



Board Meeting
01.06.23
Open Session
Item 6

How are we doing?

Board Annual Delivery Plan Performance Report
June 2023



Content

Reading Guide

Page 3

Our Board Performance Summary

- Executive Summary
- Voice of our Colleagues
- Voice of our Citizens

Page 5

Our “At a Glance” Performance Scorecard

- Strategic Intent (current focus to March 2023)
 - Pathways > Access
 - Pathways > Whole System Working
 - People > Colleagues & Culture
 - Places > Environment
 - Places > Communities

Page 10

Performance Spotlights

Page 14

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.

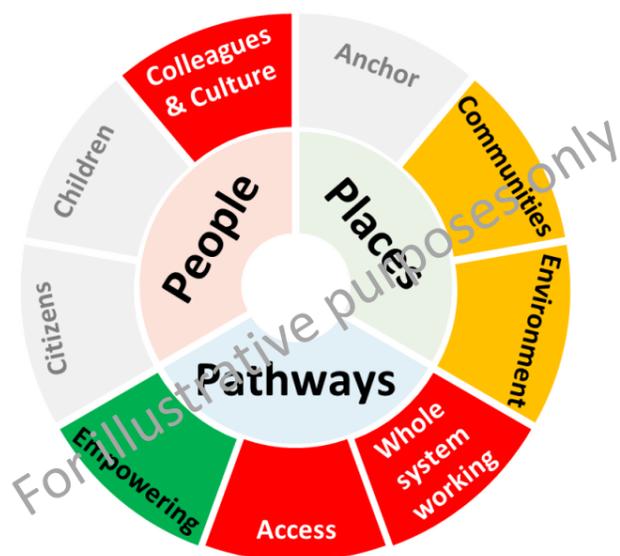
The report highlights key areas of achievement or concern, with a narrative from the executive lead to provide a wider perspective.

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.

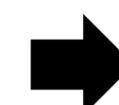
Reading Guide

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:

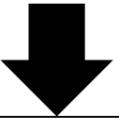
Each category of our strategic intent within the Performance Wheel is given an overall RAG rating. These are based on the ratings of the Key Deliverables within each category highlighted in the “At a Glance” Performance Scorecards.

Assessment Rating	Criteria
Red	2 or more Red Key Deliverables
Amber	Maximum of 1 Red or 2+ Ambers
Green	Maximum of 1 Amber and 0 Reds

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

As is widely reported, the health and care system in Grampian, and across Scotland, remains under considerable, enduring pressure. This is despite huge effort from our colleagues and partners, who continue to provide high quality care to patients. All of our colleagues are mindful of the impact that waiting times for emergency or elective care have on patients and their families and are striving to improve performance, while ensuring that critical protected services continue to be delivered. I am proud to once again put on record my thanks and admiration to colleagues across the health and care system for everything they achieving in very testing circumstances.



I wish to highlight in particular that NHS Grampian's performance in Pathways: Access is not where we would wish it to be, and there are performance improvement plans for both Planned and Unscheduled Care in order to address the enduring challenges. These improvement plans require investment in people and resource in order to create the sustainable conditions for change.

In this report, we feature six spotlights on the key deliverables showing adverse performance (62 day cancer targets, 2-year waiting targets, people waiting over 90 days for transfer of care, supplementary staffing, wellbeing of our colleagues, statutory training); three with improved or favourable performance (children and young people's referral to mental health services, vaccination uptake, international recruitment); and one with no change in performance (emergency department 12 hour waits).

The financial position inevitably has an impact on some of the actions and the associated timeframes, however teams are seeking solutions through cross-system working.

We continue to listen to our colleagues and build a collaborative culture and as an example in this report, we introduce the Trickle App pilot, an ideas and suggestions digital platform, to enable the voice of our colleagues in real-time. System leadership continues to be a key focus in how we integrate together as a whole system to deliver health and care services, aspects of this programme are highlighted for this quarter.

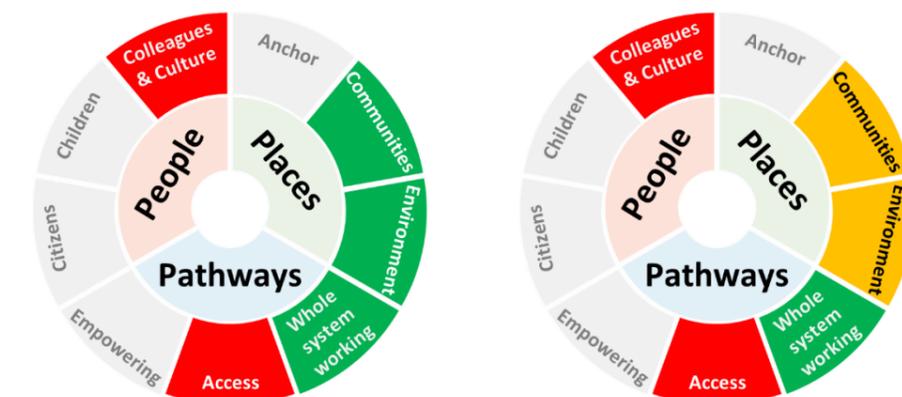
We are grateful that our citizens take the time to share their experiences of our services through Care Opinion; their acknowledgement of good practice and constructive comments are a valuable source of feedback.

Caroline Hiscox, Chief Executive NHS Grampian

Quarter 4: January – March 2023



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



Quarter 3

October – December 2022

Quarter 2

July – September 2022

Our Board Performance Summary

Voice of our Colleagues via Systems Leadership

Our story so far....

Prior to the pandemic, NHS Grampian committed to developing the systems thinking capability of our leaders, reflecting the complexity of the organisation, our health and care system, and the context we are working in. Through work with the King's Fund, a healthcare charity with recognised leading experts in the field, this ethos has underpinned much of our response to the pandemic after the first wave.

It is also reflected in the further development during 2022/23 of the Portfolios established in 2021 as a means of breaking down some of the traditional physical boundaries that exist between parts of our health and care system. Portfolios are represented in our daily system connect, weekly system decision making, and monthly wider system engagement events are spaces in which colleagues from across the system have an opportunity to share their views and contribute to collective decision making.

As the Portfolios have been implemented, we have looked at how we can ensure system leadership insights and expertise can be spread more widely. This has been considered at recent events with system leadership alumni and others on how the system is changing and exploring possible future scenarios for our health and care system. From these events and discussions with the wider system leadership cohort during winter 2022/23 it is clear that we need to continue the work of developing distributed systems leadership to empower colleagues at all levels of the organisation. And we need to increase our focus on colleague engagement in support of the change required to achieve our strategic intent.

Our actions to help us get there....

- We completed training by the King's Fund of two further cohorts of the system leadership development programme commenced in 2018, taking total alumni population to over 240
- 50 systems leadership programme alumni participated in a re-connect event with the King's Fund in March to consider how the Grampian system is changing, and what priorities this presents for further action.
- A scenario planning workshop was also held in March that enabled colleagues from across the system to consider the possible ways in which an aspiration of developing more distributed leadership could evolve.
- We have used the outputs of these workshops to commission an event for members of the Chief Executive Team and direct reports to work together on further implementing the Portfolios as our organisational model.
- A series of linked discussions were held with the wider system leadership cohort during January and February 2023 that have helped inform our engaged colleagues and citizens priority for the coming three years.
- These discussions also led to the formation during February of a Welfare Cell to attend to more immediate needs. The Cell coordinated 12 x brew and blether sessions with senior leaders attended by over 250 staff during February and March.

What next?

A 2-day event for the Chief Executive Team and their direct reports with a key role to play in collectively leading the changes required for delivery of NHS Grampian's Eighth Decade strategic intent. To be held in mid-May, this event aims to:

- Improve collective and shared understanding of the strategic intent, Plan for the Future, and how the Portfolios construct for system leadership is expected to support its delivery.
- Identify how clinical professional and other specialist leadership contributions are factored in to this approach, and explore the kind of relational systems leadership this requires.
- Agree how this cohort can facilitate more distributed system leadership approaches and enhanced engagement of colleagues at all levels and citizens in support of system transformation.

Our Board Performance Summary

Voice of our Colleagues via Trickle



Our story so far....

