How are we doing?

Board Annual Delivery Plan Performance Report Quarter 1 2024/2025

September 2024

Content

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 outcomes will be delivered through our Integrated Performance Assurance and Reporting Framework.

Our Vision and Strategic Intent

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 and Deliverables within each of the categories in our strategic intent above as agreed in the Delivery Plan, which are considered to drive the overall performance of the organisation towards our vision and outcomes.

The report highlights key areas of achievement or concern, with narratives from Executive Leads to provide a wider perspective.

Alignment of our Plan for the Future and Performance

A

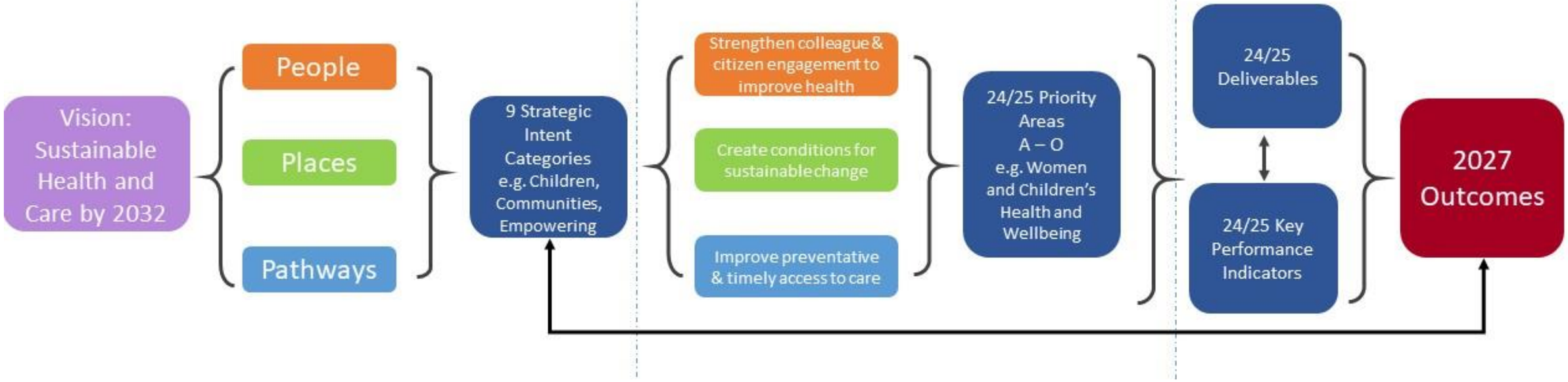
Strategic Intent

B

24/25 ADP Objectives and Priority Areas

C

How we measure, track our performance against objectives and priority areas through KPIs, supported by deliverables to achieve our 2027 outcomes



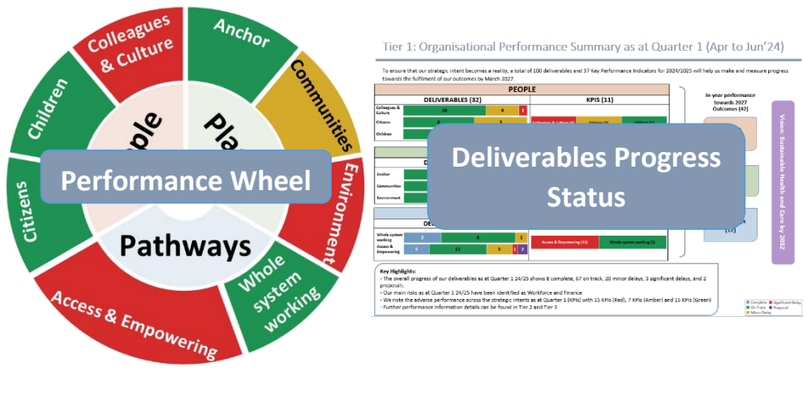
Reading Guide

The format of this report supports a tiered approach on how we review performance information. 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.

(Tier 1)
Our Organisational Performance Summary
(High level overview of "How we are doing" as an NHS Board across our strategic intent)

(Tier 2)
Our Performance Scorecards and Deliverables
(Summary of Key Performance Indicators and Deliverables across categories in strategic intent)

(Tier 3)
Performance Spotlights
(Detailed focus on adverse or favourable performance with detailed commentaries)



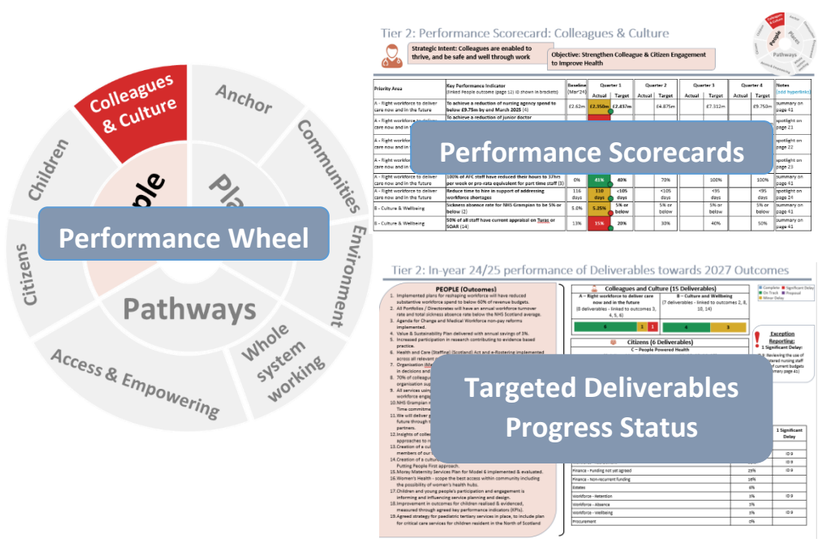
This section covers two key areas of focus:

1) Our Board Performance Summary across our strategic intent:

The Performance Wheel and Deliverables above indicate a high level overview of our performance as a Board across each of our strategic intent set out in People, Places and Pathways. The Red, Amber, Green (RAG) rating assessment criteria for the Key Performance Indicators (KPIs) and progress status of our Deliverables can be found on the next page.

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

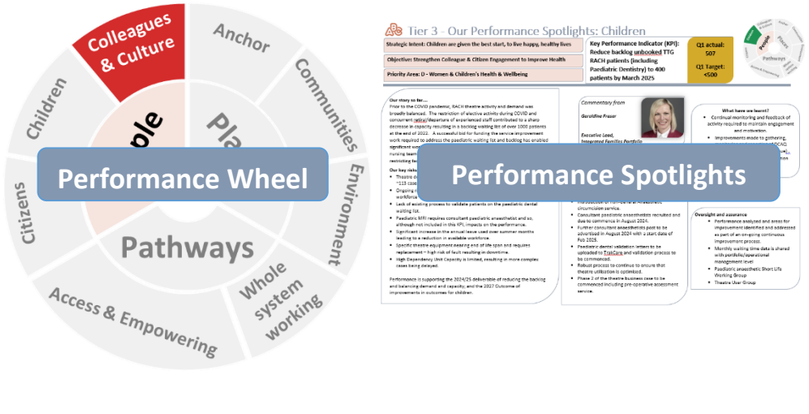
A high level overview to provide a wider landscape not specifically covered via People, Places and Pathways but critically important for the organisation will be included here.



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 Performance Scorecards and targeted Deliverables aligned to the strategic intent, objectives and priority areas 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 status reporting of the Deliverables as per the Annual Delivery Plan.

Definitions of the key headings on the Performance Scorecards and Deliverables 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 Performance Scorecards and Deliverables.

The detailed commentaries from Executive Leads cover:

- 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.

KEY

(A) 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 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

(B) RAG Ratings for the Performance Scorecards:

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

Assessment Rating	Criteria
Red	Current performance is outwith 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

(C) Each KPI also has a marker to indicate the direction of performance from the previous quarter:

Marker	Description
●	Improvement in performance from previous quarter
●	Decline in performance from previous quarter
●	There has been no change between previous and current quarter

(D) Performance status reporting of our Deliverables through Quarterly Milestones

- Complete
- On Track
- Minor Delay
- Significant Delay
- Proposal

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 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

A key deliverable is an outcome of a task or project activities taking place. Typically outlined at the outset, key deliverables are quantifiable and linked to quarterly milestones for monitoring progress. Milestones serve as markers in time to track and measure progress

Outcomes

Outcomes are the specific, immediate or intermediate, tangible and measurable results or changes resulting directly from a project's activities or interventions. They reflect changes in behaviour, knowledge, skills, attitudes, or conditions and are used to assess progress towards long-term goals and impact. Examples include increased self-esteem and more items recycled.

Baseline

This indicates the level of performance against each indicator at the end of 2024/25, 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 2025. 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.

Tier 1: Our Board Performance Summary

Executive Summary

The 2023/24 cycle of the Annual Delivery Plan (ADP) closed at the end of March 2024. The 2024/25 ADP cycle, including updated and revised annual Deliverables, was agreed by the Board at the 13th June 2024 meeting. This report looks at How We Are Doing against our short, medium and long term plans for the first quarter (April to June 2024) of the current ADP.

Our reporting process continues to evolve over time, with this iteration seeking to provide a greater level of linkage through our Deliverables, Outcomes and Key Performance Indicators (KPIs). Further developments are intended, to demonstrate the "golden thread" that connects these elements to the outcomes we aim to achieve by 31st March 2027.

The Performance Wheel now shows 8 Strategic Intent Categories, with Access and Empowering combined for this reporting year. It shows a balanced starting position for the year, with three categories in Green, two in Amber, and three in Red (Colleagues & Culture, Environment, and Access & Empowering), based on our KPI performance. Our scorecards give us a helpful overview of favourable and adverse performance for each of the KPIs aligned to our priority areas of work for 2024/25.

This report continues in the expanded format first used in the last quarter of 2023/24, and contains 20 detailed Spotlights, and a further 16 summary updates, once again giving full coverage of our KPIs; these help provide understanding of our performance, and of the work carried out as we strive to achieve our goal of sustainable health care for our citizens across Grampian. Finance is reported separately to the NHS Grampian Board.

We continue to recognise the Voice of our Citizens through reporting of stories and actions from Care Opinion. The Voice of our Colleagues this quarter is represented via the iMatter survey.

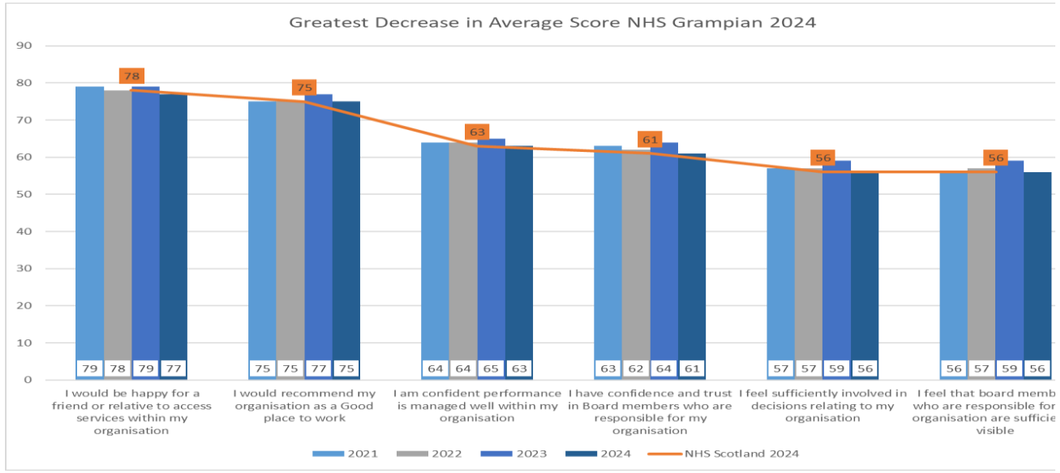
Adam Coldwells, Chief Executive NHS Grampian

Tier 1: Voice of our Colleagues

via iMatter

Colleague experience:

- iMatter (Staff Experience) questionnaire for all NHS and Local Authority staff in NHSG and HSCP's (Health & Social Care Partnerships) was live from 20/05 -10/6/24. National report expected Autumn 2024 for Board level review.
- Participation fell 2% in 2024 to 60%, in line with national participation in 2024 (59%). This may be explained by BPA Culture Survey running in Combined Child Health and Facilities & Estates 3 months earlier.
- Responses demonstrated a decrease in positive experiences across 14 of the 28 Likert questions and overall experience, reflected in the Board Employee Engagement Index (EEI) moving from 78 to 77. This is again comparable with the national EEI of 76.
- The four organisation level questions reported within the 'monitor to improve' category of responses are the same as previously. Three of these saw the greatest decrease in average score (-3) of the 28 Likert scale questions.



- There has also been a slight reduction in the proportion of staff reporting they feel safe to raise concerns (80% - 79%) and that those concerns will be followed up (75% - 74%). National figures have not been made available for these questions at this stage, so benchmarking is not possible.

Our key risks, challenges and opportunities:

- Meaningful action is required at all levels to ensure staff engagement is given appropriate focus, with team level action planning a key area for improvement.
- Aligning the Likert questions with NHSG Grampian's values suggests that our values are not regularly or consistently experienced by a significant minority of colleagues.
- Experience varies across, and within Portfolio/Directorates. Sub reporting within iMatter provides an opportunity for leadership teams to understand and address.

Our actions to date…

Preparatory:

- Team, sub-reporting and Portfolio structure review on system to ensure accurate reporting, and access to relevant information for middle and senior management.
- Reviewed communications and engagement following Wider System Leadership Team (WSLT) feedback 23/24. Including case stories, Chief Executive views and considerations, engagement with senior management teams and values based approach to support.
- WSLT commitment to prioritise closing the loop for staff to support participation and reduce risk of disengagement through perceptions of inaction and lack of involvement in decisions.

Results and Action Planning:

- Board results mapped and analysed against organisational values to reframe results and development of recommendations in the context of ongoing values into action work.
- Values based approach to support teams and managers developed, taking from learning and experience from BPA Culture Matters.
- Updated communications for managers and executives, to support and enable action planning.
- Redesign of iMatter Managers Action Planning Session, in line with values to provide pragmatic approach, with ring-fenced time to develop team session plan.
- Creation of bespoke joint iMatter and Culture Matters session, available to managers undertaking joint action planning.

What Next…?

