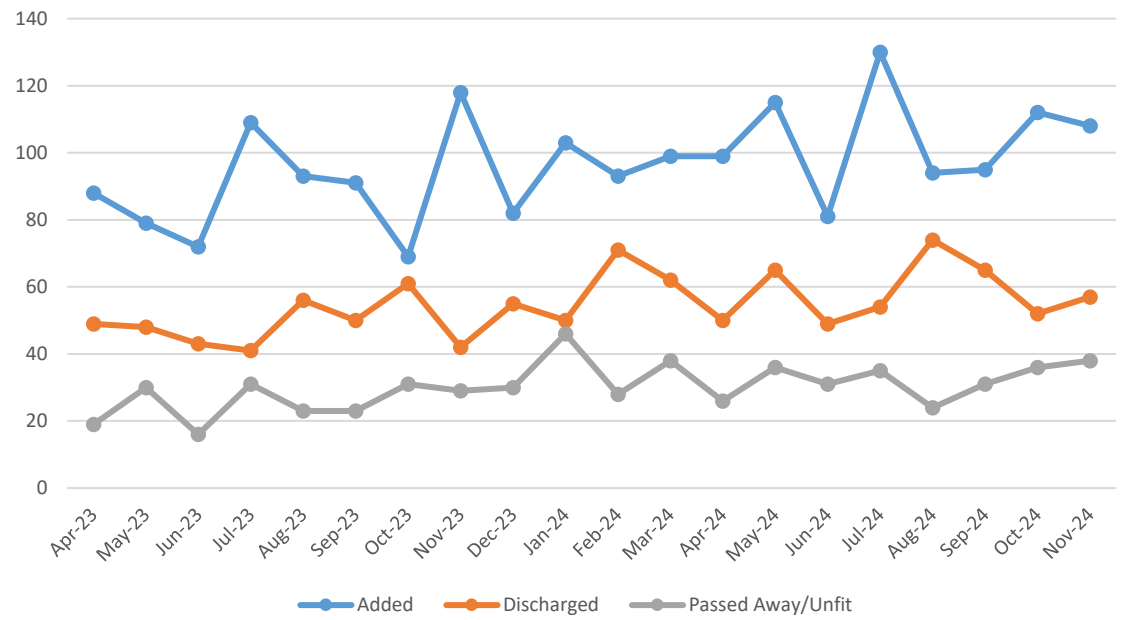
ADP Deliverables: Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.	Oct 2024	<p>At the census point of 28^h November, the number of standard delays has increased to 195, split as 169 for Highland HSCP and 26 in Argyll & Bute.</p> <p>Availability of Care at Home and Care Home capacity have key impacts on the current number of Delayed Discharges. Workforce availability is an ongoing challenge.</p>	<p>Initial 90 Day Urgent & Unscheduled Care recovery plan is complete with consolidating and new actions brought forward into a revised UUSC Improvement Plan. Our System Capacity Group has made progress in discovery work which has led to the development of initiatives to reduce DHDs.</p> <ul style="list-style-type: none"> • Increased Care Home placements • Increased Care Home placements • Increased Community Hospital capacity • Surge capacity identified in Acute services • Specific focus and plans in Inverness • AHP at the front door in Raigmore • Development and delivery of SOPs to support discharge without delay <p>The planned development of our Frailty programme will support longer term transformational change in how we reduce delayed hospital discharges. Mental Health pathways also to be developed.</p>

PERFORMANCE OVERVIEW Strategic Objective: In Partnership Outcome Area: Care Well	
Performance Rating	Below trajectory
Latest Performance	225 at Census Point 6765 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	30% reduction of standard delays from baseline
National Target Achievement	Not Met
Position	14 / 14 Boards