As part of wider work underway to enhance the culture within the organisation and improve staff experience and welfare, a need to support, strengthen and empower employee voice, and through this, improve staff experience, was identified. To fill this gap, a Test of Change (ToC) was initiated to evaluate the potential of the Trickle app as a tool for engagement and change, across a small pilot population of NHSG staff (478 users at close of ToC). To facilitate this, the System Connect Hub working group was established, alongside a Trickle Champion Network, to support and take ownership of the opportunities raised.

The aims of this ToC were to provide:

- A “safe” environment to allow staff to raise issues, concerns and ideas.
- A shortcut to process these opportunities bypassing traditional channels, by reaching the “horse’s mouth” and responding to the original instigator.
- Visible accountability of management in addressing these opportunities, enabling better communication and understanding.
- A pathway to help prioritise and focus work streams by identifying which areas are most important to our frontline staff.
- Assessment to embed across organisation as part of wider cultural change

Oversight and assurance:

Provided through progress reporting:

- System Connect Hub
- Whole system Decision Making Group

What next?

- It is proposed that the impact of Trickle is fully assessed to establish what further role if any it should take in the continuing change in culture, with use of the app paused over summer, as value and potential funding is reviewed.

Our mitigations:

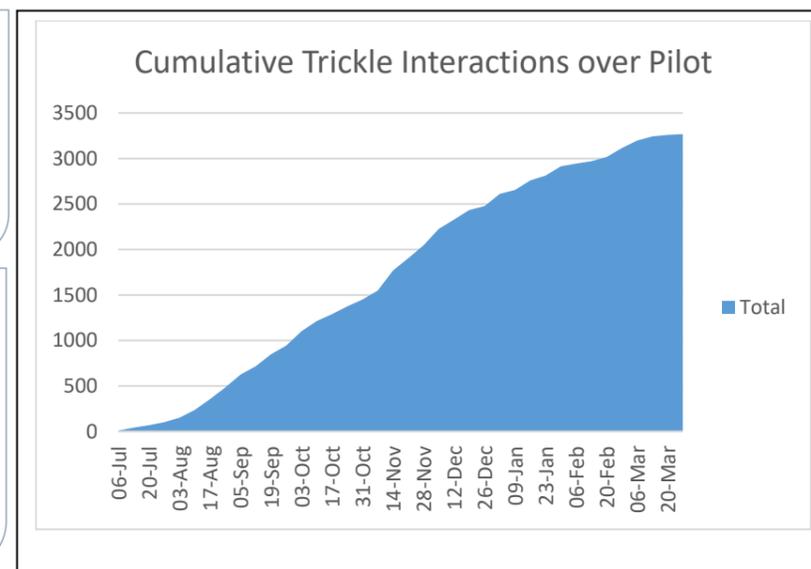
- Weekly Trickle Champions Forum meetings
- Bi-weekly System Connect Hub Steering Group meetings
- Intranet page banner
- Trickle email footers and Teams backgrounds for Champions

Our impacts...

- A total of 73 Trickles raised by staff during ToC, with a total of 3,314 total interactions. 9 Trickles remain open, 43 closed by community vote as complete
- Numerous opportunities to signpost and share resources and information around key bodies of work that staff may not have been aware of, in relation to their queries
- Removal of a H&S risk as a direct result of a Trickle raised by a staff member
- Live barometer of issues important to staff (car parking, NHS vacancy portal, digital payslips, weekly bank payments etc)

Our key risks, and challenges...

- Failure to commit to engagement can have opposite effect and frustrate staff
- Extreme systems pressures focussing priorities elsewhere
- Engagement of staff at all levels required to drive value
- Awareness of app and intent required to drive utility and engagement, and avoid missed opportunities to utilise app’s potential
- Funding availability



What have we learnt?

- Definite potential for utility moving forward, with some initially promising threads
- Could be a valuable tool for culture change as part of larger integrated system
- Any such cultural change relies heavily on buy-in and support from senior management to embed as part of day-to-day activity
- Sample population, chosen due to assessment of resource availability, may have benefited from a larger pool
- Does not exist in a vacuum, so difficult to directly attribute successful influence in a wider context
- Clearer understanding of intent of use would be beneficial to improve focus of contributions
- Extreme systems pressures meant staff priorities focussed elsewhere

Our Board Performance Summary

Voice of our Citizens via Care Opinion

134 stories in Q4

96% of stories have a response

2 stories have changes planned

1 story has had changes made

Care Opinion stories Quarter 4 2023/24

The 134 stories submitted to Care Opinion in the period January-March 2023 represent a 1% decrease from the previous quarter, but a 23% increase in comparison to the same period in the previous year.

- The proportion of 'not critical' (or 'positive') stories has decreased by 1 percentage point to 71% in quarter 4.
- The proportion of 'moderately critical' stories has increased from 10% in quarter 3 to 11% in quarter 4.
- For the first time since quarter 1, stories were rated as 'strongly critical', with 5 in the period.
- Responsiveness continues at a very high level.

Contributing to change

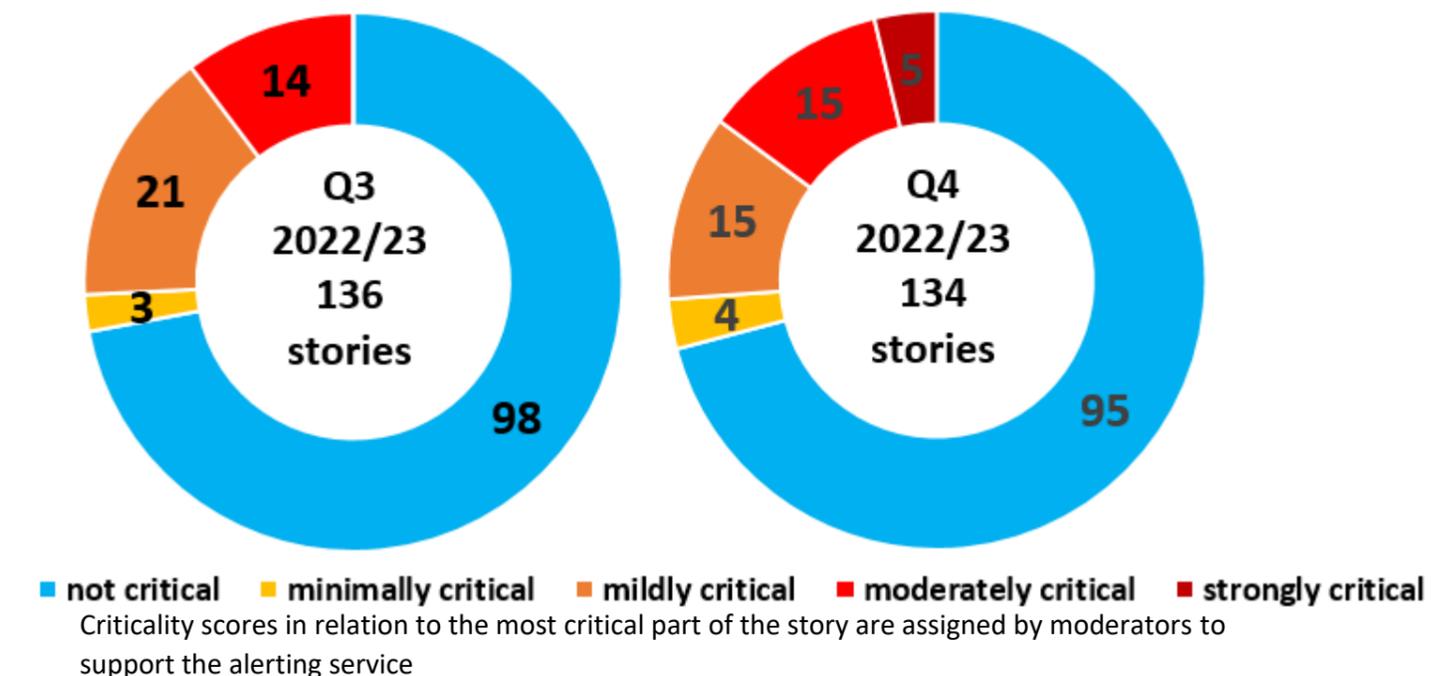
Sharing their experiences through Care Opinion stories allows citizens to acknowledge good practice as well as contributing to change.

- For the January-March period, 3 of these stories' responses show a change has been planned or made (see next page for further detail), the same level as the previous quarter.

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.

