



# How are we doing?

Board Annual Delivery Plan Performance Report Quarter 3  
March 2024



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# Introduction

NHS Grampian’s Plan for the Future sets out the direction for 2022-2028 and provides a framework for other key plans to be aligned to, ensuring that our strategic intent becomes a reality.



To help us get there, the fulfilment of our shared outcomes will be delivered through our Integrated Performance Assurance and Reporting 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 quarterly basis. To achieve this, NHS Grampian has identified Key Performance Indicators 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.

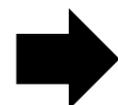
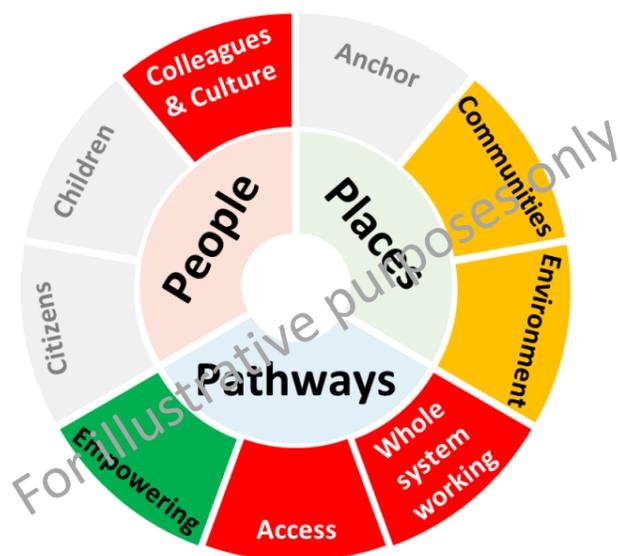
The report highlights key areas of achievement or concern, with narratives from Executive Leads to provide a wider perspective.

This report is part of the refreshed tiered approach to our Integrated Performance Assurance and Reporting Framework and it aims to provide the Board with an overarching picture of progress in achieving our strategic intent as set out in the Annual Delivery Plan.

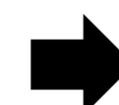
# Reading Guide

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 Performance Indicators across categories in strategic intent)



**Performance Spotlights**  
(Detailed focus on adverse or favourable Key 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 Performance Indicators considered to be most important measures as agreed by the Board and included in our Annual 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
  - Our Key Risks, Challenges and Impacts
  - Our Mitigations and Recovery Actions
  - What have we learnt?
  - Our Oversight and Assurance

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

## Alignment of our Strategic Intent



## 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 Performance Indicators (KPI) within each category highlighted in the “At a Glance” Performance Scorecards.

Assessment Rating	Criteria*
Red	2 or more red Key Performance Indicators
Amber	1 red Key Performance Indicator
Green	0 red and 1 amber Key Performance Indicators

\*Where a category only has one KPI, the RAG rating for that category will be the same as for its KPI

### RAG Ratings for the At a Glance Performance Scorecards:

The ratings of the Key Performance Indicators 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

Each KPI also has a marker to indicate the direction of performance from the previous quarter:

Marker	Description
●	Improvement in performance from previous quarter
●	Decline in performance from previous quarter
●	There has been no change between previous and current quarter

## 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.

### Priority Areas

These are the priorities that set out in our 3 year annual delivery plan that helps to align our performance, activities to meet our objectives and strategic intent.

### Key Performance Indicator (KPI)

A KPI is a carefully selected metric, directly linked to our strategic objectives and indicative of overall performance. KPIs are chosen to provide actionable insights into the progress and success of specific goals and objectives, and help assess performance and drive decision-making.

### Deliverables (with quarterly Milestones)

A key deliverable is a concrete and measurable outcome anticipated in the context of an initiative. It signifies a crucial result that must be attained for the successful conclusion of a task, phase, or project. Typically outlined at the outset, key deliverables are linked to milestones for monitoring progress.

### Milestones

Milestones are significant points or events along a timeline that mark key achievements, progress, or important stages of completion. They serve as markers to track and measure the progress, providing a sense of accomplishment and helping to ensure that the deliverable stays on track towards its ultimate goal.

### Baseline

This indicates the level of performance against each indicator at the end of 2022/23, serving as a reference point against which progress or change can be evaluated.

### Targets

These indicate the performance we are seeking to achieve for the KPIs each quarter as we progress towards the overall objective by March 2024. Each KPI will have quarterly targets, some which will be level throughout the year and some will be cumulative. There may be seasonal adjustment applied to quarterly targets if applicable for the KPI.

### Trend Graphs



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

# Our Board Performance Summary

## Executive Summary

The 2023/24 Annual Delivery Plan (ADP) commenced in April 2023. This report for March 2024 looks at our performance for Quarter 3 (October to December 2023), shows How We Are Doing against our short, medium and long term plans.



Our strategic intent categories all have agreed Key Performance Indicators (KPIs) to provide a measure of our progress, highlighted in our scorecards. With the enormous pressure in the system, our Performance Wheel shows an increase from four to six categories reported as Red compared to the last quarter i.e. Colleagues & Culture, Anchor, Communities, Environment, Whole System Working and Access. Our scorecards give us a helpful overview of favourable and adverse performance for each of the KPIs aligned to our priority areas of work for 2023/24.

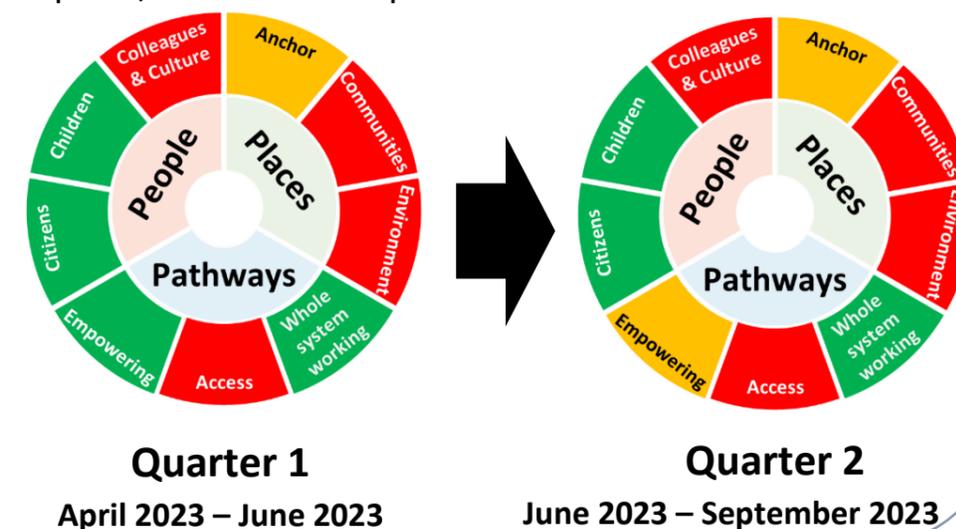
Our eight Spotlights in this report provide a detailed focus across key areas of favourable and adverse performance, helping us to understand the key risks and challenges and the actions needed for improvement so that lessons can be learned, alongside an understanding of areas which are facing enduring challenges.

We continue to recognise the Voices of our Citizens and Colleagues as integral parts of our organisation, with updates from Care Opinion, and our Commitment to Culture programme included in this report.

