

NHS Highland



Meeting: NHS Highland Board

Meeting date: 25 March 2025

Title: Integrated Performance and Quality Report

Responsible Executive/Non-Executive: David Park, Deputy Chief Executive (FPRC); Gareth Adkins (SGC); Louise Bussell, Director of Nursing & Dr Boyd Peters, Medical Director (CCGC)

Report Author: Bryan McKellar, Whole System Transformation Manager

Report Recommendation:

The Board is asked to:

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

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Quality Performance across NHS Highland

This aligns 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 Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on performance 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 and Staff Governance Committee a bi-monthly update on performance and quality based on the latest information available.

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

Further performance and quality indicators are being scoped to ensure ADP deliverables can be performance/quality referenced to bolster assurance and evidence successful implementation and delivery.

2.2 Background

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

2.3 Assessment

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

2.4 Proposed level of Assurance

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"/>

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

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

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

3.3 Financial

Financial analysis is not included in this report.

3.4 Risk Assessment/Management

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

3.5 Data Protection

The report does not contain personally identifiable data.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document.

3.9 Route to the Meeting

Sections through the relevant Governance Committees;

- Staff Governance Committee – 4th March 2025
- Clinical Governance Committee – 6th March 2025
- Finance Resource Performance Committee – 14th March 2025

4. List of appendices

- Integrated Performance and Quality Report – March 2025

Integrated Performance and Quality Report

25 March 2025



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



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Executive Summary of Performance Indicators: March 2025

		NATIONAL TARGETS			PERFORMANCE AGAINST TARGETS	
Well Theme (Slide #)	Area	Average 23/24 Performance	Current Performance	National Target	Activity (ADP) Target Set	Performance Rating
Thrive Well (4)	CAMHS	70.8%	70.2%	90%	No	>10% off target
Thrive Well (5)	NDAS	n/a	1892 waiting list	n/a	No	>10% off target
Stay Well (6)	Screening	Various	Various	90%	No	>5% off target
Stay Well (7)	Vaccinations (Children & COVID)	n/a	n/a	n/a	No	>10% off target
Stay Well (8)	Alcohol Brief Interventions	n/a	77.4% vs. trajectory	n/a	Yes	Meeting Target
Respond Well (9)	Emergency Access	78.5%	76.1%	95%	No	>5% off target
Care Well (10)	Delayed Discharges	195	220	30% reduction (interim)	Yes	>10% off target
Treat Well (11-12)	Outpatients	39.2%	36.1%	95%	Yes	>5% off target
Treat Well (13-14)	Treatment Time Guarantee	56.5%	55.3%	100%	Yes	Meeting Target
Treat Well (15)	Diagnosics - Radiology	70.3%	54.0%	100%	Yes	>5% off target
Treat Well (16)	Diagnosics – Endoscopy		68.9%	100%		Meeting Target
Treat Well (17)	Diagnosics Wait List – Other	n/a	n/a	n/a	No	>10% off target
Journey Well (18)	31 Day Cancer Target	93.6%	87.9%	95%	No	>5% off target
Journey Well (19-20)	62 Day Cancer Target	68.8%	64.5%	95%	No	>10% off target
Live Well (21)	Psychological Therapies	83.1%	86.9%	90%	No	>5% off target

Guide to Performance Rating

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

Additional Guidance

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

Within the narrative section areas where action was highlighted in the previous IPQR all Executive Leads have been asked for assurance of insights to current performance and plans and mitigation in progress.

Not all performance indicators are included within this summary table.

Integrated Performance & Quality Report Guidance

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

For this IPQR, the format and detail has been modified to bring together the measurable progress against ADP deliverables across the Together We Care "Well" themes and to start to embed the themes of the quality framework across Highland. This is an update to end of Quarter 3 (31st December 2024) for deliverables linked to these performance measures.

In addition, a narrative summary table has been provided against each "Well" theme to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements detailed in the ADP, and what the anticipated impact of these improvements will be.

ADP Due Date Colour	Interpretation
R	ADP Deliverable is not on track to deliver by planned due date. Issues being resolved locally to ensure progression towards implementation.
G	ADP Deliverable is on track to deliver by planned due date OR ADP Deliverable has been achieved.
No Colour	Update to be provided at subsequent committee/Board meetings within Q3 and/or Q4 as target date is in the future.
A	Due date in next quarter (Q3) or ADP Deliverable has been delayed due to factor outwith NHS Highland's control



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Exec Lead
Katherine Sutton
Chief Officer, Acute

CAMHS (Child and Adolescent Mental Health Service)

ADP Deliverables

Progress as at End of Q3 2024/25

Delivery of CAMHS Improvement Plan to reduce CAMHS waiting times and improved data quality for NHS Scotland Waiting Times Standards. 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

CAMHS remains one of, if not the lowest staffed service per population rate in Scotland with approx. 30-35% vacancies

Service remodelling and performance management around activity rates in place. all of which have brought improvements both in waiting times and in clinical quality and outcomes.

Dec 2024, performance continues to decrease.

Plans and Mitigations

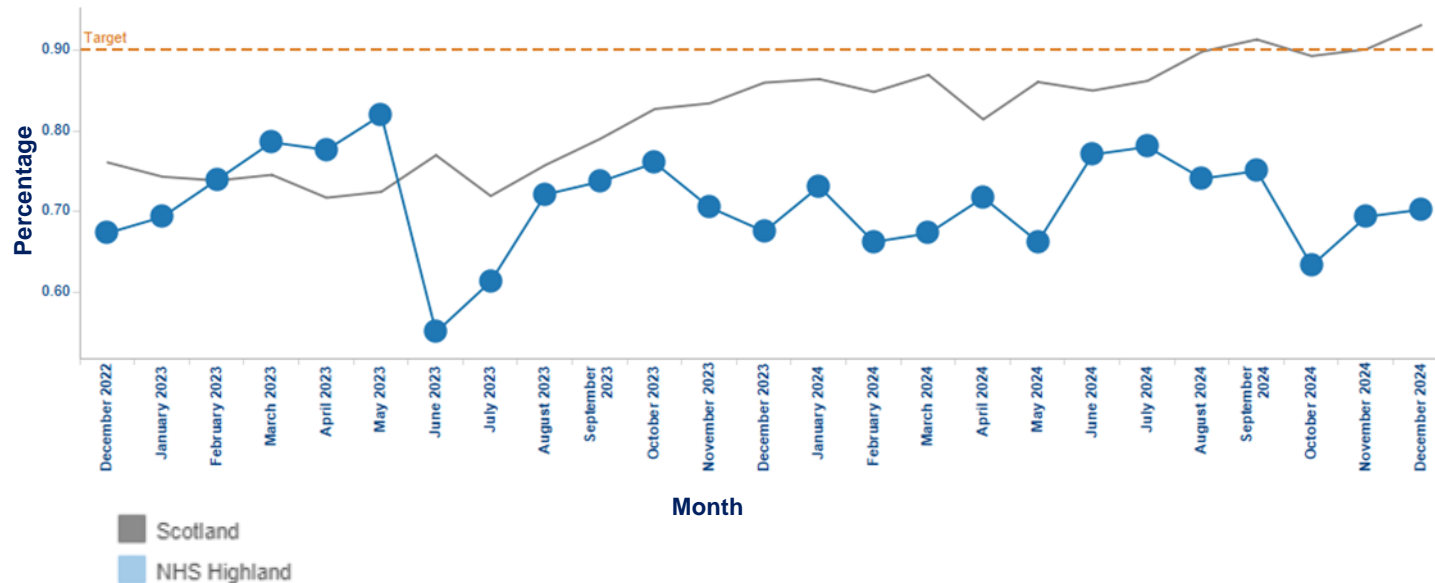
- Engagement appointments for all new referrals
- Unused capacity directed to these cases most recently placed on wait list
- New system for wait list management in place.
- Unscheduled care team realignment in place
- CAMHS Programme Board reestablished from Nov 2024, including A&B representation
- Working closely with SG on the most effective service model to support delivery across A&B and the Highland HSCPs

PERFORMANCE OVERVIEW

Strategic Objective: Our Population Outcome Area: Thrive Well

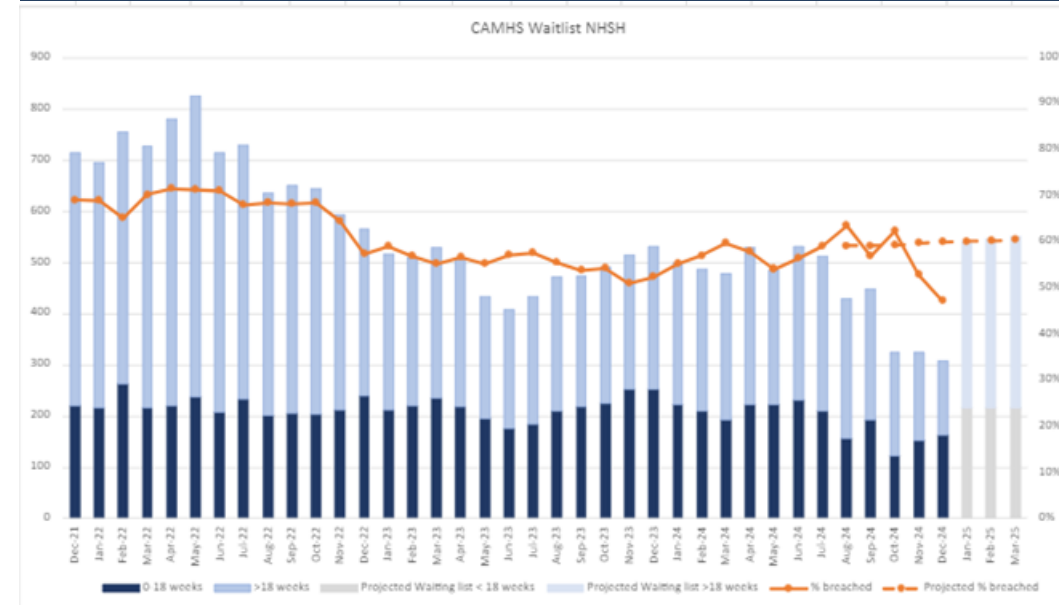
Performance Rating	Decreasing
Latest Performance	70.2%
National Average	93.1%
National Target	Full compliance to the Service Spec by end March 2026
National Target Achievement	n/a
Position	14 th out of 14 Boards

CAMHS Waiting Time < 18 Weeks (P)



CAMHS Waiting List in Weeks (P&Q)

(Draft trajectories currently being reviewed by service)





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Neurodevelopmental Assessment Service (NDAS)

ADP Deliverables

Progress as at End of Q3 2024/25

Waiting list validation to offer 1st appointment <4 weeks	June 2024
All to receive a comprehensive NDAS, leading to shared and collaborative formulation and intervention plan	July 2024
Ensure systems and processes are in place to flex capacity	Dec 2024
Improve service user experience through communications	Dec 2024
Progress NDAS Service Development including reviewing structure, leadership and governance.	Mar 2025
Develop data recording SOP and reporting dashboard	Mar 2025

Insights to Current Performance

The NDAS North Highland / Highland Council position was presented to the Joint Monitoring Committee in November 2024.

- Interim Clinical Director in post
- Authority Framework is in place
- Targeted waiting list interventions using current resource / private assessment options investigated
- Comms delivered to all on waiting list. Comms strategy established to update colleagues / partners / public
- ICSP ND Programme Board is established and has been meeting monthly
- Waiting list cleansing exercise is completed
- ICSP GIRFEC and Child Planning training for MDTs rolled out

Plans and Mitigations

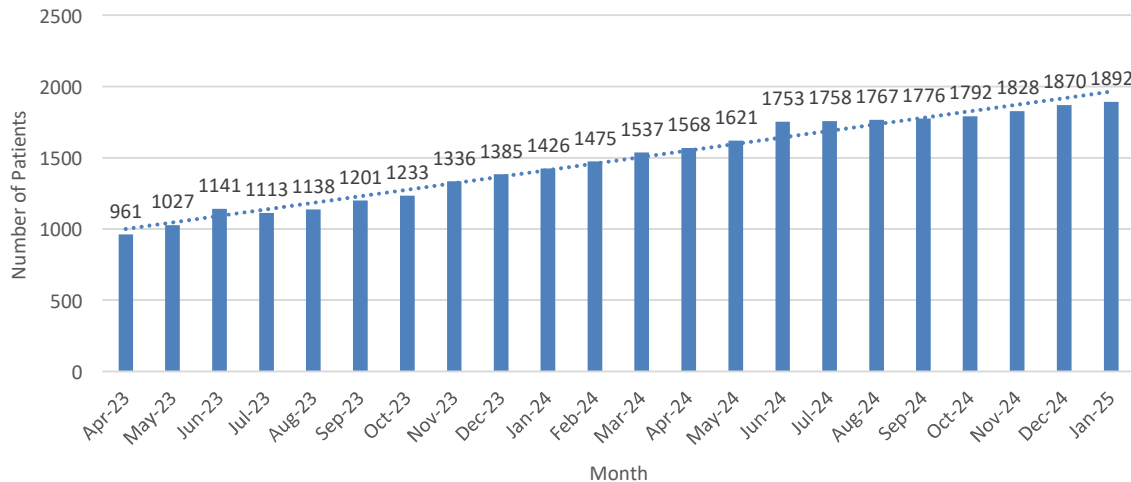
Actions agreed at NDAS programme board being progressed:

- Progression of joint leadership to improve NDAS position across NHS North/ HC Co-chaired Programme Board
- 1 year interim workforce plan to be developed
- Alignment with Integrated childrens services
- Additionality planning 2025/26
- Communication with service users and professionals

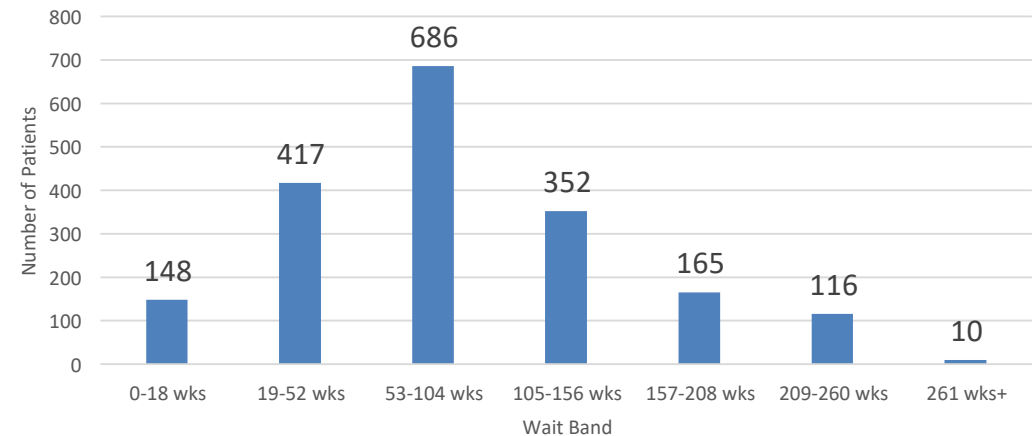
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Thrive Well

Performance Rating	
Latest Performance	1892 on waiting list
National Benchmarking	n/a
National Target	Full compliance to the National NDAS Service Spec by end March 2026.
National Target Achievement	n/a
Position	n/a

NDAS Total Awaiting 1st Appointment (inc unvetted)



New + Unvetted Patients Awaiting 1st Appointment by wait band





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Exec Lead
Dr. Tim Allison, Director
of Public Health

Screening

ADP Deliverables Progress as at End of Q3 2024/25

Encourage and promote screening programmes and increase uptake across available screening programmes above national targets.

Ongoing

Insights to Current Performance (Updated 4 March 2025)

- A comparison of screening performance against Scottish benchmarks shows that the overall participation for NHSH continues to be higher than average uptake levels throughout Scotland for Bowel, Breast, Cervical cancers and AAA screening programmes (based on latest information arising from locally sourced management data).
- For internal performance monitoring for Pregnancy & Newborn screening, actions to improve data quality and reporting from Badgernet was completed at end of 2024.
- The backlog in reporting on the UNHS (Universal Newborn Hearing Screening) has been almost filled by the newly established team in Raigmore at the beginning of 2024.
- It must be acknowledged that the latest official figures are used to monitor uptake trends, so that comparisons against benchmark figures can be made. Such official figures are published with 1 year delay at the beginning of each financial year. Only the data for two programmes has been published in March 2025 (for data up to 2024 reporting period).
- Provision of Diabetic Eye Screening (DES) and Pregnancy & Newborn KPI monitoring from Public Health Scotland is pending, so it is not possible to officially report on the performance of these programmes. However non verified management data indicates comparable performance with Scottish levels.

Plans and Mitigations

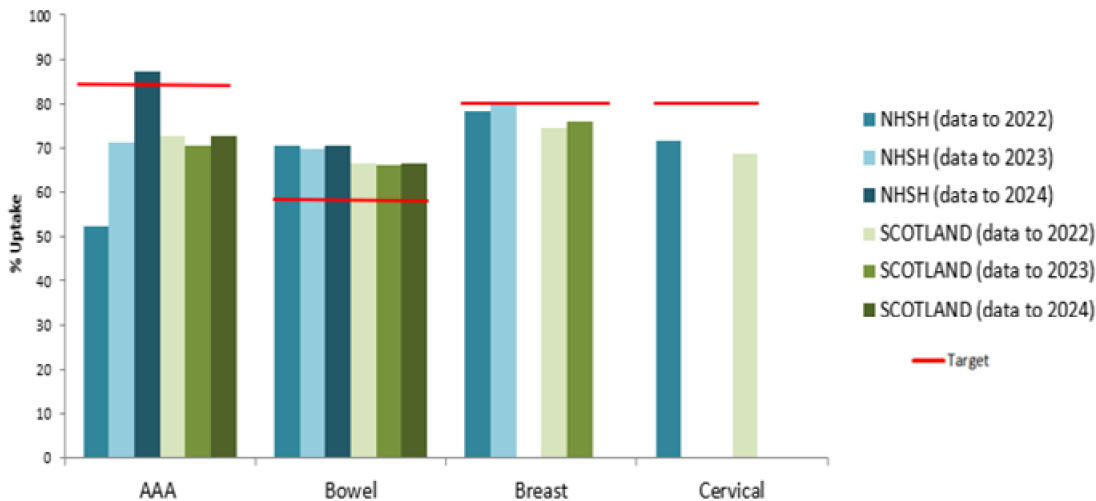
Work continues to drive improvements within the screening programmes.

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

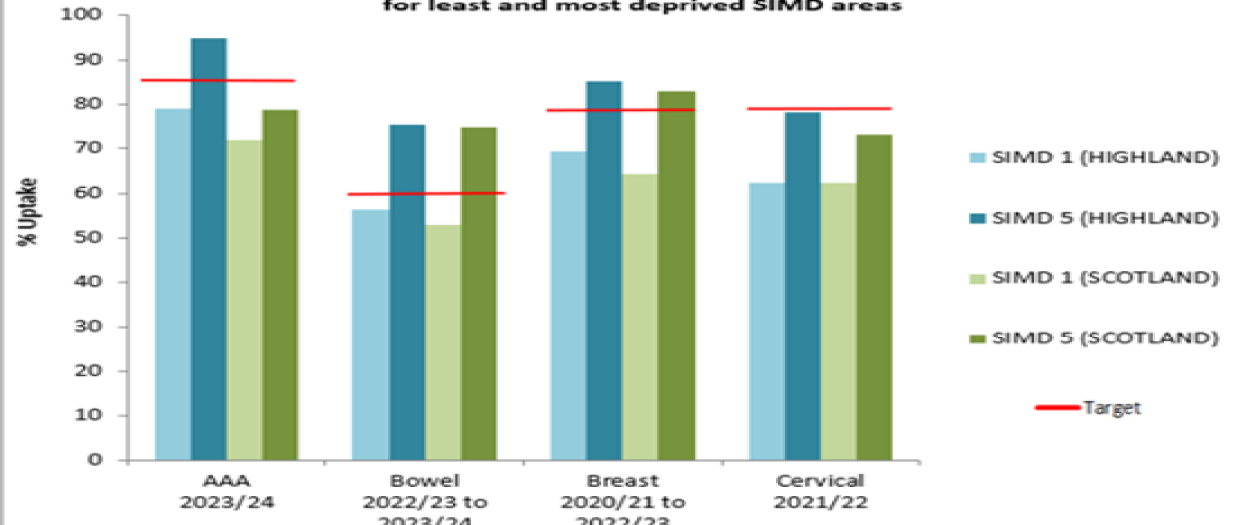
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well

Performance Rating	Increasing
Latest Performance	See chart
National Benchmarking	See narrative
National Target	2 of 4 cancer screening uptakes meeting target
National Target Achievement	See charts
Benchmarking	See charts

Screening Uptake (KPIs) in NHS Highland



Inequality in Screening
Most recent NHS Highland and Scottish Uptake Result
for least and most deprived SIMD areas





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Exec Lead
Dr. Tim Allison, Director
of Public Health

Vaccinations (Children's and COVID)

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 (updated Feb 2025)

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. Vaccine uptake comparable at 49% with other Boards.

