How are we doing?

Board Annual Delivery Plan Performance Report

December 2023

Content

People > Citizens
                > Children
                > Colleagues & Culture

Places > Anchor
               > Communities
               > Environment

Pathways > Access
                  > Empowering
                  > Whole System Working

Introduction

NHS Grampian's Plan for the Future sets out the direction for 2022-2028 and provides a framework for other key plans to be aligned to, ensuring that our strategic intent becomes a reality.

To help us get there, the fulfilment of our shared outcomes will be delivered through our Integrated Performance Assurance and Reporting Framework. The Board Performance Report is designed as part of the Framework to provide NHS Grampian with a balanced summary of the Board's position including all key areas outlined in our strategic plan on a quarterly basis. To achieve this, NHS Grampian has identified Key Performance Indicators within each of the categories in our strategic intent above as agreed in the current Delivery Plan, which are considered to drive the overall performance of the organisation towards our vision.
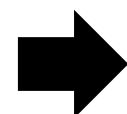
The report highlights key areas of achievement or concern, with narratives from Executive Leads to provide a wider perspective.

This report is part of the refreshed tiered approach to our Integrated Performance Assurance and Reporting Framework and it aims to provide the Board with an overarching picture of progress in achieving our strategic intent as set out in the Annual Delivery Plan.
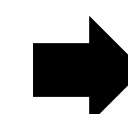
Reading Guide

The purpose of the reading guide is to help you navigate the sections in this report. These are intended to flow, enabling you the flexibility to view high level or drill down data.

| **Our Board Performance Summary** (High level overview of "How we are doing" as a Board including our strategic intent) | ➡ | **Our "At a Glance" Performance Scorecards** (Summary of Key Performance Indicators across categories in strategic intent) | ➡ | **Performance Spotlights** (Detailed focus on adverse or favourable Key Performance Indicators) |

This section covers two key areas of focus:

1) Our Board Performance Summary across our strategic intent:

The Performance Wheel above indicates a high level overview on how we are doing as a Board across each of our strategic intent set out in People, Places and Pathways. This is illustrated by its overall Red, Amber or Green (RAG) rating and a chart to indicate overall performance trend over time. The RAG rating assessment criteria can be found in the next page

2) Our Board Performance Summary across key critical areas of our organisation:

A high level overview to provide a wider landscape not specifically covered via People, Places and Pathways but critically important for the organisation will be included here.

An Executive Summary will be included.

In this section, the Performance Wheel will feature throughout and apply a focus on each of the strategic intent illustrated by its RAG rating. You will be presented with "At a Glance" Performance Scorecards aligned to the strategic intent and the objectives set out in the Delivery Plan.

This section will expand its overall RAG rating e.g. Access into the next level of information showing performance against those Key Performance Indicators considered to be most important measures as agreed by the Board and included in our Annual Delivery Plan.

Definitions of the key headings on the Performance Scorecards can be found in the next page.

In this section, our Performance Spotlights will provide more drilled down data highlighting areas of favourable and adverse performance from the "At a Glance" Performance Scorecards.

This includes detailed focus on:

- Trend analysis on performance over target
- Benchmarking comparison with other NHS Boards
- Commentaries from Executive Leads covering:
  - Our Story so far
  - Our Key Risks, Challenges and Impacts
  - Our Mitigations and Recovery Actions
  - What have we learnt?
  - Our Oversight and Assurance

Key spotlight components will be subject to change depending on the areas of focus for the period of reporting.

Alignment of our Strategic Intent

KEY

Overall RAG Ratings for Board Performance Summary:

Each category of our strategic intent within the Performance Wheel is given an overall RAG rating. These are based on the ratings of the Key Performance Indicators (KPI) within each category highlighted in the "At a Glance" Performance Scorecards.

Assessment Rating	Criteria*
Red	2 or more red Key Performance Indicators
Amber	1 red Key Performance Indicator
Green	0 red and 1 amber Key Performance Indicators

*Where a category only has one KPI, the RAG rating for that category will be the same as for its KPI

RAG Ratings for the At a Glance Performance Scorecards:

The ratings of the Key Performance Indicators within each category highlighted in the "At a Glance" Performance Scorecards are based on the criteria below, unless otherwise stated:

Assessment Rating	Criteria
Red	Current performance is out with the standard/target by more than 5%
Amber	Current performance is within 5% of the standard/target
Green	Current performance is meeting/exceeding the standard/target

DEFINITIONS

The following definitions will support you in your understanding of the various key words found throughout the report.

🔸 Strategic Intent and its categories

This means People, Places and Pathways with categories such as Empowering, Access etc.

🔸 Priority Areas

These are the priorities that set out in our 3 year annual delivery plan that helps to align our performance, activities to meet our objectives and strategic intent.

🔸 Key Performance Indicator (KPI)

A KPI is a carefully selected metric, directly linked to our strategic objectives and indicative of overall performance. KPIs are chosen to provide actionable insights into the progress and success of specific goals and objectives, and help assess performance and drive decision-making.

🔸 Deliverables (with quarterly Milestones)

A key deliverable is a concrete and measurable outcome anticipated in the context of an initiative. It signifies a crucial result that must be attained for the successful conclusion of a task, phase, or project. Typically outlined at the outset, key deliverables are linked to milestones for monitoring progress.

🔸 Milestones

Milestones are significant points or events along a timeline that mark key achievements, progress, or important stages of completion. They serve as markers to track and measure the progress, providing a sense of accomplishment and helping to ensure that the deliverable stays on track towards its ultimate goal.

🔸 Baseline

This indicates the level of performance against each indicator at the end of 2022/23, serving as a reference point against which progress or change can be evaluated.

🔸 Targets

These indicate the performance we are seeking to achieve for the KPIs each quarter as we progress towards the overall objective by March 2024. Each KPI will have quarterly targets, some which will be level throughout the year and some will be cumulative. There may be seasonal adjustment applied to quarterly targets if applicable for the KPI.

🔸 Trend Graphs

Each KPI has a trend graph which summarises performance from the last 12 months where data is available.

Our Board Performance Summary

Executive Summary

The 2022/23 Annual Delivery Plan covering the period to June 2023 was concluded at the August 2023 NHS Grampian Board Meeting. This report for December 2023 looks at our 2023/24 Annual Delivery Plan performance for Quarter 2 (July to September 2023). As part of continuous improvement of our reporting, we now have coverage across all nine strategic intent categories within Plan for the Future, which provides a clearer picture on progression towards our short, medium and long term plans.

Our delivery of services continue to be challenged by workforce, finance and system pressures. I acknowledge the impact this has had on colleagues and their experience in providing the best possible care for citizens, and I repeat again my admiration and thanks for all that colleagues are achieving in these very testing times.

Our Performance Wheel now reflects that each of our strategic intent categories has agreed Key Performance Indicators (KPIs). Four are reported as Red i.e. Colleagues & Culture, Communities, Environment and Access. Our scorecards gives us a helpful overview of favourable and adverse performance for each of the KPIs aligned to our priority areas of work for 2023/24.
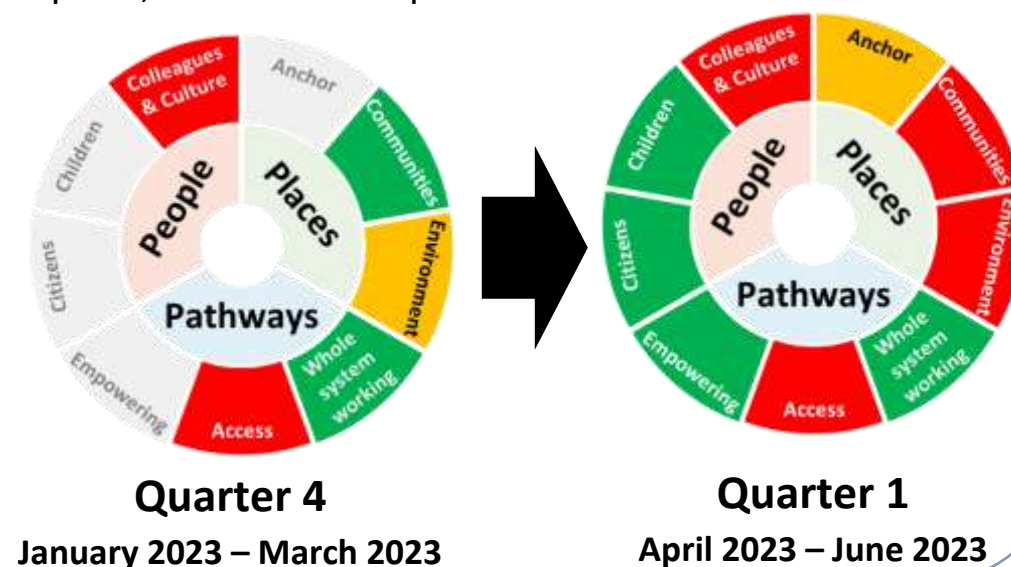
The Spotlights in this report focus on the eleven KPIs showing adverse performance, providing updates from the services on their key risks and challenges and the actions they are implementing to deliver improvements. It is important to acknowledge that there are areas of favourable performance for this quarter and we will provide spotlights on these in future reports. A twelfth KPI showing adverse performance, "Achieving a Savings Target of £16.5m in the current Financial Year", is covered separately in the Finance Report on the agenda for this Board meeting.

We continue to recognise the Voices of our Colleagues and Citizens as integral parts of our organisation, with updates from iMatter and Care Opinion included in this report.

Caroline Hiscox, Chief Executive NHS Grampian

Quarter 2
July 2023 – September 2023

Here we show the Performance Wheel from the previous reports, to enable comparison.

