Board Meeting
Open Session
03.08.23
Item 6

How are we doing?

Board Annual Delivery Plan

End of Year FY2022/23 Performance Report

July 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 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 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.

Executive Summary

Over the past year, the health and care system in Grampian has faced immense pressure and continues to present challenges due to sustained high demand throughout the entire system. Consequently, the waiting times for patients visiting the emergency department or awaiting elective procedures or hospital discharge have been affected.

Despite these challenges, we are persistently striving to prioritise planned services while also addressing unscheduled care to the best of our abilities. Additionally, this pressure is having a negative impact on our dedicated staff. I would like to express my heartfelt appreciation and gratitude for the exceptional work our staff members are doing during these extremely difficult times to ensure that citizens receive the best possible care.

The report for July 2023 assesses the progress we have made against our delivery plan over the past financial year, with an extended quarter included in line with the reporting requirements of the Scottish Government, specifically covering March 2022 to June 2023.

Within this report, we have observed improvements across various key deliverables in each of the strategic intents outlined in the performance scorecards. In addition, our End of Year Spotlights in this report will feature high-level summaries of our progress and lessons learned over the past year across our strategic intents, namely Access, Communities, Colleagues and Culture, and Anchor.

It is encouraging to note that despite the immediate pressures, we are making headway in addressing the underlying factors for change that will contribute to the development of a sustainable health and care system for the future.

Caroline Hiscox, Chief Executive NHS Grampian

Performance Scorecard: Access

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

Objective: By 30th June 2023, we will reduce delays in accessing care

Key Deliverable	Baseline (Q1)	Q2	Q3	Q4	Q5	Target (June 23)	Notes
No citizens waiting over 12 hours in our Emergency Department	98.3%	97.7%	96.5%	96.5%	**98.1%**	100%	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%	95.05%	96.82%	95.25%	**93.78%**	90%	
85% of citizens will receive first treatment within 62 days of urgent suspected cancer referral	75.24%	74.25%	68.53%	65.04%	**70.63%**	85%	
No citizen will wait longer than 2 years for a planned outpatient appointment	98.6%	98.6%	98.8%	99.4%	**99.4%**	100%	Performance measured as % of citizens waiting longer than 2 years at quarter end
Reduce the number of citizens waiting longer than 2 years for a planned inpatient, Treatment Time Guarantee (TTG) appointment to 1,400 by 31st March 2023	2,375	2,279	2,155	1,841	**1,800**	1,400	Performance measured at quarter end
The overall number of delays to be no greater than March 22 position	98	122	113	72	**90**	101	Performance measured at quarter end, based on standard at code 9 delays
Health and Social Care Partnerships (HSCPs) will collectively achieve 50% less people waiting over 90 days for transfer of care based on March 2022	19	22	29	21	**17**	5	Performance measured at quarter end, based on standard at code 9 delays
90% of children & young people referred to Mental Health Services will be seen within 18 weeks of referral	94.2%	96.3%	97.0%	99.6%	**96.1%**	90%	
No adult will wait over 12 months for Psychological Therapies	-	-	99.21%	99.6%	**99.77%**	100%	Change in measure from Quarter 2 (patients seen) to Quarter 3 (patients waiting); performance measured at quarter end
Vaccination uptake will be comparable with the national average	-	On Track	On track	On track	**On track**	to be delivered	
Minimise reduction in dental access	83.3%	86.3%	87.0%	88%	**91.0%**	98.6%	Performance measures monetary value of current treatment claims with a pre-pandemic baseline
Implementation of Medication Assisted Treatment standards 1-5 for substance use	Metric under development						
Improved access metrics against Primary Care Improvement Plan	This metric is not currently available						

Performance Scorecard: Whole System Working

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

Objective: By 30th June 2023, we will reduce delays in accessing care

Key Deliverable	Baseline (Q1)	Q2	Q3	Q4	Q5	Target (June 23)	Notes
For children & young people's Mental Health Services we will have a system wide picture of current work and gaps	-	On track	On track	Minor Delays	**Minor Delays**	to be delivered	
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				**On track**	to be delivered	

