

NHS Grampian Delivery Plan

April 2024 – March 2027



[Executive Summary](#)

NHS Grampian's Three-Year Delivery Plan covers the period April 2024 to March 2027 and has been developed in collaboration with our three Health and Social Care Partnerships (HSCPs), colleagues, citizens and wider partners and builds on our NHS Grampian Delivery Plan (2023–2026). Acknowledging the currently extremely challenging financial context nationally and for NHS Grampian, our Three-Year Delivery Plan 2024–27 reflects the realities of our financial position for 2024/25 and sets out priorities for delivery as we work towards achieving financial balance.

The scale of financial savings to be made in the next financial year is significant and far greater than any level previously delivered by NHS Grampian in a single financial year. The pace required to deliver these substantial savings from April 2024 presents a number of challenges and risks, some of which are highlighted below, and will inevitably impact on service delivery. However, whilst recognising the focus on immediate actions required to address significant budgetary gaps, this Three-Year Delivery Plan also importantly sets out how we will strive to make progress towards achieving the ambitious strategic intent of a sustainable health and care system where enabling wellness and treating illness are more in balance ([NHS Grampian Plan for the Future 2022-28](#)). Along with achieving and sustaining financial balance, we must ensure equal focus on providing safe care, prevention of illness, meeting the needs of our population, our workforce and enhanced collaboration with our partners and citizens, if we are to achieve the broader scale of transformation required to meet the challenges we collectively face.

As set out in Scottish Government's joint commission letter dated 4th December 2023 for our Three-Year Delivery Plan and Three-Year Finance Plan, our plans have been developed in conjunction, to identify and agree priority actions which are realistic and deliverable by March 2025 within the financial resources available and are aligned to our Strategy, ministerial priorities for delivery and Scottish Government medium term 'Drivers of Recovery' as set out in NHS Scotland Delivery Planning Guidance 2024/25.

Our objectives and priority areas for delivery during 2024–2027 are framed around the key components of our Strategy, **People, Places and Pathways**.

Our key objectives are:

1. **Strengthen colleague and citizen engagement to improve health**
2. **Create the conditions for sustainable change**
3. **Improve preventative and timely access to care**

It is acknowledged that primary and community care, mental health, prison and custody healthcare, substance use and aspects of unscheduled care, set out as areas for recovery by Scottish Government, are the responsibility and accountability of the three Integration Joint Boards (IJBs), however, NHS Grampian supports and contributes to aspects of delivery as part of our whole system approach. The focus of this Plan is on those areas which NHS Grampian is responsible and accountable for delivering. A high-level outline of accountability for the 10 'Drivers for Recovery' within the Grampian health and care system is contained in appendix 1.

Accompanying this document are the:

- NHS Grampian draft Finance Plan (2024-2027)
- Progress Update on the [NHS Grampian Three Year Workforce Plan](#)

We recognise the significant financial and workforce challenges impacting the whole public sector. We will continue to work with our partners, citizens, and colleagues to explore opportunities for greater collaboration locally, regionally and nationally to ensure provision of high quality, safe, efficient and sustainable services which meet the needs of the population.

Our priorities have been informed by engagement across our system, along with key learning from the pandemic response and ongoing recovery as we work towards financial balance whilst retaining our commitment towards a better future as we maintain momentum in moving towards our strategic intent.

The current fiscal situation has demanded that we reprioritise and slow the pace of several of our ambitions for change; our plan re-phases the deliverables over the three year period of our Plan. This is outlined in our Key Priorities for Delivery under [People, Places and Pathways](#). There are a number of key challenges and risks (outlined below) which our health and care system manages to minimise and where possible, mitigate against a further increases in poorer health outcomes and inequalities in the population.

- As an ‘Anchor’ organisation, NHS Grampian's **long term sustainability is tied to the wellbeing of our population**. We recognise the threats to health identified in our previous Delivery Plan remain today, with higher costs of living, infectious disease, climate change and fragile health services, all demonstrably impacting on physical and mental wellbeing, and consequently, the need for health services. These pressures continue to be compounded by changing population demographics.
- **Fragility of several services with sustainability challenges** locally and regionally. We continue to be actively involved in ongoing conversations as work progresses regionally and nationally to explore opportunities which would support service resilience in the short and medium term.
- The financial savings target is greater than any level previously delivered by NHS Grampian in a single financial year. Whilst efficiency savings, service redesign and broader transformation measures will move us towards financial balance, **there is a very high risk the overall total of £79 million will not be delivered by March 2025 and the level of savings required will inevitably impact on our ability to meet some operational service delivery requirements** set out in the Scottish Government Delivery Plan Guidance.
- Our workforce is our greatest asset, and the wellbeing of our workforce remains a priority. Our NHS Grampian Integrated Workforce Plan describes challenges, risks and priority actions aligned to the five workforce pillars of **Plan, Attract, Train, Employ and Nurture**. We remain committed to developing a sustainable workforce. The workforce risks are outlined in the Position at end of March 2024 section.
- Investment in different types of building infrastructure (hospital and community) is required to modify or replace ageing buildings and reflect changing requirements of service delivery, including new technologies. The **availability of capital funding is a key constraint in the short and longer term**.
- **Timely access to care continues to be the area of most concern highlighted by citizens and colleagues** spanning general practice and primary care, social care, acute specialist care, including both unscheduled and planned care (adult, maternity and children’s services).
- **Long waiting times leading to clinical deterioration and growing health debt.**
- **Ageing estate** restricting use of assets (theatres) and increasing downtime.
- **Cancer waiting times funding allocation for 2024/25 has been confirmed and has remained the same as 2023/24**. Workstreams funded through the cancer waiting times budget will continue to maintain 62-day performance. **Further backlog clearance funding** has been made available on a quarterly basis with some allocation for cancer backlog recovery.
- **Urgent and Unscheduled Care (primary and secondary care) experiencing enduring pressures impacting on 4, 8 and 12 hour Emergency Department (ED) access standard, ambulance turnaround times, length of stay and delayed discharges. No funding** identified to continue with **Cardiac Catheterisation Laboratory Expansion Programme** – this is likely to have a **significant impact**.
- Whilst the addition of 32 beds has been a positive step towards the delivery of the additional capacity required in our hospital and identified in our bed base review and the recent Government review of unscheduled care, there is a risk that the identified likely **increase in delayed discharges** will neutralise this additional capacity immediately.
- There is no funding identified for Phase 2 of the Bed Base Review which will continue to **impact both Planned Care access and Optimising Flow**.
- **Mental Health and Learning Disabilities** proposed deliverables likely to be **impacted in terms of completion and ability to meet national targets and standards because of financial constraints**.

