



Board Meeting
13.06.24
Open Session
Item 6



How are we doing?

Board Annual Delivery Plan Performance Report Quarter 4
June 2024



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Introduction

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



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

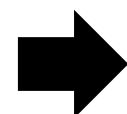
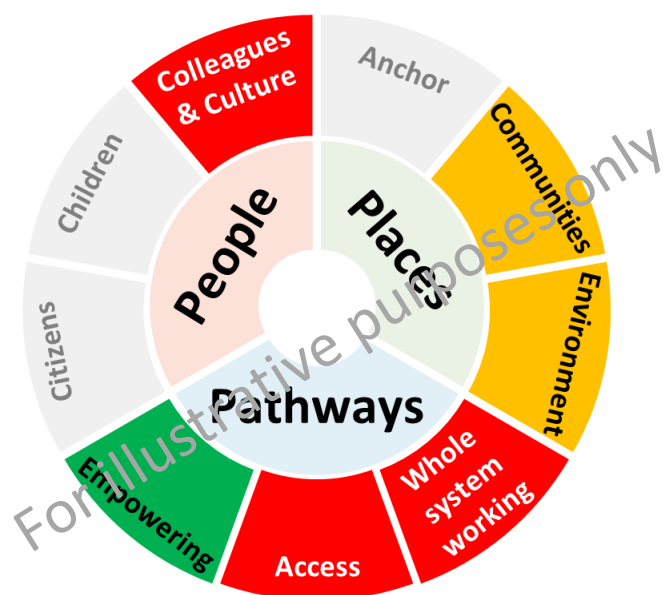
The report highlights key areas of achievement or concern, with narratives from Executive Leads to provide a wider perspective.

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

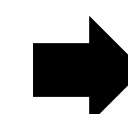
Reading Guide

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

Our Board Performance Summary
(High level overview of “How we are doing” as a Board including our strategic intent)



Our “At a Glance” Performance Scorecards
(Summary of Key Performance Indicators across categories in strategic intent)



Performance Spotlights
(Detailed focus on adverse or favourable Key Performance Indicators)



This section covers two key areas of focus:

1) Our Board Performance Summary across our strategic intent:

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

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

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

An Executive Summary will be included.

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

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

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

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

This includes detailed focus on:

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

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

Alignment of our Strategic Intent



KEY

Overall RAG Ratings for Board Performance Summary:

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

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

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

RAG Ratings for the At a Glance Performance Scorecards:

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

Assessment Rating	Criteria
Red	Current performance is 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

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

DEFINITIONS

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

Strategic Intent and its categories

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

Priority Areas

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

Key Performance Indicator (KPI)

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

Deliverables (with quarterly Milestones)

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

Milestones

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

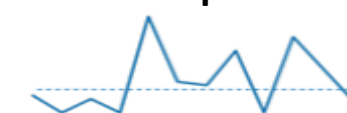
Baseline

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

Targets

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

Trend Graphs



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

Our Board Performance Summary

Executive Summary

The 2023/24 Annual Delivery Plan (ADP) commenced in April 2023 and this report for June 2024 looks at our performance for the final quarter (January to March 2024), showing How We Are Doing against our short, medium and long term plans, as we head into the new 2024/25 Delivery Plan.



At the end of our delivery plan year, I would like to take this opportunity to once again thank colleagues across health and social care for their continued hard work and dedication.

Our strategic intent categories all have agreed Key Performance Indicators (KPIs) to provide a measure of our progress, highlighted in our scorecards. Our Performance Wheel shows six categories reported as Red, unchanged from last quarter, with an improvement to three reported as Green. Our scorecards provide a comprehensive overview of favourable and adverse performance for each of the KPIs aligned to our priority areas of work for 2023/24.

This quarter's report gives an expanded narrative update on our performance against all our KPIs for the first time, with 24 receiving detailed Spotlights, and 12 with a summary update (separate Finance update to the Board); these help us to understand the key risks and challenges and the actions needed for improvement.

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, specifically looking at the new widened coverage which include Doctors and Dentists in Training (DDiT) for the first time.

Adam Coldwells, Chief Executive NHS Grampian



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

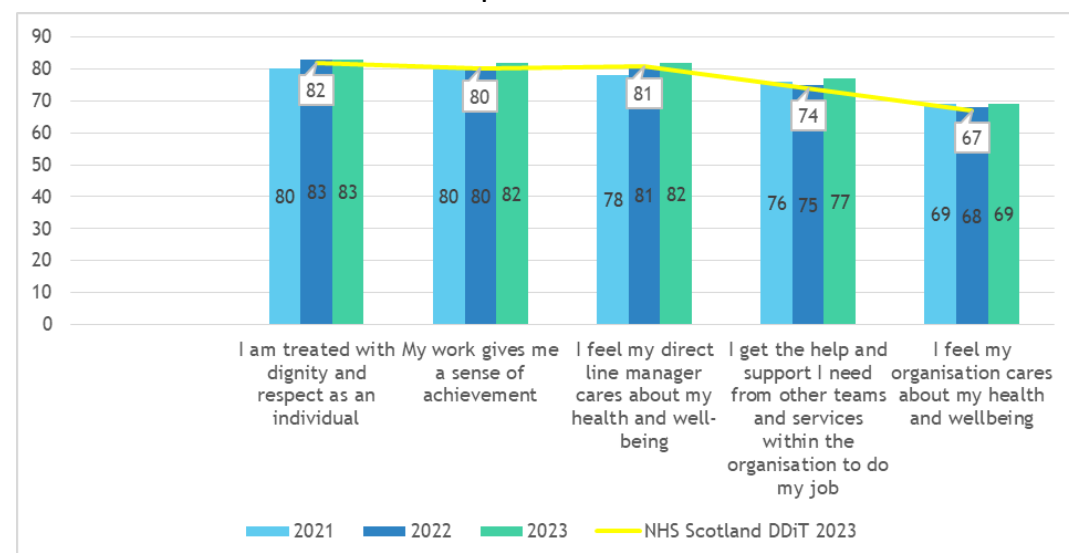


Our Board Performance Summary

Voice of our Colleagues via iMatter

Doctor & Dentist in Training (DDiT) experience:

- National iMatter (Staff Experience) questionnaire for DDiTs live during November 2023, national report published on 28 February 2024 for Board level review.
- Participation data shows that whilst local DDiT participation fell 4% in 2023, this was still above the NHS Scotland average and local participation level in 2021.
- Responses across all five detailed questions used in the survey demonstrated improvement on 2022 results and were above the NHS Scotland average. Three of the five are above the “net promoter” threshold of 80.



- Survey data also suggests a small overall improvement in DDiT experience compared to the previous year. Again, this is above the NHS Scotland average.
- It is possible to compare the results with the annual Scottish Trainee Survey for 2023 run by NHS Education for Scotland, which has higher participation.

Our key risks, challenges:

- Rotational placements for DDiTs and fluid team structures do not lend themselves to the action planning component of iMatter.
- This makes it more challenging to involve DDiTs in activity to continually improve experience at local level.
- The results indicate improvement is required around support for health and wellbeing, and cross-service support for DDiTs.
- The number of different colleagues with local responsibility for managing aspects of DDiTs experience in the workplace impacts consistency of approach.

Our actions to help us get there...

- In preparation for re-monitoring DDiT Rotas in the current training year, relevant Chief Executive Team members have set out expectations of the different roles at service level for management of different aspects of DDiT workplace experience.
- The working group looking at DDiT rota banding and compliance are exploring ways to ensure that breaks are taken, including steps that remove the need for individuals to choose between continuing with tasks versus taking their rest break.
- Work is ongoing to re-establish meetings with NES to support information sharing about DDiT long-term absences. There is a recognised need for broader use of the transfer of information form to facilitate information sharing and support for remaining well at work.
- Whilst not apparent in the iMatter data, the 2023 STS data highlights 4 service areas where experience of Dignity and Respect, Equality and Inclusion are less positive than comparators. This information is shared with Clinical Leadership teams and those with responsibility for education supervision to action and support improvement appropriate to each circumstance. To date this has included:
 1. Active Bystander Training for trainers within the departments.
 2. Neurodiversity Training.
 3. Organisational Development Support.

Active Bystander and Neurodiversity training has been available more broadly, aimed at trainers but expanded to other staff groups. Initial take up has been encouraging.

What Next...?

1. We will continue to promote participation in iMatter by DDiTs to aid understanding of their experience relative to the wider workforce, and other NHS Scotland Boards. This data will be cross referenced with the Scottish Training Survey.
2. Work is ongoing to engage with DDiTs as a cohort in order to better understand as a Lead Employer Board what steps could be undertaken by local placement boards in the north of Scotland, including NHS Grampian, to support improved workplace experience.
3. Current Scottish Clinical Leadership Fellow is scoping how the Trickle App adopted successfully in NHS Lothian could be used to support improved DDiT engagement and experience. This is dependent on the willingness of key stakeholders, including clinical staff, to play a role in ensuring the App is used effectively.
4. Steps will be taken through the rota monitoring process to ensure there is sufficient clarity around and consistency in the roles undertaken in management of DDiTs, and that supports are in place to ensure good practice in respect of taking breaks.

Our Board Performance Summary

Voice of our Citizens via Care Opinion

145 stories in Q4

96% of stories have a response

2 stories have changes planned

0 stories have had changes made

Care Opinion stories Quarter 4 2023/24

The 145 stories submitted to Care Opinion in the period January-March 2024 represent a 6% decrease from the previous quarter, and an 8% increase in comparison to the same period in the previous year.

- The proportion of 'not critical' (or 'positive') stories increased from 71% in quarter 3 to 72% in quarter 4.
- The proportion of 'mildly critical' stories has decreased from 15% in quarter 3 to 14% in quarter 4.
 - 3 stories were rated as 'strongly critical', a decrease from 4 in the previous quarter. For all 3 stories the service areas responded within one day, requesting the story authors contact them to discuss in more detail
- Overall initial responsiveness continues at a very high level (94%), continuing from the previous quarter, and lower than over the last two years.

Contributing to change

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

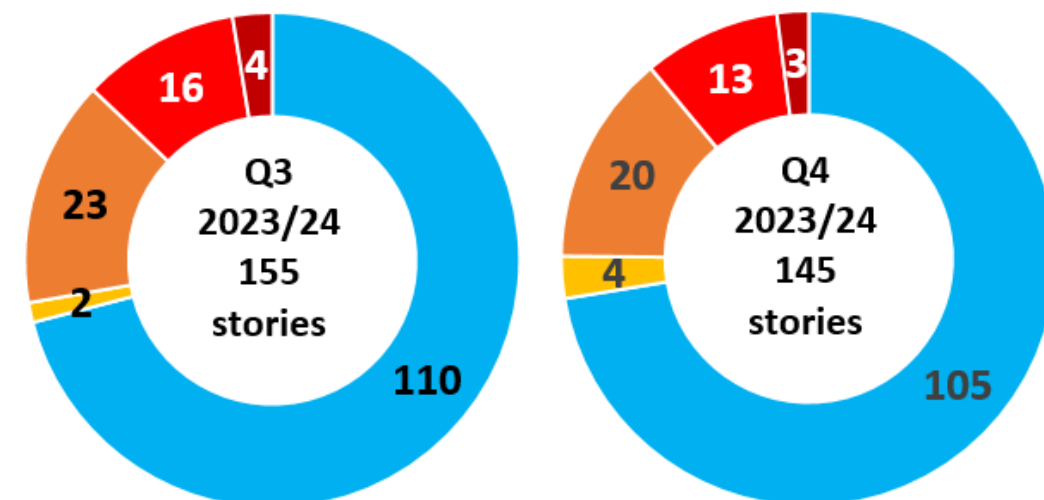
- For the January-March 2024 period, 2 of these stories' responses show a change has been planned or made (see next page for further detail), 1 more than the previous quarter.

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.

