



How are we doing?

Board Annual Delivery Plan Performance Report
December 2022



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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 refreshed performance assurance 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 bi-monthly basis. To achieve this, NHS Grampian has identified key deliverables 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.

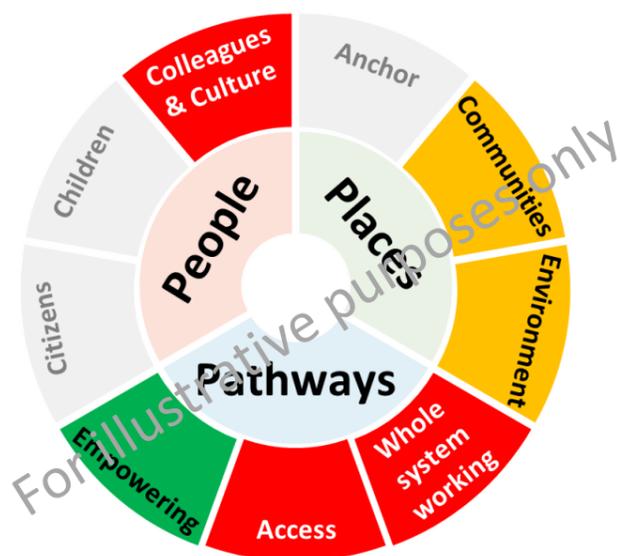
The report highlights key areas of achievement or concern, with a narrative from the executive lead to provide a wider perspective.

This report is part of the refreshed tiered approach to our Performance Assurance Framework and is aiming 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 deliverables across categories in strategic intent)



Performance Spotlights
(Detailed focus on adverse or favourable 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 deliverables considered to be most important measures as agreed by the Board and included in our 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
 - Key Risks, Challenges and Impacts
 - What have we learnt?
 - Our actions to help us get there

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

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 Deliverables within each category highlighted in the “At a Glance” Performance Scorecards.

Assessment Rating	Criteria
Red	2 or more red Key Deliverables
Amber	1 red Key Deliverables
Green	0 red and 1 amber Key Deliverables

RAG Ratings for the At a Glance Performance Scorecards:

The ratings of the Key Deliverables 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

Symbols used in this report	Description
	Improvement in performance compared to previous reporting period
	Decline in performance compared to previous reporting period
	There has been no change between previous and current reporting period
All data will be rounded to the last decimal point to indicate level of performance	

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

Key Deliverables

These are the improvements we are focussing on for the period to March 2023. We will measure our progress against these as outlined in the delivery plan

Baseline

This indicates the level of performance against each indicator based on specific starting points. At times, this may not be available due to emergent identification of data for performance indicator(s).

Target

This indicates the performance we are seeking to achieve the key deliverables by March 2023. Each deliverable will have a target.

Data Period

This indicates the frequency of data reporting.

Previous Reporting Period

This indicates the period in which data was previously reported on.

Current Reporting Period

This indicates the latest period of data available.

Trend Graphs



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

Our Board Performance Summary

Executive Summary

The climate in NHS Grampian remains extremely challenging and I want to take this opportunity to personally and sincerely thank all of our colleagues for their hard work in providing the best care possible for our citizens in Grampian.

To help us understand how we are doing so far in supporting our Plan for the Future, our report for December 2022 recognises the voice of our colleagues and citizens as key areas of focus and takes a closer look at our delivery plan performance for quarter 2 (July-September 2022).

We are actively engaging with our colleagues through the We Care Programme to ascertain what is affecting their wellbeing and what support can be provided. Some of the key highlights include delivering a range of sessions focusing on wellbeing and engagement with colleagues. We continue to listen to their stories and deliver on the actions to support them whilst acknowledging the challenges they are facing.

We continue to play an active part as an organisation to hear the voice of our citizens and their feedback. We are pleased to recognise the positive acknowledgements in the delivery of our care by our workforce whilst also listening carefully to what changes we need to make in order to be better.

From our Performance Wheel, we recognise there are challenges across the delivery of our strategic intent via People: Colleagues and Culture and Pathways: Access.

From our Performance Scorecards, we note adverse performance across some of our key deliverables such as: increasing international recruitment, reducing supplementary staffing, and compliance with statutory training, 62-day cancer target, the 2-year inpatient treatment target, and the delayed discharges targets. Favourable performances can also be noted: reduction of time to hire target, as well as staff feeling their wellbeing is supported, 31-day cancer target and the 18-week CAMHS target.

We acknowledge there are a number of deliverables that are still in development and will be captured in our next quarter's reporting.

Caroline Hiscox, Chief Executive, NHS Grampian



Here we will show the Performance Wheel from the previous report, to enable comparison. Over time we will develop this further to display the Performance Wheel within an overall performance trend.



Our Board Performance Summary

Voice of our Colleagues via We Care



Our story so far....

Established during 2021, We Care is a staff health and wellbeing program established to deliver, co-ordinate and enhance staff wellbeing across NHS Grampian and Health and Social Care Partnerships. Helping colleagues to access services, listening to what colleagues want, and evaluating existing and future services.

Our key risks, challenges and impacts...

- Short term funding (ending March 2023).
- Inability to meet our Charities Together bid or Plan for the Future commitments.
- If wellbeing is not integrated into a systemic approach, with the correct initiative addressing the correct needs, this could lead to cynicism about not listening to staff and understanding their wellbeing needs.
- Important to get the approach correct and not look tokenistic.
- Time and knowledge are required to integrate the program in a sustainable way, to have long-term impact, not as an add-on.
- Widening pilots across the system requires time and financial commitment
- Time pressures can make it difficult for staff to access available support within their working day.
- If successful pilots cannot be taken further, this impacts staff wellbeing and morale. Only possible through sustainable funding.

You said...

Colleagues told us that it can be difficult to navigate the wealth of information to find what's needed at short notice

We did...

A "Supporting staff in distress and crisis" information sheet has been developed and distributed in Resource Packs direct to teams for quick reference to aid access. It is also available on the We Care website

Our mitigations:

- Pulse survey conducted in Dec 2021
- Delivering resource packs
- Collecting information from colleagues
- Developing anonymous feedback form
- In depth analysis of data (qualitative & quantitative)
- Wide cross section of members in Steering Group
- Discussions with staff, to establish both what affects their wellbeing and what support they need

Our actions to help us get there...

