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| Meeting: | Grampian NHS Board |
| Meeting date: | 10 April 2025 |
| Item Number: | 9 |
| Title: | How Are We Doing Board Performance Report (Q3 FY2024/25) |
| Responsible Executive/Non-Executive: | Alex Stephen, Director of Finance |
| Report Authors: | Preston Gan, Head of Performance Pam Lowbridge, Senior Specialist Analyst, Health Intelligence James Brodie, Performance Assurance Project Manager |

1 Purpose

This is presented to the Board for:

- **Assurance**

The Board is asked to:

- **Approve** the progress on Quarter 3 performance reporting (FY2024/25).
- **Review** the How Are We Doing (HAWD) Board Performance Report (Q3 FY2024/25) and **assess** whether the performance data and insights provide sufficient clarity and assurance on performance.
- **Endorse** that the Performance Assurance, Finance and Infrastructure Committee (PAFIC) and Chief Executive Team have reviewed Q3 performance, and have planned interventions where possible, to address underperformance, mitigate further decline, and sustain improvements by the end of Q4 (31st March 2025).

This report relates to

- progress against NHS Grampian Strategy: Plan for the Future
- Board Annual Delivery Plan (ADP) 2024 - 2025

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation:

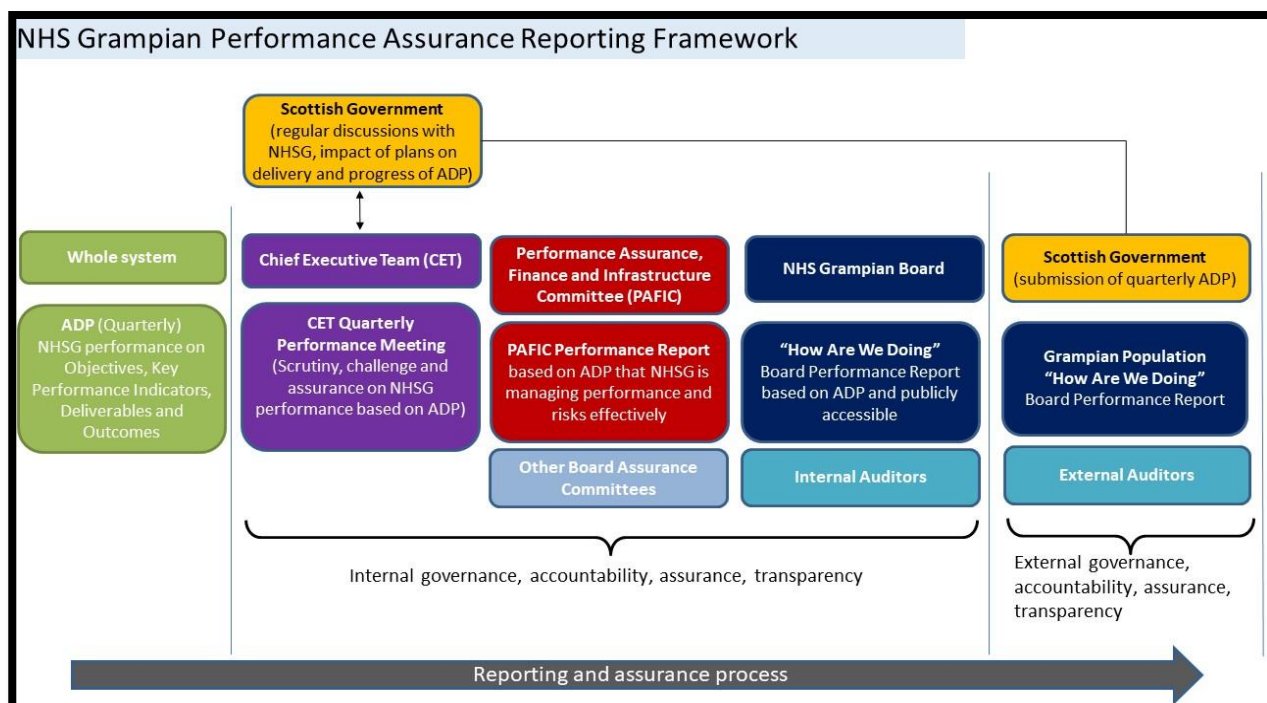
In Quarter 3 (October to December 2024) of performance reporting on the Annual Delivery Plan, we continue to see a mixed picture of progress across 100 Deliverables and 38 Key Performance Indicators (KPIs). A total of 43 Deliverables missed their Q3 milestone targets, and 23 out of 38 KPIs are rated Red this quarter. The system remains under significant pressure due to interconnected challenges, including financial constraints, workforce shortages, and infrastructure and digital limitations. These challenges are affecting both short-term performance and the longer-term trajectory toward NHS Grampian's 2027 Outcomes. While Q3 performance is a key focus, it is equally critical to anticipate progress as we approach Quarter 4. The HAWD Report (Tier 1, page 14) provides a forward-looking assessment, highlighting a potential deterioration in performance unless interventions were in place where possible, to ensure improvements are sustained by the end of Q4.