How moderators have rated the criticality of stories



■ not critical ■ minimally critical ■ mildly critical ■ moderately critical ■ strongly critical
Criticality scores in relation to the most critical part of the story are assigned by moderators to support the alerting service

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

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

Ongoing actions to improve recording of changes on Care Opinion:

- During Care Opinion training, the importance of recording changes is being highlighted.
- Work is underway to establish citizens' and colleagues' level of awareness of Care Opinion.
- Raising awareness through the Quality Improvement and Assurance Team newsletter, shared with all colleagues through the Daily Brief.

Our Board Performance Summary

Voice of our Citizens via Care Opinion

Citizens stories

Changes planned

Attending the plastics dressing clinic

My little one has been attending the plastics dressing clinic. All staff are very friendly and informative. There was one slight concern. Staff were wearing their gloves, going outside the room touching handles etc, going into cupboards and then re-entering the room and not changing gloves before changing dressings. Also one member of staff was not wearing gloves at all and did not wash their hands. I hate to raise this but feel it is an infection risk when dealing with wounds. Thanks.

www.careopinion.org.uk



Response from Clinical Nurse Manager, Royal Aberdeen Children's Hospital (February 2024):

Thank you so much for highlighting this information. I will ask the senior charge nurse to speak to the staff working in this clinic and make them aware that this poor practice has occurred. You are correct this is very poor practice and not what we advocate at all. Infection prevention control is very important to us. I will ask that the senior charge nurse there also has regular spot checks of hand hygiene in this area to ensure our nursing staff are practicing the high standards of care we expect. I am genuinely grateful to you for highlighting this practice to us so we can take action.

I feel it is very unfair

My husband was referred to the Sleep Apnoea service at the Aberdeen Royal Infirmary (NHS Grampian) 3 years, 8 months ago. He has waited patiently for his appointment, been contacted by the Clinic on a couple of occasions to see if he wanted to remain on the waiting list for assessment, (Yes!), and been reassured on at least 2 occasions since the summer of 2023 that he was "near the top and should hear from them soon". He telephoned this month to enquire how much longer the wait would be, only to be told they are booking urgent cases only at the moment. I feel it is very unfair on people like my husband, who has waited so long to be seen...

www.careopinion.org.uk



Response from Deputy Service Manager, Medicine & Unscheduled Care – Long Term Conditions Pathway (February 2024):

Please accept our sincere apologies for the poor communication that you have experienced in relation to the challenges that the service is experiencing. Due to the Covid-19 pandemic combined with a national shortage of CPAP machines, the waiting list for the Sleep Service in Aberdeen increased significantly, resulting in a 4+year wait for many patients. As a result, the Sleep Service has only been able to offer appointments to patients who have been clinically vetted to the urgent waiting list whilst the Respiratory Service explore options to resolve the waiting list. I am able to confirm that the Respiratory Service has begun preparations to write to patients on the routine waiting list, however there was agreement to delay this letter until a decision had been agreed around the process for addressing this significant waiting list.

Our Board Performance Summary

Voice of our Citizens via Care Opinion

Themes from Feedback

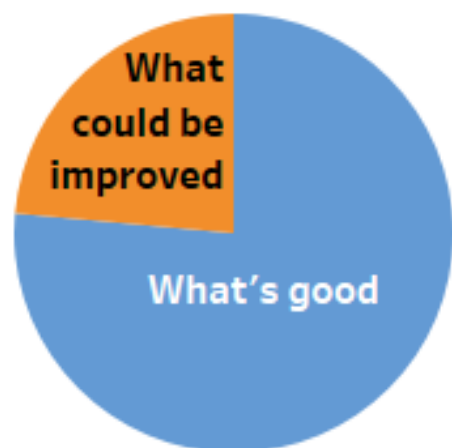
The Care Opinion platform lets our citizens attach brief tags to their stories, providing a summary of what was good and what could be improved about their experience.

What's good?

Feedback is predominantly positive, with “staff”, “friendly” and “nurses” continuing to trend as the most frequently used positive tags



Tag categorisation Apr 2023 - Mar 2024
based on 563 stories submitted



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

What could be improved?

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



Actions being taken to address this include: a request for all local Clinical Governance Chairs to discuss at the next meeting that "communication" is frequently highlighted as an area for improvement in our feedback, and an opportunity to explore options to support colleagues across the system; signposting colleagues to some of the existing resources such as Turas complaints modules, peer support, Value Based Reflective Practice to name a few.

Performance Scorecard: Colleagues & Culture



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

Objective: Strengthen Colleague & Citizen Engagement to Improve Health



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
A - Right workforce to deliver care now and in the future	Reduce time to hire in support of addressing workforce shortages	116 days	104.5 days	<105 days	95 days	<105 days	85 days	<95 days	118 days	<95 days	spotlight on page 16
A - Right workforce to deliver care now and in the future	Reduction of nursing and agency spend (2022/23 Annual spend £11.504m)	Q4 £3.415m	£3.969m	<£2.601m	£3.825m	<£2.601m	£2.939m	<£2.601m	£2.620m	<£2.601m	spotlight on page 17
A - Right workforce to deliver care now and in the future	Reduction in cost for junior doctor banding/medical locums (2022/23 Annual spend £17.178m)	Q4 £4.399m	£4.572m	<£3.569m	£5.270m	<£3.569m	£5.790m	<£3.569m	£6.121	<£3.569m	spotlight on page 18
A - Right workforce to deliver care now and in the future	Compliance with mandatory training will increase to 80% for all new starts and 60% for all other colleagues	62% new/ 60% other	65% new/ 63% other	80% new/ 60% other	65% new/ 64% other	80% new/ 60% other	68% new/ 65% other	80% new/ 60% other	67% new/ 58% other	80% new/ 60% other	spotlight on page 19
A - Right workforce to deliver care now and in the future	Compliance with statutory training will increase to 90% for all new starts and 70% for all other colleagues	75% new/ 60% other	75% new/ 62% other	90% new/ 70% other	76% new/ 64% other	90% new/ 70% other	80% new/ 64% other	90% new/ 70% other	81% new/ 66% other	90% new/ 70% other	spotlight on page 20
A - Right workforce to deliver care now and in the future	Roll out RLDatix e-Rostering to 60 additional locations across NHS Grampian	100	No data available	115	123	130	154	145	178	160	spotlight on page 21
B - Culture & Wellbeing	75% of colleagues will feel their wellbeing is actively supported at work	70%	74%	75%	74%	75%	74%	75%	74%	75%	summary on page 39
B - Culture & Wellbeing	65% of colleagues participate in iMatter & 50% of Teams have 2023 Action Plans	56% / 41%	56% / 41%	65% / 41%	62% / 51%	65% / 50%	62% / 54%	65% / 50%	62% / 54%	65% / 50%	summary on page 39
B - Culture & Wellbeing	At least 750 colleagues have participated in developing Our Commitment to Culture	0	Data not available	250	500	500	789	625	882	750	summary on page 39

Performance Scorecard: Citizens



Strategic Intent: No citizen in Grampian will be left behind

Objective: Strengthen Colleague & Citizen Engagement to Improve Health



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
C - People Powered Health	Completion of the draft volunteering plan by Q4	0	25%	25%	50%	50%	72%	75%	95%	100%	summary on page 39
C - People Powered Health	Completion of draft engagement policy by Q4	0	25%	25%	50%	50%	72%	75%	100%	100%	spotlight on page 22

Performance Scorecard: Children



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

Objective: Strengthen Colleague & Citizen Engagement to Improve Health



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
D - Children's health and wellbeing	Reduce backlog of unbooked TTG RACH patients to 750 patients	1250	939	<950	821	<900	782	<850	592	<750	summary on page 39

Performance Scorecard: Anchor



Strategic Intent: We have social responsibility, beyond healthcare

Objective: Create the conditions for sustainable change



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
E - Employment, procurement and physical assets	Uptake of at least 12 new entrant Apprenticeships	0	0	3	5	6	8	9	9	12	spotlight on page 23
E - Employment, procurement and physical assets	Completion of 8 actions of Woodhill House Project Plan (transfer of corporate colleagues (69 teams)) by 31st March 2024.	0	25%	25%	50%	50%	50%	75%	75%	100%	spotlight on page 24
H - Capital/Infrastructure Developments	Committed spend on higher risk backlog tasks	£0	£1.5m	£1.5m	£2.5m	£3.0m	£3.5m	£3.8m	£4.1m	£4.0m	spotlight on page 25

Performance Scorecard: Communities



Strategic Intent: Playing our role with partners for flourishing communities

Objective: Create the conditions for sustainable change



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
F - Population Based Approach to Health	100% of individuals are offered an abortion care assessment within 1 week of contact with services	91.8%	94.6%	100%	92.1%	100%	87%	100%	82%	100%	spotlight on page 26
F - Population Based Approach to Health	100% individuals are offered a date for an abortion procedure within 1 week of assessment	77.2%	67.5%	100%	44%	100%	84%	100%	70%	100%	spotlight on page 27

Performance Scorecard: Environment



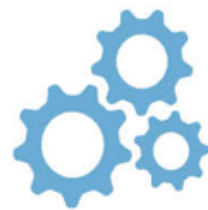
Strategic Intent: We are leaders in sustainability, minimising our environmental impact

Objective: Create the conditions for sustainable change



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend (12 months to Mar 24 where available)	Benchmarking (of 11 mainland Boards: ranked 1 st = best performing)	Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target			
G - Greening health systems	Increase percentage of recycled waste to 50%	43.9%	43.5%	45.425%	44.24%	46.95%	46%	48.475%	45.1%	50%			spotlight on page 28
G - Greening health systems	Reduce Consumption of Gas & Electricity (kWh) by 5% Season adjusted as per 2022/23	235.0m kWh	51.2m kWh	64.7m kWh	99.9m kWh	102.7m kWh	163.2m kWh	160.7m kWh	228m kWh	223.2m kWh			summary on page 39
I1 - Value & Sustainability	To achieve a savings target of £16.5m for FY23/24	£0	£3.39m	£4.1m	£4.99m	£6.88m	£11.7m	£12.4m	£17.36m	£16.5m			Separate finance update to the Board
I2 - Realistic Medicine	An increase of 250 in completion of Turas module on Shared Decision Making over the course of the year by Q4	757	853	857	933	907	978	957	1024	1007			Amended KPI, increase from 200 to 250 over the year summary on page 39
I2 - Realistic Medicine	No patient will be waiting more than 2 years for a consultant-led new outpatient appointment	268	313	<200	344	<150	444	<50	625	0 (revised forecast <1,010)		10 th (quarter end Dec 23)	Revised forecast submitted to SG Oct 2023 spotlight on page 29

Performance Scorecard: Whole System Working



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

Objective: Improve Preventative & Timely Access to Care



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
J - Pathways redesign	Completion of scoping exercise on adult general mental health using RACI Matrix tool	0	25%	25%	50%	50%	70%	75%	90%	100%	spotlight on page 30
K - Intelligence-led improvements	Childhood - % completed primary vaccination course by 24 months - MMR dose 1	89.7%	92.3%	95%	92.7%	95%	93.8%	95%	93%	95%	summary on page 39
K - Intelligence-led improvements	Adult Routine - % shingles vaccination coverage	53.9%	69.5%	60%	seasonal	n/a	seasonal	n/a	73%	65%	summary on page 39
K - Intelligence-led improvements	% Frontline Health and social care uptake - Covid-19	46.7%	seasonal	n/a	seasonal	n/a	36.1%	50%	36.6%	50%	spotlight on page 31
K - Intelligence-led improvements	% pregnant women received covid-19 vaccine	14.8%	seasonal	n/a	seasonal	n/a	13.9%	30%	13%	30%	

Performance Scorecard: Empowering



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

Objective: Improve Preventative & Timely Access to Care



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend (12 months to Mar 24 where available)	Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target		
L – Making every opportunity count	Waiting Well service to be delivered to an additional 8,000 patients (from March 2023 baseline: 6031 patients)	6031	8141	>8030	10505	>10030	12316	>12030	14625	>14030		summary on page 40