Quarter 4
January 2023 – March 2023
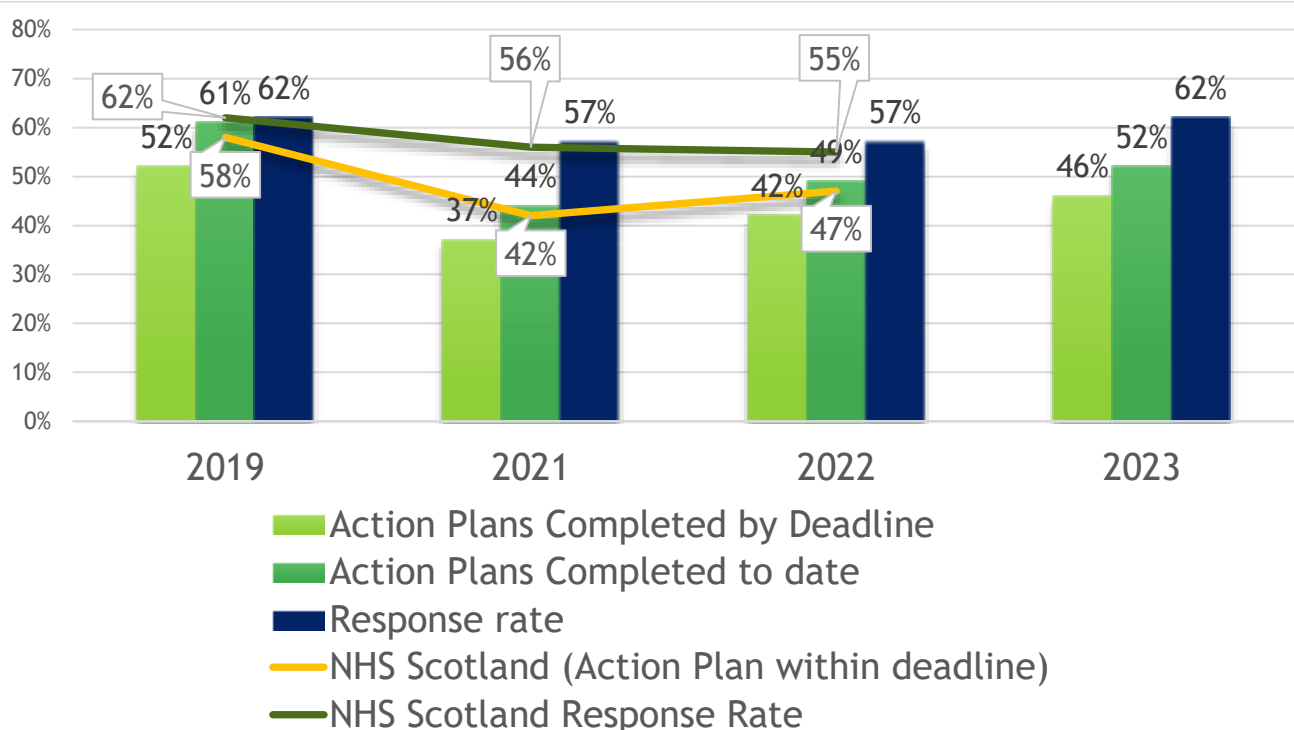
Quarter 1
April 2023 – June 2023

Our Board Performance Summary
Voice of our Colleagues via iMatter

iMatter and Voice of Our Colleagues in 2023:
- iMatter questionnaire went live 22/5/23, reports published on 26/6/23 and action plan creation by 21/8/23.
- Participation data shows increased engagement and participation from colleagues within NHS Grampian and Local Authority colleagues within the Health and Social Care Partnerships (HSCPs):
  - 5% increase in response rate to 62%.
  - 4% increase in action plans created within deadline to 46%, (remains 6% behind pre-COVID levels). Increasing to 52% by 18/9/23, meeting target deliverable of 50% in 2023.
- In 17 of the 29 iMatter questions and across participation indicators (Response Rate (RR) and Action Planning Creation), Grampian is below its identified Net Promoter score (80) - the marker identified for a highly engaged workforce.
  - Average scores range from 59 to 79 across the 17 questions.
  - 13 of the 17 questions have average score in green 'Strive & Celebrate' range.
- 2023 national report is anticipated at end of November. Current data indicates Grampians performance against Employee Engagement Index (EEI) and RR remains above the national average (NHS Scotland EEI 77, NHSS RR 59%)
- Our key risks, challenges:
  - Reduced engagement & capacity from colleagues due to ongoing system pressures.
  - Planning for phase two of Culture Matters Best Practice Australia (BPA).
  - Central resource to support system administration and maintenance.
  - Resource to support teams and managers.

Legend:
- Action Plans Completed by Deadline
- Action Plans Completed to date
- Response rate
- NHS Scotland (Action Plan within deadline)
- NHS Scotland Response Rate

Our actions to help us get there…
- Sub-reporting implemented whole system, providing middle/senior managers, and leaders' oversight and assurance about staff experience in their area, promoting local engagement.
- Hierarchy/team structure review supporting accurate reporting.
- Review of manager and team support, including development and creation of learning opportunities in new formats: bite size videos and tutorials, redesign of face to face (teams) action planning learning sessions and guidance, progressing to the incorporation of iMatter into the Managers Development Program. Awareness and information videos. All content accessible to NHS and Local Authority colleagues via TURAS learning system.
- Ongoing engagement with Wider Senior Leadership Team (WSLT), including sub-reporting and results/action session. Focus on staff engagement and additional organisational priorities of wellbeing and freedom to speak up/raising concerns. WSLT individual commitments to make 1 change.
- The concept of Net Promoter introduced as a benchmark/catalyst for leaders to consider further development towards a highly engaged workforce.
- iMatter data utilised as part of wider culture and experience intelligence: inclusion in Portfolio Reporting to Staff Governance Committee.
- Power BI Dashboard Development, supporting usable trend data.

What Next…?
- Doctors and Dentists in Training (DDiT) iMatter 2023 questionnaire live from 30/10/23.
- Organisational Action plan created from WSLT iMatter session focused on key staff engagement themes and organisational priorities. Endorsed by WSLT and monitored through Culture Matters Program Board by December 2023.
- Closing the loop for staff: iMatter Board Report to be hosted on intranet, with key messages from WSLT central to communications. iMatter organisational action plan priorities to be communicated.
- Review of national report for Benchmarking and learning, anticipated late November 2023.
- Growth in iMatter data use as part of ongoing Cultural Intelligence development:
  - Sharing Cultural Intelligence – Executive Leads Group.
  - Medical Directorate Annual Report.
- iMatter 2024 timescales confirmation by early November 2023. Collaboration between Wellbeing Culture and Development colleagues to reduce unnecessary service interaction where possible for iMatter system and BPA Culture Matters administration purposes.

Voice of our Citizens via Care Opinion

149 stories in Q2

94% of stories have a response

1 story has changes planned

1 story has had changes made

Care Opinion stories Quarter 2 2023/24

The 149 stories submitted to Care Opinion in the period July-September 2023 represent a 31% increase from the previous quarter, and a 15% increase in comparison to the same period in the previous year.
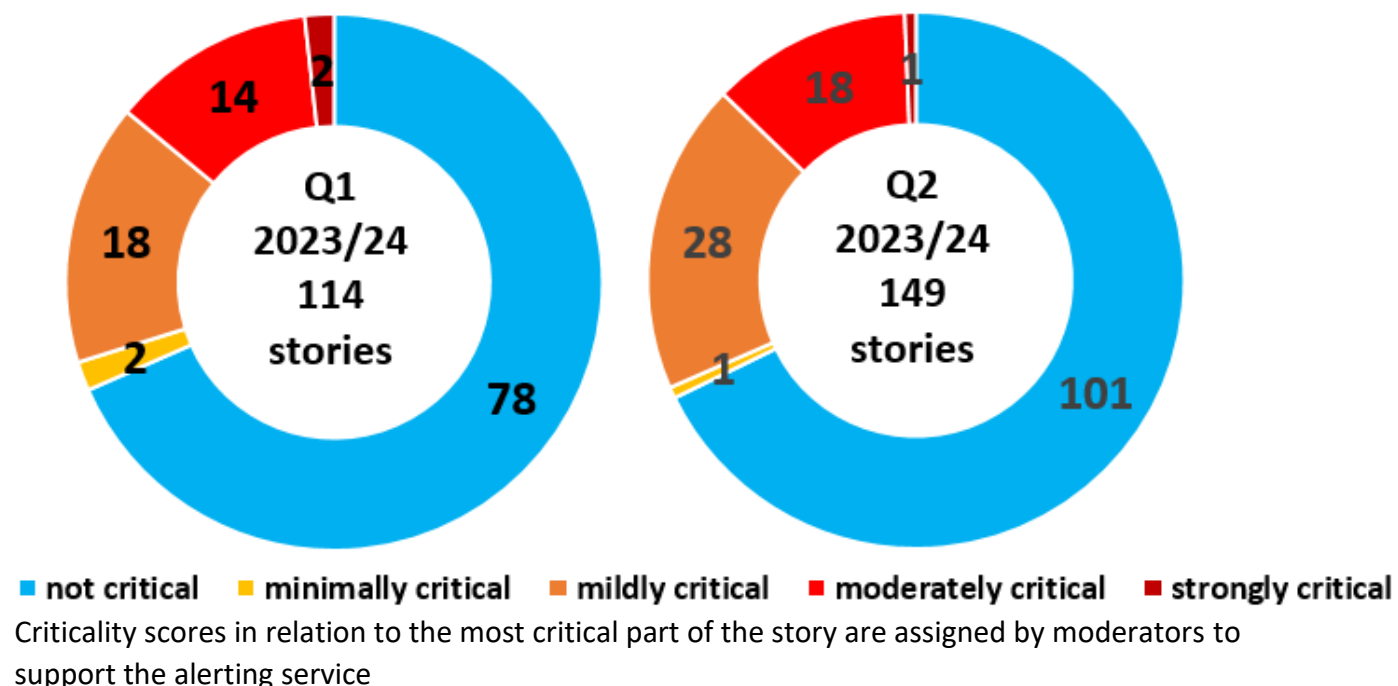
- The proportion of 'not critical' (or 'positive') stories remained level at 68% from quarter 1 to quarter 2.
- The proportion of 'mildly critical' stories has increased from 16% in quarter 1 to 19% in quarter 2.
- 1 story was rated as 'strongly critical', the second consecutive quarterly reduction for such a rating.
- Responsiveness continues at a very high level, although is lower than over the last two years.

