The 2018/19 audit of NHS Highland

AUDITOR GENERAL

Prepared for the Public Audit and Post-Legislative Scrutiny Committee by the Auditor General for Scotland
Made under section 22 of the Public Finance and Accountability (Scotland) Act 2000
November 2019

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Introduction

1. I have received audited accounts and the auditor's report for NHS Highland for the year ended 31 March 2019. I submit these accounts and the auditor's report under section 22(4) of the Public Finance and Accountability (Scotland) Act 2000, together with this report, which I have prepared under section 22(3) of the Act.

2. The purpose of this report is to draw Parliament's attention to NHS Highland's continued difficulty in meeting its financial targets and reaching a financially sustainable position. The report also sets out the organisational and governance problems that NHS Highland has faced in 2018/19, including leadership changes and the issues set out in the Sturrock Report.[1] The steps that NHS Highland is taking to address these challenges are also outlined in the report.

[1] https://www.gov.scot/publications/report-cultural-issues-related-allegations-bullying-harassment-nhs-highland/

Summary

3. This is my second consecutive report on issues of financial sustainability in NHS Highland and the fourth in six years.[2] The auditor issued an unqualified audit opinion on the financial statements for 2018/19, but her report describes a very difficult year for NHS Highland, with significant financial performance and operational challenges. She also notes that the changes required will take time.

4. In 2018/19, NHS Highland's financial problems continued. At the start of the financial year the board identified that £50.5 million of savings would be required in 2018/19. The board achieved planned savings of £26.6 million and £5.9 million in other savings and benefits to reduce this gap but still needed £18 million in brokerage from the Scottish Government to achieve its financial targets.

5. Overspends on drugs and adult social care contributed to NHS Highland's failure to meet its financial targets. High levels of unfilled vacancies in key clinical posts in primary and secondary care resulted in a reliance on locum staff. The cost of locum staff rose again from £14.9 million in 2017/18 to £15.6 million in 2018/19. This creates cost pressures and may affect services.

6. The board is planning to achieve financial balance over the next three years. It forecasts that brokerage of £11.4 million will be required in 2019/20 and £6.1 million in 2020/21, with financial balance being achieved in 2021/22. I consider these forecasts to be unrealistic given NHS Highland's poor performance in identifying and achieving savings in recent years.

7. NHS Highland has also faced significant organisational and leadership issues. The chair of the board and the chief executive left the organisation in 2018/19. A new chief executive was appointed, and an interim chair is currently in place. Other senior positions have been held on an interim basis and a new leadership structure has been created. These changes and continued leadership gaps create a risk that the leadership team lacks the stability and capacity to drive the changes needed.

8. There are concerns over the wider governance and culture at NHS Highland. The action plan which resulted from the governance review has lacked progress in certain areas.[3] Scrutiny and challenge by the audit committee has not been effective in addressing areas of risk, and overall risk management arrangements need to be strengthened.

9. Following allegations of bullying and harassment, the Cabinet Secretary for Health and Sport commissioned John Sturrock QC to carry out an independent review in November 2018. The Sturrock Report was published in May 2019 and found that bullying and inappropriate conduct

[2] The 2017/18 Audit of NHS Highland: Financial Sustainability, Audit Scotland, 2018.

[3] An independent review of governance arrangements at NHS Highland concluded in May 2018. This was a pilot for a wider review of governance arrangements across Scottish health boards and informed the *NHS Scotland: Blueprint for Good Governance* (https://www.sehd.scot.nhs.uk/dl/DL(2019)02.pdf) published in February 2019. NHS Highland have prepared a governance action plan on the basis of the review.

had occurred. The board has prepared an initial action plan and established a small senior management group to implement the plan.

