

30 May 2023



As requested, the information provided does not include details of the publicly available current performance data but focuses on the Board's current action plans. The Board's latest performance report can be accessed here: [HAWD April 2023](#)

1. Financial Sustainability

The financial position for public services continues to be extremely challenging and it is vital that NHS Grampian's ambitions contained in the Grampian Delivery Plan are set within the context of available funding. We submitted a three year Financial Plan covering 2023-2026 to the Scottish Government in March 2023 and the NHS Grampian Board agreed a five year Medium Term Financial Framework (MTFF) covering 2023-2028, in April [MTFF 2023](#),

The MTFF assists in targeting financial resources at the delivery of the Board's longer term aims as set out in the strategic plan, Plan for the Future; to support improved outcomes through transformation of service delivery across pathways, equitable access for our population and inclusive growth. The MTFF reflects the range of complex factors impacting the financial climate over the next five years including Scottish Government funding levels, the predicted rise in costs, changing demographics, latent demand for health services along with new pressures which will impact on the system and Scottish Government policy priorities as outlined in the Programme for Government, including Net Zero.

The Financial Plan and MTFF both project a position where the Board will not be able to balance the revenue financial position between funding levels and projected expenditure over the next five years based on current planning assumptions. The annual financial position is expected to improve each year between 2023 and 2028 but, by 2028, we still do not expect to be in a position of revenue balance. This projection assumes that we will be able to make a level of new recurring savings of 3% each year as a health system, with a local Value & Sustainability Plan to deliver the required 2023/24 savings (£16.5m).

Key areas of focus for efficiency savings are (i) transportation - appropriate utilisation of taxis and other appropriate modes of transport, along with maintaining reasonably low levels of staff travel through virtual working where appropriate; (ii) utilities – maximising financial and environmental benefits in relation to reduction in waste and energy consumption; (iii) workforce – supporting shifts to sustainable workforce models and rotas in specific teams which bring a range of benefits to patients and staff and sees a reduction in costs linked to agency/supplementary staffing and overtime; and (iv) management of resources – a range of initiatives to improve value and efficiency including postage, stock management, procurement, inflation management, office accommodation and management costs.

2. Mental Health Services

The approach to planning and delivery of MHLDS services is whole system and the responsibility for the planning and delivery of mental health and learning disability services (non-specialist) sits within the three HSCPs with accountability and assurance to their respective IJBs, with specialist acute services hosted by Aberdeen City.

Across inpatient, specialism and community services (children and adults), increased demand for services continues to be evidenced and is anticipated to be a continued trend. The acuity of individuals presenting with need to access these services has also increased, creating increased pressure with limited capacity and resource availability.

Although services have continued to experience enduring pressures, significant progress has been made in relation to a number of areas:

- Implementation of the Psychological Therapies Improvement and Development Plan, with all patients waiting over 52 weeks offered an appointment by 31 March 2023;
- 99.1% of children and young people referred to child and adolescent mental health services (CAMHS) seen within 18 weeks in March 2023, (95% in March 2022);
- Improved data quality, reliability and reporting;
- Demand, Capacity, Activity and Queue (DCAQ) modelling completed across adult psychological therapy services and CAMHS, informing key areas for improvement to make phased progress against the national 18 weeks waiting time standard; and
- Progress against Medication Assisted Treatment (MAT) standards (1-5).

The NHS Grampian Psychological Therapies Improvement Plan (including services in MHLDS, acute and primary care) details how NHS Grampian will move towards the national 18 week standard and will be submitted to the Scottish Government on 8 June. Key actions include:

- undertake a scoping exercise of the adult general mental health pathway of care to inform the whole-system redesign approach required;
- test population health approaches through Mental Health and Wellbeing and Substance Use testbeds which will support national standards around access and Medication Assisted Treatment (MAT) standards; and
- build capacity to deliver improved services underpinned by CAMHS and the Children's neurodevelopmental standards.

The 'Ligature Reduction Programme' at Royal Cornhill Hospital was a £16m investment into improving the safety, quality and therapeutic experience for our patients and staff and all ligature reduced wards are now open. However, there are still challenges of ageing infrastructure that requires major backlog maintenance and investment to modernise and achieve contemporary MHLDS Scottish Health Building Standards. The accommodation is regularly commented upon and reported by outside agencies such as Mental Welfare Commission, Healthcare Improvement Scotland, and the Barron Report (Independent Review into the Delivery of Forensic Mental Health Services).

3. Elective Waiting Times

Progress has been made in reducing those waiting over two years for a planned care outpatient appointment or intervention. Our focus will continue with this cohort but, in addition, we will prioritise those waiting 18 months as part of the recovery plan. This will be challenging in the absence of additional funding but we will re-establish one Day Case Surgical Theatre at Aberdeen Royal Infirmary in August 2023 and a second in October to provide much-needed capacity for low-complexity, high volume surgeries.