Contributing to change

Sharing their experiences through Care Opinion stories allows citizens to acknowledge good practice as well as contributing to change.

- For the July-September period, 2 of these stories' responses show a change has been planned or made (see next page for further detail), 1 fewer than the previous quarter.

Governance

Care Opinion (along with feedback and complaints data) is regularly provided to the Clinical Risk Management meeting

It is important to note that Care Opinion stories are representative of a small sample of our population who choose to provide feedback through this method. Other feedback routes are available.

How moderators have rated the criticality of stories

Q1 2023/24 114 stories — 14, 2, 18, 2, 78

Q2 2023/24 149 stories — 18, 1, 28, 1, 101

- not critical
- minimally critical
- mildly critical
- moderately critical
- strongly critical

Criticality scores in relation to the most critical part of the story are assigned by moderators to support the alerting service

Key risk: are we missing an opportunity to build trust in our services

- Where areas for improvement are identified, completing the feedback loop with the story's author can help build trust and inspire confidence in our services
- It also enables sharing of improvements with other services areas

We know there are occasions when changes are not recorded on Care Opinion and may be communicated directly with the story's author.

Ongoing actions to improve recording of changes on Care Opinion:

- Quality improvement work to find out from teams why changes aren't recorded
- During Care Opinion training, the importance of recording changes is being highlighted
- Work is underway to establish citizens' and colleagues' level of awareness of Care Opinion
- Raising awareness through the Quality Improvement and Assurance Team newsletter, shared with all colleagues through the Daily Brief

Our Board Performance Summary

Voice of our Citizens via Care Opinion

Citizens stories

Change made/planned

Waiting area confusion

Attended Paediatric appointment with my teenage son. We were directed to general outpatients waiting area on green chairs. After a 40 minute wait I went back to reception and enquired why there was such a delay. We were informed we had been directed to wrong waiting area and should have been in paediatric outpatients and to "just go up". I asked if they would be contacted to tell them why we were late, to be told "they'll know".

www.careopinion.org.uk

CHANGE PLANNED

Response from Women & Children's Services Unit Operational Manager, Dr Gray's Hospital (July 2023):

We'll use this as a prompt to refresh training with our outpatient reception team to avoid other patients and their families experiencing this in the future.

Excellent labour team followed by mixed experience on the ward

I debated writing this for a while but after seeing another note their experience on the Ashgrove ward recently thought I would pluck up the courage to do so.
The labour team were excellent. Despite complications they were reassuring even when being rushed for an emergency caesarean and safely delivered my baby boy.
Once on the Ashgrove ward however, care was not as expected…

www.careopinion.org.uk

CHANGE MADE

Response from Interim Senior Charge Midwife, Aberdeen Maternity Hospital (October 2023):
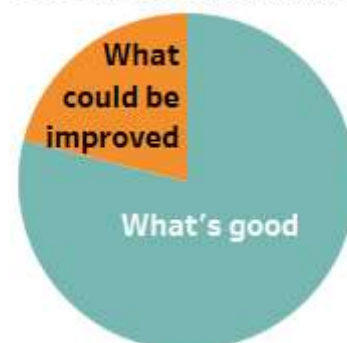
So far we have:
- Commenced training sessions where we discuss patient and family feedback and how communication, non-verbal communication and friendliness can be improved
- We are in the process of ordering new over bed cots, enabling women to reach and touch their baby at all times
- New Breast feeding advice/training session dates for staff have just been released. (These were paused during Covid)
- There is now a Frenotomy trained midwife on the ward 3 days a week who can assist with tongue ties, ensuring women don't have to wait for the procedure and hopefully assist in the success of breastfeeding

Themes from Feedback: the Care Opinion platform lets our citizens attach brief tags to their stories, providing a summary of what was good and what could be improved about their experience.

What's good?

Feedback is predominantly positive, with "staff", "care" and "friendly" continuing to trend as the most frequently used positive tags

Tag categorisation Oct 2022- Sep 2023
based on 533 stories submitted

What could be improved

What's good

What could be improved?

There are some areas where our citizen's stories suggest that improvement can be made. Over the last year "communication" was the most frequently tagged area for improvement, followed by "waiting times".

Performance Scorecard: Colleagues & Culture

Strategic Intent: Colleagues are enabled to thrive, and be safe and well through work

Objective: Strengthen Colleague & Citizen Engagement to Improve Health

Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
A - Right workforce to deliver care now and in the future	Reduce time to hire in support of addressing workforce shortages	116 days	104.5 days	<105 days	95 days	<105 days		<95 days		<95 days	
A - Right workforce to deliver care now and in the future	Reduction of nursing and agency spend (2022/23 Annual spend £11.504m)	Q4 £3.415m	£3.969m	<£2.601m	£3.825m	<£2.601m		<£2.601m		<£2601m	Spotlight on page 15
A - Right workforce to deliver care now and in the future	Reduction in cost for junior doctor banding/medical locums (2022/23 Annual spend £17.178m)	Q4 £4.399m	£4.572m	<£3.569m	£5.270m	<£3.569m		<£3.569m		<£3.569m	Spotlight on page 16
A - Right workforce to deliver care now and in the future	Compliance with mandatory training will increase to 80% for all new starts and 60% for all other colleagues	62% new/ 60% other	75% new/ 62% other	80% new/ 60% other	76% new/ 64% other	80% new/ 60% other		80% new/ 60% other		80% new/ 60% other	
A - Right workforce to deliver care now and in the future	Compliance with statutory training will increase to 90% for all new starts and 70% for all other colleagues	75% new/ 60% other	75% new/ 62% other	90% new/ 70% other	76% new/ 64% other	90% new/ 70% other		90% new/ 70% other		90% new/ 70% other	Spotlight on page 17
A - Right workforce to deliver care now and in the future	Roll out RLDatix e-Rostering to 60 additional locations across NHS Grampian	100	No data available	115	123	130		145		160	
B - Culture & Wellbeing	75% of colleagues will feel their wellbeing is actively supported at work	70%	74%	75%	74%	75%		75%		75%	
B - Culture & Wellbeing	65% of colleagues participate in iMatter & 50% of Teams have 2023 Action Plans	56% / 41%	56% / 41%	65% / 41%	62% / 51%	65% / 50%		65% / 50%		65% / 50%	
B - Culture & Wellbeing	At least 750 colleagues have participated in developing Our Commitment to Culture	0	Data not available	250	500	500		625		750	

Performance Scorecard: Citizens

Strategic Intent: No citizen in Grampian will be left behind

Objective: Strengthen Colleague & Citizen Engagement to Improve Health

Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
C - People Powered Health	Completion of the draft volunteering plan by Q4	0	25%	25%	50%	50%		75%		100%	
C - People Powered Health	Completion of draft engagement policy by Q4	0	25%	25%	50%	50%		75%		100%	

Performance Scorecard: Children

Strategic Intent: Children are given the best start, to live happy, healthy lives

Objective: Strengthen Colleague & Citizen Engagement to Improve Health

Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
D - Children's health and wellbeing	Reduce backlog of unbooked TTG RACH patients to 750 patients	1250	939	<950	821	<900		<850		<750	

Performance Scorecard: Anchor

Strategic Intent: We have social responsibility, beyond healthcare

Objective: Create the conditions for sustainable change

Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1 Actual	Quarter 1 Target	Quarter 2 Actual	Quarter 2 Target	Quarter 3 Actual	Quarter 3 Target	Quarter 4 Actual	Quarter 4 Target	Notes
E - Employment, procurement and physical assets	**Uptake of at least 12 new entrant Apprenticeships**	0	0	3	5	6		9		**12**	
E - Employment, procurement and physical assets	**Progress towards transfer of 1000 corporate colleagues (69 teams), Woodhill House Project**	0	25%	25%	50%	50%		75%		**100%**	
H - Capital/Infrastructure Developments	**Committed spend on higher risk backlog tasks**	£0	£1.5m	£1.5m	£2.5m	£3.0m		£3.8m		**£4.0m**	Spotlight on page 18

Performance Scorecard: Communities

Strategic Intent: Playing our role with partners for flourishing communities

Objective: Create the conditions for sustainable change

Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1 Actual	Quarter 1 Target	Quarter 2 Actual	Quarter 2 Target	Quarter 3 Actual	Quarter 3 Target	Quarter 4 Actual	Quarter 4 Target	Notes
F - Population Based Approach to Health	**100% of individuals are offered an abortion care assessment within 1 week of contact with services**	91.8%	94.6%	100%	92.1%	100%		100%		**100%**	Spotlight on page 19
F - Population Based Approach to Health	**100% individuals are offered a date for an abortion procedure within 1 week of assessment**	77.2%	67.5%	100%	44%	100%		100%		**100%**	Spotlight on page 20

Performance Scorecard: Environment

Strategic Intent: We are leaders in sustainability, minimising our environmental impact