10. NHS Highland was escalated to Level 4 on the Scottish Government's escalation framework in November 2018. Health boards are considered at Level 4 where there are 'significant risks to delivery, quality, financial performance or safety' and where senior level executive support is required. This has resulted in external support being provided to NHS Highland directly by the Scottish Government and through commissioned external consultancy. While this support has been welcome, NHS Highland must have a clear plan to take ownership of its recovery programme, with a strategy for Scottish Government support as part of its Level 4 escalation.

11. Given the board's past record in addressing problems, and the current leadership and organisational difficulties it faces, I have concerns about the board's capacity to bring about the necessary change. The board will continue to need extra support in 2019/20, to develop and implement a clear plan to achieve a financially sustainable position and to address the organisational issues it faces. The focus now must be on longer-term sustainable reforms, rather than short-term, reactive changes.

Findings

Financial management

12. NHS Highland continued to face serious financial challenges in 2018/19. The board's financial targets for 2018/19 were achieved only through brokerage from the Scottish Government of £18 million. While this was less than the original brokerage forecast of between £19 million and £23 million, it was an increase from the £15 million required in 2017/18. The need for financial brokerage was reported to the board and to the Scottish Government in March 2018 as part of the Annual Operating Plan for 2018/19. NHS Highland made the final request of £18 million in April 2019.

13. Having received £18 million brokerage from the Scottish Government, NHS Highland reported a small surplus of £0.144 million in 2018/19 (Exhibit 1). As at 31 March 2019, NHS Highland's net expenditure was £772 million, three per cent higher than the £750 million reported in 2017/18. If brokerage had not been provided, the board would have reported an overall deficit position of £17.86 million.

Exhibit 1

NHS Highland financial outturn for 2018/19

2018/19	Core revenue resource limit (£ million)	Non-core revenue resource limit (£ million)	Core capital resource allocation (£ million)	Non-core capital resource allocation	Savings (£ million)
Final allocation	714.7	27.2	19.7	-	50.5 (target)
Outturn	(714.6)	(27.2)	(19.7)	-	26.6 (52% of savings target achieved)
Brokerage	18.0				
Reported final outturn	0.144 (surplus)	-	-	-	26.6 (36% of savings achieved are non-recurring)

Source: Highland Health Board Annual Report and Accounts for Year Ended 31 March 2019

14. At the start of 2018/19, NHS Highland had a budget gap of £50.5 million. Throughout the year the board achieved savings to reduce this gap. Sixty-four per cent (£17.1 million) of the £26.6 million savings achieved were delivered on a recurring basis. This is a marked

improvement from 2017/18 when 28 per cent of savings were recurring. A further £5.9 million in savings were achieved through underspends and other benefits (Exhibit 2).

Exhibit 2

NHS Highland delivery of outturn performance 2018/19

	Under (over) spend (£ million)	Budget gap (£ million)
Budget gap year beginning		50.5
Planned savings achieved	26.6	23.9
Additional efficiencies (pay underspends)	4.5	19.4
Offsetting benefits and additional income	12.6	6.8
Non-payroll related operational expenditure	(11.1)	17.9
Brokerage received	18.0	0.1 (final outturn)

Source: Highland Health Board Annual Report and Accounts for Year Ended 31 March 2019

15. The financial challenges facing NHS Highland are set to continue. The board has prepared and submitted a one-year Annual Operating Plan to the Scottish Government which includes financial estimates for the next three years. The plan forecasts the need for brokerage in 2019/20 of £11.4 million, brokerage of £6.1 million in 2020/21 and a break-even position by 2021/22 (Exhibit 3, page 9).

16. Assurance on these plans has been sought by the Scottish Government and more detailed financial plans have now been submitted by the board. While there is commitment and focus within the senior leadership team, and savings plans are more developed than in previous years, the forecasts are based on unrealistic assumptions given NHS Highland's previous record in identifying and delivering savings.

17. The Scottish Government has recognised the challenging financial position and wider organisational and governance issues within NHS Highland. In November 2018, the health board was escalated to Level 4 within the ladder of escalation and additional support measures and initiatives have been put in place to assist the board in returning to financial balance. Health boards are considered at Level 4 where there are "significant risks to delivery, quality, financial performance or safety" and where senior level executive support is required.