Planned Care capacity must be protected and expanded, and there is whole system working to reduce delayed discharges and delays in transfer of care to minimise the impact on planned care beds. Experience since 2020 indicates that the bed base at Aberdeen Royal Infirmary is not adequate to protect planned care when unscheduled care demand is increasing. Therefore, we have initiated a bed base review to determine the appropriate size and configuration of that asset. We continue to work with Scottish Government to consider further opportunities available within NHS Scotland and regionally to further increase capacity to reduce the backlog and waiting times in the North and North East;

The NHS Grampian Planned Care Action Plan was submitted to the Scottish Government on 17 March 2023 and includes the following priorities:

Outpatients: Ensure no patient waits over two years for an outpatient appointment and reduce the number of people waiting over 18 months by utilising government funding to continue additional capacity previously put in place, identify regional capacity and fully embed the Centre for Sustainable Delivery (CfSD) initiatives;

Diagnostics: minimise harm and clinically prioritise those people waiting for a diagnostic test by shifting to the national system for prioritisation of radiology; redesign radiology services (CT and MRI) to achieve greater efficiency and embed Realistic Medicine principles; implement an MRI software update to create

recurring additional capacity and look at options to further expand the use of Cytosponge and Colon Capsule Endoscopy to reduce demand for diagnostic scopes; evaluate the impact of Artificial Intelligence in radiology as part of the breast and lung cancer pathways of care and continue to work with CfSD as a pilot site for Accelerated National Innovation Adoption pathways.

Inpatients: Reduce the number of people waiting over two years for a surgical intervention and start to reduce the number of people waiting over 18 months by utilising Government funding to mainstream additional capacity previously put in place; maintain throughput in the day case surgical unit; maintain training and recruitment of ODPs via the theatre academy; utilise capacity at Stracathro Regional Treatment Centre, the National Treatment Centre in NHS Highland and explore further opportunities at Dr Gray's Hospital as part of a wider regional approach. CfSD initiatives include increasing enhanced recovery after surgery, maximising opportunities for British Associated Day Surgery procedures and the National Improvement Plan for cataract surgery.

4. Workforce data

Key workforce data 2022/23:

Female	Male	Headcount	Whole Time Equivalent	Whole Time	Part Time
2023 82.0%	2023 18.0%	2023 16,187	2023 13,323.22	2023 50.1%	2023 49.9%
2022 78.7%	2022 21.3%	2022 16,991	2022 14200.36	2022 51.3%	2022 48.7%

Stability (turnover): Stability identifies the percentage of staff that have been with the organisation for over one year on the date the report was run. The NHS Grampian Stability target is 90% and the overall stability of NHS Grampian has increased from 90.3% in March 22 to 91.9% in March 2023.

All divisions with the exception of Mental Health and Moray H&SCP meet the 90% stability target. The stability within these divisions has been lower due to the number of new employees between 31st March 2022 and 31st March 2023. Mental Health had 169 new starters (18.1%) of their headcount, the majority of which are nursing posts. Moray H&SCP had 132 new starters (14.5%) of their headcount, the majority of which are Nursing and Allied Health Professional posts.

Vacancies: Vacancy data has been taken from latest published ISD return as at 31.03.23

Consultant vacancies 41.4 WTE = 6.5% of March 2023 Medical workforce (consultant and SAS grades only)

34.4 WTE vacant less than 6 months, 7.0 WTE vacant more than 6 months.

From December 2022 to March 2023 vacancies have increased by 49.5%. Areas with highest vacancies include 10.5 WTE General/Acute Internal Medicine, 9 WTE Anaesthetic vacancies, 3.3 WTE Mental Health vacancies and 5 WTE paediatric vacancies.

AHP vacancies: Total 142.5 WTE = 13.3% of March 2023 AHP workforce (excludes ambulance services and general therapies)

53.1 WTE vacant for less than 3 months, 89.4WTE vacant for more than 3 months.

From December 2022 to March 2023 Occupational Therapy vacancies increased by 52.0%, Radiography Diagnostics by 51.04% and Dietetics by 71.9% while Physiotherapy vacancies decreased by 17.9%, Speech and Language Therapy by 39.9% and Podiatry vacancies decreased by 27.6%.

Nursing and midwifery vacancies: Total 364.85 WTE – 6.3% of March 2023 nursing and midwifery workforce: 273.65 WTE vacant 0-3 months, 37.09 WTE vacant 3-6 months, 54.11 WTE vacant over 6 months. Band 5 adult nursing hospital has 135.64 WTE vacancies as at 31 March 2023 compared to 81.1 WTE as 31 December 2022 and 121.6 WTE as at 31 March 2022

Aging workforce: The NHS Grampian workforce aged 55 and over has increased from 21.9% in March 22 to 22.6% in March 23, This rises to 63% for Senior Managers, 41% for Personal and Social Care Staff and 30% for admin staff. The nursing workforce has seen a decrease to 20% over 55 and medical staff currently reporting at 14%

Current workforce planning risks and challenges include continued workforce pressures and competing demands whilst ensuring the health and well-being of our staff; significant recruitment challenges combined with challenges in workforce supply; an ageing workforce in specific professions; national shortage of some specialist posts; supplementary staffing spend (anticipated to improve with the medical staff bank and close scrutiny of bank and agency spend); creating a consistent approach to succession planning across NHS Grampian and identifying critical roles across the organisation to ensure there is appropriate development available.

5. Key Challenges

- Stabilising and sustainably improving access for urgent care
- Supporting identification of further levers to stabilise funding approach – a significant proportion of NHS Grampian’s planned care is not resourced through core funding, posing challenges for service planning, transformation and recruitment
- Strengthening the place of primary care in a co-ordinated system, including development of data suite and moving to next stage of development of the contract
- Communications with the public emphasising their role as partners in creating a sustainable health and care system
- Supporting further transformation and redesign of the health and care system to enable the delivery of sustainable services and identifying resources for early intervention and whole community approaches
- Supporting colleagues’ health and wellbeing during sustained pressure
- Taking a public sector, digital-first, contemporary approach to tackling building infrastructure and backlog maintenance risks
- Achieving Net Zero ambitions in the proposed timescales without additional funding to enable transition

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29 May 2023