Objective: Create the conditions for sustainable change

Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend (12 months to Sep 23 where available)	Benchmarking (of 11 mainland Boards: ranked 1st = best performing)	Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target			
G - Greening health systems	Increase percentage of recycled waste to 50%	43.9%	43.5%	45.425%	44.24%	46.95%	48.475%			50%			Spotlight on page 21
G - Greening health systems	Reduce Consumption of Gas & Electricity (kWh) by 5%	235.0m kWh	51.2m kWh	64.7m kWh	Data not available at time of reporting	102.7m kWh	160.7m kWh			223.2m kWh			Quarterly targets seasonally adjusted as per 2022/23
I1 - Value & Sustainability	To achieve a savings target of £16.5m for FY23/24	£0	£3.39m	£4.1m	£4.99m	£6.88m	£12.4m			£16.5m			Ref. Finance Paper
I2 - Realistic Medicine	An increase of 50 in completion of Turas module on Shared Decision Making each quarter	757	853	857	933	907	957			1007			
I2 - Realistic Medicine	No patient will be waiting more than 2 years for a consultant-led new outpatient appointment	268	313	<200	344	<150	<50			0		10th (quarter end Jun 23)	Spotlight on page 22

Performance Scorecard: Whole System Working

Strategic Intent: Joined up and connected, with and around people

Objective: Improve Preventative & Timely Access to Care

Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	
J - Pathways redesign	Completion of scoping exercise on adult general mental health using RACI Matrix tool	0	25%	25%	50%	50%		75%		100%	
K - Intelligence-led improvements	Childhood - % of completed primary vaccination course by 24 months - MMR dose 1	89.7%	92.3%	95%	Data not available at time of reporting	95%		95%		95%	
K - Intelligence-led improvements	Adult Routine - % of shingles vaccination coverage	53.9%	69.5%	60%	seasonal	n/a	seasonal	n/a		TBC	Programme not starting till Jan 2024
K - Intelligence-led improvements	% of frontline Health and Social Care uptake - Covid-19 vaccination	46.7%	seasonal	n/a	seasonal	n/a		50%		50%	
K - Intelligence-led improvements	% of pregnant women received covid-19 vaccine	14.8%	seasonal	n/a	seasonal	n/a		30%		30%	

Performance Scorecard: Empowering

Strategic Intent: Grampian's population is enabled to live healthier for longer

Objective: Improve Preventative & Timely Access to Care

Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend (12 months to Sep 23 where available)	Notes
			Actual	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**		
L – Making every opportunity count	Waiting Well service to be delivered to an additional 8,000 patients (from March 2023 baseline: 9332 patients)	9332	11442	>11332	12943	>13332		>15332		>17332		

Performance Scorecard: Access

Strategic Intent: Patients are able to access the right care at the right time

Objective: Improve Preventative & Timely Access to Care

Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend (12 months to Sep 23 where available)	Benchmarking (of 11 mainland Boards: ranked 1st = best performing)	Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target			
N1 - Improving access and protecting planned care	No more than 860 patients will be waiting more than 2 years for a planned inpatient Treatment Time Guarantee appointment	1841	1800	<1400	1862	<1220		<1040		<860		11th (quarter end Jun 23)	Spotlight on page 23
N1 - Improving access and protecting planned care	Delayed discharges to be no greater than 2022/23 position	72	90	<111	91	<111		<111		<111		1st (Sep 23 census point)	
N2 - Cancer care	95% of citizens will receive first cancer treatment within 31 days of decision to treat	95.25%	93.78%	95%	89.31%	95%		95%		95%		10th (quarter end Jun 23)	Spotlight on page 24
N2 - Cancer care	81% of citizens will receive first treatment within 62 days of urgent suspected cancer referral	65.04%	70.63%	77%	56.34%	79%		80%		81%		8th (quarter end Jun 23)	Spotlight on page 25
N3 - Urgent & Unscheduled Care, and Preparations for Winter 2023/24	70% of citizens will be seen within 4 hours in our Emergency Departments	58.1%	64.3%	57.7%	63.3%	62.3%		70%		70%		8th (Sep 23 census point)	
N3 - Urgent & Unscheduled Care, and Preparations for Winter 2023/24	Monthly acute delayed discharges (ARI & Dr Gray's) to be 15% lower than 2022/23 position (20)	7	13	<21	11	<20		<19		<18				
N4 - Mental health & learning disabilities	90% of children and young people referred to Mental Health Services will be seen within 18 weeks of referral	99.6%	96.1%	90%	85.5%	90%		90%		90%		2nd (quarter end Jun 23)	
N4 - Mental health & learning disabilities	No one will wait over 36 weeks for psychological therapies	311	147	<240	78	<160		<80		0		5th (Jun 23 census point)	
N5 - Dr Gray's strategic plan	To achieve 28% progress of 52 Actions from the Dr Gray's Strategic Plan	0%	1%	1%	12%	10%		16%		28%				

Our Performance Spotlights: Colleagues & Culture

Strategic Intent: Colleagues are Enabled to Thrive & be Safe at Work

Objective: Strengthen Colleague & Citizen Engagement to Improve Health

Priority Area: A - Right workforce to deliver care now and in the future

Key Performance Indicator (KPI): Reduction of nursing and agency spend (2022/23 Annual spend £11.504m) Q4 Target: <£2.601m/qtr.

Our story so far….
There continues to be a reliance on supplementary staffing to provide safe and appropriate nursing and midwifery staffing levels to meet clinical activity within NHS Grampian. With the stepped introduction of newly graduated nurses there is a gradual reduction in agency use expected. NHS Grampian reported £11.5m of agency nursing spend within non-delegated services in 2022/23 (£12.8m total). In 2023/24 agency nursing spend within non-delegated services to QTR 2 was £7.8m (£8.3m total); for quarter 2 the spend was £3.8m alone. This represents an increase in agency nursing spend in total, with the targeted reduction in non-delegated spend aligned to the value and sustainability programme not achieved.

All the below relates to non-delegated services, which excludes Integrated Joint Boards (IJBs).
Current Situation:
- Average monthly agency use is 183WTE (Working Time Equivalent)
- For Q2 this is almost exclusively registered nursing agency
- With the use of substantive staff alongside bank and agency, non-delegated services (Medicine & Unscheduled Care Portfolio, Integrated Specialist Care Portfolio, Dr Grays Hospital and in-patient mental health services) on average used 86 WTE less than the funded establishment for registered nursing posts.
- Integrated Families Portfolio agency use is negligible

Performance on previous quarter:
- Average monthly agency use has reduced by 57WTE compared to monthly average on last quarter
- Average monthly agency spend is down by £68K compared to monthly average on last quarter

Performance against national controls/targets:
- NHSG has full compliance with national controls on the use of Off-Framework agency and is the only board to achieve this

Future position:
- Performance is difficult to predict as multifaceted in nature.
- Generally demand increases over the winter period with an expected increase in agency usage. This would include new demands created by the ARI-Bed Base Review.
- New Graduate Nurses (NGNs) recruited should support some reduction/offset to increased demand. However any increase in substantive workforce is offset by new vacancies and new demand demands as highlighted above

Commentary from
June Brown

Executive Nurse Director

Our key risks, challenges and impacts…
- Increase in demand for bank and agency over winter period due to increased acuity and capacity issues
- Recruitment and retention initiatives are unable to bridge the substantive registered shortfall and as such supplementary staffing requirements continue at current volumes

Oversight and assurance
- Nursing and midwifery Workforce Council
- Senior Nursing and Midwifery Leadership Team
- Performance, Assurance, Finance & Infrastructure Committee

Our mitigation and recovery actions
- International recruits are being placed in the areas where agency use is high/sustained
- Monitoring the impact of NGNs on rosters where agency is currently in use
- Programme Management Office model introduced for the management of Supplementary Staffing in Nursing and Midwifery under the Sustainability and Value programme
- Reduction in negotiated rates with agency providers from October will reduce unit cost
- Robust governance and sign off process in place for the use of agency nursing
- Draft real-time staffing procedure out for consultation that supports the management of real-time and short term roster gaps to prevent escalation for agency use
- Ongoing wellbeing and retention initiatives in place

What have we learnt?
- Transitioning away from current level of agency usages requires transformational changes to the workforce models as there are no short term actions that can reduce the registered nursing gap.
- Work is being progressed to design workforce models that will support and stabilise the workforce, led by the Nurse Directors and Workforce Senior Nurse Manager.

Strategic Intent: Colleagues are Enabled to Thrive & be Safe at Work

Objective: Strengthen Colleague & Citizen Engagement to Improve Health

Priority Area: A - Right workforce to deliver care now and in the future

**Key Performance Indicator (KPI):
Reduction in cost for junior doctor banding/medical locums (2022/23 Annual spend £17.178m)
Q4 Target: <£3.569 quarterly**

Sept 23 position: £5.270m

Q2 Target: <£3.569m

Our story so far…

Junior Medical Rotas (JMR): a review has identified four main factors driving non-compliance resulting in Band 3 payments. These include:

- Low collaborative engagement by Dentists and Doctors in Training (DDiTs) and services
- NHS Grampian process not being followed
- Lack of clarity around line management of DDiTs
- Current Scottish Government national terms and conditions (T&Cs)

Given the complexity of the circumstances causing the non-compliant rotas it is unlikely that the proposed £1.6 m saving will be achieved before the end of 2024/25, due to spend to date and the restricted opportunities for a Band 3 rota to become compliant. The compliance and cultural challenges do not have quick fixes and are likely to require a transformative change management approach, with opportunities for change at set time periods.

Medical Agency Locums (MAL): There is a high use of Medical Agency Locums, and associated spend, to fill substantive gaps due to vacancies within NHS Grampian. Direct Engagement (DE) accounts for 46% of all agency locums engaged. In September 2021 a mandate was approved by the Supplementary Staffing Project Steering Group for all new agency engagements and all junior medical agency locum extensions to be on DE. In addition a number of MAL's are engaged via expensive off-Framework rates.