Exhibit 3

Savings and brokerage forecasts 2019–22

	2019/20 (£ million)	2020/21 (£ million)	2021/22 (£ million)
Total savings required	39.4	29.1	28.2
Identified savings	28	23	28.2
Forecast outturn (forecast brokerage)	(11.4)	(6.1)	0

Source: NHS Highland's Annual Operating Plan 2019/20

Financial sustainability

18. From the outset, the board's financial plan for 2018/19 forecast a deficit position and identified only £31 million of the required £50.5 million savings. These savings were not fully realised, falling short by £4.9 million, as the board struggled to realise the plans and deal with cost pressures. Exhibit 4 sets out the cost pressures that resulted in overspends in 2018/19.

Exhibit 4

Areas of financial pressure and overspend in 2018/19

Source of financial pressure	Overspend (£million)	Commentary
Drug costs (hospitals and prescribing)	£3.6	Drug costs have continued to increase in 2018/19
Clinical non-pay costs	£1.3	
Social care costs associated with service demand and costs pressures	£4.3	Higher than anticipated demand for social care services
Other service performance overspends	£1.9	

Source: Highland Health Board Annual Report and Accounts for Year Ended 31 March 2019

19. My 2017/18 report on NHS Highland outlined the arrangements for delivery of adult social care services in Highland, with the board as lead agency in a partnership with Highland Council. The pressures arising from increasing demand from an ageing population and continued difficulty in achieving identified savings in adult social care has led to overspend in this area. Servicing a remote and rural population in the Highlands remains a factor in this underlying cost pressure. Under the current lead agency model, all risks in terms of increasing

demand and costs lie with NHS Highland. The chief executives of NHS Highland and Highland Council have committed to reviewing the lead agency partnership agreement during 2019/20 to look at how both parties can support the model to make it a success. The deadline for this to be reviewed and updated is March 2020.

20. There are high levels of unfilled vacancies in NHS Highland, particularly in key clinical posts in both primary and secondary care. This can affect services and creates a reliance on locum staff. While overall pay costs were underspent by £4.5 million the cost of medical locum staff has increased year on year, standing at £15.6 million in 2018/19, up from £14.9 million in 2017/18 and £14.7 million in 2016/17. High levels of expenditure on locums is a pressure affecting NHS Highland's future finances and its ability to put in place an appropriate workforce to meet required service standards.

21. Performance data shows that the board is not meeting required standards in certain areas. In response, the board has developed performance recovery plans that include recruitment and workforce development initiatives, including recruitment of locum consultants in gap areas. The £26.6 million savings achieved in 2018/19 included £8.7 million produced through cost containment, a key part of which was non-recurring savings from vacancy management.

22. Apart from these specific financial pressures and areas where savings were not achieved, the main underlying issue is that the way in which services are delivered in NHS Highland is expensive compared to other areas, and the board needs to develop a more sustainable approach.

23. NHS Highland has put in place a transformation programme, which includes savings targets across a number of workstreams. There are also several capital investment projects under way that are intended to deliver the infrastructure needed to support a new model of care. This includes a new Elective Care Centre in Inverness and new community hospitals in Badenoch and Strathspey and Skye. These projects will take time to deliver the expected savings and benefits to service users.

24. As noted by the appointed auditor in her annual audit report, it is critical that NHS Highland focuses on delivering longer-term, sustainable savings plans and implements the plans established during 2018/19.