Some of the priorities outlined within this Delivery Plan will require to be supported by strategic decisions and/or policy change. In those cases, once there is sufficient detail to support robust analysis, an integrated impact assessment will be undertaken by the portfolio, service or area concerned to understand its potential consequences, both positive and negative. Once these are understood, the proposed decision will be revisited and, if possible, adapted to take the impacts into account prior to implementation. It will not be possible to mitigate all potential negative impacts but to recognise them demonstrates due regard has been given prior to decisions being made and supports honest, transparent communication.

We welcome the continuing support and ongoing dialogue with the Scottish Government, building on discussions to date, in terms of managing and mitigating the risks outlined above.

Plan on a Page (April 2024 – March 2027)



Our Aim

To make progress towards our ambition to create sustainable health and care by 2032

Objectives

1. Strengthen colleague and citizen engagement to improve health (People)

2. Create the conditions for sustainable change (Places)

3. Improve preventative and timely access to care (Pathways)

Outcomes By March 2027

- Implemented plans for reshaping workforce will have reduced substantive workforce spend to below 60% of revenue budgets.
- All Portfolios / Directorates will have an annual workforce turnover rate and total sickness absence rate below the NHS Scotland average.
- Agenda for Change and Medical Workforce non-pay reforms implemented.
- Value & Sustainability Plan delivered with annual savings of 3%.
- Increased participation in research contributing to evidence based practice.
- Health and Care (Staffing) (Scotland) Act and e-Rostering implemented across all relevant professions.
- Organisation iMatter scores re: confidence in leadership, involvement in decisions and performance management $\geq 70\%$.
- 70% of colleagues in all Portfolios / Directorates report the organisation supports their health and wellbeing at work.
- All services using a real-time feedback loop to support improved workforce engagement and change.
- NHS Grampian meeting requirements of published Protected Learning Time commitments under Agenda for Change reform.
- We will deliver good quality care and sustainable health services in the future through the active participation of our staff, citizens and partners.
- Insights of colleagues and citizens will be reflected in our planning approaches to reduce inequality of access to services.
- Creation of a culture where volunteers are embedded as valued members of our teams, and their contribution is recognised.
- Creation of a culture of engagement and empowerment, as part of our Putting People First approach.
- Moray Maternity Services Plan for Model 6 implemented & evaluated.
- Women's Health - scope the best access within community including the possibility of women's health hubs.
- Children and young people's participation and engagement is informing and influencing service planning and design.
- Improvement in outcomes for children realised & evidenced, measured through agreed key performance indicators (KPIs).
- Agreed strategy for paediatric tertiary services in place, to include plan for critical care services for children resident in the North of Scotland.

- NHS Grampian's strategic approach to being an Anchor organisation embedded.
- Investment and management plan aligned to Net Zero Route Map, as part of climate emergency and sustainability framework.
- Whole system infrastructure plan with 25-30 year outlook and clear (backlog) maintenance, development and disinvestment priorities.
- Stable and sustainable workforce in critical service areas.
- Positive reputation for education and training.
- Functional infrastructure to support sustainable service delivery.
- Clear local and networked pathways delivering high quality services.
- Building on the success of condition specific projects to robustly demonstrate practical and measurable ways of implementing value-based health and care.
- Consistent, system wide approach to maximise reach and impact of connected workstreams.
- Sustained and enhanced recycling performance.
- Sustained and enhanced clinical waste reduction performance.

- Evaluation of the two redesigned care pathways (Adult General Mental Health & Frailty) demonstrates an improved person-centred approach.
- There is clarity among all partners within the two redesigned pathways about governance & performance reporting while demonstrating a systems leadership approach to delivery.
- Specialities will have a clear recurring capacity and demand gap analysis. Where there is a gap, a plan will exist to close the gap through redesign / regionalisation. Alternatively, a case will be presented to the Board to consider service cessation.
- Services will be monitored and in a continuous improvement loop to maximise all possible efficiencies.
- Improvements in unplanned care performance will remove the diversion of resources from planned care allowing full use of planned care assets for planned care.
- We will plan elective care on a North of Scotland (NoS) basis and repurpose territorial assets against this NoS plan.
- Services will be benchmarked across Scotland in terms of efficiencies and upper quartile performance expected, monitored and delivered.
- We will have improved the time to access in unscheduled and planned care pathways, using performance measures that also take account of demographics, peoples' experiences & outcomes, the increasing demand/need & long-term gains.
- We will have continued to improve access to unscheduled and planned care pathways. We will have moved towards admission avoidance, improve primary care based response to illness and ensure citizens of Grampian are empowered to participate in their own healthcare promoting preventative measures, self-care strategies and overall wellbeing.
- Achieve mental health outcomes in concordance with national strategy.
- Fully integrated national electronic record between citizen, health, local government and third sector.
- Extend citizen access to records to add notes and data.

