Board Meeting

Open Session 06.04.23

Item 6

How are we doing?

Board Annual Delivery Plan Performance Report

April 2023

Content

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:
  - o Our Story so far
  - o Key Risks, Challenges and Impacts
  - o What have we learnt?
  - o 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.

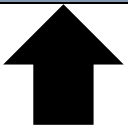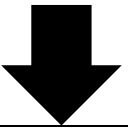**Overall RAG Ratings for Board Performance Summary:**

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

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

RAG Ratings for the At a Glance Performance Scorecards:

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

Assessment Rating	Criteria
Red	Current performance is outwith the standard/target by more than 5%
Amber	Current performance is within 5% of the standard/target
Green	Current performance is meeting/exceeding the standard/target

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

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 reported in previous How Are We Doing Reports and in my Chief Executive's Report, the health and care system in Grampian remains under considerable pressure. There are high levels of demand across our system impacting on emergency department waiting times, the length of time patients are waiting for elective care, and the number of patients whose discharge from hospital is delayed. Of course, the high levels of pressure continue to impact adversely on colleagues who are continuing to provide the best possible care for citizens, and I repeat again my admiration and thanks for all that colleagues are achieving in these very testing times.

This report for April 2023 looks at our delivery plan performance for quarter 3 (October – December 2022). Our Performance Wheel reflects that challenges remain in our strategic intent areas of People: Colleagues & Culture and Pathways: Access, the latter in particular being impacted by the pressures experienced over the winter period.

We have seen improvements in Places: Communities and Places: Environment, with seven of the nine reported deliverables 'on track'. Many of these underpin our longer term strategic vision and will be built upon over the coming years. It is encouraging to see that, despite the immediate pressures, we continue to be able to make progress on the longer term conditions for change which will help create a sustainable health and care system for the future.

In this report, the Spotlights focus on the key deliverables showing adverse performance (reducing supplementary staffing, compliance with statutory training, 62-day cancer target, the 2-year inpatient treatment target, the delayed discharges targets, and minimise reduction in dental access). The Spotlights provide updates on the challenges these services face and the actions they are implementing to deliver improvements.

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

In this report we are pleased to highlight our Staff Thanks And Recognition (STAR) scheme, which acknowledges long service as well as recognition for hard work and going 'above and beyond'.

We continue to recognise the voice of our citizens through their feedback via Care Opinion; this remains a valuable source of both positive and constructive feedback for our workforce.

Professor Caroline Hiscox, Chief Executive NHS Grampian

Our Board Performance Summary

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

Voice of our Colleagues via Culture Matters

CULTURE MATTERS
Shaping YOUR NHS Grampian

Our story so far….
Culture Matters is the umbrella for our culture development work, both at organisation level and within teams. It was adopted in 2021/22 as part of our work to market the Best Practice Australia (BPA) Culture Survey, completed by 53% of the 9,000 Facilities & Estates and Nursing & Midwifery colleagues invited to participate. The results have been described by participating leaders as providing a 'mandate for change'.

The Culture Collaborative established in Oct 2021 is an Open Forum providing a monthly opportunity for colleagues form all levels, roles and backgrounds to share their experiences and learning. Membership continues to grow, with over 150 colleagues on the distribution list.

In October 2022 the Collaborative started work on a system wide blueprint for developing positive workplace culture at team and service level – Our Commitment to Culture. This aims to set out what good culture looks like and how teams can use a range of resources to make it meaningful to them. Culture Collaborative members took away to engage with their teams and reported back what staff had said, and the collation of this feedback is ongoing.

Our Board Performance Summary

Commitment to Culture
The things we want to be common for all colleagues, explored, shaped and owned by teams and groups in ways that make sense to them.

Focussed on delivering our Plan for the Future
by being a place where people are enabled to thrive and be safe and well through work,

Change-able
Exploring and adopting new ways of organising, new ways of working, and new roles to adapt to the ever changing world that we are part of

Purpose-led
Delivering on the core responsibilities of the NHS whilst working jointly with partners to support a flourishing and durable NE Scotland

Resources for Developing knowledge and skills

Resources for exploring in teams and work groups

Values-based behaviours
caring, listening and improving, and being supportive, inclusive and empowering to our patients, communities and each other

Our actions to help us get there…
- Culture Matters Programme Board – set up in September 2022 to oversee all operational culture development work, and monitor progress: meeting monthly
- Culture Collaborative steering group - being established to oversee, support and co-ordinate the forum as a colleague owned space and advisory group going forward.
- Culture Collaborative take over sessions – Allowing those doing great work locally to develop positive workplace cultures to take centre stage and spread learning and best practice.
- Culture Collaborative outreach programme – Moving beyond the virtual Open Forum to hear about how to bring Our Commitment to Culture to life from colleagues across NHSG.
- BPA Culture Survey – progress with Phase 1 teams to be reported through Culture Matters Programme Board
- BPA Survey Phase 2 plan to be progressed after recurrent funding confirmed February

Voice of our Colleagues via Staff Thanks & Recognition

Our Story So far:

Established in 2019 the Staff Thanks and Recognition (STAR) scheme acknowledges and gives thanks to NHS Grampian employees for their hard work, dedication, service and when they go above and beyond. The STAR scheme supports valuing our staff, their wellbeing, and job satisfaction.