Significant governance events in 2018/19

25. NHS Highland's financial difficulties coincide with a time of significant organisational challenge and leadership team instability:

- There have been several changes to the senior management team and board, and while the first phase of a new leadership team structure has been agreed, there have been recruitment difficulties in some key posts and some interim appointments. This has left gaps in leadership capacity to deliver the financial recovery programme and a lack of clarity in lines of responsibility and accountability within the organisation.
- NHS Highland was the pilot for a review of governance arrangements in NHS boards, based on the *NHS Scotland: Blueprint for Good Governance* in February 2019. From this

review NHS Highland prepared an action plan to improve governance arrangements. The auditor found that there was limited progress in several areas within the action plan, and a need for renewed focus to strengthen the board's governance arrangements.

- The culture of NHS Highland has been a focus, after the Cabinet Secretary for Health commissioned an independent review following allegations of bullying and harassment in NHS Highland. The Sturrock Report was published in May 2019, and the report found that bullying or inappropriate behaviour had occurred.
- The auditor identified weaknesses in the operation of the audit committee. The committee needs to be more effective in its crucial scrutiny and challenge role to address areas of risk.
- Risk management arrangements also need to be strengthened, including identification of strategic risks and mitigation actions, and ensuring a risk management culture exists across the organisation.

Recruitment of a new chief executive and other leadership changes

26. NHS Highland has had significant changes within its senior leadership team and board in 2018/19 and some key posts are filled on an interim basis.

27. In July 2018, the NHS Highland chief executive announced her intention to resign and leave the organisation in December 2018. Two recruitment rounds took place, but a suitable candidate was not identified. The Scottish Government Health and Social Care Directorate (SGHSCD) reviewed all applicants not short-listed on the previous two occasions. Through this process a potential candidate was appointed and took up the post in February 2019.

28. Several other leadership changes took place in 2018/19:

- The board chair resigned with immediate effect in February 2019. An interim chair has been in place since February. A recruitment process for a new chair is now under way.
- The vice-chair resigned in July 2019, she was also the whistleblowing champion. NHS Highland are recruiting internally for a replacement and has still to identify a new whistleblowing champion.
- Three new non-executive directors joined the board in July of this year.
- The medical director retired in August 2019, after announcing his decision in February. The interim appointee, who was put in place after this announcement, has now been appointed on a permanent basis.
- NHS Highland has had an interim director of finance since 2017; two recruitment rounds have failed to identify a permanent appointee.
- The board successfully recruited a new HR director who took up their post in July 2019.

29. The first phase of a leadership re-structure was approved by the board in May 2019. A key element of this was the creation of the post of deputy chief executive and director of corporate services. This combined role was designed to broaden out the finance remit to include wider corporate services and deputy chief executive remit, allowing the board to attract a wider

range of candidates for this higher salaried position. The post will be supported by an operational director of finance. A recruitment process for the permanent deputy chief executive post was unsuccessful and the board is considering how best to ensure that it has the right structure and posts in place.

30. Changes in senior positions, together with the number of positions filled on an interim basis, creates a risk that there is not the stable leadership and clear accountabilities to take the action needed over the next few years. Work has taken place to develop board capacity through workshops and development sessions. This will remain an important area for development given the board's role in overseeing NHS Highland's transformation plans.

31. The auditor identified areas for development in the board's governance arrangements. The audit committee, and its role in supporting effective scrutiny and challenge, was not as effective as it should be. This included challenging management and ensuring it had the right information, in a timely fashion, to support scrutiny. The auditor noted that the audit committee needed to be substantially strengthened within NHS Highland's governance structures. She also reported that, at the time of producing the annual audit report, 102 internal audit recommendations were overdue. This has been acknowledged by the committee as unacceptable and plans have been initiated to address this.

32. Risk management arrangements also need to be strengthened. The governance review identified gaps in risk management, in particular the structure and profile of how risk is managed in the organisation. The current risk management group is a sub-committee of the audit committee. This is an unusual arrangement that needs to change. There also needs to be a focus on identifying strategic risks and mitigation actions. The senior leadership team has indicated that it will hold board workshops on strategic risk management and recruit a dedicated risk manager.