HHSCP Delays
Dec'23 - Nov'24
Source: TrakCarePMS



HHSCP Delayed Discharges – Patients Added VS Patients Discharged





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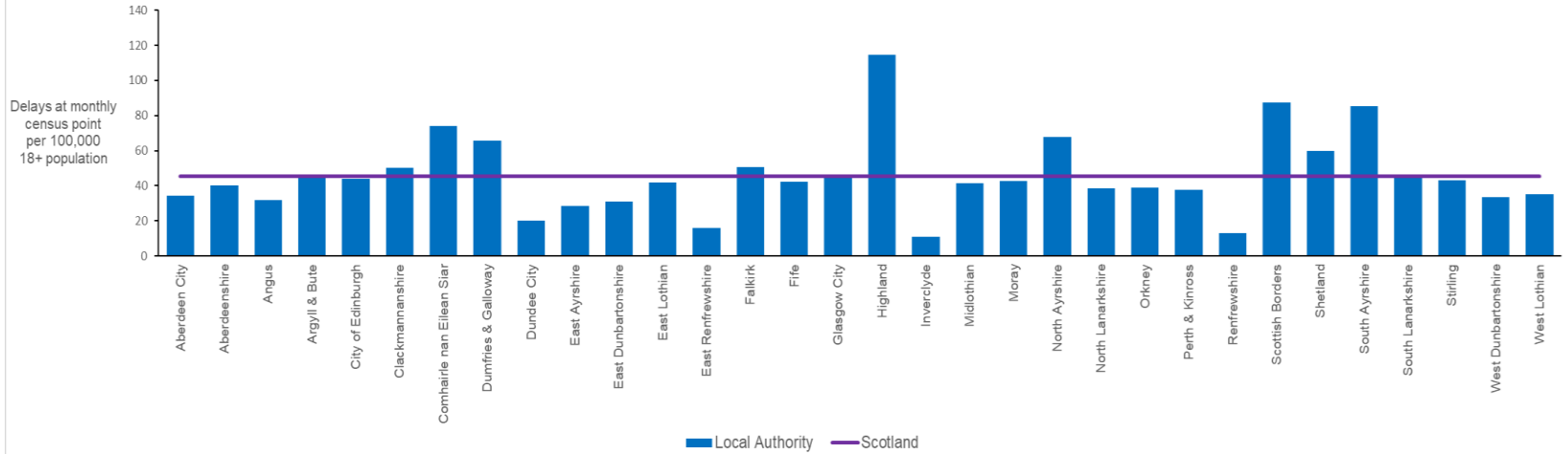


**Exec Lead
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Chief Officer, HHSCP**

Highland HSCP Delayed Discharges

Slide 2 of 2

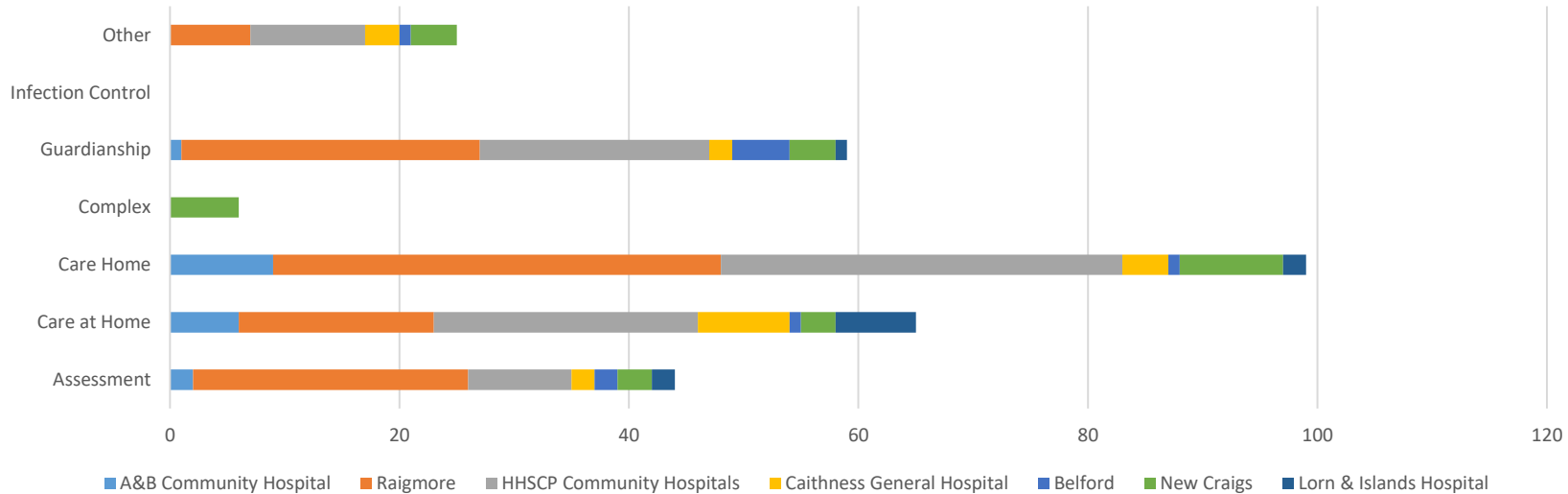
Chart 4 - Delays at monthly census point per 100,000 18+ population¹, by Local Authority, October 2024



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

Performance Rating	Below trajectory
Latest Performance	225 at Census Point 6765 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	30% reduction of standard delays by 31/10/24
National Target Achievement	Not Met
Position	14 / 14 Boards

Delayed Discharge – Location and Code





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Chief Officer, HHSCP**

Community Hospital's Length of Stay

ADP Deliverables: Progress as at End of Q2 2024/25

ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.

