

Meeting:	NHS Grampian Board Meeting
Meeting date:	12 June 2025
Item Number:	8
Title:	Q4 and End of Year 2024/25 ADP How Are We Doing (HAWD) Board Performance Report
Responsible Executive:	Alex Stephen, Director of Finance
Report Author:	Preston Gan, Head of Performance

1 Purpose and recommendations

This is presented to the Committee for:

- Assurance
- Decision
- Endorsement

Recommendation(s)

The Board is asked to:

- **Endorsement**
 - Note the Quarter 4 and End of Year (EoY) HAWD Performance Report and confirm closure of the 2024/25 ADP.
 - Note that the 55 outstanding deliverables will have appropriate system arrangements and assurance routes in place to manage these post 31st March 2025.
- **Assurance**
 - Confirm that the HAWD report and the Performance Management Framework provided the Board with comprehensive and insightful performance information throughout the year, enabling them to effectively assess the organisation's performance.
- **Decision**
 - Agree that 2025/26 reporting will focus on clearer articulation of in-year outcomes and the improvements they are intended to deliver, supported by SMART Deliverables with measurable milestones, outcome-focused KPIs to strengthen delivery, tracking and assurance.
- **Escalation**
 - Confirm if any escalation is required to another Board committee or the Board and specify the details of that escalation (what is the issue, where is it being escalated to and who is responsible for actioning the escalation).

This report relates to:

- NHS Grampian Strategy: Plan for the Future
- Board Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

This subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below)

- Inability to meet population demand for Planned Care
- Significant delays in the delivery of Unscheduled Care
- Inability to affectively maintain and invest in NHS Grampian's infrastructure
- Deviation from recognised service standards of practice and delivery
- Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies
- Inability to reduce demand through citizen engagement
- Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent
- Deteriorating Workforce Engagement
- Worsening health in Grampian particularly in those who experience multiple disadvantages

2 Report summary

2.1 Situation

The Quarter 4 and End of Year 2024/25 HAWD Report presents NHS Grampian's performance against the stated annual Deliverables and KPI targets set out in the 2024/25 Annual Delivery Plan (ADP). It also represents the formal end-of-year position for the ADP, providing a consolidated view of progress made over the course of the year. While delivery has been achieved across many areas, a number of deliverables were not completed within the intended timeframe due to a range of system-wide challenges and constraints, minimal change in adverse performance of our KPIs against targets in comparison to Q3 as outlined in the assessment. The cover paper provides visibility of these outstanding areas and assurance from PAFIC on the 28th May 2025, that onward oversight through appropriate system arrangements will be in place to manage these in the organisation.

This end-of-year report also offers an opportunity to reflect on delivery, performance, and the improvements achieved during 2024/25, while informing the continual development of the reporting approach as NHS Grampian looks ahead to the 2025/26 ADP. Strengthening our ability to evidence the effectiveness of actions and the contribution they make toward in-year outcomes, and the effect this will have on medium term priorities will be essential to maintaining confidence and ensure there is sustained added value in what we do across the organisation.

In light of increased Stage 4 scrutiny from the Scottish Government, the introduction of the Operational Improvement Plan, Route Map and Scottish Government's requirement that Boards eliminate treatment time guarantee waits of over 52 weeks by 31st March 2026, it is more important than ever to demonstrate our accountability, from planning through to delivery, to our patients, staff, and the population. We must also continue to provide assurance to the Board and its Committees that performance and risks are effectively managed while meeting expectations of our external stakeholders, including government.

2.2 Background

With the 2024/25 Annual Delivery Plan now closed as at 31st March 2025, Q4 and EoY HAWD report aims to summarise both Q4 performance through Milestone and KPI quarterly performance, and overall

annual Deliverable performance. This is presented in a multi-tiered format, consistent with previous quarters, with Spotlights that integrate quantitative measures and qualitative insights to support a more holistic understanding of performance progress.