Sturrock Review

33. In November 2018, the Cabinet Secretary for Health and Social Care commissioned an independent review following allegations of bullying and harassment in NHS Highland. The report, written by John Sturrock QC, was published in May 2019. The review found that for many, NHS Highland was a great place to work and there are thousands of well-motivated, caring and supportive staff. Nonetheless, it also found that incidents of bullying or inappropriate behaviour had occurred. The board responded by acknowledging shortcomings in the way it dealt with the issues raised in the report.

34. The Sturrock Report highlighted that the board must prioritise being able to hold senior executives to account and should review its structures, committee network and culture. The report also noted that the board may wish to oversee a review of the management structure to ensure this remains fit for purpose. The report noted the importance of appropriate skills and capability across the board and that there should be a review of board appointments together with training and support for all non-executive directors.

35. An initial plan has been provided to the Cabinet Secretary giving details of the immediate actions the board has taken and those it plans to take in response to the report's

recommendations. This includes establishing a small senior management group that will be responsible for delivery of the actions identified, including emerging national guidance on whistleblowing. Further reports will be made to the board in 2019/20 on progress and the development and implementation of plans including extensive staff engagement. There are no clear dates indicating when progress reports will be made.

36. Responding to the Sturrock Report will demand considerable time and resources to bring about the required organisational change. Addressing the actions from the report should improve engagement, openness and transparency throughout the organisation.

Service delivery

37. NHS Scotland has a series of national standards that are set and agreed between the Scottish Government and NHS boards to provide assurance on NHS Scotland performance. There are 18 non-financial standards (with two of these having a sub-indicator each). NHS Highland's performance against these standards is mixed. As at March 2019, six of these indicators met the required standard. Of those that did not meet the standard, four exceeded the Scottish average. One indicator has no standard set and two standards related to healthcare associated infections are currently under review by Scottish Government (see Appendix).

38. A key indicator is the Treatment Time Guarantee, which has a 12-week target for treatment. At March 2019, 54.4 per cent of patients in NHS Highland were treated within this time frame, compared with an average of 68.4 per cent nationally. The board report that this was largely due to reduced capacity at Raigmore Hospital as upgrading of theatres takes place.

Financial outlook

39. An Annual Operating Plan for 2019/20 was approved by the board in March, which includes financial forecasts for three years until 2021/22, with break-even anticipated in 2021/22. The plans depend on levels of savings that are unrealistic given the board's record in identifying and delivering savings targets.

40. The Scottish Government requested that more detailed financial plans were prepared and submitted to them by end of July. I understand that the government has not yet responded to these revised plans.

41. The board is operating a programme of 'grip and control', essentially close monitoring of spending to ensure that planned savings are met across all areas of expenditure. This was rolled out in 2018/19 and will continue into 2019/20. This includes tighter scrutiny around purchasing to change the procurement culture across NHS Highland.

External support and escalation to Level 4

42. NHS Highland has been receiving support from SGHSCD to prepare a programme that will bring about financial recovery. The support follows on from NHS Highland's escalation to Level 4 on the performance management framework, where the Scottish Government believes external support is required to bring about change and improvement.

43. The support has included the secondment of a member of the SGHSCD financial recovery unit into the role of interim deputy chief executive for a period of three months, ending in July, and further support from the SGHSCD finance recovery unit. SGHSCD has met the costs of this.

44. As part of the recovery plans a programme management office (PMO) has been set up to oversee a programme of service transformation and financial recovery plans. A procurement exercise was run to appoint a permanent PMO director. This was unsuccessful so the board sought a contractor to take on this work. In addition, a contract for external consultancy support was commissioned to assist NHS Highland in setting up the PMO, provide training to NHS Highland staff recruited to the PMO, and create transformation plans for NHS Highland that would deliver savings. The NHS board is paying for this support.