Performance Scorecard: Colleagues & Culture

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

Objective: By 30th June 2023, support colleagues to be safe & well at work

Key Deliverable	Baseline (Q1)	Q2	Q3	Q4	Q5	Target (June 23)	Notes
70% of colleagues will feel their wellbeing is actively supported at work	45%	73%	No data for Q3	49.3%	**74%**	70%	
Increase international recruitment by 93 Registered Nurses (RN) & 7 Allied Health Professionals (AHP)	13 RNs	25 RNs	35 RNs & 1 AHP	95 RNs	**93 RNs**	93 RNs & 7 AHPs	
Time to hire will be reduced below the 116 day national Key Performance Indicator	100.3	103.7	115.2	99	**97**	<116	
Colleagues will be retained	97.0%	91.2%	92%	91.9%	**91.6%**	90%	
The use of supplementary staffing will be reduced	£7.8m	£15.7m	£24.1m	£32.7m	**£42.2m**	£18.1m	Performance measured year to date
Compliance with mandatory training will increase to 80% for all new starts and 60% for all other colleagues	64% new 57% other	67% new 57% other	62% new 59% other	62% new 60% other	**68% new 62% other**	80% new 60% other	
Compliance with statutory training will increase to 90% for all new starts and 70% for all other colleagues	76% new 58% other	76% new 60% other	78% new 62% other	75% new 60% other	**76% new 62% other**	90% new 70% other	
Return to pre-pandemic activity levels for research	Metric under development		On track	On track	**On Track**	to be delivered	
Return to pre-pandemic activity levels for education and continued professional development (CPD)	Metric under development		Minor delays	Minor delays	**Minor Delays**	to be delivered	
Feedback will show positive impact of actions in respect of Best Practice Australia (BPA) Survey Phase 1	Metric under development via Cultural Matters Programme Board						

Performance Scorecard: Environment

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

Objective: By 30th June 2023, we will create the sustainable conditions for change

Key Deliverable	Baseline (Q1)	Q2	Q3	Q4	Q5	Target (June 23)	Notes
Agreed & commenced implementation of our plans to reduce our carbon footprint		Not available	Minor delays	Minor delays	**Minor delays**	to be delivered	
Initiated & tested processes for integrated service, financial & workforce planning to enable sustainable models of care & our infrastructure plans		On track	On track	Minor delays	**Minor Delays**	Target for completion revised to Jun 23	
Agreed 5-year Infrastructure Investment Plan		Minor delays	On track	On track	**On track**	to be delivered	
Develop long term 15-20 year Infrastructure Strategy		Minor delays	On track	On track	**Minor Delays**	Target for completion revised to late 24	

Performance Scorecard: Communities

Strategic Intent: Playing our role with partners for flourishing communities

Objective: By 30th June 2023, we will create the sustainable conditions for change

Key Deliverable	Baseline (Q1)	Q2	Q3	Q4	Q5	Target (June 23)	Notes
Community engagement approach is endorsed		On track	On track	On track	**On Track**	to be delivered	
Agree plan for Model 6		On track	On track	Complete	**Complete**	Completed	
The strategic plan for Dr Gray's Hospital will be signed off by the NHS Grampian Board at their February 2023 meeting		Minor delays	On track	On track	**Complete**	Target for completion revised to Apr 23	
Agreed priority actions & monitor referrals & update of financial support		On track	On track	On track	**On Track**	Target for completion revised to Jun 23	
Demonstrate whole system pathway redesign and implementation through the Portfolio Executive Leads Programme Boards		Minor delays	Minor delays	Minor delays	**Minor Delays**	to be delivered	
Reduced travel & improved experience for pregnant women		Metric under development					

Our End of Year Spotlights: Access

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

Objective: By 30th June 2023, we will reduce delays in accessing care

Key Deliverables: 85% citizens will receive first treatment within 62 days of urgent suspected cancer referral; 90% people receive first cancer treatment within 31 days of decision

Commentary from
Paul Bachoo

Executive lead, Integrated Specialist Care Services Portfolio

1) What has gone well, and not so well?

Success Stories

- The Chest x-ray Artificial intelligence (A.I.) project commenced in May 2023 and will run for a period of 12 months at which time data will be reviewed to help decide if this can be rolled out across Scotland.
- A.I. is being used to review Chest X-Ray images and give a triage alert for patients identified as having an urgent suspicion of cancer.
- The project aim is to accelerate the diagnostic pathway from Chest X-ray to first appointment by triaging the patient scan images requiring urgent reporting and action for next pathway steps.
- The accelerated pathway is in line with the National Optimal Lung Pathway and will improve cancer waiting times within the 62-day target. The use of A.I. triaging has so far successfully reduced the pathway timeline for these patients.