**Adam Coldwells, Chief Executive NHS Grampian**



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

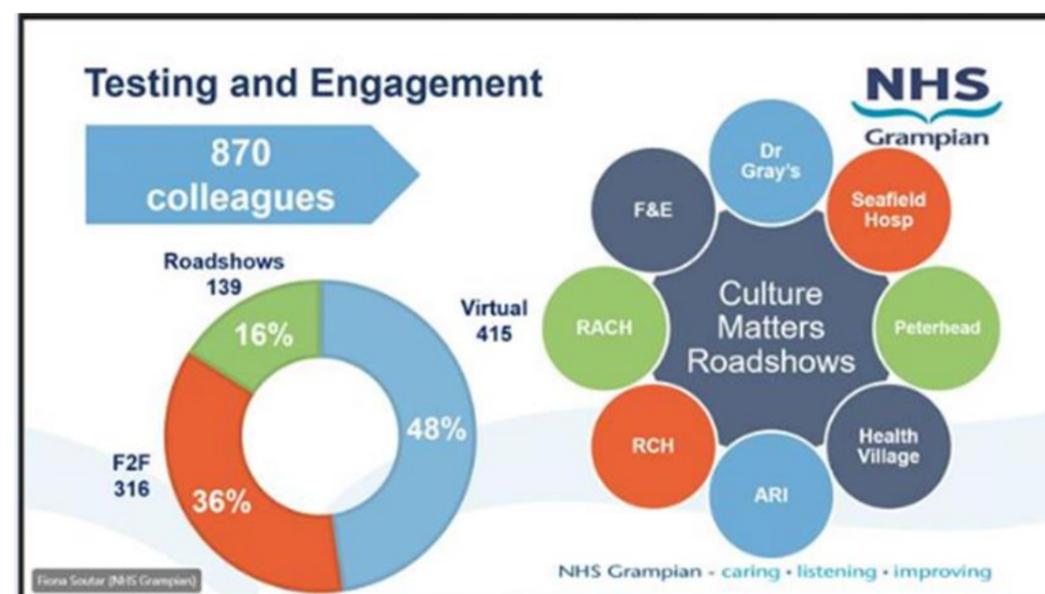


# Our Board Performance Summary

## Voice of our Colleagues via our Commitment to Culture

### Commitment to Culture and Voice of Our Colleagues in 2023:

- The Commitment to Culture (C2C) toolkit is a suite of resources collated by colleagues within Organisational Development during 2023.
- These resources are accessible on our intranet; include a range of diagnostic and intervention resources to enable teams to self-select tools and approaches that best suit their local context.
- These resources have been tested out via key performance indicators in the annual delivery plan to engage with 750 staff from across NHS Grampian during 2023/24.
- A C2C roadshow has been undertaken with a total of 139 roadshows across Grampian including, RACH, Health Village, Peterhead Community Hospital, Seafield Hospital in Buckie, Aberdeen Royal Infirmary, Woodend General Hospital and a virtual version for Facilities and Estates.
- In a variety of ways this total has already been exceeded, with a total of 899 colleagues engaged in having the C2C toolkit shared/discussed with invitation to review/comment.
- This figure includes 455 on a Face to Face (F2F) basis (139 during C2C roadshows) & 444 on a virtual basis.
- The F2F engagements included the nursing, midwifery and AHP strategic framework day,
- C2C mini-classes throughout February 2024 on 3 specific tools from the toolkit; 3 weeks with 3 sessions in each week – minimal attendance 3 people over 2 sessions.
- From Feb 24, C2C is being embedded into the Management Development Programme with a 1 hour session being included.
- The Culture Collaborative is a monthly virtual gathering, open to all; showcasing and exploring activity in relation to attending to our culture. This consistently attracts 30-50 attendees and its distribution list continues to grow.
- Year of the Manager
  - 5 Leadership and Management Forums have met since launch (to end Jan 24)
  - 274 people have registered on the Teams channel
  - 127 people have attend one or more of the five fora to date
  - 176 attendances overall;
    - August (launch event) = 78 attended      Sep – no event
    - Oct – 44 attended                                  Nov – 8 attended
    - Dec – 23 attended                                  Jan – 23 attended



NB – numbers in text on previous page are more updated than this graphic.

**Our key risks, challenges:**

- Reduced engagement & capacity from colleagues due to ongoing system pressures.
- Exacerbated by additional current financial pressures.
- Central resource to support system administration and maintenance.
- Insufficient resources/capacity to meet needs of support from teams and managers.

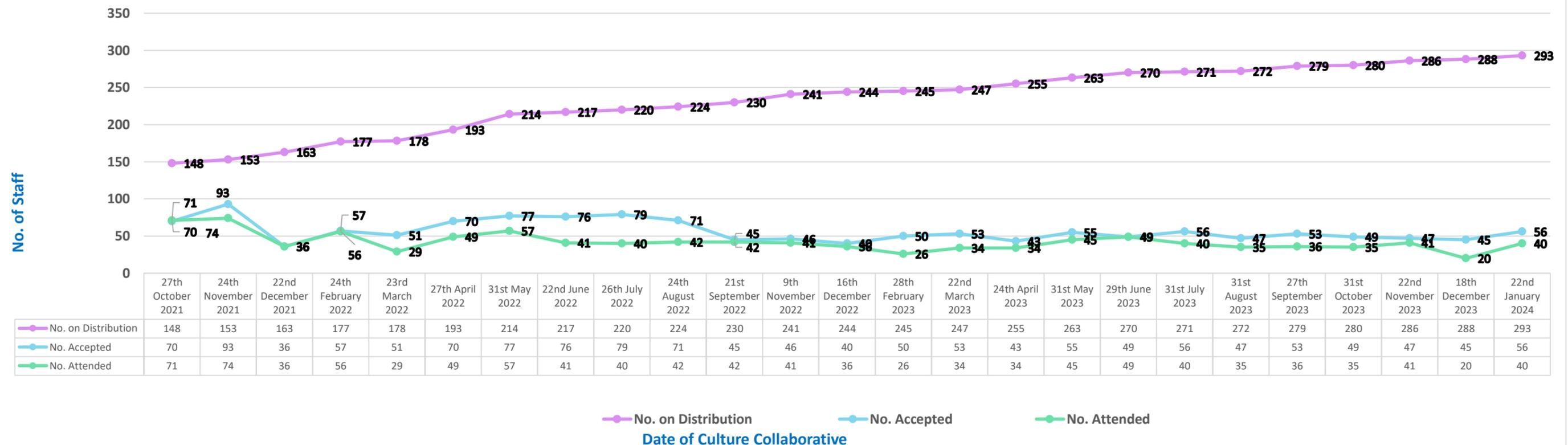
**Our actions to help us get there...**

- Year of the Manager – to raise profile of this role; whilst also understanding the needs of our managers to ensure we have access to development and support that is fit for purpose and continues to update with best practice.
- Review of manager and team support, including development and creation of learning opportunities in new formats: bite size videos and tutorials, redesign of face to face (teams) action planning learning sessions and guidance, progressing to the incorporation of iMatter into the Managers Development Programme. Awareness and information videos. All content accessible to NHS and Local Authority colleagues via TURAS.
- Connection to Strategic approach to engagement; both from a citizens of Grampian and colleagues (staff) within the organisation.
- Culture Matters Programme Board – widening engagement to ensure the views of managers and staff representatives are integral to planning our actions and learning in response to our ongoing work attending to our culture.

**What Next...?**

- Culture survey in Feb 24; a repeat survey across Facilities and Estates as well as a cross-discipline survey for the first time – across all of the combined child health service.
- iMatter survey – May 24; the planned annual survey across all of NHS Grampian.
- Conclusion of organisational redesign within People and Culture Directorate to form Wellbeing, Culture and Development (WCD) department from April 2024.
  - Providing the opportunity to optimise system impact from the investment across the previous functions of staff experience, learning and development, organisational development, culture matters and wellbeing (known as WeCare in Grampian).
- Integration of Culture survey and iMatter data as part of ongoing Cultural Intelligence development; Sharing Cultural Intelligence – Executive Leads Group.
- Further opportunity for collaboration being positively explored across WCD, Quality Improvement, Planning, Innovation and Programmes (PIP) and NMAHP directorate colleagues.

**Culture Collaborative Attendance Chart Oct 2021 - Jan 2024**



# Our Board Performance Summary

## Voice of our Citizens via Care Opinion

155 stories in Q3

96% of stories have a response

0 stories have changes planned

1 story has had changes made

### Care Opinion stories Quarter 3 2023/24

The 155 stories submitted to Care Opinion in the period October-December 2023 represent a 5% increase from the previous quarter, and a 14% increase in comparison to the same period in the previous year.

- The proportion of 'not critical' (or 'positive') stories increased from 68% in quarter 2 to 71% in quarter 3.
- The proportion of 'mildly critical' stories has decreased from 16% in quarter 2 to 15% in quarter 3.
- 4 stories were rated as 'strongly critical', an increase of 3 from the previous quarter. For all 4 stories:
  - the service areas requested the story authors contact them to discuss in more detail
  - 2 have a detailed public response on Care Opinion from the service, however the 'change planned' section of Care Opinion has not yet been updated
  - 2 have no further response noted on Care Opinion at the time of this report
- Overall initial responsiveness continues at a very high level (96%), increasing from the previous quarter, although lower than over the last two years.

### Contributing to change

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

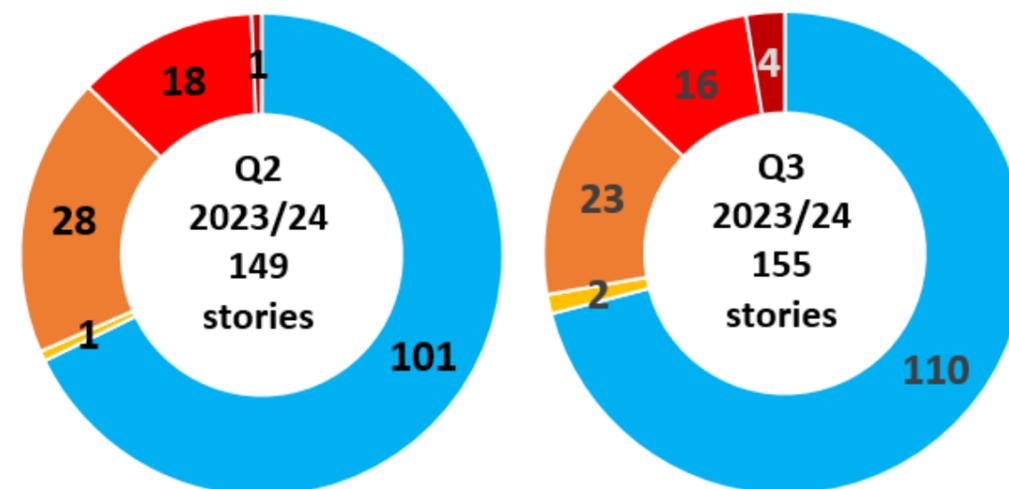
- For the October-December period, 1 of these stories' responses show a change has been planned or made (see next page for further detail), 1 fewer than the previous quarter.