Performance Scorecard: Access



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

Objective: Improve Preventative & Timely Access to Care



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend (12 months to Mar 24 where available)	Benchmarking (of 11 mainland Boards: ranked 1 st = best performing)	Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target			
N1 - Improving access and protecting planned care	No more than 860 patients will be waiting more than 2 years for a planned inpatient Treatment Time Guarantee appointment	1841	1800	<1400	1862	<1220	1919	<1040	2031	<860 (revised forecast <2520)		11 th (quarter end Dec 23)	Revised forecast submitted to SG Oct 2023 spotlight on page 32
N1 - Improving access and protecting planned care	Delayed discharges to be no greater than 2022/23 position	72	90	<111	91	<111	123	<111	164	<111		3 rd (Mar 24 census point)	spotlight on page 33
N2 - Cancer care	95% of citizens will receive first cancer treatment within 31 days of decision to treat	95.25%	93.78%	95%	89.31%	95%	90.91%	95%	89.9%	95%		11 th (quarter end Dec 23)	spotlight on page 34
N2 - Cancer care	81% of citizens will receive first treatment within 62 days of urgent suspected cancer referral	65.04%	70.63%	77%	56.34%	79%	54.55%	80%	55.0%	81%		11 th (quarter end Dec 23)	spotlight on page 35
N3 - Urgent & Unscheduled Care, and Preparations for Winter 2023/24	70% of citizens will be seen within 4 hours in our Emergency Departments	58.1%	64.3%	57.7%	63.3%	62.3%	55.3%	70%	60.7%	70%		8 th (Mar 24 census point)	spotlight on page 36
N3 - Urgent & Unscheduled Care, and Preparations for Winter 2023/24	Monthly acute delayed discharges (ARI & Dr Gray's) to be 15% lower than 2022/23 position (20)	7	13	<21	11	<20	20	<19	27	<18			spotlight on page 37
N4 - Mental health & learning disabilities	90% of children and young people referred to Mental Health Services will be seen within 18 weeks of referral	99.6%	96.1%	90%	85.5%	90%	96.5%	90%	97.4%	90%		3 rd (quarter end Dec 23)	summary on page 40
N4 - Mental health & learning disabilities	No one will wait over 36 weeks for psychological therapies	311	147	<240	78	<160	122	<80	140	0		3 rd (Dec 23 census point)	spotlight on page 38
N5 - Dr Gray's strategic plan	To achieve 28% progress of 52 Actions from the Dr Gray's Strategic Plan	0%	1%	1%	12%	10%	21%	16%	30%	28%			summary on page 40

Our Performance Spotlights: Colleagues & Culture

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

Objective: Strengthen Colleague & Citizen Engagement to Improve Health

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

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

Q4 actual: 118 days

Q4 Target: <95 days



Our story so far....

Following successive quarterly decreases from April – Dec 2023, the Q4 increase in our Time to Hire (TTH) has been reviewed and appears to be predominantly due to the vacancy control process introduced in Dec 2023. The vacancy control process is in 2 stages - an initial sift and then more detailed scrutiny.

Our key risks, challenges and impacts...

- Data from vacancy controls shows there have been 1,158 decisions made since the controls were introduced in late December 2023. 946 at the initial sift stage, of which the outcome in 180 instances has been a request for further information. This adds a minimum of a week into the time to hire.
- 212 decisions have been at the detailed scrutiny stage, of which the outcome in 110 instances has been a request for further information. This now adds a further 2 weeks to the time to hire.
- Whilst the vacancy controls have been designed to be as admin light as possible, there has been an inevitable increase in time to hire.
- Reluctance of services with similar roles across the system to use joint / bulk recruitment approaches beyond Band 2 HCSWs (Health Care Support Workers) also contributes to recruitment workload and slower time to hire.

Commentary from Tom Power

Director of People & Culture



Our mitigation and recovery actions

- A second iteration of the guidance is being developed 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 a data collection issue within the recruitment process. This appears to have inflated the reported TTH for Q4, which may be lower than reported. This is being addressed by the NHSG recruitment team with support from the national JobTrain recruitment system team.

What have we learnt?

- The vacancy control process can add delays. This is because decisions regarding recruitment need to be objectively justified if we are to find balance between financial, clinical and staff governance.
- Introduction of vacancy controls have coincided with a 30% reduction in requests to recruit during 23/24 Q4. The exact saving this represents is unconfirmed and will require further year on year comparison between 2023 and 2024. However, it is likely to exceed the linked savings target.

Oversight and assurance

- The Sustainable Workforce Oversight Group (SWOG) has oversight of ADP / KPIs relating to Recruitment.
- SWOG updates the Staff Governance Committee as part of Plan for the Future Assurance.

Our Performance Spotlights: Colleagues & Culture



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

Objective: Strengthen Colleague & Citizen Engagement to Improve Health

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

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

Q4 actual: £2.620m

Q4 Target: <£2.601m

Our story so far....

There continues to be a reliance on supplementary staffing to provide safe and appropriate nursing and midwifery staffing levels to meet increased clinical activity within NHS Grampian. In 2022/23 agency nursing spend within non-delegated services was £11.5m and £13.3m at end of Q4 2023/24, representing an increase in agency nursing spend in total, though lower than forecasted. However, for 2023/24 the targeted reduction in non-delegated spend aligned to the value and sustainability programme was not achieved.

All the below relates to non-delegated services, which excludes Integrated Joint Boards (IJBs). Current Situation:

- There has been a steady reduction in agency spend over Q3 and Q4, and a 34% reduction from Q1 to Q4 with average monthly agency use for 23/24 was 158WTE (Working Time Equivalent)
- For Q4 this was exclusively registered nursing agency
- With the use of bank and agency, non-delegated services (Medicine & Unscheduled Care Portfolio, Integrated Specialist Care Portfolio, Dr Gray's Hospital and in-patient mental health services) on average used 56WTE under the funded establishment for registered posts
- Integrated Families Portfolio agency use is negligible

Performance on previous quarter:

- Both average monthly agency use (18 WTE), and spend (£107K) reduced compared to monthly average on last quarter

Performance against national controls/targets:

- NHSG has full compliance with national controls on Off-Framework agency and HCSW (Health Care Support Worker) use

Future position:

- Performance is difficult to predict as multifaceted in nature
- Additional national controls take effect in June 2024 to support further reduction in agency use
- Vacancy position at 31st March was improved on December and the same reporting period for last year
- The reductions in Q3/4 show a positive trend as agency spend usually increases over the winter period

Commentary from
June Brown

Executive Nurse Director



Our key risks, challenges and impacts...

- Significant additional bed capacity above the funded establishment
- Recruitment and retention initiatives cannot bridge the substantive registered shortfall, and require supplementary staffing to continue at current volumes. Potential end of national funding for international recruitment could impact future performance
- Pause in eRostering roll out due to lack of SSTS interface

Oversight and assurance

- Nursing and midwifery Workforce Council
- Senior Nursing and Midwifery Leadership Team
- Performance, Assurance, Finance & Infrastructure Committee
- National reporting to Supplementary Staffing Task and Finish Group - Agency Nursing (SSTFG)

Our mitigation and recovery actions

- International recruits are being placed in the areas where agency use is high/sustained
- New Graduate recruitment has commenced
- Programme Management Office model introduced for the management of Supplementary Staffing in Nursing and Midwifery under the Sustainability and Value programme. Programme is focusing on development and value relating to HCSW to support care delivery
- Robust governance and sign off process in place for the use of agency nursing
- Draft real-time staffing procedure to support the management of real-time and short term roster gaps to prevent escalation for agency use
- Ongoing wellbeing and retention initiatives in place

What have we learnt?

- There are no immediate short term actions to reduce the registered nursing gap however opportunities with future national strategy changes would support transformation change
- Work being progressed on workforce models that will support and stabilise the workforce, led by Nurse Directors and Workforce Senior Nurse Manager

Our Performance Spotlights: Colleagues & Culture

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

Objective: Strengthen Colleague & Citizen Engagement to Improve Health

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

**Key Performance Indicator (KPI):
Reduction in cost for junior doctor
banding/medical locums (2022/23
Annual spend £17.643m)**

**Q4 actual:
£6.121m**

**Q4 Target:
<£3.569m**



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)

Owing to the current NHS Grampian situation it should be recognised that it is unlikely that the proposed £1.6 m saving will be achieved before the end of 2024/25 due to spend to date and the restricted opportunities for a Band 3 rota to become compliant. The compliance and cultural challenges are not quick fixes and are likely to require a transformative change management approach, with opportunities for change at set time periods.

Medical Agency Locums (MAL): There is a high use of Medical Agency Locums, and associated spend, to fill substantive gaps due to vacancies within NHS Grampian. Levels of Direct Engagement (DE) have increased with 58% of all agency locums engaged via this route at March 2024. It is noted this should be higher resulting from the mandate approved by the Supplementary Staffing Project Steering Group since September 2021 for all new agency engagements and for all junior medical agency locum extensions to be on DE. In addition a number of MAL's are engaged via expensive off-Framework rates.

Our key risks, challenges and impacts...

JMR: Spend on non-compliant rotas for 2023-24 is £6.8m (including the pay award) for this financial year and includes an estimate for rotas assessed as non-compliant following recent monitoring.

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) is up by £2.9m (+23%) compared to 2022/23. Total NHS Grampian Locum Spend is up by £3.8m (+22%).

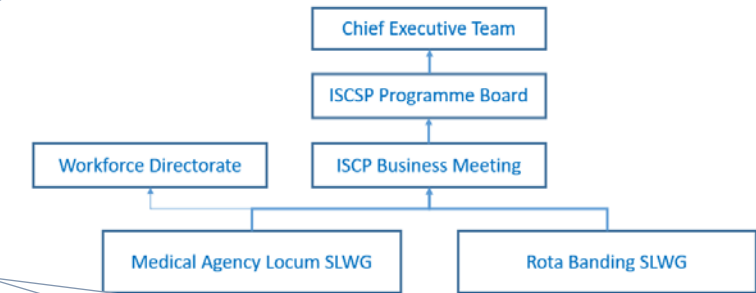
*Commentary from
Paul Bachoo*

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



Our mitigation and recovery actions

- Additional resource has been secured for the Locum Desk to support several actions e.g. mandate of Direct Engagement (DE), increased use of on framework medical agency locums and a cap of 10% max tier above the standard on framework rate.
- Ground work is being put in place so there is a SharePoint site to include all relevant actions as part of the process prior to engaging a MAL to ensure all available short term options are considered and that guidance and support around the long term workforce solutions is easily accessible.
- Discussions are being held on negotiating a reduction of night on-call rates between 00:00 – 08:00. Through additional resource to the locum desk an increase is being observed in DE use for new MAL's and this is anticipated to continue going forward; it will take longer to see an increase with the long term incumbents. The latter will depend on the level of success that services have with locum conversation.
- Work is ongoing to facilitate a reduction in spend in these areas, with the 24-25 financial plan including £4.4m of savings across the two workstreams.



What have we learnt?

The Junior Doctors Banding Project is a key initiative whose purpose is to protect staff well-being, deliver efficiency and provide financial benefit. It is one of several initiatives that together form the bundle of Value and Sustainability projects agreed within stage 1a (£99 million to £45 million) of our midterm financial plan as we progress to reducing financial imbalance. Our own learning is similar to that of other Health Boards namely:

- Variable engagement of junior doctors regarding Rota monitoring process
- Variation in rota writing, monitoring and understanding
- Variation in who if anyone challenges junior doctors
- Variation in approach and tools used to facilitate remedy
- Stakeholders (including DiT, British Medical Association, Medical leadership, Training program directors, Operational management, Monitoring team, Human resource, Finance) were brought together in workshop mode to devise an action plan at the heart of which is:
 - Shared commitment and responsibility.
 - Clarity of accountability linked through the Operational Medical Leadership structure.
 - The action plan has a number of activities which are grouped into Pre-rotation, Induction, During shifts, During rotation.

Our Performance Spotlights: Colleagues & Culture

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

Objective: Strengthen Colleague & Citizen Engagement to Improve Health

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

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

Q4 actual: 67% new/ 58% other

Q4 Target: 80% new/ 60% other



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 Q4, 2023/24, compliance was 67% for all new starts, 58% for all others, a reduction from 68% and 65% respectively in Q3, following a modest but steady increase through the 23/24 performance year. This reduction is largely due to a change in frequency for mandatory training on hand hygiene, which now requires to be refreshed annually, directly impacting compliance rates reported.