Where is more work required?

- Optimising diagnostics is a pillar of the Effective Cancer Management Framework.
- Further work is required to make sure the pathway can continue timely to the next steps after point of first appointment. The next steps may include further in depth scans or a test to take a biopsy in order to complete the diagnosis.

2) What have we learnt?

What have we done that drove success

- We successfully secured funding to support the A.I. project.
- There has been good collaborative and adaptive working between teams in different departments.
- There are good links with the Transformation Team to embed Active Clinical Referral Triage (ACRT) and Patient Initiated Referral (PIR).
- As part of the accelerated pathway, patients are supported by a pathway coordinator with links to the single point of contact team.

What have we done that we would do differently in future?

- The A.I. project is in the early phases of the pathway improvement journey. We will evaluate this project at time of completion and taking learning for the future which can be shared across pathways.

3) What could we improve?

What areas continue to challenge?

- The A.I. tool is being used across all x-ray images taken across the Grampian area.
- Patient preference around appointment time and location can mean the pathway is not suitable for everyone but all patients are offered an accelerated appointment.
- Due to the level of available funding it was necessary to prioritise resource allocation with some areas having to scale down or not being able to take forward improvements or increased service provision.

What different or changed approaches can we try?

- Once the A.I project evaluation is complete we will consider what we can change or how this could be rolled out across the wider region.

4) What are we carrying forward?

What Deliverables will we measure in future?

- We will continue to measure the 62-day and 31-day cancer waiting times targets
- The effective breach analysis process will give a detailed overview of root causes to breach of cancer waiting times which will inform future improvement
- Our performance and activity in line with the Cancer Strategy for Scotland 2023-2033

Our End of Year Spotlights: Access

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

Objective: By 30th June 2023, we will reduce delays in accessing care

Key Deliverable: No one waiting longer than 2 years for a planned outpatient appointment

Commentary from
Paul Bachoo, Executive lead, Integrated Specialist Care Services Portfolio

1) What has gone well, and not so well?

Success Stories
- The majority of the two year waits have been seen and there has been effective micromanagement of individual patients to address individual issues. We are very close to our agreed position at the end of Q1.
- Good progress with Implementation of ACRT and PIR across heat map pathways and toolkit developed to support services to progress with implementation internally.
- Commenced Value Based Health and Care project to reduce low value referrals.
- Actively working on rolling our Colon Capsule Endoscopy to additional patient groups.

Where is more work required?
- The largest cohort remaining are Erectile Dysfunction patients within Urology. We have been unable to identify capacity within Urology to see these patients given other clinical priorities. Although a private sector solution is a possibility there is no identified funding to support this so we are exploring mutual aid agreements via National Elective Coordination Unit (NECU) currently.
- The second largest cohort is within the GP Minor Surgery service. Although the recommendations of the review have been accepted by all three Integrated Joint Boards they are reporting challenges in moving to these recommendations in practice. Resolving these challenges remain a priority.

3) What could we improve?

- There remain disparity in patient experience across NHS Grampian for the same patients. This is most apparent in the GP Minor Surgery service but elements also continue to exist between services that are delivered both in ARI and DGH. We need to continue to work to embed the concept of single clinical services for NHS Grampian

Context Note:
Although this was the original plan for the end of 2022/23 and is therefore being pulled forward in the ADP into Quarter 5 the Planned Care plan for 2023/24 is distinct and reset the trajectory to the end of Q1 financial year 2023-24 to 200. We are likely to be over this commitment by around ~70 patients

2) What have we learnt?

What have we done that drove success?

- The micromanagement has been successful in delivering this outturn position and the operational and transformation team members that have delivered this (currently on fixed term temporary contracts) should be mainstreamed into ongoing delivery.

4) What are we carrying forward?

- The current planned care plan sets trajectories through to the end of Q4 2023-24.

Our End of Year Spotlights: Access

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

Objective: By 30th June 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 1400

Commentary from
Paul Bachoo

Executive lead,
Integrated Specialist
Care Services Portfolio

1) What has gone well, and not so well?
Success Stories

- All patients suitable for peripheral operating have been operated on but the majority of the 104 week patients are now not suitable for peripheral operating and we will miss this commitment by around 400 patients. However this has meant that we are overachieving the 78 week commitment of 4,000 by around 700 patients.