Ongoing actions to improve recording of changes on Care Opinion:

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

Our Board Performance Summary

Voice of our Citizens via Care Opinion

Change made/planned

Mum's admission for Cardiac Treatment

My mum was transferred to the ARI in January from Dr Gray's in Elgin following a heart attack as the treatment she required, an angiogram and 2 stents fitted, could not be carried out at Dr Gray's. The ambulance staff who transported her from Elgin were 2 lovely ladies who were very reassuring as my mum was very nervous about going to ARI for treatment. The staff at the ARI were brilliant, even though it appeared they were extremely over worked and over stretched, and her care from the staff on the cardiac ward could not be faulted for the 3 days she was admitted. However, on the day she was due to be discharged she spent all afternoon and most of the evening waiting for new meds to arrive on the ward from the pharmacy...

www.careopinion.org.uk



No formalised changes yet but work around it is progressing. Support from Pharmacy and medical colleagues important to ensure that the process is clear around discharge planning and prescriptions.

Poor organisation on the ward

Although the actual care received when needed on the day has been great on Rubislaw ward, and the staff nice, the general level of unorganisation on the ward is not acceptable. Multiple times I have not had information recorded, not been told about appointments, have not been called back when I was told I would be or followed up. I even cancelled a scan (following advice) and was called and asked why I didn't attend...

www.careopinion.org.uk



We are in the process of updating/refreshing our guidelines for Rubislaw and are in conversation with senior management with regards to safe staffing and telephone triage i.e who answers the phones, telephone sheets etc. We have just added 2 new members of staff to add to our workforce and are out to advert for over 1 WTE Healthcare Support Worker which will aid with organisation of the ward

Hotel and travel expenses could have been avoided

Around the end of December, I was called by the Grampian Waiting List Clinic confirming I was on the waiting list for cataract surgery. I confirmed that I was waiting and the member of staff proceeded to tell me my options regarding where I might be seen. They offered me Aberdeen or Glasgow waiting lists. I asked how the assessment process went and they explained I would be invited for an assessment, go home, then back another day for surgery. I then said I was not willing to travel to Glasgow on 2 separate occasions...

www.careopinion.org.uk



Story was discussed with the team and they are all now aware of the information that needs to be shared with patients who have to travel to Golden Jubilee for treatment.

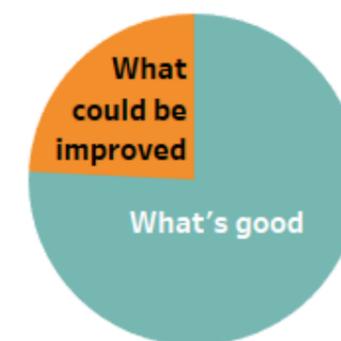
Themes from Feedback

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.

Feedback is predominantly positive, with "staff", "friendly" and "care" trending as the most frequently used positive tags.

However there are some areas where our citizen's stories suggest that improvement can be made: during the first three quarters of 2022/23, "communication" was the most frequently tagged area for improvement; in quarter 4 2022/23 this was second to "waiting times".

Tag categorisation 2022-23
based on 512 stories submitted



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 Mar 23 where available)	Benchmarking (of 11 mainland Boards: ranked 1 st = best performing)	Notes
No citizens waiting over 12 hours in our Emergency Department	98.3%	100%	Q3 to Dec-22	96.5%	Q4 to Mar-23	96.5% =		5 th (quarter end Mar 23)	Spotlight on pages 14-15 Performance measured as % of citizens seen within 12 hours
90% of citizens will receive first cancer treatment within 31 days of decision to treat	94.22%	90%	Q3 to Dec-22	96.82%	Q4 to Mar-23	95.25% ↓		4 th (quarter end Dec 22)	
85% of citizens will receive first treatment within 62 days of urgent suspected cancer referral	75.24%	85%	Q3 to Dec-22	68.53%	Q4 to Mar-23	65.04% ↓		10 th (quarter end Dec 22)	Spotlight on page 16
No citizen will wait longer than 2 years for a planned outpatient appointment	98.6%	100%	Dec-22	98.8%	Mar-23	99.4% ↑		11 th (Dec 22 census point)	Performance measured as % of citizens waiting longer than 2 years
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	Dec-22	2,155	Mar-23	1,841 ↑		11 th (Dec 22 census point)	Spotlight on page 17
The overall number of delays to be no greater than March 22 position	98	101	Dec-22	113	Mar-23	72 ↑		1 st (Mar 23 census point; delays per 100k popn)	Spotlight on pages 18-19
HSCPs will collectively achieve 50% less people waiting over 90 days for transfer of care based on March 2022	19	5	Dec-22	29	Mar-23	21 ↑		7 th (Mar 23 census point; proportion waiting over 12 weeks)	(Grampian has the lowest number of delays per 100,000 population of the mainland boards)
90% of children & young people referred to Mental Health Services will be seen within 18 weeks of referral	94.2%	90%	Q3 to Dec-22	97.0%	Q4 to Mar-23	99.6% ↑		2 nd (quarter end Dec 22)	Spotlight on page 20
No adult will wait over 12 months for Psychological Therapies	-	100%	Q3 to Dec-22	99.21%	Q4 to Mar-23	99.6% ↑		4 th (quarter end Dec 22)	Change in measure from Q2 (patients seen) to Q3 (patients waiting): 6 month trend available

Key Deliverable	Baseline (Q1 to 30/06/22)	Target	Previous reporting period		Current reporting period		Trend (12 months to Mar 23 where available)	Benchmarking (of 11 mainland Boards: ranked 1 st = best performing)	Notes
Vaccination uptake will be comparable with the national average	-	to be delivered	Q3 to Dec-22	On Track	Mar-23	On Track =	-	-	Spotlight on page 21
Minimise reduction in dental access	83.3%	98.6%	Q3 to Dec-22	87.0%	Q4 to Mar-23	No Q4 data	-	-	Performance measures monetary value of current treatment claims with a pre-pandemic baseline (note: fees for items were increased in the interval between the two periods and include some additional support payments to dentists)
Implementation of Medication Assisted Treatment standards 1-5 for substance use	Metric under development for next quarter								
Improved access metrics against PCIP plans	Metric under development for next quarter								

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	Target	Previous reporting period		Current reporting period		Notes
For children & young people's Mental Health Services we will have a system wide picture of current work and gaps	to be delivered	Q3 to Dec-22	On track	Q4 to Mar-23	In progress ↓	
Promote & support approaches to self-management to help people to live well, particularly in relation to waiting for access to health & social care	Metric under development for next quarter					

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		Trend (4 quarters to Mar 23 where available)	Notes	
			Q3 to Dec-22		Q4 to Mar-23				
70% of colleagues will feel their wellbeing is actively supported at work	45%	70%	Q3 to Dec-22	-	Q4 to Mar-23	49.3%	↓	-	Spotlight on page 22
Increase international recruitment by 93 Registered Nurses (RN) & 7 Allied Health Professionals (AHP)	13 RNs	93 RNs & 7 AHPs	Q3 to Dec-22	35 RNs & 1 AHP	Q4 to Mar-23	95 RNs	↑		Spotlight on page 23
Time to hire will be reduced below the 116 day national KPI	100.3	<116	Q3 to Dec-22	115.2	Q4 to Mar-23	99	↑		
Colleagues will be retained	97.0%	90%	Q3 to Dec-22	92%	Q4 to Mar-23	91.9%	↓		
The use of supplementary staffing will be reduced	£7.8m	£18.1m	Year to Dec-22	£24.1m	Year to Mar-23	£32.7m	↓		Spotlight on page 24
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	Q3 to Dec-22	62% new 59% other	Q4 to Mar-23	62% new 60% other	↑		
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	Q3 to Dec-22	78% new 62% other	Q4 to Mar-23	75% new 60% other	↓		Spotlight on page 25
Return to pre-pandemic activity levels for research		to be delivered	Q3 to Dec-22	On track	Q4 to Mar-23	On track	=	-	
Return to pre-pandemic activity levels for education and continued professional development (CPD)		to be delivered	Q3 to Dec-22	Minor delays	Q4 to Mar-23	Minor delays	=	-	
Feedback will show positive impact of actions in respect of BPA Survey Phase 1	Metric Under development via Cultural Matters Programme Board								