### Governance

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

It is important to note that Care Opinion stories are representative of a small sample of our population who choose to provide feedback through this method. Other feedback routes are available.

### How moderators have rated the criticality of stories



■ 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

### 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 service 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

### Citizens stories

#### Adolescent mental health services

For the past 2 years we have been having lots of issues with our teenage daughter. After being referred to our local CAMHS we were seen quickly for a choice appointment. We have since had a very lengthy wait to be seen again. The appointment to begin seeing our daughter was online despite asking for an in person appointment. We have now been left in limbo as the practitioner seeing my daughter is off sick. There has been no back up service offered and after asking her to be seen, this also seems to be a one off appointment. This is making this whole process lengthy and very stressful.

[www.careopinion.org.uk](http://www.careopinion.org.uk)



### Change made/planned

Response from Interim Service Manager, CAMHS & PIMHS (December 2023):

Based on the information you provided to me, we were able to discuss as a multi-disciplinary team and ensure that we could provide support for your daughter whilst her previous clinician is off sick. As mentioned on the phone, please call us if you need any further support or assistance and we would be happy to discuss.

### Themes from Feedback

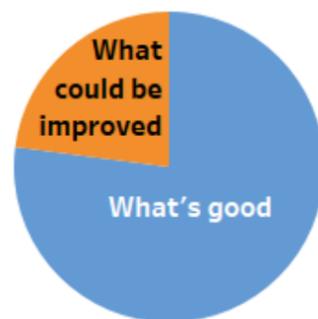
The Care Opinion platform lets our citizens attach brief tags to their stories, providing a summary of what was good and what could be improved about their experience.

#### What's good?

Feedback is predominantly positive, with "staff", "friendly" and "nurses" continuing to trend as the most frequently used positive tags

compassion kindness  
above and beyond  
amazing friendly helpful  
caring professional staff  
nurses reassuring communication  
professionalism care midwives doctor

Tag categorisation Jan 2023 - Dec 2023  
based on 552 stories submitted



These word clouds provide a visual representation of the tags from citizens' stories: the larger and darker the word, the more frequently it was used as a tag

#### What could be improved?

There are some areas where our citizens' stories suggest Improvement can be made. Over The last year "communication" was the most frequently tagged area for improvement, followed by "waiting times"

uncaring patient care privacy treatment  
patient confidentiality appointments not treated  
pain relief bedside manner discharge  
compassion waiting list results waiting times  
explanations cleanliness help  
experience medication  
gp referral triage communication  
information exhausted staff attitude delays traumatic  
professionalism thoroughness unprofessional empathy not listened to  
personal information more staff understanding  
care advice

Actions being taken to address this include: a request for all local Clinical Governance Chairs to discuss at the next meeting that "communication" is frequently highlighted as an area for improvement in our feedback, and an opportunity to explore options to support colleagues across the system; signposting colleagues to some of the existing resources such as Turas complaints modules, peer support, Value Based Reflective Practice to name a few.

# Performance Scorecard: Colleagues & Culture



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

**Objective: Strengthen Colleague & Citizen Engagement to Improve Health**



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
A - Right workforce to deliver care now and in the future	Reduce time to hire in support of addressing workforce shortages	116 days	104.5 days	<105 days	95 days	<105 days	85 days	<95 days		<95 days	<a href="#">Spotlight on page 18</a>
A - Right workforce to deliver care now and in the future	Reduction of nursing and agency spend (2022/23 Annual spend £11.504m)	Q4 £3.415m	£3.969m	<£2.601m	£3.825m	<£2.601m	£2.939m	<£2.601m		<£2601m	<a href="#">Summary on page 16</a>
A - Right workforce to deliver care now and in the future	Reduction in cost for junior doctor banding/medical locums (2022/23 Annual spend £17.178m)	Q4 £4.399m	£4.572m	<£3.569m	£5.270m	<£3.569m	£5.790m	<£3.569m		<£3.569m	<a href="#">Summary on page 16</a>
A - Right workforce to deliver care now and in the future	Compliance with mandatory training will increase to 80% for all new starts and 60% for all other colleagues	62% new/ 60% other	75% new/ 62% other	80% new/ 60% other	76% new/ 64% other	80% new/ 60% other	68% new/ 65% other	80% new/ 60% other		80% new/ 60% other	
A - Right workforce to deliver care now and in the future	Compliance with statutory training will increase to 90% for all new starts and 70% for all other colleagues	75% new/ 60% other	75% new/ 62% other	90% new/ 70% other	76% new/ 64% other	90% new/ 70% other	80% new/ 64% other	90% new/ 70% other		90% new/ 70% other	<a href="#">Summary on page 16</a>
A - Right workforce to deliver care now and in the future	Roll out RLDatix e-Rostering to 60 additional locations across NHS Grampian	100	No data available	115	123	130	154	145		160	<a href="#">Spotlight on page 19</a>
B - Culture & Wellbeing	75% of colleagues will feel their wellbeing is actively supported at work	70%	74%	75%	74%	75%	74%	75%		75%	
B - Culture & Wellbeing	65% of colleagues participate in iMatter & 50% of Teams have 2023 Action Plans	56% / 41%	56% / 41%	65% / 41%	62% / 51%	65% / 50%	62% / 54%	65% / 50%		65% / 50%	
B - Culture & Wellbeing	At least 750 colleagues have participated in developing Our Commitment to Culture	0	Data not available	250	500	500	789	625		750	

# Performance Scorecard: Citizens



**Strategic Intent: No citizen in Grampian will be left behind**

**Objective: Strengthen Colleague & Citizen Engagement to Improve Health**



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
C - People Powered Health	Completion of the draft volunteering plan by Q4	0	25%	25%	50%	50%	72%	75%		100%	
C - People Powered Health	Completion of draft engagement policy by Q4	0	25%	25%	50%	50%	72%	75%		100%	

# Performance Scorecard: Children



**Strategic Intent: Children are given the best start, to live happy, healthy lives**

**Objective: Strengthen Colleague & Citizen Engagement to Improve Health**



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
D - Children's health and wellbeing	Reduce backlog of unbooked TTG RACH patients to 750 patients	1250	939	<950	821	<900	782	<850		<750	<a href="#">Spotlight on page 20</a>

# Performance Scorecard: Anchor



**Strategic Intent: We have social responsibility, beyond healthcare**

**Objective: Create the conditions for sustainable change**



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
E - Employment, procurement and physical assets	<b>Uptake of at least 12 new entrant Apprenticeships</b>	0	0	3	5	6	7	9		12	<a href="#">Summary on page 16</a>
E - Employment, procurement and physical assets	<b>Completion of 8 actions of Woodhill House Project Plan (transfer of corporate colleagues (69 teams) by 31st March 2024.</b>	0	25%	25%	50%	50%	50%	75%		100%	<a href="#">Summary on page 16</a>
H - Capital/Infrastructure Developments	<b>Committed spend on higher risk backlog tasks</b>	£0	£1.5m	£1.5m	£2.5m	£3.0m	£3.5m	£3.8m		£4.0m	<a href="#">Summary on page 16</a>

# Performance Scorecard: Communities



**Strategic Intent: Playing our role with partners for flourishing communities**

**Objective: Create the conditions for sustainable change**



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
F - Population Based Approach to Health	<b>100% of individuals are offered an abortion care assessment within 1 week of contact with services</b>	91.8%	94.6%	100%	92.1%	100%	87%	100%		100%	<a href="#">Summary on page 16</a>
F - Population Based Approach to Health	<b>100% individuals are offered a date for an abortion procedure within 1 week of assessment</b>	77.2%	67.5%	100%	44%	100%	84%	100%		100%	<a href="#">Summary on page 16</a>