2024-2027 Priorities

- Right workforce to deliver care now & in the future
- Culture & wellbeing
- People powered health
- Women and Children's health & wellbeing

- Employment, procurement & physical assets
- Infrastructure
- Population based approach to health
- Dr Gray's Hospital Strategic Plan
- Greening health systems
- Value Based Health and Care

- Digital
- Pathway redesign
- Primary & community care
- Secondary care
- Mental health

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Role of Delivery Plan

This is NHS Grampian’s overarching Delivery Plan and sets out how the Board, working in partnership with the three Health and Social Care Partnerships (HSCPs), our colleagues, citizens, communities and partners (including the third sector) will make progress against the vision and strategic priorities as set out in our ‘Plan for the Future 2022-28’, along with responding to key priorities set out by the Scottish Government.

The vision set out in our ‘Plan for the Future’ remains as important as ever, but the current fiscal position and the need to focus on achieving financial balance will mean a longer period of phasing than initially expected to ensure we are in a position to move forward with future changes for greater sustainability. This document sets out **the organisational commitments for change and areas of increased focus during the period August 2024 to March 2027** and what benefits this change will provide by March 2027 in relation to our strategic intent.

Our Plan For The Future

The ‘[Plan for the Future 2022-28](#)’ approved by the Grampian NHS Board on 2 June 2022, was co-created with our colleagues, communities, citizens and our partners during 2021-22. It sets out an ambitious strategy which can only be achieved by working in partnership with our citizens, communities, colleagues, third sector and partners.

Diagram 1 illustrates the key areas of focus within the ‘Plan for the Future’ which centres on creating sustainable health and care by 2032. Key to achieving this ambition will be balancing both enabling wellness and responding to illness and delivering our intent for People, Places and Pathways as set out in the diagram.

Within People, Places and Pathways, we have also confirmed the key priority areas of focus over the six-year period which are contained in the outer ring of the diagram. The rolling Delivery Plan will set out the key actions being taken forward to progress these.

Coherence with Partner Strategies & Plans

As part of the development of the ‘Plan for the Future’, work was undertaken to understand what challenges and priorities we share with our local partners. This highlighted a number of areas where there is a high level of coherence – this is reflected in [diagram 2](#).

We recognise that there are currently significant financial and workforce challenges across the whole public sector, impacting on NHS Grampian and all our partners, and there are likely to be unintended consequences of decisions taken across the system to achieve financial balance. We need to continue working in close collaboration with our local partners in the HSCPs, Local Authorities, Education and the third sector to identify, monitor and mitigate these to the best of our ability.

These shared challenges present an opportunity for enhanced collaboration with our partners locally, regionally and nationally, ensuring we continue to work collectively to move our health and care system towards a sustainable future, with people at the centre, and services in Grampian designed and delivered in line with the needs of the population, demonstrating quality, safety, efficiency and value for money.

Diagram 1: Summary of ‘Plan for the Future - 2022-28’



National and Regional Context

The creation of a new NHS Scotland Strategic Planning and Delivery Board, development of a Single Planning Framework and a new National Clinical Framework (building on the National Clinical Strategy) will support greater coherence and synergy across national, regional and local planning. A key area of focus is seeking to understand sustainability challenges across clinical services, with a view to developing options to address these challenges in a more sustainable and coherent way. This requires commitment from Boards to work differently and can be considered as a key stepping stone towards wider reform.

This presents an opportunity to work differently in the North of Scotland (NoS) through greater collaboration, developing collective responsibility for sustainable services and exploring regional governance and performance frameworks, which have the potential to inform and support the national reform agenda. The Health Boards in the NoS collectively face finance and workforce challenges which are magnified by the unique size, geography and population distribution across the north of Scotland and islands. Work is underway, commissioned by the NoS Chief Executives Group in January 2024, to identify opportunities in the short and medium term for greater collaboration to improve resilience and respond to fiscal, quality and performance drivers to ensure we can best meet the needs of the NoS population. This work will identify those services which can only be delivered regionally or those services which it would be more efficient or effective to deliver through a regional model of care.

There is, at the point of publication of this plan, an unknown impact of regional and national planning priorities in relation to identification of services at most risk of medium/longer term sustainability. We are committed to work regionally and nationally as these develop.

Approval of Delivery Plan

The draft Three-Year Delivery Plan was approved by the NHS Grampian Chief Executive Team, prior to the submission of this to the Scottish Government on 7 March 2024. A letter was received from the Scottish Government dated 28th of May confirming the 3 Year Delivery Plan meets requirements and provides appropriate assurance, acknowledging that the delivery plan must remain dynamic and responsive under the current circumstances. The plan will be formally considered at the public NHS Grampian board meeting in June 2024.

Assurance Reporting

Formal reporting on progress of the Delivery Plan will continue to be submitted to the Grampian NHS Board (via relevant Sub Committees) and to the Scottish Government on a quarterly basis. As per 'NHS Scotland Delivery Planning Guidance 2024/25' (4 December 2023) and subsequent 'Supplementary Advice: Delivery Progress Reporting' (issued 5 February 2024), reporting to Scottish Government, will be via a new Delivery Framework.

Regular updates on progress will also be shared with colleagues, citizens, communities and our partners via a range of mechanisms. We will also share progress reports via the NHS Grampian ['Plan for the Future' website](#).

Diagram 2: Shared values and areas of significant commonality across the three IJBs and NHS Grampian strategic aims/priorities



Position as at end of March 2024

Threats to health, enduring system pressures and making hope possible

Good health is an asset, both for individuals and society. As an ‘Anchor’ organisation, NHS Grampian’s long-term sustainability is tied to the wellbeing of our population. However, the threats to health highlighted in our previous Delivery Plan remain as true today, with higher costs of living, infectious diseases, climate changes and fragile health services all demonstrably impacting on our physical and mental wellbeing, and consequently, our need for health care services. Changing population demographics intensify these pressures. In 1991, 14% of our population was over 65 years old – it is now 19% and in contrast, the number of births has been falling. Sustaining a health care system to meet these changing and increasing needs therefore, is becoming harder and harder.