45. PricewaterhouseCoopers (PwC) were awarded the contract by the board in March of this year. The contract has cost the board £989,000 plus VAT. The auditor noted that while she can see the active development of financial savings plans, and wider cross-cutting transformational plans, it is too early to comment on whether these will be successfully delivered and lead to the financial savings required. At the end of the contract it is intended that NHS Highland will run the PMO without consultancy support and with a permanent PMO director recruited to the post.

46. The role and the remit of the PMO is significant in bringing about the transformational change and financial recovery that the board needs to ensure sustainability and performance improvement in the future. It is important that momentum behind this work continues to build to secure organisational wide buy-in and engagement with the programmes.

47. The PMO has identified a financial recovery programme that includes a programme of service transformations across 19 workstreams. These include cross-cutting workstreams such as bed utilisation and flow, theatre productivity, medical workforce productivity (including locum control and staff recruitment and retention), procurement and divisional housekeeping schemes targeted at ‘grip and control’ measures within geographic divisions. The PMO has a tracker of savings schemes and each scheme has a savings value which is adjusted for risk. This is monitored on a weekly basis to assess how savings are accruing across the year. In April 2019, there were 265 schemes on the tracker.[4]

48. External support has been valuable in providing NHS Highland with much needed capacity and momentum in putting in place the financial recovery programme. It is important, however, that there is a clear strategy for what it is seeking to achieve and how. It is also important that the board has a central role in leading and owning the recovery programme, ensuring there are clear lines of responsibility and accountability in the decisions that are taken.

[4] Draft minute of the meeting of the Finance Sub-Committee 21 May 2019.

Conclusion

49. NHS Highland had considerable financial, organisational and governance difficulties in 2018/19. The financial difficulties are set to continue into 2019/20 and 2020/21, with the board forecasting a continuing deficit position in each of these years, requiring Scottish Government brokerage, before a break-even position is achieved in 2021/22.

50. The board is not in a good position to address these challenges in the timescales set out. Achieving a break-even position by 2021/22 appears unrealistic based on the board's past record in identifying and delivering savings targets. A clear and achievable plan to redesign services is needed urgently. Rather than a series of short-term fixes, this must be longer term and help the board to put in place a sustainable model of care.

51. The board needs robust scrutiny of the savings plans and the change programme that is being put in place, and the progress being made. It is important that there is detailed scrutiny of the work of the PMO, to ensure that it has the capacity and resources needed.

52. Delivering these financial plans demands stability in the leadership of the board and strengthened governance arrangements. This is a significant challenge for NHS Highland, given the number of interim appointments and the progress still to be made on the governance action plan.

53. Importantly, NHS Highland must respond to the recommendations of the Sturrock Report. An action plan is needed that focuses on staff engagement and builds transparency and openness across the organisation. Again, this requires leadership, resources, commitment and skills, and be central to bringing about meaningful and sustained improvement in NHS Highland.

Appendix

Performance against non-financial standards

Target/standard	Latest available performance (March 2019)
Treatment Time Guarantee (TTG) Percentage of patients that were seen within 12 weeks TTG (*Quarter ending March*) **Standard: 100%**	**54%** (17/18 – 81%) (Scottish Average – 68%)
12 Weeks First Outpatient Appointment Percentage of patients waiting no more than 12 weeks from referral to first outpatient appointment (*in the month of March*) **Standard: 95%**	**85%** (17/18 – 81%) (Scottish Average – 75%)
Cancer Treatment Percentage of patients beginning treatment within 31 days of decision to treat (*Quarter ending March*) **Standard: 95%**	**93%** (17/18 – 93%) (Scottish Average – 95%)
Cancer Treatment Percentage of patients beginning treatment within 62 days of urgent referral (*Quarter ending March*) **Standard: 95%**	**75%** (17/18 – 81%) (Scottish Average – 81%)
Child and Adolescent Mental Health Services (CAMHS) Waiting Times Percentage of young people to commence treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (*Quarter ending March*) **Standard: 90%**	**81%** (17/18 – 83%) (Scottish Average – 74%)
Psychological therapy Percentage of patients to commence Psychological Therapy within 18 weeks of referral (*Quarter ending March*) **Standard: 90%**	**76%** (17/18 – 85%) (Scottish Average – 77%)
4 hour A&E Percentage of all attendances seen within 4 hours (*in the month of March*) **Standard: 95%**	**96%** (17/18 – 96%) (Scottish Average – 91%)
Drug and alcohol treatment Percentage of patients seen within 3 weeks (*Quarter ending March*) **Standard: 90%**	**91%** (17/18 – 87%) (Scottish Average – 93%)