Oct 2024

Insights to Current Performance

Community Hospital LOS this is compounded by the current capacity within care homes & Care at Home and the increase DHDs that we are experiencing some of the mitigation for these will also impact on the LOS of those not in delay.

Plans and Mitigations

Plans

- Daily huddles ensuring that there is input from AHPs with a focus on Daily Dynamic Discharge
- Working with families and implementation of the choice guidance with a greater emphasis on home is best
- Ensuring that PDDs are updated and accurate.
- Further development of home to assess models

Mitigation

Long LOS are being experienced by those in delay, not those who are not in delay.

Expected Impact

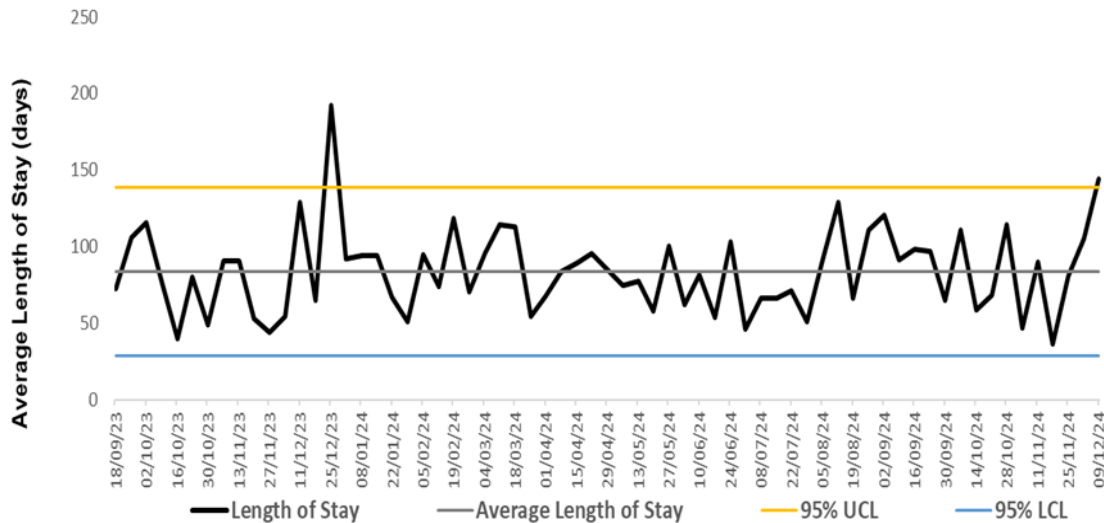
- Reduced LOS for DHDs possibly slight reduction for the non DHDs

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

Performance Rating	N/a
Latest Performance	
National Benchmarking	Engagement through national CRAG group
National Target	Reduce LOS > 14 days by 5% by end of October 2024
National Target Achievement	Not Met
Position	14 / 14 Boards

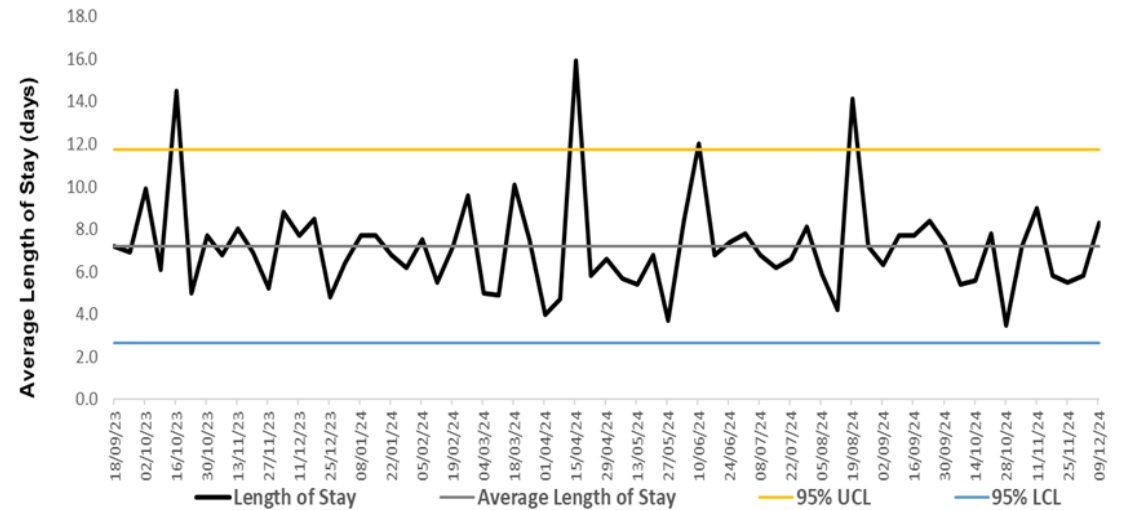
Community Hospital LOS (Delayed Discharges) by week