1. The Chief Executive Team have reviewed 2024 iMatter results and their alignment to NHS Grampian's values, and endorsed the following recommendations:
    a. Focus to be given to understanding and addressing the decline in scores for 4x questions at organisational level that remain within the 'monitor to further improve' category.
    b. Further consideration of intentional, values-based action within each Directorate/Portfolio to attend to and support improved experience, accepting the results will differ across the system. Supported through an updated Culture Matters Programme Board membership.
    c. Directors and Portfolio Leads to use Yearly Participation, EEI and when available Action Planning reports in iMatter to understand and discuss with direct reports the differences between teams within their Directorate.
    d. Consideration and focused-attention on the raising concern questions, at Portfolio/Directorate and organisational level.
    e. CET to explore differences between functional units i.e. Portfolios/Directorates to allow more nuanced identification of the differences across the system to influence organisational action planning.
    f. A message in response to the results and analysis, following CET discussion, outlining key messages from the results and next steps for improvement within a values based format.
2. This dovetails with the intentional values based approach to leadership and organisational processes being developed currently as part of the 2024/25 Annual Delivery Plan and in support of Colleagues and Culture component of Plan for the Future.
3. Scottish Government have confirmed that Doctors and Dentist in Training (DDiT) iMatter will not go ahead in Autumn 2024, to allow focus upon existing surveys on training experiences i.e. Scottish Training Survey.

Tier 1: Voice of our Citizens

Care Opinion stories Quarter 1 2024/25

174 stories in Q1

99% of stories have a response

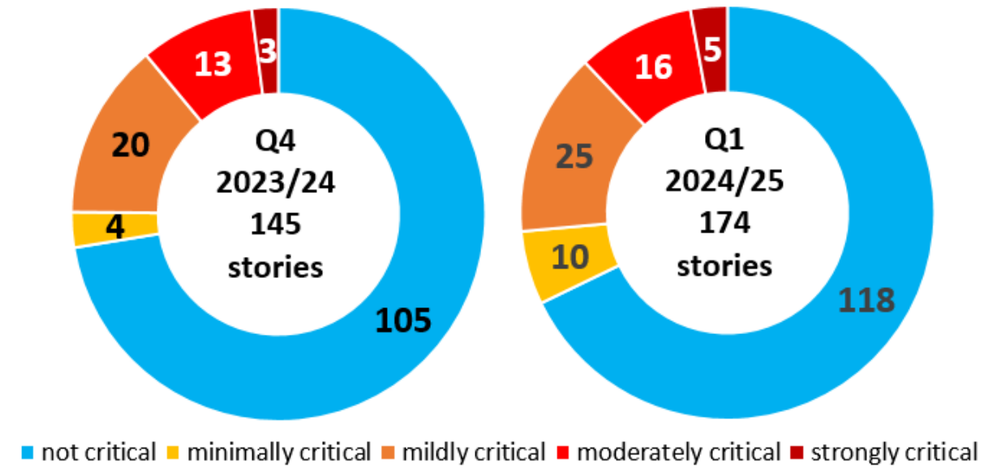
3 stories have changes planned

0 stories have had changes made

The 174 stories submitted to Care Opinion in the period April-June 2024 represent a 20% increase from the previous quarter, and a 53% increase in comparison to the same period last year.

- The proportion of 'not critical' (or 'positive') stories decreased from 72% in quarter 4 to 68% in quarter 1.
- The proportion of 'mildly critical' stories has remained level at 14%.
  - 5 stories were rated as 'strongly critical', an increase from 3 in the previous quarter. For 4 of these stories the service areas responded within one day, requesting the story authors contact them to discuss in more detail; with the remaining story author being contacted within one week to discuss further.
- Overall initial responsiveness continues at a very high level, returning to 99% after three quarters at lower levels.

How moderators have rated the criticality of stories



Criticality scores in relation to the most negatives statements within the story are assigned by moderators to support the alerting service in identifying issues which might need urgent response, action or escalation

Contributing to change

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

- For the April-June 2024 period, 3 of these stories' responses show a change has been planned or made (see next page for further detail), 1 more 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, including compliments, complaints and patient surveys, for which a quarterly update will be included in the December 'How are we Doing' report.

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 service areas.

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

Many of the stories we receive are 'not critical', with the positive story being shared with the relevant team and no change required within the service.

Ongoing actions to improve recording on Care Opinion:

- During Care Opinion training, the value of recording changes is being highlighted, together with the importance of ensuring responses to stories are person-centred.
- Service-specific links are being provided to the Medicine services for them to share, making it easier for citizens to provide feedback.
- Work is ongoing to establish citizens' and colleagues' level of awareness of Care Opinion, with an increase in the number of stories in the latest quarter.
- Raising awareness through the Quality Improvement and Assurance Team newsletter, shared with all colleagues through the Daily Brief.

Tier 1: Voice of our Citizens

Citizens stories via Care Opinion

Changes planned

[Small tweaks could vastly improve an already great service]

The care and attention was fantastic and the breast cancer nurses were amazing. Surgery first class and the scar left is almost invisible 14 months later. Care was great from start to finish including the theatre staff, and prosthetic nurse who was also fabulous. My outcome and prognosis is good 14 months on from my initial mammogram.
I do think more needs to be done regarding the psychological challenges a person goes through. The breast cancer nurses are very busy and do their best but a dedicated person to talk to would be invaluable…
www.careopinion.org.uk

CHANGE PLANNED

Response from Senior Charge Nurse, Breast Outpatients, Aberdeen Royal Infirmary (June 2024):

Thank you for taking the time to feedback on your experience of the breast service. I am glad to hear that for the most part your experience has been a positive one where you felt the care and attention you received was fantastic. We are very aware of the support needed by those following diagnosis and treatment and how this impacts overall wellbeing and healing. As you mentioned, we have a great team of breast care nurses and we also work closely with external partners to provide holistic support however we acknowledge that on this occasion we have not been able to provide the support and guidance that we aim to and for this we are sorry. We are currently working hard to review our workforce and are undertaking significant changes across our nursing team to improve our service and provision. We are cognisant that the role and workload of the breast care nurse team is prioritised as we make these changes.
I am glad to hear of your good prognosis and wish you all the very best in your recovery. Thank you again for your feedback.

[Lack of empathy and poor patient manner]

I had a positive pregnancy test at around 4 weeks pregnant (suspected - clear blue digital 1-2 weeks from conception) followed by a negative a few days later. Called my gp to advise and he suggested bloods done 48 hrs apart, but holiday would not allow, therefore one was done with low levels (under 2) recorded. NHS guidance shows levels can be at 0 at 4 weeks, so this does not rule out pregnancy, as hcg can take time to reach a detectable level.
Whilst on holiday I had a light bleed, and was unsure if this was a miscarriage or implantation bleeding as no pain occurred. On return from holiday I was due to meet with a consultant regarding medication I was on at time of conception, but I was unsure if I was still pregnant or if I had miscarried. I called the advice line…
www.careopinion.org.uk

CHANGE PLANNED

Response from Midwifery Manager, Aberdeen Maternity Hospital (May 2024):

Thank you for providing feedback regarding your previous, and more recent experience with Rubislaw ward. This has been passed on to the senior midwife and nurse for the ward who will share this with all Rubislaw staff. Guideline improvement and training is ongoing within the early pregnancy service and I apologise that this is the experience you had. If you wish for your care to be looked into you can submit a feedback or complaints form through NHS Grampian feedback service and I can look into this further for you.
I am sorry for your loss and apologise again for the care your experienced.

[I was told I wasn't an emergency]

I woke up with excruciating pain in my lower right side of my stomach. Went to toilet as have IBS and thought it could be that but I started being sick. The pain got worse, I could not stop being sick. Phoned an ambulance, they came and went to neighbours then finally came into me. Did Observations but because I mentioned IBS they automatically said that was what was wrong. They gave me Calpol lozenges and said to get a hot water bottle and sleep. I was screaming in pain and begging them to get me help but they said there was nothing they could do.
I later phoned doctors to see if I could get a home visit which was approved. Now this was mid-afternoon before she came…
www.careopinion.org.uk

CHANGE PLANNED

Response from Interim Chief Nurse, Division of Surgery (April 2024):

Thank you for taking the time to write and share with us what seems to have been a very harrowing experience. I am so sorry to hear you have found some of your care experiences in parts of your patient journey not up to the standards we aim to provide. You must indeed have been in a great deal of pain given the surgeon's findings. To then experience issues with getting to the toilet, your wound bleeding, being moved to another ward and having a chest infection must have been very upsetting. I would very much like to learn more about your time with us in the Emergency Surgical ward and would therefore appreciate if you can contact me directly.
I understand this is an anonymous post and that this might not be the right time for you to get in touch directly, if you choose not to get in touch please be assured that your feedback, for the general surgery team, will be discussed at our weekly team meeting and we will look at where we can make changes to prevent this happening to other patients.

Tier 1: Voice of our Citizens

Themes from Care Opinion Feedback (April-June 2024)

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?

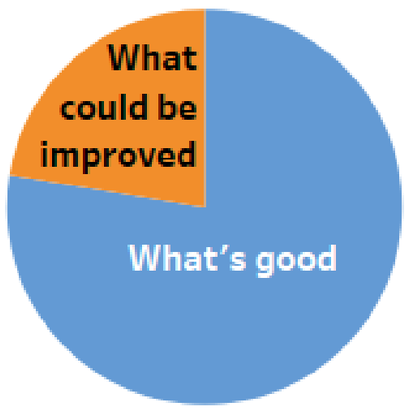
Feedback is predominantly positive, with "staff", "nurses" and "care" continuing to trend as the most frequently used positive tags

What could be improved?

There are some areas where our citizens' stories suggest improvement can be made. Once again, "communication" was the most frequently tagged area for improvement, followed by "waiting times"

These word clouds provide a visual representation of the tags from citizens' stories: the larger and darker the word, the more frequently it was used as a tag

Tag categorisation Apr-Jun 2024
based on 174 stories submitted



There were 24 stories in the latest quarter where "communication" has been tagged as an area for improvement; the themes include:

- Appointments, including lack of information about delays and difficulty in confirming appointments
- Bedside manner and the way the patient was spoken to, including feeling concerns were dismissed
- Not being fully informed or involved in decision making

It is recognised the local Clinical Governance Meetings regularly review complaints as one of the meeting agenda items, and encouragement is provided for staff within Portfolios to undertake the training modules available, with the theme of communication remaining an area of focus.

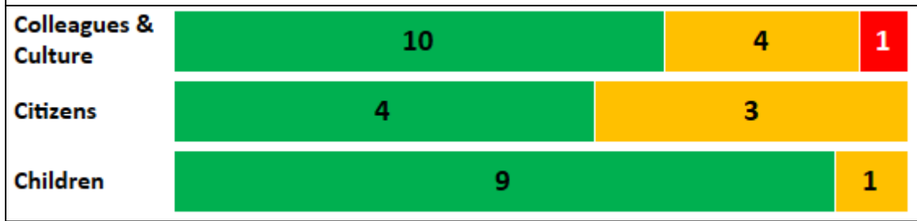
In the last Cross System Quality, Safety and Assurance Group it was agreed by the Chair to dedicate the October meeting to a Critical Thinking Session on how we share and embed learning, which will include complaints and feedback amongst other items. It is hoped this opportunity will provide time across a range of Portfolios to explore options to support colleagues across the system with making an impact on our collective themes.

Tier 1: Organisational Performance Summary as at Quarter 1 (Apr to Jun'24)

To ensure that our strategic intent becomes a reality, a total of 100 deliverables and 37 Key Performance Indicators for 2024/2025 will help us make and measure progress towards the fulfilment of our outcomes by March 2027.

PEOPLE

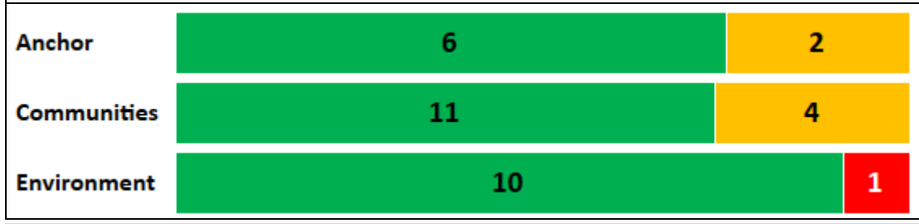
DELIVERABLES (32)



KPIs (11)

PLACES

DELIVERABLES (34)



KPIs (14)

PATHWAYS

DELIVERABLES (34)

KPIs (12)

In-year performance towards 2027 Outcomes (42)

- People (19)
- Places (11)
- Pathways (12)

Vision: Sustainable Health and Care by 2032

Complete | On Track | Minor Delay | Significant Delay | Proposal

RAG rating of KPIs within each category assessed via criteria on page 5, Key (A)

Key Highlights:

DELIVERABLES:

- The overall progress of our deliverables as at Quarter 1 24/25 shows 8 complete, 67 on track, 20 minor delays, 3 significant delays, and 2 proposals.
- Our main risks as at Quarter 1 24/25 have been identified as Workforce and Finance

KPIs:

- The performance across the strategic intent as at Quarter 1 24/25 shows 3 categories in Red, 2 categories in Amber and 3 categories in Green.
- Further performance information details can be found in Tier 2 and Tier 3

Tier 2: In-year 24/25 performance of Deliverables towards 2027 Outcomes

PEOPLE (Outcomes)

1. Implemented plans for reshaping workforce will have reduced substantive workforce spend to below 60% of revenue budgets.
2. All Portfolios / Directorates will have an annual workforce turnover rate and total sickness absence rate below the NHS Scotland average.
3. Agenda for Change and Medical Workforce non-pay reforms implemented.
4. Value & Sustainability Plan delivered with annual savings of 3%.
5. Increased participation in research contributing to evidence based practice.
6. Health and Care (Staffing) (Scotland) Act and e-Rostering implemented across all relevant professions.
7. Organisation iMatter scores re: confidence in leadership, involvement in decisions and performance management =/>70%.
8. 70% of colleagues in all Portfolios / Directorates report the organisation supports their health and wellbeing at work.
9. All services using a real-time feedback loop to support improved workforce engagement and change.
10. NHS Grampian meeting requirements of published Protected Learning Time commitments under Agenda for Change reform.
11. We will deliver good quality care and sustainable health services in the future through the active participation of our staff, citizens and partners.
12. Insights of colleagues and citizens will be reflected in our planning approaches to reduce inequality of access to services.
13. Creation of a culture where volunteers are embedded as valued members of our teams, and their contribution is recognised.
14. Creation of a culture of engagement and empowerment, as part of our Putting People First approach.
15. Moray Maternity Services Plan for Model 6 implemented & evaluated.
16. Women's Health - scope the best access within community including the possibility of women's health hubs.
17. Children and young people's participation and engagement is informing and influencing service planning and design.
18. Improvement in outcomes for children realised & evidenced, measured through agreed key performance indicators (KPIs).
19. Agreed strategy for paediatric tertiary services in place, to include plan for critical care services for children resident in the North of Scotland

Colleagues and Culture (15 Deliverables)

A – Right workforce to deliver care now and in the future (8 deliverables - linked to outcomes 3, 4, 5, 6)	B – Culture and Wellbeing (7 deliverables - linked to outcomes 2, 8, 10, 14)
6 | 1 | 1	4 | 3

Citizens (7 Deliverables)

C – People Powered Health
(7 deliverables - linked to outcomes 11, 12, 13, 14, 17)

4 | 3

Children (10 Deliverables)

D – Women's and Children's Health and Wellbeing
(10 deliverables - linked to outcomes 15, 16, 17, 18, 19)