Managing the pressure of urgent and emergency care always, rightly, features highly in the public’s interest. Beneath the headlines, an external assessment concluded NHS Grampian to be one of the most efficient unscheduled care systems in mainland Scotland – with increased bed capacity and community based models of care key to improving 4-hour performance. Of course this is only part of the story. The increased need for unscheduled care (about 58% of all hospital admissions) points to a sicker population and one which is more care intensive. We aim to provide services at the right time whilst responding to urgent needs but this is becoming more and more difficult to achieve. As the need for urgent and emergency care rises, capacity for planned treatments is constrained. Meeting ‘today’s’ needs whilst recovering from lost capacity during the pandemic has resulted in waiting lists for planned treatments being double the level they were in 2019 and amongst the highest they have ever been. It means that in 2023, 1 in 32 people in Grampian were waiting for treatment compared to 1 in 62 in 2019.

We cannot overstate the importance of continuing to focus on prevention – doing so reduces disease, improves health, the environment and the economy. It reduces the burden on the NHS and allows resources to be directed to other critical areas of care. Supporting each and every one of us to avoid or delay illness is the prevention revolution we are aiming for – and it is behind many of the actions in this Delivery Plan. It goes beyond individual health behaviours to system wide working - putting public health into community planning and ensuring prevention is in every pathway in primary care and acute settings. Our focus is shifting from disease focused pathways to pathways for people, and from data on diseases, to data about people. It looks beyond measurements that capture activity to measuring system change and learning and in doing so, we are changing our perspective from seeing delivery as a fixed point of success to one which adapts to the changing world around us. Our aim for sustainability is to create additional benefits that promote human and planetary health, and preventing the types of inequalities that are likely to determine our future health and wellbeing.

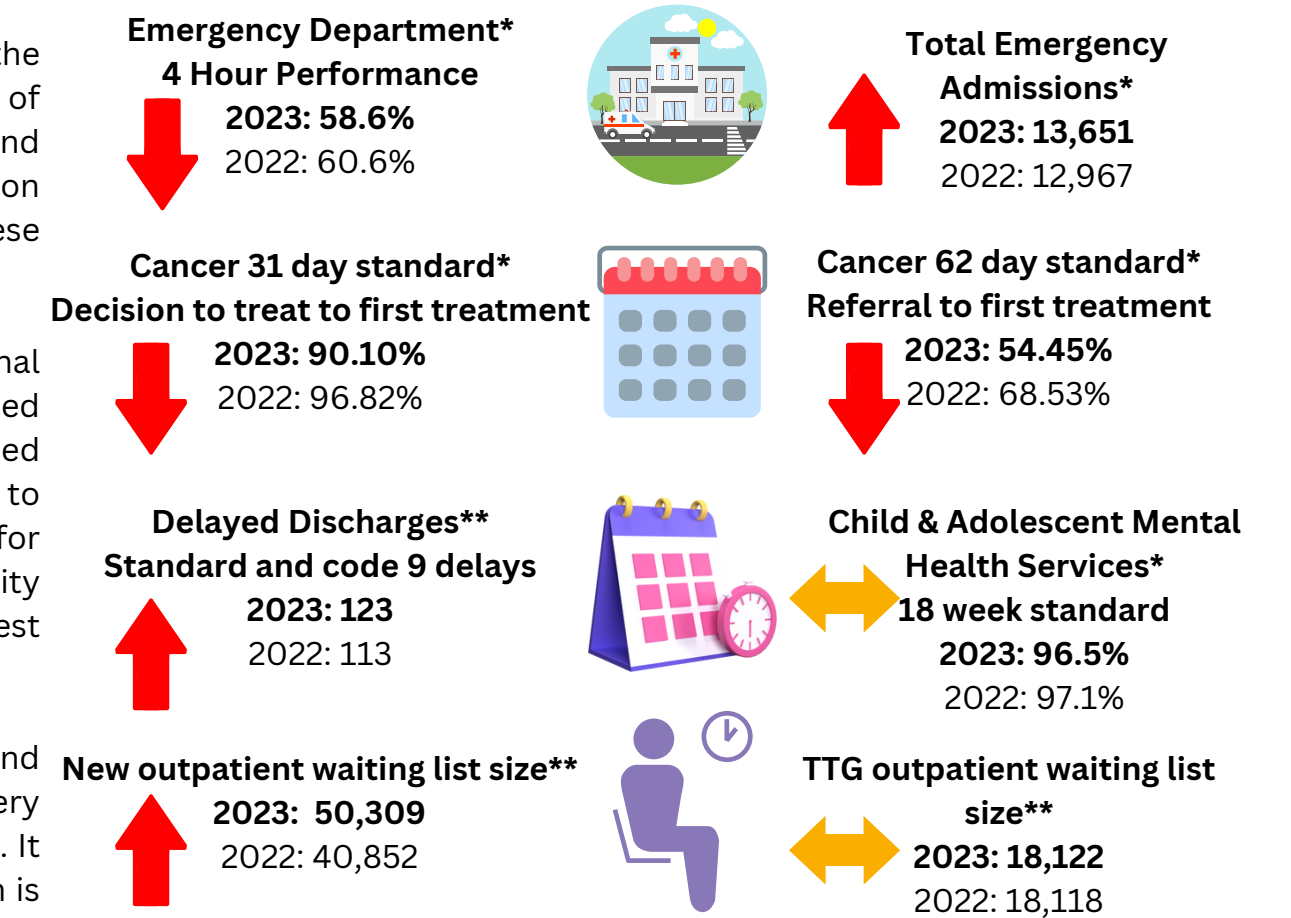
Financial position / Value and Sustainability programme approach

Our Finance Plan covers 2024-27 and a high level summary is provided in the [Enabling Plan section](#).

Whilst efficiency savings, service redesign and transformation measures will move us towards financial balance, it must be noted the overall financial challenge for 2024/25 is many times greater than any level previously delivered by NHS Grampian in a single financial year. There is therefore a very high risk that the overall total of savings required (£79 million equivalent to 11.3%) will not be delivered in full by 31st March 2025.