- Funding has been secured to progress with opening an additional theatre for day case activity by September 2023 with another additional theatre coming on line shortly thereafter.

Where is more work required?
- The patients remaining need their operating in a hospital where critical care backup is available. The opening of Short Stay Theatre 1 will allow this cohort to start to be addressed.

2) What have we learnt?

What have we done that drove success

- The clinical deterioration in the 2+ year cohort is such that they are not amenable to peripheral operating. The sub-two year wait category has been much more successful in this streaming. This provides a useful rule of thumb for future planning.

3) What could we improve?

- The micromanagement has been successful in delivering this outturn position for everyone that is not a fundamental capacity issue and the team that have delivered this (currently on fixed term temporary contracts) should be mainstreamed into ongoing delivery.

4) What are we carrying forward?

- The current planned care plan sets trajectories through to the end of Q4 2023-24.

Our End of Year Spotlights: Access

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

Objective: By 30th June 2023, we will reduce delays in accessing care

Key Deliverable: Minimise reduction in dental access

Commentary from
Simon Bokor-Ingram

Executive lead,
Moray Portfolio

Commentary from
Susan Webb

Director of Public Health

1) What has gone well, and what has been more challenging?
Success Stories

- Remobilisation of oral health improvement programmes such as ChildSmile and Caring for Smiles
- Improved engagement with the local area dental committee
- Provision of information on NHS dental registration availability on NHS Grampians public website
- Shared analysed activity reports with General Dental Practitioner (GDP) Practises across Grampian
- Single courses of treatment for unregistered patients by Public Dental Service (PDS)
- Payment verification process has fully resumed so enabling review of activity for service improvement
- 50% of students graduating from Aberdeen are staying on as vocational trainees within the Grampian area.
- Epidemiological report on children's dental and oral health published and shared with partners and stakeholders

Enduring Challenges

- Access to primary care dental services continues to be a challenge
- Workforce recruitment and retention challenges
- Meeting the demand for urgent and unscheduled dental care service
- Ventilation of PDS clinical premises

2) What have we learnt?

- Collaborative working with teams from across Grampian.
- Scheduled management team huddles.

3) What could we improve?

- Explore opportunities for recruiting European dentists which will require additional financial resources.
- Undertake an oral health needs assessment to inform a strategic delivery plan
- Continue engagement with Scottish Government and National Education Scotland (NES) on how to improve workforce and retention issues

4) What are we carrying forward?

- A national dental access dashboard is currently under development which will allow us to provide data relating to the local picture.

- This data will be used to replace the current access statistics using GDP payment activity levels which have proved to be an inappropriate data

Our End of Year Spotlights: Communities

Strategic Intent: Playing our role with partners for flourishing communities

Objective: By 30th June 2023, we will create the sustainable conditions for change

Commentary from
Geraldine Fraser

Executive lead, Integrated Families Portfolio

Key Deliverable: Improved experience for pregnant women

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1) What has gone well, and not so well?

Success Stories
- Considerable engagement has taken place with families across Grampian to find out what they need from maternity services, and so that we can use this to shape our services for the future.
- An engagement and feedback report has been published for Moray Maternity Services and quarterly maternity engagement flash reports are produced for sharing with staff and public.
- We have worked closely with and supported the Maternity Voices Partnerships (MVP) who have helped us link to families and hear their views directly.

Where is more work required?
- Further face-to-face engagement activity in City and Aberdeenshire, particularly with minority groups and lesser heard service users.
- Focus groups with lived experience reps to review main themes identified by the MVP survey; antenatal education, inpatient post-natal care and access to services.
- Regular review of all feedback streams to identify recurrent themes for consideration/action/improvement.

2) What have we learnt?

What have we done that drove success?
- Recruitment of dedicated Community Engagement Manager for maternity services has increased feedback, visibility and acted as a single point of contact.
- Face-to-face engagement was fruitful in recruiting a bank of service users who are willing to work collaboratively to take forward service improvements identified through feedback streams.
- Service users value the opportunity to be seen, heard and listened to. By creating these opportunities we have heard from a variety of voices and therefore, the ability to design and deliver a service that is more reflective and inclusive of service users.

What have we done that we would do differently in future?
- Earlier engagement of servicer users in planning stages of service design to increase trust and reinforce NHSG's ambition to deliver person centred care.
- Increase staff engagement and communication to ensure all those delivering the service are fully aware of work being carried out in the community and with service users.