Source : Trak Care



Community Hospital LOS (non Delayed Discharges) by week

Source : Trak Care





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Officer, HHSCP

Psychological Therapies Waiting Times

ADP Deliverables Progress as at End of Q2 2024/25

Implementation of Psychological Therapies Local Improvement Plan with a focus on progressing towards achieving the 18-week referral to treatment standard. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations

Mar 25

Insights to Current Performance

Scottish Government response to PT Improvement Plan submission confirmed that NHH PT no longer require enhanced support from SG due to the recent performance improvement in 2024.

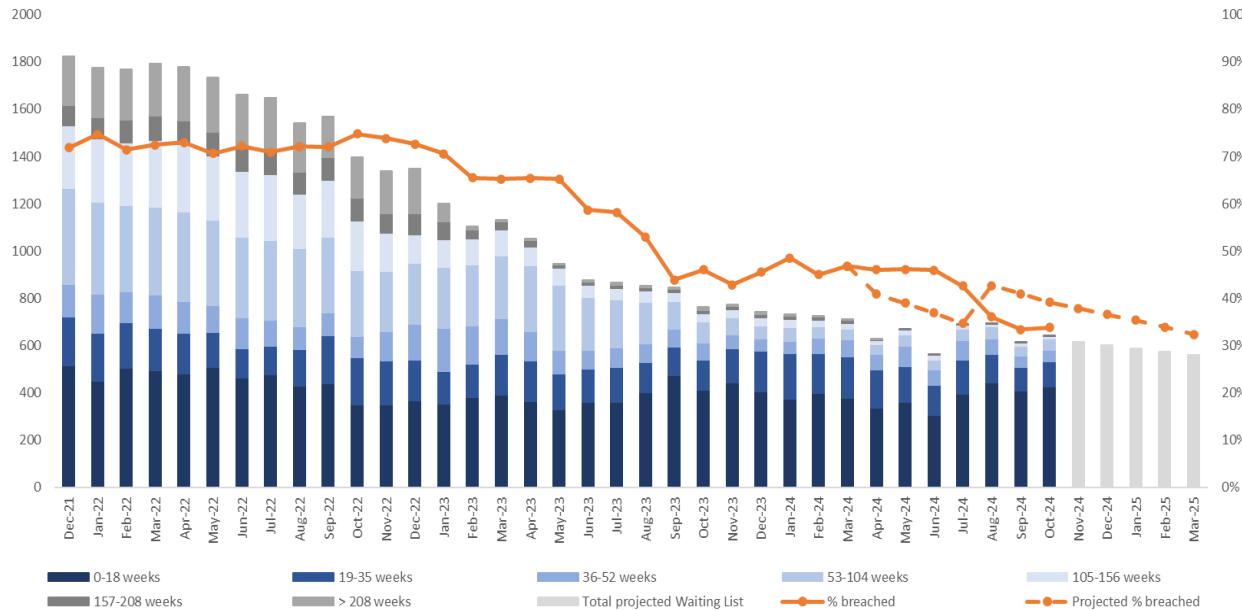
Plan and Mitigations

- Recruited x2new Clinical Psychologists in Adult Mental Health Psychology.
- The Psychological Therapies Steering Group is currently under review as we will be aligning it with the requirements of the PT National Specification
- Our data dashboard has been developed to reflect the KPIs identified and those required for reporting to Scottish Government.
- The development of our digital dashboard and data gathering activities has allowed us to utilise intelligence proactively to improve waiting times.