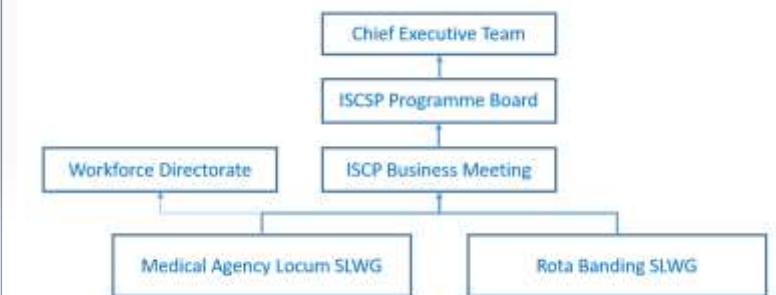### Our key risks, challenges and impacts…

- **JMR**: Based on spend year to date the estimated overspend is £5.9m (including the pay award) for this financial year. This does not include any increase or decrease to the number of Band 3 rotas. This figure would increase if we see further rotas moving to Band 3, of which there is a high risk.
- **MAL**: There is a risk to sustainability of some clinical services which rely on a high proportion of MAL therefore an adaptable, risk based approach is required. There is potential for improvement if the power imbalance in the sellers' market changes and a clear strategy is adhered to.
- **MAL:** Compared with the same 6 month period (September) in 2022/23 total NHS Grampian Locum Spend is up by £1.4m (+16%).

Commentary from
Paul Bachoo

***Executive Lead,
Integrated Specialist
Care Services Portfolio***

Oversight and assurance

Our mitigation and recovery actions

- Additional resource has been secured for the Locum Desk to support several actions e.g. mandate of Direct Engagement (DE), increased use of on-framework medical agency locums and a cap of 10% max tier above the standard on framework rate.
- Ground work is being put in place for a SharePoint site for easy access to all relevant actions as part of the process prior to engaging a MAL, ensuring that all available short term options are considered and that guidance and support around the long term workforce solutions is easily accessible.
- Discussions are being held on negotiating a reduction of night on-call rates between 00:00 – 08:00. Through additional resource to the locum desk an increase is being observed in DE use for new MAL's and this is anticipated to continue going forward; it will take longer to see an increase in DE with the long term locums already in post. This will will depend on the level of success that services have with locum conversations.
- It is possible at some of the £1.3m saving will be achieved before the end of 24/25.

What have we learnt?

Services are very open to the support with increasing Direct Engagement and the increased capacity the locum desk has to negotiate rates. The increased gatekeeping at the locum desk is already having a positive impact on the rates.

Service engagement around rota banding is inconsistent and in the areas where it is present it can be constrained by interpretation of GMC rules around monitoring. There are workforce concerns about continual monitoring if doctors are asked to formally report any time they do not get a break, so this must be approached as a learning exercise to protect their health and wellbeing.

Our Performance Spotlights: Colleagues & Culture

Strategic Intent: Colleagues are Enabled to Thrive & be Safe at Work

Objective: Strengthen Colleague & Citizen Engagement to Improve Health

Priority Area: A - Right workforce to deliver care now and in the future

Key Performance Indicator (KPI): Compliance with statutory training will increase to 90% for all new starts and 70% for all other colleagues

Q4 Target: 90% new/70% other

Sept 23 position: 76% new/ 64% other

Q2 Target: 90% new/70% other

Our story so far….

As required by the Staff Governance Standard, NHS Grampian is committed to ensuring that all staff are appropriately trained for their role. Statutory training compliance relates solely to fire safety training. Improved compliance trends are being evidenced across mandatory training over the last 2 years. However, statutory training shows patterns of static levels of compliance around mid-60%s over the last 2 years (for all staff other than new starts).

Our key risks, challenges and impacts…

- Significant improvement in compliance for existing staff, and sustaining highest levels of compliance for new starts.
- Current demands on colleagues, particularly in clinical areas, and the known continuing system demands mean time is a barrier to prioritising the completion of learning.
- High volume of learning content driven by legal, regulatory and professional standards, plus identification of important topics over time in partnership in response to policy imperatives.
- NHS Education board for Scotland (NES) not yet delivering system reporting improvements to Turas Learn platform scheduled for summer 2023 that will support manager monitoring of compliance.
- Ensuring proactive compliance remains a challenge to all Health Boards, reflected in provisions agreed in the three year pay deal for Agenda for Change staff in 2018 to link statutory and mandatory training compliance to pay progression via appraisal. Significantly delayed due to standing down of associated national work on enhanced and standardised e-learning, and developments to Turas Appraisal and Turas Learn platforms to support reporting and transferability, which has not yet resumed, during the pandemic.

The following targets for the 2023/24 Delivery Plan aimed at improving the situation have been carried forward from 2022/23:

- 90% of all new starts since April 2023 have completed statutory topics and 70% of the remainder of the workforce had in date learning in these by March 2024
- Whilst there have been improvements in completion during 2022 and 2023, including a return to pre-pandemic levels, and the introduction of a requirement for new starts to attend and complete e-learning elements in person at Corporate Induction before they receive computer logins, it is felt unlikely that these targets will all be met by March 2024.

Commentary from
Tom Power

Director of
People & Culture

What have we learnt?

- Protected time for learning remains an issue for staff and managers - progression of agreed Agenda for Change reforms in this area are key.
- There may be a need to prioritise within the Statutory and Mandatory topics and direct completion in that order.
- This carries a risk of temporary compliance before levels fall back again, and is not the preferred improvement approach.

Oversight and assurance:

- Chief Executive Team performance meetings, Staff Governance Committee
- Short Life Working Group reporting to Sustainable Workforce Oversight Group – skills and capability pillar
- Monthly data on uptake is shared with portfolio/operational management levels

Our mitigations:

- New co-chairs identified for the Short Life Working Group (SLWG) for statutory and mandatory training and inducted to their role (May 2023)
- Agreement of revised terms of reference for SLWG to ensure appropriate focus on improving system engagement (Oct 23)
- A deeper dive is planned by the SLWG to analyse the capacity/demand requirements for meeting this objective.
- Engagement via relevant professional leads, with Chief Nurses' group progressing improvement work.
- Agreement at CET to direct teams to focus on improving fire safety compliance as a statutory requirement (Oct 23).
- Supporting supplementary staff (bank, locum and agency) with statutory and mandatory training has been implemented
- Progress with take up of required training by new starts due to follow up post corporate induction attendance and offer of support
- Corporate Learning and Development Team supporting managers by running repeated reporting to help understand gaps and areas for improvement.
- Involvement in national Protected Learning Time strand of Agenda for Change reform has helped confirm NES will conclude reporting work in current financial year and supported renewed focus on national programme paused in 2020 and a statutory and mandatory training passport.

Our Performance Spotlights: Anchor

Strategic Intent: We are leaders in sustainability, minimising our environmental impact

Objective: Create the Conditions for Sustainable Change

Priority Area: H - Capital/Infrastructure Developments

Key Performance Indicator (KPI): Committed spend on higher risk backlog tasks

Q4 Target: £4.0m

Sept 23 position: £2.5m

Q2 Target: £3.0m

Our story so far….

Each financial year, a proportion of NHS Grampian's capital allocation from Scottish Government is allocated to 'Backlog Maintenance'. The purpose of this funding is to address higher risk elements of the physical infrastructure.

Higher risk elements are identified through a combination of periodic condition and compliance surveys, specialist technical reports and actual performance of our assets.

The balance is allocated to essential equipment replacement, infrastructure developments and some staffing.

£4m of available NHSG capital was allocated to Backlog Maintenance in 2023/24 (the balance allocated to essential equipment replacement and infrastructure projects).

Commitment of the funding with suppliers & contractors progresses throughout the year, carefully balancing spending the full funding in-year with retaining a level of flexibility for emergent issues.

The current tactic is to commit 75% of the funding in the first half of the financial year.

A lower % has been committed in 2023/24 recognising the level of actual infrastructure failures.

Commentary from
Gavin Payne

Interim Director of Infrastructure and Facilities

Our key risks, challenges and impacts…

- Risks may materialise during the year with actual infrastructure failures requiring remedial investment
- Late commitment of the funding can result in work not complete within the financial year.

Our mitigation and recovery actions

- Commit to larger scopes of work first
- Review the funding commitment at least monthly
- Retain minimal uncommitted funding beyond December
- Identify a group of smaller/simpler high-priority scopes of work for later commitment if needed

What have we learnt?

- Effective risk-based prioritisation is essential
- Planning for remedial investment by technical discipline (electrical, structural etc.) is useful
- Retaining 25% of uncommitted funds beyond Q2 seems appropriate
- Early confirmation of funding can avoid compressing the time available for planning, procurement and delivery of works

Oversight and assurance

- Backlog planning and spending is reported annually to Performance, Assurance, Finance and Infrastructure Committee (PAFIC) (typically November/December)

Our Performance Spotlights: Communities

Strategic Intent: We are leaders in sustainability, minimising our environmental impact

Objective: Create the Conditions for Sustainable Change

Priority Area: F - Population Based Approach to Health

Key Performance Indicator (KPI): 100% of individuals are offered an abortion care assessment within 1 week of contact with services
Q4 Target: 100%

Sept 23 position: 92.1%

Q2 Target: 100%

Our story so far….

Abortion care is a time dependent service and regarded as urgent care. Healthcare Improvement Scotland (HIS) Standards for Sexual Health states that *'NHS Board and Integrated Joint Boards offer an abortion assessment appointment that takes place one week of self-referral to abortion services.'* As NHS Grampian Sexual Health Service recovers activity to pre-pandemic levels the aspiration is to ensure that 100% of those seeking an abortion care assessment receive this within one week; fully realised by the end of Q4 (March 2024).