3) What could we improve?

What areas continue to challenge?
- Closing the loop on feedback received – finding capacity within the service to lead on and implement improvements and changes.
- Post-Covid delivery of antenatal education.
- Lived experience attendance at MVPs as it is predominately staff who attend, however, many service users input via Facebook and the MVP WhatsApp group.

What different or changed approaches can we try?
- The service has recently recruited to two new consultant midwives posts, who will lead on and drive forward continuous improvement with our service users.
- Hybrid models of online and face-to-face antenatal classes are being delivered and trialled – also consider how other health boards deliver and use of pre-recorded videos with real time Q&A.
- Update MVP pages on Birth in Grampian website. Revisit MVP model and terms of reference, consider benefits of reverting to one MVP group for City & Shire (keeping separate MVP for Moray), to pool resources and reduce duplication. Explore other boards' MVP models.

4) What are we carrying forward?

What Deliverables will we measure in future?
- We will be able to identify clear actions from the engagement work, and we can update on how the input of families have helped shape our services.
- We can measure how we are performing through ongoing dialogue, feedback, patient experience trees, Care Assurance and Reflection tool and Care Opinion.
- Monitor traffic to Birth in Grampian website to gauge usage and continue to review and revise content to ensure this one-stop-shop remains as up to date, user friendly and accurate as possible.

What Deliverables are not appropriate?
- Need to be mindful that deliverables are realistic and won't impact on quality of care.
- Any actions that may disadvantage others.
- Deliverables must have clinical governance and be within budget.

Our End of Year Spotlights: Communities

Strategic Intent: Playing our role with partners for flourishing communities

Objective: By 30th June 2023, we will create the sustainable conditions for change

Key Deliverables: Strategic plan for Dr Gray's Hospital signed off by the NHS Grampian Board at their February 2023 meeting

Commentary from
Adam Coldwells

Executive lead,
Deputy Chief Executive,
Director of Strategy

1) What has gone well?

- The Strategic Plan for Dr Gray's was developed by a large number of people, both public and staff, with really excellent engagement from everyone involved. Informal feedback from Board members was positive about their engagement and this top level ownership was developed through the process.

- The formal Board meeting approved the plan and the subsequent delivery plan, which also had considerable ownership from all constituencies, was signed off by the Board in April 2023.

2) What have we learnt?

- We utilised a similar method to that for the development of the Plan for the Future and it continued with the success of engagement and the subsequent ownership. Providing a clear and "owned" future for the role and approach of Dr Gray's has been positive for both colleagues and public who access the hospital.

3) What could we improve?

- The development of both the strategy and its associated delivery plan appears to have been successful. The real test for our learning will be ongoing reflection on our delivery of the plan and the achievement of the strategic intent. To ensure that we deliver on this and continue to make the appropriate organisational commitment, we have built in formal review which will, ultimately, be overseen by the Board as agreed at their April meeting.

4) What are we carrying forward?
- Monitoring and implementation of the delivery plan.

Our End of Year Spotlights: Access

Commentary from
June Brown

Executive Nurse Director

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

Objective: By 30th June 2023, we will reduce delays in accessing care

Key Deliverable: No one will wait for over 12 months for Access to Psychological Therapies (PT)

1) What has gone well, and where is more work required?

Significant progress to date in terms of meeting key deliverables of Psychological Therapies (PT) Improvement plan, including:

- Long waits identified and prioritised.
- March 31st 2023 - All patients waiting over 52 weeks offered an appointment (meeting set Scottish Government target).
- Engagement from staff and leaders in all sectors / service areas with improvement process.
- Joint working with Health Intelligence to significantly improve data quality, reliability and reporting.
- Demand, Capacity, Activity and Queue and trajectory modelling completed across all areas.
- Appointment to key leadership position (Director of Psychology).
- Agreement to a cross systems Grampian-wide model for Adult Learning Disabilities services to provide a more sustainable, safe and equitable stepped/matched model of service delivery.

Positive example of complex whole systems working. Functional Health and Social Care Partnership/NHS communication, shared ownership and responsibility for action.

More work is required to:
Continue to reduce waiting times for PT to within compliance with PT targets through performance management and expansion of capacity. Identification of gaps in provision of Psychological Therapies across the system and planning to address these, for example - early intervention in psychosis (ii) a specialist service for complex trauma (iii) a dedicated service for community forensic patients (iv) Adult Psychiatric In-patient Care (general and specialist).