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.

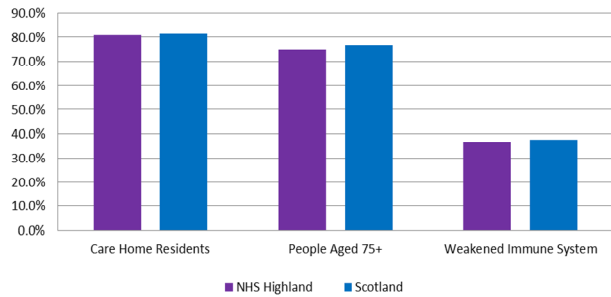
The Vaccination Improvement Group has a detailed action plan for service improvement

PERFORMANCE OVERVIEW

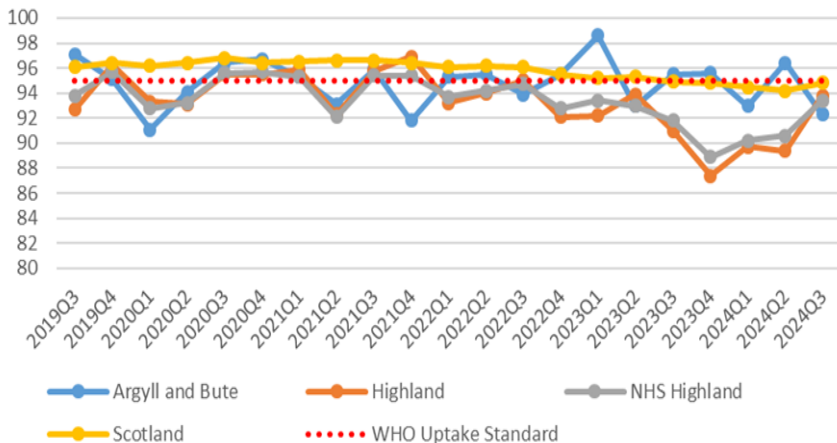
Strategic Objective: Our Population
Outcome Area: Stay Well

Performance Rating	MMR Below national averages
Latest Performance	MMR Range of 84-94%, Q2 data
National Benchmarking	MMR and COVID below national average
National Target	MMR 95%
National Target Achievement	See charts
Position	See charts

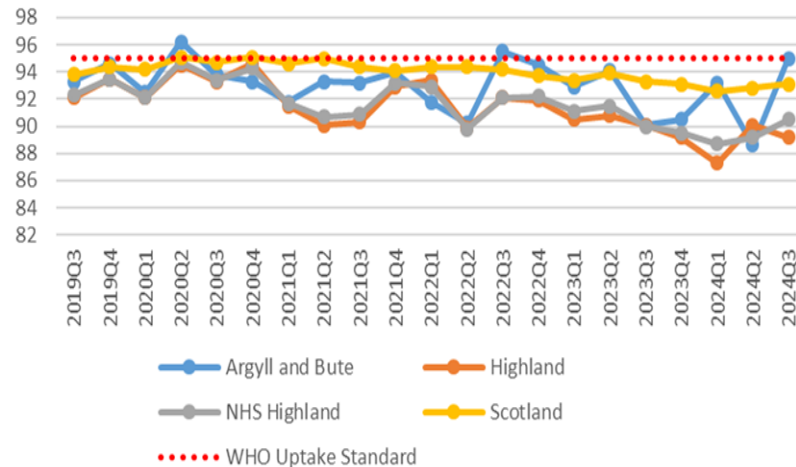
COVID Vaccine Uptake at 16/02/2025



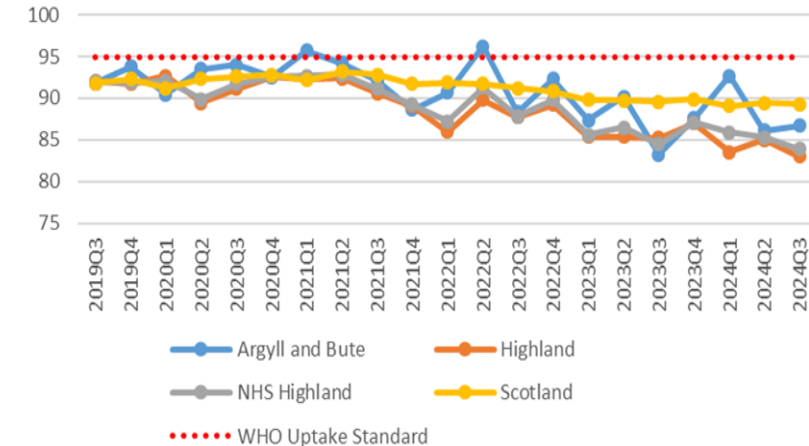
Six-in-One at 12 months



MMR1 at 24 months



MMR2 at 5 years





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Exec Lead
Dr. Tim Allison,
Director of Public
Health

Alcohol Brief Interventions (ABIs)

ADP Deliverables

Progress as at End of Q3 2024/25

Health Improvement Delivery focused on: Alcohol Brief Interventions, Smoking Cessation, Breastfeeding, Suicide Prevention and Weight Management as target areas.

Embed MAT Standards within practice in NHS Highland.

Ongoing

Mar 2025

Insights to Current Performance (Updated 3 March 25)

- Fig. 1: ABI delivery is at or above target trajectory in each month of Q3 for NHS Highland.
- Fig. 2: Almost 92% of NESH ABI's comes from in GP settings in the Highland H&SCP. Wider Settings account for all most 8% and the large majority of these are recorded from Argyll and Bute.
- Fig. 3: Show monthly ABI's from April 2022-Dec 2024. Last 3 months have seen a marked increase in NESH ABI's. This is due to increase to implementation of Primary Care LES in Oct 24.

Plans and Mitigations

- ABI training – Training dates organised for period April- July 2025.
- Target ABI work to begin supporting Whole family Wellbeing approach in Highland HSCP. Health visitors to be trained Exploring training opportunities for 3rd sector organisations working in early years settings.
- Argyll and Bute continue to see increases in wider settings due to community link worker ABI recording. The 'We are With You' service are also going to start recording ABI's using the wider setting form to support increasing numbers in Argyll and Bute.

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

Performance Rating	Above trajectory
Latest Performance	2941 actual vs. 2750 trajectory
National Benchmarking	n/a
National Target	NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.
National Target Achievement	n/a
Position	n/a

Fig.1 **NHS Highland - Quarterly Alcohol Brief Interventions 2024/25**

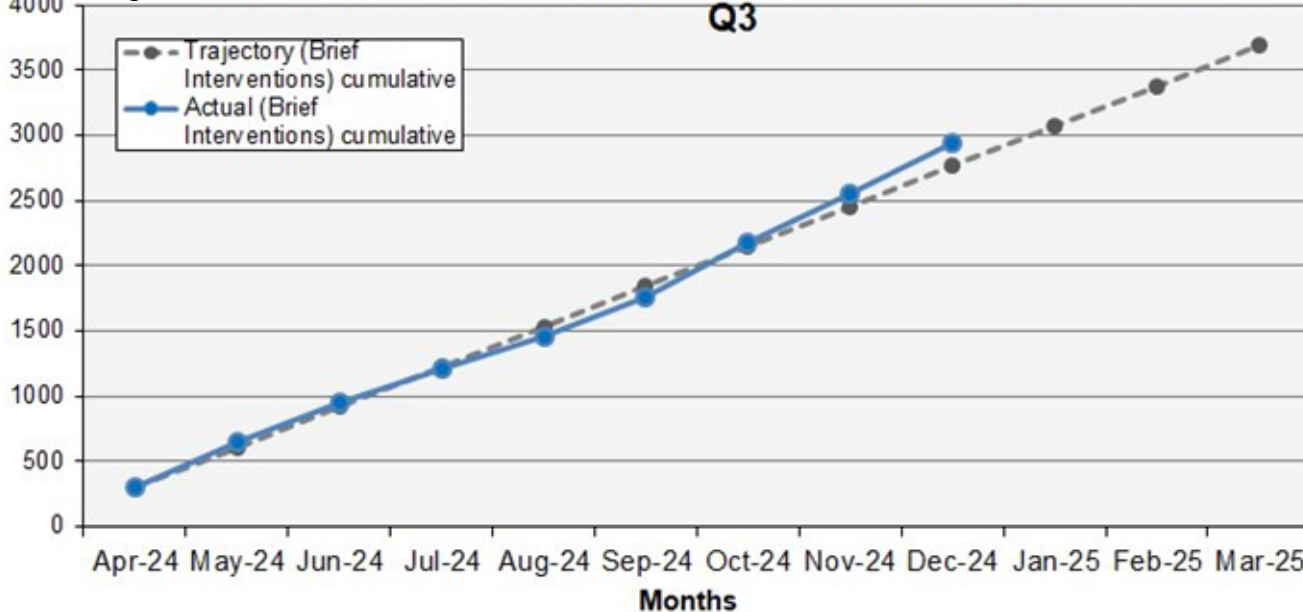
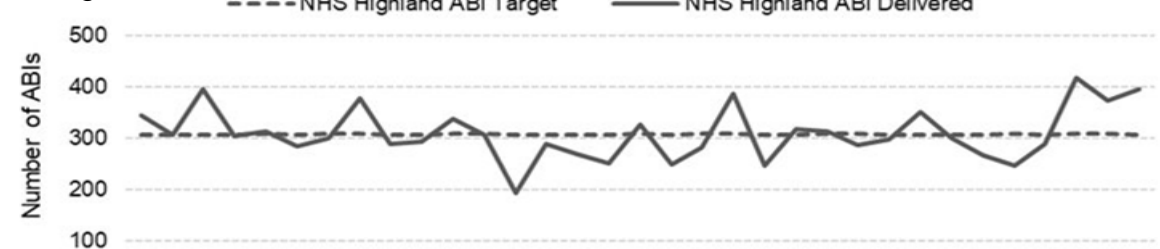


Fig.2 **Setting Contribution in 2024/25 Q1 to Q3**

Primary Care	2699	91.8%
Antenatal	11	0.4%
Wider Settings	231	7.9%
Total	2941	100%

Fig.3 **NHS Highland Monthly Alcohol Brief Interventions Apr 2022-Dec 2024**





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Emergency Department Access

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

From the most recent PHS figure, the NHS Highland 4-hour performance is 72.9%, against the Scotland figure of 62.1%.

Plans and Mitigations

Second 90 Day Urgent & Unscheduled Care planning cycle has ended. The plan up to March 2026 has been developed through STAG and is reflected within our annual delivery plan. Our focuses will be:

- Frailty
- Community Urgent Response
- ED Improvement plans
- Targeted pathway redesign
- Discharge without delay

Acute Front Door; Develop a range of pathways to reduce demand on in patient acute beds – in primary care and secondary care.

March 2025

Scottish Ambulance Service performance for patients conveyed within 60 mins is currently 73.8% (aim = 100%). The median turn-around time is just over 33 mins (33:12).

Optimising Flow; Scope pathways and processes which support early diagnosis, promotion of realistic medicine and timely discharge from in-patient care for those requiring admission

March 2025

The percentage of patients waiting over 12 hours in ED has remained steady at around 3.0%, for all attendance types, since a high of 3.9% at the end of Dec-24. This equates to an average of 38 patients waiting over 12-hours.

OPEL; Develop whole system OPEL collaboratively to respond when our services are experience pressures to manage and mitigate risk across all services

March 2025

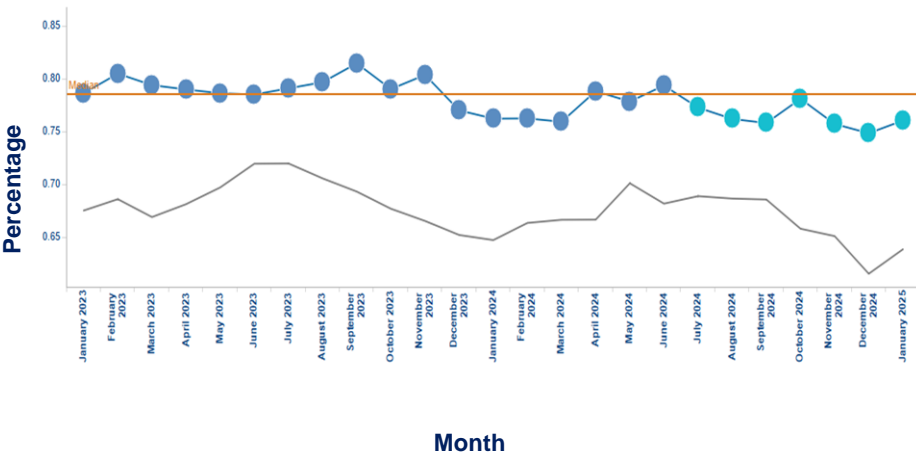
Please note the data reported here is board-wide and significant pressures remain at Raigmore Hospital.

Progress will continue to be reported regularly to EDG/STAG

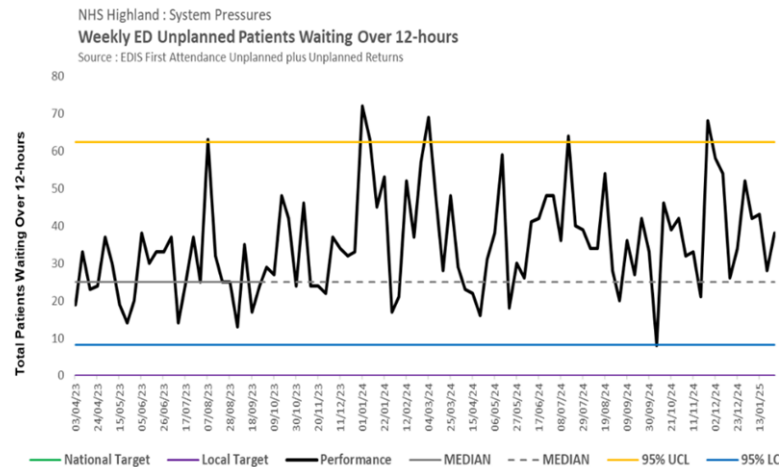
PERFORMANCE OVERVIEW
Strategic Objective: Our Population Outcome Area: Respond Well

Performance Rating	Decreasing performance
Latest Performance	76.1%
National Benchmarking	63.9% Scotland average
National Target	95%
National Target Achievement	NHS H as a whole remains above the Scotland average, but off target
Position	5th out of 14 Boards

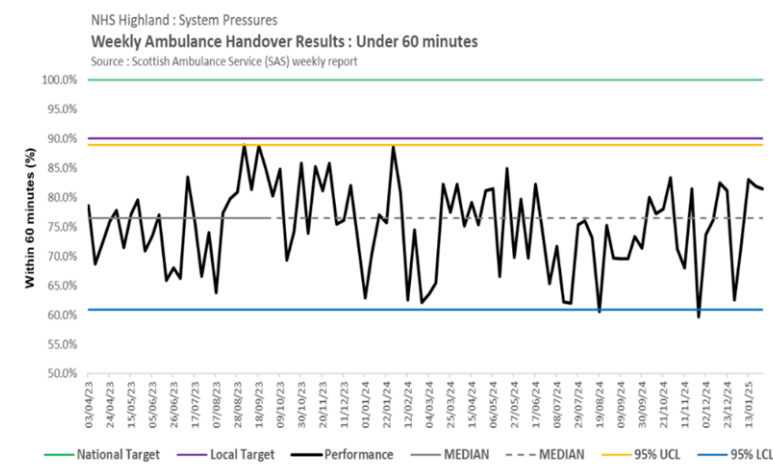
People seen in ED within < 4 hours (P)



Total Patients waiting > 12 hours in ED (Q)



Ambulance Handover < 60 mins (Q)





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

Delayed Discharges

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

ADP Deliverables underpinned by Urgent & Unscheduled Care 90-plan, incorporating ADP discovery work and delivery of ADP actions

Oct 2024

Insights to Current Performance

There has been an overall reduction in people affected by delayed discharge from a peak of 235 at the end of November 2024 to 203 by mid February 2025 in Highland.

There has been a reduction in "standard delays" and for "other" delay reasons.

The main reasons for the reduction in the "other" reason category has been more assessments completed and a reduction in delays due to complex reasons - as this is a wide category, would require further analysis to identify any specific reason(s)

Standard reasons have reduced across waits for nursing and residential homes and care at home services.

Plans and Mitigations

The Urgent and Unscheduled Care Programme, as agreed by STAG will focus on the following areas from now until March 2026:

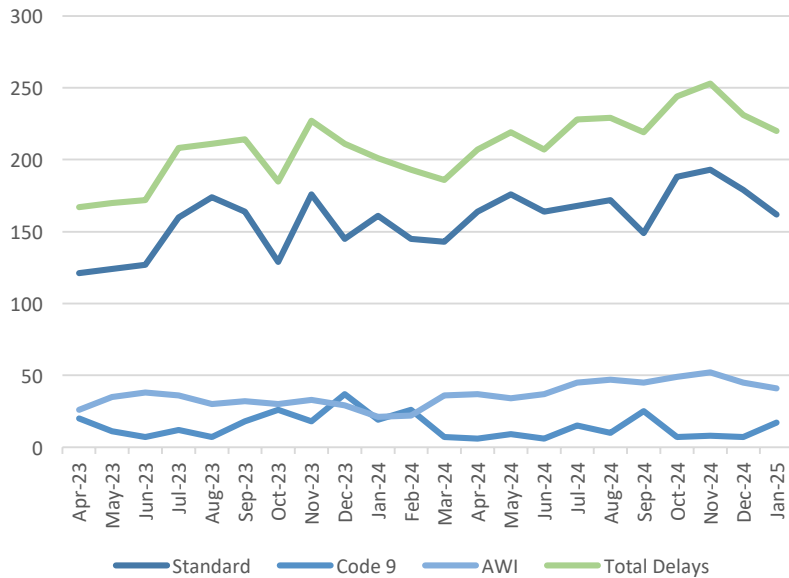
- Community Urgent Care Model
- Emergency Department Improvement Plans
- Discharge without Delay
- Targeted pathway redesign

A key metric for the programme is the reduction of delayed hospital discharges. In addition, a focused programme is being developed with managerial colleagues and professional leads focusing on improving decision making and allocation processes for adult social care which aim to reduce unmet need. This work has starting within the Inverness district with the care home allocation process and a targeted Care at Home plan..

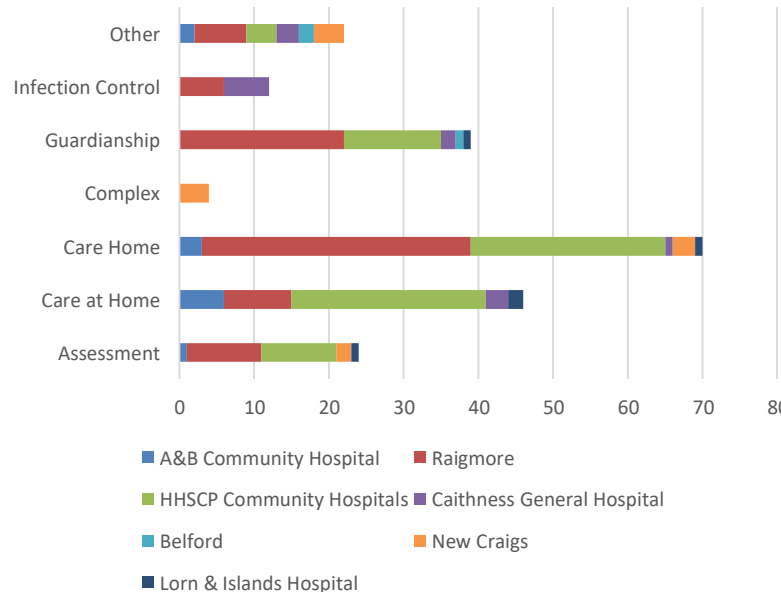
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	Below trajectory
Latest Performance	220 at Census Point 6,948 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 th out of 14 Boards

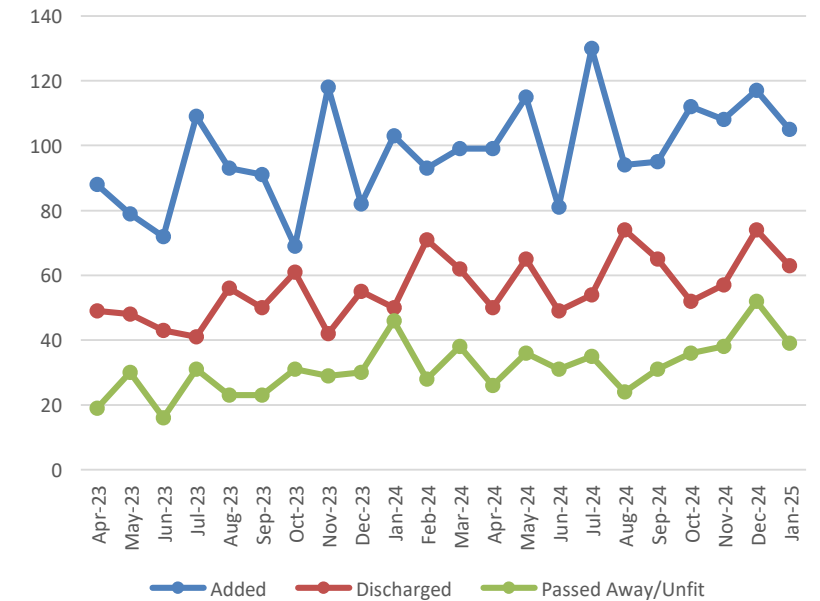
Delayed Discharges at Monthly Census Point (P) - NHS Highland inc A&B



Delayed Discharge – Location and Code (P&Q)



HHSCP Delayed Discharge – Patients Added VS Discharged (Q)





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Exec Lead
Katherine Sutton
Chief Officer, Acute

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

ADP Deliverables

Progress as at End of Q3 2024/25

Increase in virtual appointments to improve efficiency and reduce travel associated.