9 | 1

Complete | Significant Delay | On Track | Proposal | Minor Delay

Exception Reporting:

1 Significant Delay:

ID 9: Reviewing the use of unregistered nursing staff in light of current budgets (see Summary page 41)

Key Risk Categories: Impact of progress of 32 Deliverables (Deliverables may have more than one associated risk therefore total will exceed 100%)	All PEOPLE Deliverables (%)	1 Significant Delay
Other (workforce capacity, workload pressures, technology, limited funding)	72%	
Workforce - Training, Development and Skills	41%	ID 9
Workforce - Recruitment	31%	ID 9
Finance - Funding not yet agreed	25%	ID 9
Finance - Non-recurrent funding	16%	
Estates	6%	
Workforce - Retention	3%	ID 9
Workforce - Absence	3%	
Workforce - Wellbeing	3%	ID 9
Procurement	0%	

Tier 2: 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 (linked People outcome (page 12) ID shown in brackets)	Baseline (Mar'24)	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	**To reduce nursing agency spend to below £9.75m by end March 2025** (4)	£2.62m	**£2.350m**	**£2.437m**		£4.875m		£7.312m		£9.750m	summary on page 41
A - Right workforce to deliver care now and in the future	**To reduce junior doctor banding/medical locums spend to below £17.789m by end March 2025** (4)	£6.121m	**£5.610m**	**£4.447m**		£8.895m		£13.342m		£17.789m	spotlight on page 21
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 (70% overall)** (10)	58.9%	**61%**	**70%**		70%		70%		70%	spotlight on page 22
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 (80% overall)** (10)	67.5%	**69%**	**80%**		80%		80%		80%	spotlight on page 23
A - Right workforce to deliver care now and in the future	**100% of AFC staff have reduced their hours to 37hrs per week or pro-rata equivalent for part time staff** (3)	0%	**41%**	**40%**		70%		100%		100%	summary on page 41
A - Right workforce to deliver care now and in the future	**Reduce time to hire in support of addressing workforce shortages**	116 days	**110 days**	**<105 days**		<105 days		<95 days		<95 days	spotlight on page 24
B - Culture & Wellbeing	**Sickness absence rate for NHS Grampian to be 5% or below** (2)	5.0%	**5.25%**	**5% or below**		5% or below		5% or below		5% or below	summary on page 41
B - Culture & Wellbeing	**50% of all staff have current appraisal on Turas or SOAR** (14)	13%	**15%**	**20%**		30%		40%		50%	spotlight on page 25

Tier 2: 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 (linked People outcome (page 12) ID shown in brackets)	Baseline (Mar'24)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
C - People Powered Health	**To increase the total number of volunteers by 25% by 31 March 2025 (from 191 to 239)** (13)	191	**223**	**211**		231		235		239	spotlight on page 26
C - People Powered Health	**To increase the total membership of the Public Involvement Network by 15% (6 members) by 31 March 2025 (from 38 to 44)** (11)	38	**41**	**38**		41		42		44	summary on page 41

Tier 2: 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 (linked People outcome (page 12) ID shown in brackets)	Baseline (Mar'24)	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 unbooked TTG RACH patients (including Paediatric Dentistry) to 400 patients by March 2025** (18)	592	**507**	**<500**		<500		<450		<400	spotlight on page 27

Tier 2: In-year 24/25 performance of Deliverables towards 2027 Outcomes

PLACES (Outcomes)

1. NHS Grampian's strategic approach to being an Anchor organisation embedded.
2. Investment and management plan aligned to Net Zero Route Map, as part of climate emergency and sustainability framework.
3. Whole system infrastructure plan with 25-30 year outlook and clear (backlog) maintenance, development and disinvestment priorities.
4. Stable and sustainable workforce in critical service areas.
5. Positive reputation for education and training.
6. Functional infrastructure to support sustainable service delivery.
7. Clear local and networked pathways delivering high quality services.
8. Building on the success of condition specific projects to robustly demonstrate practical and measurable ways of implementing value-based health and care.
9. Consistent, system wide approach to maximise reach and impact of connected workstreams.
10. Sustained and enhanced recycling performance.
11. Sustained and enhanced clinical waste reduction performance.

Anchor (8)

E – Employment, Procurement, Physical Assets (3 deliverables - linked to outcome 1)	F – Infrastructure (5 deliverables - linked to outcomes 3, 6)
3	3 | 2

Communities (15)

G – Population based approach to health (9 deliverables - linked to outcomes 7, 9)	H – Dr Grays (6 deliverables - linked to outcomes 4, 5, 6, 7, 9)
7 | 2	4 | 2

Environment (11)

I – Greening Health Systems (6 deliverables - linked to outcomes 2, 10, 11)	J – Value based Health and Care (5 deliverables - linked to outcomes 8, 9)
5 | 1	5

Complete | Significant Delay
On Track | Proposal
Minor Delay

Exception Reporting:

1 Significant Delay:

ID 61: Develop Quarterly Emissions and Energy use reduction plan
(see Spotlight on page 33)

Key Risk Categories: Impact of progress of 34 Deliverables (Deliverables may have more than one associated risk therefore total will exceed 100%)	All PLACES Deliverables (%)	1 Significant Delay
Other (workforce capacity, workload pressures, technology, limited funding)	71%	
Finance - Funding not yet agreed	24%	ID 61
Finance - Non-recurrent funding	21%	
Workforce - Training, Development and Skills	18%	
Workforce – Recruitment	6%	
Estates	6%	
Workforce – Absence	6%	
Workforce – Retention	3%	
Workforce – Wellbeing	0%	
Procurement	0%	

Tier 2: Performance Scorecard: Anchor

Strategic Intent: We have social responsibility, beyond healthcare

Objective: Create the conditions for sustainable change

Priority Area	Key Performance Indicator (linked Places outcome (page 15) ID shown in brackets)	Baseline (Mar'24)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
E - Employment, procurement and physical assets	**Completion of Year 1 actions in the Anchor Strategic Workplan by 31st March 2025** (1)	0%	**0%**	**0%**		25%		50%		100%	summary on page 41
F - Infrastructure	**To improve domestics performance within the Facilities Monitoring Tool for A1 Hospitals to be above 95% by end March 2025** (6)	92.9%	**93.3%**	**93.4%**		93.9%		94.4%		95.0%	summary on page 41
F - Infrastructure	**To improve estates performance within the Facilities Monitoring Tool for A1 Hospitals to be above 95% by end March 2025** (6)	94.9%	**94.7%**	**93.4%**		93.9%		94.4%		95.0%	summary on page 41

Tier 2: 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 (linked Places outcome (page 15) ID shown in brackets)	Baseline (Mar'24)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
G - Population Based Approach to Health	**100% of individuals are offered an abortion care assessment within 1 week of contact with services** (16)	82%	**99%**	**100%**		100%		100%		100%	spotlight on page 28
G - Population Based Approach to Health	**100% individuals are offered a date for an abortion procedure within 1 week of assessment** (16)	70%	**77%**	**100%**		100%		100%		100%	spotlight on page 29
H – Dr Gray's	**Reduction of very high and high infrastructure risk by 10% to sustain critical service delivery** (6)	0%	**10%**	**0%**		5%		5%		10%	summary on page 41
H – Dr Gray's	**100% of hospital teams will have produced workforce plans to support safe and effective staffing** (4)	0%	**5%**	**0%**		50%		100%		100%	summary on page 41
H – Dr Gray's	**100% completion of project tasks for implementation of new model for Theatres and Surgery** (7)	0%	**25%**	**25%**		50%		90%		100%	summary on page 42

Tier 2: 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 (linked Places outcome (page 15) ID shown in brackets)	Baseline (Mar'24)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
I - Greening Health Systems	**25% Actions from Action Plan for NHSG Climate Emergency & Sustainability Framework RAG Status Green by end March 2025** (2)	0%	**4.20%**	**6.25%**		12.50%		18.75%		25%	spotlight on page 30
I - Greening Health Systems	**Reduction in clinical waste by 5% (aligned to national targets) by March 2025** (11)	1797T	**460.597T**	**<426.78T**		<853.58T		<1280.36T		<1707T	spotlight on page 31
I - Greening Health Systems	**Increase percentage of recycled waste by weight to 55% by March 2025** (10)	45.10%	**46.49%**	**47.60%**		50%		52.5%		55%	spotlight on page 32
I - Greening Health Systems	**Reduce gas emissions in line with required reduction compared to UK-ETS Target (Foresterhill Campus, RCH, Cornhill)** (2)	29316 tCO2e	**7853.26 tCO2e**	**5260 tCO2e**		10520 tCO2e		15779 tCO2e		21039 tCO2e	spotlight on page 33
J – Value Based Health & Care	**To achieve a savings target of £34.9m for FY24/25** (4)	0	**£3.73m** (end of May)	**£5.38m** (end of May)		£17.45m		£26.15m		£34.9m	Separate finance update to the Board
J - Value Based Health & Care	**An increase of 200 in completion of Turas module on Shared Decision Making by end March 2025** (8)	1024	**1076**	**1074**		1124		1174		1224	summary on page 42

Tier 2: In-year 24/25 performance of Deliverables towards 2027 Outcomes

PATHWAYS (Outcomes)

1. Evaluation of the two redesigned care pathways (Adult General Mental Health & Frailty) demonstrates an improved person-centred approach.
2. There is clarity among all partners within the two redesigned pathways about governance & performance reporting while demonstrating a systems leadership approach to delivery.
3. Specialities will have a clear recurring capacity and demand gap analysis. Where there is a gap, a plan will exist to close the gap through redesign / regionalisation. Alternatively, a case will be presented to the Board to consider service cessation.
4. Services will be monitored and in a continuous improvement loop to maximise all possible efficiencies.
5. Improvements in unplanned care performance will remove the diversion of resources from planned care allowing full use of planned care assets for planned care.
6. We will plan elective care on a North of Scotland (NoS) basis and repurpose territorial assets against this NoS plan.
7. Services will be benchmarked across Scotland in terms of efficiencies and upper quartile performance expected, monitored and delivered.
8. We will have improved the time to access in unscheduled and planned care pathways, using performance measures that also take account of demographics, peoples' experiences & outcomes, the increasing demand/need & long-term gains.
9. We will have continued to improve access to unscheduled and planned care pathways. We will have moved towards admission avoidance, improve primary care based response to illness and ensure citizens of Grampian are empowered to participate in their own healthcare promoting preventative measures, self-care strategies and overall wellbeing.
10. Achieve mental health outcomes in concordance with national strategy.
11. Fully integrated national electronic record between citizen, health, local government and third sector.
12. Extend citizen access to records to add notes and data.

Whole System Working (10)

K – Digital
(5 deliverables - linked to outcome 11)

L – Pathway Redesign
(5 deliverables - linked to outcomes 1, 8, 10)

Access & Empowering (24)

M – Primary and Community Care
(2 deliverables – not linked to listed outcomes)

N1 – Secondary Care: Unscheduled Care
(6 deliverables - linked to outcomes 4, 9)

N2 – Secondary: Planned Care
(6 deliverables - linked to outcomes 3, 4, 6, 8, 9)

N3 – Secondary Care: Cancer Care
(4 deliverables - linked to outcomes 7, 9)

O – Mental Health (4)
(4 deliverables - linked to outcomes 6, 10)

Exception Reporting:

1 Significant Delay:

ID 85: Identify a solution to bring into commission the equivalent of short stay theatre 1 and ideally 2
(see Spotlight on page 36)

Key Risk Categories: Impact of progress of 34 Deliverables (Deliverables may have more than one associated risk therefore total will exceed 100%)	All PATHWAYS Deliverables (%)	1 Significant Delay
Finance – Funding not yet agreed	36%	
Workforce – Recruitment	36%	
Workforce – Training, Development and Skills	33%	
Other (workforce capacity, workload pressures, technology, limited funding)	28%	ID 85
Finance – Non recurrent funding	25%	
Workforce – Retention	25%	
Workforce – Wellbeing	22%	
Estates	17%	
Workforce – Absence	17%	
Procurement	6%	

Tier 2: 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 (linked Pathways outcome (page 18) ID shown in brackets)	Baseline (Mar'24)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
L - Pathways redesign	**Completion of 6 workstreams within the Grampian Frailty Programme Plan by 31st March 2025 in order to achieve collaboration across all 3 HSCPs and NHSG** (9)	0%	**25%**	**25%**		50%		75%		100%	summary on page 42

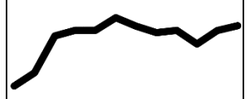
Tier 2: Performance Scorecard: Access & Empowering

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

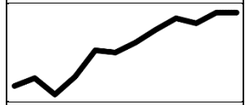
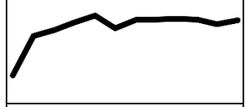
Objective: Improve Preventative & Timely Access to Care

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

Objective: Improve Preventative & Timely Access to Care

Priority Area	Key Performance Indicator (linked Pathways outcome (page 18) ID shown in brackets)	Baseline (Mar'24)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend (12 months to Jun'24 where available)	Benchmarking (of 11 mainland Boards: ranked 1st = best performing)	Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target			
N1 - Secondary Care - Unscheduled Care	**Reduce NHSG 90th percentile SAS turnaround times to 110 minutes by quarter 4 2024/25** (9)	203	**196**	**160**		145		135		110		11th (quarter end Mar 24)	spotlight on page 34
N1 - Secondary Care - Unscheduled Care	**70% of citizens will be seen within 4 hours in NHSG Emergency Departments** (9)	60.7%	**60.8%**	**70%**		70%		70%		70%		9th (quarter end Mar 24)	spotlight on page 35
N1 - Secondary Care - Unscheduled Care	**Average length of stay for elective and non-elective patients (NHSG MUSC only) to be no higher than Q4 2023/24** (9)	6.53 days	**6.42 days**	**<6.54 days**		<6.54 days		<6.54 days		<6.54 days		-	summary on page 42

Tier 2: Performance Scorecard: Access & Empowering (continued)

Priority Area	Key Performance Indicator (linked Pathways outcome (page 18) ID shown in brackets)	Baseline (Mar'24)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend (12 months to Jun'24 where available)	Benchmarking (of 11 mainland Boards: ranked 1st = best performing)	Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target			
N2 - Secondary care - planned care	**We will minimise the number of waits over 104 weeks for TTG patients** (8)	2031	1961	**<2100**		<2200		<2300		<2400		11th (Mar 24 census point))	spotlight on page 36
N2 - Secondary care - planned care	**We will minimise the number of waits over 104 weeks for a new outpatient appointment** (8)	625	829	**<700**		<800		<900		<1000		11th (Mar 24 census point)	spotlight on page 37
N2 - Secondary care - planned care	**Average monthly delayed discharges to be no greater than Q4 2023/24** (8)	254	274	**<255**		<255		<255		<255		-	spotlight on page 38
N2 - Secondary care - planned care	**Proportion of delayed discharges waiting over 4 weeks to be no greater than Q4 2023/24** (8)	32.5%	32.1%	**<32.6%**		<32.6%		<32.6 %		<32.6%		-	summary on page 42
N3 - Secondary care - Cancer care	**72% of citizens will receive first treatment within 62 days of urgent suspected cancer referral** (8)	55.0%	60.65%	**72%**		72%		72%		72%		11th (quarter end Mar 24)	spotlight on page 39
N3 - Secondary care - Cancer care	**95% of citizens will receive first cancer treatment within 31 days of decision to treat** (8)	89.9%	89.96%	**95%**		95%		95%		95%		11th (quarter end Mar 24)	spotlight on page 40
O - Mental Health	**90% of children and young people referred to Mental Health Services will be seen within 18 weeks of referral** (10)	97.4%	96.7%	**90%**		90%		90%		90%		3rd (quarter end Mar 24)	summary on page 42
O - Mental Health	**70% of people referred to psychological therapies will be seen within 18 weeks of referral** (10)	75.5%	81.7%	**70%**		70%		70%		70%		7th (quarter end Mar 24)	summary on page 42

Tier 3 - Our Performance Spotlights: 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: A - Right workforce to deliver care now and in the future

Key Performance Indicator (KPI):
To reduce junior doctor banding/ medical locums spend to below £17.789m by end March 2025

Q1 actual: £5.610m

Q1 Target: £4.447m

Our story so far…

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

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

Efforts continue to develop and facilitate processes to achieve the savings target. To support the JMR project, clarity on Medical Leadership and Operational Management roles and responsibilities has been established, recruitment of medical supplementary staffing is complete to fill gaps, 31 of 39 Band 3 rota rewritten for the August DDiT intake (monitored around 16/09/24) and wellbeing messaging included in DDiT Induction to support compliance and cultural change.