3) What could we improve?

There is much to be celebrated in terms of progress made across the whole system regarding Child and Adolescent Mental Health Services (CAMHS) and PT performance; however, there are a number of identified risks associated with limited capacity and reduction of Scottish Government Outcome Framework funding and amalgamation of funding streams; requiring action to make decisions on capacity and resource allocation across the system.

Trak care continues to be rolled out across the system to continue to improve data collection, evaluation, monitoring and reporting. This and ongoing e-health and health intelligence support is vital to drive forwards ongoing change.

The relationships that have been built as a result of the improvement process to date will stand us in good stead to tackle future challenges together to ensure the population of Grampian can access CAMHS and PT support in a timely manner.

Review of workforce and governance structures, ensuring best value through skill mix, transformation and improvement; safeguarding that quality is not compromised however that all staff are aware of financial constraints and work towards improving value whenever possible.

2) What have we learnt?

The implementation of a cross systems Psychological Therapies Improvement Board which provides a clear governance structure and reports directly to the wider Mental Health Portfolio Board has allowed cross system agreement and support for driving forwards the ongoing delivery of the Psychological Therapies Improvement & Development Plan.

Acknowledgement of the significant effort from all on the ground Clinician's, business support staff, health intelligence staff, e-health staff and leaders across Grampian to engage with the process of change to date.

Collaboration across system to make decisions and improvements.

To continue to strive to actively engage and involve staff and service users in service improvement and development to foster a learning culture.

4) What are we carrying forward?

- Ongoing delivery of the PT Improvement Plan and associated Action Plan.
- Use of multiple national documents due to be published shortly, such as the Scottish Government's National Specification for the Delivery of Psychological Therapies, the revised National Education Scotland Matrix, the Mental Health and Wellbeing Strategy and Public Health Scotland guidance to benchmark and improve service delivery including equitable access, quality of care and efficiency across sectors.
- Use of the above documents to collaboratively re-design and re-shape Psychology Services and the delivery of PT across the piste in Grampian from digital delivery through Primary Care to Specialist Mental Health and Acute Psychology Services.
- Develop services in keeping with the wider objectives of the NHS Grampian Plan for the Future.
- Increased cross system working, collaboration and innovation across services providing psychological therapy within NHS Grampian.
- Embed service user outcomes and feedback in continuous service improvement.
- Development of a competent, sustainable and future proofed workforce to provide safe, effective, tailored psychological therapies to the population of Grampian.
- Implementation of transparent and standardised job planning for all Psychologist's and wider Clinician's offering PT across all areas in progress.
- Create a framework for the development of career progression for Psychology and those providing Psychological Therapies.

Our End of Year Spotlights: Colleagues & Culture

Commentary from
Tom Power

Director of People & Culture

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

Objective: By 30th June 2023, support colleagues to be safe & well at work

Key Deliverable: Feedback will show positive impact of actions in respect of Best Practice Australia (BPA) Survey Phase 1

1) What has gone well, and not so well?

Success Stories

- At the end of the 2021/22 performance year we invited over half of NHS Grampian staff: 9,000 colleagues in Nursing & Midwifery and Facilities & Estates to be the first to complete the BPA Culture Survey as part of our Culture Matters programme, and in support of Magnet recognition for excellence in Nursing.
- 53% participated. In April we received an extensive suite of reports at organisational, directorate and team level, containing a wealth of quantitative and qualitative data and some challenging outcomes: only 46% rated NHS Grampian as a truly great place to work, 29% were actively engaged, and the prevailing culture was categorised as one of Blame.
- The Chief Executive, Director of People & Culture, Executive Nurse Director and Director of Facilities and Estates "leant in" to this data, highlighting via filmed Q&As, board and senior team briefings, and direct engagement with leadership teams, the opportunity it presents to understand the impact that different factors are having on workforce engagement and retention.
- Anecdotal evidence from the participating areas has highlighted the positive impact that the reports have had when worked with effectively. This has included:
  - Stories of nurse managers changing their leadership style, with positive impact in response to challenging results;
  - The Portfolio Lead being able to triangulate anecdotal feedback on behaviours in maternity services with anonymous survey data;
  - Senior managers in Estates and Facilities describing the results as providing a mandate for changes they were seeking to introduce.
- It has also been possible to sense check results against those for the national staff experience survey, iMatter, showing consistency rather than difference when understanding that the two measure different but complementary perspectives.
- Funding was allocated to support the Culture Matters programme recurrently from 2023/24. Whilst this was at 50% of the level estimated as required to use the BPA Survey to its full potential, it provides an opportunity to continue its use in support of Magnet recognition and to test its wider potential in respect of developing a supportive, including and empowering culture.