- Make self-sustaining where possible; Charities Together funding bid
- Wellbeing training now included at staff induction

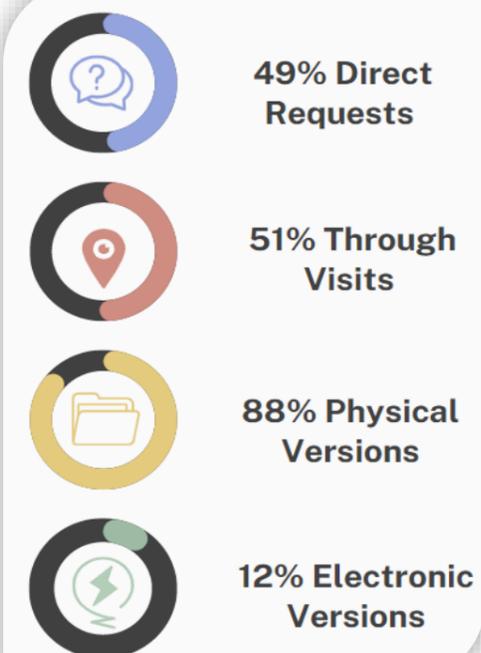
You said...

From engagement with colleagues, menopause in the workplace was identified as a key theme

We did...

A Menopause Working Group has been established; menopause training is being provided; menopause absence can now be recorded as a sickness absence reason

560 resource packs have been delivered to teams across NHS Grampian and the Health & Social Care Partnerships. These contacts provide an opportunity to engage with staff, to discuss wellbeing requirements and support that can be provided



Our Board Performance Summary

Voice of our Colleagues via We Care

What have we learnt?

- Workforce exhausted and operating under extreme system pressures at all levels
- Training around Wellbeing is required at all points in colleagues' careers
- Degree of cynicism about wellbeing agenda as an impact of short-staffing. There can be contextual or systemic factors impacting on wellbeing.
- Culture of specific areas can be very important, requiring good leadership and understanding at all levels.

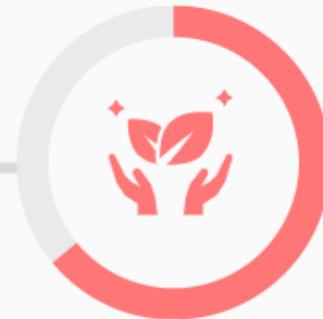
Oversight and assurance:

Provided through progress reporting:

- Accountable to Staff Body as a whole
- Health & Wellbeing Steering Group
- Occupational Health, Safety & Wellbeing
- Executives Leads
- Flash reports shared

WE CARE SESSIONS DELIVERED TO DATE

23 Sessions with 502 attendees



Information Sessions

A 30-minute Information Sessions established to deliver, co-ordinate and enhance staff wellbeing.

7 Sessions delivered



Wellbeing Consultations

A 1-hour Wellbeing Consultation for teams to consider their wellbeing needs.

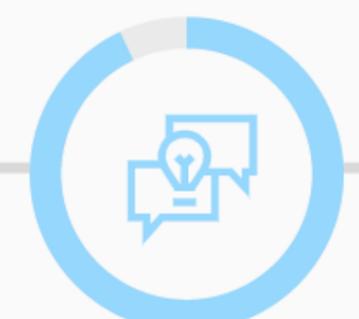
16 Sessions with 528 attendees



Kindness Method Sessions

Designed to guide staff through exploring the stress bucket, discuss signs of stress and consider ways to support a culture of wellbeing and support.

111 Sessions with 804 attendees



Wellbeing Sessions delivered via Turas

10 Wellbeing sessions currently sit under the We Care umbrella on Turas Learn.

Our Board Performance Summary

Voice of our Citizens via Care Opinion

130 stories in Q2

98% of stories have a response

1 story has changes planned

1 story has changes made

Care Opinion stories Quarter 2 2022/23

The 130 stories submitted to Care Opinion in the period July-September 2022 represent a 16% increase from the previous quarter, as well as a year on year rise for the same period.

- The proportion of 'not critical' (or 'positive') stories has fallen from 70% in quarter 1 to 66% in quarter 2, with a corresponding increase in 'minimally critical' stories from 2% to 8%.
- However there were no 'strongly critical' stories, an improvement from the previous three quarterly periods.

Contributing to change

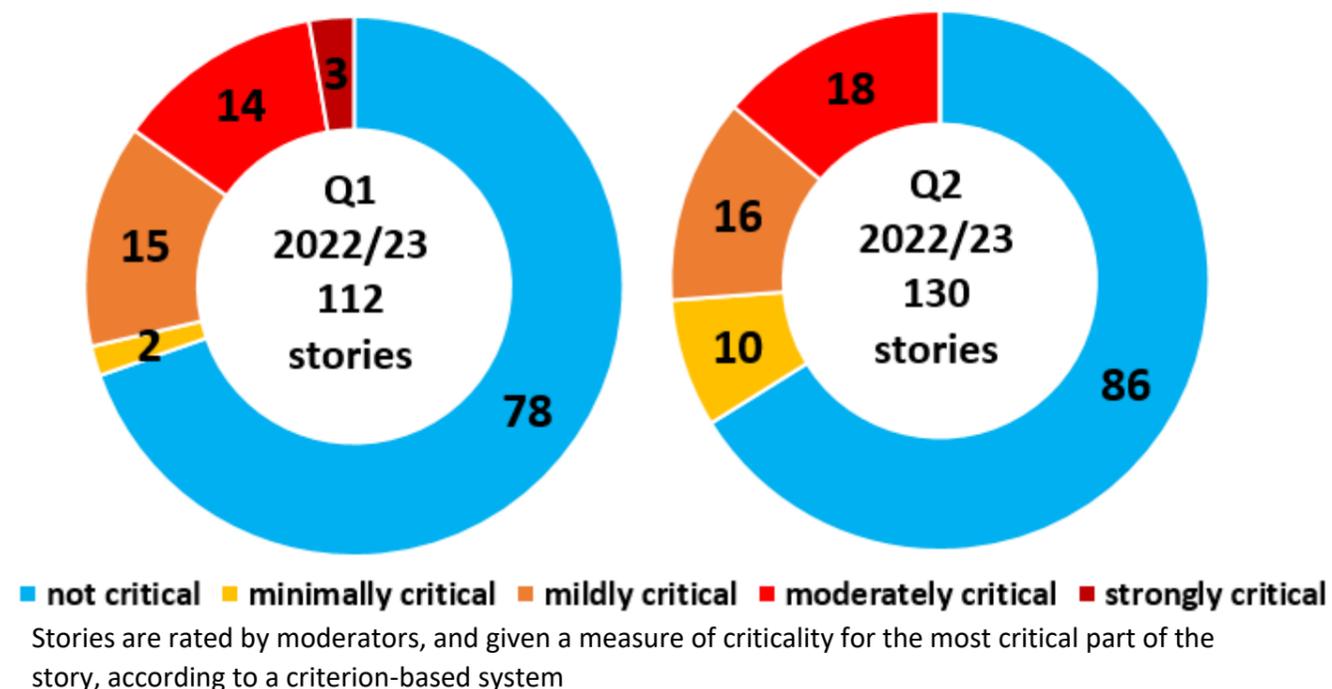
Sharing their experiences through Care Opinion stories allows citizens to acknowledge good practice as well as contributing to change.