Medical Agency Locums (MAL): High use of Medical Agency Locums, and associated spend, to fill substantive gaps due to vacancies within NHS Grampian. Direct Engagement (DE) increased with 63.5% of all agency locums engaged via this route at March '24. DE percentages for new locums were 100% in April and May, and 93% in June 2024. Learning being shared with Mental Health with further discussion planned. DE not yet explored for Allied Healthcare Professionals (AHPs) but spend of AHP agency is much less than Medical (£0.5m in 23/24). In addition a number of MAL's are engaged via expensive off-Framework rates. A 50% reduction of MAL on-call rates between 00:00 – 08:00 (if called in this will revert to 100%) has been rolled out from the 05/08/24 for all new locums and for any future extensions. Consideration is also being given to staffing models where recruitment has previously been unsuccessful and service models where alternative staffing models are not an option.

Our key risks, challenges and impacts…

JMR: Spend on non-compliant rotas for 2024-24 is April – July is £2.5m. If the prospectively rewritten rotas remain compliant when monitored 16/09/24 we should be able to deliver £3.8m of savings this year reducing spend to c. £3.7m. If the rotas remain non-compliant spend will be between £7-£8m for 2024/25.

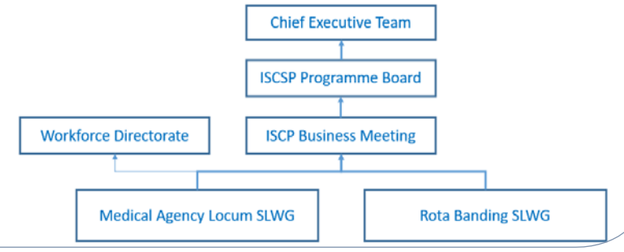
JMR: Break Facilitation team and DDiT Monitoring Team resource will not be in place for the start of the DDiT rotation cycle. Agreement of the Assurance and Performance Management.

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 will be required. If the power imbalance in the sellers' market changes and a clear strategy is adhered to there is the potential to see improvement.

MAL: Spend on locums in non-delegated services (Medicine & Unscheduled Care, Integrated Specialist Care Services, Integrated Families Portfolio, Dr Gray's Hospital, Public Health and non-delegated mental health) up by £1.0m (+22%) @ June compared to same 3 month period in 2023/24.

Commentary from
Paul Bachoo

Executive Lead, Integrated Specialist Care Services Portfolio



Our mitigation and recovery actions

- Additional resource secured for ward based Break Facilitation team to facilitate DDiT's taking scheduled breaks within required time frame. A DDiT Monitoring Team resource agreed to support revised processes and reporting requirements.
- DE learning shared with Mental Health to displace non-DE high cost incumbent locums. Mental Health made excellent progress in developing systems to grow own staff for future, reducing the long term reliance on locums.
- The current Dr Gray's Hospital reliance on MAL's and status quo (displacing high cost MAL's) is to allow Service review to be undertaken and sustainable workforce model to be developed.
- MAL available short term options for medical supplementary staffing and potential enhanced recruitment options included on Recruitment NHSG Intranet page for ease of access. Support available on long term workforce solutions.
- Work ongoing to facilitate a reduction in spend in these areas, with 2024-25 financial plan including £4.4m of savings across the two workstreams.

What have we learnt?

Clinical leadership is key in cultural change supported by the multi-disciplinary teams (MDT) for both projects.

JMR: There are a number of variables that impact on rota fill rates, many of which are out with NHS Grampian service control. NHS Education for Scotland (NES) allocations can be very close to the August rotation start date giving services a limited timeframe to critically analyse gaps, options to address them, and develop recommendations for the number of supplementary medical staff. Lessons learned from this stage of the project will be collated via a Workshop of key stakeholders planned for 04/09/24. Around 90% of the reasons for rota non-compliance are as a result of breaks not being taken on time. It is critical that real time action is taken to address any deviations to prevent any surprises during monitoring Medical Leadership have been identified as responsible for the management of trainees supported by operational management. It is therefore essential that both medical leadership and operational management attend both pre and post monitoring meetings to enable them to support discussion, explore concerns, challenge any issues raised as appropriate and put remedial actions in place. This has been included in the related New Deal Monitoring arrangements and Assurance and Performance management.

Tier 3 - Our Performance Spotlights: 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: A - Right workforce to deliver care now and in the future

Key Performance Indicator (KPI): Compliance with mandatory training will increase to 80% for all new starts and 60% for all other colleagues (70% overall)

Q1 actual: 61%

Q1 Target: 70%

Our story so far….
NHS Grampian is committed to ensuring that all staff are appropriately trained for their role, including Statutory and Mandatory training. As at end Q1, compliance was 61% for all staff. This single figure combining the previously separately reported new starts and all other existing staff is an improvement on 58.5% in Q4 of 23/24. Our overall compliance is continuing to recover following a dip in performance in Q4, when a national change in frequency for hand hygiene training effective December 2023, which now requires to be refreshed annually, directly impacted compliance rates reported.

This KPI reflects a 2024/25 deliverable around improving statutory and mandatory training and introducing protected learning time, reflecting compliance requirements and national policy.

Our key risks, challenges and impacts…
Ensuring proactive compliance with mandatory training remains a challenge for all Health Boards. Drivers include:

- Service demands on participating colleagues to complete/update mandatory training
- High volume of learning content driven by legal, regulatory and professional standards, plus addition of important topics over time in Partnership in response to policy imperatives
- Delays to NHS Education for Scotland (NES) delivering system reporting improvements to Turas Learn platform to support manager monitoring of compliance and organisational reporting
- Changes to requirements making formerly compliant staff non-compliant in particular topic areas (e.g. hand hygiene) which have a disproportionate impact on overall compliance as they affect staff with more than 12 months service.
- Impact of 2023 Agenda for Change (AfC) Reform programme (reduced working week) on capacity, and thus ability to meet Protected Learning Time (PLT) requirements of the reforms.

This KPI is more likely to be impacted by others that prioritise the delivery of services.

Commentary from
Tom Power

Director of People & Culture

Our mitigation and recovery actions

- Focus on prioritising compliance for new starts who may not have undertaken similar training in the past.
- Revised terms of reference for Short Life Working Group (SLWG) ensure focus on improving system engagement, with Head of Health and Safety joining group.
- Launch during Q1 2024/25 of Health & Safety Toolkit for Managers e-learning to help raise awareness of responsibilities
- Support for supplementary staff (bank, locum and agency) with statutory and mandatory training
- Well-being, Culture and Development (WCD) team supporting managers by running repeated reports pending NES Turas Learn development work to help understand gaps and areas for improvement.
- Local work to implement PLT presents opportunity to test a Human Learning Systems approach to encouraging prioritisation of compliance based on professional responsibilities.
- Move to single mandatory training KPI for all staff (70%) to simplify reporting and monitoring by managers.
- Improving visibility of compliance data through development of Workforce Intelligence PowerBI dashboards, and development of bespoke reports where appropriate.

What have we learnt?

- Protected time for learning remains an issue for staff and managers - progression of the agreed AfC reforms in this area during 2024/25 is key.
- There is a need for resumption of the national work on single instance learning modules that can be transferred between employers

Oversight and assurance

- Staff Governance Committee
- Short Life Working Group reporting to Sustainable Workforce Oversight Group
- Monthly data on uptake is shared with portfolio/operational management levels and issues can be escalated to Chief Executive Team where required

Tier 3 - Our Performance Spotlights: 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: 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% all other colleagues. (80% overall)

Q1 actual: 69%

Q1 Target: 80%

Our story so far….

NHS Grampian is committed to ensuring that all staff are appropriately trained for their role. Statutory training compliance relates solely to fire safety training, with all other topics mandatory as they are not required by law to be completed. The current 24/25 target detailed at the top of this spotlight streamlines those carried forward from 22/23 and 23/24.

This KPI has changed to one combined target for all staff (including new starts), which is now 80%. This is a change to previous years where compliance was measured with separate targets for existing staff as well as new starts, and is intended to simplify reporting for, and monitoring, by managers. In reviewing overall compliance data in this area of training, although there have been improvements year on year, e.g. Apr 24 records the 14th month in a row that overall compliance has exceeded 60%, whereas in previous years a below 60% compliance was a common occurrence, the ADP target was not met by March 2024.

Our Q1 performance shows continued improvement, with 69% overall a progression from the 67.5% that combining the two figures reported in Q4 of 23/24 indicated were compliant.

This KPI reflects a 2024/25 deliverable around improving statutory and mandatory training and introducing protected learning time. It reflects compliance requirements and national policy.

Our key risks, challenges and impacts…

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 compliance to pay progression via appraisal. This has been significantly delayed due to standing down during the pandemic of associated national work on enhanced and standardised e-learning, and developments to Turas Appraisal and Turas Learn platforms to support reporting and transferability. However, this Turas development work has been confirmed as re-started, with an intention to conclude improved reporting functionality during 2024.

A further key challenge is ensuring colleagues working in a pressured system feel compelled to prioritise this training in a way that ensures significant improvement in compliance for existing staff, and sustaining highest levels of compliance for new starts. Current demands on colleagues mean time is a barrier to prioritising the completion of learning. This is alongside a high volume of mandatory learning content driven by legal, regulatory and professional standards, plus identification of important topics over time in partnership in response to policy imperatives.

This KPI is more likely to be impacted by others that prioritise the delivery of services.

Commentary from
Tom Power

Director of People & Culture

What have we learnt?

- Protected time for learning remains an issue - implementing agreed Agenda for Change reforms in this area are key.
- There may be a need to prioritise within Mandatory topics and direct completion in that order.
- This work carries a risk of temporary compliance before levels fall back again, and is not the preferred improvement approach.
- A Human Learning Systems approach may be beneficial to promoting greater ownership by staff.

Oversight and assurance:

- Working Group reporting to Sustainable Workforce Oversight Group and Agenda for Change Reform Programme Board
- Chief Executive Team quarterly performance meetings
- Staff Governance Committee visits by Portfolios/Directorates
- Monthly data on uptake shared with portfolio management teams.

Our mitigations:

- Agreement of Chief Executive Team to direct teams to focus on improving fire safety compliance as a statutory requirement.
- Support for supplementary staff (bank, locum and agency) with statutory and mandatory training has been implemented
- Corporate Learning & Development Team supporting managers by running repeated reports pending NES Turas Learn development work to help understand gaps and areas for improvement.
- National Protected Learning Time (PLT) work has helped confirm NES will conclude Turas Learn reporting work in current financial year and renew focus on national programme paused in 2020.
- Local work to implement PLT will require enhanced monitoring / reporting / feedback via Grampian Area Partnership Forum. Sub-group formed in May 2024 to progress this work. Also presents opportunity to test a Human Learning Systems approach to encouraging compliance.
- For 2024/25, to simplify reporting and improve focus, we have agreed a single KPI for all staff (80%) for Statutory Training. A similar approach is proposed for mandatory training (70%).
- Further improving visibility of compliance data for all levels of staff through Workforce Intelligence PowerBI Dashboards, and bespoke reports where required.

Tier 3 - Our Performance Spotlights: 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: A - Right workforce to deliver care now and in the future

Key Performance Indicator (KPI): Reduce time to hire in support of addressing workforce shortages

Q1 actual: 110 days

Q1 Target: <105 days

Our story so far….

NHS Grampian has 2 KPIs for Time to Hire (the time between a vacancy being entered in to the system for budgetary approval and the start date in post). The national target is 117 days, whilst we have set a local ADP target of 95 days due to the investment in HR Recruitment services with effect from 23-24.

Following an increase in 2023/24 Q4, after successive quarterly improvement between April and Dec 2023, our data provided at the time of reporting KPI progress in June suggested Time to Hire (TTH) had reduced slightly to 110 days in 2024/25 Q1, which remains above the local KPI.

After review this appears partly due to the vacancy control process introduced in Dec 2023, and partly due to an issue with National JobTrain reporting linked to the outcomes of "bulk recruitment" episodes (where large volumes of vacancies are placed via a single advert) which appears to inflate the average. Work is ongoing to extract the TTH for standard recruitment episodes.
This KPI supports the resourcing key area of focus within Plan for the Future – Colleagues and Culture, and the 2027 aim of securing the right workforce, now and in the future, linked to 'an engaged workforce'.

Commentary from ***Tom Power***

Director of People & Culture

What have we learnt?

- Vacancy control process data shows 1,872 vacancy control decisions made since controls were introduced in December 2023. In that time there have been 428 requests for further information. This adds a between 1 and 3 weeks to the TTH.
- National reporting configuration for JobTrain needs to be sensitive to the differences between bulk and standard recruitment. Current reports appear to inflate our TTH for standard recruitment and posts filled in bulk recruitment.

Oversight and assurance

The Sustainable Workforce Oversight Group (SWOG) has oversight of ADP deliverables / KPIs relating to recruitment, and strategic priorities to 2028 around resourcing. SWOG feeds into the Staff Governance Committee as part of Plan for the Future Assurance.