Where is more work required?

- More work is required to understand the difference BPA is making, through identifying and monitoring the work being done with team level results in the participating areas beyond the anecdotal evidence that it is possible to gather via Director and senior management walk rounds and conversations with staff.
- It is also important to close the lop for colleagues on the organisational results, which in the main reflect a range of themes that are understood to present challenges, some of them systemic. This can be done by illustrating progress with those current and planned activities that were linked in summer 2022 with the areas requiring organisational attention from the BPA Survey.

2) What have we learnt?

What have we done that drove success

- In participating areas, where there has been a hand on approach taken by senior managers to working with the results, it is possible to see how these have supported existing work on improving leadership and staff experience.
- The Culture Collaborative Open Forum has provided a space in which experiences of using Phase 1 results have been shared and used to inform thinking about our broader approach to the Culture Matters development programme.
- This included a spotlight session in February from a Health Visiting Team Lead in Aberdeenshire on how BPA Survey results and We Care resources has been sued to support work on a culture of wellbeing in a dispersed team.
- A further spotlight session was held in April with Facilities and Estates senior managers who described how the results have been used to support engagement sessions with the wider management team and agree priorities for embedding positive values and behaviours.
- In response to wider SLT feedback, the Collaborative also reviewed and helped to inform a mapping in September of 10 key areas for organisational focus identified by BPA to current and planned activity in the 2022/23 Annual Delivery Plan.

Our End of Year Spotlights: Colleagues and Culture

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

Objective: By 30th June 2023, support colleagues to be safe & well at work

2) What have we learnt? Cont.

What have we done that we would do differently in future?

- A detailed lessons learnt exercise was undertaken with the project group at the end of the Phase 1 survey and results dissemination period. The findings have been used to inform a set of Go/No Go Criteria for a provisional trajectory for rolling out Phase 2 (rest of organisation) and Phase 3 (Second survey for all areas).
- In terms of working with Phase 1 results, this highlighted that there was a significant gap in specialist support available from teams and in working with the data organisationally as a result of ongoing system pressures, and organisational change affecting the People & Culture Directorate, suggesting timing could have been better, or scope slightly narrower.
- It has also been evident that there is no easy mechanism of tracking team progress with working with the results, in the way that the iMatter survey provides for. Agreeing a process for tracking engagement with results and improvement actions arising from these in advance would have supported governance.

3) What could we improve?

a. **What areas continue to challenge?**

- Securing sufficient and sustained engagement from managers and teams in a highly pressured system to work with rich but also complex data. This recognises the struggle that can be experienced with following up the more streamlined iMatter survey and converting results in to action plans via team dialogue. There is a risk of perception being that more and more data is requested via the BPA Survey, with a lack of perceived follow through.
- Maintaining a disciplined focus on markers of culture as part of our performance and assurance processes. Despite knowing that culture and staff experience have a key role to play in shaping outcomes for patients and service users, making the results of the BPA Survey, and other tools like iMatter, part of a routinely scrutinised data set that draws the same level of attention as e.g. access targets is difficult.

b. **What different or changed approaches can we try?**

- Work has been undertaken to determine the most appropriate way to further roll out the BPA Survey, drawing on lessons learned from Phase 1. This has included internal stakeholder engagement, overseen by the Culture Matters Programme Board. A step-wise approach to further adoption is likely, prioritising Magnet and also including a wider range of professions in the next Phase, but at smaller scale. This will allow scope for maintaining a focus on Phase 1 results.
- Establishing executive and board level sharing cultural intelligence groups will provide an opportunity to consider the BPA Survey data in the context of other system intelligence about factors affecting culture. This will complement the rolling programme of Portfolio attendance at the Staff Governance Committee established in 2022/23, where both iMatter and BPA Survey results can be discussed.

What Deliverables will we measure in future?