2.2 Background

Continuous improvement in our Performance Reporting arrangements for assurance at Board Level

Enhancements to the How Are We Doing (HAWD) Board Performance Report further strengthen assurance at Board level, enabling focused scrutiny of progress against the Plan for the Future strategy and Scottish Government targets. The tiered reporting framework improves navigation, while enhanced "Spotlights" provide qualitative insights alongside quantitative Scorecards for a clear, evidence-based view of performance.

The **NHS Grampian Performance Assurance Reporting Framework** (see diagram) illustrates the robust internal governance structure that underpins our reporting process. This framework ensures rigorous scrutiny at multiple levels, from the Chief Executive Team, Performance Assurance, Finance, and Infrastructure Committee (PAFIC), other Board Assurance Committees to the NHS Grampian Board and external oversight bodies. Through structured governance, transparency, and accountability, the Board can scrutinise performance effectively and take informed action where required.



Definitions and performance assessment criteria are available on page 4 of the HAWD Board Performance Report to enhance navigation and clarity.

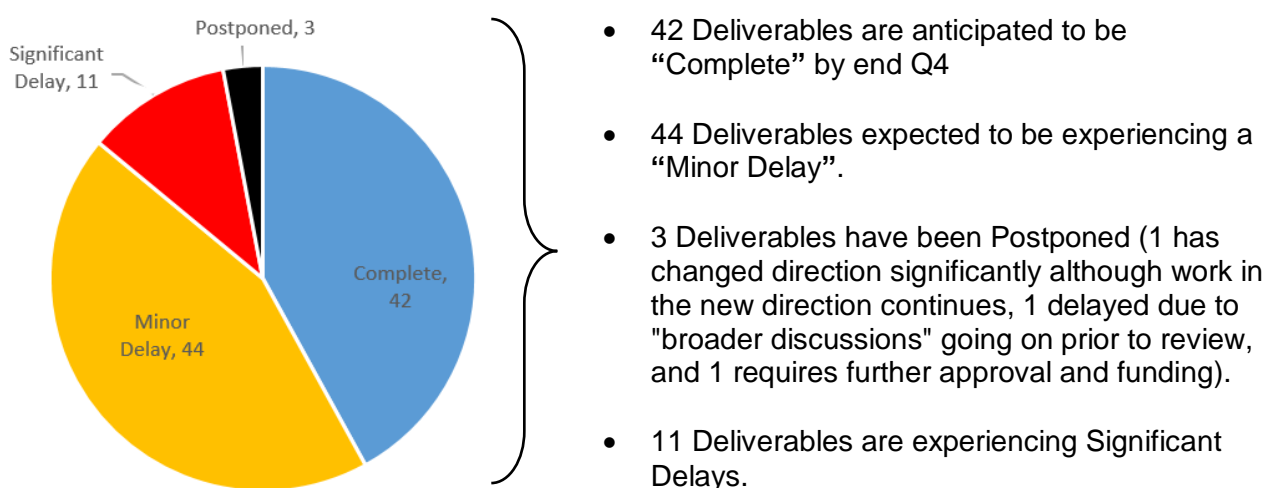
2.3 Assessment:

a) Performance of 100 Deliverables as at Q3 and prognosis into Q4:

As at the end of Q3 (December 2024), 57 out of 100 deliverables achieved their Q3 quarterly milestone targets and 43 deliverables missed their Q3 targets.

| | |
|-------------------------------|------------|
| Total Deliverables | 100 |
| Achieved Q3 milestone targets | 57 |
| Missed Q3 milestone targets | 43 |

Prognosis of achieving the completion of 100 Deliverables at Q3 by end Q4 31st March 2025, as set out in the Annual Delivery Plan are as follows:



A key observation is that some deliverables need to be more clearly defined using SMART principles. While all are important, it is crucial to distinguish between what can be realistically achieved within a single financial year and what requires a longer-term approach. Some deliverables may need to be further broken down into smaller, measurable milestones to ensure progress within a 12-month period. This would enhance achievability, as several deliverables represent large-scale initiatives that could otherwise impact quarterly and annual performance reporting due to significant system-wide challenges. This includes the 44 Deliverables that are projected as Minor Delays in order for us to achieve a higher rate of completion by 31st March 2025.