NHS Grampian's recruitment service also feeds in to the National Recruitment Oversight Group, which governs standardisation of processes and the use of Job Train. This provides a useful national perspective and opportunity to influence system improvements

Our key risks, challenges and impacts…

- Key risks are lost capacity from posts remaining vacant longer, and financial cost of supplementary staffing to fill gaps. System wide impact of increasing the TTH from the local to National KPI could equate to approximately 352,000 hours of unfilled vacancies p.a. (based on increasing TTH by 22 x 8 hour days for 2,000 vacancies per year) some of which will require Bank/Agency/overtime cover.
- Data from vacancy controls shows 1,872 decisions made since the controls were introduced. Decisions have been made at initial sift stage, of which 307 instances resulted in request for further information, adding a minimum of a week onto time to hire. 289 decisions have been at detailed scrutiny stage; the outcome in 121 instances was request for further information, adding a further 2 weeks to the time to hire at this stage.
- Vacancy Controls introduction has added to TTH with the risk that unfilled vacancies are covered by supplementary staffing. This risk is mitigated by cost avoidance arising from the vacancy control process. Initial evaluation indicates the process has coincided with a significant reduction (circa 30%) in the year-on-year number of vacancies being generated. If this is borne out by further evaluation during 2024, it is likely to significantly exceed the savings target set for vacancy control.
- This KPI may impact those which rely on increased/substantive staffing (e.g. Locum Agency spend), whilst also potentially benefitting financial sustainability in other respects. Work with KMPG may help ascertain whether TTH performance is primarily efficiency (process) related, or driven more by workforce availability in NE Scotland.

Our mitigation and recovery actions

- In the majority of instances, delays to TTH from vacancy control could be avoided if appointing managers provide the information as detailed in the guidance.
- A second iteration of the guidance is being finalised and attempts will be made to further clarify exactly what information Appointing Managers are required to submit to enable due consideration of vacancies.
- A secondary cause to the increase in time to hire is due to National Data Reporting. The issue with National JobTrain reporting is that reports do not take account of our use of Bulk Recruitment for Band 2 HCSWs and in Facilities/Estates, which notes a vacancy as unfilled even if all bar one post has been successfully recruited to.
- A request has been made to the National JobTrain Support Team for them to urgently resolve the issues and, in the meantime, to provide TTH reports excluding bulk recruitment. Without this accurate reporting, it is impossible to accurately understand our actual TTH.

Return to scorecard

Tier 3 - Our Performance Spotlights: 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: B – Culture and Wellbeing

Key Performance Indicator (KPI): 50% of all staff have current appraisal on Turas or SOAR

Q1 actual: 15%

Q1 Target: 20%

Our story so far….

- Ensuring staff have meaningful appraisals is important to addressing the Board's Strategic Risk of deteriorating workforce engagement, and helps to improve services through the alignment and development of people.
- Current reporting shows that only 15% of staff have their annual appraisal completed in TURAS (all Agenda for Change (AfC) staff). This is felt to be a legacy impact of pausing the process for the vast majority of staff as directed in DL/2020/8 at the start of the pandemic.
- Annual reports from 1st August 22 – July 23 and July 23 – June 24 show an overall increase of 1.78% in staff, who have had appraisals signed off. Across the majority of divisions there has been a year on year increase.
- Medical and dental staff with appraisals recorded on the SOAR system are not reflected in the above data. Connections are being made with medical directorate colleagues to enable access to this data.
- This KPI reflects a 2024/25 deliverable around improving appraisal uptake. It has a bearing on the culture and wellbeing element of the 2027 outcomes linked to 'an engaged workforce'.

Our key risks, challenges and impacts…

Employees need to understand what is expected of them, how to be successful in their roles and what supports are available to help them improve and develop. However, if appraisal is not done well this can also create a negative experience for an employee and a manager leading to damaged working relationships, disengaged staff and low morale.

Key risks to achieving high engagement with the appraisal process are:

- Poor or inconsistent experience of appraisal, for both staff and managers, deters them from prioritising the process.
- Large spans of responsibility within some staff groups make the workload associated with appraisal challenging for already busy managers.
- Competing demands on time, including from statutory / mandatory training and other CPD requirements, and reduction in working week.
- Lack of recording of activity that is happening on Turas Appraisal or SOAR, creating uncertainty about the degree to which meaningful interactions about performance and development are taking place.

This KPI has a potential influence on all aspects of Plan For The Future given the importance of individual performance and development to the delivery of organisational aims. However, it is not explicitly linked to any.

Commentary from
Tom Power

Director of People & Culture

Our mitigation and recovery actions

- Adopting a stretching but realistic organisational Key performance Indicator and Deliverable for 2024/25 for the first time since the pandemic.
- Agree monthly method of reporting compliance rate, combining TURAS and non-AfC staff data by end August 2024 (consider if reporting these groupings separately may also be helpful).
- Connect with national NHS Scotland Learning Leads group to learn from other systems what has worked best in delivering improvements.
- Develop and test report of Director level compliance rates for Appraisal recorded with direct reports in order to inform leadership role modelling in support of improvement.
- Gather information to understand current staff experience, focusing energies on areas of low engagement and building on good practice.
- Develop an agreed framework to support measurement of whether meaningful appraisals are taking place and highlight the importance of good appraisal practice.
- Enhance the current offer and toolkit of resources to support the personal review and development process, creating a clear communication strategy to support a re-launch of such resources.
- Roll-out updated training and resources to support high quality appraisal practices.
- Use national Agenda for Change Protected Learning Time and Once for Scotland Personal Development Planning and Review Policy implementation as an opportunity to focus attention.

What have we learnt?

- Staff performance and development reviews are not being prioritised in the face of competing demands.
- There is a need to further review the approaches to appraisal, where this is recognised as a valuable use of time for both reviewee and reviewer
- Strong professional review and development planning practices can improve staff morale, staff engagement and staff performance
- Improved communication and clear expectations around the value, importance and impact of professional review and development could improve engagement

Oversight and assurance

- Appraisal data is reported monthly by the Wellbeing, Culture & Development Team to all divisions/operational Units of NHS Grampian.
- Updates will be provided to the Culture and Staff Experience Oversight Group and data also made available to Chief Executive Team performance meetings.
- Reporting will be closely aligned to the work undertaken by the Protected Learning Time working group and form part of local monitoring arrangements
- Staff Governance Committee assurance reporting on deliverable

Tier 3 - Our Performance Spotlights: Citizens

Strategic Intent: No citizen in Grampian will be left behind

Objective: Strengthen Colleague & Citizen Engagement to Improve Health

Priority Area: C - People Powered Health

Key Performance Indicator (KPI): To increase the total number of volunteers by 25% by 31 March 2025 (from 191 to 239)

Q1 actual: 223

Q1 Target: 211

Our story so far….

- The Scottish Government's commitment to voluntary action, requires Health Boards to have a policy statement on volunteering and to co-ordinate, monitor and support the development of volunteer services.
- However, a draft volunteer policy was never formally produced/consulted on due to the pandemic.
- The Plan for the Future 2022-2028 does not explicitly mention volunteering (though there are implicit references through NHSG's ambition to build closer relationships within communities and ensure colleagues are supported to make their best contribution.)In recognition that a formal volunteer policy and accompanying plan was needing developed, a facilitated discussion on NHSG's aspirations for volunteering is being held at the Chief Executive Critical Thinking Session (CTS) on 12 July.
- The Volunteers Across Grampian Group is presently using the insights from the CTS to describe the scope of a volunteering plan and is also working with the Grampian Area Partnership Forum policy sub-group on a formal volunteer policy for staff which will undergo consultation once complete.
- This strategic background work does not materially affect the day to day contribution that volunteering makes across Grampian, indeed NHSG actively participated in Volunteers Week (3-9 June).

Commentary from
Stuart Humphreys

Director of Marketing & Corporate Communications

Our mitigation and recovery actions

- Quarterly reporting to Scottish Government (223 'active' volunteers in June '24) indicates that we are ahead of the target we have set ourselves as a Health Board.
- However, it should be noted that quarterly figures can fluctuate in line with volunteer availability (due to holidays, exam periods etc.) and therefore our ability to sustain a good level of volunteer availability will also be monitored over time.

What have we learnt?

- The development of a longer-term volunteer plan is in train in order to inform SMART methodology objectives for the organisation beyond head-count
- Completion and promotion of a Volunteer Policy (anticipated from September '24) will further give staff confidence and support wider acceptance/use of volunteering across the organisation

Oversight and assurance

- Day-to-day volunteer management via Public Involvement Team / Volunteer Coordinator Group
- Volunteer strategy via Volunteers Across Grampian Group
- Reporting and assurance structure aligned to Population Health Committee and Staff Governance Committee (via Sustainable Workforce Oversight Group)
- Last update via Volunteering 'Deep Dive' at Chief Executive Team weekly business meeting 16 April '24

Tier 3 - Our Performance Spotlights: Children

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

Objective: Strengthen Colleague & Citizen Engagement to Improve Health

Priority Area: D - Women & Children's Health & Wellbeing

Key Performance Indicator (KPI): Reduce backlog unbooked TTG RACH patients (including Paediatric Dentistry) to 400 patients by March 2025

Q1 actual: 507

Q1 Target: <500

Our story so far….

Prior to the COVID pandemic, RACH theatre activity and demand was broadly balanced. The restriction of elective activity during COVID and concurrent retiral/departure of experienced staff contributed to a sharp decrease in capacity resulting in a backlog waiting list of over 1000 patients at the end of 2022. A successful bid for funding the service improvement work required to address the paediatric waiting list and backlog has enabled significant work to be taken forward. By end October 2023 the paediatric nursing team was at full establishment. Anaesthetic staffing remains a restricting factor.

Our key risks, challenges and impacts…

- Theatre downtime (~36 days) due to theatre lights installation leading to ~113 cases lost.
- Ongoing risk relating to reduced consultant paediatric anaesthetist workforce – impacting on theatre utilisation and case mix.
- Lack of existing process to validate patients on the paediatric dental waiting list.
- Paediatric MRI requires consultant paediatric anaesthetist and so, although not included in this KPI, impacts on the performance.
- Significant increase in the annual leave used over summer months leading to a reduction in available workforce.
- Specific theatre equipment nearing end of life span and requires replacement – high risk of fault resulting in downtime.
- High Dependency Unit Capacity is limited, resulting in more complex cases being delayed.

Performance is supporting the 2024/25 deliverable of reducing the backlog and balancing demand and capacity; and the 2027 Outcome of improvements in outcomes for children.

Commentary from
Geraldine Fraser

Executive Lead,
Integrated Families Portfolio

Our mitigation and recovery actions

- Theatre space requested from ARI main theatres to reduce impact of theatre downtime.
- Service manager to undertake scoping exercise to minimise future theatre downtime.
- Introduction of pre-operative assessment service.
- Introduction of non-General Anaesthetic circumcision service.
- Consultant paediatric anaesthetists recruited and due to commence in August 2024.
- Further consultant anaesthetists post to be advertised in August 2024 with a start date of Feb 2025.
- Paediatric dental validation letters to be uploaded to TrakCare and validation process to be commenced.
- Robust process to continue to ensure that theatre utilisation is optimised.
- Phase 2 of the theatre business case to be commenced including pre-operative assessment service.

What have we learnt?

- Continual monitoring and feedback of activity required to maintain engagement and motivation.
- Improvements made to gathering, monitoring and reporting of DCAQ (Demand, Capacity, Activity, Queue) .
- Improved process around validation letters.

Oversight and assurance

- Performance analysed and areas for improvement identified and addressed as part of an on-going continuous improvement process.
- Monthly waiting time data is shared with portfolio/operational management level
- Paediatric anaesthetic Short Life Working Group
- Theatre User Group

Tier 3 - Our Performance Spotlights: Communities

Strategic Intent: Playing our role with partners for flourishing communities

Objective: Create the Conditions for Sustainable Change

Priority Area: G - 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

Q1 actual: 99%

Q1 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. 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. The position for Q1 continues to meet the desired target (98-100%) due to flexing staff capacity within the service to demand.

Our key risks, challenges and impacts…

Positive progress has been made and we are continually learning how to adapt our services to meet additional demand with a trial of patient completed histories underway since July 2024 and different scan model due to be trialled from September. The achievement of the KPI 98-100% reflects the adaptability of the service. However there is ongoing significant concern of the impact to aligned care provision. From April- June 2024 at least 67.5 hours of additional clinician time was diverted to abortion care to meet demand.

*Reasons for exclusion:

- Patients who chose to defer treatment have been excluded
- Patients who had an outcome as follows; continued with pregnancy, miscarried between appointment, not pregnant, not viable, referred to British Pregnancy Advisory Service (BPAS), referred to Gynaecology have been excluded.

The ongoing national rise in abortion rates has a direct impact on access to abortion care due to increased demand and is potentially hindering preventative work to improve women's health. The 2027 outcome remains unchanged in terms of scoping the best access for women within communities.

The 2 abortion care KPIs impact on each other (time to assessment impacts on time to procedure) but no other KPIs are linked.

Commentary from
Geraldine Fraser

Executive Lead, Integrated Families Portfolio

Our mitigation and recovery actions

- The demand for abortion care is not predictable nor linear since some cases are more clinically complex however overall demand continues to increase.
- The number of people seeking assessment for abortion varies and has risen substantially post-pandemic (19% increase across Scotland in 2022 and further 10% in 2023). NHS Grampian Sexual Health remains flexible to demand, adjusting the rota as necessary on a day-to-day basis to ensure individuals as 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.

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.

Tier 3 - Our Performance Spotlights: Communities

Strategic Intent: Playing our role with partners for flourishing communities

Objective: Create the Conditions for Sustainable Change

Priority Area: G - Population Based Approach to Health

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

Q1 actual: 77%

Q1 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.

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.

Q1 position shows an improvement from Q4 at 77% with further improvement work being planned with stakeholders as part of Women Health Plan abortion and contraception workshop.

Our key risks, challenges and impacts…

Q1 continues to present challenges including:

- Availability of scan/face-to-face appointment due to staff resource. A new scan pathway is being trialled from September 2024 to assess impact however is continually challenged by increasing demand. 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 as if over 12 weeks gestation surgical procedure if not available locally.

The ongoing national rise in abortion rates has a direct impact on access to abortion care due to increased demand and is potentially hindering preventative work to improve women's health. The 2027 outcome remains unchanged in terms of scoping the best access for women within communities.

The 2 abortion care KPIs impact on each other (time to assessment impacts on time to procedure) but no other KPIs are linked.

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 on page 28).
- 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.

Tier 3 - Our Performance Spotlights: Environment

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

Objective: Create the Conditions for Sustainable Change

Priority Area: I - Greening Health Systems

Key Performance Indicator (KPI):
25% Actions from Action Plan for NHSG Climate Emergency & Sustainability Framework RAG Status GREEN by end March 2025

Q1 actual: 4.2%

Q1 Target: 6.25%

Our story so far….

The heat and power action plan aims to implement the Heat and Power Strategy, outlining NHS Grampian's transition to net-zero emissions for building energy. This strategy adheres to the energy hierarchy, prioritizing the reduction of energy consumption before considering on-site generation of renewable energy and subsequently moving away from fossil fuels under the banner "Be Lean, Be Green, Be Clean."