# Performance Scorecard: Environment



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

**Objective: Create the conditions for sustainable change**



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend (12 months to Dec 23 where available)	Benchmarking (of 11 mainland Boards: ranked 1 <sup>st</sup> = best performing)	Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target			
G - Greening health systems	Increase percentage of recycled waste to 50%	43.9%	43.5%	45.425%	44.24%	46.95%	46%	48.475%		50%			<a href="#">Summary on page 16</a>
G - Greening health systems	Reduce Consumption of Gas & Electricity (kWh) by 5% Season adjusted as per 2022/23	235.0m kWh	51.2m kWh	64.7m kWh	99.9m kWh	102.7m kWh	163.2m kWh	160.7m kWh		223.2m kWh			Estimated figure for Q3 <a href="#">Spotlight on page 21</a>
I1 - Value & Sustainability	To achieve a savings target of £16.5m for FY23/24	£0	£3.39m	£4.1m	£4.99m	£6.88m	£11.7m	£12.4m		£16.5m			<a href="#">Summary on page 17</a>
I2 - Realistic Medicine	An increase of 250 in completion of Turas module on Shared Decision Making over the course of the year by Q4	757	853	857	933	907	978	957		1007			Amended KPI, increase from 200 to 250 over the year
I2 - Realistic Medicine	No patient will be waiting more than 2 years for a consultant-led new outpatient appointment	268	313	<200	344	<150	444	<50		0 (revised forecast <1,010)		10 <sup>th</sup> (quarter end Sep 23)	Revised forecast submitted to SG Oct 2023 <a href="#">Summary on page 17</a>

# Performance Scorecard: Whole System Working



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

**Objective: Improve Preventative & Timely Access to Care**



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target	
J - Pathways redesign	Completion of scoping exercise on adult general mental health using RACI Matrix tool	0	25%	25%	50%	50%	70%	75%		100%	<a href="#">Summary on page 17</a>
K - Intelligence-led improvements	Childhood - % completed primary vaccination course by 24 months - MMR dose 1	89.7%	92.3%	95%	92.7%	95%	Data not available at time of reporting	95%		95%	
K - Intelligence-led improvements	Adult Routine - % shingles vaccination coverage	53.9%	69.5%	60%	seasonal	n/a	seasonal	n/a			Programme not starting till Jan 2024
K - Intelligence-led improvements	% Frontline Health and social care uptake - Covid-19	46.7%	seasonal	n/a	seasonal	n/a	36.1%	50%		50%	<a href="#">Spotlight on page 22</a>
K - Intelligence-led improvements	% pregnant women received covid-19 vaccine	14.8%	seasonal	n/a	seasonal	n/a	13.9%	30%		30%	

# Performance Scorecard: Empowering



**Strategic Intent: Grampian's population is enabled to live healthier for longer**

**Objective: Improve Preventative & Timely Access to Care**



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend (12 months to Dec 23 where available)	Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target		
L – Making every opportunity count	Waiting Well service to be delivered to an additional 8,000 patients (from March 2023 baseline: 6031 patients)	6031	8141	>8030	10505	>10030	12316	>12030		>14030		<a href="#">Spotlight on page 23</a>

# Performance Scorecard: Access



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

**Objective: Improve Preventative & Timely Access to Care**



Priority Area	Key Performance Indicator	Baseline (Mar 23)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend (12 months to Dec 23 where available)	Benchmarking (of 11 mainland Boards: ranked 1 <sup>st</sup> = best performing)	Notes
			Actual	Target	Actual	Target	Actual	Target	Actual	Target			
N1 - Improving access and protecting planned care	<b>No more than 860 patients will be waiting more than 2 years for a planned inpatient Treatment Time Guarantee appointment</b>	1841	1800	<1400	1862	<1220	1919	<1040	<860 (revised forecast <2520)		11 <sup>th</sup> (quarter end Sep 23)	Revised forecast submitted to SG Oct 2023 <a href="#">Summary on page 17</a>	
N1 - Improving access and protecting planned care	<b>Delayed discharges to be no greater than 2022/23 position</b>	72	90	<111	91	<111	123	<111	<111		2 <sup>nd</sup> (Dec 23 census point)	<a href="#">Spotlight on page 24</a>	
N2 - Cancer care	<b>95% of citizens will receive first cancer treatment within 31 days of decision to treat</b>	95.25%	93.78%	95%	89.31%	95%	90.91%	95%	95%		11 <sup>th</sup> (quarter end Sep 23)	<a href="#">Summary on page 17</a>	
N2 - Cancer care	<b>81% of citizens will receive first treatment within 62 days of urgent suspected cancer referral</b>	65.04%	70.63%	77%	56.34%	79%	54.55%	80%	81%		11 <sup>th</sup> (quarter end Sep 23)	<a href="#">Summary on page 17</a>	
N3 - Urgent & Unscheduled Care, and Preparations for Winter 2023/24	<b>70% of citizens will be seen within 4 hours in our Emergency Departments</b>	58.1%	64.3%	57.7%	63.3%	62.3%	55.3%	70%	70%		10 <sup>th</sup> (Dec 23 census point)	<a href="#">Spotlight on page 25</a>	
N3 - Urgent & Unscheduled Care, and Preparations for Winter 2023/24	<b>Monthly acute delayed discharges (ARI &amp; Dr Gray's) to be 15% lower than 2022/23 position (20)</b>	7	13	<21	11	<20	20	<19	<18			<a href="#">Summary on page 17</a>	
N4 - Mental health & learning disabilities	<b>90% of children and young people referred to Mental Health Services will be seen within 18 weeks of referral</b>	99.6%	96.1%	90%	85.5%	90%	96.5%	90%	90%		3 <sup>rd</sup> (quarter end Sep 23)		
N4 - Mental health & learning disabilities	<b>No one will wait over 36 weeks for psychological therapies</b>	311	147	<240	78	<160	122	<80	0		2 <sup>nd</sup> (Sep 23 census point)	<a href="#">Summary on page 17</a>	
N5 - Dr Gray's strategic plan	<b>To achieve 28% progress of 52 Actions from the Dr Gray's Strategic Plan</b>	0%	1%	1%	12%	10%	21%	16%	28%				

# Adverse Performance Summary

Strategic Intent Area	Key Performance Indicator	Performance		Last Reported for Assurance	Why are we in this position? <i>Comment from responsible executive lead</i>
		Quarter 2	Quarter 3		
Colleagues & Culture	Reduction of nursing and agency spend (2022/23 Annual spend £11.504m)	£3.825m	£2.939m	Q1/Q2 HAWD Spotlight 07/12/23	The increase spend has been driven by increased acuity and sustained unfunded clinical activity. Significant activity was undertaken to control agency spend which included increased HCSW bank recruitment to remove agency use and the removal of off framework agency from June 2024. The average monthly spend has reduced for the last three months compared with April to October.
Colleagues & Culture	Reduction in cost for junior doctor banding/medical locums (2022/23 Annual spend £17.178m)	£5.270m	£5.790m	Q1/Q2 HAWD Spotlight 07/12/23	A number of factors have contributed including Headcount Vs WTE, changing trends to work life balance and cultural positions regarding accepting responsibility to take breaks when system pressures are high. Line management of junior doctors and the management of functions not directly perceived as training or education is being reconsidered.
Colleagues & Culture	Compliance with statutory training will increase to 90% for all new starts and 70% for all other colleagues	76% new/ 64% other	80% new/ 64% other	Q1/Q2 HAWD Spotlight 07/12/23	After flat performance in 2022/23, there has been a 5 percentage point increase in new start compliance, and 6 percentage points for existing staff in 23/24 YTD. It is noteworthy that avoiding a fall in compliance involves significant work, so improvement is positive. Moving forward, there is scope for exploring through a Human Learning Systems lens a different approach to assurance in this area through re-framing responsibilities.
Anchor	Uptake of at least 12 new entrant Apprenticeships	5	7	Not reported	2 x further new entry Modern Apprenticeships advertised following review at Vacancy Control. Anticipated that will meet 75% of full year target, which has been impacted by withdrawal of flexible workforce development funding from Skills Development Scotland.
Anchor	Completion of 8 actions of Woodhill House Project Plan (transfer of corporate colleagues (69 teams) by 31st March 2024	50%	50%	Not reported	This is due to the delayed Data Protection Impact Assessment (DPIA) required to share information with project team. Without this approval, project team are restricted of what work can be progressed.
Anchor	Committed spend on higher risk backlog tasks	£2.5m	£3.5m	Q1/Q2 HAWD Spotlight 07/12/23	Withholding final funding commitment was a deliberate move for flexibility, as previously reported. This measure will be on target by year end.
Communities	100% of individuals are offered an abortion care assessment within 1 week of contact with services	91.2%	87%	Q1/Q2 HAWD Spotlight 07/12/23	Performance remains high at 87%. Explanation for challenges in reaching 100% performance, and the improvement activity as set out in Spotlight report remains relevant.
Communities	100% individuals are offered a date for an abortion procedure within 1 week of assessment	44%	84%	Q1/Q2 HAWD Spotlight 07/12/23	Performance improved significantly from Q2 (44%) to Q3 (84%)
Environment	Increase percentage of recycled waste to 50%	44.24%	46%	Q1/Q2 HAWD Spotlight 07/12/23	This relies substantially on focus on waste streaming at source by staff in wards etc. Recycling has been promoted and better-enabled through some bin changes. Progress is slower than originally targeted.