Performance on the progress of 100 deliverables for Quarter 3 was reported to PAFIC on 26th February 2025. Full details of Deliverables are available in the latest PAFIC Performance Report upon request.

b) Performance of 38 Key Performance Indicators as at Q3:

At the end Q3 (December 2024), below table shows our current breakdown of performance of 38* KPIs across People, Places and Pathways.

| Places | People* | Pathways | Total KPIs (38*) Q3 |
|--------|----------------|----------|---------------------|
| 6 | 8 | 9 | 23 (61%) |
| 3 | 0 | 0 | 3 (8%) |
| 6 | 2 | 3 | 11 (29%) |
| | 1* (not rated) | | 1 (2%) |

***Actual Q3 figure not available for KPI: Reduce time to hire in support of addressing workforce shortages.** This is due to issues with data and JobTrain nationally. Ongoing progress to address this and provide historical data to support re-reporting of this KPI.

| 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 |

We are seeing an increase of 4 KPIs totalling 23 KPIs showing adverse performance and a decline in positive performance from 13 to 11 KPIs in comparison to Q2

c) Prognosis for the performance of Key Performance Indicators into Q4:

Circle markers against each of our KPIs provides an indication of a direction in performance. We can see that 21 of the KPIs have shown a decline in performance in Q3, with 14 KPIs showing an improvement from the previous quarter and 3 KPIs showing no change between quarters. Analysis using the circle markers to monitor performance will be useful in capturing early warnings to ensure we make improvements or maintain improved performance in meeting our targets.

| Marker | Direction of performance | Places | People | Pathways | Total KPIs (38) |
|--------|--------------------------|--------|--------|----------|-----------------|
| ● | Declining | 7 | 5 | 9 | 21 (55%) |
| ● | Improvement | 7 | 4 | 3 | 14 (37%) |
| ● | No change | 1 | 2 | 0 | 3 (8%) |

Details of 21 KPIs that are trending in the decline that may project into Q4 can be found in Appendix 2 on page 9.

d) Impact across 8 strategic intent categories

The performance of our KPIs have a knock-on impact across the 8 strategic intent categories on the performance wheel. For Quarter 3, we have six categories rated as Red, 1 rated as Green and 1 rated as Amber.



Quarter 2
(Jul 2024 to Sep 2024)



Quarter 3
(Oct 2024 to Dec 2024)

Positive performance remained between Q2 and Q3:
- Children

Downward shift in performance:
- Anchor (Green to Amber)
- Citizens (Amber to Red)
- Whole System Working (Green to Red)

Adverse performance remained between Q1 and Q2:
- Colleagues and Culture
- Communities
- Access and Empowering
- Environment

| Assessment Rating | Criteria (Where a category only has one KPI, the RAG rating for that category will be the same as for its KPI) |
|-------------------|---|
| Red | 2 or more red Key Performance Indicators |
| Amber | 1 red Key Performance Indicator |
| Green | 0 red and 1 amber Key Performance Indicators |

The main KPI contributors below triggered a change in status of the Performance Wheel:

Downward shift in performance:

Anchor KPIs:

- Completion of Year 1 actions in the Anchor Strategic Workplan by 31st March 2025
(Green to Amber)

Whole System Working KPIs:

- Completion of 6 workstreams within the Grampian Frailty Programme Plan by 31st March 2025 in order to achieve collaboration across all 3 HSCPs and NHSG **(Green to Red)**

Citizens KPIs:

- To increase the total membership of the Public Involvement Network by 15% (6 members) by 31 March 2025 (from 38 to 44) **(Green to Red)**
- To increase the total number of volunteers by 25% by 31 March 2025 (from 191 to 239) **(Green to Red)**

e) Key Organisational Enablers Feature: Putting People First

This feature article explores Putting People First, our strategic approach to embedding person-centred care by actively listening to and involving people in shaping services. Aligned with the Plan for the Future, this long-term commitment emphasises collaboration, trust-building, and recognising lived experience alongside professional expertise to improve patient outcomes and staff engagement. The article highlights key initiatives, including Community Appointment Days (CADs), which integrate clinical services with community support, fostering a more holistic and sustainable model of care.