A net-zero route map was delivered in October 2023. This comprehensive document analyses our current emission sources, revealing that 86.8% of our total emissions originate from building energy. Unfortunately, two funding applications to the Green Public Sector Estates Decarbonisation fund were unsuccessful, and this fund has now closed.

Our key risks, challenges and impacts…

- Lack of funding – Our main funding pot has closed until April 2025
- Many of the projects are long term so unlikely to change on quarterly basis

Commentary from
Alan Wilson

Director of Infrastructure, Sustainability & Support Services

Our mitigation and recovery actions

- Maintaining a comprehensive perspective on decarbonisation technologies.
- Prioritising the implementation of established technologies.
- Integrating backlog maintenance projects with energy and carbon reduction goals.
- Ensuring continuous updates from involved parties are communicated to relevant groups.

What have we learnt?

- **Significant Investment Gap**: There is a clear and substantial disparity between the level of investment required for comprehensive decarbonisation efforts and the current funding available from governmental sources.
- **Enhanced Focus on Co-Benefits:** The ancillary benefits of decarbonizing the estate, such as reduced financial penalties and improved operational efficiency, must be emphasized more robustly when addressing backlog maintenance.
- **The Speed of Change:** This area encompasses emerging technologies that are undergoing rapid development, which in turn affects their viability for implementation in the healthcare setting.

Oversight and assurance

- The heat and power group report into both the Sustainability Governance Group and Asset Management Group

Tier 3 - Our Performance Spotlights: Environment

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

Objective: Create the Conditions for Sustainable Change

Priority Area: I - Greening Health Systems

Key Performance Indicator (KPI): Reduction in clinical waste by 5% by March 2025

Q1 actual: 460.597T

Q1 Target: <426.78T

Our story so far….

NHS Grampian must continuously work towards reimagining how we deliver a Health Service for both People and Planet. This involves adapting to climate change and ensuring our health service which is sustainable now and for the future, while aligning with the national targets set out in NHS Scotland's Climate Emergency & Sustainability Strategy.

Within NHS Grampian, we have diligently worked to ensure that clinical waste is segregated appropriately across the board. This has been achieved through a variety of methods, including the placement of waste segregation charts in all wards. Additionally, we are among the few boards to have made significant progress by mandating eLearning on waste segregation, thereby promoting compliance and fostering a culture of sustainability.

Our key risks, challenges and impacts…

- Staff not following protocols for waste segregation and disposal leading to increased disposal costs
- Biggest challenge is lack of dedicated staff resource available to monitor and support changes to waste streaming across a distributed system and substantial geography.
- Funding for additional recycling receptacles/bins to encourage staff

Commentary from
Alan Wilson

Director of Infrastructure, Sustainability & Support Services

Our mitigation and recovery actions

- Identifying number of recycling bins required across all sites for diverting materials out of clinical waste bags
- Purchasing recycling bins for identified wards within current budget restrictions
- Step-up messaging to build ward-level knowledge.
- Green Theatre group identifying locations where additional bins can be placed to reduce waste entering the clinical waste stream.

What have we learnt?

- The positioning of the clinical waste bins plays a key role in determining what ends up within each respective waste stream (i.e. people will put waste into first bin they come to rather than correct waste segregation)
- Many sites are keen to improve and have signalled they feel additional guidance and support to initiate and implement changes would be beneficial
- Providing the facilities to collect and manage waste empowers local team implementation
- The majority of staff do want to have a positive impact, however the facilities to do this do not always exist (e.g. not enough bins)

Oversight and assurance

- NHS Grampian undertakes Pre Assessment Audits (PAA's) for all clinical waste producing sites to ensure segregation compliance.
- Waste weights are included in the Public Bodies Climate Change Duties Report to Scottish Government.
- Looking into a new metrics for measuring clinical waste production against patient episode data (early investigative stage)

Tier 3 - Our Performance Spotlights: Environment

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

Objective: Create the Conditions for Sustainable Change

Priority Area: I - Greening Health Systems

Key Performance Indicator (KPI): Increase percentage of recycled waste by weight to 55% by March 2025

Q1 actual: 46.49%

Q1 Target: 47.60%

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 to encourage staff
- Staff not following protocols for waste segregation and disposal leading to increased disposal costs

Commentary from
Alan Wilson

Director of Infrastructure, Sustainability & Support Services

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 Q3 & Q4
- 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 reduce numbers of general waste bins and site communal bin points to encourage recycling
- Recycling bins have been supplied to all ward kitchens across ARI
- Identifying number of recycling bins required across all sites
- Purchasing recycling bins for identified wards within current budget restrictions.

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 (e.g. bins) to collect and manage recycling empowers local teams to implementation and increased recycling rates

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

Tier 3 - Our Performance Spotlights: Environment

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

Objective: Create the Conditions for Sustainable Change

Priority Area: I - Greening Health Systems

Key Performance Indicator (KPI): Reduce gas emissions in line with required reduction compared to UK-ETS Target (Foresterhill Campus, RCH, Cornhill)

Q1 actual: 7853.56 tCO2e

Q1 Target: 5260 tCO2e

Our story so far….

NHS Grampian has been part of the UK Emissions trading scheme (UK-ETS) since 2013. During this period our emissions were below the target set through the scheme for the first 6 years.

A combination of the UK-ETS targets becoming progressively smaller year on year as a driver to reduce the UK's emissions, and the volume, scope and intensity of activity taking place on the Foresterhill site where the UK-ETS scheme exists, explains in part why NHS Grampian has exceeded its emissions allowance for the past 5 years.

NHS Grampian currently lacks substantial interventions funded or implemented to reduce the demand for gas and electricity, such as lighting upgrades, insulation improvements, and enhanced glazing. Consequently, the energy reductions from backlog investments in buildings and engineering plants remain fairly small in scale. For the 2024/2025 period, we do not foresee significant improvements without major investments in energy efficiency measures.

It is imperative that we consider robust and strategic energy-saving initiatives to align with our emissions targets and contribute to the broader goals of the UK-ETS.

Our key risks, challenges and impacts…

- The only current investment aimed at reducing emissions at the Foresterhill site is the consequential energy reduction from backlog investments in buildings and engineering plants. These investments are relatively small in scale and do not contribute significantly to the overall emissions reduction.
- The health board exceeding its emissions allowance results in substantial financial penalties. For the year 2022-23, this penalty amounted to £635,594.65
- It is imperative to develop a robust mechanism that facilitates the necessary level of investment to reduce emissions at the Foresterhill site, ensuring alignment with UK-ETS targets.

Commentary from
Alan Wilson

Director of Infrastructure, Sustainability & Support Services

Our mitigation and recovery actions

- Development of a Foresterhill-Specific Net Zero Carbon Route Map: creation of a tailored strategy to achieve net zero carbon emissions specifically for the Foresterhill site.
- Sustained Advancement of the Heat and Power Strategy Action Plan: Maintaining momentum in implementing the comprehensive plan to improve energy efficiency and reduce emissions.
- Collaboration with External Private Organizations: Partnering with private sector entities to explore and secure investment opportunities aimed at mitigating on-site emissions.
- Grant and Proposal Writing to Governmental and Non-Governmental Organizations: Actively pursuing funding through detailed grant applications and proposals to support both feasibility

What have we learnt?

- **Significant Investment Gap**: There is a clear and substantial disparity between the level of investment required for comprehensive decarbonisation efforts and the current funding available from governmental sources.
- **Enhanced Focus on Co-Benefits**: The ancillary benefits of decarbonizing the estate, such as reduced financial penalties and improved operational efficiency, must be emphasized more robustly when addressing backlog maintenance.
- **Leveraging Behaviour Change**: Behaviour change can significantly impact energy usage and emissions reduction. Opportunities exist through mandated eLearning initiatives and the utilization of sustainability champions to foster a culture of energy efficiency and environmental responsibility.

Oversight and assurance

- The emissions levels for the UK-ETS are verified by and external consultancy at the end of each year which is then validated by SEPA.
- The emissions levels are presented reported under KPI's for the Infrastructure and sustainability group.

Tier 3 - Our Performance Spotlights: Access & Empowering

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

Objective: Improve preventative and timely access to care

Priority Area: N1 - Secondary Care: Unscheduled Care

Reduce NHSG 90th percentile SAS (Scottish Ambulance Service) turnaround times to 110 minutes by quarter 4 2024/25

Q1 Actual: 196
Q1 Target: 160

Our story so far….

- NHS Grampian has been consistently challenged in relation to the 90th percentile ambulance turnaround time.
- The positon has attracted strong representation from Executive Team and Board level SAS personnel and continued attention from NHS Scotland.
- Ambulance turnaround time is directly linked to 4 hour access performance KPI. Addressing ambulance waits through additional measures is only required if the through flow from front door areas is constrained, or there are very specific peaks in demand.
- A challenging 2024 winter period with additional demand, low staffing levels, and high occupancy have constrained patient flow into the Acute setting to a greater extent than normal. Ambulance waiting times reflect this.
- Extended waits occur when bed capacity in the hospital is exhausted. Movement of the ambulance 'stack' is then dependent on patients being discharged. Within this scenario, the volume of daily discharges and the time in the day when they occur become crucial.

Our key risks, challenges and impacts…

- Acute Medical Initial Assessment (AMIA) Flow - admission rates vary between Emergency Department (ED) (c28%) and AMIA (c75%). As such, when ambulances begin to stack outside of AMIA, they tend to wait for longer.
- Footprint – Assessment spaces are low in number.
- Staffing capacity - medical staffing require to provide cover across ED overspill, RESUS, majors/minors, paediatrics as well as triage

Impacts

- Patient experience - patients arriving at ARI by ambulance who experience a delay in hand over from SAS to NHSG may have a poorer experience, resulting in an increasing number of complaints
- Patient safety - delays to transferring patients to ARI may negatively impact patient care
- Reutation - An inability to reduce 90th percentile ambulance waits negatively effects both confidence in the Health Board on the part of NHS Scotland and Scottish Ambulance Service.

We are working towards our flow improvement Deliverable through the ongoing scope of works. Performance represents the current challenges of demand outweighing capacity, with process improvements having only marginal impact; the 2027 Outcome aims to have reduced demand through admission avoidance, improved primary and community care responses and citizens empowered to participate in their own healthcare promotion, preventative measures and overall wellbeing. Average number of delayed discharges and proportion of delayed discharges both impact on this KPI by reducing admitting capacity to beds from ED.

Commentary from
Geraldine Fraser
Executive Lead
Medicine & Unscheduled Care (MUSC) Portfolio

Our mitigation and recovery actions

NHS Grampian's Unscheduled Care Improvement Plan aims to address some of the key challenges highlighted. It coheres operational improvement actions to reduce admissions, improve hospital flow, and reduce occupancy with Unscheduled Care Programme Board (USCPB) initiatives and wider system programmes such as the G-OPES (Grampian Operational Pressure Escalation System) Review and the Bed Base Review.

Many of the operational improvement actions are focused towards the preservation of daytime assessment capacity in ED and AMIA. Immediate mitigations have included creation of Standard Operating Procedures for Deteriorating Patient and Rapid Ambulance Release. These are being refined alongside SAS colleagues.

Managing Front Door Risk. Improvement work within ED to further improve 'time to first assessment' to reduce SAS risk by reducing ambulance waits, and reducing the number of admissions into ARI.

Reduction in ED/AMIA occupancy at 0800hrs. Utilisation of capacity out with the MUSC portfolio footprint overnight to create admitting capacity from ED and, particularly, AMIA.

Avoiding conveyance. Continued focus on Flow Navigation Centre (FNC) staffing robustness, service expansion (mental health and paediatrics), and connections with other upstream services (NHS24, Primary Care, G-Med).

Increasing discharge volume. The preferred alternative to boarding patients elsewhere is to achieve a discharge profile which equals the rate of admissions. Addressing the volume of delayed discharges enables bed turnover rate to be increased, and specific focus on reducing length of stay for those not in delay will further support that effort.

What have we learnt?

Reflections on last quarter's performance focus on the impact of high occupancy levels on our ability to manage ambulance waits. This realisation has brought focus onto the volume and timing of patient movements out of core medical admitting wards.

Working jointly with SAS to mitigate risks and enable an improved shared care model at our front doors is essential. A Joint Tactical Group has been created to provide routine management oversight to the full range of relevant issues, as well as to enable enhanced information sharing on improvement activities and risk.

Oversight and assurance

The Executive Lead for the MUSC Portfolio is accountable for ED and AMIA performance, sustainability, and development. The post holder is also the Executive Sponsor of the NHS Grampian Unscheduled Care Programme Board. This board reports routinely to the Chief Executive Team and NHS Grampian Board.

The MUSC Portfolio Senior Leadership Team, in operating the Emergency Pathway takes primary responsibility for performance monitoring, holding to account, and assurance to the wider organisation.

Management of the Unscheduled Care Improvement Plan is undertaken via the MUSC Portfolio Board for operational improvement measures, and the USCPB for wider improvement measures. Whole system actions are monitored and reported to CET via the USCPB.

Tier 3 - Our Performance Spotlights: Access & Empowering

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

Objective: Improve preventative and timely access to care

Priority Area: N1 - Secondary Care: Unscheduled Care

Key Performance Indicator (KPI): 70% of citizens will be seen within 4 hours in our Emergency Departments (ED)

Q1 Actual: 60.8%
Q1 Target: 70%

Our story so far….

NHS Grampian's performance in meeting the 4-hour access target has remained poor compared with the many other Health Boards, and has attracted continued attention from NHS Scotland. A challenging winter period with additional demand, low staffing levels, and high occupancy have combined to constrain patient flow within, and out of, the Acute setting and reduce the capacity of operational teams to maximise improvement opportunities. The level of pressure has also been sustained into the summer. July has been as challenging as February.

Given the influence of bed volume on performance and our challenges in generating additional capacity, it is unlikely that any meaningful performance improvement will be seen over the next quarter. Incremental gains can be expected as a result of additional 20 beds in the community, improved ED staffing ratios from August, and reduction in Delayed Discharges to pre-COVID levels by October. However, there is a risk that these measures will fail to make a lasting impression due to fundamental imbalances in system capacity compared with the patient need.

Our key risks, challenges and impacts…

General Medicine (GenMed) and Frailty services' capacity and throughput remain challenged and often account for 40-50% of bed waits. The volume of delays within GenMed is a key factor in their efforts to maintain admitting capacity.

The fragility of the medical workforce in ED and GenMed has constrained performance less often since Jan 24. Notwithstanding the fiscal implications, our ability to recruit and retain such cohorts in sufficient number as not been proved in the last 24 months.

4 hour access performance is a whole system measure; it takes system-wide action to have a sustained effect on 'exit block'. Notwithstanding the inherent complexity of system working, financial constraints are likely to curtail short-term capacity adjustments to increase bed turnover rate in acute settings.

Key impacts are in patient experience, patient safety, reputation, and staff wellbeing

We are working towards our flow improvement Deliverable through the ongoing scope of works. Performance represents the current challenges of demand outweighing capacity, with process improvements having only marginal impact; the 2027 Outcome aims to have reduced demand through admission avoidance, improved primary and community care responses and citizens empowered to participate in their own healthcare promotion, preventative measures and overall wellbeing.