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
- This was reflected in provisions agreed in the three year pay deal for Agenda for Change (AfC) staff in 2018 to link compliance to pay progression. This has been significantly delayed due to standing down of associated national work during the pandemic which has not yet resumed. Other key risks include:
- Changes to requirements making formerly compliant staff non-compliant in particular topic areas (e.g. hand hygiene)
 - Impact of 2023 AfC Reform programme (reduced working week) on capacity, and thus ability to meet Protected Learning Time (PLT) requirements of the reforms.

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 implemented
- Monitoring progress with take up of required online training by new starts, following corporate induction attendance and offer of support
- 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 PLT element of AfC reform 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 presents opportunity to test a Human Learning Systems approach to encouraging prioritisation of compliance based on professional responsibilities.
- For 2024/25 a proposed move to single KPI for all staff (70%) for Mandatory Training to simplify reporting and monitoring by managers.

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 are key.
- There is a need for resumption of the national work on single instance learning modules that can be transferred between employers
- This carries a risk of temporary compliance before levels fall back again, and is not preferred improvement approach.

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

Our Performance Spotlights: Colleagues & Culture

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

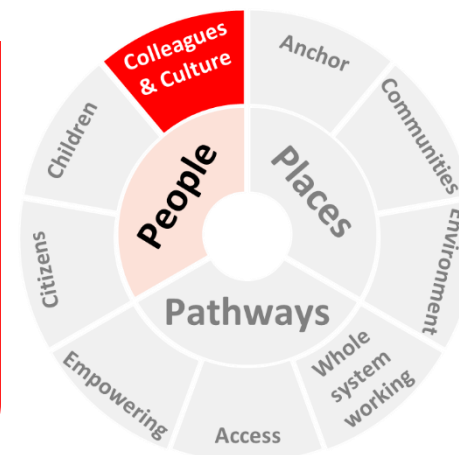
Objective: Strengthen Colleague & Citizen Engagement to Improve Health

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

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

Q4 actual: 81% new/ 66% other

Q4 Target: 90% new/ 70% other



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 following target for the 2023/24 Delivery Plan was carried forward from 2022/23:

- 90% of all new starts since April 2023 have completed statutory topics and 70% of the remainder of the workforce had in date learning in these by March 2024

Whilst there have been further year on year improvements in completion - performance has improved from 75% in March 23 to 81% in March 2024 for new starts; and from 60% to 66% in the corresponding period for all others, representing a return to pre-pandemic levels - the ADP target has not been fully met by March 2024.

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 of associated national work on enhanced and standardised e-learning, and developments to Turas Appraisal and Turas Learn platforms to support reporting and transferability, which has not yet resumed, during the pandemic. However, it is understood that the Turas development work is being re-started, with a proposal to come to NHSS HR Directors in May 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, particularly in clinical areas, and the known continuing system demands 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.
- In terms of managers having the tools / information they require to focus efforts to improve compliance, NHS Education for Scotland (NES) have not yet delivered all system reporting improvements to Turas Learn platform scheduled for summer 2023.

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:

- Chief Executive Team quarterly performance meetings
- Staff Governance Committee visits by Portfolios/Directorates
- Short Life Working Group reporting to Sustainable Workforce Oversight Group – skills and capability pillar
- Monthly data on uptake shared with portfolio management teams.

Our mitigations:

- Focus is on prioritising compliance for new starts who may not have undertaken similar training in the past, reflected in KPI.
- Agreement of revised terms of reference for SLWG to ensure appropriate focus on improving system engagement (Oct 23)
- Agreement at CE Team to direct teams to focus on improving fire safety compliance as a statutory requirement (Oct 23).
- Support for supplementary staff (bank, locum and agency) with statutory and mandatory training has been implemented
- Monitoring progress with take up of required online training by new starts, following corporate induction attendance and offer of support
- 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) strand of Agenda for Change (AfC) reform 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. Also presents opportunity to test a Human Learning Systems approach to encouraging compliance.
- For 2024/25 it is proposed to move to a single KPI for all staff (80%) for Statutory Training. A similar approach is proposed for mandatory training (70%) to simplify reporting and improve focus.

Our Performance Spotlights: Colleagues & Culture

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

Objective: Strengthen Colleague & Citizen Engagement to Improve Health

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

**Key Performance Indicator (KPI):
Rollout of RLDatix eRostering to
60 additional units**

**Q4 actual:
178**

**Q4 Target:
160**



Our story so far....

NHS Grampian uses the RLDatix products Optima, Bankstaff, Employee Online, Roster Perform and SafeCare. It is expected that Optima will be a hub system around modernisation of other national payroll, finance and HR systems. As at 31/3/24 there are 178 live locations, this exceeded the target total of 160 units by the end of Q4 2023/24. 60% of Nursing & Midwifery staff are electronically rostered, the NHSG largest staff group. Widespread SafeCare deployment will support the ability of NHSG to comply with the requirements of the Health & Care Staffing Scotland Act and SafeCare is live in all key Acute units. Approval has also been secured for SafeCare to be rolled out to some services ahead of Optima and this will further enhance NHS Grampian's ability to demonstrate Health Care Supply Association (HCSA) compliance and increase the spread of eRostering products in NHS Grampian.

Our key risks, challenges and impacts...

- Lack of systems integrations hinders effective processes, maximum benefits realisation – this is experienced by all Boards. An additional resource to maintain and update systems information is required to ensure timeous and accurate staff payment and quality of roster information.
- The current “direct to Payroll” approach has encountered many challenges incl. the unavailability of Subject Matter Experts (SMEs) to support understanding of pay rules, project brief is being redrafted and interim solutions being explored.
- eRostering National Configuration Workshops have been postponed due to unavailability of SMEs, largely due to the introduction of AFC Pay Reform measures, this postponement will impact integrations progression.

*Commentary from
Tom Power*

Director of People & Culture



Our mitigation and recovery actions

- NHS Grampian representatives continue to be involved in supporting national activity to progress integrations.
- In order to support continuing rollout of the RLDatix products, alternative methods of data maintenance will be considered, these however may require additional service input
- NHS Grampian representatives continue to influence national progression on integrations using forums such as Knowledge Forum, Payroll Services Programme Board and National eRostering Programme Board- realisation of integrations is out with direct control of NHSG
- Continuation of the unavoidable cost pressure due to lack of integrations (Optima to SSTS update) - this recognises the importance of continued coverage of eRostering products

What have we learnt?

- eRostering implementation continues to support our drive towards a digitally enabled workforce where roster information is more easily accessible and for scrutiny and decision-making.
- Further testing of the Loop App has increased knowledge of this new functionality for engaging with e-Roster users in real time and how it can be applied. More informed planning is possible as a result of this testing
- The importance of input from key stakeholders at forums like the NHSG eRostering Implementation Group
- Employee Online is well received by users who like it's accessibility and feel it is easy to use, this supports an overall positive engagement with eRostering products

Oversight and assurance

- The NHSG Effective Workforce Utilisation Programme Board ensures an effective flow of information and appropriate decision-making on programme priorities. An operational Implementation Group also reports into this Board.

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):
Completion of draft engagement policy by Q4**

**Q4 actual:
100%**
**Q4 Target:
100%**



Our story so far....

NHS Grampian is committed to Strengthen Colleague & Citizen Engagement as part of our Plan for the Future, and, as part of this commitment, a draft engagement policy was planned for completion over the 2023/24 Annual Delivery Plan, recognising the need for a whole-system approach to engagement.

This was to be developed through the Engagement and Empowerment Oversight Group (E&EOG), tasked with creating a more detailed plan containing milestones and objectives for delivery during year 1 (2023/24), meeting monthly to monitor and report on progress towards the agreed objectives. Membership included health and social care partnership colleagues, reflecting that engagement is a joint endeavour.

24 objectives were identified; of these 17 were fully completed by the end of Q4, with 6 more being transferred to other forums, and 1 to be re-scoped. The initial engagement plan scope is considered completed.

Key achievements include: developing our approach to community-led health, engagement and empowerment within Public Health, launching our anti-racism plan, developing a toolkit to support engagement, working with academic colleagues to understand the evidence for participation in cancer screening programmes and working with communities in underserved populations

*Commentary from
Stuart Humphreys*

**Director of Marketing &
Corporate Communications**



Our key risks, challenges and impacts...

- Understanding and addressing community drivers in underserved populations to break down barriers and create opportunities for engagement

Our mitigation and recovery actions

- A new strategic approach, "Putting People First" is to be used to take forward the work already completed in the action plan

What have we learnt?

- In order to ensure lessons learnt during this work are incorporated, members of the E&EOG have been involved in discussions around- Putting People First
- Make engagement a continuous, 'live' interaction with staff and the public
- Development of a culture of involvement will need to be fully embedded, where it is not only recognised as being of great value to the organisation but also a part of everyone's role

Oversight and assurance

- Engagement and Empowerment Oversight Group
- Population Health Portfolio Board
- Population Health Committee

Our Performance Spotlights: Anchor

Strategic Intent: We have social responsibility, beyond healthcare

Objective: Create the conditions for sustainable change

Priority Area: E - Employment, procurement and physical assets

**Key Performance Indicator (KPI):
Uptake of at least 12 new entrant
Apprenticeships**

**Q4 actual:
9
Q4 Target:
12**



Our story so far....

NHS Grampian engage positively with all 3 types of Apprenticeship programme: Foundation (FA); Modern (MA); and Graduate (GA). We were the first Health Board in Scotland to achieve Developing the Young Workforce (DYW) accreditation.

Over the last 18 months Modern Apprenticeships (MA) provision has become more challenging, there has been a reduction in available national funding via Skills Development Scotland (SDS), reducing the contracted places available for independent providers and colleges.

This has meant that as an organisation we are in competition with other bodies for the funding for any apprenticeship programmes. This has limited the availability of these programmes across NHS Grampian, although there are 67 active modern apprentices across the system. There is no indication that this will change yet. However, we should acknowledge that Modern Apprentices are only one part of the apprentice programmes.

Due to the Pandemic, from 2020, all Foundation Apprenticeship placements for those completing pre-school or college leaver education were paused. These have been reinstated since 2023 and we are now re-establishing opportunities in support services and business administration roles, with 20 x FAs in the system.

We currently have a number of graduate apprentices (GAs) across business admin, construction and instrumentation. These students are already our employees and are learning whilst they work in their roles. These GAs are fully funded although places relatively limited. We continue to employ a number of GAs who completed their degree in 2023-24. Graduate Apprentice numbers are currently at 11, with a cohort identified for business admin and construction for August 24/25 start.

*Commentary from
Tom Power*

Director of People & Culture



Key Risks and Challenges

- Available talent can choose 'alternative' employment options with other employers e.g.: energy sector / renewables.
- The opportunity for entry level jobs is reduced by national funding and Board financial challenges, which could dilute the impact of NHSG as an Anchor organisation.
- This could have an impact on growing our own through progression into other recognised training programmes e.g.: formal academic / training pathways, pathways for nursing and midwifery or AHP
- There is a specific limitation against the Anchors framework around MA programmes as one of the targeted groups for employability opportunities

Our mitigation and recovery actions

- Employability does not solely rely on MAs but include GAs and FAs, work with DYW, and veterans and Barnardo's.
- We will continue to offer other workstreams relating to entry level jobs and contribute to the work via Aberdeen prospers on the LOIP target or supporting 25 local people in to meaningful employment by 2026.
- Through work with partners, we will continue efforts to support individuals to make a positive choice to work in health and/or care

What have we learnt?

- There remains scope to maximise other employability opportunities such as Barnardo's and Royal College of Nursing Cadet programme.
- Importance of working with partners to be prepared as and when funding becomes available – recently received 10-12 health and care modern apprentice places through Moray College.
- We will look at other models of attracting talent into our organisation in future, and through local Anchors work we will agree a strategic approach to maintaining / increasing our 'target numbers' for Apprenticeships, including wider access etc.
- Building and maintaining 'good relationships' with both independent training providers and Colleges is key so that we have some influence over the number of MA places allocated to us as an organisation.
- Our approach needs to be joined up across both clinical and non-clinical services to maximise visibility and make most efficient use of limited available capacity.