Strategic Intent Area	Key Performance Indicator	Performance		Last Reported for Assurance	Why are we in this position? <i>Comment from responsible executive lead</i>
		Quarter 2	Quarter 3		
Environment	To achieve a savings target of £16.5m for FY23/24	£4.99m	£11.7m	Q1/Q2 Finance Report 07/12/23	At Q3 (up to the end of Dec), actual savings achieved were £11.7m against a target of £12.38m. Achievement of savings has improved in January due to continued savings on locum costs, agency nursing and tidy up of old orders. For the first time this year, actual savings achieved are now ahead of target at the end of January.
Environment	No patient will be waiting more than 2 years for a consultant-led new outpatient appointment	344	444	Q1/Q2 HAWD Spotlight 07/12/23	Compared to 2019 we have seen a significant increase in the demand for urgent appointments especially for cancer related diagnosis. This has significantly realigned capacity away from less high risk referrals which together with the inability to expand capacity through non-core funding has contributed to the increasing backlog.
Whole System Working	Completion of scoping exercise on adult general mental health using RACI Matrix tool	50%	70%	Not reported	AMH Process Mapping Exercise completed, and at write up stage, this includes conclusion of lived experience survey. Initial presentation of findings to AMH Process Mapping Steering Group Thurs 14th March, and to NEPSG Fri 16th March. Thereafter planned programme of attendance to all Mental Health Cross System Strategic Delivery Team, Mental Health Portfolio Board and all three IJBs by end May 2024
Access	No more than 860 patients will be waiting more than 2 years for a planned inpatient Treatment Time Guarantee appointment	1862	1919	Q1/Q2 HAWD Spotlight 07/12/23	The anticipated increase expected from opening short stay theatres and using capacity in our network has not been realised due to infrastructure and or infection prevention guidance of safe standards. In addition we have turned off capacity funded through non-recurring streams.
Access	95% of citizens will receive first cancer treatment within 31 days of decision to treat	89.31%	90.91%	Q1/Q2 HAWD Spotlight 07/12/23	A number of breach points are recognised related to the capacity in outpatients, diagnostics and teams to coordinate multidisciplinary team reviews.
Access	81% of citizens will receive first treatment within 62 days of urgent suspected cancer referral	56.34%	54.55%	Q1/Q2 HAWD Spotlight 07/12/23	A significant factor in the breach of patients is access to theatre capacity, which is also under pressure from the complications of long waiters presenting with more advanced stage of surgery as well as high acuity complex non-cancer surgery. The reduced bed base in planned care due to unscheduled care admissions and workforce shortages add to the challenges, although our utilisation remains very good.
Access	Monthly acute delayed discharges (ARI & Dr Gray's) to be 15% lower than 2022/23 position (20)	11	20	Not reported	Focused improvement work has been ongoing throughout quarter 3 to improve accurate recording of delayed discharges. A weekly optimising patient flow delayed discharge and delayed transfer of care meeting was implemented in November 2023 to review patients with the longest length of delay to facilitate discharge. This meeting also provides an opportunity for members of the multidisciplinary team to escalate any definition or coding queries. As a result of this the increase in delayed discharge data may be a reflection of improved recording.
Access	No one will wait over 36 weeks for psychological therapies	78	122	Not reported	Additional investment has not been agreed as a result due to the financial recovery measures.

# Our Performance Spotlights: Colleagues & Culture



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

**Objective:** Strengthen Colleague & Citizen Engagement to Improve Health

**Priority Area:** A - Right workforce to deliver care now and in the future

**Key Performance Indicator (KPI):** Reduce Time to Hire (TTH) in support of addressing workforce shortages

**Dec 23 position:** 85 days  
**Q3 Target:** <95 days

## Our story so far....

NHS Grampian are currently ahead of both local (95 day) and national (117 day) KPIs for Time to Hire (the period between a vacancy being submitted for approval and someone commencing in post). This is mainly due to extra investment commencing 2023/24 in our HR Recruitment staffing, supporting greater focus on reducing the TTH and providing a better experience for both Hiring Managers and Candidates.

## Our key risks, challenges and impacts...

- Financial – HR Recruitment budget is entirely pay. If cost savings to be made which impacts on staffing numbers then this will also impact on future performance.
- Vacancy Controls were implemented mid-December. These may impact on our Time to Hire performance by up to 14 days for some posts if the panel identify a need for additional information.
- Vacancy Controls, although designed to be as admin-light as possible are still using additional recruitment resource, detracting from ability to progress

*Commentary from Tom Power*



**Director of People & Culture**

## Our mitigation and recovery actions

- No recovery actions required as we are well within the local and national KPIs for Time to Hire.
- In terms of vacancy control, there may be some reduction in volume of work if Managers do not submit requests to recruit due to posts not meeting the criteria and/or posts filtered out at vacancy control. This will be easier to assess by end of Q4.
- Further discussion is required with Clinical Leads around use of Bulk Recruitment / Talent Pools.

## What have we learnt?

- The system wide impact of reducing Time to Hire from the National 116 day KPI to local 95 day KPI has the potential to save approximately 352,000 hours of unfilled vacancies p.a. (based on reducing Time to Hire by 22 x 8 hour days for 2,000 vacancies per year).
- Positive feedback from the Test of Change with new Recruitment Services Model to reduce Hiring Managers time

## Oversight and assurance

- The Sustainable Workforce Oversight Group (SWOG) has oversight of ADP / KPIs relating to Recruitment.
- SWOG feeds the Staff Governance Committee as part of Plan for the Future Assurance.

# Our Performance Spotlights: Colleagues & Culture



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

**Objective: Strengthen Colleague & Citizen Engagement to Improve Health**

**Priority Area: A - Right workforce to deliver care now and in the future**

**Key Performance Indicator (KPI): Rollout of RLDatix eRostering to 60 additional units**

**Dec 23 position: 154**  
**Q3 Target: 145**

## Our story so far....

NHS Grampian uses the RLDatix products Optima, Bankstaff, Employee Online, Roster Perform and SafeCare. As at 29/1/24 there are 157 live locations being electronically rostered, this is on track to meet the target total of 160 units by the end of Q4 2023/24, and is well advanced relative to other Boards. 56.5 % of Nursing & Midwifery staff, the largest NHSG staff group, are electronically rostered. At the end of Q3, SafeCare (giving daily live visibility of staffing) is being used in 149 locations which includes 73 using it for Acuity recording, risk assessment, mitigations and escalations. Widespread SafeCare deployment will support the ability of NHSG to comply with the requirements of the Health & Care Staffing Scotland Act (HCSSA). Rollout of the products continues to focus on Nursing & Midwifery Services but there is increasing opportunity for other services to benefit from eRostering and this includes the ARI Radiography Service. SG requires a plan and rollout of eRostering to be implemented across all services and professions by 31<sup>st</sup> March 2026.

## Our key risks, challenges and impacts...

- Lack of integration to SSTS/Payroll hinders effective processes, maximum benefits realisation – this is experienced by all Boards. Pending national resolution, an additional resource to maintain is required to ensure timeous and accurate staff payment and quality of roster information.
- The current “direct to Payroll” approach has a timescale of 12/18 months from Nov 2023 and it is not yet clear if the expected solution will achieve 100% of requirements and may require on going additional resource albeit at a reduced level.
- Lack of clarity re: funding arrangements re: HCSSA implementation support beyond current financial year.

*Commentary from*  
**Tom Power**



**Director of People & Culture**

## Our mitigation and recovery actions

- NHS Grampian representatives are involved in supporting national activity to progress integrations. This includes workshops on standardised configuration. Payroll specific fields are the current priority.
- In order to support continuing rollout of the RLDatix products, alternative methods of data maintenance will be considered, these however may require additional service input
- NHS Grampian representatives continue to influence national progression on integrations using forums such as Knowledge Forum, Payroll Services Programme Board and National eRostering Programme Board. However, realisation of national system integrations is out with direct control of NHSG
- Continuation of the unavoidable cost pressure due to lack of integrations (Optima to SSTS update); this recognises the importance of continued coverage of eRostering products

## What have we learnt?

- eRostering (Optima) implementation supports our drive towards roster information being more easily accessible and supporting scrutiny and decision-making.
- SafeCare is well received by users, particularly senior team members re: the content, format and presentation of information
- The importance of input from key stakeholders at forums like the NHSG eRostering Implementation Group
- Employee Online is well received by users who like its accessibility and feel it is easy to use, this supports an overall positive engagement with eRostering products.
- Optima may be a hub system around modernisation of other national payroll, finance and HR systems.

## Oversight and assurance

- The NHSG Effective Workforce Utilisation Programme Board ensures an effective flow of information and appropriate decision-making on programme priorities, with onward reporting and when required escalation via Sustainable Workforce Oversight Group. An operational Implementation Group also reports into this Board.