Target/standard	Latest available performance (March 2019)
Antenatal care Percentage of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation (*as at year end*) **Standard: 80%**	● **89% (17/18 latest available)** (16/17 – 89%) (Scottish Average – 84%)
Clostridium Difficile Infections Rate of infections in patients aged 15 and over, per 1,000 total occupied bed days (*as at March*) **17/18 standard: 0.32**	**Standard currently under review** (17/18 – 0.32)
Staphylococcus Aureus Bacteraemia (SABs) Rate of SABs per 1,000 total occupied bed days (*as at March*) **17/18 standard: 0.24**	**Standard currently under review** (17/18 – 0.24)
Smoking cessation Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas in the NHS board area (*as at year end*) **Standard: 430**	● **289 (17/18 – latest available)** (16/17 – 313) (Scottish Average – N/A)
Increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% (*calendar years 2017 and 2018 combined*) **NHS Highland baseline: 25.6%** **(calendar years 2010 and 2011 combined)**	● **-2.3% (17/18 latest available)** (Scottish Average – 9.4%)
People newly diagnosed with dementia will be offered a minimum of one year's post-diagnostic support, co-ordinated by a named link worker Estimated % of newly diagnosed people with dementia referred for post-diagnostic support (*as at year end*) **Standard: none set**	○ **33% (16/17 latest available)** (Scottish Average – 47%)
18 weeks Referral to Treatment (RTT) Percentage of patients seen and treated within 18 weeks from initial referral (*in the month of March*) **Standard: 90%**	● **80%** (17/18 – 81%) (Scottish Average – 77%)
IVF Waiting Times All eligible patients will commence IVF treatment within 12 months (*Quarter ending March*) **Standard: 90%**	● **100%** (17/18 – 100%) (Scottish Average – 100%)

Target/standard	Latest available performance (March 2019)
Alcohol Brief Interventions Sustain and embed in primary care, A E, antenatal and broaden delivery in wider settings (*as at year end*) **Standard: 3,688**	🔴 **5,831** (17/18 – 4,990) (Scottish Average – N/A)
48 Hour Access – GP Practice Team Percentage of patients who were able to obtain a consultation with a GP or appropriate healthcare professional within 2 working days of initial contact (*in 2017/18*) **Standard: 90%**	🟢 **95% (17/18 latest available)** (16/17 – N/A) (Scottish Average – 93%)
Advance Booking – GP Percentage of patients who were able to book a consultation with a GP more than 2 working days in advance (*in 2017/18*) **Standard: 90%**	🔴 **82% (17/18 latest available)** (16/17 – N/A) (Scottish Average – 68%)
Sickness absence rate Maximum sickness absence rate every 12-month period. **Standard: 4%**	🔴 **5.2%** (17/18 – 5.2%) (Scottish Average – 5.4%)

Note: In most cases data has been rounded to the nearest whole integer.

Figures relating to people newly diagnosed with dementia who are offered post-diagnostic support are published as management information because of variable data quality.

Source: Information has been obtained from the Scottish Government website. ISD produce the statistics. The Scottish Government publish the GP access information and Health Protection Scotland publish the HAI data.

Key

🔴 Currently not met

🟢 Currently achieving standard

The 2018/19 audit of NHS Highland

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