- Reflecting the vital role that managers play in working with the results of surveys such as BPA and ensuring they have positive impact, in 2023/24 we will look to make further use of the BPA Survey Phase 1 - and subsequent – results as part of our intention to improve staff engagement by enhancing managers' access to and understanding of available information, and use of insights.
- This will also feature in our work during 2023/24 to broaden our support for people managers and enhance the value placed on effective management practice by colleagues, and increasing involvement of colleagues across NHSG and the Health and Social Care Partnerships in developing a values based culture that supports our strategic intent.

What Deliverables are not appropriate?

- It is less appropriate to make our Culture Matters work solely or primarily about the BPA Survey. This recognises that whilst the survey has significant potential benefit, it presents significant resourcing and capacity challenges if we are to use it widely and make best use of the results.
- It is notable that we saw an increase in iMatter participation from 2022-2023 of 11%, and improvements in all indicators of positive staff experience. This highlights that colleagues do want to share their views, and that we must focus on the practical application of these results at local and organisational level if this is to be sustained.

Our End of Year Spotlights: Colleagues and Culture

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

Objective: By 30th June 2023, support colleagues to be safe & well at work

Commentary from
Nick Fluck

Exec Lead,
Medical Director

Key Deliverables: Return to pre-pandemic activity levels for research levels, and education & CPD

1) What has gone well, and not so well?

- The response to research across NHSG in collaboration with our University partners was exceptional.

- Interest in recruitment for some studies has been increased as we have come out of the Pandemic response – maybe an even more engaged public around this agenda.

- Our research delivery group has brought together leadership from NHSG, Robert Gordon University and Aberdeen University and has been very positive. There is a strong base from which to move forward.

- The response to educational delivery across NHSG in collaboration with our University partners was exceptional. This led to the creation of a multi-professional multi-organisational recovery and delivery groups.

- Almost all educational programmes were maintained with adaption of the delivery methodology.

2) What have we learnt?

- Research teams and organisations are very adaptable and collaborative working is very effective.

- Engagement with the wider clinical community via the Clinical Board has been very positive.

- We need to consider the future model of educational delivery and the methodology to ensure this uses all of our joint assets.

4) What are we carrying forward?

- Maintaining our Collaborative Research Delivery Group.
- Reviewing the last 5 year 'Commitment to Research' Board Strategy and develop our next 5 year approach aligned with Plan for the future
- Maintaining Collaborative Education Delivery group to coordinate our approach to increasing the educational capacity and quality of our programmes to attract learner to the North of Scotland.

3) What could we improve?

- Develop a much more comprehensive data set on involvement and outcomes related to research involving NHSG

- Develop a much more integrated approach to our role as a 'Local Education Provider'

Our End of Year Spotlights: Anchor

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

Objective: By 30th June 2023, we will create the sustainable conditions for change

Commentary from
Gavin Payne

Acting Exec Lead,
Physical Infrastructure

Key Deliverables: Agreed 5-year Infrastructure Investment Plan

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1) What has gone well, and not so well?

Success Stories

- We have moved from a one to two year plan to a phased five year plan, with two years backlog work in detail and indicated investment scope in years three to five
- This has provided a basis for multi-year investments, for example in the upgrade of some heating plant
- This has also provided a basis for proactive materials procurement which prevents extended outages in the case of plant or equipment failure

Where more work is required

- We need to adapt existing or acquire software systems to better manage maintenance work and materials
- We need to improve the planning and scheduling of our work to minimise plan changes and get best value

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2) What have we learnt?

What have we done that drove success?

- We have acquired a better understanding of our infrastructure risks, and this is work is ongoing
- We have looked longer-term at our backlog investment planning, and understand that this often requires difficult short-term decisions

What have we done that we would do differently in future?

- Looking forward, we will be more structured in the prioritisation of backlog work scopes
- We will seek more certainty on the property portfolio and it's intended use to maximise the value from our investments

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3) What could we improve?

What areas continue to challenge?

- Integration of both clinical and reliability risks for future planning
- Certainty on forward capital funding levels to prepare multi-year plans
- The data in the computerised maintenance management systems (CMMS) the library of technical information is incomplete

What different or changed approaches can we try?

- Ongoing data improvement in the CMMS and transition to the new integrated strategic asset management system (SAMS)
- A more integrated approach to risk collation and interpretation

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4) What are we carrying forward?

What Deliverables will we measure in future?

- Plan variations, noting these usually reduce value
- Planned versus actual delivery of work scopes
- The number of high & very high risk infrastructure elements in our in portfolio