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



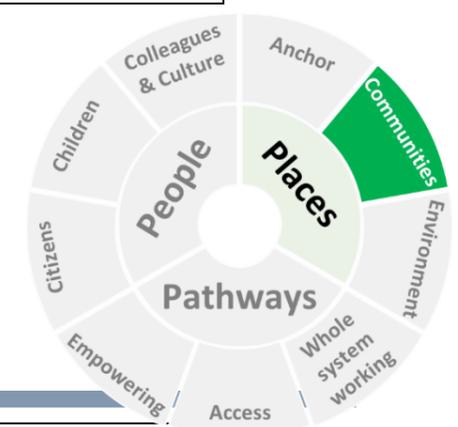
Key Deliverable	Target	Previous reporting period		Current reporting period		Notes
Agreed & commenced implementation of our plans to reduce our carbon footprint	to be delivered	Q3 to Dec-22	Minor delays	Q4 to Mar-23	Minor delays =	
Initiated & tested processes for integrated service, financial & workforce planning to enable sustainable models of care & our infrastructure plans	Target for completion revised to Jun 23	Q3 to Dec-22	On track	Q4 to Mar-23	Minor delays ↓	
Agreed 5-year Infrastructure Investment Plan	to be delivered	Q3 to Dec-22	On track	Q4 to Mar-23	On track =	
Develop long term 12-20-year Infrastructure Strategy	Target for completion revised to Mar 24	Q3 to Dec-22	On track	Q4 to Mar-23	On track =	

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	Target	Previous reporting period		Current reporting period		Notes
Community engagement approach is endorsed	to be delivered	Q3 to Dec-22	On track	Q4 to Mar-23	On track =	
Agree plan for Model 6	Completed	Q3 to Dec-22	On track	Q4 to Mar-23	Complete ↑	
The strategic plan for Dr Gray's Hospital will be signed off by the NHS Grampian Board at their February 2023 meeting	Target for completion revised to Apr 23	Q3 to Dec-22	On track	Q4 to Mar-23	On track =	
Agreed priority actions & monitor referrals & update of financial support	Target for completion revised to Jun 23	Q3 to Dec-22	On track	Q4 to Mar-23	On track =	
Demonstrate whole system pathway redesign and implementation through the Portfolio Executive Leads Programme Boards	to be delivered	Q3 to Dec-22	Minor delays	Q4 to Mar-23	Minor delays =	
Reduced travel & improved experience for pregnant women	Metric under development					

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: No citizens waiting over 12 hours in our Emergency Department (measured as % of citizens seen within 12 hours)

Q4 to Mar 23 position: 96.5%



Our story so far....

- June 2022: Launch of Urgent & Unscheduled Care Collaborative (USC)
- Sept 2022: Redesign of Urgent Care Pathways
- Oct 2022: Expansion of Cardiac Catheter Labs
- Mar 2023: Rapid Access Ambulatory Care
Hospital@Home – Aberdeen City
Flow Navigation Centre (FNC) “Call Before You Convey”
Discharge Without Delay

The majority of improvement areas met or over-performed on improvement trajectories:

- Rapid Assessment & Care (RAAC) are now averaging 115 appointments per week with an increase of 92%
- Catheter Lab expansion saved over 1000 bed days
- there have been over 2000 calls to the FNC, 70% of patients redirected from the Emergency Department (ED) and 40% of FNC Calls handled by Scottish Ambulance Service clinicians

Commentary from Sandra MacLeod

Executive lead, Medicine & Unscheduled Care Portfolio



Our actions to help us get there...

- Improvements to the Cardiac Catheter Lab to help with reduction of boarders
- Development of a sustainable plan for Call Before You Convey, sustainable mode for Urgent Care Practitioners and Funded Nursing Care (FNC)
- Refine and expand referral pathways for FNC
- Scale up of Hospital@Home/Home First, providing enhanced community support
- Reviewing ED processes to reduce time from triage to first assessment
- Reviewing ED footprint to ensure appropriate space available for each function
- Expanding capacity of Ambulatory Care as an alternative to admission in Acute Medicine
- Encouraging Hospital@Home as a direct route from ED
- Introduction of professional standards to promote system working and patient centred flow across the site
- Review of workforce planning in ED
- Review of workforce planning in Acute Medicine
- Review of impact of increasing paediatric demand and effect on wider sustainability
- Increase access to Trak-Care Electronic Patient Record system
- Improve utilisation of Discharge Lounge to improve bed flow

Our key risks, challenges and impacts...

Risks:

- not meeting improvement trajectories due to external factors
- lack of capacity within the system to support improvement activity

Challenges:

- Recruitment of appropriate workforce
- lack of service/staff provision out of hours/extended hour coverage
- physical infrastructure
- financial constraints
- change in Scottish Government Priorities/Areas of Focus

Impact:

- acuity levels of citizens presenting to ED
- pressures and constraints across other parts of the systems and partnership services

How are we managing risk?

- Each work stream will have an identified Programme Manager, Senior Responsible Officer and Operational Lead
- Each work stream to maintain an active Risk Log and ensure escalations are raised at the USC Programme Board
- USC Programme Board to maintain an active risk log

What's next?

April 2023 - Focus on consolidating, enhancing and extending 2022/23 improvement

March 2024 - work streams. The USC Improvement Plan (see infographic below) should not be considered in isolation as actions and initiatives from individual portfolios and wider system plans impact on and contribute to key performance indicators.



Summary of USC Improvement Programme plan 2023/24

Oversight and assurance:

Provided through progress reporting:

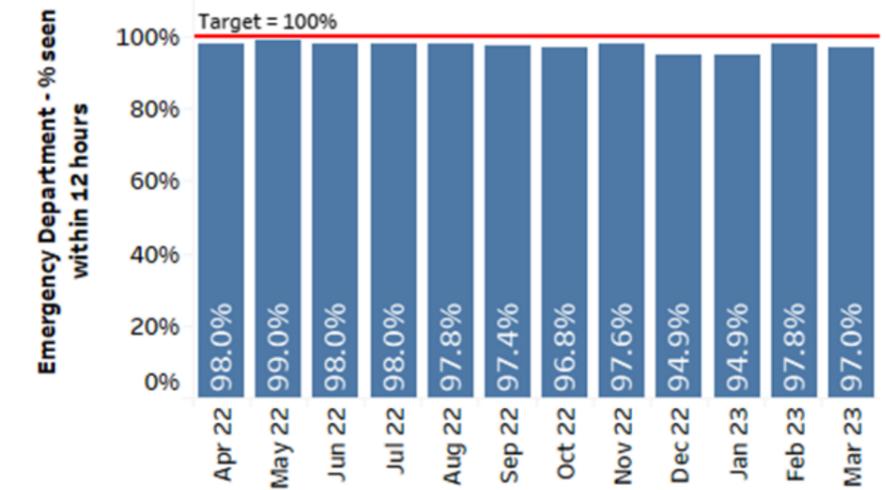
- USC Improvement Programme Board with cross system representation meets on a fortnightly basis.
- Live USC Action Plan for review and completion by Programme Managers/Operational Leads on weekly basis
- Summary Action Plan and Performance Dashboard (under development) issued to key groups and committees both nationally and locally

What have we learnt?

- The use of data and engagement with staff to identify areas of priority
- The need to communicate and share our successes, challenges and progress across the system and with our partners across Health and Social Care
- To work collaboratively with other portfolios and initiatives to avoid duplication and maximise the use our resources, staff and learning i.e. Bed Base Review, Moray Redesign of Urgent Care etc.

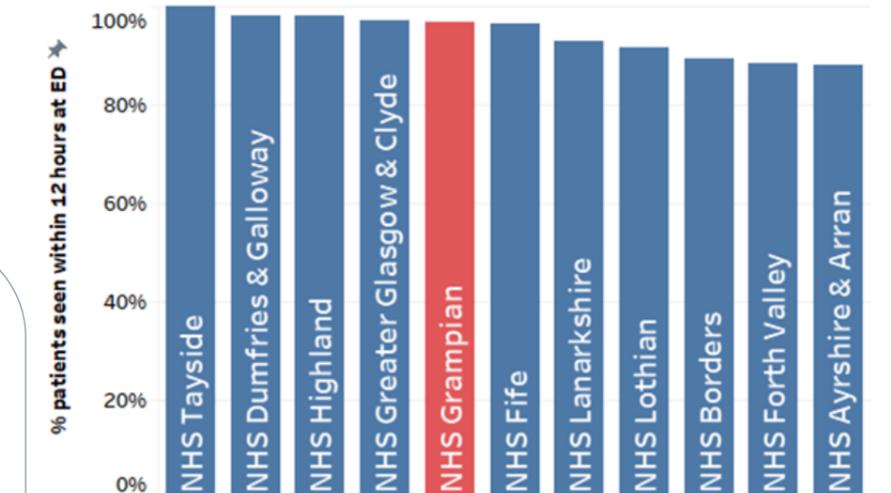
How are we performing against target?