Our proposals to save £79m in 2024/25 will inevitably impact on our ability to meet some of the operational delivery requirements outlined in the Scottish Government Delivery Plan Guidance 2024/25. Further discussions are being held with Scottish Government colleagues to agree such actions and consider the balance between financial benefit and service impact. Our financial plan assumes a consistent level of operational overspend of £5 million a month. Many of our services are still experiencing significant pressures with capacity and patient flow leading to excess costs. If these pressures increase, there is a risk that operational overspends will also increase.

Key National Metrics - Diagram 3



These key metrics are part of a wider set of measures reported to the Scottish Government and NHS Grampian Board.

*Quarterly position for October-December

**Snapshot position at end of December

↔ Indicates a relative change of less than 1%

A number of other risks are outlined in detail within our Finance Plan related to the following:

- HSCP overspends and financial pressures.
- Increased staffing impact resulting from the Health and Care (Staffing) (Scotland) Act as from April 2024.
- Full funding of the costs of Agenda for Change non-pay measures.
- Prescribing budgets (noting that General Practice prescribing budgets are fully delegated to the HSCPs).

The Value and Sustainability Group was established in 2023 to help support the organisation's delivery on the 2023/24 value and sustainability savings plan, including the efficiency savings target of 3% as mandated by Scottish Government. In recognition of the challenges ahead and best practice nationally supporting the adoption of a Project Management Office approach, the recruitment of a Value and Sustainability team commenced during October and November 2023 to strengthen the support the delivery of a comprehensive programme of schemes for 2024/25.

A series of engagement sessions have been undertaken, bringing together senior leaders from across our health and care system including operational services and clinicians to consider and inform priorities for 2024/25 and identify opportunities for improving efficiency and making savings. This work will continue to develop, supported by ongoing engagement and communication with colleagues, public and partners over the coming months.

To address the scale of 2024/25 financial challenge, the Value and Sustainability programme would require to deliver £79m of savings through a phased approach. For 2024/25, the first phase of savings aims to deliver £34.9m of savings on NHS Grampian's non delegated budgets with £22m of this total estimated to be a recurring saving. Current Value and Sustainability priorities are:

- Identifying measures to reduce spend on agency medical locums.
- Identifying measures to reduce spend on banding payments for non-compliant Junior Doctor rotas.
- Reviewing the use of unregistered nursing staff in light of current budgets.

Additional targeted initiatives are being explored through five commissions focusing on:

- Prescribing and medicines
- Medicines waste
- Digital initiatives
- Stop, start, and continue initiatives
- Delivering a vibrant and sustainable Dr Gray's Hospital

The forecast outturn for 2024/25 is a deficit of £43.8m after taking into account recurring and non-recurring savings together with the advised Scottish Government brokerage limit of £15.3 million.. That said, given the number of priorities that the Board is facing with unscheduled care, planned care, delayed discharges and the underlining financial challenge, it is going to be extremely difficult to reduce the deficit further within this financial year. Work will continue throughout the year to review the position with scrutiny and support from the Chief Executive's Team (CET) through the Value and Sustainability governance arrangements. To find balance across the system every effort will be made to reduce pressures and costs in order to improve the financial position.

If we can take further reasonable steps to improve the financial position over the three-year period then we will; although this is likely to require national support to take some decisions on a Scotland wide basis (for example, the issues that are currently being considered as part of the "Choices" work).

Workforce position

NHS Grampian continues to implement the National Workforce Strategy for Health and Social Care in Scotland. Our [NHS Grampian Workforce Plan 2022 - 2025](#) describes our workforce growth, the drivers for change, associated workforce actions, risks and challenges. Priority actions align to the five pillars of the workforce journey: Plan, Attract, Train, Employ and Nurture.




A high-level summary of actions underway is available in the [Enabling Plans section](#).

As well as risks specific to particular programmes or initiatives, a number of cross cutting challenges are identified within our Workforce Plan and highlighted below that are likely to impact on our ability to deliver:

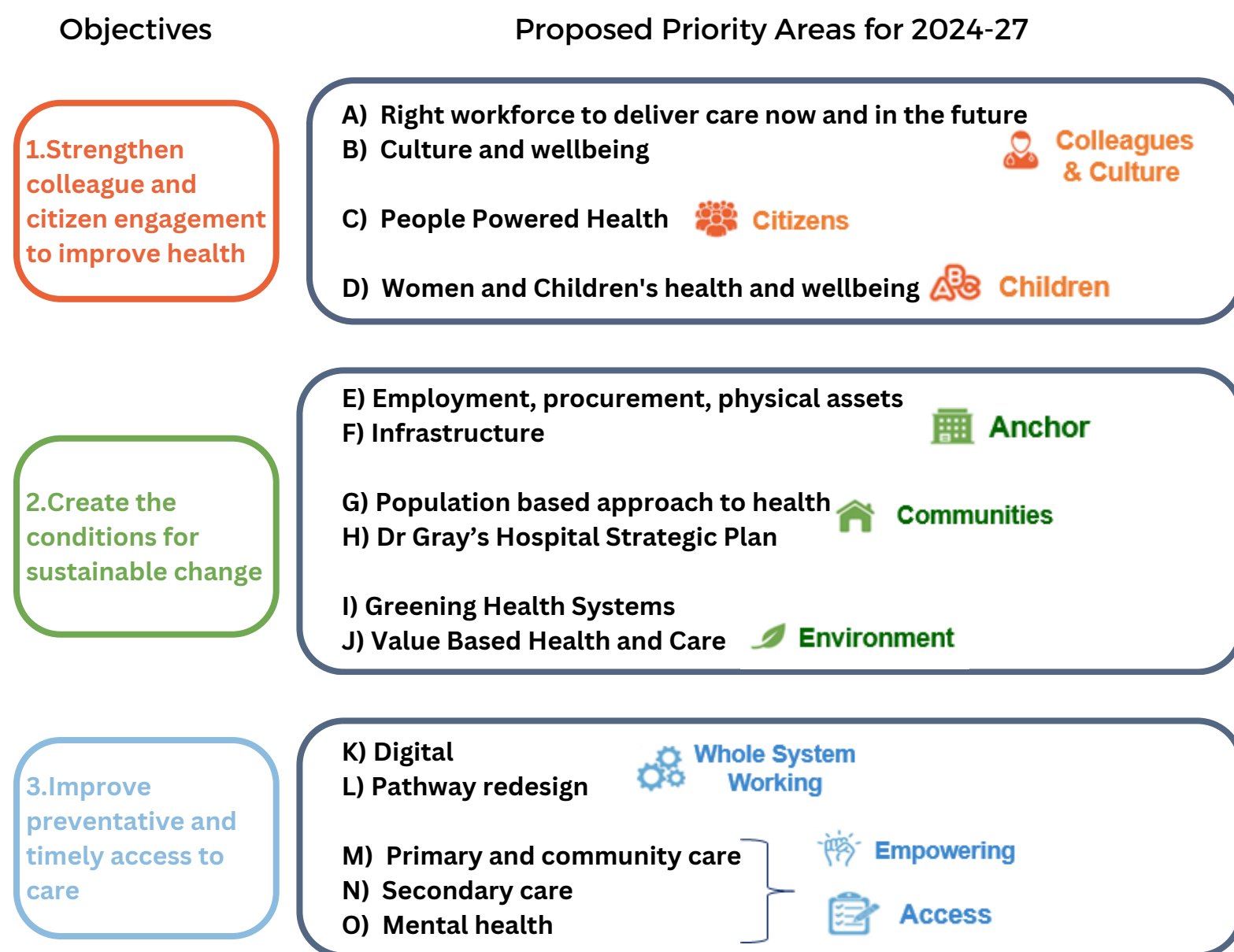
- Additional financial savings required of £79m, and the policy limitations on our ability to use levers such as redundancy to affect workforce change at pace.
- The impact of the implementation of the non-pay terms and conditions (T&C) changes from reforms to Agenda for Change, both in terms of corporate support capacity, and the financial and opportunity costs of reduced core hours.
- The impact of workforce cost on financial balance and the capacity to reshape the workforce whilst balancing existing gaps and maintaining a full range of services.
- Non-recurring funding confirmation for revenue projects, such as further expansion of the Flow Navigation Centre (FNC), access to Psychological Therapies, implementing the Health and Care Staffing Act and Employability initiatives.
- The prioritisation of the capacity for change required to transform our services and to ensure that the workforce is best placed to meet the service demand required and whilst providing the assurance of safe and effective care.
- Recruitment difficulties combined with challenges in workforce supply, with the combination of an urban centre out with the central belt and significant rural geography creating specific challenges.
- Mitigating the impact of continued workforce gaps when addressing sustained service demand, and the consequences this can have for the health and wellbeing of our staff.
- The levels of Junior Doctor Band 3 rotas, both in relation to workforce wellbeing and cost to the organisation.
- A lack of capacity to undertake developmental actions and to provide time for dedicated topic experts to deliver training, for example, financial and workforce planning training for managers.
- Inability due to service pressures to release staff for training and/or development of new processes, such as the Health and Care (Staffing) (Act) implementation.

People, Places and Pathways – Key Priorities for Delivery

Everything we do going forward will support our progress in delivering our strategic intent:

-  **People - Joining with people to flourish**
-  **Places – Using our places to proactively seek the best health and wellbeing and fairness for all**
-  **Pathways – Enabling a partnership approach to our pathways of care**

The above objectives will support the delivery of priority areas by March 2027. This will enable us to make significant progress against the strategic intent set out in the ‘Plan for the Future’. The diagram below sets out the objectives and underpinning priority areas of focus, along with how this supports the 10 Scottish Government priority ‘Drivers for Recovery’.



Our key objectives are to:

1. Strengthen colleague and citizen engagement to improve health
2. Create the conditions for sustainable change
3. Improve preventative and timely access to care

Alignment to Scottish Government 10 Drivers for Recovery

7. Women & Children's Health - Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life

8. Workforce – Implementation of workforce strategy

6. Health Inequalities & Population Health – Enhance planning and delivery of the approach to tackling health inequalities and improving population health focus on those in prison, custody and those who use drugs

10. Climate – Climate emergency and environment

1. Primary and Community Care – Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community

2. Urgent and Unscheduled Care – Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital

3. Mental Health – Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy

4. Planned Care – Recovering and improving delivery of planned care

5. Cancer Care – Delivering the National Cancer Action Plan (2023-26)

9. Digital Services & Innovation Adoption - Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes

Priorities for People



1. Strengthen colleague and citizen engagement to improve health

A key enabler of delivering the ambitions for a sustainable health and care system as set out in the 'Plan for the Future' is building a different relationship with our colleagues and citizens, so we can create a more preventative, sustainable model of care rooted in communities. At the same time, the need to make substantial savings to achieve financial balance requires changes to what is delivered by NHS Grampian, and the effective involvement of our colleagues and the wider public will be critical to appropriately informed decision making. Over the next three years, we aim to demonstrate progress in designing and embedding a different approach to engagement that supports this work. We will do this alongside work on improving outcomes for children in Grampian, and on developing a more sustainable workforce, ensuring our culture supports positive staff experience, and improving colleagues' wellbeing at work.

Right workforce to deliver care now and future

Developing in partnership how we reshape our services and staffing levels to achieve financial sustainability is not only essential for our workforce and those accessing our services, it will also positively impact on how we source and attract people with the right values, retain colleagues and ultimately redesign services fit for the future.

As a designated Local Education Provider, NHS Grampian, in collaboration with our education partners, delivers learning programmes across a vast range of clinical professional disciplines. A key priority will be to support the development of the future healthcare workforce whilst ensuring a positive educational experience for all and impact positively on delivering quality care by an engaged and supported workforce.