Average number of delayed discharges and proportion of delayed discharges both impact on this KPI by reducing admitting capacity to beds from ED.

Commentary from
Geraldine Fraser

Executive Lead
Medicine & Unscheduled Care (MUSC) Portfolio

Our mitigation and recovery actions

Unscheduled Care Programme initiatives in NHS Grampian 2024:

1. Urgent Care Hub (Admission Avoidance) – Further develop professional-to-professional decision support line for Care Homes; expand the Flow Navigation Centre (FNC) to include mental health and paediatrics; enhance the coordination between Primary Care, NHS24, G-Med, FNC, and ED/AMIA (Acute Medical Initial Assessment)
2. Discharge Without Delay - **ARI**: remodel Discharge Lounge. Invest in discharge champions to advance discharge planning and enhance connections with downstream agencies. City/Shire: support establishment of Virtual Community Wards (Shire) and a Discharge to Assess capability (City).
3. Length of Stay – Seeking to reduce long stays in admitting areas, which increase overall length of stay in hospital, and addressing extended lengths of stay (7 days+) of patients not in delay to enhance bed turnover rate.
4. GenMed Pathway Redesign - review and seek to improve the manner in which GenMed patients are allocated to in-patient areas. This aims to reduce bed waits in ED (exit block) through creation of a larger admitting footprint for this service.

The Unscheduled Care Programme Board (USCPB) activities for this year are wrapped into a wider Unscheduled Care Improvement Plan, as agreed by Chief Executive Team (CET) in June 2024. The plan coheres operational improvement actions to reduce admissions, improve hospital flow, and reduce occupancy with USCPB initiatives and wider system programmes such as the G-OPES (Grampian Operational Pressure Escalation System) Review and the Bed Base Review.

What have we learnt?

Reflections on last quarter's performance centre on potential for only short-lived gains to be achieved through enhancements to efficiency of internal process in the ED/AMIA and in-patient areas within ARI. Findings from NHS Scotland Discovery Data initiative, received earlier in 2024, suggest this would be the case without concurrent effort to address overall capacity. Close monitoring of occupancy and performance trends show a close correlation, though encouraging to note pace of recovery has increased over previous periods when occupancy pressure is reduced.

Oversight and assurance

- CET briefed weekly on ED staffing and operational risks.
- NHS Grampian Chief Executive briefed weekly on 4 hour performance and improvement trajectory.
- NHS Scotland Unscheduled Care Team – updated weekly on 4 hour access performance and impact of additional improvement measures.

Tier 3 - Our Performance Spotlights: Access & Empowering

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

Objective: Improve Preventative & Timely Access to Care

Priority Area: N2 – Secondary Care - planned care

Key Performance Indicator (KPI): We will minimise the number of waits over 104 weeks for TTG patients

Q1 actual: 1961

Q1 Target: <2100

Our story so far….

The majority of patients waiting more than 2 years have clinically deteriorated to the stage where the facilities in peripheral operating capacity at Stracathro or National Treatment Centre-Highland are insufficient for their clinical needs. Long waits result as they are constantly not the highest clinical priority patients for ARI theatres given the Elective Surgery Categorisation System (ESCatS) 0, 1 and Cancer workload that is using most ARI operating capacity.

Our overall theatre efficiency use is amongst the best in Scotland, consistently performing above average in a number of measures. To maintain capacity for ESCat priorities whilst reducing the waits for all patients the plan was to recommission the short stay theatre complex within ARI. This has proved more difficult than planned and we remain without a firm start date at present.

During Q1 concerns were raised with regard to our Central Decontamination Unit. These have been appropriately managed but have highlighted the fragile start of the underlying infrastructure supporting surgery on the Foresterhill Site

This KPI is a tactical in-year measure of performance and heavily influenced via additional capacity. Therefore they offer limited direct relevance to the 2027 outcomes relating to planned care. There is considerable interlinking relationships with a number of other access and community KPIs and Deliverables.

Our key risks, challenges and impacts…

- Infrastructure
- Peripheral operating clinical criteria
- ESCatS Risk
- Mitigation exhaustion

Commentary from
Paul Bachoo
Executive Lead,
Integrated Specialist Care Portfolio

Our mitigation and recovery actions

- The plan remains the recommissioning of short stay operating complex in ARI. The National Treatment Centre Grampian at present is not within our 1-3 year plan.
- We will continue to seek review of clinical pathways and greater clinical flexibility from national elective assets matched 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 to minimise health gain foregone or casual mortality 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.

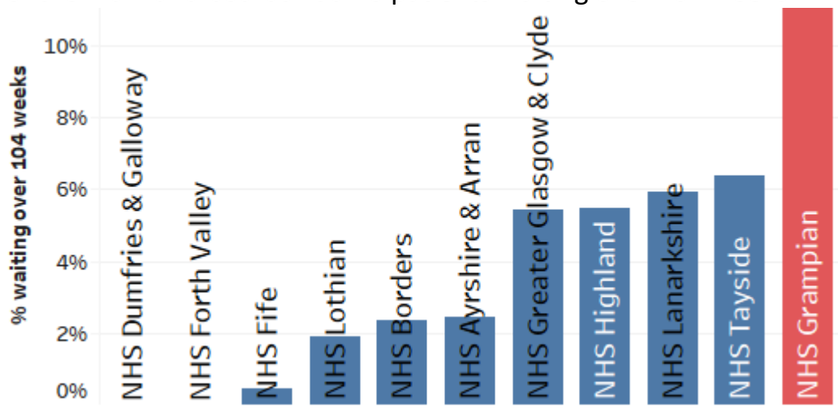
Oversight and assurance

Provided through progress reporting:

- Performance Assurance, Finance & Infrastructure Committee
- Integrated Specialist Care Portfolio Programme Board
- Scottish Government Access Support Team

How do we compare?

Of the mainland boards, Grampian had the highest proportion of patients waiting over 104 weeks at the March 2024 census date. One of the mainland boards had no patients waiting over 104 weeks.



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 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 them from current models of service provision designed to recover backlog.
- At present it is not clear if this overall 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 are placing a growing burden on primary care services due to their length of wait through increased consultation and support needs whilst waiting. There is not yet evidence of a growth in emergency admission from this cohort, but there is some signs of an increase in emergency attendance.

Tier 3 - Our Performance Spotlights: Access & Empowering

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

Objective: Improve Preventative & Timely Access to Care

Priority Area: N2 - Secondary care - planned care

Key Performance Indicator (KPI): We will minimise the number of waits over 104 weeks for a new outpatient appointment

Q1 actual: 829

Q1 Target: <700

Our story so far….

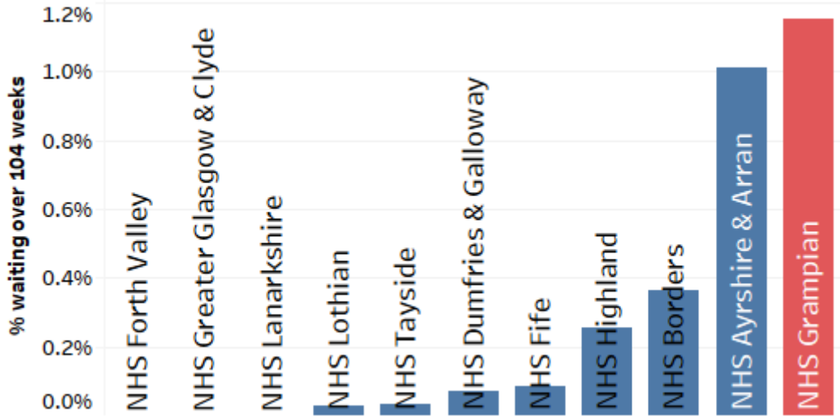
Our elective care plan for 2024/25 has an end of year target of 1,000 or fewer 2 year waits. This is a gradually worsening position through the year and we are currently worse than we expected at the end of Q1 primarily due to a lag in the start time of non-recurring activity which will now start in Q2 rather than Q1

This KPI is a tactical in-year measure of performance and heavily influenced via additional capacity. Therefore they offer limited direct relevance to the 2027 outcomes relating to planned care. There is considerable interlinking relationships with a number of other Access and Community KPIs and Deliverables.

Commentary from
Paul Bachoo

Executive Lead, Integrated Specialist Care Portfolio

How do we compare?
Of the mainland boards, Grampian had the highest proportion of patients waiting over 104 weeks at the March 2024 census date (compared to second highest at December 2023). Two of the mainland boards had no patients waiting over 104 weeks.



Our key risks, challenges and impacts, together with our mitigation and recovery actions…

- The largest volume of patients sits within Urology and Dermatology. We believe the Dermatology position should improve gradually over the year but we are still working on solutions to the Urology issue but there are bids under consideration
- During Q2 we aim to realign our planned care budget that has changed significantly during Q1 to invest in recurring core capacity although some of this will be by disinvesting in non-core activity that may cause a short term negative impact. The new outpatients position, along with TTG, Cancer and Diagnostics are the main criteria against which these bids will be evaluated
- There is a risk, mainly within the medical specialties, of clinical staff being diverted from planned care activity towards unscheduled care activity given the continued unscheduled care demand and capacity issues which would worsen the position
- There remains a large volume of non-core activity being delivered in the outpatients setting and this continues to rely of staff volunteering to work additional hours
- As well as long new outpatient waits there is are also long return outpatient waits and clinically we continue to balance these
- There is a shift in urgency in new referrals towards more urgent referrals being received. An element of this will be related to the length of wait of the routine tail but this prioritization diverts capacity from the longest waiting patients

What have we learnt?

We continue to work with the Centre for Sustained Delivery (CfSD) and national pathway reviews to streamline the Outpatient pathways and reduce demand

Oversight and assurance
Provided through progress reporting:

- Performance Assurance. Finance & Infrastructure Committee
- Integrated Specialist Care Portfolio Programme Board
- Scottish Government Access Support Team

Tier 3 - Our Performance Spotlights: Access & Empowering

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

Objective: Improve Preventative & Timely Access to Care

Priority Area: N2 - Secondary care - planned care

Key Performance Indicator (KPI): Average monthly delayed discharges to be no greater than Q4 2023/24

Q1 Actual: 274

Q1 Target: <255

Our story so far….

Delayed discharges are a jointly held responsibility, shared by Aberdeenshire, Moray, and Aberdeen City Integrated Joint Boards (IJBs), resulting in differing experiences across the NHS Grampian region.

Aberdeenshire saw an increase in the number of delays in Q4 2024 as compared with 2023, while City's delays reduced during the year and in Q4 the census date figure was 36 demonstrating good performance despite the significant challenges.

In Moray, delays slowly increased but have stabilised, remaining at an average of 35 for this quarter; they remain lower than the 2022 March position of 52.

Commentary from

Pam Milliken, Chief Officer, Aberdeenshire Health & Social Care Partnership (HSCP)

Judith Proctor, Interim Chief Officer, Moray Health & Social Care Partnership (HSCP)

Fiona Mitchelhill, Chief Officer, Aberdeen City Health & Social Care Partnership (HSCP)

Oversight and assurance

Grampian Optimising Patient Flow: Delayed Discharge Task and Finish Group

Our key risks, challenges and impacts…

- Demand for health and social care services continues to increase in line with a growing population of older people, people with complex needs and guardianship
- With reduced interim beds there is a risk of increase in delays and unmet need
- Focus on delayed discharge leads to longer waiting times for new referrals to Adult Social Work to be assessed and a growing list of unmet need
- Delayed discharge results in risks to patients including treatment in wrong setting, increased risk of infection, loss of mobility & cognitive function, and delays to onward care
- Staff frustration in disruption to normal patient flow
- Increase risks in the community with unmet need
- Reduction in available care home beds

HSCP activity is overseen by IJBs and comes through their Strategic Plans, implemented through their Strategic Delivery Plans, rather than the Plan for the Future/ADP. The KPI performance demonstrates that the achievement of the 2027 outcome remains challenging and should be seen in the context of activity in the community to prevent hospital admission such as virtual community wards.

All KPIs relating to patient flow are interrelated, particularly those recorded under Pathways – improve preventative and timely access to care.

Our mitigation and recovery actions

Aberdeenshire:

- Daily operational meetings to discuss progress of all delays and identify barriers
- Scrutiny to ensure that reported delays are appropriate, added to the system timeously and coded accordingly
- Weekly meetings to review the Aberdeenshire delayed discharge position and identify key themes, challenges, actions and escalations
- An Aberdeenshire Care Management Team is based in the ARI hub to increase efficiency and ensure new referrals are picked up promptly

Aberdeen City:

- Daily/weekly meetings to review client group in hospital settings, those at highest
- risk are prioritised
- continue to deliver initiatives to help support and maintain staff health and wellbeing
- Increase in collaborative working between clinical teams and hospital social work teams

Moray:

- Daily monitoring of flow, weekly review of all discharges that are delayed. Review of each delay, shared decision making to promote discharge with the resources available
- Operational team engagement in preventing delayed discharges
- Self- assessment against a set of KPI's
- Priority patient management in Moray developed to ensure that resource is allocated to those most in need, this is reviewed weekly but daily if required

What have we learnt?

Aberdeenshire:

- The test of change for TrakCare access has had a positive impact on flow and will be embedded in practice for Care Managers
- Step Up opportunities should be increased

Aberdeen City:

- increasing amount of Technology Enabled Care (TEC) enabling timely discharge and new ways of working
- It is key to keep close collaboration with providers to seek solutions and capacity for emergency care and timely care packages being in place
- Having a dedicated post to focus on delays and create pathways for more streamlined discharges

Moray:

- That daily operational engagement with shared decision making will generate creative solutions to reducing delays, encourage the flow of patient's through the system and reduce the need for system wide crisis

Tier 3 - Our Performance Spotlights: Access & Empowering

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

Objective: Improve Preventative & Timely Access to Care

Priority Area: N3 – Secondary Care - Cancer Care

Key Performance Indicator (KPI): 72% of citizens will receive first treatment within 62 days of urgent suspected cancer referral

Q1 actual: 60.65%

Q1 Target: 72%

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 as 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 Q1 target of 72% is not being met.

This KPI is a tactical in-year measure of performance and heavily influenced via additional capacity. Therefore they offer limited direct relevance to the 2027 outcomes relating to planned care. There is considerable interlinking relationships with a number of other Access and Community KPIs and Deliverables.