Aug 24

Outpatient services immediate improvement plan including increasing the use of remote appointments, patient-initiated return, ACRT and rebase job plans

May 24

Utilise Patient Hub in acute settings to digitalise letters and reduction in use of consumables.

Mar 25

Implement the outcomes from work undertaken by the Centre for Sustainable Delivery / NECU in a planned and managed way across NHS Highland.

Mar 25

Insights to Current Performance

The number of NOP seen within 12 weeks is 36.1% which is below the Scottish average.

Reasons for level of performance include:

- Inconsistencies in the application of clinic booking processes and Patient Access Policy
- Approach to adherence to principles of WTG at service level.
- Approach to list management for long waits at service level
- Managing the efficient use of clinic rooms and spaces to correlate with clinic types, e.g. face to face clinics/NHS Near Me clinics/telephone clinics
- CfSD initiatives not fully embedded across all specialties. This will move further forward when eHealth systems can be updated to accept the required changes on TrakCare PMS
- Overall increasing numbers of NOP referrals into services

Plans and Mitigations

Further modification of referral pathways, working with Primary Care to manage demand more efficiently. Provide a better patient journey and supports the validation of waiting lists, ensuring that appropriate patients only are waiting to be seen. Use NECU admin. Validation with CfSD agreement.

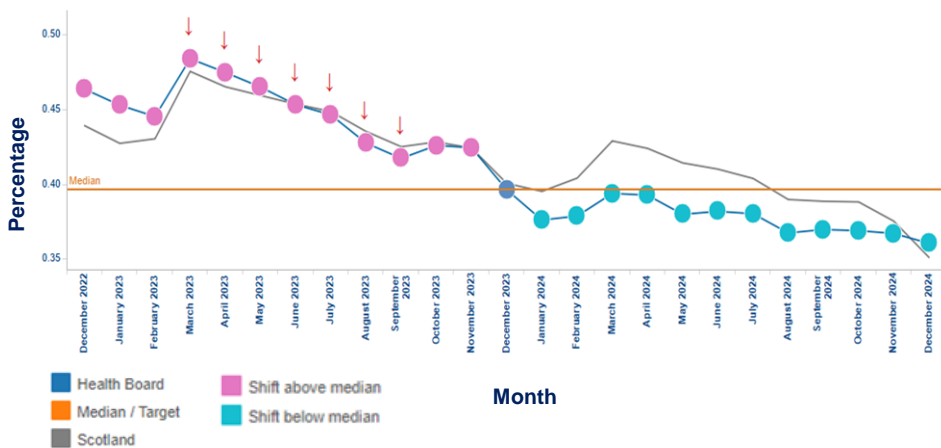
Focus on the delivery of ISP continues, zoning in on core new outpatient activity and its close management. Shortfalls in core delivery are identified early and required delivery targets increased to address shortfalls quickly.

Continuous governance and management of allocated SG additional activity funds to target longest NOP waiter. Robust patient access/WTG policy management with teams at all levels. Additional clinic space identified and now in use for dermatology, progressing well.

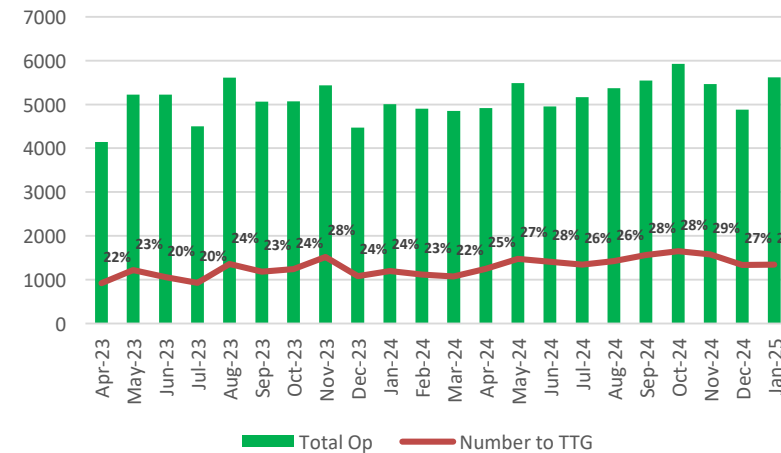
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Decreasing performance but near Scotland average; activity levels above target
Latest Performance	36.1%
National Benchmarking	35.1% Scotland average
National Target	95%
National Target Achievement	Target not met Below lower control limit
Position	10th out of 15 Boards

Outpatients Seen <12 Weeks (P)

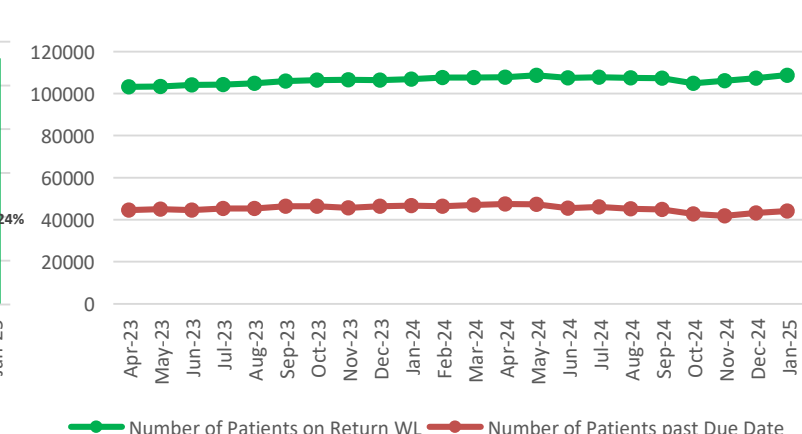


OP Conversion Rates to TTG (Q)



Return Outpatients Wait List (P)

Total Patients Waiting, Patients Past Recall Date





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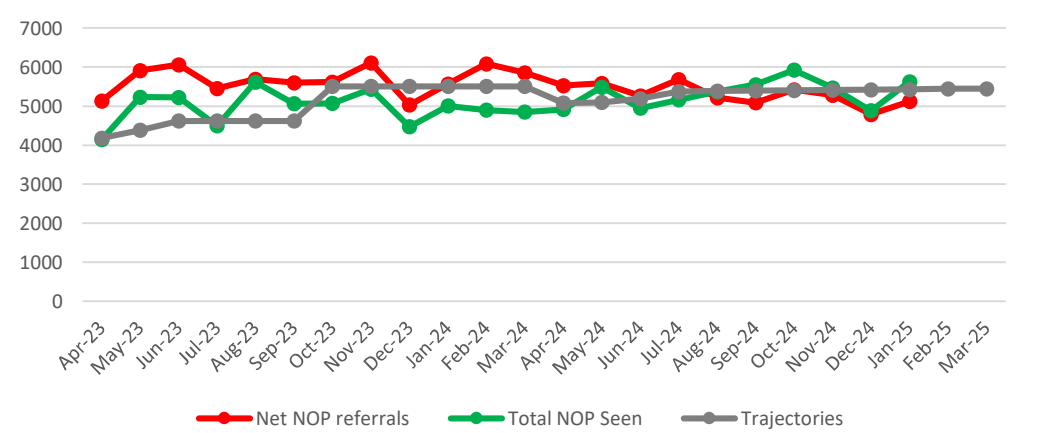
Exec Lead
Katherine Sutton
Chief Officer, Acute

Outpatients (Delivery Plan and Long Waits) - Slide 2 of 2

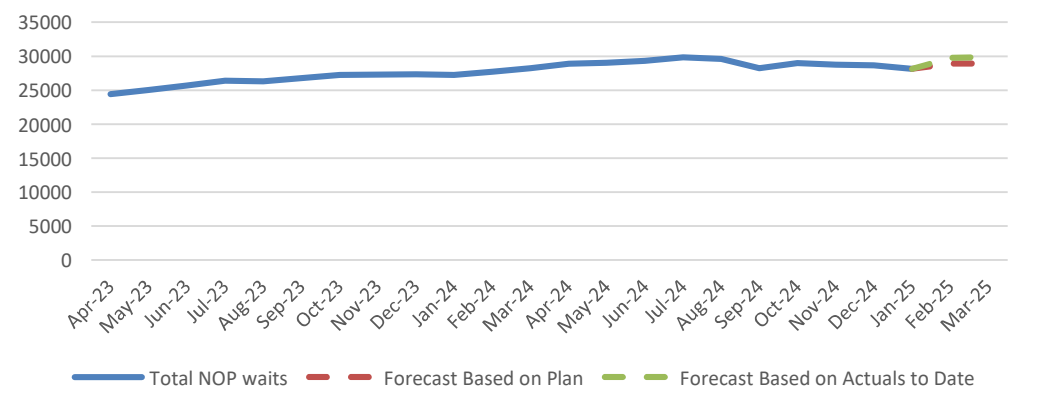
Target 2 – ADP Target

Yearly Trajectory	YTD Performance	Patients Seen – Jan 25	Overall
64,045	53,161 (83.01%)	53,321 (83.26%)	0.25% above target

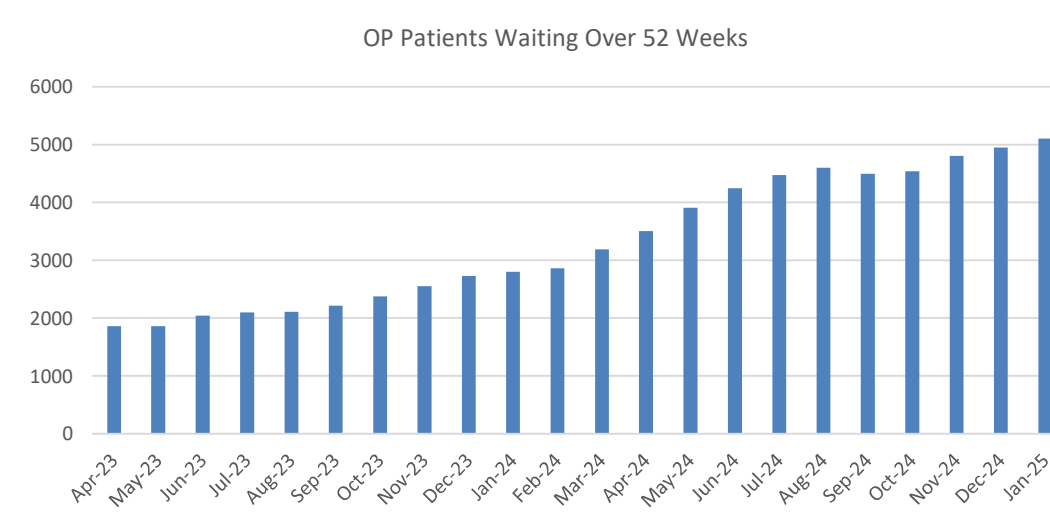
Referrals, Patients Seen & Trajectories (P)



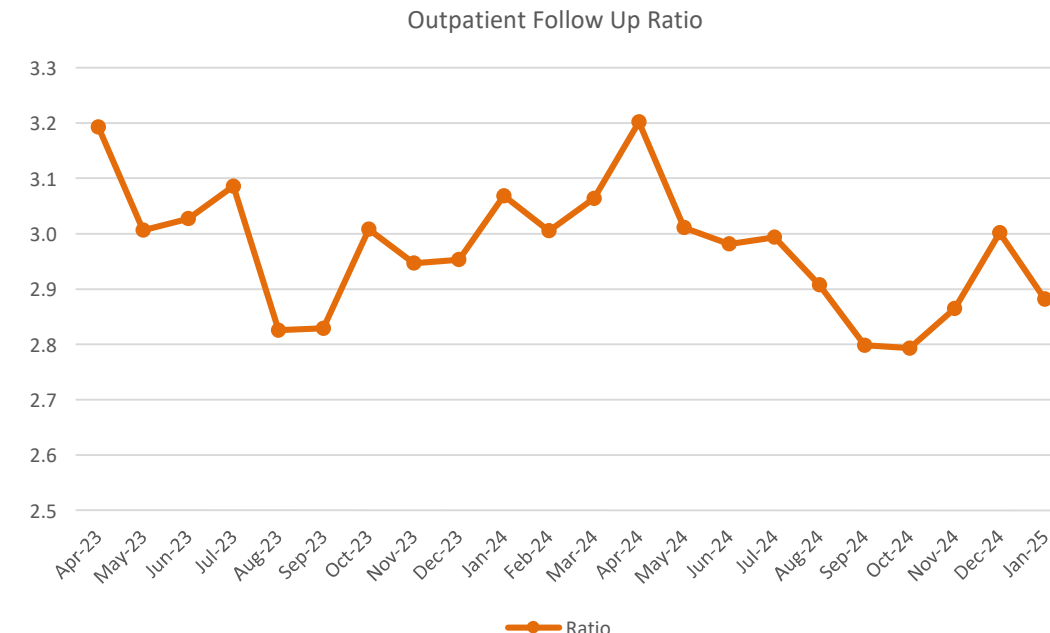
Waiting List & Projection (P)



Target 3 – Long Waits



Follow Up (Q)





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Treatment Time Guarantee Slide 1 of 2: TTG < 12 week target

ADP Deliverables

Progress as at End of Q3 2024/25

Reduction in number of procedures of low clinical value	Aug 24
Implement the outcomes from work undertaken by the Centre for Sustainable Delivery / NECU	Mar 25
Review of SLAs in Acute for patients who travel out with the board for treatment	Mar 25
Increased theatre productivity (national target 90%) by utilising new processes including optimising the use of digital tools that are available within NHS Highland and exploring further opportunities, utilising available resource.	Mar 25
Local improvement plans in place for all Acute fragile services working collaboratively with the national clinical sustainability reviews	July 24
Continue to maximise the opportunities of the NTC with partner boards	Mar 25

Insights to Current Performance

- Increasing demand and complexity.
- Lack in some specialties of workforce to deliver care pathways.
- Patients referred into services with long waits who may realise better outcomes if care managed in primary care.
- Currently behind on TTG however confident that we can turn this around with focus on long waiting patients along with the use of the RGH capacity.

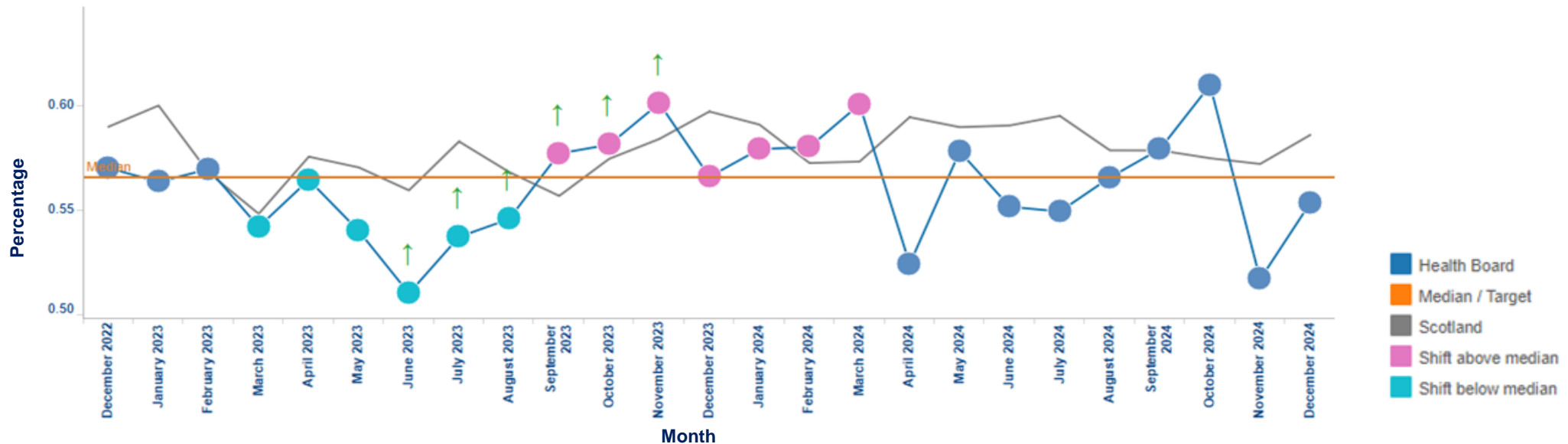
Plans and Mitigations

- Service planning implemented through ISP workstreams to realise efficiencies in process and alternative workforce models.
- Implementation of CfSD initiatives.
- Awareness and delivery of new WTG to ensure that only those who are fit, willing, and able are on a waiting list.
- Review of waiting list management processes
- Delivery of NHS waiting times dashboard to support appropriate management of care pathways.