These aims are in line with Scottish Government priorities, particularly national programmes relating to e-Rostering and the Health and Care (Staffing) (Scotland) Act 2019. The Board's ability to progress these mandated national programmes is dependent on factors that are out with the direct control of NHS Grampian. Specifically:

- Whilst we have made significant progress in adopting e-Rostering and SafeCare, its wider deployment is dependent on the integration to Payroll being addressed in year, and our capacity to manage the impacts of implementing the Agenda for Change (AfC) reforms confirmed in March 2024 regarding reduced working week, protected learning time and Band 5 Nursing review in services already using e-Rosters.
- There is good engagement around the Health and Care (Staffing) (Scotland) Act. However, uncertainty around continued national funding to support Boards with implementation and the dependency on the e-Rostering platform for demonstrating compliance means delivery of the target by March 2027 is under threat.

Uncertainty around whether funding allocated in respect of the AfC reforms will be sufficient address a capacity gap of up to 4% that will be created over the next three years if a reduced working week is implemented for colleagues on AfC creates the potential for significant adverse impact, either through industrial disputes or in terms of financial sustainability if the reforms are not fully funded. There is also a risk connected to the competing demands on subject matter experts' time from these and other national programmes, such as the national Business Services Programme commissioned by Board Chief Executives due to commence in March 2024.

Locally, there are opportunities through vacancy management and setting an upper limit of 10x Programmed Activities (PAs) in Consultant job plans to make initial workforce savings, pending the development of service redesign plans (although any reduction in Consultant PAs would not be without potential risk to service delivery, education, training and research capacity as well as colleague morale). Our ability to sustain Apprenticeship Programmes will be subject to such controls, and the withdrawal of national Flexible Workforce Development funding from Skills Development Scotland may mean we are unable to offer more places.



Our focus over the 12 months will be to:

- Sustain the roll out of e-Rostering & SafeCare as far as progress with national integration to Payroll and financial position allows.
- Continue to increase overall NHS research and development (R&D) activity in line with NHS Grampian R&D Strategy and Shaughnessey Review recommendations.
- Commence implementation of the Health and Care (Staffing) (Scotland) Act across relevant areas of the workforce.
- Implement a reduction in the working week to 37 hours for colleagues on AfC.
- Implement, as far as practicable, a review of Band 5 Nursing roles as part of AfC reforms.
- Continue to reduce medical and registered nursing supplementary staffing costs via focus on booking controls and direct engagement.
- Portfolios / Directorates implementing plans agreed in partnership for reshaping the workforce in support of sustainability.
- Ensure 80% staff have up to date Statutory and 70% have up to date Mandatory training.

Deliverables that will not be taken forward until 2025-27:

- Sustain existing apprenticeship levels and introduce widening access routes that reflect Anchor organisation role.
- Digital skills development in place that supports greater efficiency and productivity for administrative and support services.

Culture and Wellbeing

Completion by April 2024 of the service redesign required to implement a Wellbeing, Culture and Development centre of expertise will support, at relatively low-cost, continuation of work to develop organisational culture, including colleague engagement, speaking up, and specialist interventions in areas where evidence suggests this is required to help deliver meaningful change. It will also enable the continued provision of enhanced wellbeing support for staff, including further adoption of our successful peer support model for psychological first aid and seeking further charitable support for this work. We will also support succession planning and talent management in line with national priorities and in support of reducing the recruitment costs of filling key leadership roles when they become vacant.

Our ability to deliver some supports for staff wellbeing are dependent on factors out with NHS Grampian's direct control. The impact of increased employee relations work since the pandemic on our HR capacity is likely to impact our ability to deliver a reduction in sickness absence, which in of itself could provide significant further cost savings (we estimate a 1% change could equate to approximately £8m per year). Whilst the capacity challenges of implementing Protected Learning Time strand of AfC reforms are not in the same order as the reduced working week or Band 5 to 6 re-grading, clarity on the ask and timeframes will have a bearing on our ability to prioritise improvements in Appraisal and Statutory and Mandatory training as levers for improved engagement, productivity and reducing workplace risks.

Our focus over the 12 months will be to:

- Deliver learning resources and opportunities that improve quality of managers' cultural competence and management practice.
- Use BPA Survey outcomes to support culture development in participating areas and application for Magnet recognition.
- Targeted change support for those services where data and intelligence indicate workplace culture improvement is a priority.
- Appraisal complete on Turas Learn and SOAR for 50% of all staff.
- Use a broader range of KPIs and Toolkit for Managers in support of Health and Safety compliance and improvement.
- Implement Protected Learning Time component agreed as part of AfC reforms.
- Take steps to address areas of above average sickness absence in NHS Grampian, helping keep overall level below 5%.

Deliverables that will not be taken forward until 2025-27:

- Test new approaches to engaging colleagues and maintaining proportion of staff who feel NHS Grampian supports their wellbeing.



People Powered Health

'People Powered Health' describes a vision that recognises people's lived experience and opinions as a valuable asset in helping shape health. We aim to collaborate with communities and partners to bring people together, including healthcare professionals, the community and third sector to support people to live well. It is a redefined relationship, one which seeks to create a partnership of equals and places people more in control of their health and wellbeing. To achieve this, we want our health and social care system:

- To be one that listens and responds to what is important to people and works with them to deliver the best possible health and social care support.
- That brings together health and social care to support communities to take an active role in their health and to live as well as possible with their health conditions.
- That works with communities and partners, including the third sector, to shape places for health, places where we learn, live and work.
- Where people feel in control, valued, motivated and supported.