Oversight and assurance

- Reporting through Annual Delivery Plan and Sustainable Workforce Oversight Group
- Shared with Staff Governance Committee through highlight reports
- Reported nationally as part of the Anchors framework KPIs, and through local Anchors working group.

Our Performance Spotlights: Anchor

Strategic Intent: We have social responsibility, beyond healthcare

Objective: Create the conditions for sustainable change

Priority Area: E - Employment, procurement and physical assets

Key Performance Indicator (KPI):

Completion of 8 actions of Woodhill House Project Plan (transfer of corporate colleagues (69 teams)) by 31st March 2024

Q4 actual:
75%

Q4 Target:
100%



Our story so far....

- Change to advice for funding of capital projects from the Scottish Government has resulted in a considerable amount of work to ensure that the project is cost neutral.
- Change management team appointed with finalisation of contract scheduled to complete this month (May). This procedure has been delayed, by 10 months, due to challenges getting the contract agreed.
- RAG status changed to amber (Q4) from red (Q3).
- Have now completed 6 out of the 8 targets. Remaining 2 targets will be completed as soon as possible once contract finalised.
- Have reached 75% for Q4.

Our key risks, challenges and impacts...

- Finance, i.e. stop on capital spend.
- Infrastructure – awaiting report on any technical upgrades required, including costs.
- Further discussions with Aberdeenshire Council.
- Digital costs for ICT/Laptops/desk equipment.
- Workforce capacity, including Digital/HR/Information Governance, due to competing projects/workload.

Commentary from
Alex Stephen

Director of Finance



Our mitigation and recovery actions

- ICT/Infrastructure project cell set up and taking action to ascertain eHealth/infrastructure requirements and costs.
- Work carried out by smarter working manager to take forward actions in absence of project team.
- Information obtained by smarter working manager will allow project team to contact colleagues and organise/present workshops as soon as contract finalised.
- Project timetable programme of works, including target dates will indicate RAG status for each further action. Fortnightly meetings with project cells and monthly project board meetings (to increase to fortnightly if required) will monitor status.
- Capacity of teams involved in move to carry out additional tasks required, e.g. scanning of documents.
- Working in partnership with staff side; smarter working manager having membership of Grampian Area Partnership Forum sub-committees, e.g. policies sub-group, ensures all colleagues represented.

What have we learnt?

- Deep dives:
 - When tender is being considered, include Data Protection Impact Assessment. This is a large body of work and capacity in other teams has a knock-on effect to timescale for delivery of projects. Starting DPIA work at this stage would assist with timescale.
 - Any technical infrastructure work needs to be ascertained, along with costs, prior to beginning any other work concerned in the project.

Oversight and assurance

- Monthly updates to Asset Management Group (AMG);
- Updates to Chief Executive Team; NHSG Board; Grampian Area Partnership Forum.

Our Performance Spotlights: Anchor



Strategic Intent: We have social responsibility, beyond healthcare

Objective: Create the Conditions for Sustainable Change

Priority Area: H - Capital/Infrastructure Developments

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

Q4 actual: £4.1m
Q4 Target: £4.0m

Our story so far....

Each financial year, a proportion of NHS Grampian’s capital allocation from Scottish Government is allocated to ‘Backlog Maintenance’. The purpose of this funding is to address higher risk elements of the physical infrastructure. Higher risk elements are identified through a combination of periodic condition and compliance surveys, specialist technical reports and actual performance of our assets. The balance of the formula capital funding is allocated to essential equipment replacement, infrastructure developments and some staffing. £4m of available NHSG capital was allocated to Backlog Maintenance in 2023/24. Commitment of the funding with suppliers & contractors progresses throughout the year, carefully balancing spending the full funding in-year with retaining a level of flexibility for emergent issues. The current tactic is to commit 75% of the funding in the first half of the financial year. A lower % was been committed in early 2023/24 recognising the level of actual infrastructure failures and reactive spend.

Commentary from Alan Wilson



Director of Infrastructure, Sustainability & Support Services

Our key risks, challenges and impacts...

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

Our mitigation and recovery actions

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

What have we learnt?

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

Oversight and assurance

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

Our Performance Spotlights: Communities

Strategic Intent: Playing our role with partners for flourishing communities

Objective: Create the Conditions for Sustainable Change

Priority Area: F - Population Based Approach to Health

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

Q4 actual:
82%

Q4 Target:
100%



Our story so far....

Abortion care is a time dependent service and regarded as urgent care. Healthcare Improvement Scotland (HIS) Standards for Sexual Health states that 'NHS Board and Integrated Joint Boards offer an abortion assessment appointment that takes place one week of self-referral to abortion services.' As NHS Grampian Sexual Health Service recovers activity to pre-pandemic levels the aspiration is to ensure that 100% of those seeking an abortion care assessment receive this within one week; fully realised by the end of Q4 (March 2024). Abortion care is delivered across Grampian by NHS Grampian Sexual Health; all individuals are assessed by telephone in the first instance. If an individual does not require a scan and is an early gestation, medications can be provided on the same day for home procedure. If a scan is required and/or if an individual prefers or requires an inpatient or surgical procedure due to gestation, a face to face appointment is made for NHS Grampian Sexual Health (Aberdeen/Aberdeenshire) or Dr Gray's in Moray. Whilst the position for Q4 does not meet the desired target, we have made improvement nearing towards the 100% target of offering an abortion care assessment within 1 week of contacting services – notably in March 24 100% of individuals had an assessment within a week. Variation across the quarters accounts for the 82% overall.

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 and different scan model due to be trialled. The achievement of the KPI 100% in March reflective of the adaptability of the service. Over the quarter (Jan-March), March saw the largest number of patients seeking abortion N=86 (removing any exclusions*). However there is ongoing significant concern of the impact to aligned care provision. From Jan-March 2024 at least 156 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.

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). 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.

Our Performance Spotlights: Communities



Strategic Intent: Playing our role with partners for flourishing communities

Objective: Create the Conditions for Sustainable Change

Priority Area: F - Population Based Approach to Health

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

Q4 actual:
70%

Q4 Target:
100%

Our story so far....

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

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

Our key risks, challenges and impacts...

Q4 continues to present challenges including:

- Availability of scan/face-to-face appointment due to staff resource. A new scan pathway is being trialled 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.

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 previous spotlight on page 25).
- Increase opportunities for staff to be trained in scanning/increase capacity by reviewing current processes/service delivery including inpatient/theatre capacity.
- Additional resource being sought to support improvements in abortion pathway and to reduce variation/delays.
- Work towards scans being offered at the earliest opportunity (note some people may choose to delay); consider best possible care option and offer an appointment within one week of completed scan/face-to-face appointment (if required).

What have we learnt?

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

Oversight and assurance

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

Our Performance Spotlights: Environment

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

Objective: Create the Conditions for Sustainable Change

Priority Area: G - Greening Health Systems

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

Q4 actual: 45.1%
Q4 Target: 50%



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

What have we learnt?

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

Oversight and assurance

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

Our Performance Spotlights: Environment

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

Objective: Create the Conditions for Sustainable Change

Priority Area: I2 – Realistic Medicine

Key Performance Indicator (KPI): No patient will wait more than 2 years for a consultant led new outpatient appointment

Q4 actual: 625
Q4 Target: <0
(revised forecast 1050)



Our story so far....

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

Commentary from

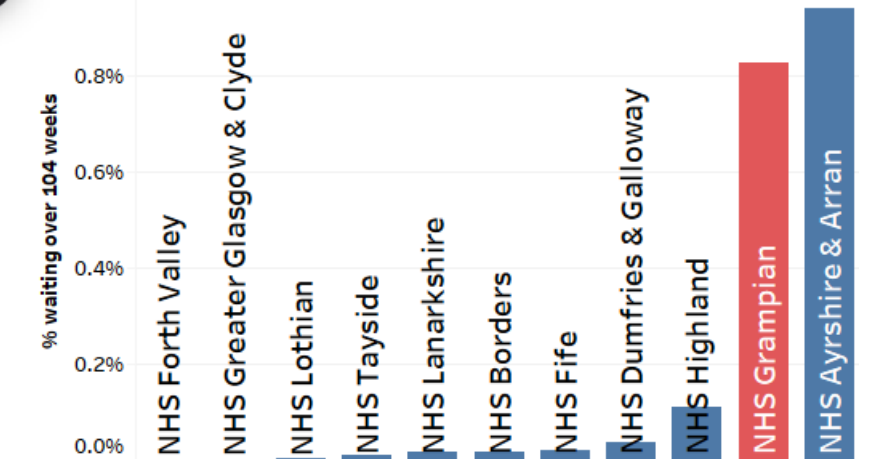
Paul Bachoo

**Executive Lead,
Integrated Specialist Care**



How do we compare?

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



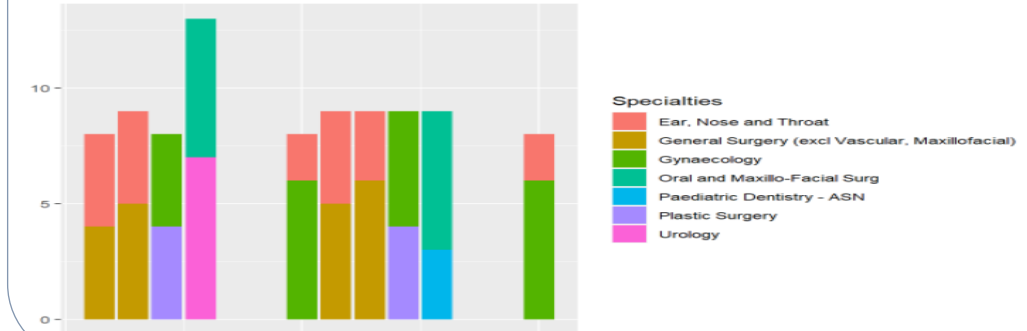
Our key risks, challenges and impacts...

- **Urology** – The lower acuity patients within Urology continue to wait a long time. At the end of Q4, there is no available funding to support an independent sector solution and no mutual aid available from the National Elective Co-ordination Unit (NECU). NHS Tayside have been approached regarding creating a regional erectile dysfunction service but this has not yet been possible. The service is attempting to add capacity where possible to the lower acuity but long waiting cohort.
- **Dermatology** – Short and long term absences have heavily reduced this service capacity this year. Broadly this should be an improving picture next year. An Independent Sector (IS) contract service is currently supporting a reduction but at the time of this report we are unclear if continuing this service is a financial possibility for NHS Grampian.
- **GP Minor Surgery** – A number of recommendations have been agreed in principal by the three Integrated Joint Boards (IJBs) who operate the three independent GP Minor Surgery services but there has been limited progress in implementing them. There is a greater degree of patient movement across the three IJBs than previously but this remains at odds with our Access Policy and there remains stark disparity in waits across NHS Grampian. The service remains under pressure due to inadequate facilities and the Moray Community Service remains reliant on Dr Grays as the operating centre.
- **Gynaecology** – similar to Urology is struggling to create sufficient capacity to see their routine patients given the growing urgent patient demand
- **ENT** – Is a developing issues due to the retirement of long standing Specialty Doctors who had significant outpatient commitments and recruitment challenges in replacing them.

We will continue to work on individual solutions but there is insufficient funding this financial year or anticipated next financial year to accommodate large scale IS contracts to mitigate for capacity shortfalls.

What have we learnt?

Upcoming Admissions to Stracathro



Oversight and assurance

Provided through progress reporting:

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

Our Performance Spotlights: Whole System Working



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

Objective: Improve Preventative & Timely Access to Care

Priority Area: J - Pathways redesign

Key Performance Indicator (KPI):
Completion of scoping exercise on adult general mental health using RACI Matrix tool

Q4 actual:
90%

Q4 Target:
100%

Our story so far....