f) Voice of our Colleagues:

This feature highlights the organisation's ongoing efforts to understand and respond to colleagues' experiences. A review of the Portfolios Approach, involving extensive consultation and analysis, led to key recommendations for enhancing cross-system working and establishing a new non-clinical leadership role. Additionally, a staff welfare experience survey was commissioned to address concerns about deteriorating staff experience, focusing on improving changing facilities, secure storage, and break spaces at ARI and Dr Gray's hospitals. Despite ongoing operational and financial pressures, these efforts aim to quantify and address staff experience impacts, ensuring meaningful action at all levels. Actions to date include drafting surveys to understand the three welfare factors, planning the 2025 national iMatter staff experience survey, and enhancing senior team visibility through site visits. Moving

forward, the organisation will implement the iMatter survey, conduct welfare arrangement surveys, and ensure robust cross-system representation in steering groups to prioritise staff health, wellbeing, and organisational culture.

g) Voice of our Citizens:

This feature highlights the Voice of Our Citizens as a crucial aspect of understanding patient experience and driving service improvement. Traditionally captured through Care Opinion stories, citizen voices are now being considered more broadly, with this edition of the How Are We Doing report incorporating complaints data from the first half of 2024/25. A key focus is on ensuring that when improvements are made in response to feedback, they are clearly recorded and communicated to citizens, strengthening trust and demonstrating accountability. Ongoing actions include enhancing staff training to improve how changes are documented, increasing awareness of Care Opinion, and making it easier for citizens to share their experiences. By reinforcing these efforts, NHS Grampian is fostering a more transparent, responsive, and person-centred approach to service improvement.

h) Appendix: Waiting Time Standards

Following feedback at the recent Board meetings, we have reached out to the services for comment on their performance relative to other mainland Boards and the overall Scotland position, against the national waiting times targets/access standards.

2.3.1 Quality/ Patient Care

The HAWD report includes information on the multiple elements required to achieve high quality, patient focused care, including workforce, finance, patient feedback and service key performance indicators.

2.3.2 Workforce

The HAWD Report includes performance elements relating to workforce through the agreed strategic objective: “Colleagues are enabled to thrive, and be safe and well through work”

2.3.3 Financial

Financial performance is included in the HAWD report but a full detailed report is covered separately.

2.3.4 Risk Assessment/Management

As we move into Q4, there is a risk that Q3 performance may adversely impact performance unless interventions are taken where possible. This is particularly critical for Deliverables projected as Minor Delays (44) or Significant Delays (11), alongside 20 KPIs showing a decline and 15 KPIs requiring sustained performance levels. Systemic challenges may limit the extent to which certain KPIs and Deliverables can be improved within this timeframe. A more structured approach going forward to defining deliverables with clear, measurable milestones ensuring feasibility within the financial year while maintaining alignment with long-term objectives will be essential to sustaining performance momentum.

The development of the ADP for FY2024/25 has also reinforced the challenge in demonstrating the tangible impact of in-year performance on longer-term outcomes. Strengthening the alignment between strategic planning and performance management from the outset will be key to improving oversight and impact. Applying SMART principles and embedding long-term performance tracking will enhance achievability and provide greater clarity on progress against key priorities.

2.3.5 Equality and Diversity, including health inequalities

Equality and diversity factors are being considered as part of development of the Board's Delivery Plan, which will then be reflected in the metrics used to report on performance in the HAWD report.

2.3.6 Other impacts

All are outlined above and in attached report.

2.3.7 Communication, involvement, engagement and consultation

The quarterly production of the How Are We Doing Board Performance Report involves and engages NHSG and HSCP colleagues at an organisational level. Performance information in Tier 1, 2 and 3 were reviewed by the Chief Executive Team and PAFIC prior to the production of the How Are We Doing Board Performance Report.