We remain below the target. Monthly performance fell in December 2022 and January 2023 but has since improved.



How do we compare?

For the quarter ending March 2023, Grampian had the fifth highest percentage of patients seen within 12 hours in ED, of all mainland boards. Only one mainland board had zero patients waiting over 12 hours in ED in the quarter.



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

Q4 to Mar 23 position: 65.04



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 backlog patients, this will result in a negative impact to the cancer performance and in turn the projected target of 85% by March 23 was not 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
- Maintaining pathology times due to staff absence and increase in activity
- Theatre capacity does not meet demand across a number of areas, combined with access to pre-operative assessment and post-operative beds

Oversight and assurance:

Provided through progress reporting:

- North Cancer Alliance
- Scottish Government

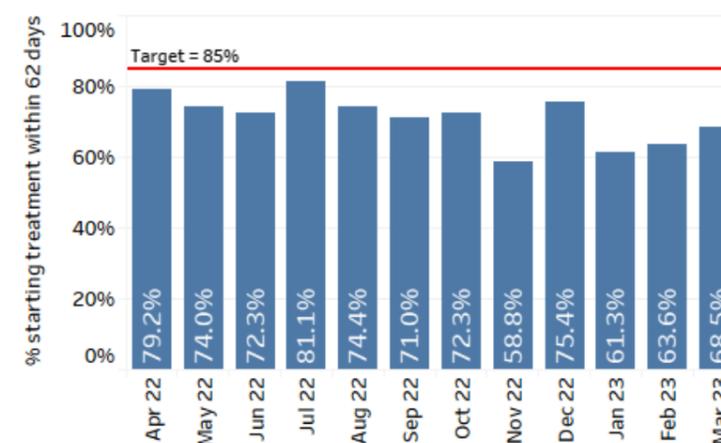
Commentary from Paul Bachoo

Executive lead, Integrated Specialist Care Services Portfolio



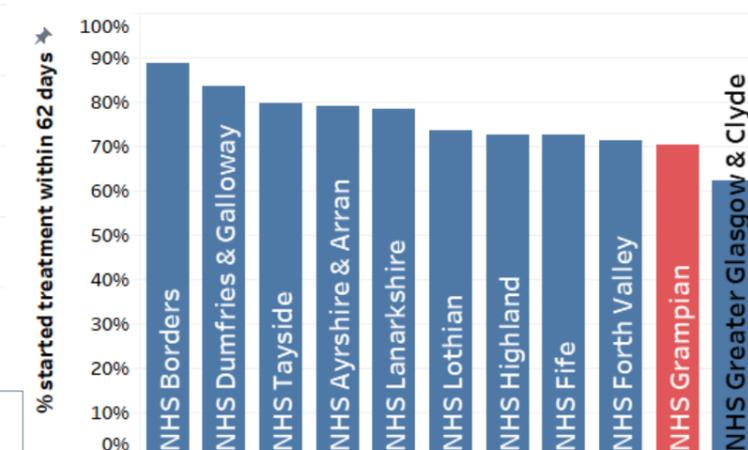
How are we performing against target?

We remain below the target. Monthly performance fell December 2022 to January 2023, but has steadily increased through February and March.



How do we compare?

For the quarter ending December 2022, Grampian had the second 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 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.
- Additional staff resource efficiency in Pathology through "acting up"
- Use of Golden Jubilee Hospital for Colorectal surgery
- Additional funding for Urology, Lung & Gynaecology
- Plans to re-purpose Urology Diagnostic Hub in ward
- Planned Chest X-ray Artificial Intelligence diagnostic project from Feb 2023 to reduce waiting times in Lung pathway

How are we managing risk?

- Weekly Clinical Prioritisation Group with focus on cancer waiting lists as a key priority.
- Review of 1 year and 3 year mortality rates suggests no link to 62 day treatment turnaround
- To date over 6,000 breach analysis reports complete with no reports of patient harm

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

Mar 23 position: 1,841



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.

While the figure is improving, the target was not met at the end of March.

Our actions to help us get there...

- Additional theatre capacity in partnership with NHS Tayside
- Slippage funding has supported additional activity within Q4
- Access Policy change supports offers anywhere within Scotland with existing & planned capacity for TTG patients.
- Additional theatre & ward capacity at Woodend Hospital through Independent Sector

Oversight and assurance:

Provided through progress reporting:

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

Commentary from

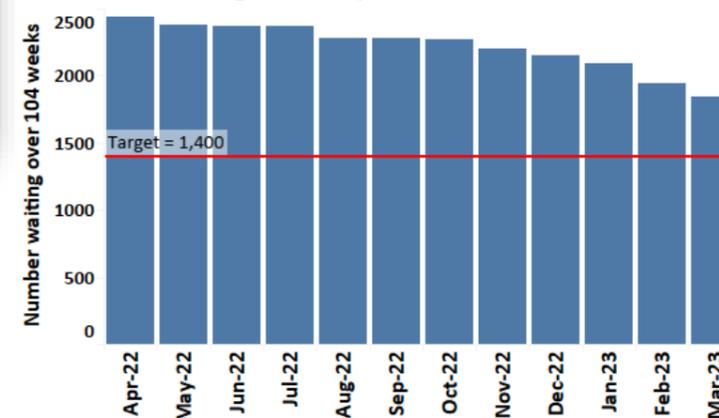
Paul Bachoo

Executive lead, Integrated Specialist Care Services Portfolio



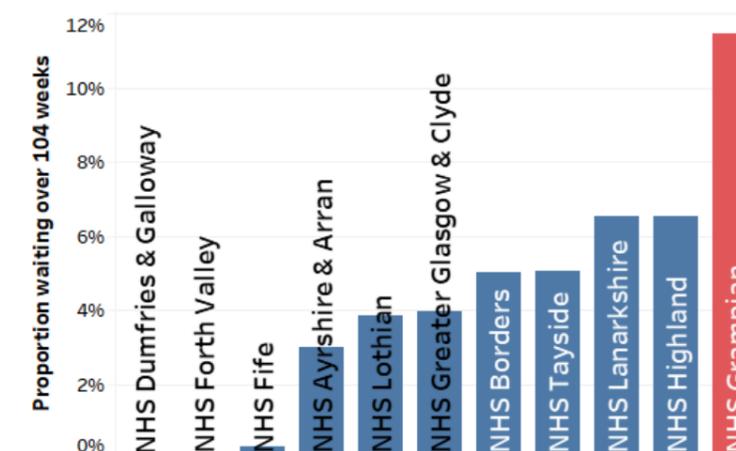
How are we performing against target?

Number of patients waiting over 104 weeks has been decreasing since April 2022



How do we compare?

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



Our key risks, challenges and impacts...

- Length of wait makes many patients only suitable for treatment at sites for low fitness for treatment score patients, extending delay, with many only suitable for ARI. Being filtered in via the weekend capacity but at low rate.
- Next year's financial situation is significantly worse than 2022/23, risking an overall worsening elective profile.
- Bespoke Q4 slippage funding used to reduce long waits in ARI and RACH at weekends will currently cease at the end of Q4
- Independent Sector contract delivery failure though considered unlikely would be of significant impact.
- Stracathro regional treatment centre is assisting, with indications that the theatre utilisation could still be improved
- National Elective Care Unit requests have currently not resulted in any additional capacity being made available.
- Staffing issues reducing Dr Gray's Hospital elective capacity

Our mitigations:

- Elective Surgical Categorisation System (ESCaTS)
- The Waiting Well team continues to work through the waiting list patients on a speciality by speciality basis with good impact of The Fit for Surgery project
- Monitoring of waiting list deaths
- Emergency admissions from the waiting list trend analysis
- Escalation route for deteriorating patients
- 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 adaptability allows us to use independent and peripheral sector capacity efficiently, but reinstatement of Surgical Short stay and associated bed capacity at ARI is needed to address waiting times.

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....

Across Partnerships, both overall delays (target met), and the number of people waiting over 90 days (target not met) have reduced in Q4 compared to Q3. System pressures have continued to be high over quarter 4 as we have emerged from the winter period and community resources have continued to be affected by staffing problems, while additional bed closures occurred in community hospitals and care homes due to remedial building work and providers closing capacity or being closed to admissions.