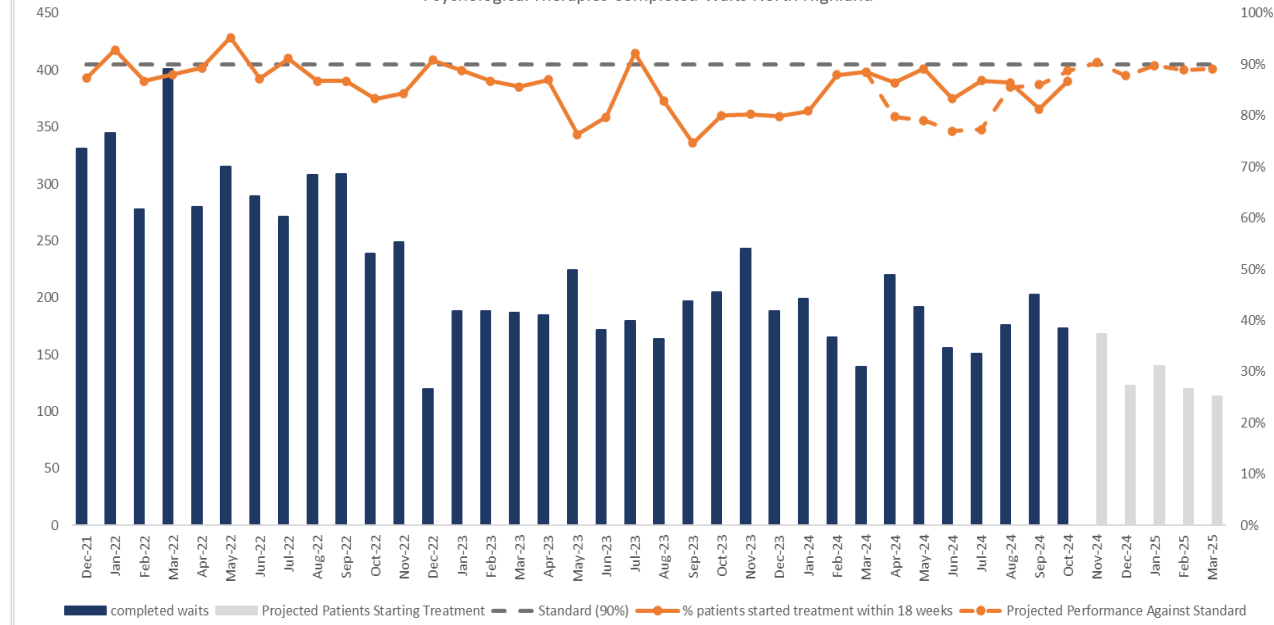
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Below target but performance consistently improved
Latest Performance	86.7%
National Benchmarking	81.0% Scotland average
National Target	90%
National Target Achievement	Consistent improvements in targets and downward trajectory
Position	4th out of 14 Boards 3rd out of Mainland Boards