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

Performance Rating	0.02% below ADP target
Latest Performance	55.3%
National Benchmarking	58.6% Scottish average
National Target	100%
National Target Achievement	Target Not Met; Above median for 1 month after 2 below
Benchmarking	8 th out of 15 Boards

TTG Seen <12 Weeks (P)





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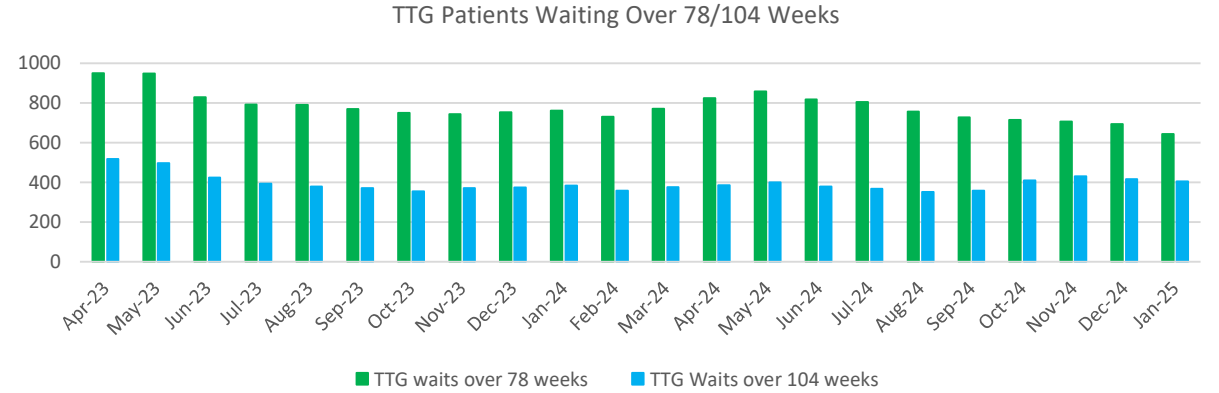


Exec Lead
Katherine Sutton
Chief Officer, Acute

Treatment Time Guarantee Slide 2 of 2: TTG Activity, Long Waits & Projections

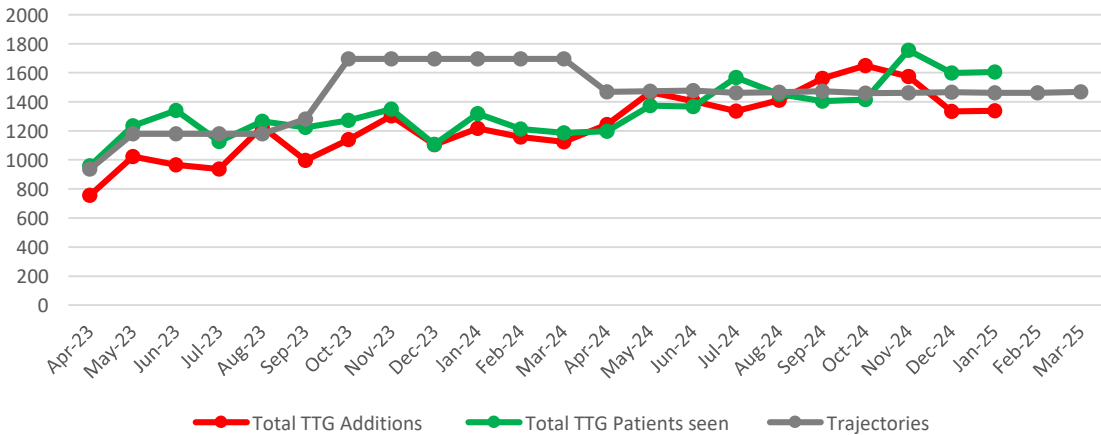
ADP Targets (P)			
Yearly Trajectory	YTD Performance	Patients Seen – Jan 25	Overall
17,603	14,672 (83.35%)	14,739 (83.73%)	0.38% above target

Long Waits (P&Q)

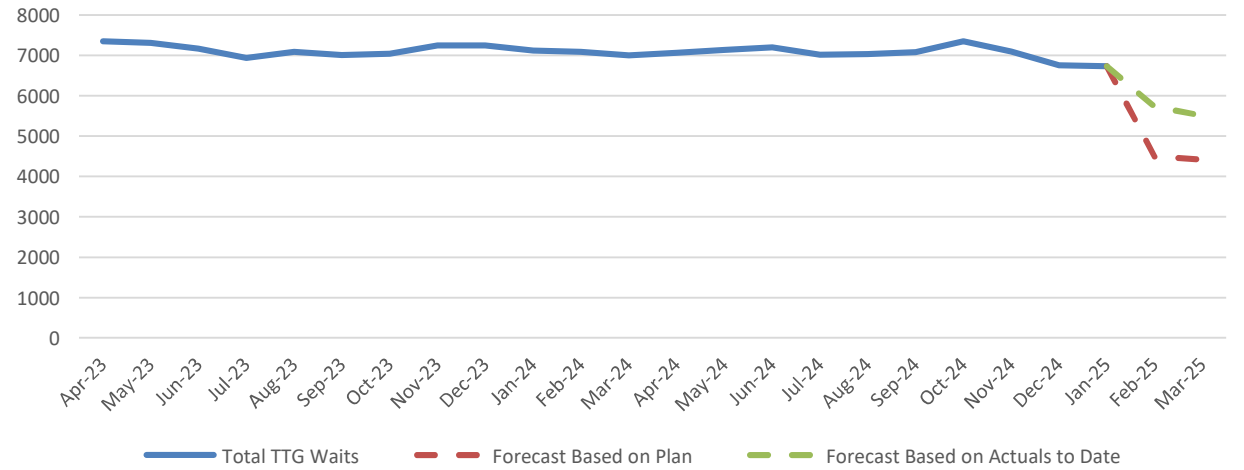


Referrals, Patients Seen & Trajectories (P)

Planned Care Additions, Patients Seen & Trajectories



Waiting List & Projection (P)





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics - Radiology

ADP Deliverables Progress as at End of Q3 2024/25

Create a value-based diagnostic plan for NHS Highland through understanding delivery models and utilising a shared decision-making approach. Prioritised understanding and improvement plan for diagnostic capacity for USC and surveillance.

Mar 2025

Insights to Current Performance

Current performance is meeting planned trajectories. Unplanned demand remains fairly constant.

Plan and Mitigation

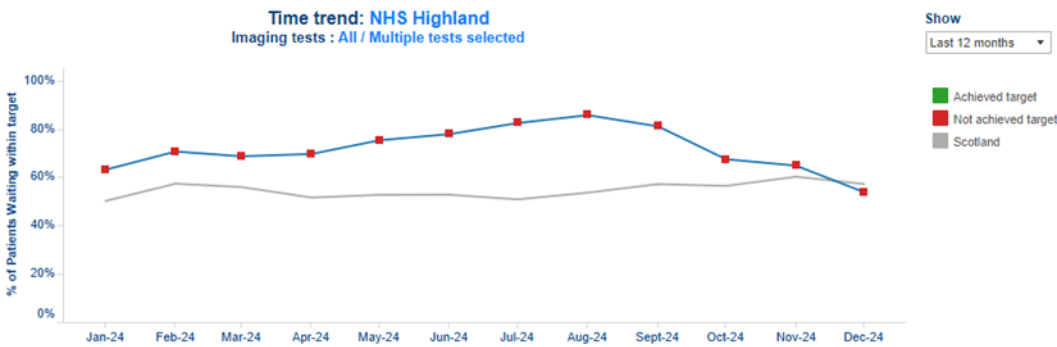
A workshop was held Dec 2024 to identify areas of improvement. Priorities for 2025/26s:

- Review radiology admin team(s) incl booking
- Review and streamline IR(ME)R admin processes
- Replace Radiology Information System (RIS)
- Upgrade PACS (national approach)
- Implement TrakCare Order Comms for secondary care requests (Raigmore and L&I hospital)

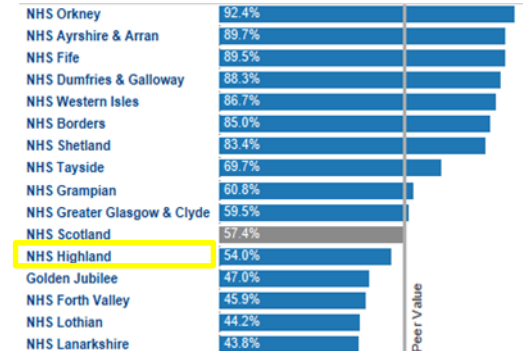
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	1.19% below ADP
Latest Performance	54.0%
National Benchmark	57.4%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	While national target not met, performance in NHS is best ahead of Scotland average
Benchmarking	11 th out of 15 Boards

Imaging Tests: Maximum Wait Target 6 Weeks

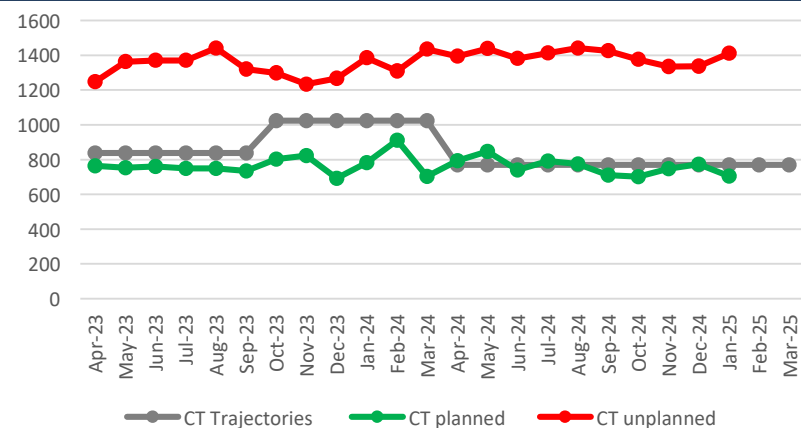


Benchmarking with Other Boards

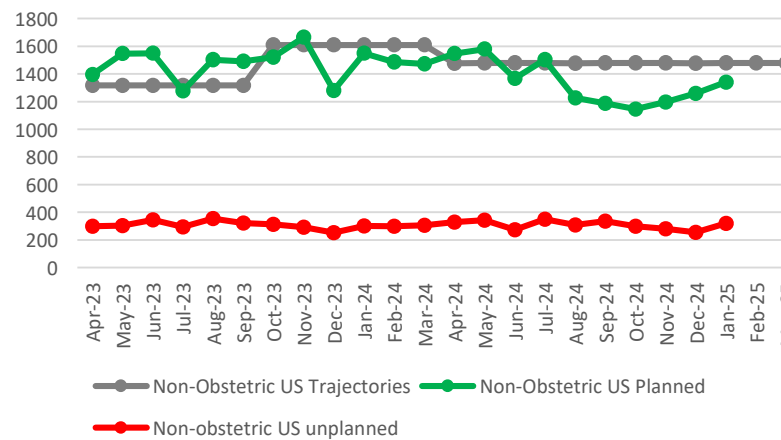


Yearly Trajectory	YTD Target	Patients Seen- Nov 2024	Overall
33,229	27,689 (83.33%)	27,292 (82.13%)	-1.19% Below target

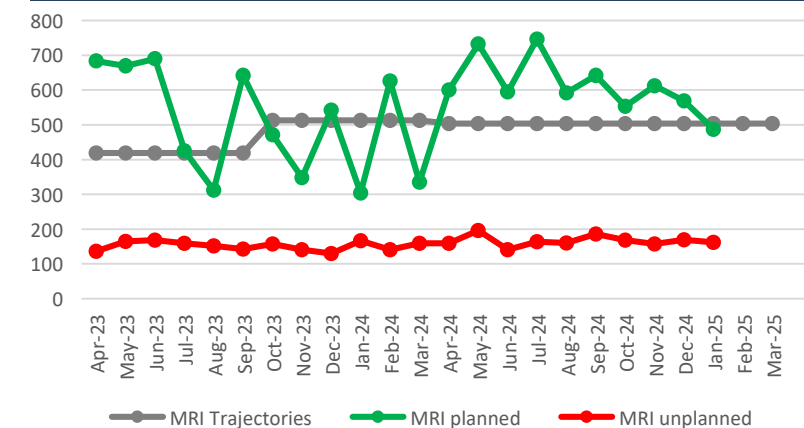
CT Patients Seen & Trajectories



Non-Obstetrics Patients Seen & Trajectories



MRI Patients Seen & Trajectories





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Exec Lead Katherine Sutton Chief Officer, Acute

Diagnostics - Endoscopy

ADP Deliverables Progress as at End of Q3 2024/25

GI Endoscopy – on track

Cystoscopy – recovery plan and strategic plan to be developed. Medilogik EMS to be used for all Cystoscopy procedures from 1st February 2025

Insights to Current Performance

TrakCare PMS to be reconfigured to measure waiting time rules against national 42-day target rather than local 28-day standard. This would provide a true reflection of current performance.

Plan and Mitigation

GI Endoscopy now in strong position, surveillance backlog reduced to just two months across Highland. Next step to reduce new urgent and routine wait.

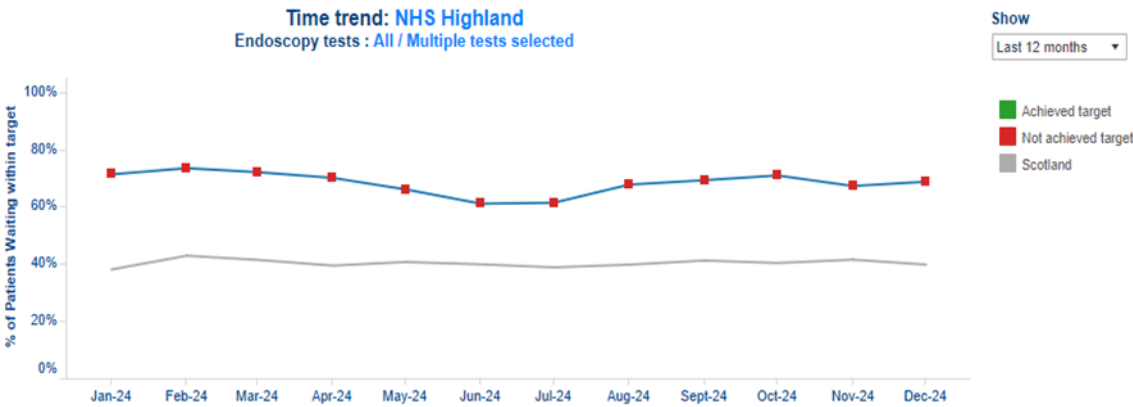
Cystoscopy – appointment type review to be completed

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

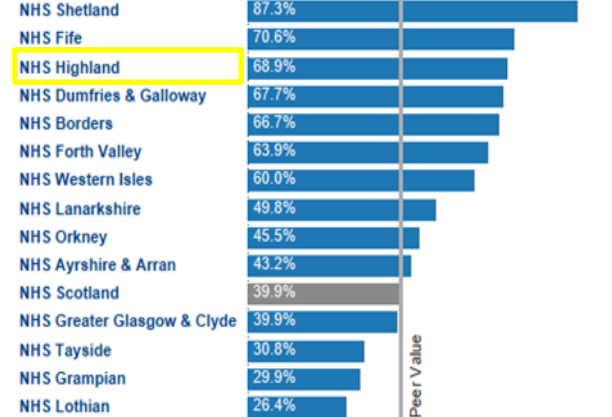
Performance Rating	Meeting ADP Target
Latest Performance	68.9%
National Benchmark	39.9%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	While national target not met, performance in NHSH is best ahead of Scotland average
Benchmarking	3 rd out of 14 Boards

Yearly Trajectory	YTD Target	Patients Seen - Oct 2024	Overall
6,576	5,480 (83.33%)	5,599 (85.14%)	1.81% over target

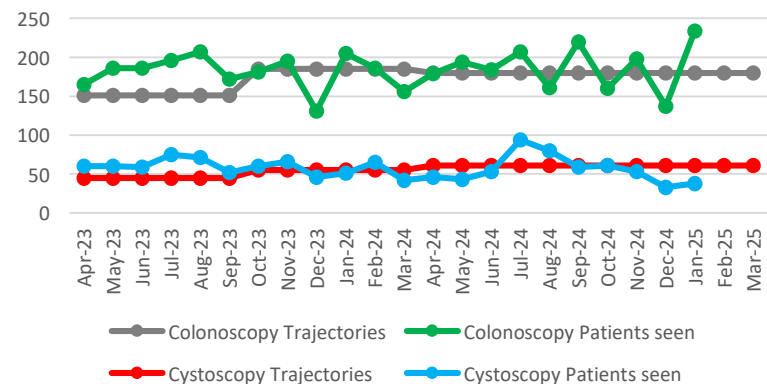
Endoscopy Tests: Maximum Wait Target 6 Weeks



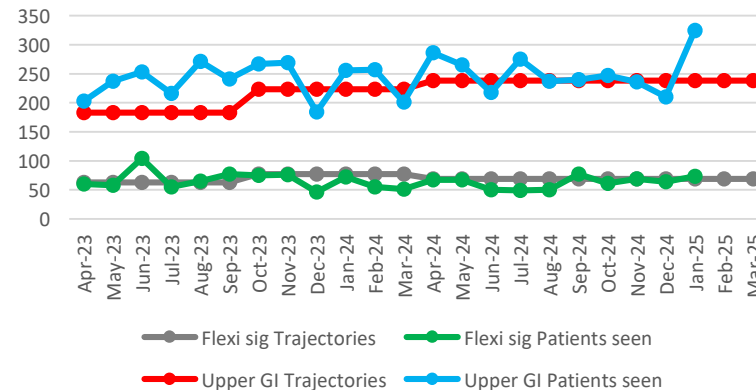
Benchmarking with Other Boards



Colonoscopy & Cystoscopy: Patients Seen & Trajectories



Flexi Sig & Upper GI: Patients Seen & Trajectories





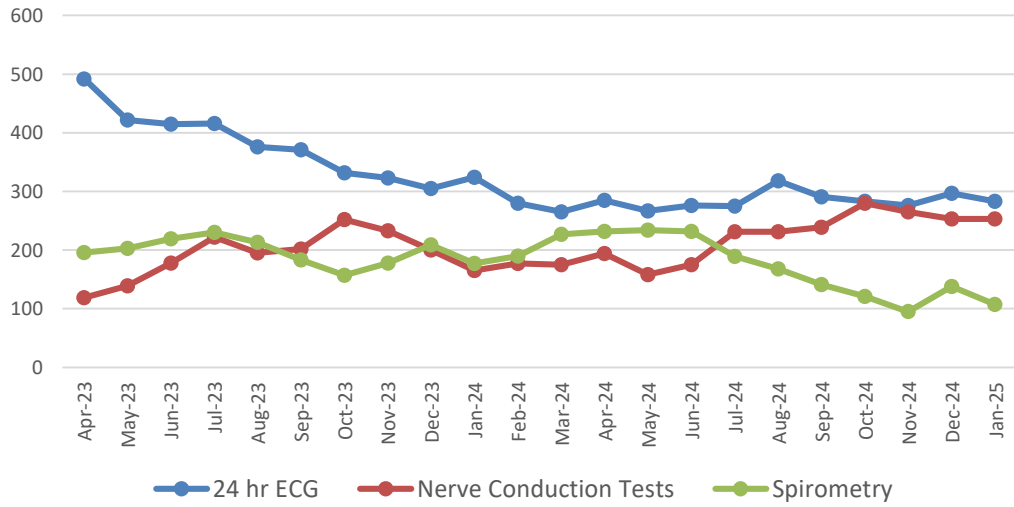
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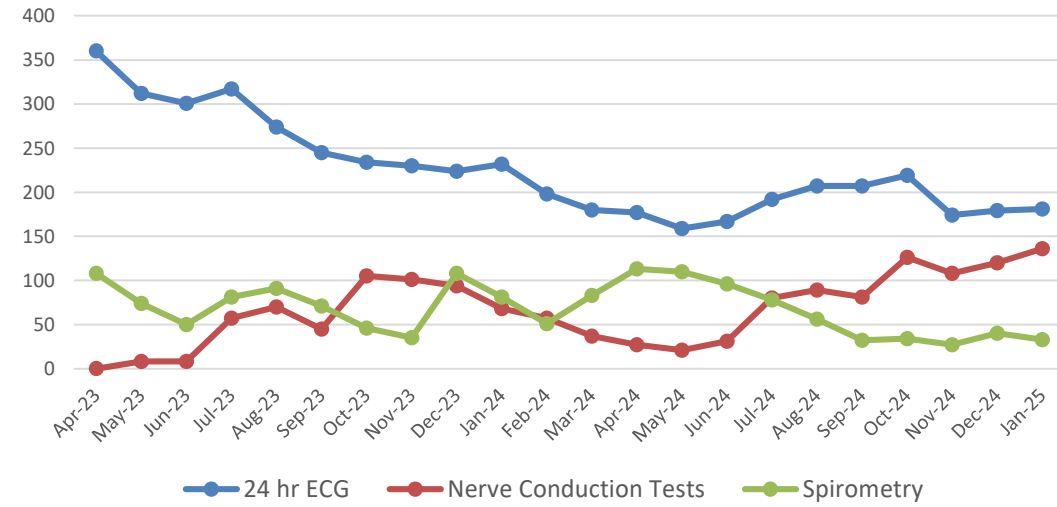
Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics Wait List - Other

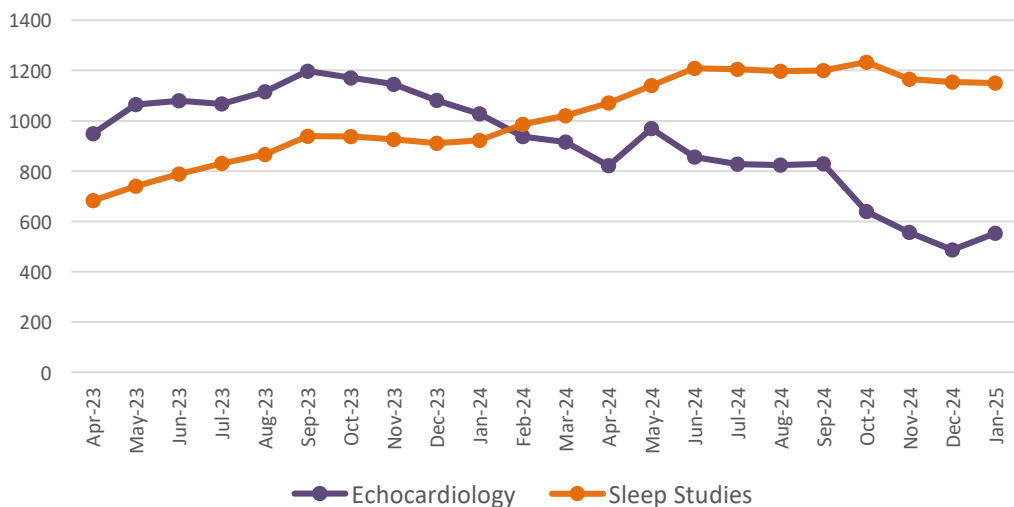
Total Waiting List Size 24hr ECG, Nerve Conduction Tests & Spirometry



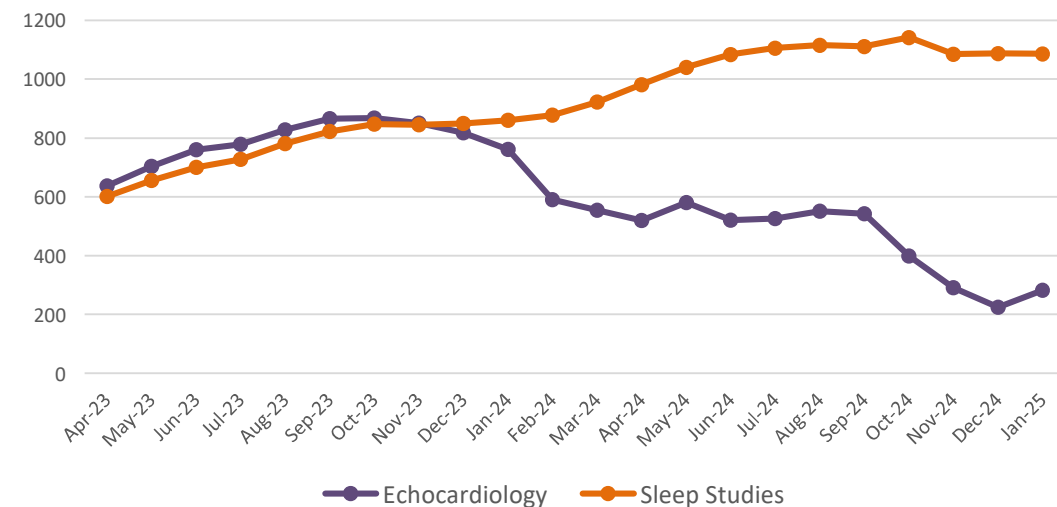
Patients Waiting >6 Weeks 24hr ECG, Nerve Conduction Tests & Spirometry



Total Waiting List Size Echocardiology & Sleep Studies



Patients Waiting >6 Weeks Echocardiology & Sleep Studies





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Exec Lead
Katherine Sutton
Chief Officer, Acute

31 Day Cancer Waiting Times

ADP Deliverables

Progress as at End of Q3 2024/25

Implement the local actions identified to meet the Framework for Effective Cancer management

Mar 25

Insights to Current Performance

Increasing demand and lack of workforce to manage / deliver **oncology** services.