The Chief Officers of Aberdeen City, Aberdeenshire and Moray Health and Social Care Partnerships were asked, by the North East Partnership Steering Group, to carry out a review of the General Adult Mental Health (AMH) Secondary Care pathway; to improve outcomes for residents, improve efficiency and strengthen governance within the pathway.

Activities undertaken were:

- Systems Mapping
- Service Information Forms
- Process and Governance Mapping
- Stakeholder Workshops
- Lived Experience Engagement

This review has concluded and the Adult Mental Health Steering Group overseeing this review, is now progressing next steps aimed at delivering improvements to the pathway.

Our key risks, challenges and impacts...

- The Mental Health and Learning Difficulties (MHL) Portfolio Board is currently evaluating its role and function but are key to the governance of this work.
- There are 24 national strategies, standards, and specifications to be delivered but services are already struggling with capacity.
- The AMH Delivery Plan will impact staff workload and resource demands.
- How stakeholders participated in this review may mean that key information and problems have been overlooked.

Commentary from
Pam Milliken



**Portfolio Executive Lead,
Mental Health & Learning
Disabilities**

Our mitigation and recovery actions

- The target date for completion of the review was 31 March 2024.
- However, the March Integration Joint Board meetings were reserved for budget setting.
- The AMH Pathway review will be reported to the three IJBs in May 2024.

What have we learnt?

- To form 5 workstreams cognisant of the mental health core standards. These were: Access, Assessment, Care Planning, Treatment and Support, Moving Between and out of Services, Workforce and Governance and Accountability
- That each workstream will have a Task and Finish Working Group in place by June 2024.
- To align the 40 actions identified from the review to each workstream.
- That each working group will deliver a workshop for their workstream, to prioritise actions and set out how they will be delivered, with this plan being in place by September 2024.

Oversight and assurance

Responsible: Cross System Strategic Delivery Team
Accountable: MHL Portfolio Board
Consulted: Frontline Teams, Lived Experience, Public, Partners
Informed: Frontline Teams, Lived Experience, Public, Partners

Our Performance Spotlights: Whole System Working

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

Objective: Improve Preventative & Timely Access to Care

Priority Area: K - Intelligence-led improvements

Key Performance Indicator (KPI):
 % frontline health and social care uptake of Covid-19 vaccine
 % pregnant women received Covid-19 vaccine

Q4 actual:
36.6%/13%
Q4 Aspirational Target:
50%/30%



Our story so far....

- The autumn/winter vaccination programme began on the 4th of September 2023. Citizens who live in Grampian and in an eligible group were invited to attend with the programme running until the 31st March 2024.
- The delivery model for the programme was similar to previous mass vaccination programmes with the majority being offered in vaccination clinics. Outreach and pop up clinics continue to be used to optimise accessibility and uptake.
- All health and social care workers who had a digital preference from previously booking an appointment via the national self-booking portal were issued a text/email a week prior to the programme starting as a prompt to book an appointment. Information was also shared via payslips, daily brief and at the clinical area forum and system leadership meetings.
- The team delivered 358,077 vaccines up to the 31st March 2024. (131,499 covid-19 and 226,578 flu).
- We remain above Scotland's average for all cohorts eligible for winter vaccination except for all health care workers (Flu only) and the 12 – 64 at risk group.
- Our clinics remain available for eligible citizens to drop in and take up the offer of the vaccination.
- As the vaccination programme has evolved and expanded, monitoring our progress has become pivotal in ensuring our programme is delivering its objectives. A number of tools have been developed to facilitate the programme and this has enabled us to monitor uptake amongst different groups and help us to put plans in place to tackle health inequalities.

Our key risks, challenges and impacts...

- Changes to prioritisation of cohorts whilst delivering the programme based on new variants of concern
- Sufficient workforce resource to support surge activity to deliver autumn winter vaccination programme
- Rurality and adverse weather
- Available funding to deliver future autumn winter vaccination programme may impact on delivery models.
- Accessibility and equity of premises to deliver the programme
- Late availability of new/recommended vaccines

Commentary from
Susan Webb



Director of Public Health

Our mitigation and recovery actions

- Local, Regional and National level co-operation and discussion to share challenges and issues
- National health and social care worker survey in February/ March 2024 complete and the results are to be shared with health boards shortly. These will be used to support planning the delivery of the winter 2024 vaccination programme
- Vaccinations in pregnancy task and finish group established to review delivery models and support improvement work.

What have we learnt?

- We need to continue to engage with our stakeholders to improve our data and evidence base, to enable us to understand barriers to vaccination and how we can overcome them.
- Essential that the programme is able to remain flexible and responsive to any future accelerated/re-prioritisation vaccine response measures.
- That we need to continue to design and develop a sustainable delivery model based on our planning assumptions.

How do we compare with the national average for the winter vaccination programme?
 (NHS Grampian programme status 30.03.24)

Cohort	Grampian Uptake	Scotland Uptake
Older people care home residents (COVID-19 Booster)	89.1%	88.8%
Older people care home residents (Adult Flu Vaccine)	89.7%	89.5%
Aged 75+ (COVID-19 Booster)	84.6%	83.9%
Aged 75+ (Adult Flu Vaccine)	85.0%	84.5%
Age 65 to 74 (COVID-19 Booster)	76.9%	74.3%
Age 65 to 74 (Adult Flu Vaccine)	77.3%	75.2%
Age 50 to 64 (Adult Flu Vaccine)	36.0%	35.0%
Frontline health care workers (COVID-19 Booster)	33.4%	31.9%
All health care workers (Adult Flu Vaccine)	28.2%	30.5%
All social care workers (COVID-19 Booster)	12.9%	12.8%
All social care workers (Adult Flu Vaccine)	11.7%	11.0%
Weakened immune system (COVID-19 Booster)	61.2%	59.4%
Weakened immune system (Adult Flu Vaccine)	65.8%	64.1%
At risk age 12 to 64 (COVID-19 Booster)	35.0%	35.1%
At risk age 5 to 11 (COVID-19 Booster)	7.8%	6.9%
At risk age 18 to 64 (Adult Flu Vaccine)	41.3%	40.7%
At risk age 6 months to 4 years (COVID-19 Booster)	9.0%	5.1%
At risk age 6 months to 2 years (Childhood Flu Vaccine)	32.4%	36.2%
Pre-school (Childhood Flu Vaccine)	49.7%	48.8%
Primary school (Childhood Flu Vaccine)	70.5%	69.0%
Secondary school (Childhood Flu Vaccine)	55.1%	52.9%
Total COVID-19 Boosters	58.5%	56.6%
Total Adult Flu	54.7%	53.7%
Total Childhood Flu	59.9%	59.3%

Oversight and assurance

Provided through progress reporting to:

- Vaccination Programme Board
- Population Health Portfolio Board
- Population Health Committee
- CET Meeting
- Board liaison meetings with Public Health Scotland/Scottish Government Vaccine Policy team

Our Performance Spotlights: Access

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

Objective: Improve Preventative & Timely Access to Care

Priority Area: N1 - Improving access and protecting planned care

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

Q4 actual: 2031
Q4 Target: <860
(revised forecast 2520)



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 NTC- 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 is currently tentatively planned for Summer 2024.

Integrated Specialist Care Portfolio (ISCP) have informally revised our end of financial year 2023/24 projection from 860 to 2,520 to the Scottish Government (SG) Access Support Team as a consequence of this

We continue to seek additional capacity Regionally & Nationally, including interfacing with the National Elective Co-ordination Unit (NECU), inputting into review these national pathways and presenting the case for change to SG for supporting a review in the clinical criteria of Golden Jubilee National Hospital (GJNH) to pivot towards the longest waiting patients instead of volume, outcome pending.

Similarly, we are working with the NTC-Highland around their ability to increase their anaesthetic tolerance levels to treat the longer waiting Orthopaedic patients.

Our key risks, challenges and impacts...

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

Commentary from
Paul Bachoo
Executive Lead,
Integrated Specialist
Care Services 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 & 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.

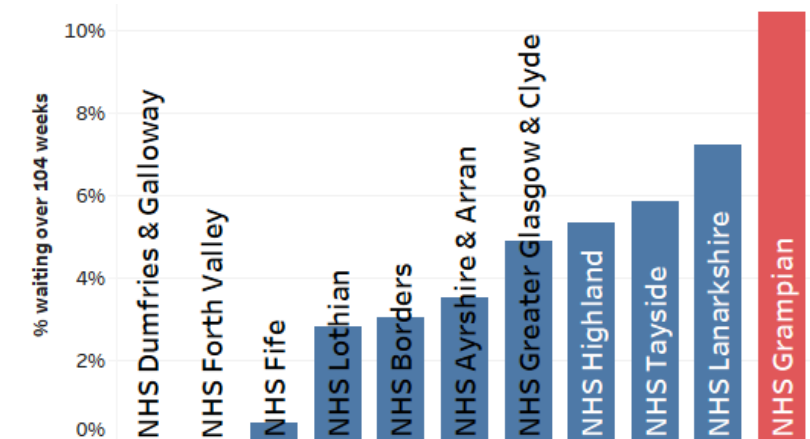
Oversight and assurance

Provided through progress reporting:

- Performance Assurance, Finance & Infrastructure Committee
- ISCP Programme Board
- SG Access Support Team

How do we compare?

Of the mainland boards, Grampian had the highest proportion of patients waiting over 104 weeks at the December 2023 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 attendances from this cohort.

Our Performance Spotlights: Access

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

Objective: Improve Preventative & Timely Access to Care

Priority Area: N1 - Improving access and protecting planned care

**Key Performance Indicator (KPI):
Delayed discharges to be no greater than 2022/23 position**

**Actual Q4:
164**
**Q4 Target:
<111**



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.

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

Commentary from

Pam Milliken, Chief Officer, Aberdeenshire Health & Social Care Partnership

Simon Bokor-Ingram, Chief Officer, Moray Health & Social Care Partnership

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

Oversight and assurance

Grampian Optimising Patient Flow: Delayed Discharge Task and Finish Group

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:

- Continual monitoring of data to help inform service improvement. Workshops and daily meetings continue to support this
- Attendance at the OPF meeting to support regional oversight of delayed discharges and delayed transfers of care
- 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 Trak Care 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:

- Appropriate meetings continue to provide oversight and actions around patient flow. Information is escalated to senior leaders for community and acute for oversight and further decision making. Daily and weekly KPI's are available to relevant staff to support flow oversight

Our Performance Spotlights: Access

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

Objective: Improve Preventative & Timely Access to Care

Priority Area: N5 - Cancer Care

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

Q4 actual: 89.9%
Q4 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.

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 Services Portfolio



Oversight and assurance

Provided through progress reporting:

- North Cancer Alliance
- Scottish Government

Our mitigation and recovery actions

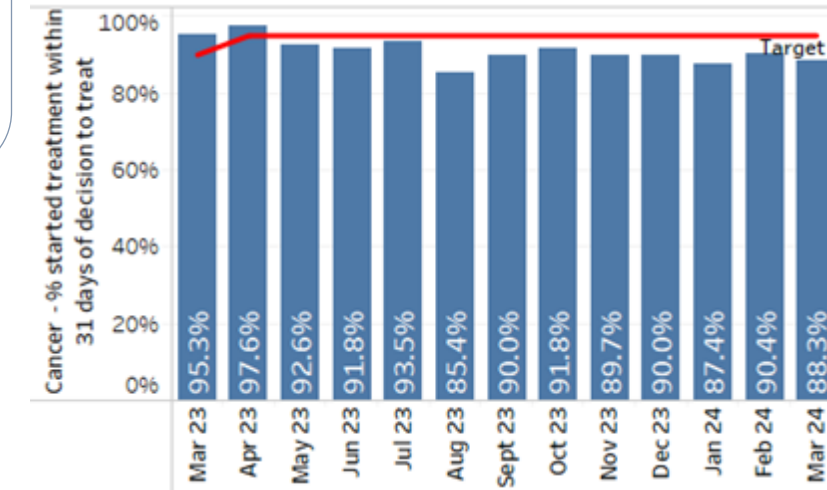
- Local, Regional and National level co-operation and discussion to share challenges and issues
- Cancer Manager's Forum to share best practice and learning opportunities
- North Cancer Alliance (NCA) have an oversight of regional activity and through an operational delivery group are seeking to formalise 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.