- For the July-September 2022 period only 2 of these stories' responses shows a change has been made or planned

Governance

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

How moderators have rated the criticality of stories



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

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

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

Actions to improve recording of changes on Care Opinion:

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

Our At a Glance Performance Scorecard: Access



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

Objective: By 31st March 2023, we will reduce delays in accessing care



Key Deliverable	Baseline (Q1 to 30/06/22)	Target	Previous reporting period		Current reporting period		Trend (12 months to Sep 22 where available)	Benchmarking (of 11 mainland Boards: ranked 1 st = best performing)	Commentary
			Q1 to Jun-22	98.3%	Q2 to Sep-22	97.7%			
No citizens waiting over 12 hours in our Emergency Department	98.3%	100%	Q1 to Jun-22 98.3%	Q2 to Sep-22 97.7%	↓		5 th (quarter end Sep 22)	Q2 ED 12-hour performance: 97.6% Aberdeen Royal Infirmary, 96.7% Dr Gray's Hospital, 100% Royal Aberdeen Children's Hospital	
90% of citizens will receive first cancer treatment within 31 days of decision to treat	94.22%	90%	Q1 to Jun-22 94.22%	Q2 to Sep-22 95.05%	↑		10 th (quarter end Jun 22)	Monthly performance has been above 90% since December 2021	
85% of citizens will receive first treatment within 62 days of urgent suspected cancer referral	75.24%	85%	Q1 to Jun-22 75.24%	Q2 to Sep-22 74.25%	↓		8 th (quarter end Jun 22)	Spotlight on page 14	
No citizen will wait longer than 2 years for a planned outpatient appointment	98.6%	100%	Jun-22 98.6%	Sep-22 98.6%	=		9 th (Jun 22 census point)	Majority of patients waiting over 2 years are in 3 specialties: GP Other than Obstetrics (58%), Urology (35%) ENT (5%)	
Reduce the number of citizens waiting longer than 2 years for a planned inpatient (TTG) appointment to 1,400 by 31st March 2023	2,375	1,400	Jun-22 2,375	Sep-22 2,279	↑		5 th (Jun 22 census point)	Spotlight on page 15	
The overall number of delays to be no greater than March 22 position	98	101	Jun-22 98	Sep-22 122	↓		1 st (Sep 22 census point; delays per 100k popn)	Spotlight on pages 16-17	
HSCPs will collectively achieve 50% less people waiting over 90 days for transfer of care based on March 2022	19	5	Jun-22 19	Sep-22 22	↑		6 th (Sep 22 census point; proportion waiting over 12 weeks)		
90% of children & young people referred to Mental Health Services will be seen within 18 weeks of referral	94.2%	90%	Q1 to Jun-22 94.2%	Q2 to Sep-22 96.3%	↑		2 nd (quarter end Jun 22)	Performance fell below target in April 2022 (89.4%) but has remained above 90% each month subsequently	
No adult will wait over 12 months for Psychological Therapies	95.6%	100%	Q1 to Jun-22 95.6%	Q2 to Sep-22 96.7%	↑		5 th (quarter end Jun 22)	During Q2, 44 patients waited over 12 months for treatment, compared to 56 the previous quarter	

Key Deliverable	Baseline (Q1 to 30/06/22)	Target	Previous reporting period	Current reporting period	Trend (12 months to Sep 22 where available)	Benchmarking (of 11 mainland Boards: ranked 1 st = best performing)	Commentary
Vaccination uptake will be comparable with the national average					On Track		Will be further developed for Q3 reporting
Implementation of Medication Assisted Treatment standards 1-5 for substance use	Under development for Q3 reporting						
Minimise reduction in dental access	Under development for Q3 reporting						
Improved access metrics against PCIP plans	Under development for Q3 reporting						

Our At a Glance Performance Scorecard: Whole System Working



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

Objective: By 31st March 2023, we will reduce delays in accessing care



Key Deliverable	Current reporting period	Commentary
For children & young people's Mental Health Services we will have a system wide picture of current work and gaps	Q2 to Sep-22 On Track	Will be further developed for Q3 reporting
Promote & support approaches to self-management to help people to live well, particularly in relation to waiting for access to health & social care	Q2 to Sep-22 In Progress	Will be further developed for Q3 reporting

Our At a Glance Performance Scorecard: Colleagues & Culture



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

Objective: By 31st March 2023, support colleagues to be safe & well at work

Key Deliverable	Baseline (Q1 to 30/06/22)	Target	Previous reporting period		Current reporting period		Commentary
70% of colleagues will feel their wellbeing is actively supported at work	45%	70%	Q1 to Jun-22	45%	Q2 to Sep-22	73% ↑	Will be further developed for Q3 reporting
Increase international recruitment by 93 Registered Nurses (RN) & 7 Allied Health Professionals (AHP)	13 RNs	93 RNs & 7 AHPs	Q1 to Jun-22	13 RNs	Q2 to Sep-22	25 RNs ↑	Spotlight on page 18
Time to hire will be reduced below the 116 day national KPI	100.3	<116	Q1 to Jun-22	100.3	Q2 to Sep-22	103.7 ↓	Will be further developed for Q3 reporting
Colleagues will be retained	97.0%	TBC	Apr 22-Jun 22	97.0%	Apr 22-Sep 22	89.4%	Target to be confirmed
The use of supplementary staffing will be reduced	£7.8m	£18.1m	Jun-22	£7.8m	Sep-22	£15.7m ↓	Spotlight on page 19
Compliance with mandatory training will increase to 80% for all new starts and 60% for all other colleagues	64% new 57% other	80% new 60% other	Q1 to Jun-22	64% new 57% other	Q2 to Sep-22	57% other =	Will be further developed for Q3 reporting
Compliance with statutory training will increase to 90% for all new starts and 70% for all other colleagues	76% new 58% other	90% new 70% other	Q1 to Jun-22	76% new 58% other	Q2 to Sep-22	60% other ↑	Spotlight on page 20
Feedback will show positive impact of actions in respect of BPA Survey Phase 1	Under development for Q3 reporting						
Return to pre-pandemic activity levels for research	Under development for Q3 reporting						
Return to pre-pandemic activity levels for education	Under development for Q3 reporting						
Return to pre-pandemic activity levels for continued professional development (CPD)	Under development for Q3 reporting						

Our At a Glance Performance Scorecard: Environment



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

Objective: By 31st March 2023, we will create the sustainable conditions for change



Key Deliverable	Current reporting period		Commentary
Initiated & tested processes for integrated service, financial & workforce planning to enable sustainable models of care & our infrastructure plans	Q2 to Sep-22	On track	Will be further developed for Q3 reporting
Agreed 5-year Infrastructure Investment Plan	Q2 to Sep-22	In progress	Will be further developed for Q3 reporting
Develop long term 12-20-year Infrastructure Strategy	Q2 to Sep-22	In progress	Will be further developed for Q3 reporting
Agreed & commenced implementation of our plans to reduce our carbon footprint			Under development for Q3 reporting