Our key risks, challenges and impacts:

- Ensuring an equitable, fair and accessible program of awards for all staff groups.
- Balancing recognition of individuals and teams.
- Central employee reward and recognition including certificates, badges, mementos and 'goody bags' perceived as a token gesture.
- Ensuring clear, system wide communication for all NHS Grampian employees.
- Integration of Orange Awards established and valued by Nursing colleagues.
- Ensuring appropriate fit within wider staff experience and culture work landscape.
- Covid 19 limiting face to face events.
- Limited staff capacity to attend events.
- Requests to extend schemes beyond employees.

Our mitigations:

- Co-created with management, staff, professional, and partnership representation through working group.
- Built on from the experiences from Orange Award implementation.
- 3 strand Award program to support broad range of recognition: STAR Awards, STAR Long Service and STAR Retirement.

"Thanks again for a great way of allowing me, as a line manager, to really show a deserving member of staff how much their hard work and dedication means."

Our actions to help us get there:

- STAR Awards 4 week rotation includes all staff groups and provides a dedicated week for grouped staff cohorts.
- Utilising opportunities to give thanks as they arise: first 50 years + afternoon tea and the December 22 draw for additional Gleneagles Hotel Vouchers.
- STAR Retirement launched 28 July 2022.

Oversight and assurance:

Provided through progress reporting to Culture Matters Program Board.

"I just wanted to say it was wonderful! The recognition means a lot and sharing it with others from across our system who are still delivering for NHSG after all these years was superb. Thank you for all that you do to organise and support this, it is appreciated."

2022 STAR Long Service:

- 751 awards given out to recognise 25, 35, 40 and 50+ years' service.
- 25% of STAR Long Service recipients attended a virtual event, 10 events held.

2022 STAR Awards:

- 487 Nominations for individuals who were recognised and 38 Awards given with goody bags.
- 137 Nominations for Teams, 12 Awards given with 'goody bags'.

2022 STAR Retirement:

- 123 requests since launch on 28 July 2022.

"We just received our award and treats. Thank you so much. The award is really nice and there are lots of treats to share. We really appreciate this. Like so many, we have been extremely busy and are playing catch up with regards to some of our services so this will give the whole team a boost."

"Many thanks to yourself and colleague for all your efforts in organising this event which went off seamlessly. Please thank Caroline [Hiscox] and John [Tomlinson] for giving up time in their very busy diaries/schedules to acknowledge staff's long service. This was much appreciated by myself and the girls and we had a thoroughly enjoyable afternoon."

What have we learnt?

- Using all communication platforms including social media with focus on nominees and recipients supports a sense of recognition and broader staff engagement with program.
- Need to increase level of attendance at STAR Long Service events for 2023.
- Structured evaluation required to support ongoing work and gain a better understanding of staff expectation and experience.

Our Board Performance Summary

Voice of our Citizens via Care Opinion

137 stories in Q3

98% of stories have a response

3 stories have changes planned

0 stories have changes made

Care Opinion stories Quarter 3 2022/23

The 137 stories submitted to Care Opinion in the period October-December 2022 represent a 5% increase from the previous quarter, and an 11% rise in comparison to the same period in the previous year.

- The proportion of 'not critical' (or 'positive') stories has increased from 66% in quarter 2 to 70% in quarter 3.
- The proportion of 'moderately critical' stories has decreased by 3 percentage points to 11% in quarter 3.
- For the second successive quarter, there were no 'strongly critical' stories
- Responsiveness continues at a very high level.

How moderators have rated the criticality of stories

Q2 2022/23 130 stories: 86, 10, 16, 18

Q3 2022/23 137 stories: 98, 3, 21, 15

■ not critical ■ minimally critical ■ mildly critical ■ moderately critical ■ strongly critical

Criticality scores in relation to the most critical part of the story are assigned by moderators to support the alerting service
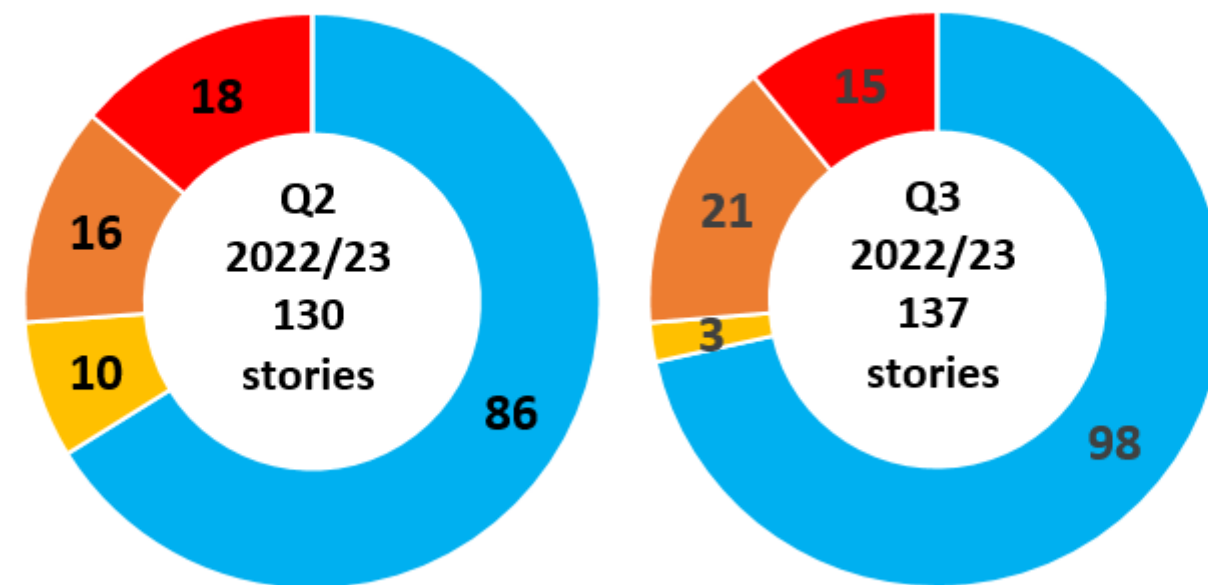
Contributing to change