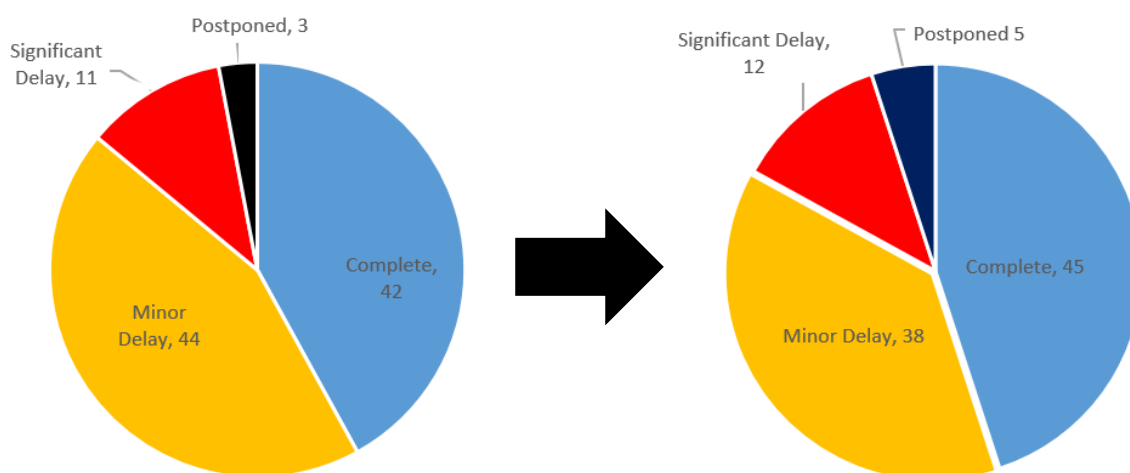
2.3 Assessment

Performance of 100 Deliverables as at Q4:

Following a change of reporting focus in Q3, the performance of quarterly Milestones and annual Deliverables was split to give a clearer picture of both current achievement and a significant step towards a more forward looking view through a prognosis of expected position by end of Q4. This had the intent to provide a more actionable reporting position to allow intervention where required to support focussed efforts where possible to increase completion of Deliverables by the end of the 2024/25 ADP.

At the end of Q3 (December 2024), 43 Deliverables had been reported as not completing their quarterly milestones, while 58 Deliverables were predicted to have not been completed by the end of Q4. By the end of Q4, 55 Deliverables had not been completed, a reduction of 3 from the Q3 prognosis (see below):

Fig. 1: Q3 Prognosis of Q4 Deliverables End Position vs Q4 Final Position



While the final Deliverables completion showed an improvement over forecasted figures, accompanied by a reduction in Minor Delays, there was a slight increase in both Significant Delays and Postponed Deliverables. As a result of a considerable proportion of the 2024/25 Deliverables remaining incomplete, it was noted at the CET Performance meeting on 6th May 2025 that further assurance should be sought to ensure further progress of these outstanding pieces of work, including where these will be continued, with assurance routes. An additional request for this information was issued to the operational teams with the results included at Tier 1 of the report (see example below):

Disposition of Incomplete Deliverables Post 31st March 2025:

Status	Carried forward to 2025/26 ADP	Continue within Portfolio or Directorate Work	Stop or Postponed
Significant Delay (12)	5	6	1
Minor Delay (38)	19	16	3
Postponed (5)	1	3	1

Of the 55 Deliverables that have not been completed during ADP 2024/25, the factors that have contributed to the incompleteness were collated and are shown below:

Factors contributing towards 55 Incomplete Deliverables	Deliverables Impacted
Workforce – Capacity	33
Finance – Insufficient Funding	17
Finance - Funding not yet agreed	11
Workforce - Recruitment	12
Infrastructure - Estates	11
Workforce - Training, Development and Skills	9
Workforce - Absence	8
Workforce - Wellbeing	7
Finance - Non-recurrent funding	5
Other	5
Infrastructure – Digital	5
Workforce - Retention	5
Procurement	1

Each Deliverable may have one or more factors included. As reported by the operational teams, Workforce and Finance were by far the most influential factors in preventing completion of Deliverables within the span of the 2024/25 ADP as originally planned, although Estates Infrastructure was also a strong influence. Performance and progress of 100 Deliverables were reported for scrutiny and review at the PAFIC Meeting held on the 28th May 2025. PAFIC is assured that any outstanding deliverables will have appropriate system arrangements in place to manage these.

Performance of 38 Key Performance Indicators as at Q4:

At the end Q4 (March 2025), below table shows our current breakdown of performance of 38* KPIs across People, Places and Pathways.

Places	People*	Pathways	Total KPIs (38*) Q4
6	7	8	21 (55%)
3	0	1	4 (11%)
6	3	3	12 (32%)
	1* (not rated)		1 (2%)