Our At a Glance Performance Scorecard: Communities



Strategic Intent: Playing our role with partners for flourishing communities

Objective: By 31st March 2023, we will create the sustainable conditions for change



Key Deliverable	Current reporting period		Commentary
Community engagement approach is endorsed	Q2 to Sep-22	On track	Spotlight on page 21
Agree plan for Model 6	Q2 to Sep-22	On track	Spotlight on page 22
The strategic plan for Dr Gray's Hospital will be signed off by the NHS Grampian Board at their February 2023 meeting	Q2 to Sep-22	In progress	Will be further developed for Q3 reporting
Agreed priority actions & monitor referrals & update of financial support	Q2 to Sep-22	On track	Will be further developed for Q3 reporting
Demonstrate whole system pathway redesign and implementation through the Portfolio Executive Leads Programme Boards	Q2 to Sep-22	In progress	Will be further developed for Q3 reporting
Reduced travel & improved experience for pregnant women			Under development for Q3 reporting

Our Performance Spotlights: Access



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

Objective: By 31st March 2023, we will reduce delays in accessing care

Key Deliverable: 85% citizens will receive first treatment within 62 days of urgent suspected cancer referral

**Current
74.25%**



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 with the overall national picture.

Whilst efforts continue to reduce the high number of people with long waits for treatment, this will result in a negative impact to the cancer performance and in turn meeting the projected target of 85% by March 23 is guarded.

Our key risks, challenges and impacts...

- Unscheduled care demands
- Funding levels and limitations
- Workforce resource, retention and recruitment
- Significant access funding reductions have already realised these risks
- Non-recurring funding to support the maintenance or reduction in cancer waiting times significantly delayed and fallen short of need
- Colorectal and Urology pathways largest contributors to diagnostic backlog
- Recent closure of theatres in Dr Gray's Hospital which resulted in endoscopy activity being halted for a period of time impacting diagnostic capacity in Colorectal USC pathway leading to many patients exceeding the 62 day target before reaching treatment
- Multiple variances occur at different time points which may impact cancer performance and this has challenged our ability to improve and sustain the performance target.

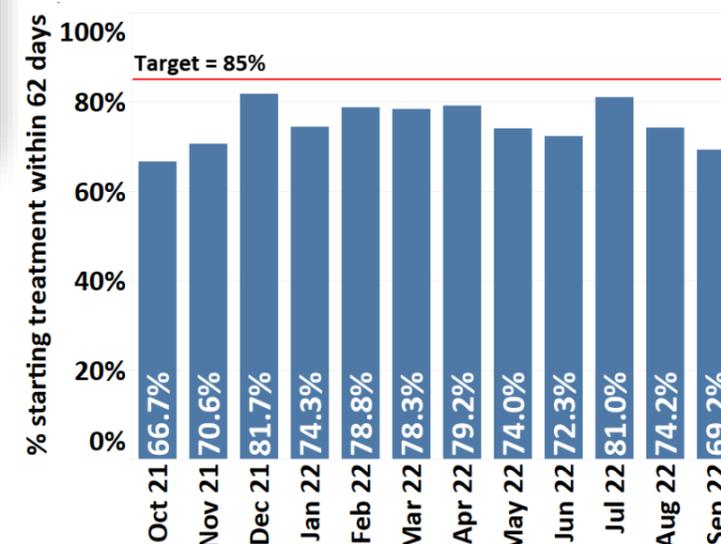
*Commentary from
Paul Bachoo*

*Executive lead,
Integrated Specialist
Care Services
Portfolio*



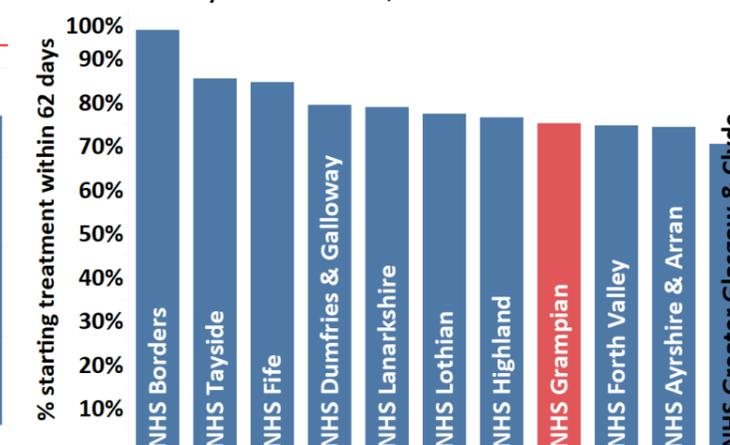
How are we performing against target?

We remain below the target, with monthly performance falling since July



How do we compare?

For the quarter ending June 2022, Grampian had the fourth lowest proportion of patients treated within 62 days of referral, of all mainland boards



Our actions to help us get there...

- 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.

Oversight and assurance:

Provided through progress reporting:

- North Cancer Alliance
- NHS Grampian Chief Executive Team
- NHS Grampian Performance Assurance, Finance and Infrastructure Committee (PAFIC)
- Scottish Government

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.

Our Performance Spotlights: Access



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

Objective: By 31st March 2023, we will reduce delays in accessing care

Key Deliverable: Reduce the number of citizens waiting longer than 2 years for a planned inpatient (TTG) appointment to 1,400 by 31st March 2023

**Current
2,279**



Our story so far....

Treatment Time Guarantee (TTG) legislation remains active and gives legal commitment to treat eligible patients within 12 weeks. As part of reducing the current waits which are far in excess of this standard across Scotland the Minister for Health announced staggered reductions starting with no patients waiting more than two years for a TTG procedure by the end of September 2022.

NHS Grampian was clear when this target was announced that this would not be achieved and has committed to reducing the two year figure to 1,400 patients by the end of March 2023.

Our actions to help us get there...

- Additional theatre capacity in partnership with NHS Tayside
- Additional theatre & ward capacity at Woodend Hospital through Independent Sector

Both of these are on track to commence in November though the commitment remains challenging. There are significant unknowns around next financial year which will impact on sustaining and reaching the two year standard.