Abortion care is delivered across Grampian by NHS Grampian Sexual Health; all individuals are assessed by telephone in the first instance. If an individual does not require a scan and is an early gestation, medications can be provided on the same day for home procedure. If a scan is required and/or if an individual prefers or requires an inpatient or surgical procedure due to gestation, a face to face appointment is made for NHS Grampian Sexual Health (Aberdeen/Aberdeenshire) or Dr Gray's in Moray.

Whilst the position for Q1 and Q2 presents as RED, we highlight that we are nearing the 100% target, with data confirming that we are seeing 92.1% of people within one week for their initial telephone assessment.

Our key risks, challenges and impacts…

- Fewer than 10% of people have not had an assessment within one week; delays to first assessment can impact procedure choice, i.e. if over the gestation for a home procedure, inpatient treatment is required.

Commentary from
Geraldine Fraser

Executive Lead,
Integrated Families Portfolio

Our mitigation and recovery actions

- The number of people seeking assessment for abortion varies and has risen substantially post-pandemic (19% increase across Scotland). NHS Grampian Sexual Health remains flexible to demand, adjusting the rota as necessary on a day-to-day basis to ensure individuals are assessed within 1 week.
- Data intelligence will be used to try and predict any potential increases/fluctuations.
- Increasing opportunities for contraception to reduce the need for abortion is being prioritised within NHS Grampian Sexual Health, with ongoing support for primary care and other service recovery.
- NHS Grampian Sexual Health will continue to review demand for assessment and adapt service delivery to work towards the overall target set for Q4.

What have we learnt?

- A target of 100% of assessments completed in one week is representative of 'gold standard' care. This should be deliverable with increased intelligence re abortion demand and continued service review - an area for local improvement against a backdrop of numbers of abortion increasing locally and nationally.

Oversight and assurance

- Oversight and assurance for the operational delivery through the Aberdeen Health and Social Care Partnership.
- Performance is discussed within Management Meetings and shared with the Senior Leadership Team.
- There are ongoing discussions regarding the governance for Moray residents.
- HIS standards and strategic delivery of abortion care in Grampian is discussed within the Managed Care Network for Sexual Health and Blood Borne Viruses (Public Health) with a link to the Integrated Families Portfolio.

Our Performance Spotlights: Communities

Strategic Intent: We are leaders in sustainability, minimising our environmental impact

Objective: Create the Conditions for Sustainable Change

Priority Area: F - Population Based Approach to Health

Key Performance Indicator (KPI): 100% individuals are offered a date for an abortion procedure within 1 week of assessment
Q4 Target: 100%

Sept 23 position: 44%

Q2 Target: 100%

Our story so far….

Abortion care is a time dependent service and regarded as urgent care. Healthcare Improvement Scotland (HIS) Standards for Sexual Health states that *'NHS Board and Integrated Joint Boards offer an abortion assessment appointment that takes place one week of self-referral to abortion services.'* As NHS Grampian Sexual Health Service recovers activity to pre-pandemic levels the aspiration is to ensure that 100% of those seeking an abortion care assessment receive this within one week; fully realised by the end of Q4 (March 2024).

Abortion care is delivered across Grampian by NHS Grampian Sexual Health; all individuals are assessed by telephone in the first instance. If an individual does not require a scan and is an early gestation, medications can be provided on the same day for home procedure. If a scan is required and/or if an individual prefers or requires an inpatient or surgical procedure due to gestation, a face to face appointment is made for NHS Grampian Sexual Health (Aberdeen/Aberdeenshire) or Dr Gray's in Moray.

Our key risks, challenges and impacts…

The position for Q1 and Q2 presents as RED. Challenges to achieving the target include:
- Availability of scan/face-to-face appointment due to staff resource. Approximately 75% of individuals will require a scan or face to face assessment prior to procedure.
- Availability of inpatient beds for patients over 11+6 weeks or for medical reasons or performance. A delay in scan appointment increases % of patients who require inpatient procedure if the time limit for home procedure is exceeded.
- Availability of theatre capacity for surgical abortion. This can impact on procedure choice if over 12 weeks gestation surgical procedure if not available locally.

Commentary from
Geraldine Fraser

Executive Lead,
Integrated Families Portfolio

Our mitigation and recovery actions

- Continue to offer early assessment, reaching 100% of assessments completed within a week (Q4) (see other KPI).
- Increase opportunities for staff to be trained in scanning/increase capacity by reviewing current processes/service delivery including inpatient/theatre capacity.
- Additional resource being sought to support improvements in abortion pathway and to reduce variation/delays.
- Work towards scans being offered at the earliest opportunity (note some people may choose to delay); consider best possible care option and offer an appointment within one week of completed scan/face-to-face appointment (if required).

What have we learnt?

- A target of 100% of procedures in one week is representative of 'gold standard' care. Where this is not met, or cannot be met, there are health and wellbeing consequences for patients plus an impact on service delivery. Scanning is the first step of the process; where this cannot be delivered in a timely manner, this impacts the abortion care pathways overall.

Oversight and assurance

- Oversight and assurance for the operational delivery is through Aberdeen Health and Social Care Partnership.
- Performance discussed within Management Meetings and shared with the Senior Leadership Team.
- There are ongoing discussions regarding the governance for Moray residents.
- Compliance with HIS standards and strategic delivery of abortion care in Grampian is discussed within the Managed Care Network for Sexual Health and Blood Borne Viruses (Public Health) with a link to the Integrated Families Portfolio.

Our Performance Spotlights: Environment

Strategic Intent: We are leaders in sustainability, minimising our environmental impact

Objective: Create the Conditions for Sustainable Change

Priority Area: G - Greening Health Systems

Key Performance Indicator (KPI): Increase percentage of recycled waste to 50%

Target Q4: 50% Reduction

Sept 23 position: 44.24%

Q2 Target: 46.95%

Our story so far….

As with all businesses in Scotland, NHS Grampian has a series of waste targets to reach by 2025. For recycling, the target is to achieve a rate of 70% (by weight).

Our recycling rate has remained fairly static at around 45% for the past few years as the focus has been on addressing healthcare waste issues.

An improvement target of 50% recycling was set for 2023/24.

National reports indicate that NHS Grampian has one of the highest recycling rates among territorial boards.

Initiatives to increase our recycling rate have been introduced from late summer 2023 onwards

Our key risks, challenges and impacts…

- Under-achievement on the annual projection towards the final target will compromise the outcome
- Biggest challenge is lack of dedicated staff resource available to monitor and support changes to waste streaming and recycling across a distributed system and substantial geography
- Funding for additional recycling receptacles/bins
- The 8 week delivery time for new recycling bins will create delays for initiatives introduced in 2023/24

Commentary from
Gavin Payne

Interim Director of Infrastructure and Sustainability

Our mitigation and recovery actions

- Changes and improvements in recycling options have been introduced across several sites in Aberdeen City Health and Social Care Partnership (HSCP) across September and October
- Step-up messaging to build ward-level knowledge and enthusiasm and recognise local team progress through the new Green Star awards
- Collaboration with Domestic Services to change selected bins in smaller rooms from general waste to recycling
- Explore repurposing of alternate waste bins rather than 'buy new'

What have we learnt?

- Staff and departments are generally keen to reduce waste and improve recycling options at their place of work
- Many sites, even when keen to improve, feel the need for additional guidance and support to initiate and implement changes
- Providing the facilities to collect and manage recycling empowers local team implementation

Oversight and assurance

- Waste weights are included in the Public Bodies Climate Change Duties Report to Scottish Government and the NHSG Sustainability Governance Group
- Quarterly waste reports and KPIs are supplied to NHSG Waste Management group

🍃 Our Performance Spotlights: Environment

Strategic Intent: We are leaders in sustainability, minimising our environmental impact	**Key Performance Indicator (KPI):** No patient will wait more than 2 years for a consultant led new outpatient appointment
Objective: Create the Conditions for Sustainable Change	
Priority Area: I2 – Realistic Medicine	**Q4 Target: 0**

Sept 23 position: 344

Q2 Target: <150

Our story so far….

Our initial ADP suggested we would have no patients waiting over two years by the end of this financial year. This now looks unachievable and we have informally revised our forecast position to 1,010 outpatients (OP) by the end of this financial year. We will take this through an appropriate route to formalise this change to our Annual Delivery Plan.

Commentary from
Paul Bachoo

Executive Lead, Integrated Specialist Care Services Portfolio

How do we compare?

Of the mainland boards, Grampian had the second highest proportion of patients waiting over 104 weeks at the June 2023 census date. Four of the mainland boards had no patients waiting over 104 weeks.

Our key risks, challenges and impacts…

- Urology – we have struggled to identify a solution for the lower priority Urology OP patients (especially Erectile Dysfunction) given the high demand on Urology for higher priority patients. Unfortunately we have no available funding to support an independent sector solution and a National Elective Co-ordination Unit (NECU) request for mutual aid did not generate any options across NHS Scotland for assistance. We have approached NHS Tayside, requesting they consider expanding their Erectile Dysfunction service to be a regional service and are awaiting their consideration of this. In the meantime these patients will be seen as quickly as available capacity allows but realistically in small numbers.

- Dermatology – Short and long term absences have heavily reduced this service capacity this year. However, there should be an improving picture for patients next year. An Independent Sector contract service is currently supporting a reduction in waiting times, however, at the time of this report we are unclear if this additional capacity will continue given the financial challenges for NHS Grampian.

- GP Minor Surgery – A number of recommendations have been agreed in principle by the three Integrated Joint Boards (IJBs) who operate the three independent GP Minor Surgery services but there has been limited progress in implementing them to date. There are more patients being treated in one of the three IJBs rather than just their home IJB area than previously, but this is still not consistent with our Access Policy and disparity remains in waits across NHS Grampian. The service remains under pressure due to inadequate facilities and the Moray Community Service remains reliant on Dr Grays as the operating centre.