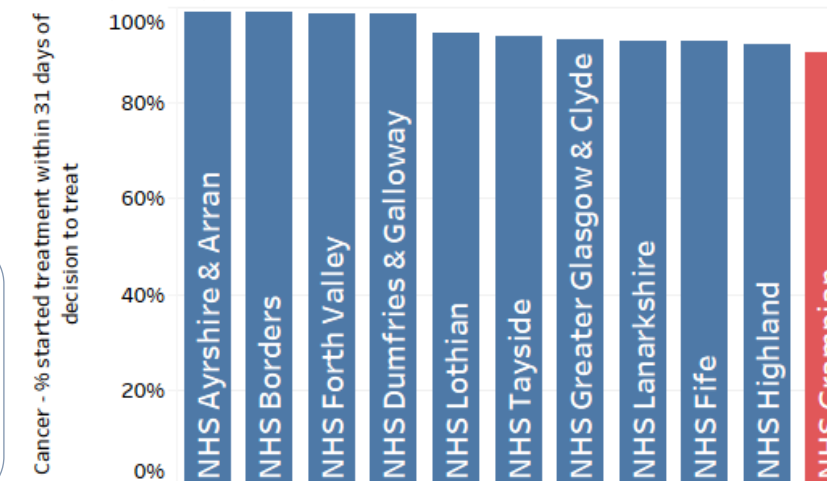
How are we performing against target?

Monthly performance has been below target since May 2023.



How do we compare?

For the quarter ending December 2023, Grampian had the lowest proportion of patients treated within 31 days of decision to treat of all mainland boards. Five of the mainland boards achieved the 95% national target during the quarter



Our Performance Spotlights: Access

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

Objective: Improve Preventative & Timely Access to Care

Priority Area: N5 - Cancer Care

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

Q4 actual:
55.0%

Q4 Target:
81%



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 Q4 target of 81% is not being met.

Our key risks, challenges and impacts...

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

Oversight and assurance

Provided through progress reporting:

- North Cancer Alliance
- Scottish Government

Our mitigation and recovery actions

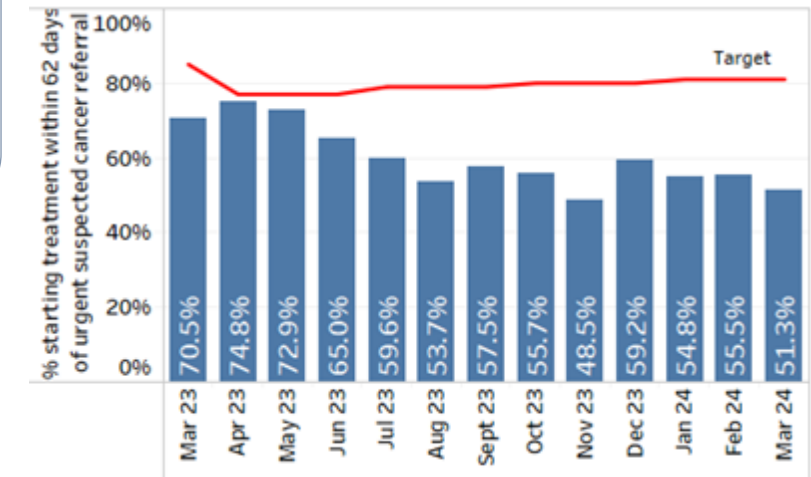
- Local, Regional and National level co-operation and discussion to share challenges and issues
- Cancer Manager's Forum to share best practice and learning opportunities
- North Cancer Alliance (NCA) have an oversight of regional activity and through an operational delivery group are seeking to formalise 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 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.

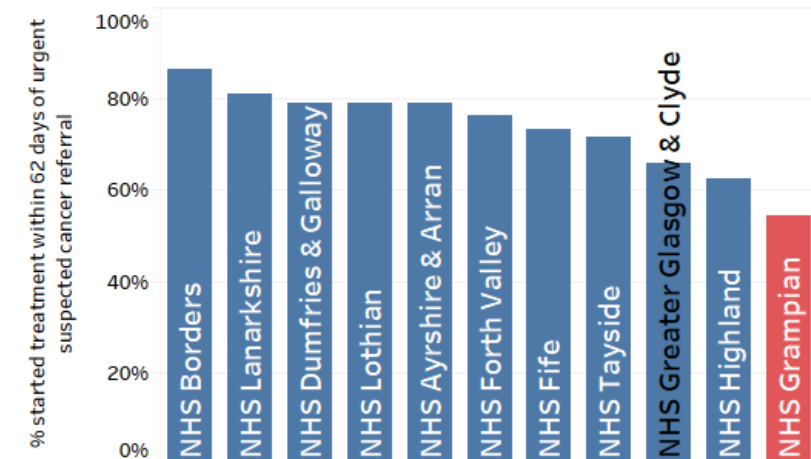
How are we performing against target?

We remain below target. Monthly performance improved in December 2023, decreasing to March



How do we compare?

For the quarter ending December 2023, 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



Our Performance Spotlights: Access

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

Objective: Improve Preventative & Timely Access to Care

Priority Area: N3 - Urgent & Unscheduled Care & Preparations for Winter 2023/24

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

Q4 actual: 60.7%
Q4 Target: 70%



Our story so far....

NHS Grampian's 4 hour access performance has remained poor and has attracted attention from NHS Scotland over the last 18 months, and further increased scrutiny from Jan 24. Performance relies in equal measure on clinical capability within the Emergency Department (ED) and admitting capacity across both acute and downstream community settings. NHS Grampian's 4 hour access performance has been in steady decline since May 2020, from 93% to a monthly average of between 42-56% through 2023.

Incorporating national initiatives into our Unscheduled Care Programme has had modest impact and NHS Grampian's performance remains challenged. Recent analysis by the NHS Scotland Discovery Team has provided useful data from which to further focus our improvement efforts. This is captured within eight 'Leverage Points' which will drive Unscheduled Care Programme priorities through 2024.

Given the influence of bed capacity on the performance of our system, it is unlikely that the 70% target will be achieved without further increase in available bed capacity in the Acute setting. Incremental gains can be expected as a result of process and service design improvements within the ED to enhance initial triage and increase direct discharge pathways, and wider focus on reductions in length of stay/improved discharge planning.

Our key risks, challenges and impacts...

- The Frailty and General Medicine pathways account for approx. 40% of bed waits in ARI. The ability to retain admitting capacity in General Medicine (GenMed) and Frailty underpins significant increases 4 hour access performance in NHS Grampian and capacity creation relies on highly effective discharge processes and appropriate capacity in community services to transfer appropriate patients into.
- The fragility of the medical workforce in the ED, which relies on dwindling trainee availability, has constrained performance less often since Jan 24. The workforce model currently under development reduces reliance on trainees and increases resilience in the face of high demand, but will require an increase in senior medical staff in the ED.
- 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.

Commentary from
Geraldine Fraser



Executive Lead, Medicine & Unscheduled Care Portfolio

Our mitigation and recovery actions

- Community Urgent Care (Admission Avoidance) – Establish professional to-professional decision support line for Care Homes.
- Flow Navigation (Admission Avoidance) – Development of a more sustainable model with a joint Advanced Practitioner workforce.
- Hospital@Home (H@H) / Virtual Community Ward (Downstream Capacity uplift) – **City:** Increase H@H provision (respiratory, OPAT) beds; **Aberdeenshire:** Expansion of Virtual Community Ward service. **Moray:** Review and development of Moray model.
- Front Door Flow (Minimising Exit Block from ED/AMIA) - **ARI:** Increase use of Rapid Ambulatory Assessment Clinic (RAAC); review of ED processes and footprint.
- Optimising Flow (Minimising Exit Block from ED/AMIA) – Enhanced use of Planned Discharge Dates system-wide; more accurate recording of delayed discharges system-wide.

Q1 2024 Priorities

- CfSD Leverage Points – Focus to improve Length of Stay in ED/AMIA throughout the 24 hour cycle (50% of focus on admitted patients, 50% on those discharged from front door).
- GenMed pathway redesign – to pull through from ED/AMIA.
- G-OPES framework review – to increase cross-system actions which overall risk by balancing occupancy pressure.
- Ed Medical Workforce Review – to reduce reliance on Trainees.

What have we learnt?

- The NHS Scotland Discovery Data bears out our reflection that many of our processes are working well (in 21 of 31 criteria our performance is above average, 7 average, 3 below average). Key insights from the report are:
 - Each patient in ED at 8am is associated with a 0.9% drop in performance
 - Each admission in a week is associated with a drop in performance of 0.1%
 - Each +14 day patient stay is associated with a 0.1% drop in performance
- The Discovery data highlights the potential for greatest improvement being with alterations to Acute setting in-patient bed capacity, and the ability to reduce occupancy in those areas by delayed patients. Work continues to improve the process to dynamically manage Acute in-patient beds to maximise availability.
- Medical staffing in ED/AMIA is exceedingly fragile as a result of the volume of Trainee staff whose time is increasingly committed away from the ED work-pattern. Workforce planning, alongside engagement with the colleges, is required to mitigate this issue.

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.

Our Performance Spotlights: Access

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

Objective: Improve Preventative & Timely Access to Care

Priority Area: N3 - Urgent & Unscheduled Care, and Preparations for Winter 2023/24

Key Performance Indicator (KPI): Monthly acute delayed discharges (ARI & Dr Gray's) to be 15% lower than 2022/23 position (20)

Q4 actual: 27
Q4 Target: <18



Our story so far....

- Delayed discharge data for ARI and Dr Gray's has shown an increase in figures over the last two quarters of financial year 2023/2024.
- Focused, regular meetings including both strategic and operational colleagues have been implemented to facilitate discharge of patients with the longest length of delay. This work has also led to improved accuracy of recording.
- The increased figures correlate with the implementation of focused improvement work on delayed discharge and delayed transfer of care.
- Nationally, NHS Grampian have one of the lowest total number of +14 day patients in hospital across acute and community sites (delayed and non-delayed) per head of total population of any mainland health board.
- Continued work on discharge planning including delayed discharge and delayed transfer of care has identified areas of further focus for our improvement efforts.

Our key risks, challenges and impacts...

- Due to NHS Grampian having one of the lowest total number of +14 day patients in hospital across acute and community sites there is a risk that improvements will be more challenging and complicated to implement.
- Potential changes to the Unscheduled Care Programme and Programme team due to funding will impact on the continuation of implemented improvement work. If this risk is realised it could also result in the loss of the strong multidisciplinary relationships and support facilitated by the OPF fortnightly and weekly Delayed Discharge & Delayed Transfer of Care (DD&DToc) meetings.

Commentary from
Geraldine Fraser

Executive Lead, Medicine & Unscheduled Care Portfolio



Our mitigation and recovery actions

- Delayed Discharge and Delayed Transfer of Care Weekly Meetings – Review key themes and challenges identified as part of the improvement work to date to identify additional improvements required.
- Optimising Patient Flow Fortnightly Meetings – Continue to utilise stakeholders associated with this meeting to inform improvements required and communicate improvements implemented.
- Whole System Flow Hub – Continue with implementation of the whole system flow hub while reviewing current practices to identify areas to improve collaborative and whole system working.
- Data – Review current data set to include data on 1) all delayed discharges by quarter, by delay reason, by HSCP and 2) the pathway of delay reason in a single episode to inform lessons learned and improvement actions required.

What have we learnt?

- Feedback from Centre for Sustainable Delivery indicates that reducing the total number of +14 day patients in hospital should remain an area of focus within the organisation. The actions outlined in our mitigation and recovery are key to ensuring this.

Oversight and assurance

- Optimising Patient Flow Group updated fortnightly on progress of the programme including overview of associated data.
- Unscheduled Care Programme briefed monthly on risks or challenges for escalation.