"Batching" of mutual aid for Breast assessment leading to peak in surgery

Performance most recently improved to above the required 95% standard.

Plan and Mitigations

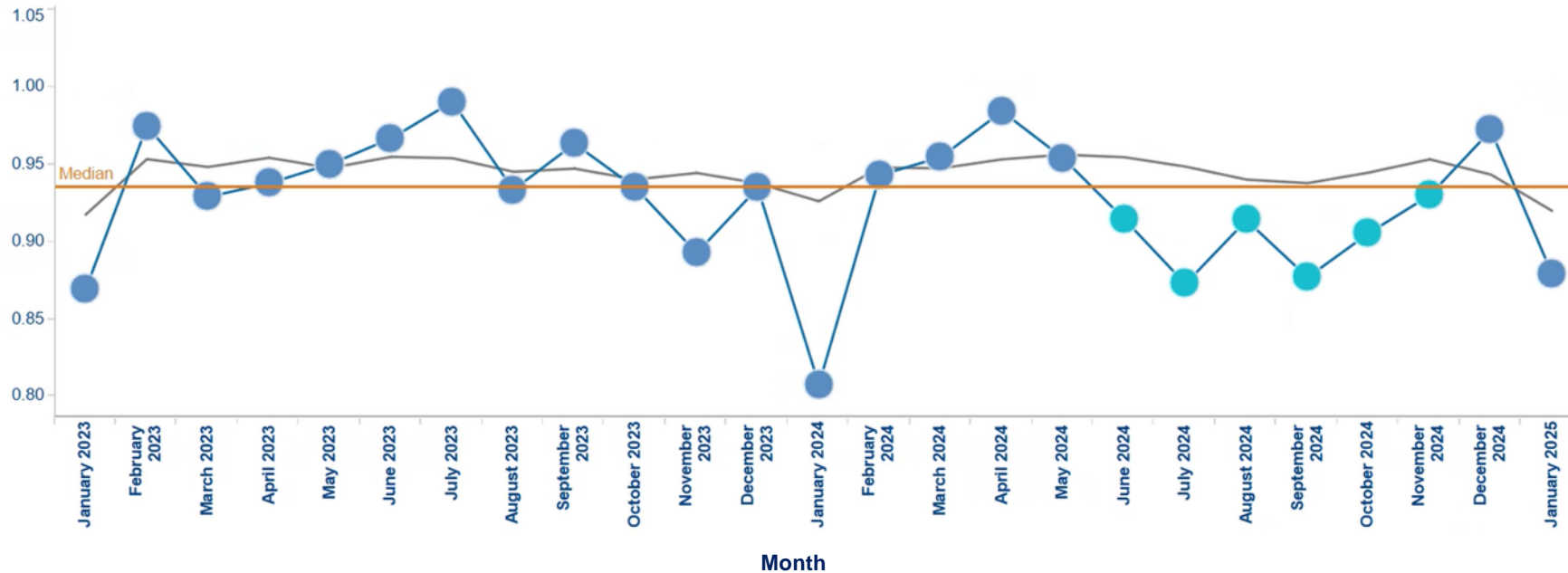
Breach analysis of every patient to learn lessons, on-going.

1. Additional Operating availability for Urology and
2. Mutual aid for Breast assessment & treatment w/c 28 Oct from FV
3. CRC Oncology Mutual Aid from 15/12

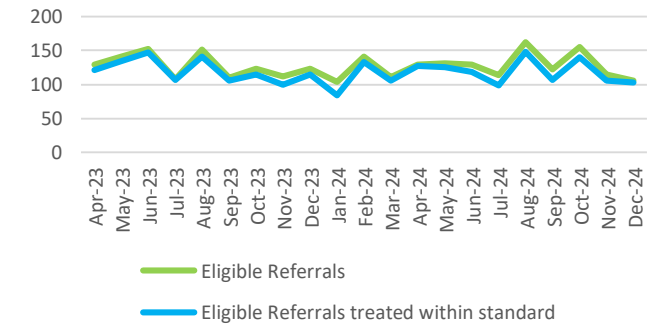
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Below national average
Latest Performance	87.9%
National Benchmarking	92.0% Scotland average
National Target Achievement	Last met in December 2024
Position	13th out of 14 Boards

31 Day Cancer Waiting Times



Patients Seen on 31 Day Pathway



31 Day Benchmarking with Other Boards





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Exec Lead
Katherine Sutton
Chief Officer, Acute

62 Day Cancer Waiting Times

ADP Deliverables

Progress as at End of Q3 2024/25

Develop a collaborative plan aligned to the Diagnostics workstream of rapid cancer diagnostic pathways across our system. Consider capacity and demand for cancer surveillance

Sept 24

Engage with Maggie's Highland and other programmes of work focussing on the prehabilitation-rehabilitation continuum.

Mar 25

Continue to deliver our Single Point of Contact programme of Community Link Workers and embed them within the Highland Health and Social Care Partnership.

Mar 25

Insights to Current Performance

The total number of patients receiving treatment increased but consequently performance decreased in August 2024.

50% of Problem - Breast One Stop Assessment capacity only meeting 50 per cent of demand due to lack of radiology support. Recurring aid requested from FV pending establishment of Con Radiographer model.

Plans and Mitigations

Improved implementation of national guidance (FECM) and learning lessons from Lanarkshire.

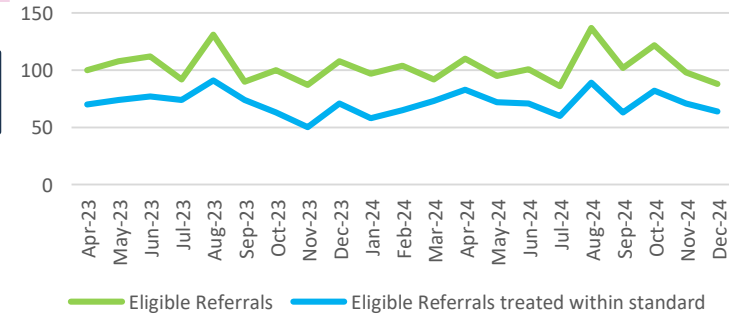
Establishment of Cancer Performance & Delivery Group

Recurring and frequent support from Forth Valley Breast Team

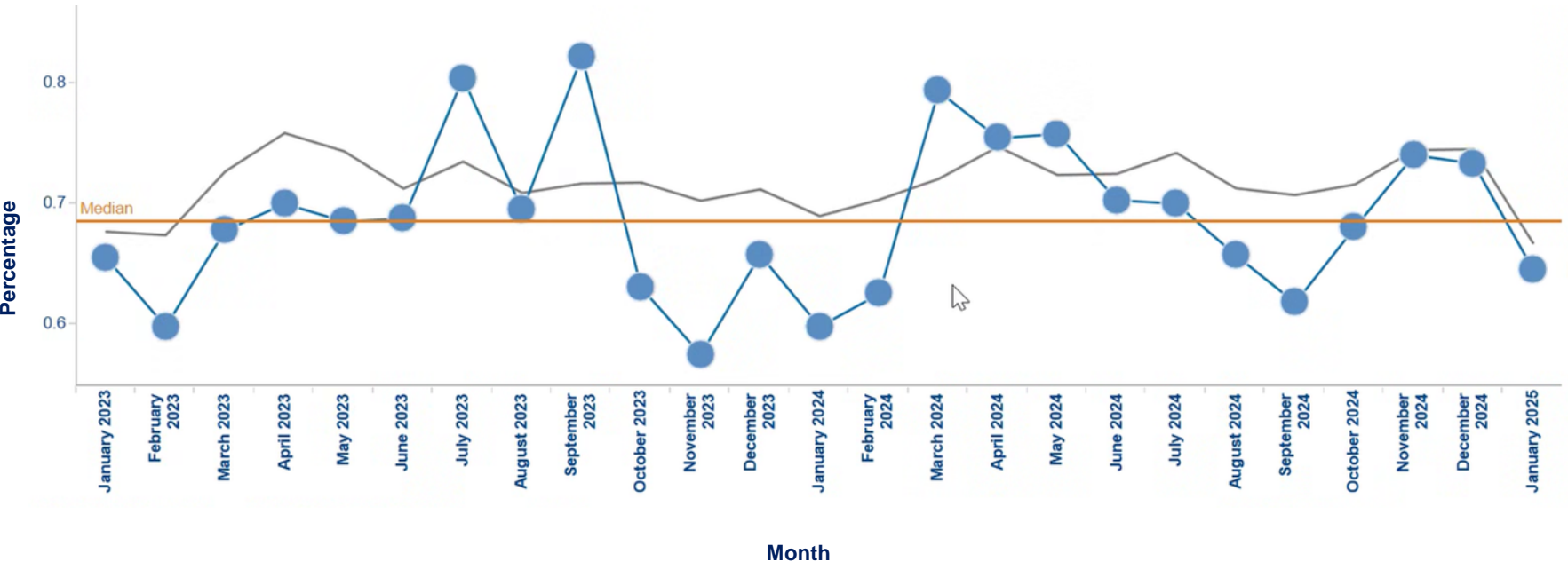
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Below national average
Latest Performance	64.5%
National Benchmarking	66.7% Scotland average
National Target	95%
National Target Achievement	Nationally target not achieved in some time
Position	7th out of 14 Boards

Patients Seen on 62 Day Pathway



62 Day Cancer Waiting Times



62 Day Benchmarking with Other Boards

NHS Lanarkshire	94.9%
NHS Dumfries & Galloway	86.8%
NHS Forth Valley	74.4%
NHS Western Isles	71.4%
NHS Lothian	70.9%
NHS Fife	67.1%
NHS Highland	64.5%
NHS Greater Glasgow & Clyde	63.8%
NHS Ayrshire & Arran	59.8%
NHS Tayside	58.8%
NHS Orkney	50.0%
NHS Grampian	46.1%
NHS Borders	42.9%
NHS Shetland	0.0%

Scotland Target



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Exec Lead
Katherine Sutton
Chief Officer, Acute

SACT Access and Benchmarking

ADP Deliverables

Progress as at End of Q2 2024/25

Moving towards networked delivery of Oncology & SACT services aligned to developing national strategy

Mar 25

Moving, where clinically appropriate, from IV to oral medications through learning from other cancer networks.

Mar 25

Localised immediate improvement plan to reduce reliance on locum / agency staffing for non-surgical cancer treatment

Mar 25

Insights to Current Performance

Waiting times to start SACT and Radiotherapy treatment remain stable in 2024 following a sharp increase in recent years. The service is very much dependent upon senior clinicians to prescribe and trained nurses to administer. The latter position has improved with 2 additional nurses in post and 1 additional nurse being interviewed. This is against a backdrop of increasing number of patients being treated in Highland, mirroring the national trend.

Plans and Mitigations

Development of national oncology target operating model to improve Oncologist capacity initially

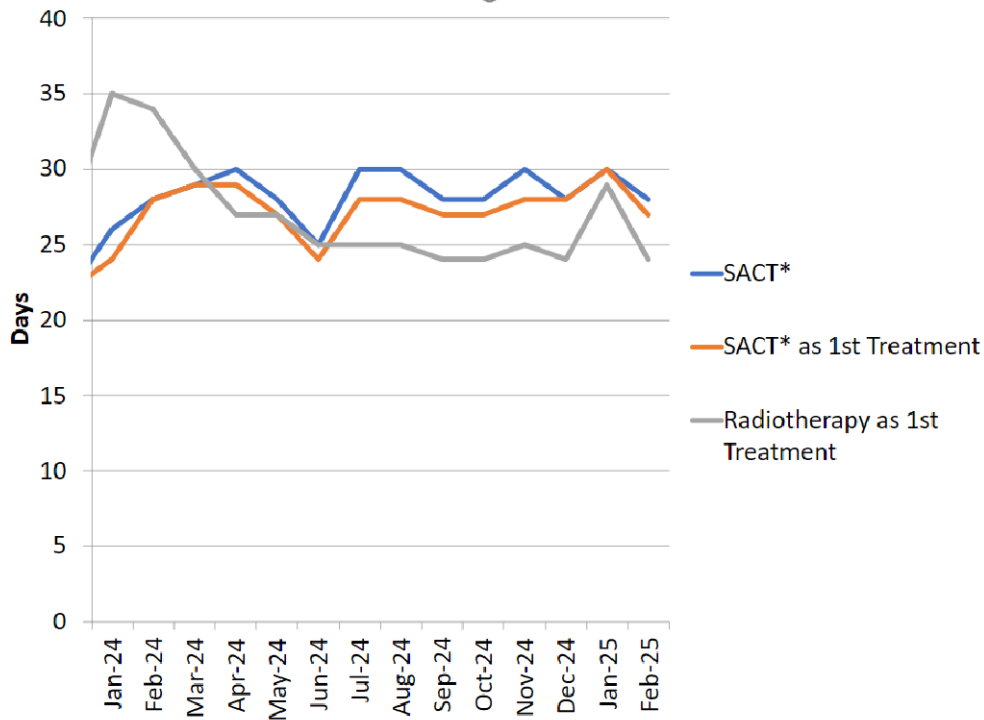
Appointment of 3rd additional SACT trained nurse.

Review of the national cancer actions underway. Gap analysis report in creation to go to Cancer Strategy Board for review and prioritisation.

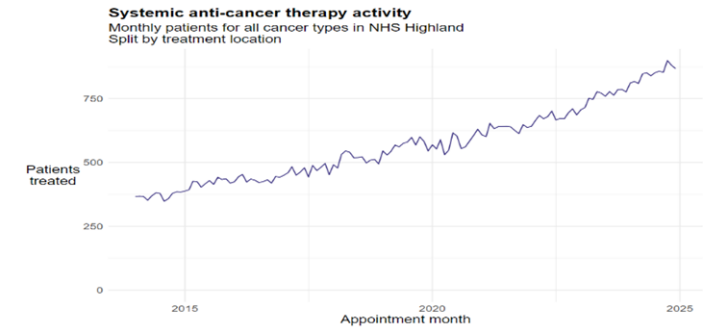
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Waiting times decreased
Latest Performance	24-29 days to start treatment
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a
Position	NHS Highland activity matches national trends

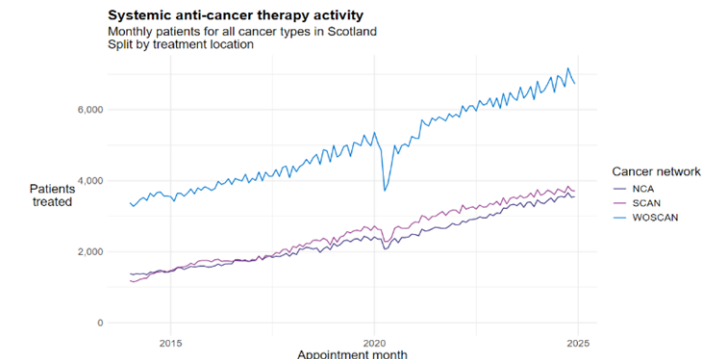
Systemic Anti Cancer Therapy – Waiting Times



Highland Patient Numbers (P)



Scotland Patient Numbers (P)





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**Exec Lead
Pamela Stott Chief
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 NESH PT no longer require enhanced support from SG due to the recent performance improvement in 2024.

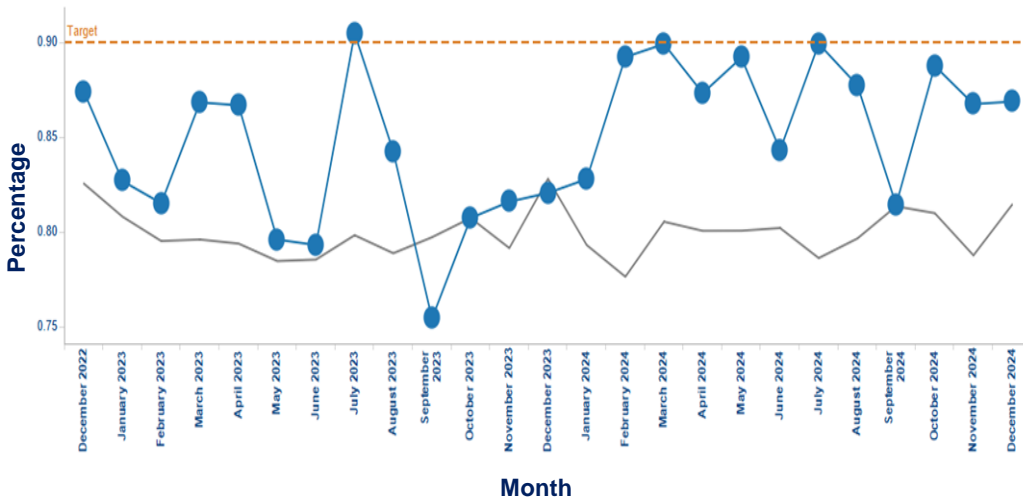
Plan and Mitigations

- Recruited x2 new 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.