Our key risks, challenges and impacts…

- Unscheduled care demands
- Funding levels and limitations
- Workforce resource, retention and recruitment
- Workforce planned and unplanned leave
    - Significant access funding reductions have already realised these risks
- Increasing diagnostic backlog driven by continued high referral rates and inability to match capacity with demand
- Radiotherapy and Oncology capacity does not meet 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 Portfolio

Oversight and assurance

Provided through progress reporting:

- North Cancer Alliance
- Scottish Government

Our mitigation and recovery actions

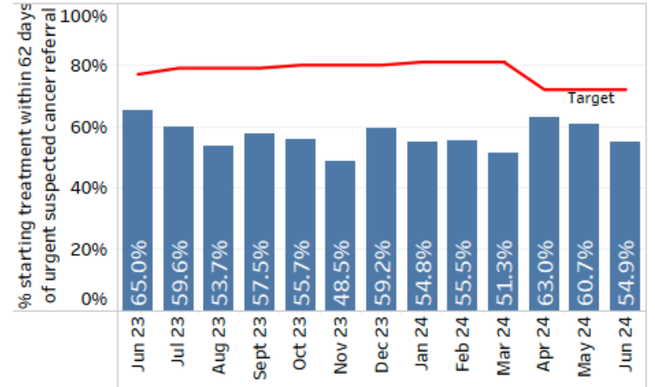
- Local, Regional and National level co-operation and discussion to share challenges and issues
- Cancer Manager's Forum to share best practice and learning opportunities
- North Cancer Alliance (NCA) have an oversight of regional activity and through an operational delivery group are seeking to formalise 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
- Backlog recovery bids have been submitted to Scottish Government for Q1 & Q2 2024
- Plans to re-purpose Urology Diagnostic Hub in ward 211
- 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.

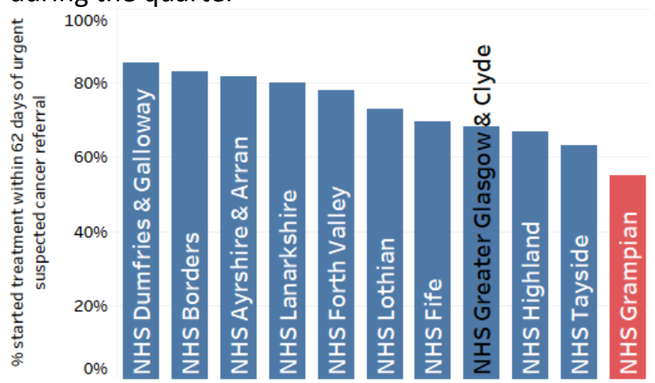
How are we performing against target?

We remain below target. Monthly performance improved in April 2024, decreasing to June



How do we compare?

For the quarter ending March 2024, Grampian had the 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



Tier 3 - Our Performance Spotlights: Access & Empowering

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

Objective: Improve Preventative & Timely Access to Care

Priority Area: N3 - Secondary care - Cancer care

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

Q1 actual: 89.96%

Q1 Target: 95%

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 as 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 target of 95% has not been met.

This KPI is a tactical in year measure of performance and heavily influenced via additional capacity. Therefore they offer limited direct relevance to the 2027 outcomes relating to planned care. There is considerable interlinking relationships with a number of other Access and Community KPIs and Deliverables.

Our key risks, challenges and impacts…

- Oncology Mutual Aid being provided to neighbouring health boards
- Radiotherapy and Oncology capacity does not meet demand
- Unscheduled care demands
- Funding levels and limitations
- Workforce resource, retention and recruitment
- Workforce planned and unplanned leave
    - Significant access funding reductions 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 Portfolio

Oversight and assurance

Provided through progress reporting:

- North Cancer Alliance
- Scottish Government

Our mitigation and recovery actions

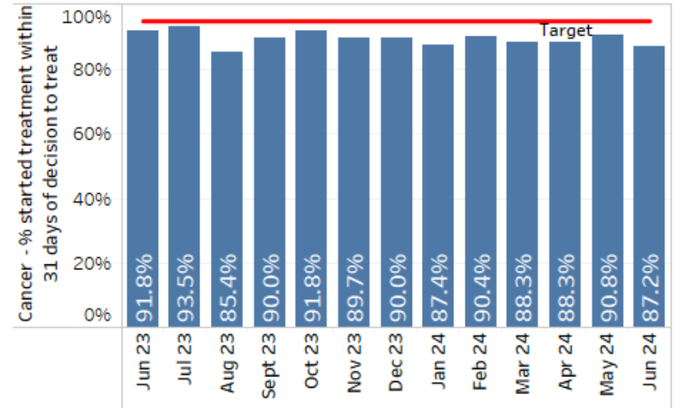
- Local, Regional and National level co-operation and discussion to share challenges and issues
- Cancer Manager's Forum to share best practice and learning opportunities
- North Cancer Alliance (NCA) have an oversight of regional activity and through an operational delivery group are seeking to formalise escalation for support or mutual aid requests.
- Backlog recovery bids have submitted to Scottish Government for Q1 & Q2 2024
- 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

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.

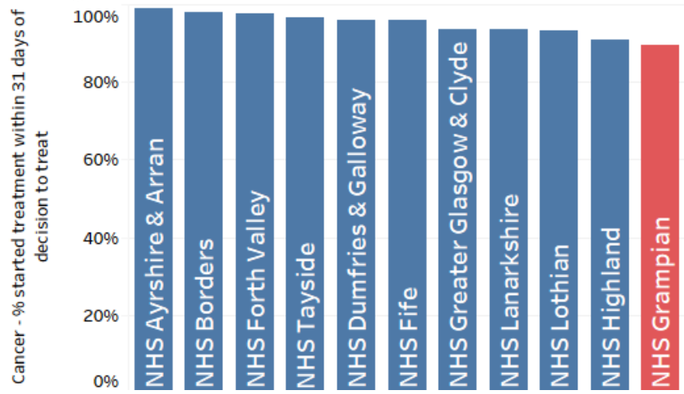
How are we performing against target?

Monthly performance increased in May 2024, decreasing to June; monthly performance has been below target since May 2023.



How do we compare?

For the quarter ending March 2024, Grampian had the 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



Tier 3: Performance Summary

Strategic Intent Area	Key Performance Indicator	Performance Baseline March '24	Performance Quarter 1	Last Reported for Assurance	Why are we in this position? *Comment from responsible executive lead*
Colleagues & Culture	**To reduce nursing agency spend to below £9.75m by end March 2025**	£2.620m	**£2.350m**	Q4 PAFIC & HAWD 5th & 13th June 2024	Tightened controls in place to ensure appropriate use of agency staffing. Work ongoing to recruit NGNs with an exception to fill over 140 Band 5 vacancies and over recruit to reduce agency spend.
Colleagues & Culture	**100% of AFC staff have reduced their hours to 37hrs per week or pro-rata equivalent for part time staff**	0%	**41%**	Staff Governance Committee 22nd August 2024	It has not yet been possible to approve proposals for e-Rostered services (60% of biggest workforce group) due to outstanding national issue on calculation of part-time hours and risk of significant re-work. Progress across non-rostered areas is generally above 50%.
Colleagues & Culture	**Sickness absence rate for NHS Grampian to be 5% or below**	5.0%	**5.25%**	Chief Executive Team May 2024	People & Culture teams' focus is on supporting areas above 5% to reduce where possible, starting with Facilities & Estates. Current performance is lowest rate of all Mainland Boards
Citizens	**To increase the total membership of the Public Involvement Network by 15% (6 members) by 31 March 2025 (from 38 to 44)**	38	**41**	Communications Leadership Team 22nd July 2024	The Putting People First new Engagement Approach has approved by NHS Grampian Board. Work streams are now being set up to take forward the work required to achieve the milestones set out in horizon one of the 3 horizon approach which has been endorsed.
Anchor	**Completion of Year 1 actions in the Anchor Strategic Workplan by 31st March 2025**	0%	**0%**	Population Health Committee 19th July 2024	Anchors work plan developed during Q1. Going to Population health board (27th June) and population health committee 19th July for approval.
Anchor	**To improve domestics performance within the Facilities Monitoring Tool for A1 Hospitals to be above 95% by end March 2025**	92.9%	**93.3%**	Infection Control Committee 27th July 2024	A1 Performance: 92.9% (domestics) and 94.9% estates at Q4 Target has been shared with Team, and discussions commenced re actions to improve our A1 scores.
Anchor	**To improve estates performance within the Facilities Monitoring Tool for A1 Hospitals to be above 95% by end March 2025**	94.9%	**94.7%**	Infection Control Committee 27th July 2024	A1 Performance: 92.9% (domestics) and 94.9% estates at Q4 Target has been shared with Team, and discussions commenced re actions to improve our A1 scores.
Communities	**Reduction of very high and high infrastructure risk by 10% to sustain critical service delivery.**	0%	**10%**	New KPI, DGH Infrastructure Board	1. Space Quality and Functionality Review and Report completed. 2. Site visit scheduled for next quarter as part of NHSG Capital Planning Process. 3. upgrade to theatre air conditioning completed in June as service priority
Communities	**100% of hospital teams will have produced workforce plans to support safe and effective staffing.**	0%	**5%**	not yet reported, due to NHSG Board 2025	Nursing Workforce Tools scheduled for completion in June, yet to be reviewed.

Strategic Intent Area	Key Performance Indicator	Performance Baseline March '24	Performance Quarter 1	Last Reported for Assurance	Why are we in this position? *Comment from responsible executive lead*
Communities	**100% completion of project tasks for implementation of new model for Theatres and Surgery**	0%	**25%**	DGH Strategy Programme Board 9th Aug 2024	1. Target Operating Module Workshops completed 24/25 June. 2. Action Groups to be established in July
Environment	**An increase of 200 in completion of Turas module on Shared Decision Making by end March 2025**	1024	**1076**	Realistic medicine working Group 15th August 2024	Continued embedding and promotion of module as part of core and wider work streams
Whole System Working	**Completion of 6 workstreams within the Grampian Frailty Programme Plan by 31st March 2025 in order to achieve collaboration across all 3 HSCPs and NHSG**	0%	**25%**	Grampian Frailty Board 25th June 2024	All 3 HSCPs have completed and shared their local Frailty plans in line with shared priorities. This contributes to collaborative working across Grampian for the benefit of our Frail population.
Access	**Average length of stay for elective and non-elective patients (NHSG MUSC only) to be no higher than Q4 2023/24**	6.53 days	**6.42 days**	MUSC Portfolio Board 22nd August 2024	Length of Stay performance has been impacted in the first reporting period by the high proportion of delayed discharges within MUSC wards, and an unseasonably high number of boarders who are accommodated out of floor space. On average, boarding a patient from their patient ward increases their length of stay by 48 hours. There are currently 88 boarders in the hospital, compared with 53 in the same period of 2023, and increase of 39%
Access	**Proportion of delayed discharges waiting over 4 weeks to be no greater than Q4 2023/24**	32.5%	**32.1%**	Scottish Government, Monthly	Delays have followed an upward trajectory during Q1 but the number waiting over 4 weeks is stable reflecting the impact of specific actions targeting support towards our most complex patients such as early referral to social work and supported transitions e.g by the Care Home Assurance Team. All HSCPs have stepped up DD scrutiny and implementing local measures/actions to expedite discharges and increase capacity where possible, including newly established Discharge without Delay Group (with HSCP and acute services representation and reporting to Chief Executive Team) to deliver on measures set by Collaborative Response and Assurance Group (CRAG) and ensure local improvements are implemented to meet national targets
Access	**90% of children and young people referred to Mental Health Services will be seen within 18 weeks of referral**	97.40%	**96.70%**	MHLDS Quality and Assurance Group 25th July 2024	Grampian CAMHS continues to meet the nationally agreed 90% referral to treatment standard as set out by the Scottish Government. However, in line with the rest of the country CAMHS has experienced a significant increase in children and young people who are presenting acutely unwell and requiring intensive input. This has impacted on routine waits. However, we monitor our waits on a daily and weekly basis and have implemented steps to address this.
Access	**70% of people referred to psychological therapies will be seen within 18 weeks of referral**	60.7%	81.7%	Public Health Scotland 22nd August 2024	We continue to work hard towards the 18 week RTT standard for Psychological Therapies. The Scottish Government have most recently requested data from CAMHS and Adult PT Services to be combined which are now represented in these figures

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 Mar 2023**	**Quarter end Jun 2023**	**Quarter end Sep 2023**	**Quarter end Dec 2023**	**Quarter end Mar 2024**	**Benchmarking** (of 11 mainland Boards quarter end Mar 2024: 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%	66.4%	70.2%	70.7%	66.5%	**66.7%**	6th Scotland: 66.6%	Overall A&E performance increased through the first two quarters of 2023/24, before decreasing in the third quarter; there was a fractional increase for the final quarter, to a level slightly higher than at the same time the previous year. We remained below the overall Scotland level through 2023 link to associated spotlight
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%	41.8%	38.7%	37.5%	33.8%	**39.4%**	10th Scotland: 52.7%	Performance has decreased each quarter through 2023/24. We have remained consistently below the overall Scotland level for the last year
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%	70.0%	70.3%	66.6%	64.2%	**61.8%**	6th Scotland: 61.2%	Performance improved through the first two quarters of 2023, before a decrease over the subsequent two quarters; there was a further decrease into the first quarter of 2024. A similar trend has been observed at Scotland level over the last year; we have remained above the overall Scotland level for the last two years link to associated spotlight
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%	45.7%	45.7%	45.9%	47.3%	**43.9%**	11th Scotland: 57.0%	Performance remained level through the first two quarters of 2023, increasing over the second half of the year; there was then a decrease for the first quarter of 2024. We remain consistently below the overall Scotland level link to associated spotlight
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%	95.25%	93.78%	89.6%	90.5%	**89.5%**	11th Scotland: 94.1%	Performance decreased through the first two quarters of 2023/24, increasing in the third quarter and then decreasing for the final quarter. We have been below the overall Scotland level for the latest three quarters link to associated spotlight

National Waiting Times Target/Access Standard *(measurement definition, based on quarterly period unless otherwise stated)*	**Target**	**Quarter end Mar 2023**	**Quarter end Jun 2023**	**Quarter end Sep 2023**	**Quarter end Dec 2023**	**Quarter end Mar 2024**	**Benchmarking** (of 11 mainland Boards quarter end Mar 2024: ranked 1st = best performing)	**Commentary**
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%	65.04%	70.63%	57.0%	54.4%	**55.0%**	11th Scotland 70.4%	Performance improved in the first quarter of 2023/24, before decreasing for the following two quarters; there was an increase in the final quarter of 2023/24. We remain consistently below the overall Scotland level, which has decreased over the latest three quarters link to associated spotlight
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%	99.6%	96.1%	84.7%	96.7%	**97.4%**	3rd Scotland: 86.1%	After decreasing through the first two quarters of 2023/24 (to below national target), performance improved for the latest two quarters, returning to above national target. We remain consistently above the overall Scotland level, which has improved over the last two quarters link to associated summary
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%	63.0%	63.8%	74.3%	76.4%	**75.4%**	7th Scotland: 79.3%	After a decrease for the first quarter of 2023, performance then increased over the subsequent quarters; there was then a decrease for the first quarter of 2024. We remain below the overall Scotland level link to associated summary
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%	98.2%	100%	100%	100%	**100%**	Scotland: 100.0%	We continue to consistently achieve the target

From national waiting times publications