Our Performance Spotlights: Access

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

Objective: Improve Preventative & Timely Access to Care

Priority Area: N4 - Mental health & learning disabilities

**Key Performance Indicator (KPI):
No one will wait over 36 weeks
for psychological therapies**

**Q4 actual:
140**

**Q4 Target:
0**



Our story so far....

The most recent quarterly KPI of reducing Adult Mental Health (AMH) Psychological Therapy (PT) waits to 36 weeks has been compromised by recent financial challenges impacting recruitment and retention of PT staff. Child and Adolescent Mental Health Services (CAMHS) are currently meeting standard Referral to Treatment (RTT) times (although the method of measurement is different from AMH).

- More patients were treated within 18 weeks between Jan-March 2024 compared to all previous quarters of 2023/24
- % of patients treated within 18 weeks has improved
- Number of referrals show an increasing trend
- Due to increasing referrals, the number of patients waiting has increased over the last few quarters
- The number of patients waiting at the end of Jan-March 2024 are comparable with Jan-March 2023 (2,810 and 2,814, respectively)
- The percentage of patients waiting over 36 weeks for treatment has dropped from 11% in Jan-March 2023 to 5% in Jan-March 2024
- 5% of patients were waiting over 36 weeks at quarter end Oct-Dec 2023 and quarter end Jan-March 2024

Our key risks, challenges and impacts...

- The recent 23/24 Mental Health Outcomes Framework (MHOF) funding allocation fell short of that requested, resulting in a major impact to staff retention and recruitment.
- A recent paper to NHS Grampian to fund PT posts to move towards meeting the 18 week Scottish Government standard, was not supported.
- Referrals appear to be increasing
- Insufficient business support across AMH services to ensure full PT specification compliance and implementation
- These factors leading to a reduced workforce meaning continued progress towards the RTT standard is extremely challenging.

*Commentary from
June Brown*



Executive Nurse Director

Our mitigation and recovery actions

- We have just completed a Demand and Capacity re-fresh in May to review and consider progress towards further efficiencies/improved performance
- We plan to model further cross system ways of working with a view to providing equity of access to AMH PTs
- We continue to engage with Scottish Governments to highlight concerns regarding Mental Health Outcomes Framework funding
- We are a pilot site for Psychological Therapies Specification Implementation
- We will prepare paper to detail business support required for remaining elements of PT specification implementation in AMH
- We are focussing on areas of longest wait and considering potential service re-design to reduce impact on waiting times
- We will consider further MDT approaches to delivery of PT

What have we learnt?

- We have benefitted hugely from DCAQ analysis and associated utility of data to inform job planning
- Continued pressures of demand outstripping capacity especially in primary care, shown in refreshed demand and capacity modelling
- a full cross system approach using lessons learned from use in Learning Disability services is planned to consider cross system modelling to help balance demand across different areas of NHS Grampian
- We need to reduce fragility of very small services

Oversight and assurance

- Performance and Governance at Psychological Therapies Improvement and Governance Board (monthly).
- Performance is also reported through each partnership governance board.
- Performance via NHS Grampian performance management board (quarterly).
- Performance is reported to Scottish Government monthly; separate monthly and 6 weekly engagement meetings with Scottish Government colleagues to review performance

Performance Summary

Strategic Intent Area	Key Performance Indicator	Performance		Last Reported for Assurance	Why are we in this position? <i>Comment from responsible executive lead</i>
		Quarter 3	Quarter 4		
Colleagues & Culture	75% of colleagues will feel their wellbeing is actively supported at work	74%	74%	Staff Governance Committee 20/02/24	Annual data capture from iMatter question extract; therefore will not change between measurement points.
Colleagues & Culture	65% of colleagues participate in iMatter & 50% of Teams have 2023 Action Plans	62%/54%	62%/54%	Staff Governance Committee 24/02/24	Annual data capture from iMatter question extract; therefore will not change between measurement points.
Colleagues & Culture	At least 750 colleagues have participated in developing Our Commitment to Culture	789	882	Staff Governance Committee 24/02/24	Target exceeded for this KPI; now considering how the tools are embedded into policy, procedures and day-to-day practice.
Citizens	Completion of the draft volunteering plan by Q4	72%	95%	SWOG (sustainable workforce oversight group) 28/02/24	Resource constraints and competing priorities, alongside the need to establish new governance structures through which to realise our volunteer ambition, that were not fully understood when the objective was set, has delayed delivery. The deliverable has been reframed in the 2024/25 focussed priorities of the Three Year Delivery Plan to: 'Co-produce a policy, strategic approach and assurance structure reflecting the contribution and potential of volunteering'.
Children	Reduce backlog unbooked TTG RACH patients to 750 patients	782	592	Q3 PAFIC Spotlight 27/02/24 HAWD Spotlight 14/03/24	Improved efficiency and increased availability of theatre sessions has resulted in increased theatre session utilisation and a concomitant increase in activity. This improved efficiency and utilisation has resulted in a marked reduction in waiting times across specialties.
Environment	Reduce Consumption of Gas & Electricity (kWh) by 5% Season adjusted as per 2022/23	163.2m kWh	228m kWh	Q3 PAFIC Spotlight 27/02/24 HAWD Spotlight 14/03/24	We have consumed 7 million kWh (3%) less than the previous year, most likely related to small-scale maintenance improvements. This small improvement needs investment to maintain and improve further.
Environment	An increase of 250 in completion of Turas module on Shared Decision Making over the course of the year by Q4.	978	1024	Transformation Programme Board 07/05/24	We continue to weave the sharing and promotion of the Turas shared decision making module into relevant work and induction/training routes. This is evidenced by the continued increase in module engagements.
Whole System Working	Childhood - % completed primary vaccination course by 24 months - MMR dose 1	93.8%	93%	Vaccination Programme Board 31/01/24	Measles cases are increasing in the United Kingdom. NHS Grampian had proactively identified those with an incomplete MMR vaccine status and have invited them to contact us to arrange catch up vaccines. This has also allowed the team to ensure that citizen vaccine history is up to date on relevant system.
Whole System Working	Adult Routine - % shingles vaccination uptake eligible cohorts	programme ongoing	73%	Vaccination Programme Board 31/01/24	From 1st September 2023, the shingles vaccine is being offered to those aged 65 years and 70years with a 2 dose schedule replacing the 1 dose schedule. In addition to this we are offering to those with a severely weakened immune system from age 50 years. Over the next 10 years the eligibility age criteria will reduce to age 60 years so therefore we are double running the programme.

Strategic Intent Area	Key Performance Indicator	Performance		Last Reported for Assurance	Why are we in this position? <i>Comment from responsible executive lead</i>
		Quarter 3	Quarter 4		
Empowering	Waiting Well service to be delivered to an additional 8,000 patients (from March 2023 baseline: 6031 patients)	12316	14625	Public Health Directorate End of Year Performance Meeting 24/04/24 Q3 PAFIC Spotlight 27/02/24 HAWD Spotlight 14/03/24	Waiting Well is delivered via the Public Health Healthpoint Team. Lists of patients 'Waiting' for procedures are provided by clinical services. Patients are contacted by one of our advisors for a wellbeing call, offering a supportive conversation around health and wellbeing, including factors which impact on health e.g. financial inclusion. Patients are referred or sign-posted to support as required. Last year we reached over 8000 contacts and have services lined up on a rolling programme to achieve an 8000 target again, if staffing levels can be maintained.
Access	90% of children and young people referred to Mental Health Services will be seen within 18 weeks of referral	96.5%	97.4%	Psychological Therapies Improvement and Governance Board Clinical Care Governance Meeting 05/24 Scottish Government 04/24	CAMHS continue to meet the Scottish Government Waiting Times Target of 90%, there has been an increase in C&YP referred to CAMHS and therefore an increase in the number of those waiting however this is still under 18 week referral to treatment targets.
Access	To achieve 28% progress of 52 Actions from the Dr Gray's Strategic Plan	21%	30%	Dr Gray's Strategy Programme Board 20/05/24	Progress against KPIs in 2023/24 has achieved beyond the targeted measure. Given an agreed refocusing of the implementation approach for this Programme, an amended KPI framework is being developed.

Appendix: Overview of National Waiting Times Standards

National Waiting Times Target/Access Standard <i>(measurement definition, based on quarterly period unless otherwise stated)</i>	Target	Quarter end Dec 2022	Quarter end Mar 2023	Quarter end Jun 2023	Quarter end Sep 2023	Quarter end Dec 2023	Benchmarking (of 11 mainland Boards quarter end Dec 2023: ranked 1 st = best performing)	Commentary
95% of unplanned A&E attendances to wait no longer than 4 hours from arrival to admission, discharge or transfer <i>(% admitted, discharged or transferred within 4 hours of arrival at an Emergency Department or Minor Injury Unit)</i>	95%	67.5%	66.4%	70.2%	70.7%	66.5%	7th Scotland: 67.1%	Overall A&E performance increased through the first two quarters of 2023/24, before decreasing for the latest quarter to a level slightly lower than at the same time the previous year. We remain below the overall Scotland level
All patients requiring one of the 8 key diagnostic tests will wait no longer than 6 weeks <i>(% of waits of 6 weeks or less at quarter end)</i>	100%	35.2%	41.8%	38.7%	37.5%	33.8%	11th Scotland: 48.4%	Performance increased for the first quarter of 2023; there have then been three quarterly decreases. We have been consistently below the overall Scotland level for the last year
95% of New Outpatients should be seen within 12 weeks of referral <i>(% of waits where patient was seen at a new appointment within 12 weeks of referral)</i>	95%	68.9%	70.0%	70.3%	66.6%	64.2%	6th Scotland: 61.9%	Performance improved through the first half of 2023, before a decrease over the latest two quarters. We have remained above the overall Scotland level for the last two years
All TTG patients should be seen within 12 weeks of decision to treat <i>(% of waits where patient was admitted for treatment within 12 weeks of decision to treat)</i>	100%	48.2%	45.7%	45.7%	45.9%	47.3%	10th Scotland: 57.6%	Performance remained level through the first half of 2023, increasing over the latest two quarters. We remain consistently below the overall Scotland level
95% of patients should wait no more than 31 days from decision to treat to first cancer treatment <i>(% of waits where patient was treated within 31 days of decision to treat)</i>	95%	96.82%	95.25%	93.78%	89.6%	90.5%	11th Scotland: 94.1%	Performance improved through 2023 to September, but has improved during the final quarter. We have been below the overall Scotland level for the latest three quarters
95% of patients receive first treatment within 62 days of urgent suspicion of cancer referral <i>(% of waits where patient was treated within 62 days of urgent suspected cancer referral)</i>	95%	68.53%	65.04%	70.63%	57.0%	54.4%	11th Scotland 71.1%	Performance improved in the first quarter of 2023/24, before performance decreased for the following two quarters. We remain consistently below the overall Scotland level, which has also decreased over the latest two quarters
90% of children and young people should start treatment within 18 weeks of referral to CAMHS <i>(% of waits where patient started treatment within 18 weeks of referral)</i>	90%	97.1%	99.6%	96.1%	84.7%	96.7%	3rd Scotland: 83.8%	After decreasing through the first two quarters of 2023/24, performance improved for the latest quarter, returning to above national target. We remain consistently above the overall Scotland level

National Waiting Times Target/Access Standard <i>(measurement definition, based on quarterly period unless otherwise stated)</i>	Target	Quarter end Dec 2022	Quarter end Mar 2023	Quarter end Jun 2023	Quarter end Sep 2023	Quarter end Dec 2023	Benchmarking (of 11 mainland Boards quarter end Dec 2023: ranked 1 st = best performing)	Commentary
90% of people should start their treatment within 18 weeks of referral to psychological therapies <i>(% of waits where patient started treatment within 18 weeks of referral)</i>	90%	68.2%	63.0%	63.8%	74.3%	76.4%	7th Scotland: 80.7%	Performance decreased for the first quarter of 2023 then increased over the subsequent three quarters. We remain consistently below the overall Scotland level
90% of patients will commence IVF treatment within 52 weeks <i>(% 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)</i>	90%	100%	98.2%	100%	100%	100%	Scotland: 99.7%	We continue to consistently achieve the target

From national waiting times publications