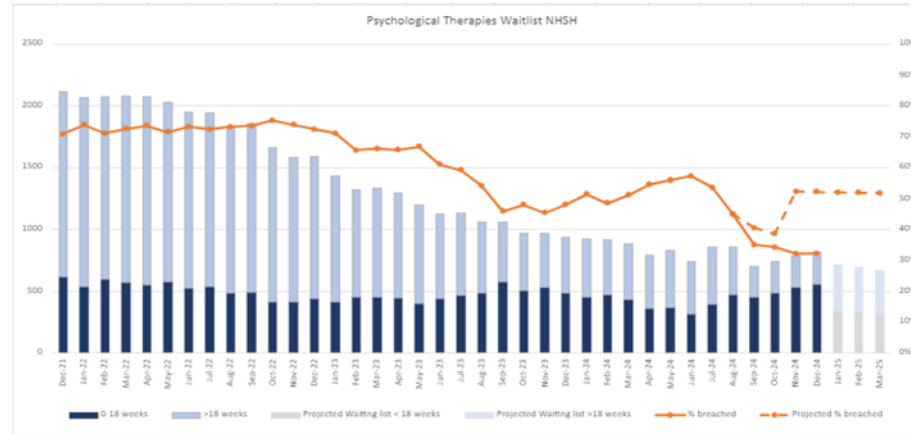
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Below target but performance improved
Latest Performance	86.9%
National Benchmarking	81.5% Scotland average
National Target	90%
National Target Achievement	Consistent improvements in targets and downward trajectory
Position	4th out of 14 Boards

Patient seen < 18 weeks



Waiting List Size



Benchmarking with Other Boards

Board	Percentage
NHS Orkney	100.0%
NHS Western Isles	100.0%
NHS Ayrshire & Arran	93.2%
NHS Highland	86.9%
NHS Greater Glasgow & Clyde	86.6%
NHS Fife	84.9%
NHS Lothian	83.9%
NHS Grampian	82.7%
NHS Borders	78.2%
NHS Forth Valley	76.0%
NHS Tayside	75.6%
NHS Lanarkshire	74.0%
NHS Dumfries & Galloway	54.1%
NHS Shetland	50.0%



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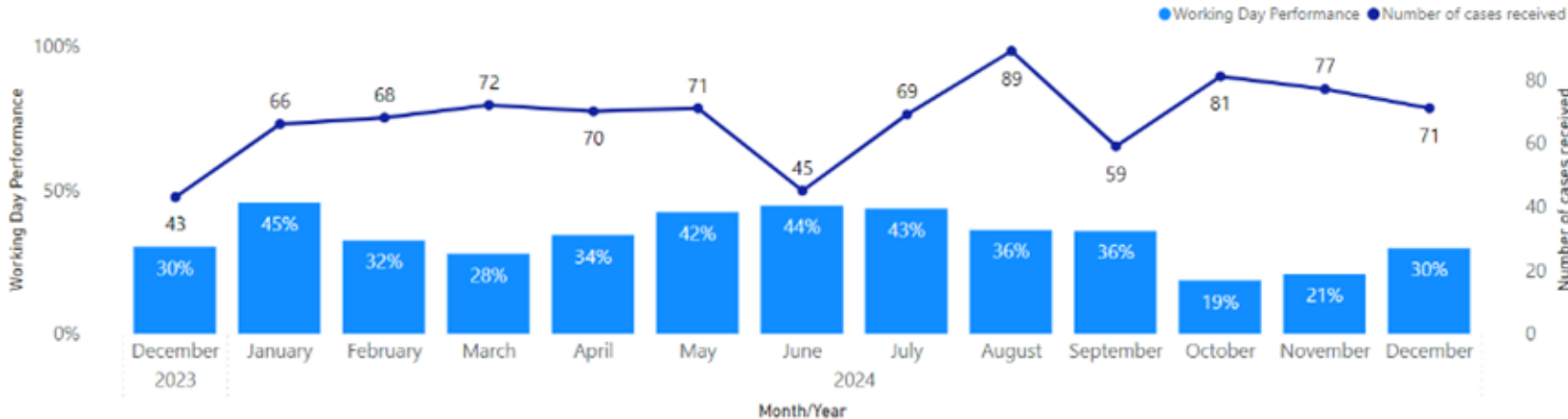
Exec Lead
Boyd Peters

Stage 2 Complaint Activity (December 2023 – December 2024)

ADP Deliverables Progress as at End of Q3 2024/25	Insights to Current Performance	Plans and Mitigations
N/A	In December there was slight reduction in the number of stage 2 complaints received.	Complaints training for Investigating Officers is being held on the 25th Feb, 27th Feb, 4th March and 13th March.
	Performance against the 20 day target has improved.	Training on the complaints process will be delivered monthly from April 2025.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Performance Rating	
Latest Performance	30%
National Benchmarking	None
National Target	60%
National Target Achievement	
Position	

Stage 2 Feedback Cases | Excludes FC and SPSO | Working Day Performance (%)



Top Issue Categories | Last 3 Months

Issue Category	2024			Total
	October	November	December	
Treatment				
Poor Care	1	14	7	22
Delays in Diagnosis/Treatments	2	10	4	16
Consent to Treatment		1	2	3
Poor Nursing Care		2	1	3
Poor Co-ordination/Aftercare			1	1
Problems with medication or prescribing		1		1
Treatment/Investigations carried out poorly			1	1
Communication				
Patient/carers not given full information		12	8	20
Patient/carers not fully involved in treatment decisions		5	4	9
Poor communication between professionals/staff		3	2	5
Breach of Patient Confidentiality		2	1	3
Insensitive Information		2	1	3
Waiting Times / Delays				
Outpatient	1	14	5	20
Inpatient			1	1
Referrals Delays within admission/attendance		1		1



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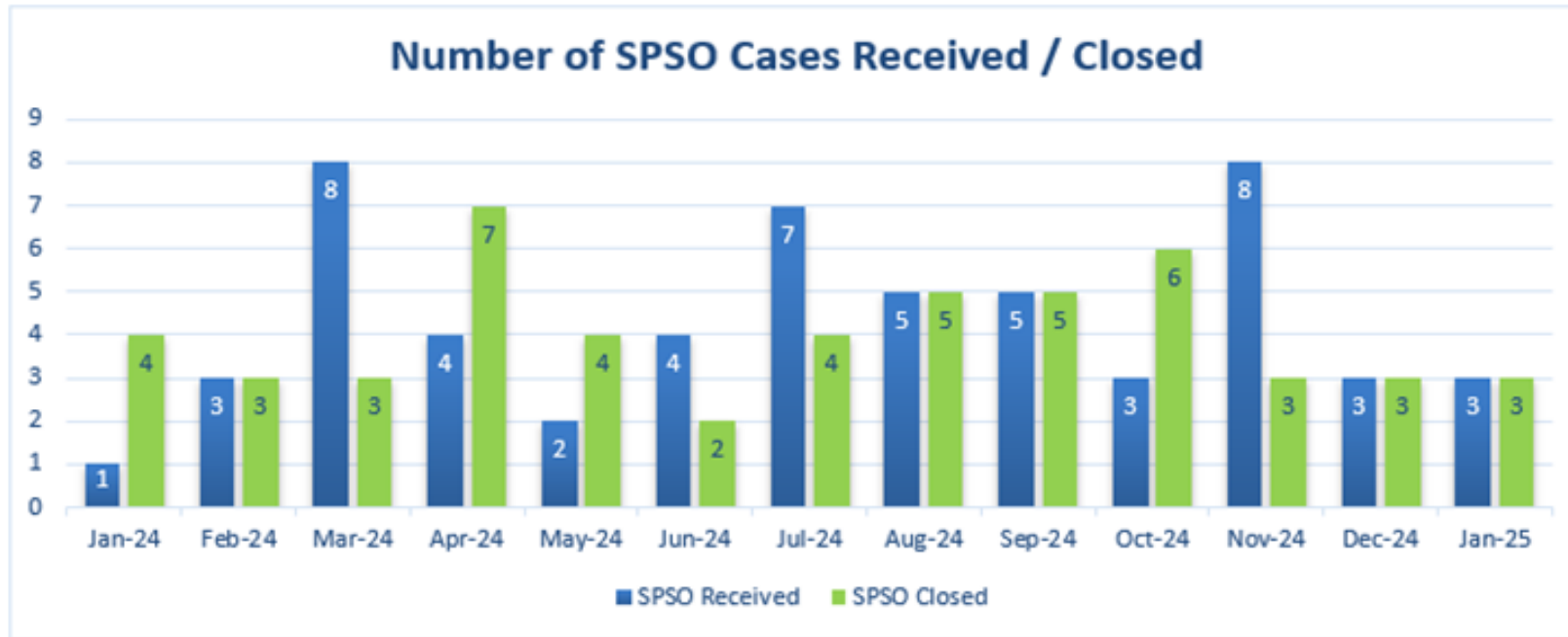


Exec Lead
Boyd Peters

SPSO Activity (January 2024 – January 2025)

ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
N/A		The number of enquiries from the SPSO has decreased in the last two months.	SPSO cases are closely monitored and reported via the Operational Areas Quality and Patient Safety Structures.
		Of the 9 cases closed in the last three months 7 cases were not take forward. Only one was partially upheld.	

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



SPSO cases received last 3 months:

14 received:

- 6 Acute
- 3 A&B
- 5 HHSCP

These relate to care and treatment, NDAS service and Adult Social Care Services

SPSO cases closed last 3 months:

9 SPSO enquiries closed.

- 7 not taken forward
- 1 Not Upheld
- 1 Partially Upheld

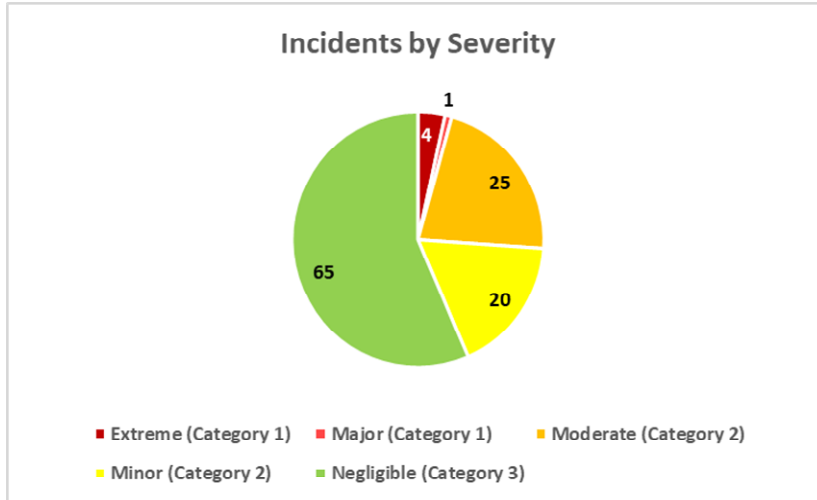


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Exec Lead
Boyd Peters

Listening and Responding to our Patients – Dementia (January 2024 – January 2025)



In the last 13 months there were 115 incidents relating to patients with Dementia. The majority (74%) were negligible or minor incidents. The top five categories were:

- Violent, Aggressive, Disruptive Behaviour
- Falls, Slips & Trips
- Staff Availability
- Transfer / Discharge
- Tissue Viability.



The Family Said..
The patient has dementia and was vulnerable and needed Care at Home. Despite repeated contact this had not been arranged.

What We Did..
District Nursing Team visiting daily until care package put in place.

Care package commenced in February 2024.



Family Involvement in patient care...

Patient has dementia and lives at home with family support and formal package of care. Previously assessed and ordered Cat A mattress had been returned by family, due to noise causing patient distress.

What We Did..
Following discussion with nursing team and development of pressure damage family and patient agreed to further trial of Cat A mattress.

Next steps...
Routine review of nursing needs by Community Nursing Team.



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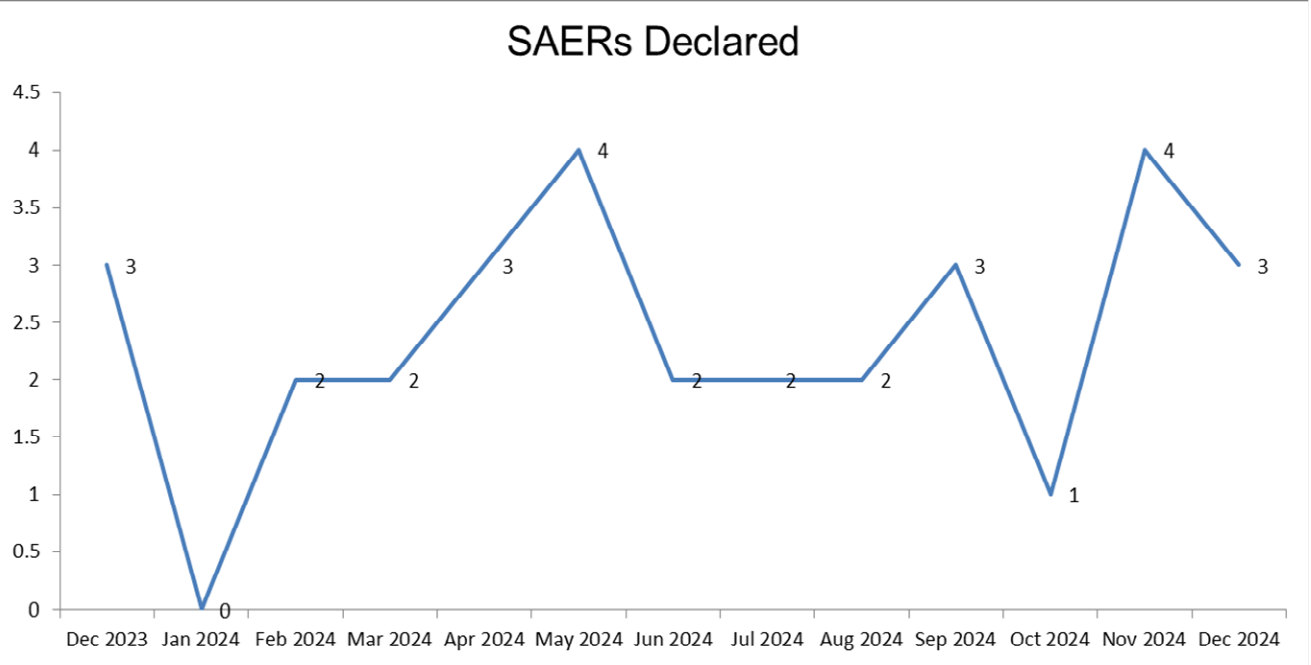


Exec Lead
Boyd Peters

Level 1 (SAER) & Level 2A incidents (December 2023 – December 2024)

ADP Deliverables Progress as at End of Q3 2024/25	Insights to Current Performance	Plans and Mitigations
N/A	<ul style="list-style-type: none"> 10 SAERs are over the 26-week target 33 2a reviews are over the 12-week target On average declaring 2 SAERs per month 	The new national framework for adverse events will be published by the end of February 2025 and thereafter policies and procedures will be updated. Completion of SAERs and Level 2a reviews and actions are monitored by each Operational Areas. Professional leads are meeting in March 2025 to review the SAER process to ensure consistency of approach

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



Current Status (no date restriction) :

- 121 major and extreme risk graded incidents remain open
- 23 active Level 1 cases, 10 have been active for over 26 weeks.
- 43 Active level 2A cases, 33 have been active for over 12 weeks
- 68 SAER action are overdue.
- 23 Level 2a actions are overdue.

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

In the 13-month period a total of **17350** incidents have been raised across NHS Highland. A total of **27 Level 1 (SAERs)** have been declared, giving a conversion rate of 0.15%.

Current SAERs relate to:

- Access / Admission, Clinical Events / Assessments, Investigations, Staff Availability, Self-Harming Behaviour.
- **4 SAERs Closed – Last 3 months relating to:**
- Self-harming behaviour (suicide), (x2)
- Clinical Event – Unexplained / Unexpected / Avoidable death
- Clinical Event – Unexplained / Unexpected / Avoidable complication



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Exec Lead Louise Bussell

Hospital Inpatient Falls (January 2024 – January 2025)

ADP Deliverables Progress as at End of Q3 2024/25

Insights to Current Performance

Plans and Mitigations

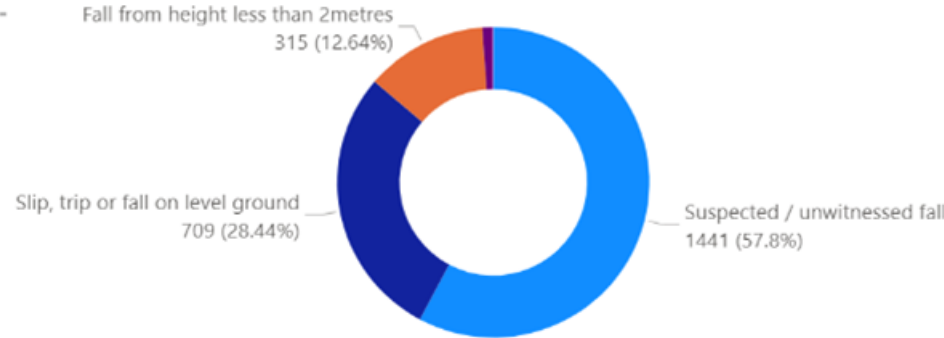
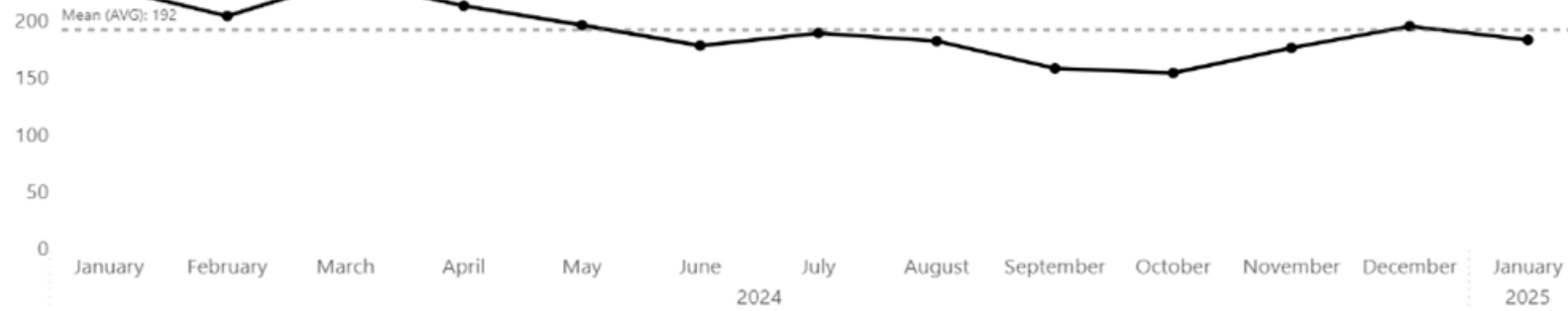
Overall falls have remained static with slight increase in falls with harm over January and February. Surgical directorate have maintained falls below mean for 5 consecutive months. New craigs Hospital have met 20% reduction in falls for 7 consecutive months Increase in patient falls in November and December – review for any association with placing 7th patient in multi bed bays

- Focussed work in Lorn and Islands Hospital
- Continued use of falls audit to drive improvement across all areas
- Reinforcing Daily Care Plan completion and documentation of Safe Care Pause

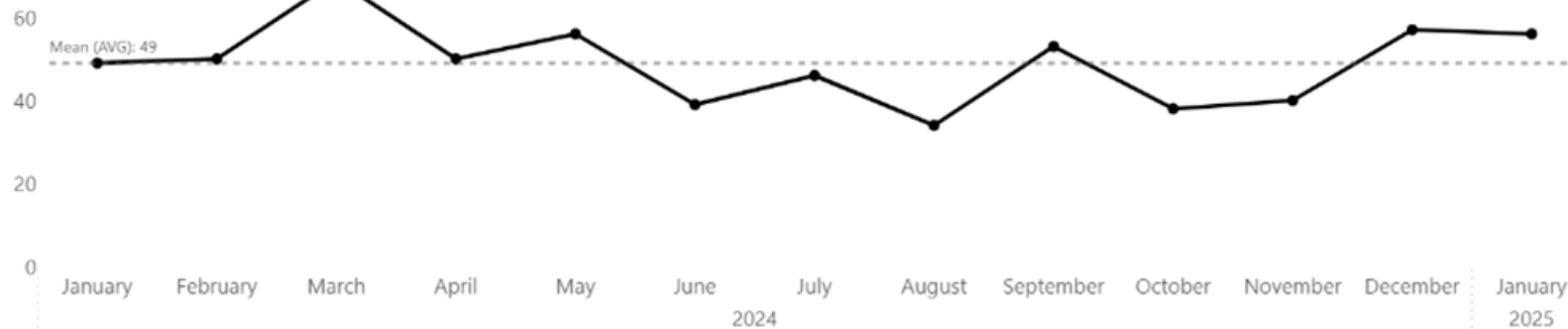
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	
Latest Performance	
National Benchmarking	
National Target	20% reduction (falls) 30% reduction (falls with harm)
National Target Achievement	
Position	

Number of Inpatient Falls | Run Chart



Number of Inpatient Falls with Harm | Run Chart





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Exec Lead
Louise Bussell

Care Home Resident Falls (January 2024 – January 2025)

ADP Deliverables Progress as at End of Q3 2024/25

Insights to Current Performance

Plans and Mitigations

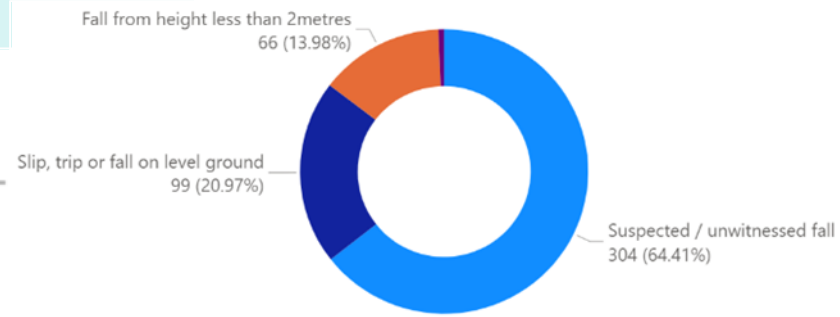
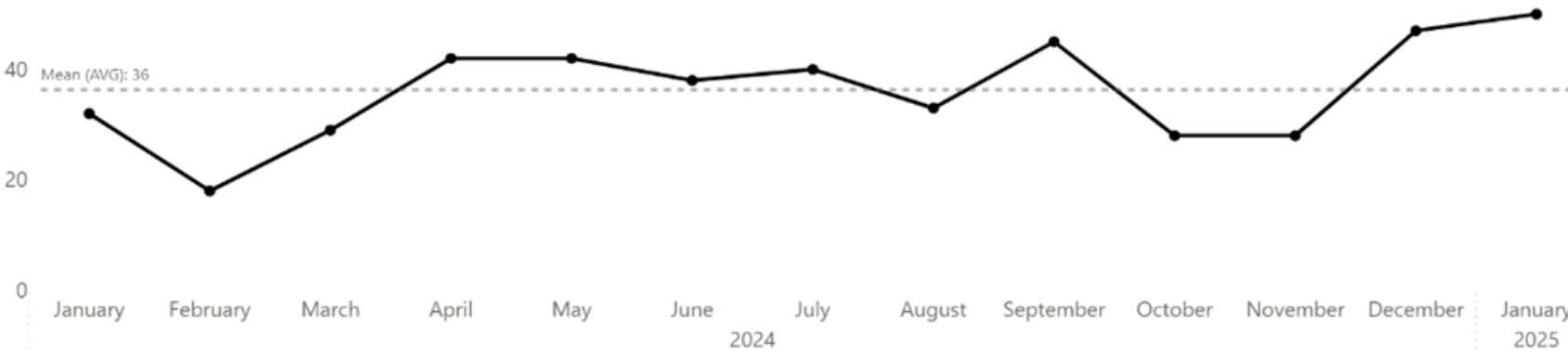
Reduced staffing has led to robust risk assessments and fall prevention measures not being carried out as frequently or thoroughly as needed. In some cases, there has been a training gap and staff have not been fully equipped for the safe management of fall prevention. 9 RIDDOR reports completed with H&S from Dec to Feb none were reportable - documentation was in place and reflected the needs of the residents

Homes are to utilise the Care Inspectorate Falls Analysis spreadsheet. Workshops and training events on falls awareness, screening, and risk assessments have been conducted in some homes with high levels of falls. A holistic approach to falls by considering multifactorial influences, including bone health screening, frailty screening, MUST and nutrition.