# ABC Our Performance Spotlights: Children



**Strategic Intent: Children are given the best start, to live happy, healthy lives**

**Objective: Strengthen Colleague & Citizen Engagement to Improve Health**

**Priority Area: D – Children’s Health & Wellbeing**

**Key Performance Indicator (KPI):  
Reduce backlog of unbooked TTG  
RACH patients to 750 patients**

**Dec 23  
position:  
782  
Q3 Target:  
<850**

## Our story so far....

- Prior to the COVID pandemic, RACH (Royal Aberdeen Children’s Hospital) theatre activity and demand was broadly balanced. The restriction of elective activity during COVID and concurrent retiral/departure of experienced staff contributed to a sharp decrease in capacity resulting in a backlog waiting list of over 1000 patients at the end of 2022.
- A team focus on service improvement and a successful bid for funding has enabled significant work to be taken forward.
- By end October 2023 the paediatric nursing team was at full establishment.
- Anaesthetic staffing remains a restricting factor, however, the improved efficiency and increased availability of theatre sessions has resulted in increased theatre session utilisation and the enhanced performance management of scheduling is demonstrating an increase in activity.
- This improved efficiency and utilisation has resulted in a marked reduction in waiting list.

## Our key risks, challenges and impacts...

- Anaesthetic staffing
- High Dependency Unit (HDU) Capacity

*Commentary from  
**Geraldine Fraser***



**Executive Lead  
Integrated Families Portfolio  
& Medicine & Unscheduled  
Care Portfolio**

## Our mitigation and recovery actions

- Recruitment to substantive Paediatric Anaesthetist positions is underway
- Rota support is being provided by Adult Anaesthetists with paediatric competencies and paediatrics anaesthetist from other boards on a locum basis to maintain emergency and out of hours work.
- Anticipated that the first of the substantive appointments will be in post in March 2024.
- Engagement via relevant Professional Leads to progress improvement work.
- Regular interrogation of rotas and close work with specialties to ensure utilisation of theatre time is maximised.

## What have we learnt?

- Teams are engaged and motivated to improve services.
- Feedback evidencing progress is key to maintaining ownership and continuous improvement.
- Graphs of theatre efficiency are published weekly and made available on noticeboards, this visual has led to improved engagement with teams and enabled the team leads to identify any areas of concern and address them timeously.

## Oversight and assurance

- Performance analysed and areas for improvement identified and addressed as part of an on-going continuous improvement process.
- Monthly waiting time data is shared with portfolio/operational management level
- Strategic Theatres Short Life Working Group
- Annual to Performance, Assurance, Finance and Infrastructure Committee

# Our Performance Spotlights: Environment



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

**Objective: Create the Conditions for Sustainable Change**

**Priority Area: G - Greening Health Systems**

**Key Performance Indicator (KPI):  
Reduce Consumption of Gas & Electricity (kWh) by 5%  
Season adjusted as per 2022/23**

**Dec 23 position: 163.2m kWh (estimated)  
Q3 Target: <850**

## Our story so far....

NHS Grampian currently have no substantial interventions which have been funded or implemented to reduce the demand of Gas and Electricity (e.g. lighting upgrades, insulation upgrades, glazing etc.). Consequential energy reduction from backlog investments in buildings and engineering plants are fairly small in scale. The lower energy consumption at the end of Q2 and the estimated consumption at the end of Q3 is ~163 m kWh which is slightly above the target of ~161 m kWh. The Biomass boiler is a low-emission alternative to Gas and Electricity and has been out of use for several months due to an engineering issue.

To achieve our commitments in being a leader in sustainability we need to ensure that decisions we make going forward are assessed for the environmental impact. This will be challenging given the financial position we are in as an organisation however we must explore all opportunities to assist in meeting our strategic objectives.

## Our key risks, challenges and impacts...

- A perceived (but unmeasured) rising demand for electricity in particular, associated with additional medical equipment and equipment upgrades.
- Expected additional demand for Gas and Electricity associated with some of the new projects e.g. the new Mortuary.
- Backlog funding prioritised almost exclusively on higher-risk building failures and actual building failures.
- Benefits in terms of energy efficiency are consequential and relatively minor in scale.
- Currently very low availability of investment for energy efficiency improvements and decarbonising our energy supply.
- A regular proportion of energy billing is based on estimates with periodic reconciliations. This means that quarter-to-quarter measurements can be inaccurate and potentially misleading

*Commentary from  
Alan Wilson*

**Director of  
Infrastructure & Facilities**



## Our mitigation and recovery actions

- Engage actively and broadly on funding options, potentially looking beyond the public sector.
- Prioritise insulation and other quick-return energy efficiency measures on a 'spend to save' basis.
- Focus on optimising building controls – especially timings and set points.
- Prepare investment projects for the highest potential locations in anticipation of a change in the funding context.
- Progress additional smart metering (as resources permit) to improve the quarter-to-quarter accuracy of energy consumption.

## What have we learnt?

- The target was set based on the long term (15 year) commitment to decarbonisation, without specific funded interventions to deliver this scale of change.
- Optimising controls and smaller-scale investments are not likely to deliver the desired level of improvements.
- Looking at the quarter-by-quarter consumption can be misleading because of the regular use of consumption estimates

## Oversight and assurance

- Performance is reported to the NHS Grampian Sustainability Governance Group

# Our Performance Spotlights: Access

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

**Objective: Improve Preventative & Timely Access to Care**

**Priority Area: K - Intelligence-led improvements**

**Key Performance Indicator (KPI):**  
 % frontline health and social care uptake of Covid-19 vaccine  
 % pregnant women received Covid-19 vaccine

**Dec 23 position:**  
 32.9%/13.5%  
**Q3 Aspirational Target:**  
 50%/30%



## Our story so far....

- The autumn/winter vaccination programme began on the 4<sup>th</sup> of September 2023. Citizens who live in Grampian and in an eligible group were invited to attend with the programme running until the 31<sup>st</sup> March 2024.
- 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 continue to be used to optimise accessibility and uptake.
- All health and social care workers who had a digital preference from previously booking an appointment via the national self-booking portal were issued a text/email a week prior to the programme starting as a prompt to book an appointment. Information was also shared via payslips, daily brief and at the clinical area forum and system leadership meetings.
- By 31<sup>st</sup> December 2023, the team administered 356,473 vaccines (130,515 Covid-19 and 225,958 flu).
- We remain above Scotland's average for all cohorts eligible for winter vaccination except for all health care workers (Flu only) and the 12 – 64 at risk group. Data on uptake for pregnant women in Scotland is expected in February 2024.
- Our clinics remain available for eligible citizens to drop in and take up the offer of the vaccination.
- 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 key risks, challenges and impacts...

- Changes to prioritisation of cohorts whilst delivering the programme based on new variants of concern
- Sufficient workforce resource to support surge activity to deliver autumn winter vaccination programme
- Rurality and adverse weather
- Available funding to deliver future autumn winter vaccination programme may impact on delivery models.
- Accessibility and equity of premises to deliver the programme
- Late availability of new/recommended vaccines

*Commentary from*  
**Susan Webb**



**Director of Public Health**

## Our mitigation and recovery actions

- Local, Regional and National level co-operation and discussion to share challenges and issues
- National health and social care worker survey in February/ March 2024 to understand attitudes and experiences of all eligible workforce (particularly unvaccinated staff) to both flu and Covid-19 vaccines to support future delivery models to maximise uptake.
- Vaccinations in pregnancy task and finish group established to review delivery models and support improvement work.