Oversight and assurance:

Provided through progress reporting:

- Via Portfolio Executive Lead for Integrated Specialist Care Portfolio
- Scottish Government Access Support Team

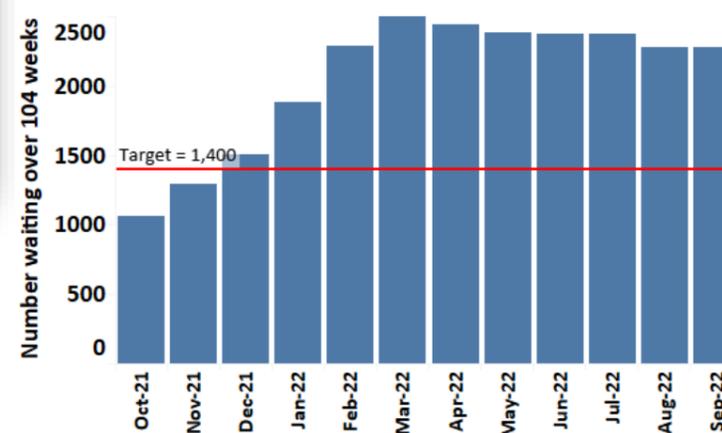
Commentary from

Paul Bachoo

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

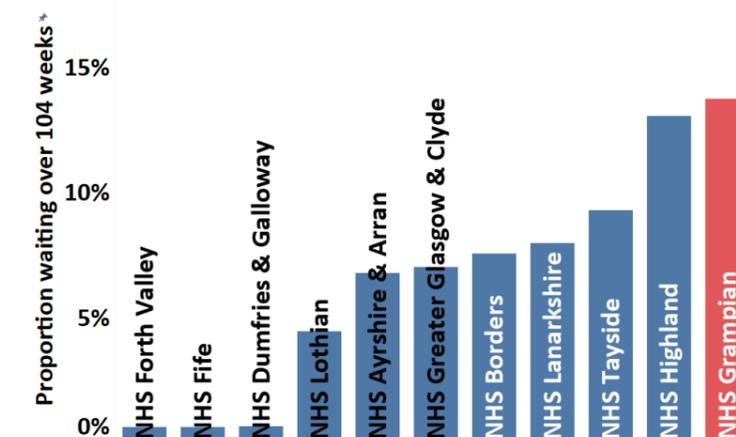


How are we performing against target?



How do we compare?

Of the mainland boards, Grampian had the highest proportion of patients waiting over 104 weeks at the June 2022 census date



Our key risks, challenges and impacts...

- Patient pain, distress, ability to work and relationship issues caused by long waits.
- Long waits for treatment drives overall primary healthcare consumption.
- Achieving the commitment assumes the current level of surgical activity continues through the winter period. Unscheduled care flow and winter pressures risks destabilising this.
- Independent Sector contract delivery failure though considered unlikely would be of significant impact.
- The financial outlook looks exceeding challenged and both planning scenarios currently presented to us in terms of Access Funding result in a significant overspend position. Implications will be worked on but this risks sustaining any improvement on this metric.

Our mitigations:

- Elective Surgical Categorisation System (ESCatS)
- Monitoring of waiting list deaths
- Emergency admissions from the waiting list trend analysis
- Public Health Waiting Well pilot
- The Fit for Surgery project
- Escalation route for deteriorating patients
- Engagement with the National Elective Coordination Unit (NECU) process for accessing capacity across Scotland
- Formalising changes to the Local Access Policy in terms of reasonable offers and Could Not Attend (CNA) and Did Not Attend (DNA) management

What have we learnt?

Our ESCatS 3 survey has given us good insight into the harms associated with long waits for surgery and are confident waiting times are not causing avoidable mortality

Our Performance Spotlights: Access



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

Objective: By 31st March 2023, we will reduce delays in accessing care

Key Deliverables:

- HSCPs will collectively achieve 50% less people waiting over 90 days for transfer of care based on March 2022 position (target =5)
- And the overall number of delays will be no greater than the March 2022 position (101)



Our story so far....

Aberdeen City and Moray had a lower number of delays at the end of Sept compared to their March position, meeting target. In Aberdeenshire, the end of September figure did not meet target, but a recent snapshot shows improvement; overall delays showed an improved picture.

Across all three Health & Social Care Partnerships (HSCPs), there is huge effort from all staff to achieve the target. However, increasing admissions and the continued increase in pressure across the system creates a real concern that meeting target will be very challenging.

There is variation across Scotland with regards to how HSCPs are recording care at home data and reporting, and this is a national focus.

Our key risks, challenges and impacts...

- Care not provided in most appropriate setting; the longer patients remain in the wrong setting, the worse their outcomes will be – appreciation to be paid to outcomes of patients who do not move to next stage of care in due time.
- Extended unnecessary hospitalisation increases risk of hospital acquired infections and deconditioning.
- Risks to staff not seeing normal flow of patients and become frustrated by delays.
- Staff already exhausted, exposed to additional workload to meet demand resulting in increasing levels of staff absence.
- Focus on delayed discharge has resulted in longer waiting times for new community referrals to Adult Social Work to be assessed and growing list of unmet need.
- Demand for community services is increasing and there is limited capacity in short term to meet the demands of both community referrals and increased hospital discharge.

*Commentary from
Pam Milliken*

**Chief Officer,
Aberdeenshire
Health & Social Care
Partnership**



What have we learnt?

Our Care at Home Workshop at the beginning of August led to the Social Care Sustainability work that is reported through Weekly System Decision Making Group (WSDMG)

Our mitigations:

- HSCPs cross-system work on key areas of social care sustainability
- Care at Home workshops in Moray to ensure operational engagement in system wide pressures and the deployment of available resource
- Following recommendation from the Chief Executive's Team, agree a set data dashboard for Weekly System Decision Making Group – showing trend and improvement trajectories based on agreed KPIs for each part of the system

Oversight and assurance:

- Established oversight arrangements in place in the HSCPs. For example, in Aberdeenshire there are established Clinical and Professional Oversight Groups for Care at Home, Care Homes and Very Sheltered Housing

Our actions to help us get there...

- HSCPs are collaborating on cross-system work on key areas of social care sustainability work, with the intended impact of releasing capacity for more care to be delivered, whilst still keeping people safe, at home. Each HSCP is leading on an area of focus in relation to Care at Home sustainability:
 - Discharge to Assess (D2A) – led by Moray
 - Risk Assessed Care (RAC) – led by Aberdeenshire
 - Technology Enabled Care (TEC) – led by Aberdeen City
- In Aberdeenshire, Chief Social Work Officer commissioned to convene a Social Care Sustainability Programme Board to oversee a programme of work to create self-improving and sustainable social care services through cultural, system and transformational change