Across all three Health & Social Care Partnerships (HSCPs), a huge effort continues from all staff to achieve the target, despite the challenges faced.

NHS Grampian continues to have the lowest proportion of 90 day delays across Mainland Scottish Health Boards nationally, although variation across Scotland exists to how HSCPs are recording care at home data and reporting, and this is a national focus.

*Commentary from
Pam Milliken*

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



What have we learnt?

Aberdeenshire Social Care Sustainability Programme continues, and City are gradually increasing the amount of Technology Enabled Care utilised and learning from colleagues in Moray and Shire around Risk Assessed Care and Discharge to Assess. City have focused as part of our Strategic/Delivery Plan to commission bespoke accommodation particularly for Complex Care as a longer term project. Aberdeenshire HSCP has begun multi-disciplinary service enhancement workshops, and reviewed adults placed out of area to identify needs, leading to commissioning resilient community accommodation and supported living services.

Our mitigations:

- HSCPs cross-system work on key areas of social care sustainability
- Aberdeenshire introduced a leadership role to oversee and support the management of delayed discharges from January 2023
- Increased capacity in the community plus improved efficiency and best use of scarce resources, improving flow, outcomes and an improved experience for people using services.

Oversight and assurance:

- Established oversight arrangements in place in the HSCPs.
- Direct reporting to Scottish Govt.
- Daily Delayed discharge reports
- Oversight groups for both Care at Home and Community Health and Care Homes continue three times a week.

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 referrals to Adult Social Work to be assessed and growing list of unmet need.
- Increasing financial costs due to inflation
- Workforce shortages adding pressure to staff
- Transfers can be constrained by existing infrastructure limitations

Our actions to help us get there...

- Interim care home placements commissioned in Aberdeenshire from December 2022 to end of March 2023, to help reduce delayed discharges and improve flow through the acute sector to community hospitals.
- Aberdeenshire Care Managers gained access to Trakcare in December 2022 reducing the timeframe for assessment of patients delayed in ARI from 15 hours on average to 1 hour 11 mins.
- Linking to the Voluntary Sector- ACVO's Hospital Homecoming project being a relevant example, resulting in speedier discharge for patients who may be more isolated with limited no support. Volunteers provide practical support in the form of shopping, picking up prescriptions, helping with transport to post discharge appointments, dog walking etc.
- As part of Surge Plan arrangements, measures to communicate with families to potentially help out should the availability of care reach crisis point

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

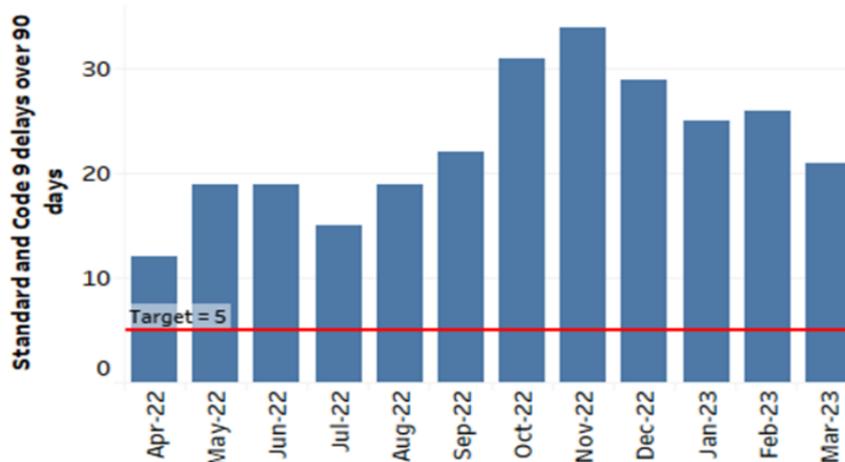


Key Deliverable: HSCPs will collectively achieve 50% less people waiting over 90 days for transfer of care based on March 2022 position (target = 5)

Mar 23 position: 21

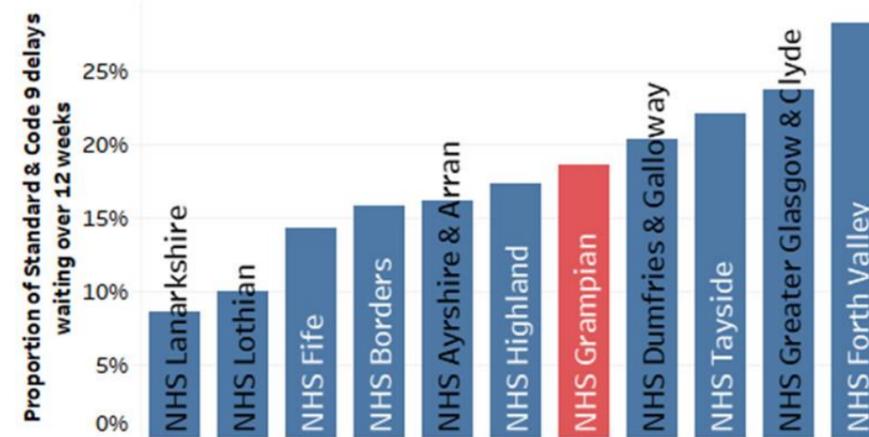
How are we performing against target?

We remain above the target. The number of Standard and Code 9 delays waiting over 90 days continued to decrease from November high (but remain at a higher level than at the end of quarter 2)



How do we compare?

At the March census point, Grampian had the seventh lowest proportion of Standard and Code 9 delays waiting over 12 weeks* within the mainland boards, from 4th lowest at the December census point



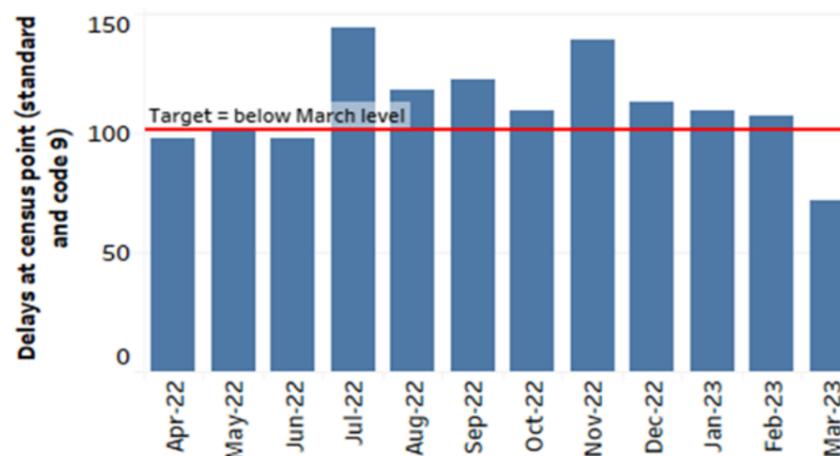
*long waits are measured nationally at 12 weeks (84 days) rather than 90 days

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

Mar 23 position: 72

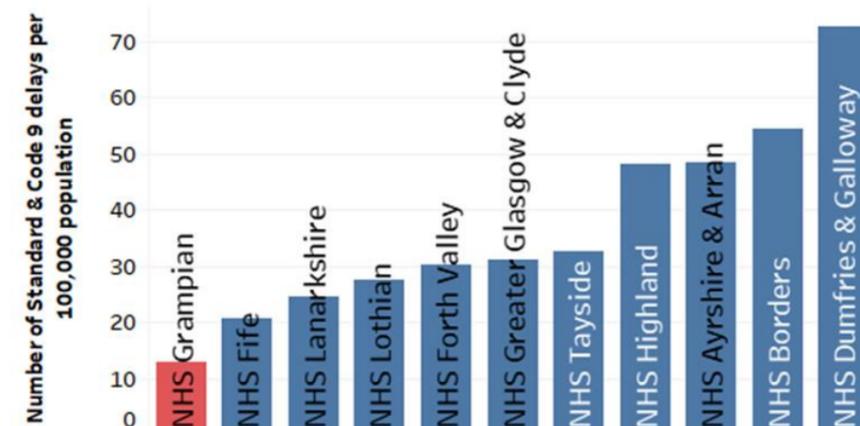
How are we performing against target?

Target has been met in quarter 4 due to significant reduction in delays in March 23, with a decrease in overall numbers of Standard and Code 9 delays



How do we compare?