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

- For the October-December 2022 period 3 of these stories' responses shows a change has been made or planned, an improvement from the previous quarter but still very low.

Governance

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

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

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 Dec 22 where available)	Benchmarking (of 11 mainland Boards: ranked 1st = best performing)	Notes
No citizens waiting over 12 hours in our Emergency Department	98.3%	100%	Q2 to Sep-22	97.7%	Q3 to Dec-22	96.5%	↓		4th (quarter end Dec 22)	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%	Q2 to Sep-22	95.05%	Q3 to Dec-22	96.82%	↑		7th (quarter end Sep 22)	
85% of citizens will receive first treatment within 62 days of urgent suspected cancer referral	75.24%	85%	Q2 to Sep-22	74.25%	Q3 to Dec-22	68.53%	↓		8th (quarter end Sep 22)	Spotlight on page 13
No citizen will wait longer than 2 years for a planned outpatient appointment	98.6%	100%	Sep-22	98.6%	Dec-22	98.8%	↑		11th (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	Sep-22	2,279	Dec-22	2,155	↑		11th (Dec 22 census point)	Spotlight on page 14
The overall number of delays to be no greater than March 22 position	98	101	Sep-22	122	Dec-22	113	↑		1st (Dec 22 census point; delays per 100k popn)	Spotlight on pages 15-16
HSCPs will collectively achieve 50% less people waiting over 90 days for transfer of care based on March 2022	19	5	Sep-22	22	Dec-22	29	↓		4th (Dec 22 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%	Q2 to Sep-22	96.3%	Q3 to Dec-22	97.0%	↑		2nd (quarter end Sep 22)	
No adult will wait over 12 months for Psychological Therapies	-	100%	-	-	Q3 to Dec-22	99.21%		-	5th (quarter end Sep 22)	Change in measure from Q2 (patients seen) to Q3 (patients waiting): historical comparison not available
Vaccination uptake will be comparable with the national average	-	to be delivered	Q2 to Sep-22	On Track	Q3 to Dec-22	On Track	=	-	-	
Minimise reduction in dental access	83.3%	98.6%	Q2 to Sep-22	86.3%	Q3 to Dec-22	87.0%	↑	-	-	Spotlight on page 17 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

9

Key Deliverable	Baseline (Q1 to 30/06/22)	Target	Previous reporting period		Current reporting period	Trend (12 months to Dec 22 where available)	Benchmarking (of 11 mainland Boards: ranked 1st = best performing)	Notes
					🟥			periods and include some additional support payments to dentists)
Implementation of Medication Assisted Treatment standards 1-5 for substance use	Metric under development for Q4 report							
Improved access metrics against PCIP plans	Metric under development for Q4 report							

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	Q2 to Sep-22	On track	Q3 to Dec-22	On track =	
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 Q4 report					

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			Notes
70% of colleagues will feel their wellbeing is actively supported at work	45%	70%	Q2 to Sep-22	73%	Q3 to Dec-22	-		No new data available for Q3, will be available for Q4
Increase international recruitment by 93 Registered Nurses (RN) & 7 Allied Health Professionals (AHP)	13 RNs	93 RNs & 7 AHPs	Q2 to Sep-22	25 RNs	Q3 to Dec-22	35 RNs & 1 AHP	↑	
Time to hire will be reduced below the 116 day national KPI	100.3	<116	Q2 to Sep-22	103.7	Q3 to Dec-22	115.2	↓	
Colleagues will be retained	97.0%	90%	Q2 to Sep-22	91.2%	Q3 to Dec-22	92%	↑	
The use of supplementary staffing will be reduced	£7.8m	£18.1m	Sep-22	£15.7m	Dec-22	£24.1m	↓	Spotlight on page 18
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	Q2 to Sep-22	67% new 57% other	Q3 to Dec-22	59% 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	Q2 to Sep-22	76% new 60% other	Q3 to Dec-22	78% new 62% other	↑	Spotlight on page 19
Return to pre-pandemic activity levels for research		to be delivered	metric under development		Q3 to Dec-22	On track		
Return to pre-pandemic activity levels for education and continued professional development (CPD)		to be delivered	metric under development		Q3 to Dec-22	Minor delays		
Feedback will show positive impact of actions in respect of BPA Survey Phase 1	Metric Under development via Cultural Matters Programme Board for Q4							