Psychological Therapies Waitlist North Highland



Psychological Therapies Completed Waits North Highland





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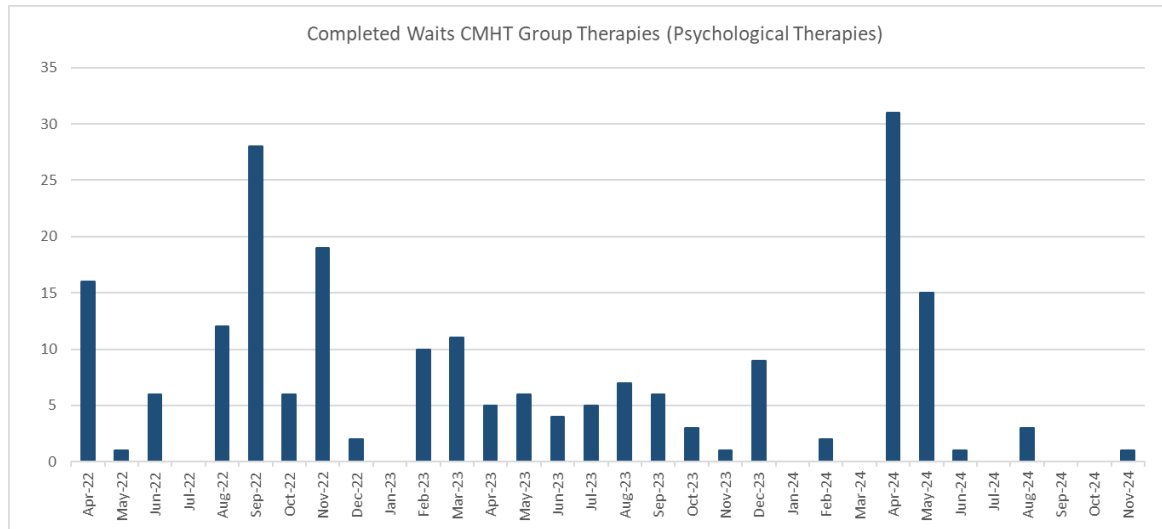
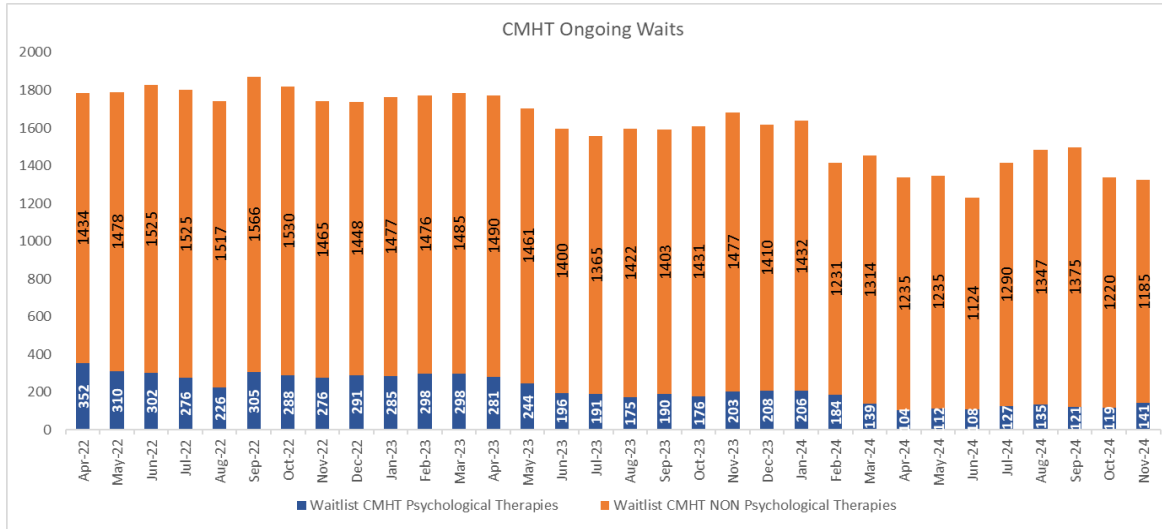
HHSC Community Mental Health Teams

Completed and Ongoing Waits

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

Performance Rating

N/a



Reasons for Current Performance

The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as Group Therapies (STEPPS/IPT/Mindfulness).

The delivery of Group Therapies were suspended during Covid pandemic and the availability of an online method was slow to progress. This resulted in a significant backlog in this area, gradually reducing over the course of 2023/24, and this has continued into 2024/25, although there has been a small increase in ongoing waits over the summer period.

The apparent waits for CMHT Non-Psychological Therapies are **unvalidated** and there is high confidence that once validation is complete, the number of waits for this category will be significantly lower than that reported.

Plan and mitigation

Validation work is ongoing around the CMHT Non-Psychological Therapies waitlist as has happened within Psychological Therapies. Early validation has identified a number of duplicate wait list entries, and waits that have been completed.

There is a shortage in STEPPS trainers within the UK so we are therefore exploring a range of options for increasing NHS Highland STEPPS practitioner capacity.

Expected Impact

Continuing reduction in the ongoing waits for CMHT Group Therapies

Number of waits for CMHT Non Psychological Therapies will be significantly lower than that reported.



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HHSCP Chronic Pain

Insights to Current Performance: NHS Highland performance is the 4th Highest mainland board and while the target was not met, we remain above the Scotland average for the <18 week referral to treatment standard.