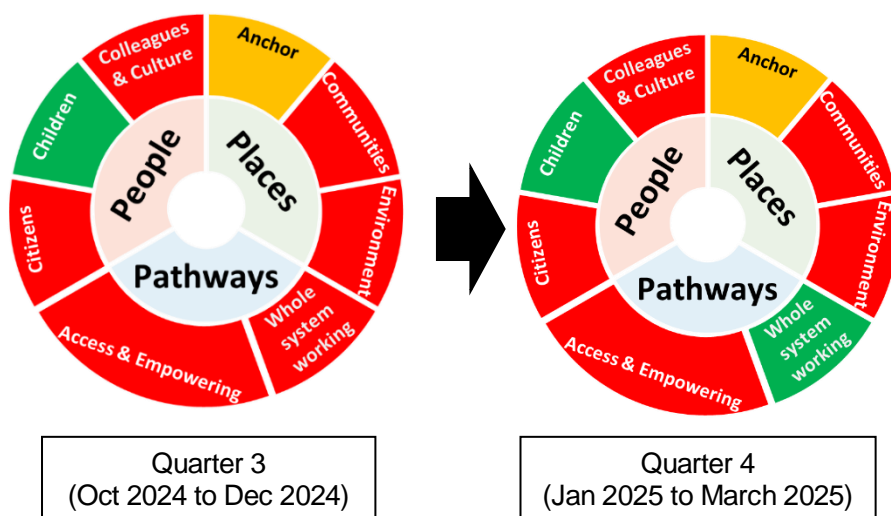
**Actual Q4 figure not available for KPI: Reduce time to hire in support of addressing workforce shortages. This is due to issues with data and JobTrain nationally. Ongoing progress to address this and provide historical data to support re-reporting of this KPI.*

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 a decrease of 2 KPIs totalling 21 KPIs showing adverse performance, with positive performance increased by 1 to 12 KPIs in comparison to Q3.

Impact across 8 strategic intent categories:

The performance of our KPIs has a knock-on impact across the 8 strategic intent categories on the performance wheel. For Quarter 4, we have 5 categories rated as Red, 2 rated as Green and 1 rated as Amber.



Positive performance remained between Q3 and Q4:

- Children

Upward shift in performance between Q3 and Q4:

- Whole System Working (Red to Green)

Adverse performance remained between Q3 and Q4:

- Colleagues and Culture
- Citizens
- Communities
- Access and Empowering
- Environment

Assessment Rating	Criteria* Each category in the Performance Wheel has a RAG rating based on its KPI scores
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:

Upward shift in performance between Q3 and Q4: Whole System Working

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

Reflections and Improvements to strengthen Performance and Assurance

The 2024/25 ADP and this end-of-year report reflect encouraging progress in aligning deliverables and KPIs to NHS Grampian's strategic priorities. At the same time, they highlight an opportunity to strengthen how in-year performance is articulated in relation to the outcomes we aim to achieve within the same period. While this alignment is beginning to take shape, it remains challenging to consistently demonstrate how activity across the system is contributing to measurable change, which can limit our ability to tell the full "So What" story. Strengthening this connection will help build greater confidence in our performance and ensure assurance is rooted in outcomes as well as delivery.

2025/26 presents a critical opportunity to shift from activity-based reporting to a more outcome-focused model. A key part of this will be the system-wide adoption of SMART principles across Objectives, Outcomes, KPIs, and Deliverables, ensuring each is clearly defined, measurable, and achievable within

the planning year. KPIs should, where possible, be focused on outcomes rather than activity alone, helping better to reflect progress and effectiveness. This will help ensure there is a clear line of sight from our objectives through to the outcomes we aim to achieve, the most important and valuable indicators we use to measure progress, and the actions we are delivering.

For larger-scale or system-wide initiatives, breaking deliverables into smaller, measurable milestones will further improve tracking, accountability, and achievability within the 12-month cycle, while enhancing the usefulness of quarterly reporting.

By evolving our approach in this way, NHS Grampian will be better positioned to demonstrate the contribution of system-wide efforts, support stronger assurance, and enable more informed and meaningful performance conversations.

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. The HAWD report features highlights and updates on the treatment time guarantee waits of over 52 weeks.

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

The ADP, across its annual deliverables and KPIs would address all stated risks from the Strategic Risk Register (Section 1). Work will soon start to map Deliverables and KPIs in the 2025/26 ADP to the Strategic Risks to demonstrate the link between achievement of our stated objectives and reduction of the level of risks via the NHS Scotland Risk Matrix. The mitigation of risks are covered via Spotlights which be found at Tier 3 of the HAWD report. Relevant operational risk registers aligning to strategic risks remains to be the responsibility of operational teams and their respective departments.

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 HAWD 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 HAWD 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 March 2025 to 28th April 2025.

- Chief Executive Team Strategic Performance Review Meeting, 6th May 2025
- Additional information requested by CET gathered from NHSG and HSCP colleagues at an organisational level between 8th May 2025 and 20th May 2025
- PAFIC Meeting held on the 28th May 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 HSCTs 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 March 2025 to 28th April 2025.
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2.4 Recommendations

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3 Appendix/List of appendices

The following appendix/appendices are included with this report:

- Appendix 1 – Quarter 4 and End of Year HAWD Board Performance Report (FY2024/25)