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	not available		Q3 to Dec-22	**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 Apr 23	Q2 to Sep-22	On track	Q3 to Dec-22	**On track**	=	
Agreed 5-year Infrastructure Investment Plan	to be delivered	Q2 to Sep-22	Minor delays	Q3 to Dec-22	**On track**	↑	
Develop long term 12-20-year Infrastructure Strategy	Target for completion revised to Mar 24	Q2 to Sep-22	Minor delays	Q3 to Dec-22	**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	Q2 to Sep-22	On track	Q3 to Dec-22	**On track**	=	
Agree plan for Model 6	to be delivered	Q2 to Sep-22	On track	Q3 to Dec-22	**On track**	=	
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	Q2 to Sep-22	Minor delays	Q3 to Dec-22	**On track**	↑	
Agreed priority actions & monitor referrals & update of financial support	Target for completion revised to Jun 23	Q2 to Sep-22	On track	Q3 to Dec-22	**On track**	↑	
Demonstrate whole system pathway redesign and implementation through the Portfolio Executive Leads Programme Boards	to be delivered	Q2 to Sep-22	Minor delays	Q3 to Dec-22	**Minor delays**	=	
Reduced travel & improved experience for pregnant women	Metric under development for Q4 report						

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

Q3 to Dec 22 position:

68.53%

Pathways / Access

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 will not be 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
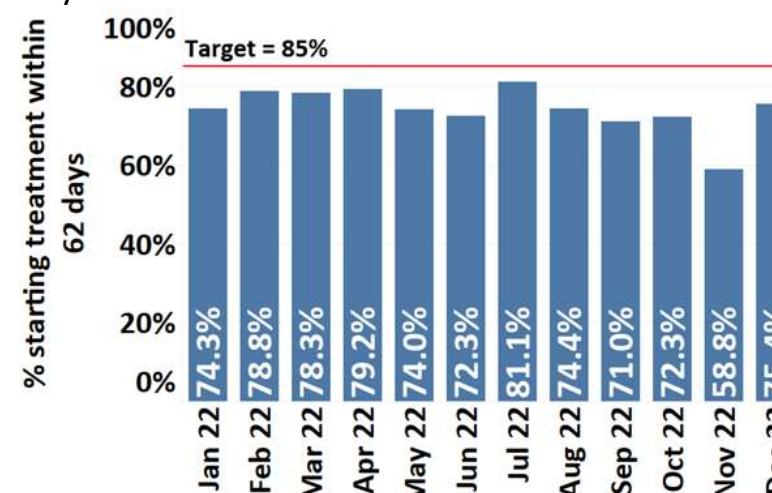- Scottish Government

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Commentary from
Paul Bachoo

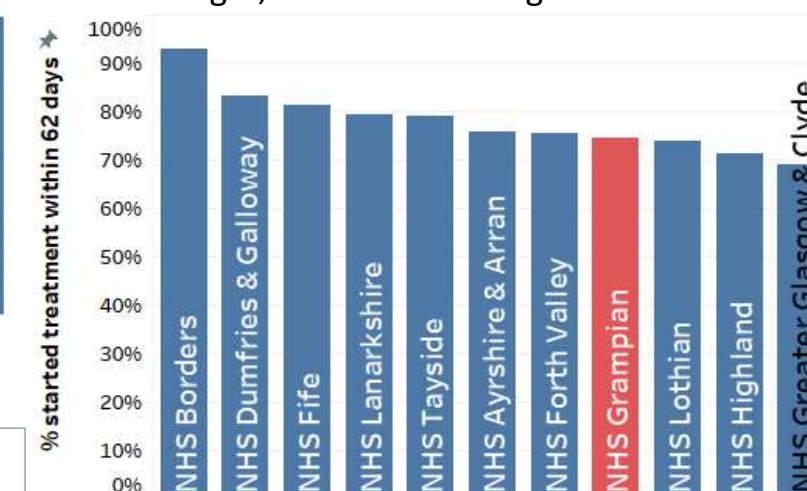***Executive lead, Integrated Specialist Care Services Portfolio***

How are we performing against target?
We remain below the target, although December 2022 performance showed best performance since July 2022.

Bar chart: % starting treatment within 62 days. Target = 85%.
Jan 22 74.3%, Feb 22 78.8%, Mar 22 78.3%, Apr 22 79.2%, May 22 74.0%, Jun 22 72.3%, Jul 22 81.1%, Aug 22 74.4%, Sep 22 71.0%, Oct 22 72.3%, Nov 22 58.8%, Dec 22 75.4%

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
- Planned Chest X-ray Artificial Intelligence diagnostic project from Feb 2023 to reduce waiting times in Lung pathway

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How do we compare?
For the quarter ending September 2022, Grampian had the fourth lowest proportion of patients treated within 62 days of referral, of all mainland boards. No mainland boards achieved the 95% national target, with one meeting 90%.

Bar chart: % started treatment within 62 days — NHS Borders, NHS Dumfries & Galloway, NHS Fife, NHS Lanarkshire, NHS Tayside, NHS Ayrshire & Arran, NHS Forth Valley, NHS Grampian, NHS Lothian, NHS Highland, NHS Greater Glasgow & Clyde

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 550 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

Dec 22 position:

2,155

Pathways — Access

Our story so far….

Treatment Time Guarantee (TTG) legislation remains active and is a 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 will not be met at the end of March. We expect to achieve a level in the high 1000s.