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

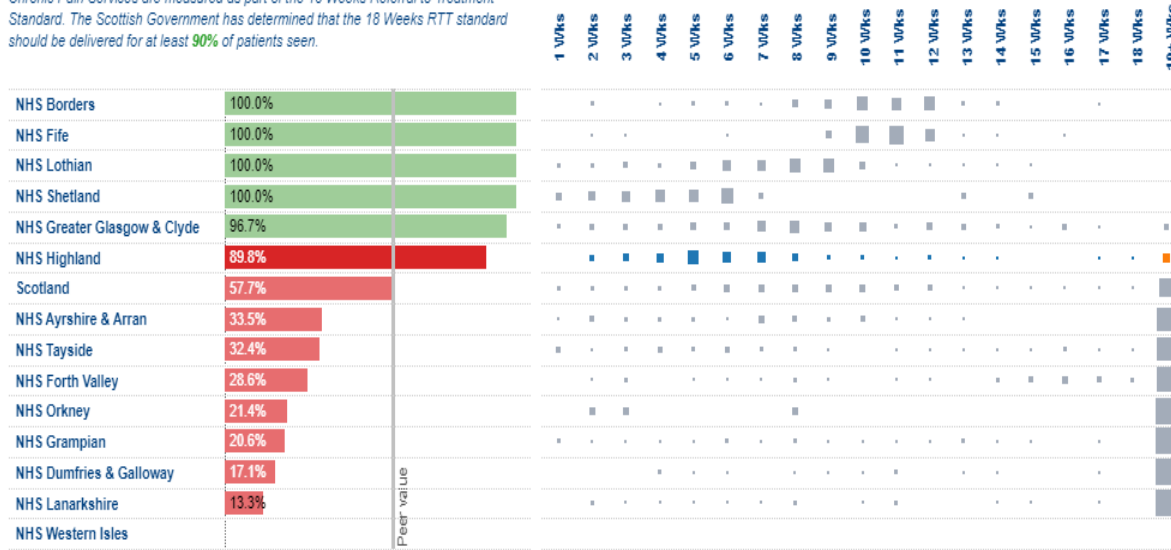
Performance Rating

Improving

Health Board: NHS Highland
Indicator: Chronic Pain : Pain Clinic

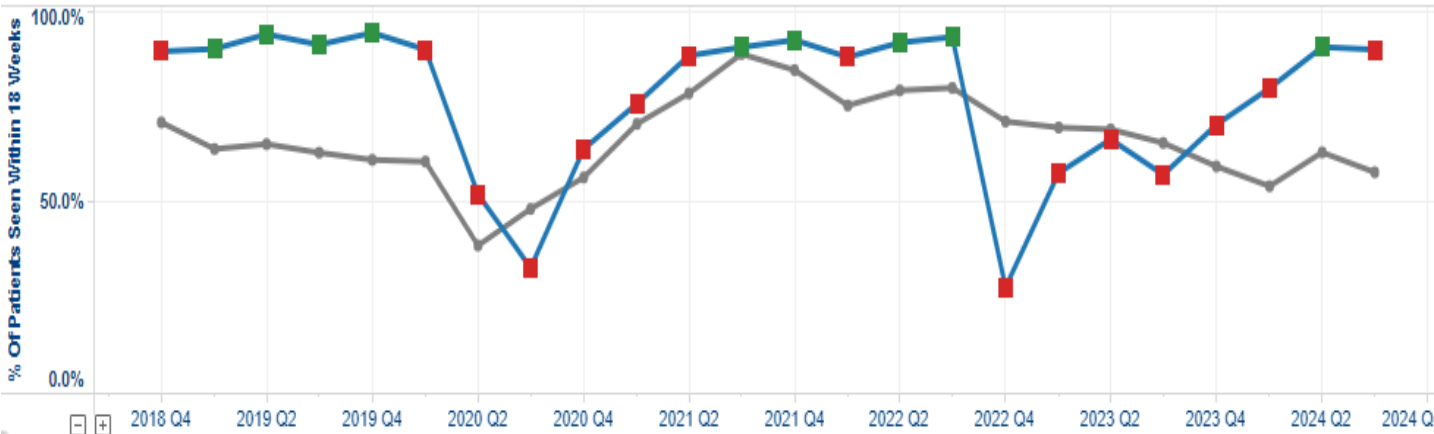
Chronic Pain Services are measured as part of the 18 Weeks Referral to Treatment Standard. The Scottish Government has determined that the 18 Weeks RTT standard should be delivered for at least 90% of patients seen.

Patients Seen By Week



Time trend: NHS Highland

(Trend displays the full range of dates for which data is available)



Reasons for Current Performance

All patients are offered ability to attend online group introduction to pain management session which can be delivered within the 18 week referral to treatment standard. This approach is standard across NHS Scotland pain services and is aimed at ensuring patients are committed to a self management approach and provides sign posting to aid with waiting well.