Our Performance Spotlights: Access



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

Objective: By 31st March 2023, we will reduce delays in accessing care

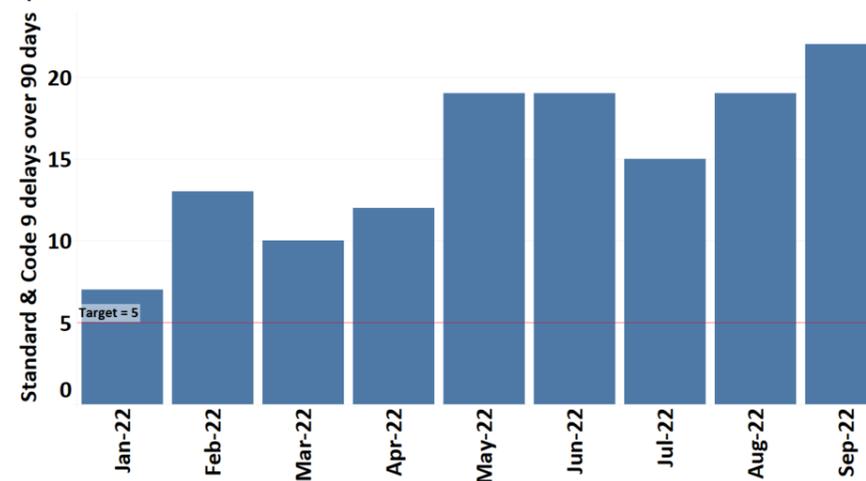


Key Deliverable: HSCPs will collectively achieve 50% less people waiting over 90 days for transfer of care based on March 2022 position (target =5)

Current
22

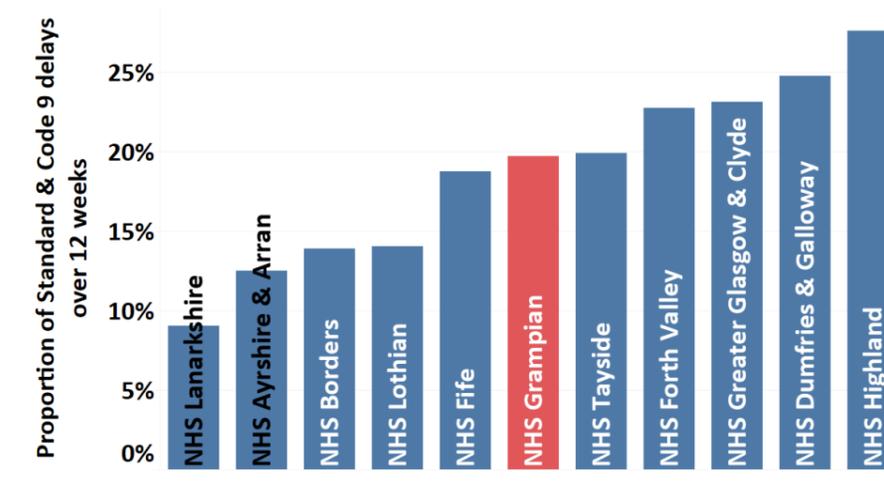
How are we performing against target?

We remain above the target, with the number of Standard and Code 9 delays waiting over 90 days increasing through quarter 2



How do we compare?

At the September census point, Grampian had the sixth highest proportion of Standard and Code 9 delays waiting over 12 weeks* within the mainland boards



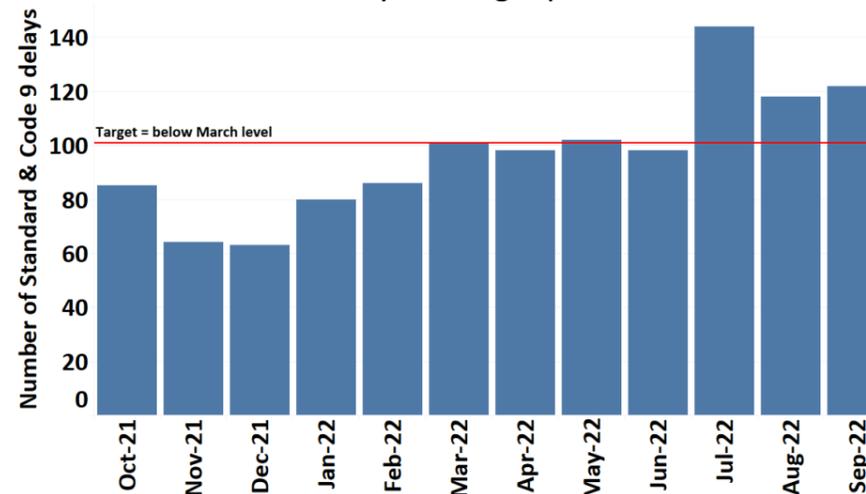
*long waits are measured nationally at 12 weeks (84 days) rather than 90 days

Key Deliverable: The overall number of delays to be no greater than March 22 position (101 delays)

Current
122

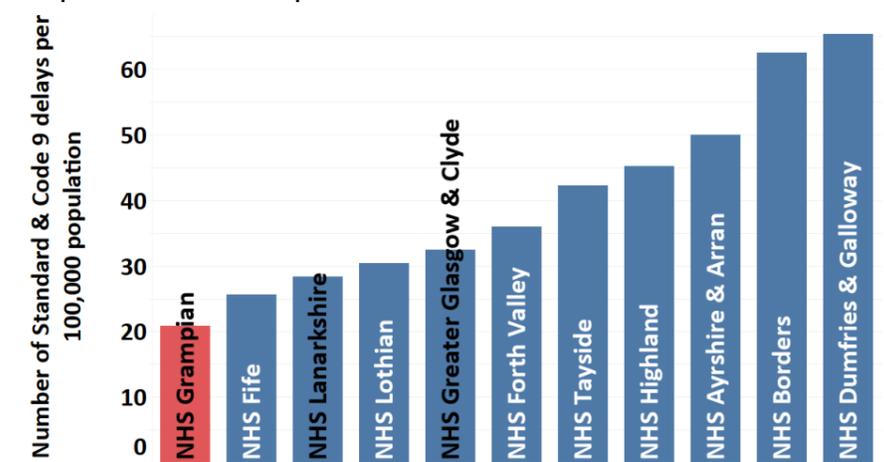
How are we performing against target?

We remain above the target, with higher overall numbers of Standard and Code 9 delays through quarter 2



How do we compare?

Of the mainland boards, Grampian had the lowest number of Standard and Code 9 delays per 100,000 population at the September census point



Our Performance Spotlights: Colleagues & Culture



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

Objective: By 31st March 2023, support colleagues to be safe & well at work

Key Deliverable: Increase international recruitment by 93 Registered Nurses (RN) & 7 Allied Health Professionals (AHP)

**Current
25 RNs**



Our story so far....

To build additional capacity and promote system resilience, in August 2022 the Scottish Government agreed to provide funding in 2022/23 to expand international recruitment at pace to reduce the vacancy gap and reliance on agency staff.