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 of treatment anywhere within Scotland with existing & planned capacity for TTG patients.
- Additional theatre & ward capacity at Woodend Hospital through Independent Sector

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
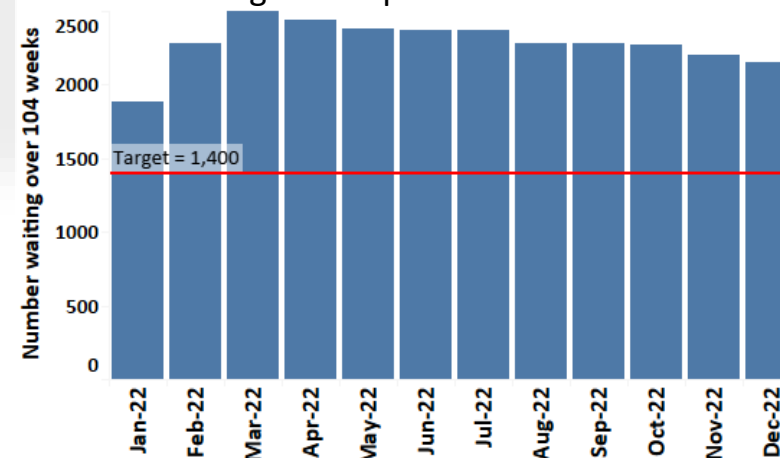
How do we compare?
Of the mainland boards, Grampian had the highest proportion of patients waiting over 104 weeks at the December 2022 census date
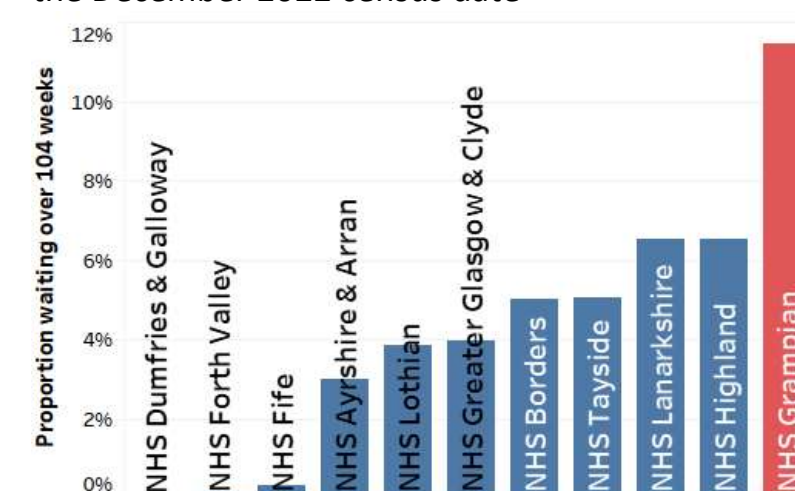
Our key risks, challenges and impacts…

- Length of wait makes many patients only suitable for treatment at sites for patients with a 'low fitness for treatment' score, extending delay, with many only suitable for ARI. These patients are being filtered in via the weekend capacity but at a 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 have a 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 patient on a speciality by speciality basis with good impact of the Fit for Surgery project
- Monitoring of waiting list deaths
- Trend analysis of emergency admissions from the waiting list
- Escalation route for deteriorating patients
- Formalising changes to the Local Access Policy in terms of reasonable offers and Could Not Attend

Oversight and assurance:
Provided through progress reporting:

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

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 = 8)**
- **And the overall number of delays will be no greater than the March 2022 position (101)**

Our story so far….

Across Partnerships, overall delays have reduced in Q3 compared to Q2, but the number of people waiting over 90 days has increased, reflecting the increasing complexity of people's needs which can result in challenges to provide the necessary level of support in the community.

Aberdeen City and Moray had a lower number of delays at the end of December compared to their March position, with Moray particularly showing improvement, while City remained stable overall despite experiencing the highest ever level of discharges. In Aberdeenshire, the end of quarter figure did not meet target, but a recent snapshot shows improvement; overall delays showed an improved picture towards the end of quarter.

Across all three Health & Social Care Partnerships (HSCPs), there is huge effort from all staff to achieve the target. Increasing admissions and pressure across the system creates a real concern that while meeting the overall target will be more achievable, the 90 day target remains challenging. Moray HSCP remains optimistic about achieving this target. 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?
There is confidence that system wide changes implemented in August 2022 are now embedded sustainably. The system wide Delayed Discharge Action Plan has been key to this and continues to drive improvement work across the Moray wide system. 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 Aberdeenshire around Risk Assessed Care and Discharge to Assess. These are indications that simple fixes can be made across our system that will impact flow and ultimately delayed discharge

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

Our actions to help us get there…
- HSCPs collaborating on cross-system work on key areas of social care sustainability work, with the intended impact of releasing capacity for more care to be delivered, whilst still keeping people safe, at home. Each HSCP is leading on an area of focus in relation to Care at Home sustainability:
  - Discharge to Assess (D2A) – led by Moray
  - Risk Assessed Care (RAC) – led by Aberdeenshire
  - Technology Enabled Care (TEC) – led by Aberdeen City
- In Aberdeenshire, Chief Social Work Officer commissioned to convene a Social Care Sustainability Programme Board to oversee a programme of work to create self-improving and sustainable social care services through cultural, system and transformational change
- Ongoing recruitment to increase capacity of front line services
- Increase in interim & community hospital beds, & additional support teams recruited