- Executive Leads, Responsible Directors, and Senior Leadership Teams across NHS Grampian and the three Health and Social Care Partnerships are responsible for the submission, approval, and sign-off of performance information and narrative. This process informs the development of the content presented in this report, covering the period from 13th December 2024 to 29th January 2025.
- Chief Executive Team Strategic Performance Review Meeting, 25th February 2025
- Performance Assurance, Finance and Infrastructure Committee (PAFIC), 26th February 2025

2.3.8 Route to the Meeting

This has been previously considered by the Chief Executive Team Leads, Responsible Directors, Senior Leadership Teams across NHSG and HSCPs as part of its development. They have supported the content and their feedback have informed the development of the content presented in this report.

- Executive Leads, Responsible Directors, and Senior Leadership Teams across NHS Grampian and the three Health and Social Care Partnerships are responsible for the submission, approval, and sign-off of performance information and narrative. This process informs the development of the content presented in this report, covering the period from 13th December 2024 to 29th January 2025.
- Chief Executive Team Strategic Performance Review Meeting, 25th February 2025

- Performance Assurance, Finance and Infrastructure Committee (PAFIC), 26th February 2025

3. Recommendation

The Board is asked to:

- **Approve** the progress on Quarter 3 performance reporting (FY2024/25).
- **Review** the How Are We Doing (HAWD) Board Performance Report (Q3 FY2024/25) and **assess** whether the performance data and insights provide sufficient clarity and assurance on performance.
- **Endorse** that the Performance Assurance, Finance and Infrastructure Committee (PAFIC) and Chief Executive Team have reviewed Q3 performance, and have planned interventions where possible, to address underperformance, mitigate further decline, and sustain improvements by the end of Q4 (31st March 2025).

4. List of appendices

The following appendix is included with this report:

- Appendix 1 - How Are We Doing Board Performance Report (Q3 FY2024/25) (attached separately)
- Appendix 2 – Prognosis of 21 Key Performance Indicators that may continue to decline in performance in Q4 (Page 9 of cover paper)

Appendix 2: Prognosis of 21 Key Performance Indicators that may continue to decline in performance in Q4:

| Ref | Strategic Intent | Key Performance Indicators |
|-----|------------------|---|
| 1 | People | 100% of AFC staff have reduced their hours to 37hrs per week or pro-rata equivalent for part time staff |
| 2 | | Compliance with statutory training will increase to 90% for all new starts and 70% for all other colleagues (80% overall) |
| 3 | | To increase the total membership of the Public Involvement Network by 15% (6 members) by 31 March 2025 (from 38 to 44) |
| 4 | | To increase the total number of volunteers by 25% by 31 March 2025 (from 191 to 239) |
| 5 | | Reduce backlog unbooked TTG RACH patients (including Paediatric Dentistry) to 400 patients by March 2025 |
| 1 | Places | Completion of Year 1 actions in the Anchor Strategic Workplan by 31st March 2025 |
| 2 | | To improve domestics performance within the Facilities Monitoring Tool for A1 Hospitals to be above 95% by end March 2025 |
| 3 | | To improve estates performance within the Facilities Monitoring Tool for A1 Hospitals to be above 95% by end March 2025 |
| 4 | | 100% of hospital teams will have produced workforce plans to support safe and effective staffing (Dr Gray's) |
| 5 | | 100% completion of project tasks for implementation of new model for Theatres and Surgery (Dr Gray's) |
| 6 | | Reduce gas emissions in line with required reduction compared to UK-ETS Target (Foresterhill Campus, RCH, Cornhill) |
| 7 | | Increase percentage of recycled waste by weight to 55% by March 2025 |
| 1 | Pathways | We will minimise the number of waits over 104 weeks for TTG patients |
| 2 | | We will minimise the number of waits over 104 weeks for a new outpatient appointment |
| 3 | | Reduce NHSG 90th percentile SAS turnaround times to 110 minutes by quarter 4 2024/25 |
| 4 | | 70% of citizens will be seen within 4 hours in NHSG Emergency Departments |
| 5 | | Average length of stay for elective and non-elective patients (NHSG MUSC only) to be no higher than Q4 2023/24 |
| 6 | | 90% of children and young people referred to Mental Health Services will be seen within 18 weeks of referral |
| 7 | | 70% of people referred to psychological therapies will be seen within 18 weeks of referral |
| 8 | | Completion of 6 workstreams within the Grampian Frailty Programme Plan by 31st March 2025 in order to achieve collaboration across all 3 HSCPs and NHSG |
| 9 | | 95% of citizens will receive first cancer treatment within 31 days of decision to treat |