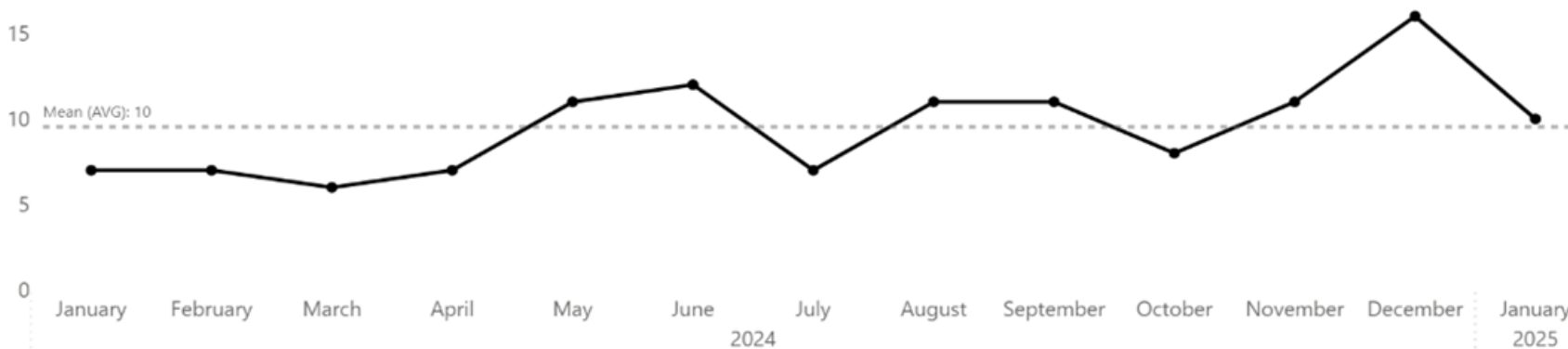
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

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

Number of Falls | Run Chart



Number of Falls with Harm | Run Chart





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Community Based Falls (January 2024 – January 2025)

Excludes Hospitals and Care Homes

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

ADP Deliverables

Progress as at End of Q3 2024/25

Insights to Current Performance

Falls in the community are recorded by all care givers in community. Slip, trips and falls on the level recorded as highest reason, with suspected/unwitnessed as the second highest. There have been a 6 points across the year falling under the mean, however there was a spike in December of falls with harm. Jan 25 shows a marked decrease in the number of falls, and with harm

Plans and Mitigations

Continued education

Performance Rating

Latest Performance

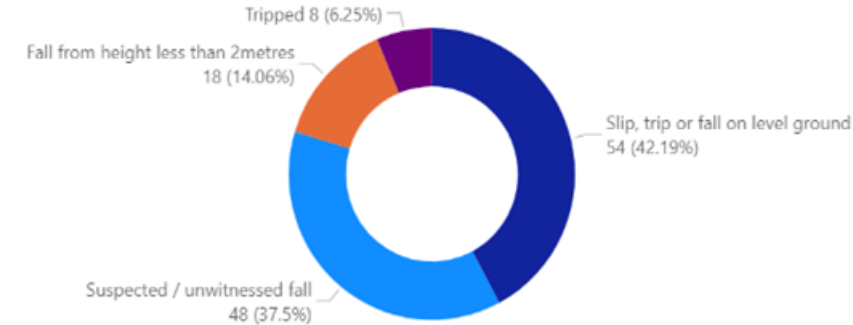
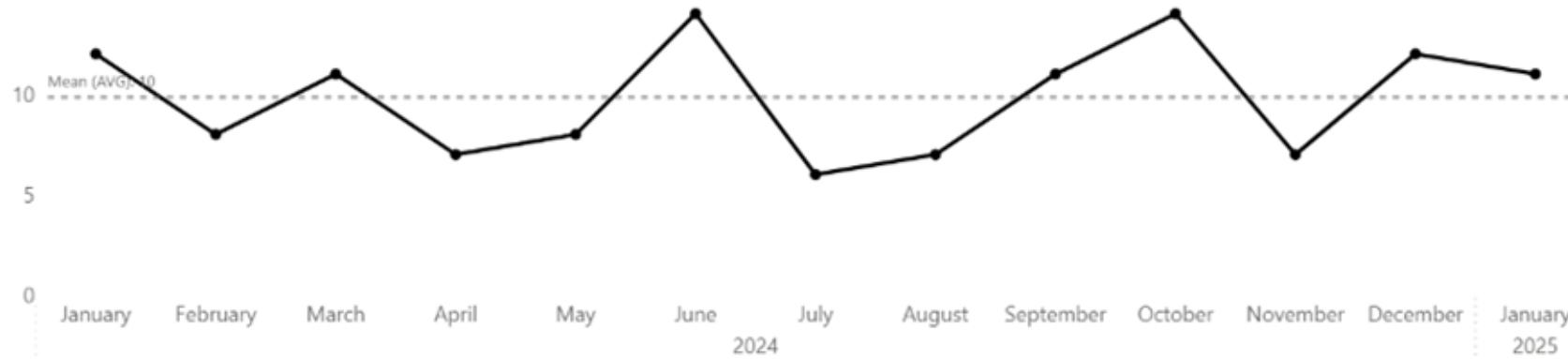
National Benchmarking

National Target

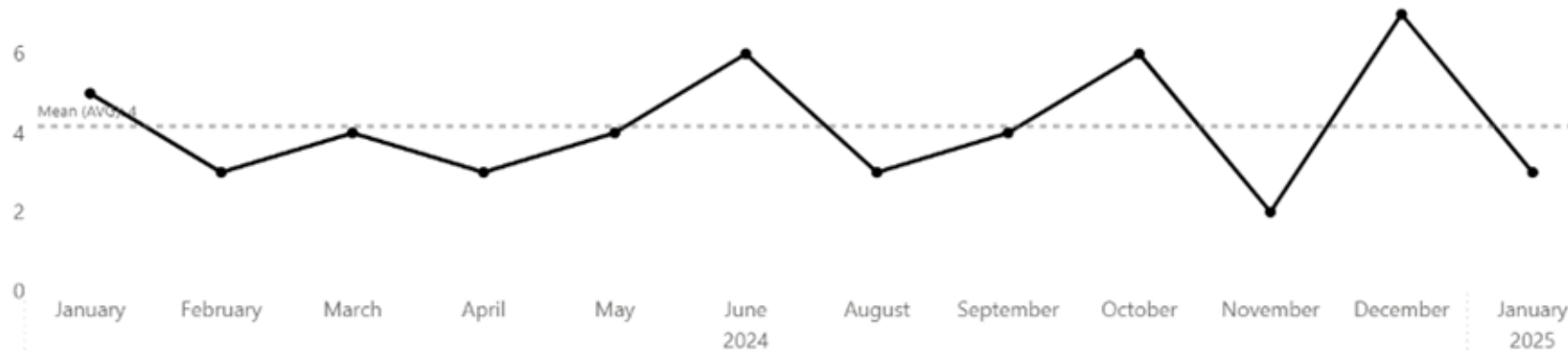
National Target Achievement

Position

Number of Falls | Run Chart



Number of Falls with Harm | Run Chart





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**Exec Lead
Louise Bussell**

Tissue Viability (January 2024 – January 2025)

ADP Deliverables

Progress as at End of Q3 2024/25

- Continue to work with high risk areas which is proving successful
- Pressure Ulcer reduction documents for BSL and Easy Read in circulation. NATVNS new document with Medical Ills
- Leg Ulcer training in progress
- Wound Care Policy complete and for TVLG in April
- Leg Ulcer Policy for TVLG in April

Insights to Current Performance

- Awaiting new grading tool from EPUAP which influences training material
- November and December seem to be high risk months for increased PU occurrence and pre planning seems to be a necessary consideration, but factors such as staff and patient admissions cannot be predicted
- Consideration of review requirements for all pressure ulcers to ensure effective learning and improvements in practice.

Plans and Mitigations

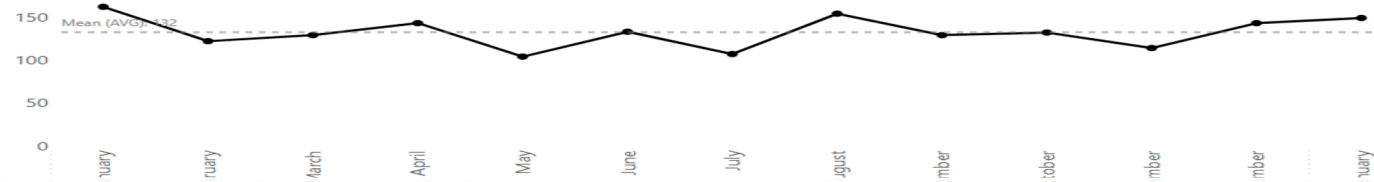
- Showcase targeted approaches to change and adapting to specific areas
- Consider Gaelic translation of NATVNS pressure ulcer prevention leaflet when ready- due very soon
- Community Pressure Ulcer Prevention Pathway in progress
- Consider lowering the median so that we have more strategic and realistic targets
- Preventative Strategies as Grade 2 and Grade 1s are highest- Beds and hybrid Mattress and specialist equipment discussion due

PERFORMANCE OVERVIEW

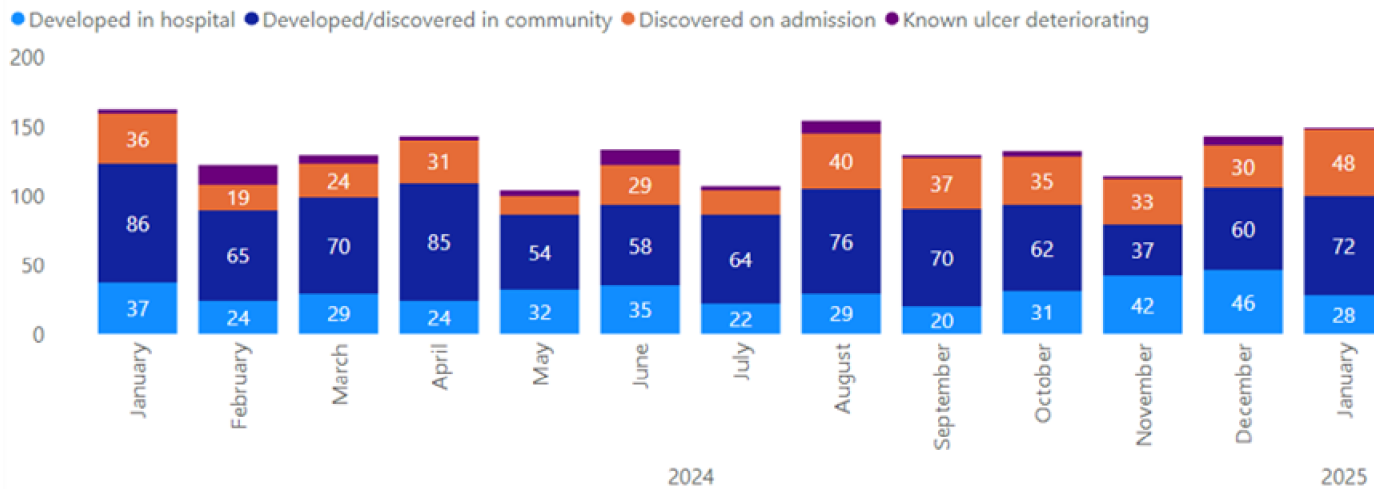
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	
Latest Performance	
National Benchmarking	HIS to confirm plans for future/ and how soon
National Target	20% reduction
National Target Achievement	
Position	

Number of Tissue Viability Injuries | Run Chart



Number of Tissue Viability Injuries | All Subcategories and Injury grades | Sub-Category



Sub-category | Injury

Sub-category Injury	Developed in hospital	Developed/discovered in community	Discovered on admission	Known ulcer deteriorating	Total
Pressure ulcer Grade 2	827	1744	831	68	3470
Pressure ulcer Grade 1	529	593	454	13	1589
Pressure Ulcer - ungradable	177	446	182	63	868
Pressure ulcer Grade 3	78	304	203	79	664
Pressure Ulcer - deep tissue injury	97	292	102	18	509
Pressure Ulcer - combination lesions	58	84	86	17	245
Pressure ulcer Grade 4	9	79	69	38	195
Pressure ulcer (grade not specified)	30	34	50	0	114
Mucosal Pressure Damage	56	5	23	0	84
Total	1861	3581	2000	296	7738



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Infection Control - SAB, CDI and ECOLI

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

ADP Deliverables Progress as at End of Q3 2024/25

Insights to Current Performance

Plans and Mitigations

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

Clostridioides *difficile* healthcare associated infections rate 24 Oct – Dec 2024
Current yearly rate of 31 against target of 15.6 (Jan – Dec 24)

Concern over higher-than-expected case numbers of Clostridioides difficile over previous months has now stabilised. Not reported as an exceedance with ARHAI Scotland, and data remains within predicted limits.

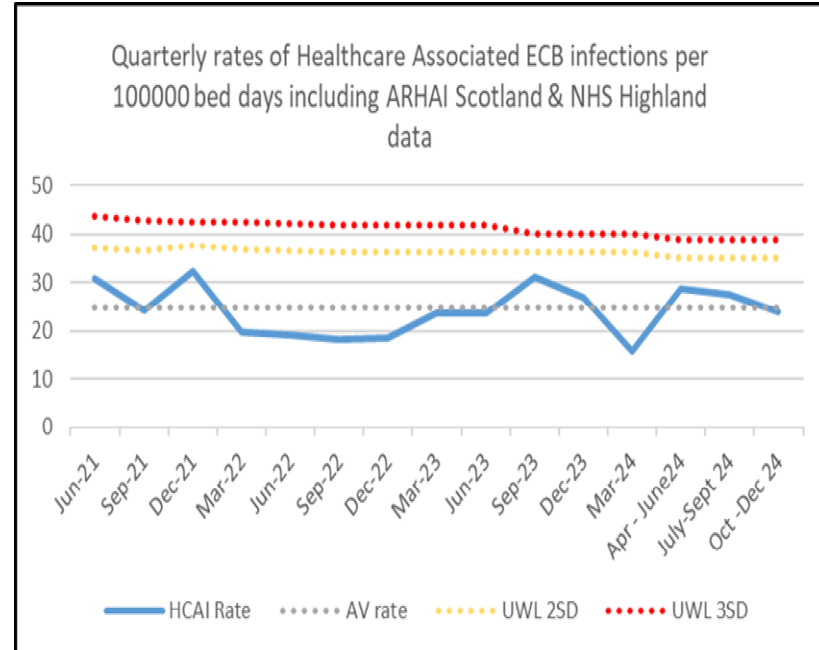
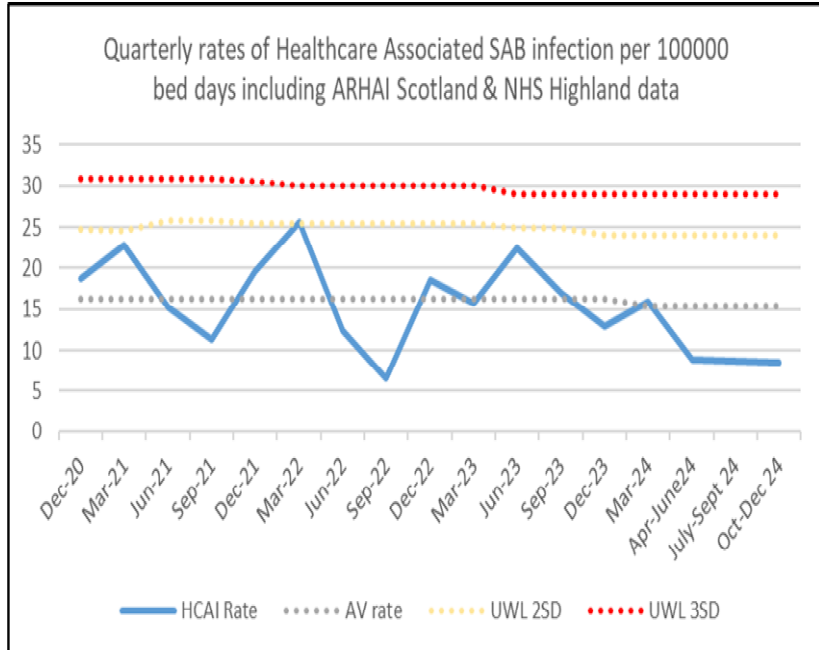
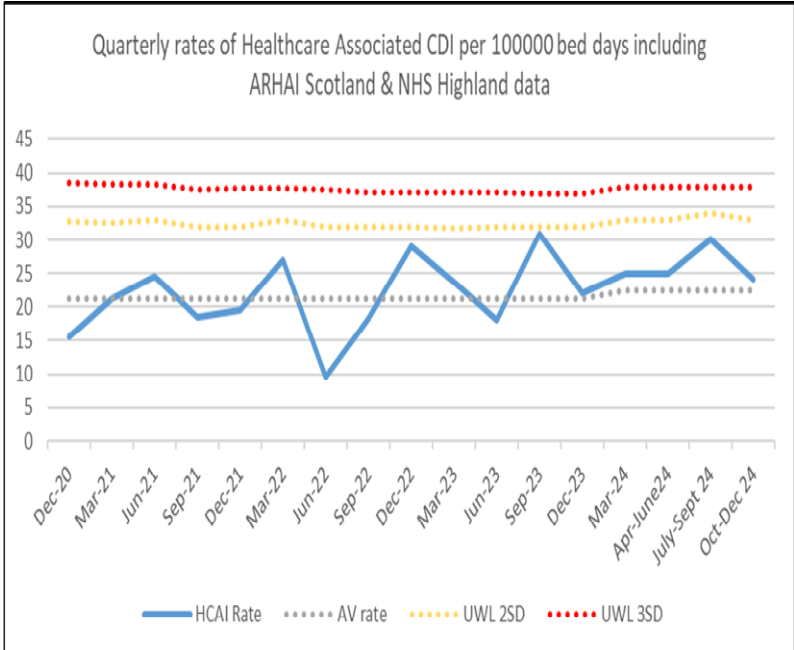
Continue to review individual cases for learning. Targeted work with antimicrobial prescribing continues

Staphylococcus aureus bacteraemia healthcare associated infections rate 9 Oct-Dec 2024.
Current yearly rate of 8 against target of 15.3 (Jan – Dec 24)

NHS England and NHS Scotland are reporting national increases. NHS Scotland are yet to publish the local delivery plan aims for 2025/2026 .

Continue to ensure adherence to national guidance for the management of infections.