- Gynaecology – similar to Urology, this service is struggling to create sufficient capacity to see routine patients given the growing urgent patient demand

- ENT – the position is becoming more challenging because of the retirement of long standing Speciality Doctors who had significant outpatient commitments and recruitment challenges in replacing them.

What have we learnt?

- Significant and sustained increase in our capacity is required

- Increasing numbers of patients are being referred as urgent from primary care which reduces the capacity available to see patients classified as routine. The interface group is exploring the reasons, rationale and consequences of this shift in referrals.

Oversight and assurance

Provided through progress reporting:
- Performance Assurance. Finance & Infrastructure Committee
- ISCP Programme Board
- SG Access Support Team

📋Our Performance Spotlights: Access

Strategic Intent: Patients are able to access the right care at the right time

Objective: Improve Preventative & Timely Access to Care

Priority Area: N1 - Improving access and protecting planned care

**Key Performance Indicator (KPI):
No more than 860 patients will wait more than 2 years for a TTG admission
Q4 Target: <860 patients**

**Sept 23 position:
1862

Q2 Target:
<1220**

How do we compare?
Of the mainland boards, Grampian had the highest proportion of patients waiting over 104 weeks at the June 2023 census date. One of the mainland boards had no patients waiting over 104 weeks.

Our story so far….
The clinical needs of the majority of patients waiting more than 2 years are not suitable for the facilities in peripheral operating capacity at Stracathro or NTC-Highland. Therefore, they require treatment in ARI theatres but most of the capacity in these theatres is being used for Elective Surgery Categorisation System (ESCatS) 0, 1 and Cancer patients. These capacity constraints at ARI are resulting in long waits for patients who are not in the highest clinical priority.

Our overall theatre efficiency use is amongst the best in Scotland, consistently performing above average in a number of measures.

Unproductive Time Summary	
Board	**%**
Orkney	57%
Highland	48%
Lothian	39%
Shetland	37%
Western Isles	34%
Golden Jubilee	33%
Dumfries & Galloway	33%
Boarders	32%
Lanarkshire	28%
Grampian	26%
Fyfe	26%
Tayside	25%
Airshire & Arran	25%
Greater Glasgow	24%
Forth Valley	24%

To maintain capacity for ESCat priorities whilst reducing the waits for all patients we planned to recommission the short stay theatre complex within ARI. However, infection prevention and control concerns have been raised about the cascade of moves required to that free up the clinical space.

There is no alternative solution, for the remainder of this financial year, to address the waiting times for those waiting over two years. Therefore, the portfolio has informally notified our end of financial year projection from 860 to 2,520 to the Scottish Government (SG) and will take steps to formalise this adjustment to the Annual Delivery Plan.

We continue to seek additional capacity Regionally & Nationally, including interfacing with the National Elective Co-ordination Unit (NECU), inputting into review of these national pathways and presenting the case for change to SG for supporting a review in the clinical criteria of Golden Jubilee National Hospital (GJNH) to pivot towards the longest waiting patients instead of volume. Similarly, we are working with the NTC-Highland around their ability to increase their anaesthetic tolerance levels to treat the longer waiting Orthopaedic patients.

Our key risks, challenges and impacts…
- Infrastructure
- Peripheral operating clinical criteria
- ESCatS Risk
- No further mitigation options

Commentary from
Paul Bachoo
Executive Lead,
Integrated Specialist
Care Services Portfolio

Our mitigation and recovery actions
- The plan remains to recommission the short stay operating complex in ARI. The NTC-Grampian is not within our 1-3 year plan at present.
- We will continue to seek review of clinical pathways & greater clinical flexibility from national elective assets to match to the needs of the longest waiting patients.
- We will continue to use our escalation system and Waiting Well team to identify and respond to clinical concerns as well as supporting patients whilst they are waiting.
- We continue to use our ESCatS system for risk mitigation but acknowledge this is now being used to manage cases well beyond 12 months.
- We will continue to maximise performance and productivity from our available resource.
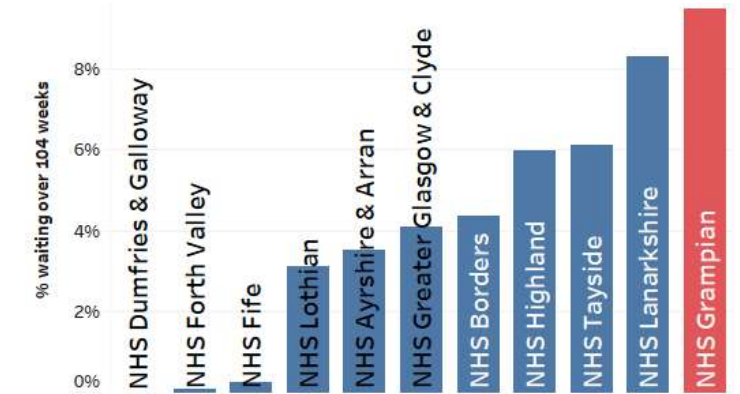
Oversight and assurance
Provided through progress reporting:
- Performance Assurance, Finance & Infrastructure Committee
- ISCP Programme Board
- SG Access Support Team

What have we learnt?
- What we have we use well. What we need is more capacity for theatre activity.
- The acknowledged strategic infrastructure risk is directly linked to and adversely impacting on elective care delivery
- Long waits are associated with a change in overall patient fitness / suitability for routine day case surgery. This change excludes these patients from current models of service provision designed to recover backlog.
- At present it is not clear if patient deterioration is related to their index condition or other challenges in our integrated health and care system. Although hard to measure, it is inevitable that these patients have increased consultation and support needs from primary care due to their length of wait. There is no evidence yet of an increase in emergency attendances from this cohort of patients.

📋 Our Performance Spotlights: Access

Strategic Intent: Patients are able to access the right care at the right time

Objective: Improve Preventative & Timely Access to Care

Priority Area: N5 - Cancer Care

Key Performance Indicator (KPI): 95% of citizens will receive first cancer treatment within 31 days of decision to treat
Q4 Target: 95%

Sept 23 position: 89.31%

Q2 Target: 95%

Pathways — Access

Our story so far….

Cancer care relating to the tracked pathways continues to compete for resources with many other unscheduled or urgent high priority non-cancer pathways.

An increased rate of both urgent suspected cancer (USC) referrals and backlog in Urology and Colorectal pathways continues to be seen in Grampian, mirrored by the overall national picture.

Efforts continue to reduce the high number of backlog patients but this has a negative impact to the cancer performance and in turn the projected target of 95% has not been met.

Our key risks, challenges and impacts…

- Oncology Mutual Aid being provided to neighbouring health boards.
- Unscheduled care demands
- Funding levels and limitations
- Workforce resource, retention and recruitment
- Workforce planned and unplanned leave

Significant reductions in access funding have already realised these risks:
- Increasing diagnostic backlog driven by continued high referral rates and inability to match capacity with demand
- Theatre capacity does not meet demand across a number of areas, combined with access to pre-operative assessment and post-operative beds

Commentary from
Paul Bachoo

Executive Lead, Integrated Specialist Care Services Portfolio

Oversight and assurance

Provided through progress reporting:
- North Cancer Alliance
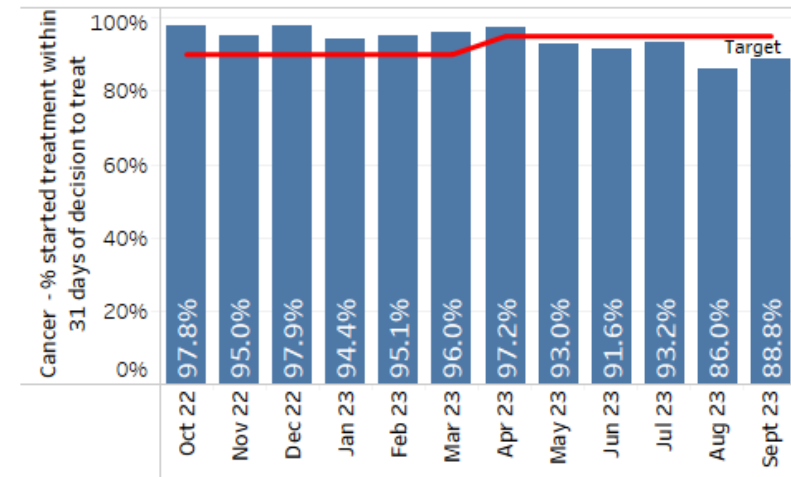- Scottish Government

Our mitigation and recovery actions

- Local, Regional and National level co-operation and discussion to share challenges and issues
- Cancer Manager's Forum to share best practice and learning opportunities
- North Cancer Alliance (NCA) have oversight of regional activity and through an operational delivery group are seeking to formalise escalation for support or mutual aid requests.
- Use of Golden Jubilee Hospital for Colorectal surgery
- Use of Forth Valley for 'See and Treat' of Breast patients
- Plans to increase theatre capacity through short stay theatres at ARI.

What have we learnt?
- Significant increase in our capacity is required to meet Scottish Guidelines
- Separating cancer services from competing urgent/high priority services should be considered.
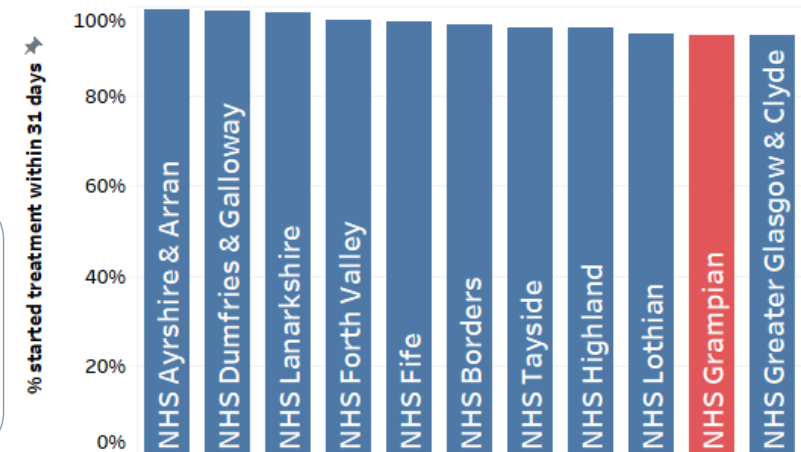
How are we performing against target?
Monthly performance has been below target since May 2023.