Of the mainland boards, Grampian continued to have the lowest number of Standard and Code 9 delays per 100,000 population at the March census point (the same position as at the September and December census points)



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: 90% of children & young people referred to Mental Health Services will be seen within 18 weeks of referral

Q4 to Mar 23 position: 99.6%



Our story so far....

Child & Adolescent Mental Health Services (CAMHS) compliance with the 18 week waiting time target of 90% seen by referral date has improved from 27% in September 2018 to consistently meeting this target, with 99% of patients in March 2023.

Children's Board strategy map includes objectives contributing to improving access: addressing inequalities, interconnectivity across our system, right service at the right time delivered by the right workforce.

We are considering our pathways, including how we provide scaffolding for families and the 'downstream' multiagency workforce. A particular example is the neurodevelopmental (ND) pathway. CAMHS reference 80% of their workload being Children & Young People (C&YP) with neurodiversity. Early identification of concerns (at nursery or primary school) with staff confident to provide appropriate support irrespective of a diagnosis is essential. Diagnosis remains a 'passport to support' and therefore in order to improve outcomes for children the journey to assessment and diagnosis needs to be supported and as short as possible.

Our key risks, challenges and impacts...

- Nationally, CAMHS has experienced a significant increase in referrals presenting acutely unwell and requiring intensive input, impacting routine waits.
- Performance has been improved despite lower staffing levels than other boards – CAMHS workforce in Grampian is 15.7wte per 100,000 of population, compared with the national average of 23.6wte per 100,000.
- Uncertainty in funding poses a challenge in maintaining local performance by limiting recruitment, some paused in late 2022, preventing permanent placements. Proposed establishment of Multi-disciplinary Team formation and planned framework also under threat. High numbers of re-referral, and long waits, with limited support also result.

Commentary from Geraldine Fraser

Executive Lead, Integrated Families Portfolio



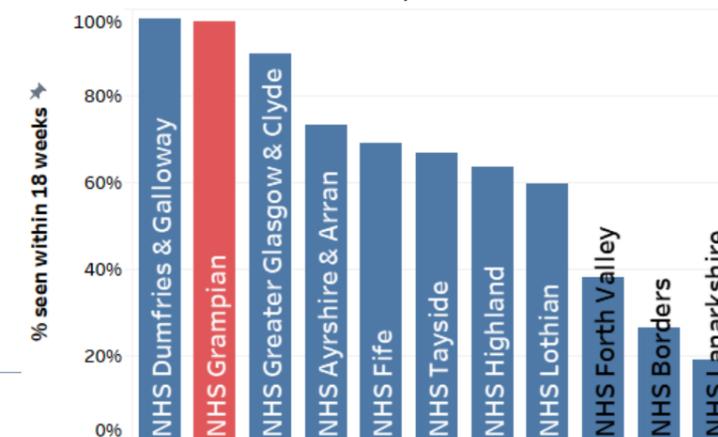
How are we performing against target?

Performance has been consistently above target since May 2022



How do we compare?

For the quarter ending December 2022, Grampian had the second highest proportion of patients seen within 18 weeks of referral, of all mainland boards.



Our actions to help us get there...

- Pan-Grampian ND pathway is aligning to the Aberdeen City pilot to ensure cross-system efficiencies.
- Exploring the option of a Population Health Testbed
- Continue to engage with children and families to understand their needs
- Continue to engage with workforce to understand their needs
- Provision of enhanced data on compliance to system leadership cohort as part of regular data pack
- Creative use of locums to meet agreed targets

How are we managing risk?

- Continue to explore options for funding
- Meeting with Scottish Government on 22nd May to progress discussions.
- Daily & weekly monitoring of waits
- CAMHS Development Plan and Action plan

Oversight and assurance:

Provided through progress reporting:

- To the Integrated Family Portfolio Board and Population Health Board through the Children's Board
- To the Mental Health & Learning Disabilities (MHLDS) Portfolio Board
- To the MHLDS Quality, Assurance and Performance Group

What have we learnt?

- A whole-system model is required
- Our workforce are enthusiastic and 'bought-in' to the need to work differently
- Significant increase in our capacity is required to meet Scottish Government targets
- To not lose sight of the patient experience

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: Vaccination uptake will be comparable with the national average

(Autumn Winter Programme 22-23)

Q4 to Mar 23 position: On track



Our story so far....

- Autumn/Winter vaccination programme began 5th September 2022. Our citizens who live in Grampian and are within an eligible group were invited or offered up until the 31st March 2023.
- 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 continued to be utilised to optimise accessibility and uptake.
- In October 2022, all health boards were asked to accelerate the programme and bring completion of delivery plans forward by 3 – 4 weeks. This caused additional pressure on teams.
- 454,299 vaccines were administered by the team during the autumn winter programme, comprising 197,720 covid-19 vaccines and 256,579 flu vaccines. Our daily run rate peaked on the 19th October when 8,468 vaccines (4,261 Covid-19/ 4,207 Flu) were administered.
- 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 actions to help us get there....

- A deployment plan in place which incorporated intelligence gained from the successes and learning of previous programmes. This supported us to deliver the programme against nationally agreed timelines and targets.
- Local, regional and national cooperation and discussion to share challenges and issues and identify solutions. We have worked with several third sector and community partners e.g. example Grampian Regional Equality council, seafit programme, warm spaces
- Workforce planning to ensure we had adequate workforce who were appropriately trained, skilled and knowledgeable about vaccines and those it was administered to.
- All health boards were asked to accelerate the programme and complete the offer by start December. We worked closely with 3 GP practices and community pharmacies to support the delivery of the offer of the vaccine to the 50 – 64 year old cohort.
- Inclusion of access was an important programme principle and using research, data and evaluation we delivered a targeted outreach and pop up model to support our inclusion activity.

Commentary from Susan Webb



Director of Public Health

What have we learnt?

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

Our key risks, challenges and impacts....

- Sufficient workforce resource to support surge activity to deliver autumn winter vaccination programme.
- The funding available to deliver the autumn winter vaccination programme may impact on delivery models.
- Accessibility and equity of premises to deliver the programme
- Rurality and adverse weather
- Late availability of new/recommended vaccines

Our mitigations:

- Vaccination workforce cell was established to explore options and support the on boarding of workforce for the most recent programme. This cell is to be re-established in May '23 to allow sufficient time for workforce planning.
- Outreach and pop up delivery model across Grampian was planned and delivered. This included community pharmacy support.

How do we compare with the national average?

(NHS Grampian programme status 27.03.23)

	NHS Grampian	Scotland
Cohort	Uptake	Uptake
Older Adult Care Home Resident (Covid-19 Booster)	90.6%	90.5%
Older Adult Care Home Resident (Adult Flu Vaccine)	88.7%	89.4%
65+ Cohort (Covid-19 Booster)	91.2%	90.6%
65+ Cohort (Adult Flu Vaccine)	85.8%	85.4%
50-64 Cohort (Covid-19 Booster)	67.8%	66.0%
50-64 Cohort (Adult Flu Vaccine)	57.2%	55.4%
Frontline Health and Social Care Workers (Covid-19 Booster)	46.7%	47.9%
All Health and Social Care Workers (Adult Flu Vaccine)	44.9%	46.9%
At risk individuals aged 5 to 64 (Covid-19 Booster)	64.2%	63.8%
At risk individuals aged 18 to 64 (Adult Flu Vaccine)	57.7%	56.9%
Children aged 6 months to 2 years (Childhood Flu Vaccine)	68.6%	66.4%
Children aged 2-5 years (Childhood Flu Vaccine)	51.7%	53.3%
Primary School Pupils (Childhood Flu Vaccine)	80.6%	75.7%
Secondary School Pupils under 18 years (Childhood Flu Vaccine)	62.2%	61.0%

Oversight and assurance:

Provided through progress reporting:

- NHS Grampian/ Scottish Government Delivery and Planning Meeting (fortnightly)
- NHS Grampian Vaccination Programme Board (bi-monthly)
- Public Health performance reports (quarterly)

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: 70% of colleagues will feel their wellbeing is actively supported at work

Q4 to Mar 23 position: 49.3%



Our story so far....