## What have we learnt?

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

## How do we compare with the national average for the winter vaccination programme?

(NHS Grampian programme status 31.12.23)

Cohort	NHS Grampian	Scotland
	Uptake	Uptake
Older Adult Care Home Resident (Covid-19 Booster)	88.8%	87.6%
Older Adult Care Home Resident (Adult Flu Vaccine)	89.3%	88.4%
75+ cohort (covid-19 booster)	84%	83%
75+ cohort (Adult flu vaccine)	84.4%	83.6%
65 – 74 years Cohort (Covid-19 Booster)	76.4%	73.1%
65 – 74 years Cohort (Adult Flu Vaccine)	76.7%	74%
50-64 Cohort (Adult Flu Vaccine)	35.9%	34.8%
Frontline Health and Social Care Workers (Covid-19 Booster)	32.9%	31.4%
All Health Care Workers (Adult Flu Vaccine)	27.7%	30%
All social care workers (covid-19 booster)	12.8%	12.6%
All social care workers (adult flu vaccine)	11.7%	10.7%
Weakened Immune system (covid-19 vaccine)	60%	58.2%
Weakened Immune system (adult flu vaccine)	64.5%	62.6%
At risk individuals aged 12 to 64 (Covid-19 Booster)	34.6%	35%
At risk individuals aged 18 to 64 (Adult Flu Vaccine)	40.6%	40.4%
Pregnant women (covid-19 vaccine)	13.5%	Not available
Pregnant women (adult flu vaccine)	20.2%	Not available

## Oversight and assurance

Provided through progress reporting to:

- Vaccination Programme Board
- Population Health Portfolio Board
- Population Health Committee
- CET Meeting
- Board liaison meetings with Public Health Scotland/Scottish Government Vaccine Policy team

# Our Performance Spotlights: Access

**Strategic Intent: Grampian's population is enabled to live healthier for longer**

**Objective: Improve Preventative & Timely Access to Care**

**Priority Area: L - Making every opportunity count**

**Key Performance Indicator (KPI):  
Waiting Well service to be delivered to an additional 8,000 patients (from March 2023 baseline: 6031 patients)**

**Dec 23 position: 12316**  
**Q3 Target: 12030**



## Our story so far....

- Waiting Well service was started in June 2022 in response to increasing waiting lists for elective surgery as a result of Covid19. The service was initially set up using the Test and Protect workforce.
- Builds on the existing Healthpoint Service, to offer tailored patient centred supported self-management to patients waiting for procedures. The team contact patients to ensure contact details and GP practice are up to date, then help them to prepare for treatment and provide support to help them consider lifestyle improvements they can make pre and post-surgery to improve recovery times. This includes checking on their wellbeing on a range of areas including lifestyle factors, money worries, carer, vaccination and screening status and providing appropriate support to address some of the factors that may be impacting on their health such as the cost of living crisis, fuel poverty, tobacco use, being a healthy weight and social isolation. The support offered can include referral/signposting into appropriate services both NHS and community based as well appropriate advice or information and sometimes just a listening ear.
- The Waiting Well service has supported patients from Orthopaedics ARI & Dr Gray's, Gynaecology, General Surgery, RACH Dental, Surgery & ENT, Plastic Surgery, Renal, Urology, Gastroenterology, Podiatry and Radiology.
- Since starting the service in June 2022 **12,316** patients have been supported with wellbeing conversations, unavailability dates have been provided for **1896** patients and **600** patients were removed from waiting lists. **264** patients went to the clinical teams for review and as a result **87** were escalated for their procedure.
- The target for this financial year is to support 8000 patients, and the service is on track to achieve this, having contacted 6285 patients by the end of December.

This service has not been implemented in other NHS Boards yet, to our knowledge; however, there is national work ongoing that is looking to pilot this with orthopaedic services in a few Boards. The team are involved with and support the national Waiting Well Steering group, where the work of NHS Grampian is often flagged up as good practice.

*Commentary from*  
**Susan Webb**



**Director of Public Health**

## Our mitigation and recovery actions –

- The service is provided by 3 full-time advisors and a half time nurse with support and management from the wider Healthpoint service. It has secured 50% of costs on a permanent basis but the remaining 50% is short term funding, posing a risk to long term continuation of the service. This financial risk is being managed through discussions with the Director of Public Health, Director of Finance and Chief Executive.
- Support for weight management continues to be a need amongst patients on waiting lists. There is a risk that these services may not be able to meet demand. A robust, evidence based adult weight management review is underway to ensure a service, which meets national standards and local demand, incorporating digital solutions and ensuring best use of resource.

## Oversight and assurance

- Waiting Well provides weekly reports to specialties whose patients are being supported.
- It provides assurance through the Public Health Coordinating Group to the Population Health Portfolio Board and Population Health Committee.

## What have we learnt?

Evaluation was undertaken for the first cohort of patients in receipt of the service.

- **85%** thought the information they received was useful or might be useful in the future
- An additional **9%** reported that the information they received had already led to improvements in their life.
- **49%** of the respondents said they had either already made changes or were planning to make changes to improve their health or wellbeing.
- Through patient feedback gathered on weekly reports we know that even when no additional wellbeing advice is needed, patients advise on being reassured by the call.
- Referral process being developed so GPs can refer anyone who would benefit from a wellbeing conversation to the service.

## Recent Patient Feedback via team members:

*“Patient was called by us in 2022 and has since been successful in losing weight after he had been signposted to appropriate support. Feels WW service are the only people who have not forgotten about him”*

*“Patient signposted to Breathing Space in 2022 following a WW call where the Advisor provided advice and support. Since then the patient has attended counselling sessions and is doing really well”*

*“Patient disclosed that they had a street drug problem during call. I had to phone them back the next day to clarify a different issue and they updated me that they were just off the phone to their GP. They had spoken with them for the first time about their drug problem and was going to get the support they needed and it was as a result of the Waiting Well call yesterday”.*

# Our Performance Spotlights: Access

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

**Objective: Improve Preventative & Timely Access to Care**

**Priority Area: N1 - Improving access and protecting planned care**

**Key Performance Indicator (KPI):  
Delayed discharges to be no greater than 2022/23 position**

**Dec 23 position: 123  
Q3 Target: <111**



## Our story so far....

Delayed discharges are a jointly held responsibility, shared by Aberdeenshire, Moray, and Aberdeen City Integrated Joint Boards (IJBs), resulting in differing experiences across the NHS Grampian region.

Aberdeenshire saw a spike in delays in November followed by a reduction in December following a similar pattern to 2022, while Aberdeen City's delays reduced during the year and in Q3 the census date figure was 24 demonstrating good performance despite the significant challenges.

In Moray, there has been a steady climb in delays over the past 6 months. System wide changes implemented in August 2022 resulted in a sustainable reduction in delays up until July 2023 when a noticeable increase occurred.

## Our key risks, challenges and impacts...

- Demand for health and social care services continues to increase in line with a growing population of older people and peaks are seen every winter
- No additional funding from Scottish Government this winter, unlike 2022/23
- Recruitment challenges increased during 2023, where funding available
- Focus on delayed discharge leads to longer waiting times for new referrals to Adult Social Work to be assessed and growing list of unmet need
- Delayed discharge results in risks to patients including treatment in wrong setting, increased risk of infection, loss of mobility & cognitive function, and delays to onward care
- Staff frustration in disruption to normal patient flow

*Commentary from*  
**Pam Milliken**  
**Chief Officer, Aberdeenshire Health & Social Care Partnership (HSCP)**



*In collaboration with:*  
**Simon Bokor-Ingram,**  
**Chief Officer, Moray HSCP**  
*and*  
**Fraser Bell,**  
**Chief Operating Officer,**  
**Aberdeen City HSCP**

## Our mitigation and recovery actions

Aberdeenshire:

- Meetings take place daily/weekly, where updates on the progress of all delays including barriers identified
- Closer scrutiny to ensure that delays are appropriate, added to system timely and coded accordingly
- Weekly meetings to Review our Shire-wide delayed discharge position and identify key themes, challenges, actions and escalations.
- Feedback/input to the Grampian-wide Optimising Patient Flow (Delayed Discharge) Task and Finish Group that has been established
- 6 interim care beds opened in an HSCP run care home in December 2023

Aberdeen City:

- focus on safe care and those at highest risk are prioritised
- continue to deliver initiatives to help support and maintain staff health and wellbeing
- measures to communicate with families to potentially help out should the availability of care reach crisis point

Moray:

- development of a complex Delayed Discharge Action Plan
- ensure sustainability interventions need to be planned, implemented and evaluated
- KPI's has been developed to allow teams to understand the progress
- Initiatives such as the realistic medicine programme and the 3 conversation model

## What have we learnt?

Aberdeenshire:

- workshop with participants from the multi-disciplinary team to perform a 'deep dive' into delayed discharge, identifying key areas for progression

Aberdeen City:

- increasing amount of Technology Enabled Care (TEC) utilised, learning from colleagues in Moray and Aberdeenshire around Risk Assessed Care and Discharge to Assess.

- commission bespoke accommodation particularly for Complex Care, and options for adapting existing accommodation

Moray:

- monthly Care at Home workshops
- simple fixes can be made in all parts of our system that will have an impact on flow and ultimately delayed discharges

## Oversight and assurance

- Grampian Optimising Patient Flow: Delayed Discharge Task and Finish Group

# Our Performance Spotlights: Access

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

**Objective: Improve Preventative & Timely Access to Care**

**Priority Area: N3 - Urgent & Unscheduled Care & Preparations for Winter 2023/24**

**Key Performance Indicator (KPI): 70% of citizens will be seen within 4 hours in our Emergency Departments (ED)**

**Dec 23 position: 55.3%**  
**Q3 Target: 70%**



## Our story so far....

- NHS Grampian’s 4 hour access performance has remained poor over the last 18 months. NHS Grampian’s 4 hour access performance has declined steadily since May 2020, from 93% to a monthly average of between 42-56% through 2023.
- Performance relies in equal measure on clinical capability within ED and admitting capacity across both acute and downstream community settings.
- Incorporating national initiatives into our Unscheduled Care Programme has had modest impact and, over the last quarter, despite maturing improvement measures and 32 additional beds added to the Acute bed-base, NHS Grampian’s performance remains challenged. Recent analysis by the NHS Scotland Discovery Team has provided useful data from which to further focus our improvement efforts.
- Given the influence of bed capacity on the performance of our system, it is unlikely that the 70% target will be achieved in the next quarter. Incremental gains can be expected as a result of process and service design improvements within ED to enhance initial triage and increase direct discharge pathways, and wider focus on reductions in length of stay/improved discharge planning.