How do we compare?
For the quarter ending June 2023, Grampian had the second lowest proportion of patients treated within 31 days of decision to treat of all mainland boards. Six of the mainland boards achieved the 95% national target during the quarter

Our Performance Spotlights: Access

Strategic Intent: Patients are able to access the right care at the right time

Objective: Improve Preventative & Timely Access to Care

Priority Area: N5 - Cancer Care

Key Performance Indicator (KPI): 81% of citizens will receive first treatment within 62 days of urgent suspected cancer referral Q4 Target: 81%

Sept 23 position: 56.34%

Q2 Target: 79%

Our story so far….

Cancer care relating to the tracked pathways continues to compete for resources with many other unscheduled or urgent high priority non-cancer pathways.

An increased rate of both urgent suspected cancer (USC) referrals and backlog in Urology & Colorectal pathways continues to be seen in Grampian, mirrored by the overall national picture.

Whilst efforts continue to reduce the high number of backlog patients, this will result in a negative impact to the cancer performance and in turn the projected Q4 target of 81% is not being met.

Our key risks, challenges and impacts…

- Unscheduled care demands
- Funding levels and limitations
- Workforce resource, retention and recruitment
- Workforce planned and unplanned leave

Significant reductions to access funding have already realised these risks:
- Increasing diagnostic backlog driven by continued high referral rates and inability to match capacity with demand
- Theatre capacity does not meet demand across a number of areas, combined with access to pre-operative assessment and post-operative beds

Commentary from
Paul Bachoo

Executive Lead, Integrated Specialist Care Services Portfolio

Oversight and assurance
Provided through progress reporting:
- North Cancer Alliance
- Scottish Government

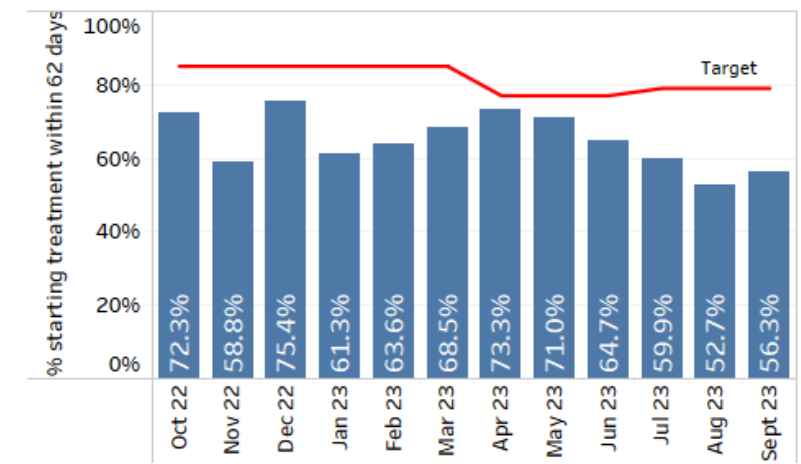**Our mitigation and recovery actions**

- Local, Regional and National level co-operation and discussion to share challenges and issues
- Cancer Manager's Forum to share best practice and learning opportunities
- North Cancer Alliance (NCA) have oversight of regional activity and through an operational delivery group are seeking to formalise escalation for support or mutual aid requests.
- Use of Golden Jubilee Hospital for Colorectal surgery
- Use of Forth Valley for 'See and Treat' of Breast patients
- Extension to contract for external provider clinics for Dermatology patients
- Plans to re-purpose Urology Diagnostic Hub in ward
- Chest X-ray Artificial Intelligence diagnostic project from May 2023 has reduced breaches on Lung pathway

What have we learnt?
- Significant increase in our capacity is required to meet Scottish Guidelines
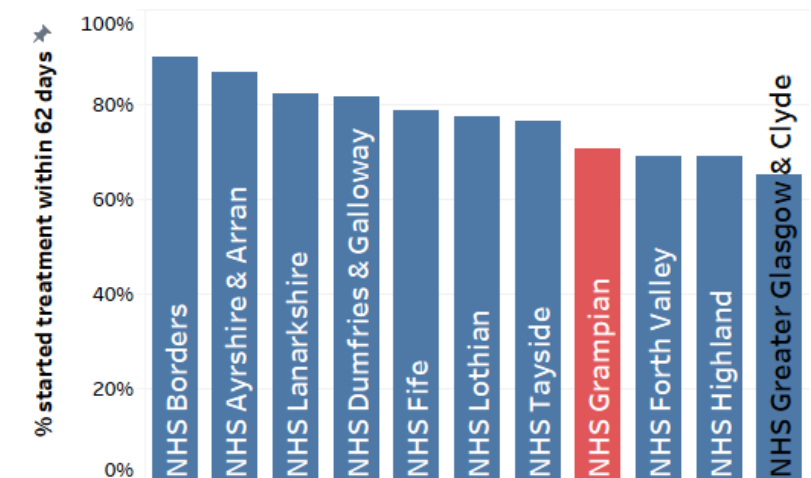- Separating cancer services from competing urgent/high priority services should be considered.

How are we performing against target?
We remain below target. Monthly performance decreased from April to August, but improved in September 2023.

How do we compare?
For the quarter ending June 2023, Grampian had the fourth lowest proportion of patients treated within 62 days of referral, of all mainland boards. No mainland boards achieved the 95% national target during the quarter.

Appendix: Overview of National Waiting Times Standards

National Waiting Times Target/Access Standard (measurement definition, based on quarterly period unless otherwise stated)	Target	Quarter end Jun 2022	Quarter end Sep 2022	Quarter end Dec 2022	Quarter end Mar 2023	Quarter end Jun 2023	Benchmarking (of 11 mainland Boards quarter end Jun 2023: ranked 1st = best performing)	Commentary
95% of unplanned A&E attendances to wait no longer than 4 hours from arrival to admission, discharge or transfer (% admitted, discharged or transferred within 4 hours of arrival at an Emergency Department or Minor Injury Unit)	95%	72.7%	70.6%	67.5%	66.4%	**70.2%**	7th Scotland: 71.0%	Overall A&E performance decreased through 2022/23 before increasing for the quarter ending June 2023 although the level remains lower than for the same time last year
All patients requiring one of the 8 key diagnostic tests will wait no longer than 6 weeks (% of waits of 6 weeks or less at quarter end)	100%	51.5%	46.3%	35.2%	41.8%	**38.7%**	11th Scotland: 49.9%	Performance has been trending down since the beginning of 2022, and we have been consistently below the overall Scotland level for the last three quarters
95% of New Outpatients should be seen within 12 weeks of referral (% of waits where patient was seen at a new appointment within 12 weeks of referral)	95%	70.2%	69.7%	68.9%	70.0%	**70.3%**	3rd Scotland: 66.4%	Following a decrease in performance through the second half of 2022, there has been improvement through the first half of 2023, returning to a similar level as the same time last year
All TTG patients should be seen within 12 weeks of decision to treat (% of waits where patient was admitted for treatment within 12 weeks of decision to treat)	100%	49.0%	48.9%	48.2%	45.7%	**45.7%**	10th Scotland: 56.7%	Performance decreased through 2022/23 and has remained level into the first quarter of 2023/24. We remain consistently below the overall Scotland level
95% of patients should wait no more than 31 days from decision to treat to first cancer treatment (% of waits where patient was treated within 31 days of decision to treat)	95%	94.22	95.05%	96.82%	95.25%	**93.78%**	10th Scotland: 95.2%	Performance improved through 2022, but has decreased during 2023, and we have fallen below the overall Scotland level for the latest quarter
95% of patients receive first treatment within 62 days of urgent suspicion of cancer referral (% of waits where patient was treated within 62 days of urgent suspected cancer referral)	95%	75.24%	75.24%	68.53%	65.04%	**70.63%**	8th Scotland 73.7%	Following a decrease in performance through 2022/23, there has been improvement in the first quarter of 2023/24. We remain consistently below the overall Scotland level
90% of children and young people should start treatment within 18 weeks of referral to CAMHS (% of waits where patient started treatment within 18 weeks of referral)	90%	94.2%	96.3%	97.1%	99.6%	**96.1%**	3rd Scotland: 73.8%	Performance improved through 2022/23, but has decreased in the first quarter of 2023/24. We remain consistently above the overall Scotland level

National Waiting Times Target/Access Standard (measurement definition, based on quarterly period unless otherwise stated)	Target	Quarter end Jun 2022	Quarter end Sep 2022	Quarter end Dec 2022	Quarter end Mar 2023	Quarter end Jun 2023	Benchmarking (of 11 mainland Boards quarter end Jun 2023: ranked 1st = best performing)	Commentary
90% of people should start their treatment within 18 weeks of referral to psychological therapies *(% of waits where patient started treatment within 18 weeks of referral)*	90%	72.6%	72.0%	68.2%	63.0%	**63.8%**	11th Scotland: 78.8%	Performance decreased through 2022/23, with a fractional improvement into the first quarter of 2023/24. We remain consistently below the overall Scotland level
90% of patients will commence IVF treatment within 52 weeks *(% of waits for patients screened at an IVF centre within 52 weeks of a referral from secondary care to one of the four specialist tertiary care centres)*	90%	100%	100%	100%	98.2%	**100%**	Scotland: 99.7%	We continue to consistently achieve the target

From national waiting times publications