- Local Nursing & Midwifery (N&M) advert to be re-opened when infrastructure in place (anticipated Jan 2023)
- Target of 100 in employment/process will be met

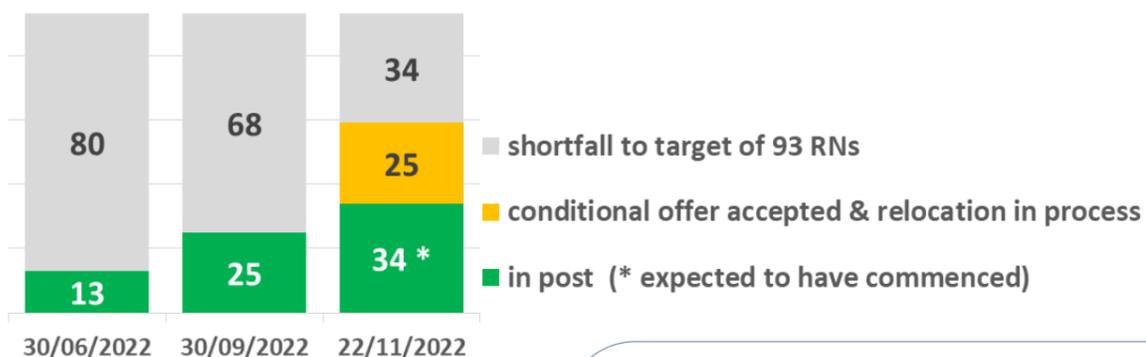
Our key risks, challenges and impacts...

- Vacancies remain unfilled
- Ongoing utilisation of agency staff (N&M)
- Appropriate nurse staffing levels not met
- Quality care not provided
- Scottish Government scrutiny
- Other NMAHP educational priorities may require to be paused to enable delivery of educational programmes
- Double running of staffing costs until international nurse on Nursing & Midwifery Council (NMC) register
- Out of hours pastoral support required at multiple stages of the process
- UK increasing cost of living concern
- Requirement for preceptorship and support within clinical areas – challenging given all other demands on clinical team
- External to NHSG, however increasing number of clinical skill stations as part of NMC OSCE (objective structured clinical examination) likely to increase requirement to return for resits
- N&M Practice Education team manage competing demands to deliver education programme

*Commentary from
June Brown
**Executive Nurse
Director***



How are we performing against target?



Our actions to help us get there...

- Appointment of: North of Scotland Recruitment Lead (1.0 wte) and recruitment team; Professional Lead (0.5 wte); Practice Educator (1.0 wte)
- Placement of new recruits within areas of highest agency utilisation and unfilled vacancies
- Progression of existing 25 candidates at pre-employment checks
- Collaborative working with NHS Scotland Academy and links with NMC
- Use of NHS Scotland Academy educational resources
- Engagement with others within NHSG for transition and adjusting to life in Grampian
- Test of change to progress candidates who have applied for specific posts but do not meet RN person specification (~30 candidates)
- Continue engagement with AHP Professional Leads

Oversight and assurance:

Provided through progress reporting to:

- Scottish Government
- Senior Nursing & Midwifery Group
- Head of People and Change
- other Workforce professions (AHP)

What we have learned:

- Local development of Welcome brochure evaluated well by candidates and external groups
- Local welcome and education programme along with welcome brochure and manager pack identified as robust and meeting requirement by Equality & Diversity Manager

Involving citizens and colleagues:

- Feedback from cohorts on welcome groceries pack
- Feedback from SCN/TLs
- Feedback & evaluation of Transition Study days
- Review of conditional offer pack
- Manager pack and welcome brochure peer reviewed
- Feedback from staff in same communities to support staff transitioning from overseas

Our Performance Spotlights: Colleagues & Culture



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

Objective: By 31st March 2023, support colleagues to be safe & well at work

Key Deliverable: Reduce supplementary staffing (target £18.1m)

Current £15.7m

Our story so far....

Reliance on medical and NMAHP (Nursing, Midwifery & Allied Health Practitioners) supplementary staff continues to be an enduring challenge that is relative to service demand (clinical pressure, acuity, additional beds) and workforce management and performance.

- There has been an increased use of supplementary staffing between quarter 1 and 2 of 2022, although mitigating actions have had a positive impact on maximising the use of the substantive workforce. Supplementary staffing for vacancies should be minimised as the Newly Qualified graduates take up post, integrating into the workforce over the next month.
- Increased clinical activity over winter is expected to increase the supplementary requirements as is increased bank recruitment to maximise bank utilisation.
- Without redefining service provision models and transformation of how and when services are delivered, the current levels of performance and delivery require supplementary staffing.

Commentary from
June Brown

Executive Nurse Director



Commentary from
Paul Bachoo

Executive lead, Integrated Specialist Care Services Portfolio



Our actions to help us get there...

- Continuous efforts made to reduce costs of supplementary staffing by Direct Engagement (DE) and setting ceilings to charges/hr introduced in the Acute sector by the medical leadership.
- A framework for conversation with the Clinical Lead through our management and leadership structure.
- Conversion of engrained supplementary use for unfunded posts to substantive positions
- NMAHP have progressed targeted workforce interventions through the NMAHP framework for delivering the Plan for the Future.

Oversight and assurance:

Provided through progress reporting:

- Nursing & Midwifery (N&M) Workforce Group

What have we learnt?

- In the short term savings are possible and in the medium to long term understanding and agreeing sustainable service models is essential to discussing workforce models & plans.
- Recruitment initiatives have been successful in maximising the use of supplementary staffing
 - Bank demands have increased, reflective of clinical pressure

Our key risks, challenges and impacts...

- Not meeting the supplementary demand for clinical requirement will have a greater impact than meeting reduction in utilisation.
- The drive to explore alternative workforce models
- Presents risks to the organisation through inferred employment rights
- Challenges financial balance due to the high costs
- Risk to quality of care delivered by colleagues with incomplete training and no need for personal development or QI work
- Limits overall service redesign and modelling
- Insufficient supplementary requirements for bank resulting in increased agency spend
- New priority workstreams will impact on performance in relation to agency use and spend
- Resource required to rapidly engage 500+ students who have applied to the bank

Our mitigations:

- Communication with junior grade doctors
- Communication with Clinical Leads
- Maximising supply lines for substantive and supplementary staffing.
- Implementation of realtime staffing resources
- International recruitment (RN supply lines)
- Health Care Support Worker (HCSW) Talent Pool (HCSW natural vacancy reduction programme)

Our Performance Spotlights: Colleagues & Culture



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

Objective: By 31st March 2023, support colleagues to be safe & well at work

Key Deliverable: Increase statutory training compliance to 90% for new starts and 70% for all other colleagues

Current
60% (other)



Our story so far....

In keeping with the Staff Governance Standard, NHS Grampian is committed to ensuring that all staff are appropriately trained for their role. This includes elements of statutory and mandatory learning that involves meeting standardised learning outcomes across nine core topics set by NHS Scotland. In addition, NHS Grampian requires that all staff attend Corporate Induction in person and complete e-learning on our organisational values.

- There have been improvements in the completion of the training modules during 2022, with levels returning to those seen prior to the pandemic
- We have introduced a requirement for new starts to attend and complete e-learning elements in person at Corporate Induction before they receive computer logins
- However, it is felt unlikely that the statutory and mandatory training targets will all be met by March 2023.