## Our key risks, challenges and impacts...

- The Frailty and General Medicine (GenMed) pathways account for approx. 40% of bed waits in ARI. The ability to retain admitting capacity in GenMed and Frailty underpins significant increases 4 hour access performance in NHS Grampian.
- The fragility of the medical workforce in the ED, which relies on dwindling trainee availability, has constrained performance over the last quarter. The workforce model currently under development reduces reliance on trainees and increases resilience in the face of high demand, but will require an increase in senior medical staff in the ED.
- 4 hour access performance is a whole system measure; it takes system-wide action to have a sustained effect on ‘exit block’. Notwithstanding the inherent complexity of system working, financial constraints are likely to curtail short-term capacity adjustments to increase bed turnover rate in acute settings.

*Commentary from*  
**Geraldine Fraser**



**Executive Lead**  
**Integrated Families Portfolio & Medicine & Unscheduled Care Portfolio**

## Our mitigation and recovery actions

- Community Urgent Care (Admission Avoidance) – Establish professional-to-professional decision support line for Care Homes.
- Flow Navigation (Admission Avoidance) – Development of a more sustainable model with a joint Advanced Practitioner workforce.
- Hospital@Home (H@H) / Virtual Community Ward (Downstream Capacity uplift) – **City:** Increase H@H provision (respiratory, OPAT) beds; **Aberdeenshire:** Expansion of Virtual Community Ward service. **Moray:** Review and development of Moray model.
- Front Door Flow (Minimising Exit Block from ED/Acute Medical Initial Assessment (AMIA)) - **ARI:** Increase use of Rapid Ambulatory Assessment Clinic (RAAC); review of ED processes and footprint.
- Optimising Flow (Minimising Exit Block from ED/AMIA) – Enhanced use of Planned Discharge Dates system-wide; more accurate recording of delayed discharges system-wide.

## Q1 2024 Priorities

- ED Triage capacity - to further improve ‘time to first assessment’ performance and 4 hour access performance.
- Improving AMIA flow - extend RAAC opening hours; better balance admissions between ED and AMIA
- GenMed pathway redesign – to pull through from ED/AMIA.
- G-OPES framework review – to increase cross-system actions which overall risk by balancing occupancy pressure.
- Ed Medical Workforce Review – to reduce reliance on Trainees.

## What have we learnt?

- The NHS Scotland Discovery Data supports our reflection that many of our processes are working well (in 21 of 31 criteria our performance is above average, 7 average, 3 below average). Key insights from the report are:
  - Each patient in ED at 8am is associated with a 0.9% drop in performance
  - Each admission in a week is associated with a drop in performance of 0.1%
  - Each +14 day patient stay is associated with a 0.1% drop in performance
- The Discovery data highlights the potential for greatest improvement being with alterations to Acute setting in-patient bed capacity, and the ability to reduce occupancy in those areas by delayed patients. Work continues to improve the process to dynamically manage Acute in-patient beds to maximise availability.
- Medical staffing in ED/AMIA is exceedingly fragile as a result of the volume of Trainee staff whose time is increasingly committed away from the ED work-pattern. Workforce planning, alongside engagement with the colleges, is required to mitigate this issue.

## Oversight and assurance

- CET briefed weekly on ED staffing and operational risks.
- NHS Grampian Chief Executive briefed weekly on 4 hour performance and improvement trajectory.
- NHS Scotland Unscheduled Care Team – updated monthly on 4 hour access performance and impact of additional improvement measures.

# Appendix: Overview of National Waiting Times Standards

<b>National Waiting Times Target/Access Standard</b> <i>(measurement definition, based on quarterly period unless otherwise stated)</i>	<b>Target</b>	<b>Quarter end Sep 2022</b>	<b>Quarter end Dec 2022</b>	<b>Quarter end Mar 2023</b>	<b>Quarter end Jun 2023</b>	<b>Quarter end Sep 2023</b>	<b>Benchmarking</b> (of 11 mainland Boards quarter end Sep 2023: ranked 1 <sup>st</sup> = best performing)	<b>Commentary</b>
<b>95% of unplanned A&amp;E attendances to wait no longer than 4 hours from arrival to admission, discharge or transfer</b> <i>(% admitted, discharged or transferred within 4 hours of arrival at an Emergency Department or Minor Injury Unit)</i>	95%	70.6%	67.5%	66.4%	70.2%	<b>70.7%</b>	6th Scotland: 71.2%	Overall A&E performance decreased through 2022/23 before increasing for first two quarters of 2023/24. We remain below the overall Scotland level
<b>All patients requiring one of the 8 key diagnostic tests will wait no longer than 6 weeks</b> <i>(% of waits of 6 weeks or less at quarter end)</i>	100%	46.3%	35.2%	41.8%	38.7%	<b>37.5%</b>	11th Scotland: 49.8%	Performance decreased through 2022/23, increasing for the final quarter; there have then been two quarterly decreases. We have been consistently below the overall Scotland level for the last year
<b>95% of New Outpatients should be seen within 12 weeks of referral</b> <i>(% of waits where patient was seen at a new appointment within 12 weeks of referral)</i>	95%	69.7%	68.9%	70.0%	70.3%	<b>66.6%</b>	5th Scotland: 63.4%	Following a decrease in performance through the second half of 2022, there was improvement through the first half of 2023, before a decrease for the latest quarter. We remain above the overall Scotland level
<b>All TTG patients should be seen within 12 weeks of decision to treat</b> <i>(% of waits where patient was admitted for treatment within 12 weeks of decision to treat)</i>	100%	48.9%	48.2%	45.7%	45.7%	<b>45.9%</b>	10th Scotland: 56.1%	Performance decreased through 2022/23 and remained level into the first quarter of 2023/24, before a fractional increase for the second quarter. We remain consistently below the overall Scotland level
<b>95% of patients should wait no more than 31 days from decision to treat to first cancer treatment</b> <i>(% of waits where patient was treated within 31 days of decision to treat)</i>	95%	95.05%	96.82%	95.25%	93.78%	<b>89.6%</b>	11th Scotland: 94.9%	Performance improved through 2022, but has decreased during 2023, and we have fallen below the overall Scotland level for the latest two quarters
<b>95% of patients receive first treatment within 62 days of urgent suspicion of cancer referral</b> <i>(% of waits where patient was treated within 62 days of urgent suspected cancer referral)</i>	95%	75.24%	68.53%	65.04%	70.63%	<b>57.0%</b>	11th Scotland 72.0%	Following a decrease in performance through 2022/23, there was improvement in the first quarter of 2023/24, before performance decreased for the second quarter. We remain consistently below the overall Scotland level
<b>90% of children and young people should start treatment within 18 weeks of referral to CAMHS</b> <i>(% of waits where patient started treatment within 18 weeks of referral)</i>	90%	96.3%	97.1%	99.6%	96.1%	<b>84.7%</b>	3rd Scotland: 75.6%	Performance improved through 2022/23, but has decreased through the first two quarters of 2023/24. We remain consistently above the overall Scotland level

<b>National Waiting Times Target/Access Standard</b> <i>(measurement definition, based on quarterly period unless otherwise stated)</i>	<b>Target</b>	<b>Quarter end Sep 2022</b>	<b>Quarter end Dec 2022</b>	<b>Quarter end Mar 2023</b>	<b>Quarter end Jun 2023</b>	<b>Quarter end Sep 2023</b>	<b>Benchmarking</b> (of 11 mainland Boards quarter end Sep 2023: ranked 1 <sup>st</sup> = best performing)	<b>Commentary</b>
<b>90% of people should start their treatment within 18 weeks of referral to psychological therapies</b> <i>(% of waits where patient started treatment within 18 weeks of referral)</i>	90%	72.0%	68.2%	63.0%	63.8%	<b>74.3%</b>	7th Scotland: 79.4%	Performance decreased through 2022/23, with a fractional improvement into the first quarter of 2023/24 and further improvement for the second quarter. We remain consistently below the overall Scotland level
<b>90% of patients will commence IVF treatment within 52 weeks</b> <i>(% of waits for patients screened at an IVF centre within 52 weeks of a referral from secondary care to one of the four specialist tertiary care centres)</i>	90%	100%	100%	98.2%	100%	<b>100%</b>	Scotland: 99.7%	We continue to consistently achieve the target

From national waiting times publications