Those not able to attend, due communication or language barriers, lack of suitable technology or triaged as not appropriate for groups, are not able to be seen individually within the 18 week period due to ongoing demand and capacity issues.

Highland Team is currently still covering Argyll and Bute, without financial or staffing input from A&B, holdover from remobilisation funding.

Plan and mitigation

Argyll and Bute service provision SBAR produced recommending increased staffing and financial contribution in order to continue accessing NHS Highland Service.

Increased MDT initial assessment provision as pilot has demonstrated reduced time to full assessment and increased flow out of the service.

Planned initial assessment weeks to deal with backlog waiting to see physiotherapist as < 0.7wte physio in team.

Expected Impact

Increased staffing, increased discharges, reduction in backlog of patients waiting to be assessed.



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Officer, HHSCP

Overview of Other HHSCP Waiting Lists

Data provided to 4th December 2024

Insights to Current Performance: 8750 on waiting list, an increase from last report.

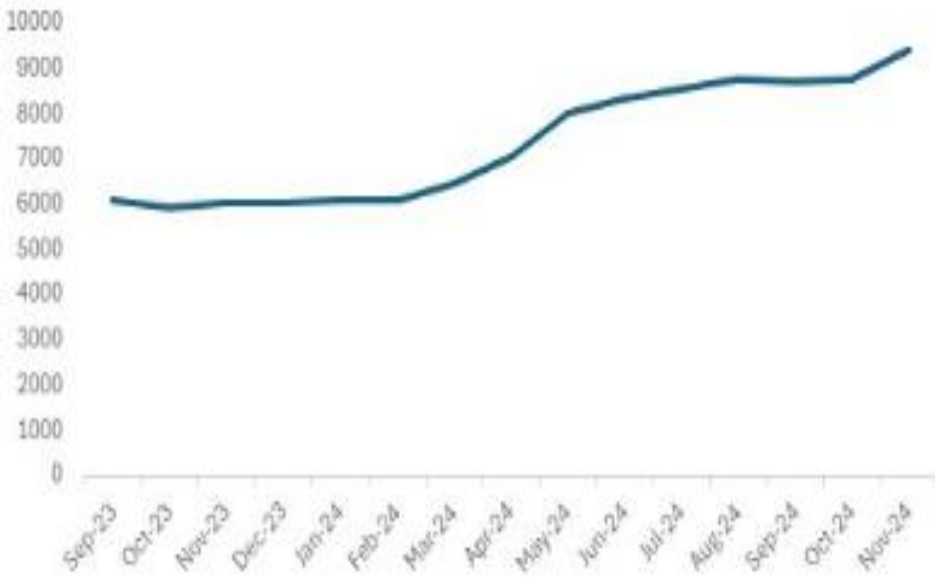
Please note: this data is incomplete and provides only an indication of waiting lists sources from TrakCare PMS. Other data for individual specialities will be available on Morse once individual teams have moved over to this system; this data is provided as indication for non-reportable waits only.

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

Performance Rating

Increasing

Total Non MMI Out Patient Ongoing Waits per Month



Count of CHI									
MAIN SPECIALTY	0-4 wks	>4 wks	>12 wks	>26 wks	>52 wks	>78 wks	>104 wks	>130-312 wks	Total
Chiropody	430	489	231	31	0	0	0	0	1181
Community Dental	9	3	3	1	0	1	0	0	17
Dietetics	141	267	237	142	32	10	5	3	837
Dietetics Paediatrics	0	0	1	0	0	0	0	0	1
Obstetrics Antenatal	8	1	1	0	0	0	0	0	10
Occupational Therapy	12	6	1	0	0	0	0	2	21
Psychotherapy	1	0	0	1	0	1	1	0	4
General Psychiatry	208	229	193	347	364	136	26	6	1509
Learning Disability	6	14	90	1072	113	78	83	135	1591
Learning Disability Nursing	0	4	41	81	0	0	0	0	126
Psychiatry of Old Age	102	77	38	13	5	1	1	0	237
Physiotherapy	664	644	703	640	272	72	2	7	3004
GP Acute	80	64	99	81	2	0	0	0	326
Investigations and Treatment Room	5	1	0	0	3	2	1	1	13
Psychological Services	108	146	147	71	44	7	2	5	530
Social Work	0	0	0	0	0	0	1	0	4
Total	1774	1945	1785	2480	835	308	122	162	9411