Escherichia Coli Bacteraemia healthcare associated infections rate 24 Oct-Dec 2024.
Current yearly rate of 24 against target of 17.1 (Jan-Dec24)



Organisational Metrics Dec 2024

Sickness Absence Rate (%)

6.41

Long Term SA Rate (%)

3.70

Short Term SA Rate (%)

2.74

Recorded Absence Reason (%)

75.90

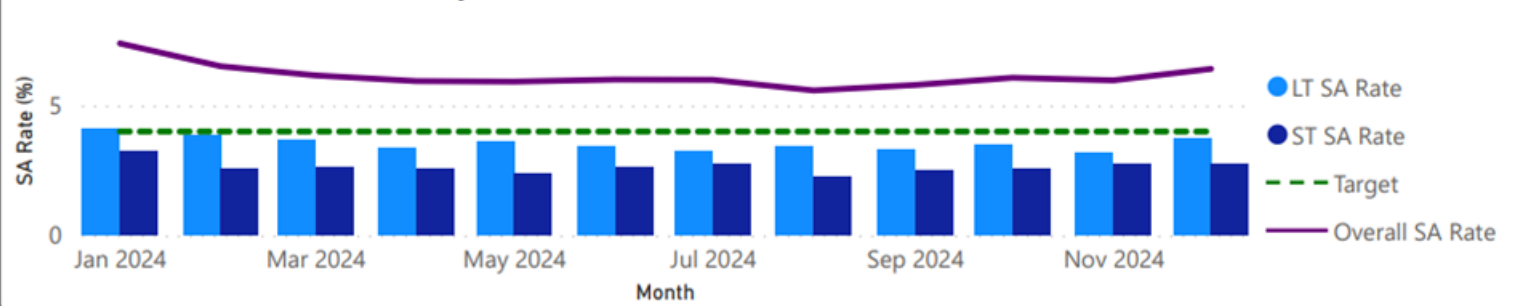
Vacancy Time to Fill (Days)

106.21

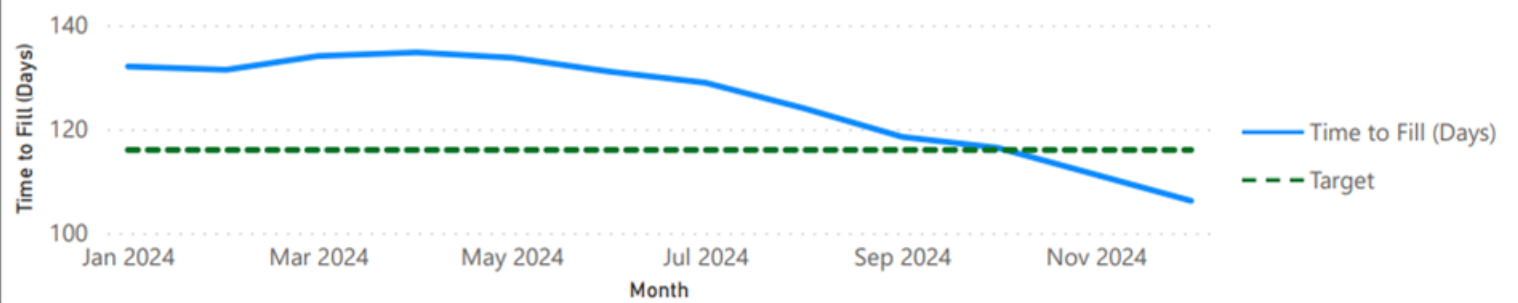
Annual Employee Turnover (%)

8.28

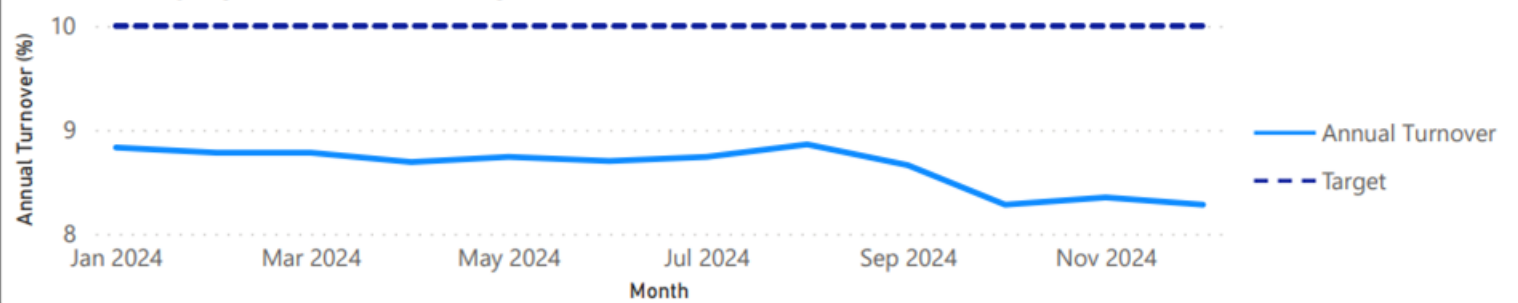
Sickness Absence Rates (%) by Month



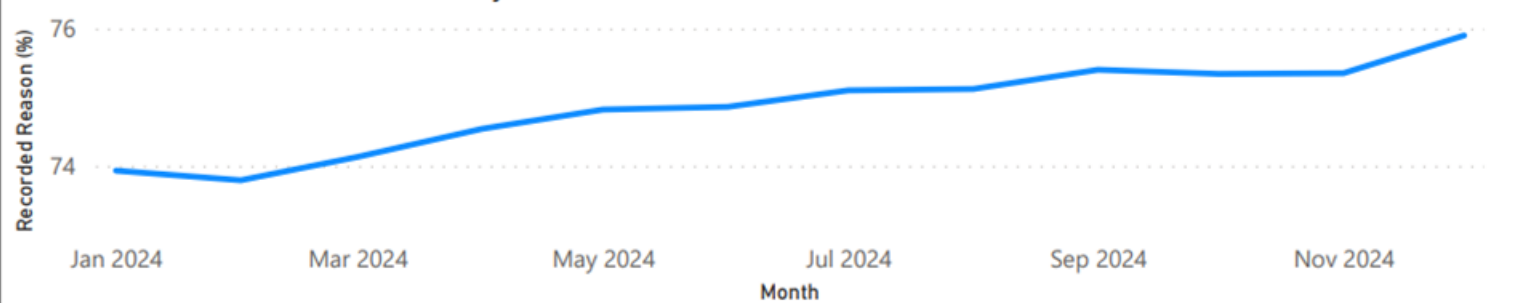
Vacancy Time to Fill (Days) by Month



Annual Employee Turnover (%) by Month



Recorded Absence Reason (%) by Month



Training Metrics Dec 2024

Mandatory eLearning Completion (%)

70.3

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 (%)

17.5

M&H Practical Training Completion Rate (%)

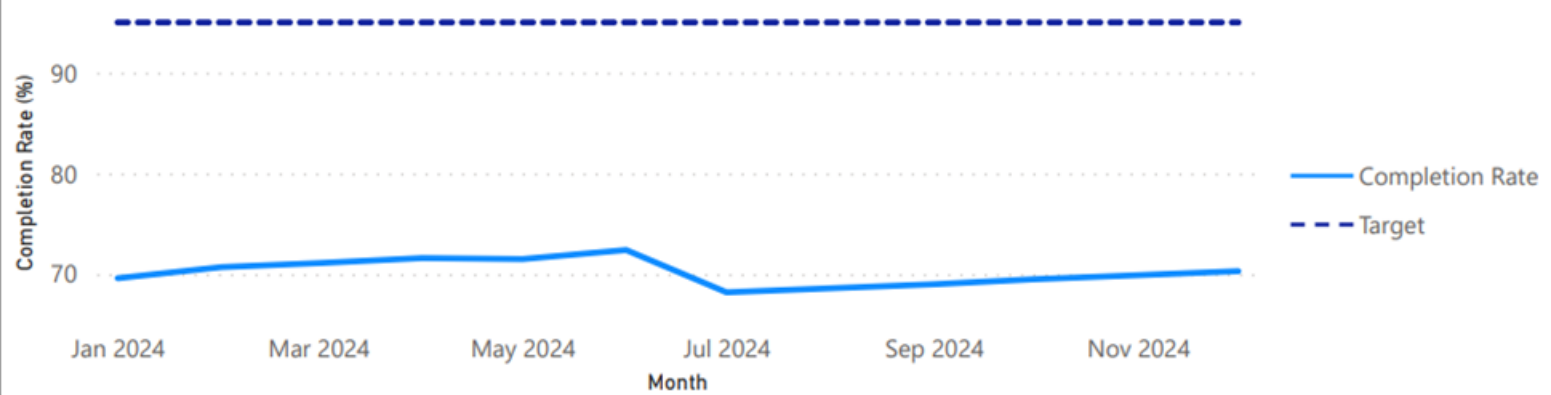
33.4

Appraisal Completion Rate (%)

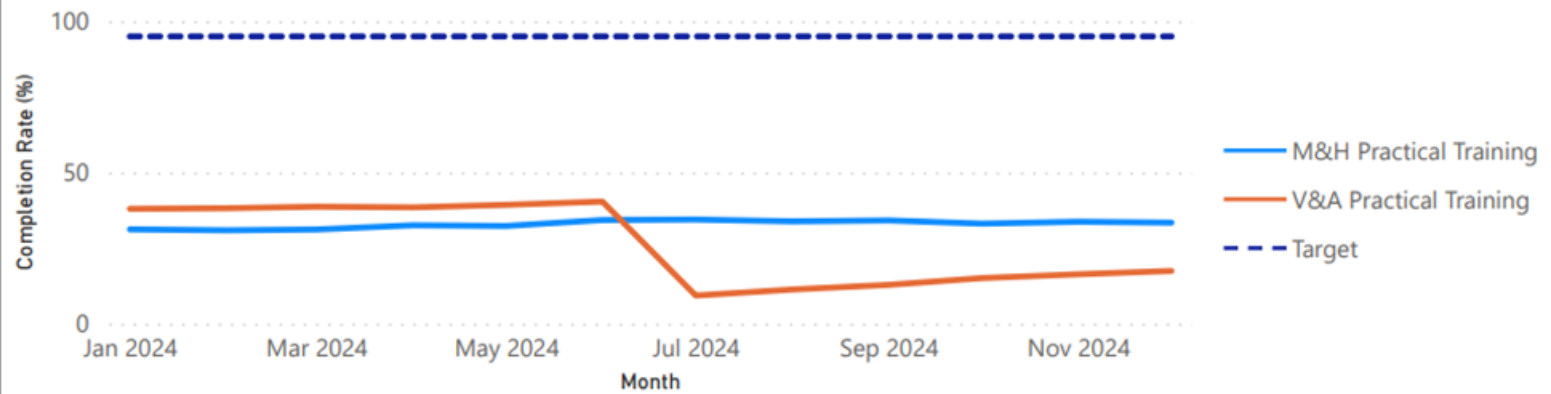
28.1

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

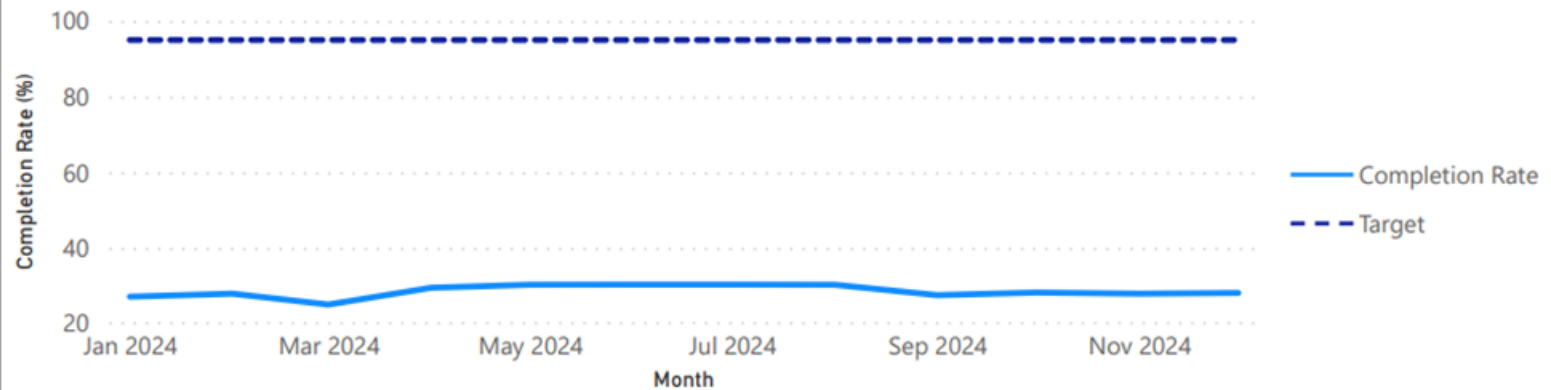
Core Mandatory eLearning Completion Rate (%) by Month



Practical Training Completion Rate (%) by Month



Appraisal Completion Rate (%) by Month



- NHS Highland absence remains above the national 4% target and has remained at around 6% for December 2024 . The absence rate has decreased since a peak of 7.39% in January 2024. 24.4% of Long-term absences are related to anxiety/stress /depression/other psychiatric illnesses. Short term absences in Cold, Cough, Flu (22.1% of short-term absences) remain high as well as gastro-intestinal problems (15.2% of short-term absences).
- Absences with an unknown cause/not specified remaining high (accounting for around 24.1% of all absence). Managers are asked to ensure that an appropriate reason is recorded and continuously updated. Manger attendance remains low on Once for Scotland courses Reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and eLearning.
- Attendance Management audit concluded with number of actions to progress to support managers.
- The [NHS Highland Health and Wellbeing Strategy](#) is in final draft and being presented to the appropriate Governance Committees prior to launch. The Strategy details our commitment to supporting health and wellbeing but also what resources and support is already available to our workforce. An action plan detailing the short, medium and long-term actions is being progressed by the Health & Wellbeing Group.
- The average time to fill vacancies has dropped below the NHS Scotland KPI of 116 days. Its has improved markedly since its peak of 134.5 days in April and is now 106.2 days. Work continues to improve on timescales.
- NHS Highland's annual turnover sits at 8.28% for November 2024.
- In December 2024 we continued to see high levels of leavers related to voluntary resignation (26.3%) and retirement (43.9%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 15.8% of our leavers. Further encouragement is required to capture leaving reasons.
- An improvement plan for Appraisals is being progressed with refreshed awareness sessions for managers and staff. Compliance reports are distributed monthly to Senior Managers. All direct reports of a Director level post and the tier below them must be completed by Oct 2024.
- Detailed Statutory and Mandatory training compliance reports continue to be shared with the senior managers across the organisation to support planning and discussions with teams.

Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
4	18 Weeks CAMHS Services Treatment	Monthly	March 2025	May 2025
4	CAMHS Waitlist HHSCP	Monthly	March 2025	May 2025
5	NDAS Total Awaiting 1 st App (incl unvetted)	Monthly	March 2025	May 2025
5	New + Unvetted Patients Awaiting First Appointment	Monthly	March 2025	May 2025
6	Screening Programme Uptake KPIs in NHS Highland	Annual	March 2025	May 2025
6	Inequality in Screening Comparison of NHS Highland and Scotland	Annual	March 2025	May 2025
7	Children's Vaccination Uptake	Quarterly	March 2025	May 2025
8	NHS Highland-Alcohol brief interventions 2023/24 Q2	Quarterly	March 2025	May 2025
8	ABI Trajectory & Delivery	Quarterly	March 2025	May 2025
8	Setting Contribution 2024/25	Quarterly	March 2025	May 2025
9	A&E – 4 Hour Target	Monthly	March 2025	May 2025
9	Weekly ED Patients Waiting 12-Hour Plus	Monthly	March 2025	May 2025
9	Weekly Ambulance Handover Results: Under 60 Minutes	Monthly	March 2025	May 2025
10	Delayed Discharges at Monthly Census Point	Monthly	March 2025	May 2025
10	Delayed Discharge – Location and Code	Monthly	March 2025	May 2025
10	HHSCP Delayed Discharge – Patients Added VS Discharged	Monthly	March 2025	May 2025
11	New Outpatients 12 Week Waiting Times (Ongoing)	Monthly	March 2025	May 2025
11	Outpatient Conversion Rates to TTG	Monthly	March 2025	May 2025
11	Return Outpatients Wait List	Monthly	March 2025	May 2025

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
12	New Outpatients Referrals, Patients seen and Trajectories	Monthly	March 2025	May 2025
12	New Outpatient Total Waiting List & Projection	Monthly	March 2025	May 2025
12	OP Patients Waiting Over 52 Weeks	Monthly	March 2025	May 2025
12	Outpatient Follow Up Ratio	Monthly	March 2025	May 2025
13	Inpatient or Day Case 12 Week Waiting Times (Completed)	Monthly	March 2025	May 2025
14	Planned Care Additions, Patients Seen and Trajectories	Monthly	March 2025	May 2025
14	Total TTG Waits & Projection	Monthly	March 2025	May 2025
14	TTG Patients waiting over 78/104 weeks	Monthly	March 2025	May 2025
15	Imaging Tests: Maximum Wait Target 6 weeks	Monthly	March 2025	May 2025
15	Board Comparison % met Waiting time standard	Monthly	March 2025	May 2025
15	CT Patients Seen & Trajectories	Monthly	March 2025	May 2025
15	Non-Obstetric Patients Seen & Trajectories	Monthly	March 2025	May 2025
15	MRI Patients Seen & Trajectories	Monthly	March 2025	May 2025
16	Endoscopy Tests: Maximum Wait Target 6 Weeks	Monthly	March 2025	May 2025
16	Board Comparison % met Waiting time standard	Monthly	March 2025	May 2025
16	Colonoscopy & Cystoscopy: Patients Seen & Trajectories	Monthly	March 2025	May 2025
16	Flexi Sig Upper GI: Patients Seen & Trajectories	Monthly	March 2025	May 2025

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
17	Diagnostic Waiting List: 24 hr ECG, Nerve Conduction Tests & Spirometry	Monthly	March 2025	May 2025
17	Diagnostic Patients Waiting > 6 Weeks: 24 hr ECG, Nerve Conduction Tests & Spirometry	Monthly	March 2025	May 2025
17	Diagnostic Waiting List: Echocardiology & Sleep Studies	Monthly	March 2025	May 2025
17	Diagnostic Patients Waiting > 6 Weeks: Echocardiology & Sleep Studies	Monthly	March 2025	May 2025
18	Cancer 31 Day Waiting Times	Monthly	March 2025	May 2025
18	Board Comparison % Met waiting time standard	Monthly	March 2025	May 2025
18	Patients Seen on 31 Day Pathway	Monthly	March 2025	May 2025
19	Cancer 62 Day Waiting Times	Monthly	March 2025	May 2025
19	Board Comparison % Met waiting time standard	Monthly	March 2025	May 2025
19	Patients Seen on 62 Day Pathway	Monthly	March 2025	May 2025
20	Systemic Anti Cancer Therapy – Waiting Times	Monthly	March 2025	May 2025
20	Monthly Cancer Patient Numbers Highland	Monthly	March 2025	May 2025
20	Monthly Cancer Patient Numbers Scotland	Monthly	March 2025	May 2025
21	18 Weeks All Ages Psychological Therapy Treatment	Monthly	March 2025	May 2025
21	Board Comparison % Met waiting time standard	Monthly	March 2025	May 2025
21	Psychological Therapies Waitlist HHSCP	Monthly	March 2025	May 2025

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
22	Highland Wide Stage 2 Complaint Volumes Received and % Performance Achieved	Monthly	March 2025	May 2025
23	SPSO Feedback Cases	Monthly	March 2025	May 2025
24	Type of Correspondence in Relation to Dementia	Annual	March 2025	May 2025
25	SAER & Level 2A Volumes: Declared Last 13 Months	Monthly	March 2025	May 2025
26	Number of Hospital Inpatient Falls 2024/25	Monthly	March 2025	May 2025
26	Number of Hospital Inpatient Falls with Harm 2024/25	Monthly	March 2025	May 2025
27	Number of Care Home Resident Falls 2024/25	Monthly	March 2025	May 2025
27	Number of Care Home Resident Falls with Harm 2024/25	Monthly	March 2025	May 2025
28	Number of Community Based Falls 2024/25	Monthly	March 2025	May 2025
28	Number of Community Based Falls with Harm 2024/25	Monthly	March 2025	May 2025
29	Number of Tissue Viability Injuries All Subcategories and Injury Grades	Monthly	March 2025	May 2025
29	Number of Tissue Viability Injuries All Subcategories and Injury Grades Sub-Category	Monthly	March 2025	May 2025
30	Quarterly Rate of Healthcare Associated CDI per 100,000 Bed Days	Quarterly	March 2025	May 2025
30	Quarterly Rate of Healthcare Associated ECB per 100,000 Bed Days	Quarterly	March 2025	May 2025
30	Quarterly Rate of Healthcare Associated SAB per 100,000 Bed Days	Quarterly	March 2025	May 2025
31	Organisational Workforce Metrics	Bi-monthly	March 2025	May 2025
32	Workforce Training Metrics	Bi-monthly	March 2025	May 2025
33	Workforce IPQR Narrative	Bi-monthly	March 2025	May 2025