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 becoming 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 a 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

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

Our 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)
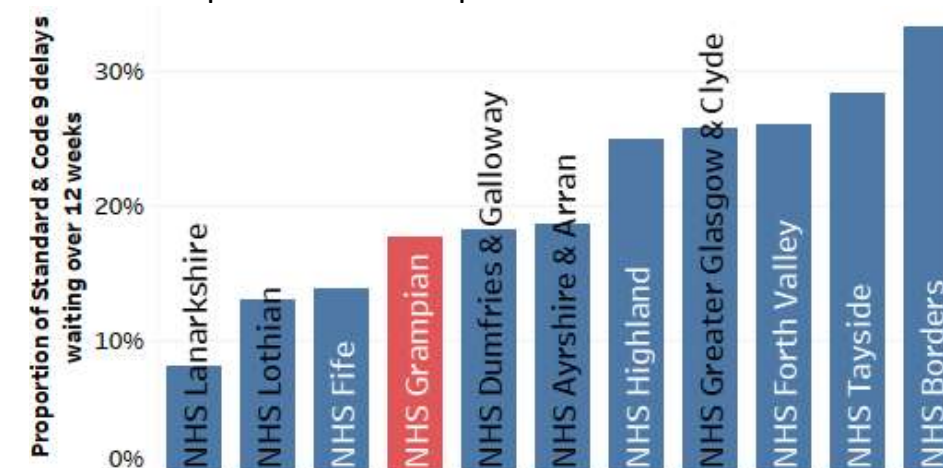
Dec 22 position:

29

How are we performing against target?
We remain above the target. The number of Standard and Code 9 delays waiting over 90 days increased in October and November before decreasing to December (but remain at a higher level than at the end of quarter 2)
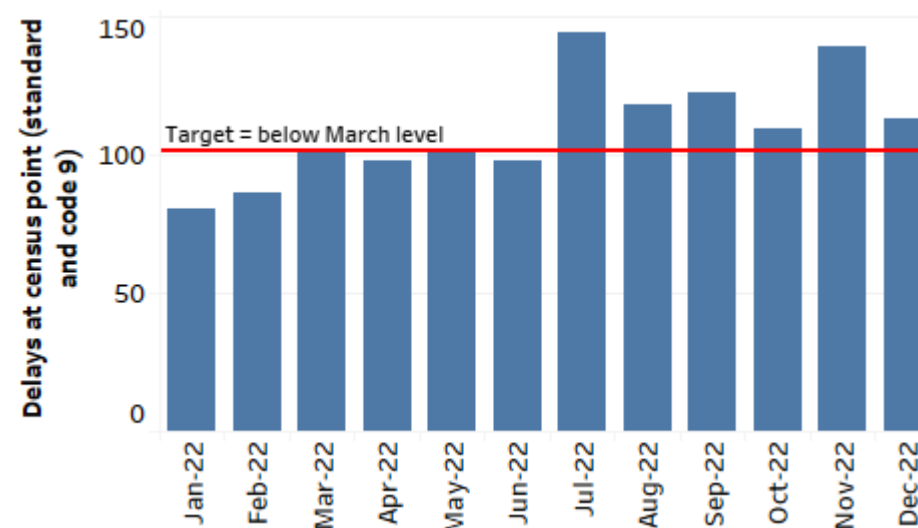
How do we compare?
At the December census point, Grampian had the fourth lowest proportion of Standard and Code 9 delays waiting over 12 weeks* within the mainland boards, an improvement from the September census point


*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)

Dec 22 position:

113

How are we performing against target?
We remain above the target. There has been improvement from quarter 2 to quarter 3, with a decreased in overall numbers of Standard and Code 9 delays
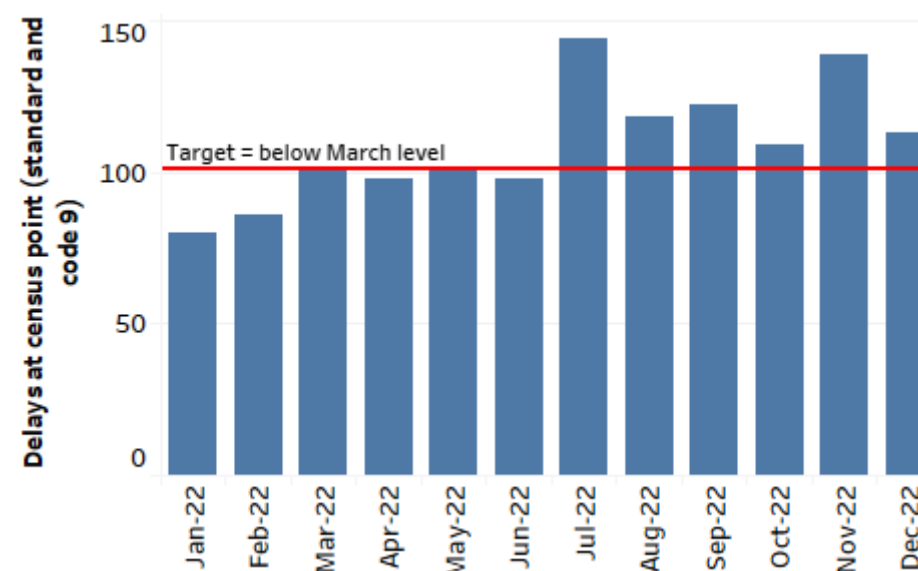
How do we compare?
Of the mainland boards, Grampian had the lowest number of Standard and Code 9 delays per 100,000 population at the December census point (the same position as at the September census point)
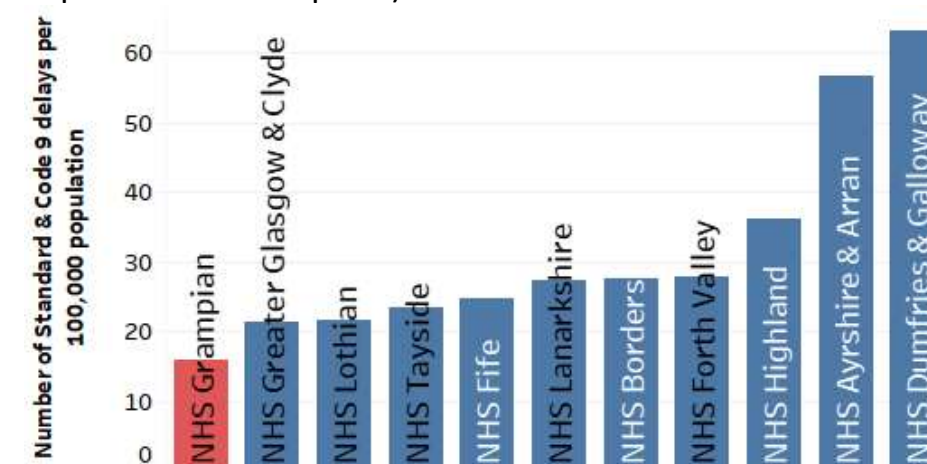
Our Performance Spotlights: Access

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

Objective: By 31st March 2023, minimise reduction in dental access

Key Deliverable: Minimise reduction in dental access

(target 98.6%)

Q3 to Dec 22 position:

87.0%

Our story so far….

NHS dentistry access in Grampian has been affected by the Covid-19 pandemic restrictions & the impact on dental education & training leading to dental workforce capacity issues. Recruitment & retention of dentists challenges in Moray and parts of Aberdeenshire have led to patients deregistration by general dental practices in the affected areas.

NHS dental registration and participation (contact with a dentist in the past 2 years) data are the official statistics for measuring access to general dental services (GDS) in Scotland. In Grampian, adult registration rates have risen slightly from pre-pandemic levels; adult participation rates, and children's registration and participation rates have fallen over the same period. Moray has the lowest population registration rate across all of Scotland's Health & Social Care Partnerships (HSCPs) at 74.6%, a drop from the March 2020 pre-pandemic rate of 77.8%.
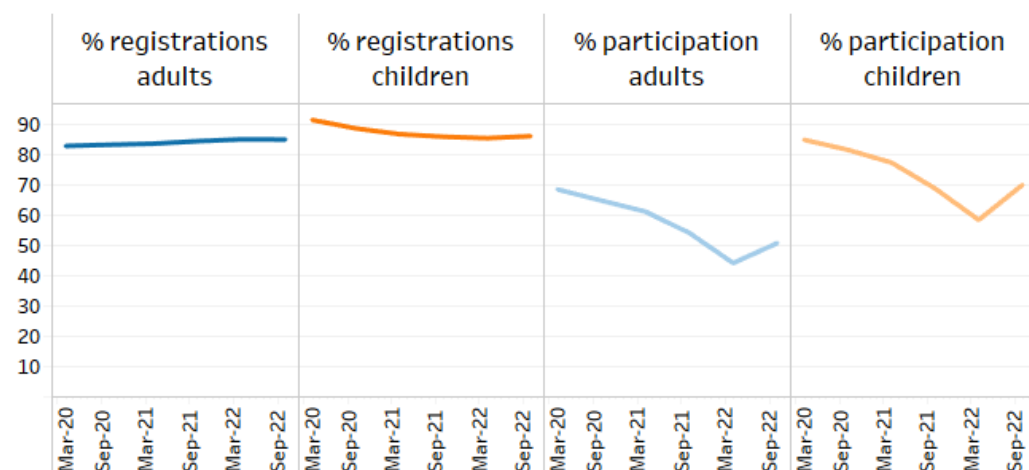
Due to the significant impact of the Covid-19 pandemic on dental education and training and the continuing workforce recruitment and retention challenges, it is likely to take 3 – 5 years to restore access to general dental services to pre-pandemic levels.

Commentary from
Simon Bokor-Ingram

Chief Officer, Moray Health & Social Care Partnership

Commentary from
Susan Webb

Director of Public Health

Our actions to help us get there…
- £5m SG funding for High Street dental practices to improve ventilation systems, increasing capacity
- £7.5m SG funding for the purchase of electric motors and speed adjusting hand pieces to allow for a wider range of procedures to be undertaken as non-Aerosol Generating Procedures.
- Recruitment and Retention Allowance for new dentists joining the NHSG Dental list in Moray, Banff, Fraserburgh & Huntly.
- Scottish Dental Access Initiative Grant – for new practice or extension of existing practices in Banff, Fraserburgh, Huntly & Moray.