Our key risks, challenges and impacts...

- Time pressures for staff to complete training particularly among clinical staff in addition to their own specialist training suite.
- Willingness of departments to allow time to complete during work hours when already overextended
- Current functionality of Turas Learning Platform
- Improving the uptake of Prevention & Management of Violence & Aggression (PMVA) training after 2022 engagement with Health & Safety Executive (HSE).

Commentary from
Tom Power
Director of People & Culture



Our mitigations:

- Ongoing co-operation with NHS Education for Scotland (NES) to improve functionality of Turas Learning Platform
- Engagement with System Leadership cohort 2022
- Create Short Life Working Group (SLWG) to support culture change and content improvement

Our actions to help us get there...

6 initial remedial action were endorsed by the Chief Executive Team (CET) including:

- Proactive steps to ensure that sufficient time is allocated for staff, with management support provided to ensure full compliance with core requirements
- A Short Life Working Group (SLWG) to develop actions that will support the culture change and content improvement required to support proactive compliance

What have we learnt?

Engagement with the wider System Leadership cohort in June both raised awareness of the prominence being given to this issue by the Chief Executive Team and the Staff Governance Committee, and also brought a broad range of ideas forward for steps that could help to support sustained improvement, recognising the need for proactive engagement supported by user-friendly tools and resource

Experience of responding to the HSE Improvement Notices highlighted the importance of taking both a risk based approach to the prioritisation of learning, and also making it as easy as possible for individuals and their managers to understand the learning that applies to them.

Oversight and assurance:

Provided through progress reporting:

- Staff Governance Committee
- Sustainable Workforce Oversight Group

Our Performance Spotlights: Communities



Strategic Intent: Playing our role with partners for flourishing communities

Objective: By 31st March 2023, we will create the sustainable conditions for change

Key Deliverable: Community Engagement Approach is endorsed

Current on track



Our story so far....

NHS Grampian is committed to and passionate about being a 'listening' organisation and realises that ongoing engagement is key to achieving this, through developing new relationships and trust, supporting and enabling meaningful and ongoing conversations to take place.

To achieve this we will need to build on previous good engagement methods and develop new ways of connecting with the public, to make sure we hear from many different people and groups, with additional focus on hearing from the seldom heard and those with lived experience of using our services.

Our goal is for person and community centred ways of working to become more widely understood and valued as core to the health and care system, to become the culture of how things are done.

Our key risks, challenges and impacts...

- Limited resource and capacity to engage in a different way, e.g. going to people out with working hours requires additional resource.
- Risk of raising expectations in communities without ability to deliver, negative perceptions and lack of trust in working with public services.
- Lack of data and measurement of community empowerment to demonstrate impact.
- Ensuring engagement is representative of our communities including seldom heard voices
- Lack of specific training and capacity for staff to participate to enable us to make a shift in relation to community empowerment.
- Requires a shift in culture and power which will take resource and time.

Commentary from Susan Webb

Director of Public Health



What have we learnt?

Work is already happening with communities and across our partnerships, it is important to ensure we aren't duplicating work and rather building on existing good practice.

Our mitigations:

- A draft high level communication and engagement plan has been prepared; this will now be mapped against the Grampian Plan for the Future to identify priority actions for the next three years.
- work with the Kings Fund which will help inform the development of an engagement policy
 - opportunities to upskill a wider cohort of staff on the model.
 - 12 week test of change in Aberdeenshire community

Oversight and assurance:

Provided through:

- To be agreed through Population Health Committee
- Development of reporting that evaluates performance of engagement activities

Our Year 1 Draft Actions to help us get there...

- Create a Culture of Engagement and Empowerment
 - Establish clear understanding of current engagement activity and culture
 - Develop shared language & vision for engagement via agreed set of community engagement principles.
 - Grampian Engagement Network (GEN) to test principles of engagement utilising 'Engagement Charter' agree purpose and vision and how we measure impact.
 - Scope out possibilities for developing 'Community of Practice' and 'Engagement Champions' utilising National Standards for Community Engagement.
 - Support staff via signposting to tools, training programmes, peer support, sharing best practice and resources available nationally and locally to support engagement.
 - Work with academic partners to understand and share evidence and good practice to what works.
- Connections & Joint Working Opportunities
 - Maximise existing networks and create central channels to share outputs of engagement, test use of LIST function.
 - Test different ways of working including; Kings Fund work in New Pitsligo.
 - Audit and evaluate processes for capturing feedback and explore options for how we ensure they are used to inform delivery of services – test in one area.
 - Pilot use of Trickle to help staff inform improvements to services.
 - Population mental health work across Grampian to test out community empowerment approaches.

Our Performance Spotlights: Communities



Strategic Intent: Playing our role with partners for flourishing communities

Objective: By 31st March 2023, we will create the sustainable conditions for change

Key Deliverable: Agree plan for Model 6

Current on track



Our story so far....

NHS Grampian is asked to submit a plan for the agreed 'Model 6', as set out in the external review of 2021 as part of enabling the delivery of consultant led maternity services at Dr Gray's Hospital. This follows the already completed deliverable of submitting a plan for 'Model 4' as part of the same overall ambition.

- A clear timeline is set out for the drafting, approval and submission of the Model 6 plan, including joint working with NHS Highland, with timelines and milestones for PAFIC
- The plan will be submitted to Scottish Government on 15 December 2022

Our key risks, challenges and impacts...

- Joint working with external partners is required to agree and finalise a plan for the delivery of Model 6, therefore success is not solely within the scope of this organisation.
- Financial impacts of planning, project managing and delivery.
- Recruitment and retention are noted as a significant challenge for the north of Scotland, across all disciplines.

Commentary from Jenny McNicol

Acute Director of Nursing and Midwifery



Our mitigations:

- Joint weekly planning meetings, monthly Joint Board meetings and close working between clinical and planning colleagues across Boards.
- Financial impacts outlined in a draft Financial Plan.
- Enhanced public engagement & communication, with dedicated resource, and additional input from Corporate Communications.

Our actions to help us get there...

- Twice weekly operational team meetings
- Weekly NHSG/NHSH planning meetings
- Fortnightly Chief Executive Updates
- Monthly Joint Board meetings

How are our colleagues & citizens involved?

- public engagement sessions with local community
 - website feedback
 - social media monitoring
- engagement with local stakeholders groups

What have we learnt?

The future and sustainability of local services is dependent on joint working and on the development of joint roles working across traditional boundaries. Networked models are needed to ensure sustainable professional roles and services as outlined in the Ralph Roberts External Review of Moray Maternity Services 2021.

Oversight and assurance:

Provided through progress reporting:

- Chief Executive and Deputy Chief Executive
- Executive Leadership
- Joint Board
- Executive Collaborative Oversight Group