- Two questions in the annual iMatter questionnaire address staff views on health and wellbeing: if they feel their manager cares about their health and wellbeing, and if they feel the organisation cares about their health and wellbeing. NHS Grampian and three Health & Social Care Partnerships (HSCP's) continue to perform consistently well against these measures with an average score of 85 and 73 being maintained 2021 into 2023. The 2023 measure will be available from the end of June 2023.
- Organisationally NHS Grampian and the three HSCPS report 2 points higher than the national average of 71 on caring about health and wellbeing, however the same question framed at line managers is one point below the national average 86.
- The quarterly measure of the impact of We Care was reviewed, updated and reinstated from March 2023. This measure is an ongoing development, an interactive process informed through evidence based practice and adapted to our organisational needs.
- This metric was based on the wellbeing pulse survey- which asked specifically about the impact of the wellbeing programme, not the whole organisation. This is a measure of change for the impact of the programme itself and does not include consideration of the impact of the organisation as a whole on supporting wellbeing.

Oversight and assurance:

- Provided through progress reporting

Commentary from Tom Power

Director of People & Culture



Our key risks, challenges and impacts...

- Utilising the national wellbeing measure iMatter and the We Care impact measure has moved the RAG status to red.
- Further review and measure required to address gap between annual and quarterly review measure to ensure consistency in the questions asked.
- Wellbeing and Culture intrinsically linked and co-dependant. The impact of wellbeing initiatives and interventions requires an organisation culture in which our values of Caring, Listening and Improving are embedded in practices, policies, management and leadership as well as behaviours. Local Delivery Plan 2023/24 has identified deliverables in associated work through embedding values, leadership and management, equality and diversity as well as how we work.

What have we learnt?

- We need to further review our measurement Metrix to ensure 49.3% is representative and relates specifically to our performance measure.
- Ensure consistency in the measures used to evaluate this strategic intent
- Need to continue to engage with colleagues to integrate wellbeing into all team and management practices to support a cultural context where wellbeing and values are our norm.

Our actions to help us get there...

- Review of Agenda for Change during 2023.
- Ongoing evaluation of all We Care and wellbeing interventions and programs.
- Ongoing cross organisational work to embed a culture of wellbeing into NHSG
- Organisational change to support Culture Wellbeing and Development through bring together of specialist teams under a new Head of Service.

Our mitigations:

- iMatter measure June 2023 will provide a further local and national bench mark of staff feeling and perception of wellbeing, considering the impact of the organisation as a whole.

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)

Mar 23 position:

95 RNs & 9 AHPs



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.

- Target of 100 in employment/process has been exceeded, with 95 Registered Nurses and 9 Allied Health Professionals (Physiotherapists and Radiographers)

Our key risks, challenges and impacts...

- Other Nursing, Midwifery and Allied Health Professionals (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: point of arrival to UK; travel to/from OSCE (objective structured clinical examination); post OSCE
- 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 likely to increase requirement to return for resits. This increases anxiety to candidate, team, costs, risk to NMC application and/or VISA requirements
- Nursing & Midwifery Practice Education team manage competing demands to deliver education programme

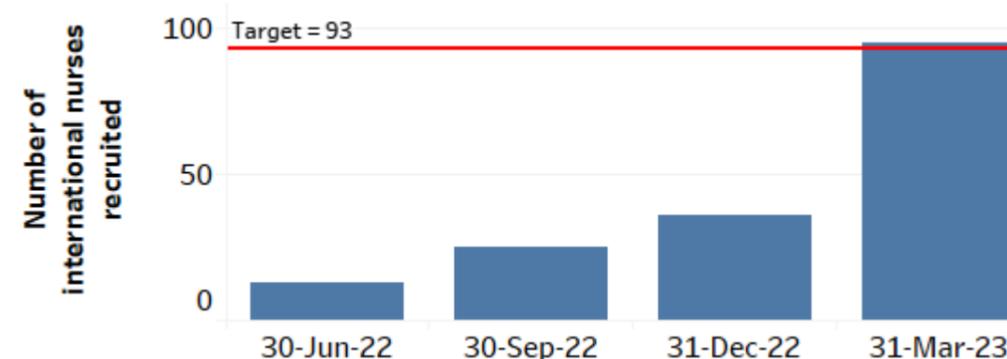
Commentary from
June Brown

Executive Nurse Director



How have we progressed against target?

Number of Registered Nurses recruited with offers accepted



What we have learnt?

- Expertise to deliver international recruitment (IR) sits within board
- Greater control of candidate progression through local processes compared to external agency
- Increasing cost-of-living pressures (internationally) increasing relocation costs
- Increase in manager briefing and support was required to enable positive IR nurse experience
- 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
- Florence Nightingale Foundation development opportunities for 20 internationally recruited nurses

Oversight and assurance:

Provided through progress reporting to:

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

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)

Mar 23 position: £32.7m

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.

The demand for supplementary staffing remained high with additional beds and activity continuing over quarter 4. Continued high volume Bank HCSW has allowed for removal of Healthcare Support Workers (HCSW) agency on the ARI site; there has been an increase in agency registered nursing fill rate which is welcomed but will impact ongoing agency costs. There has been an increase in agency spend in Dr Gray's Hospital on nursing. Bank recruitment has been targeted to reduce HCSW requirements however the agency reduction is unlikely to be seen until mid-late May.

NHSG has good compliance with the national framework for nursing, midwifery and ODP (NP510).

The prognosis for meeting ongoing reductions in supplementary staffing is poor. For the current supplementary use and spend to reduce there would need a significant reduction in demand. While there remains activity above the funded establishments, and a registered workforce gap that can't fully be met by recruitment and retention initiatives, the supplementary staffing reliance will endure.

Oversight and assurance:

Provided through progress reporting:

- Nursing & Midwifery (N&M) Workforce Group

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 to reduce costs of supplementary staffing by Direct Engagement (DE), 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.
- Early recruitment of new graduates building on experiences gained in assistant practitioner roles.
- Ongoing commitment to international recruitment; candidates assigned to high supplementary spend areas

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

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 work streams will impact on performance in relation to agency use and spend
- Health Care Support Worker recruitment delayed within bank, recruitment & payroll due to insufficient resource to progress approximately 300 Health care students

Our mitigations:

- Communication with junior grade doctors
- Communication with Clinical Leads
- Maximising supply lines for substantive and supplementary staffing.
- Implementation of real-time staffing resources
- International recruitment (RN supply lines)
- 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

Mar 23 position:
75% (new)
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 and complete e-learning on our organisational values.

Meeting our targets is challenged by:

- Service demands on participating colleagues who need to complete / update statutory and mandatory training preventing expected progress
- New co-chairs taking over the Short Life Working Group for statutory and mandatory training being inducted to their role (May 2023)

Our key risks, challenges and impacts...

- The primary risk to meeting the target remains associated with current demands on colleagues, particularly in clinical areas, and the known continuing system demands mean that time is a barrier for many to prioritising the completion of learning
- High volume of learning content driven by legal, regulatory and professional standards, plus identification of important topics over time in partnership in response to policy imperatives
- NHS Education board for Scotland (NES) ability to deliver system reporting improvements to Turas Learn platform by summer 2023 that will support manager monitoring of compliance and organisational reporting
- National pay awards included discussion regarding protected time for training for bulk of staff – details are yet to be shared but could prove helpful
- NES system upgrade could greatly enhance manager’s ability to support staff

Commentary from
Tom Power

Director of People & Culture



What have we learnt?

Protected time for learning remains an issue for staff and managers - progression of agreed Agenda for Change reforms in this area are key.

Important to have independent consideration of the prioritisation of mandatory training topics, as subject matter experts are not best placed to do this.

Our actions to help us get there...

- Engagement via relevant professional leads
- A discussion paper linking statutory and mandatory training with operational levels activity is being taken to NHSG Quality and Safety Group to support prioritisation.
- Improvements in development and testing of knowledge and understanding through assessments based on course learning outcomes using question banks for some NHS Grampian modules
- Supporting supplementary staff (bank, locum and agency) with statutory and mandatory training has been implemented
- Good progress with take up of statutory and mandatory training by new starts due to follow up post corporate induction attendance and offer of support

Our mitigations:

- Engagement of wider System Leadership Team and Whole System Decision Making Group in identifying solutions
- Corporate Learning and Development Team supporting managers by running repeated reporting to help understand gaps and areas for improvement.
- Reporting issues escalated to NES at Director level and added to digital backlog, with follow up via national networks such as Health & Safety leads

Oversight and assurance:

Provided through progress reporting:

- Staff Governance Committee
- Short Life Working Group reporting to Sustainable Workforce Oversight Group
- Monthly data on uptake is shared with Whole System Decision Making Group and issues can be escalated to Chief Executive Team where required