Oversight and assurance:
- Clinical Governance and Quality Improvement in Dentistry Committee
- Public Health Performance Reports

Our key risks, challenges and impacts…
- Risk of further NHS dental de-registrations due to ongoing recruitment and retention issues or if GDS practices choose to further reduce their NHS commitment due to business factors.
- Workforce recruitment challenges continues to persist in our more remote and rural areas across Aberdeenshire and Moray.
- Lack of access to routine NHS dental care may result in unsatisfactory and poor patient outcomes, as well as an increase in complaints and adverse media coverage.
- Core PDS (Public Dental Services) patients (vulnerable priority groups) may also experience unsatisfactory patient outcomes as a result of increased demands on the PDS brought about by providing occasional treatment for unregistered patient.
- Increased demand for unscheduled care due to limited access to high street dental practices

Our mitigations:
- Signposting of unregistered patients to practices accepting new NHS patients.
- Information on arrangements for accessing urgent and emergency treatment have been made available on NHS Grampian public website.
- Opportunities for single courses of care are offered to unregistered patients by the Public Dental Service.
- Oral Health Improvement programmes including nursery and primary school Childsmile programme have been remobilised.

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)

Dec 22 position:

£24.1m

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.

As expected, supplementary staffing use increased in Q3 due to winter system pressures. These numbers are artificially inflated for December due to a switch to weekly Bank pay to encourage overtime uptake. The positives within these numbers is a reduction in agency shifts despite increased demands for supplementary staffing. This is attributed to the increase in Health Care Support Workers (HSCWs) available through student recruitment initiatives.

The prognosis for meeting ongoing reductions in supplementary staffing is unlikely at this time. Increased clinical activity, including increased additional beds has added to supplementary requirements. There has been an increase in staff in post by approximately 150WTE between September and December. This is likely attributed to continued success in New Graduate Nurse (NGN) recruitment, and reduced vacancies through international recruitment and the talent pool. It must be noted however that this increase brings the workforce back level with the beginning of the financial year.

Commentary from
June Brown

Executive Nurse Director

Commentary from
Paul Bachoo

Executive Lead,
Integrated Specialist
Care Services Portfolio

Our actions to help us get there…

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

What have we learnt?

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

Our key risks, challenges and impacts…

- Not meeting the supplementary demand for clinical requirement will have a greater impact than meeting reduction in utilisation.
- The drive to explore alternative workforce models
- Presents risks to the organisation through inferred employment rights
- Challenges financial balance due to the high costs
- Risk to quality of care delivered by colleagues with incomplete training and no need for personal development or QI work
- Limits overall service redesign and modelling
- Insufficient supplementary requirements for bank resulting in increased agency spend
- New priority workstreams will impact on performance in relation to agency use and spend
- 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 realtime staffing resources
- International recruitment (RN supply lines)
- HCSW Talent Pool (HCSW natural vacancy reduction programme)

Oversight and assurance:

Provided through progress reporting:
- Nursing & Midwifery (N&M) Workforce Group

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

Dec 22 position:

78% (new)

63% (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.

- There have been continued improvements in the completion of the training modules during 2022, building on the recovery to levels returning to those seen prior to the pandemic.
- However, these rates have fluctuated during the final quarter, reflecting the impact that system pressures can have on timely completion of learning, both for new starts and those requiring a refresher (who can be considered lower risk).
- Given the continuation of these pressures in to the first quarter of the calendar year, it is felt unlikely that the statutory and mandatory training targets will all be met by March 2023.

Our key risks, challenges and impacts…
- Time pressures for staff to complete training particularly among clinical staff in addition to their own specialist training suite.
- Willingness of departments to allow time to complete during work hours when already overextended
- Current functionality of Turas Learning Platform, particularly as regards proxy and self-service reporting for some staff groups.
- Agreeing a priority order of subjects linked to different levels of system pressure with relevant experts.

Commentary from
Tom Power

Director of People & Culture

Our mitigations:
- Ongoing co-operation with NHS Education for Scotland (NES) to improve reporting functionality of Turas Learn Platform
- Engagement with Subject Matter Experts around topic prioritisation, and other avenues to supporting engagement.
- Provision of enhanced data on compliance to system leadership cohort as part of regular data pack.

Our actions to help us get there…
- A Short Life Working Group (SLWG) to develop actions that support the culture change and content improvement required for proactive compliance.
- Engage system leadership team in decision-making about adoption of a prioritised approach to subjects, to keep focus on improvement work.
- Explore completion rate data with Portfolios at Staff Governance Committee during programme of annual updates.
- Adopt any proposals agreed to implement protected time for learning for all staff as part of national

What have we learnt?
Engagement with the wider System Leadership cohort brought a broad range of ideas forward for steps that could help to support sustained improvement, recognising the need for proactive engagement supported by user-friendly tools and resource

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

The complexities of implementing and reporting on a prioritised approach to completion of topics linked to levels of system pressure may make it disproportionate to the benefits it provides.

Oversight and assurance:
Provided through progress reporting:
- Staff Governance Committee
- Sustainable Workforce Oversight Group

Plus inclusion of latest monthly figures in data pack provided to system leadership team.