A focused piece of work was completed in 2023/24 to shape a new approach to how NHS Grampian listens to and involves the public. The Putting People First approach is underpinned by an evidence base review, highlighting the link between listening and engaging well to quality and safety of care provided, staff satisfaction, patient satisfaction as well as financial performance. The approach is also informed by evidence of what works in terms of involving people and communities to create more preventative responses - a clear ambition within our 'Plan for the Future'

- Our ambition is for NHS Grampian to lead the way in how we welcome, involve, and invite all colleagues and citizens to contribute to improving services and to improving the health of people locally.
- This requires us to nurture relationships between all NHS colleagues and the citizens we serve, valuing and learning from the expertise of people seeking care as much as those providing it.
- We will grow conditions for participation in care which is asset based, engages with the talent and expertise which exists within staff teams, the wider community and the third sector

For the Putting People First approach to be embedded across the organisation, large cultural change and cross system collaboration is needed and this will not be achieved in a short time period. McKinsey's three horizons model will underpin the work, focusing on setting the foundations in the next 1-2 years through collaborative work across existing teams towards agreed priority areas using existing resources, with large scale spread occurring over the life of the 'Plan for the Future'.

Our focus over the 12 months will be to:

- Co-produce a policy, strategic approach and assurance structure that reflects the contribution and potential of volunteering to (i) staff/patient experience and (ii) community engagement.
- Develop and deliver an engagement best practice programme to support staff to have a different conversation and relationship with the people of Grampian.
- Develop and embed mechanisms through which children and young people's voices can be heard.
- Develop and apply an integrated impact methodology to ensure NHS Grampian pays 'due regard' to reducing inequalities of outcome when making strategic decisions.
- Set the foundations for the Putting People First approach, including contributing to proof-of-concept work (e.g. community appointment day approaches and rapid cycle feedback loops), developing staff skills and competencies to improve colleague and citizen engagement, building an evidence base and developing infrastructure and leadership to make this a visible priority.



Women and Children's Health and Wellbeing

NHS Grampian Board has made a conscious decision to specifically focus on children's health and wellbeing as one of our priorities. We are committed to improving the health, wellbeing and future outcomes for children and young people and their families by playing an active role in the delivery of the Integrated Children's Services Plans, developed by the three Community Planning Partnerships (CPPs). We recognise the lifelong benefits which can be realised by investing in our children and young people. Over the next three years, we will design our services to address inequalities and inequity within the local setting to improve outcomes. We aim to achieve exceptional outcomes for children and young people through co-ordinated, evidence-based care, health promotion and improved clinical processes. We will ensure we have the service available in the right place, at the right time delivered by the right workforce. How we engage with children and young people will be critical to our success to making the positive generational shifts as set out in the 'Plan for the Future'. We know a number of factors are negatively impacting on outcomes for children, such as increased poverty due to higher cost of living, the impacts of the pandemic and increased waiting times for specialist surgery.

Improving women's health is also a key component in our ambition to improve the health and wellbeing of children and families. Women's health has been shown to be closely linked to the health and wellbeing of their children and families. Our focus on women's health and work in key areas throughout a women's life course will aim to achieve improved health outcomes for not only women, but their children and families as well.

Our focus over the 12 months will be to:

- Scope the utilisation and provision of high dependency and critical care services for children resident in the North of Scotland.
- Contribute to reducing child poverty by delivering on key actions set out in the Child Poverty Action Plan.
- Develop and agree the delivery model for the pathways of care for long term ventilated children and children with complex care packages across hospital, community and quaternary services.
- UNICEF BFI - achieve gold standard for community child health teams and progress towards going for gold for maternity and paediatric services.
- Implement next milestones for Moray Maternity Plan including enhanced ante-natal care and consultant supported triage, day assessment and agree model for neonatal care in Dr Gray's Hospital (DGH).
- Scope pathways, improvements and agree developments in service delivery model for maternity triage across NHS Grampian.
- Progress towards improved transition pathways for children with disabilities and complex needs.
- Maintain elective paediatric surgery activity, balancing demand and capacity. Progress measured against key performance indicator (KPI) (treatment time guarantee (TTG) and backlog reduction).
- Progress implementation of Best Start to meet national standards.
- Support the development of and submit the North of Scotland Regional Neonatal Implementation Plan to the Scottish Government.
- Delivering on Women's Health Plan to improve the health of children and families.

Deliverables that will not be taken forward until 2025-27:

- Analyse the demand and optimal delivery model for provision of safe and effective end of life care at home.
- Further roll-out training supporting trauma informed practice, initially focusing on those professionals working with children and then wider to professionals working in key adult services by March 2027. Specific deliverables to be agreed as per new Corporate Parenting Action Plan.
- With partners, embed practices of engagement and feedback for children, young people and their families.





Key - RED - no funding/resource

AMBER - partial funding/resource

GREEN - funding/resource in place

Focused Priorities for 2024/25

Right workforce to deliver care now & in the future

- Sustain the roll out of e-Rostering and Safe Care as far as progress with national integration to Payroll and financial position allows [AMBER].
- Commence implementation of Health and Care (Staffing) (Scotland) Act across relevant areas of the workforce [AMBER].
- Continue to reduce Medical & Registered Nursing supplementary staffing costs via focus on booking controls & direct engagement [GREEN].
- Implement, as far as practicable, a reduction in the working week to 37 hours for colleagues on Agenda for Change [AMBER].
- Implement as far as practicable, a review of Band 5 Nursing roles as part of Agenda for Change reforms (AMBER)
- Portfolios / Directorates implementing plans agreed in Partnership for reshaping the workforce in support of sustainability [GREEN].
- Continue to increase activity in line with NHSG R&D Strategy & Shaughnessy Review recommendations [AMBER].
- Ensure 80% staff have up to date Statutory and 70% have up to date Mandatory training [GREEN]

Culture & wellbeing

- Deliver learning resources and opportunities that improve quality of managers' cultural competence and management practice [GREEN].
- Use BPA Survey outcomes support culture development in participating areas and application for Magnet recognition [GREEN].
- Targeted change support for services where data and intelligence indicates workplace culture improvement is a priority [AMBER].
- Appraisal complete on Turas Learn and SOAR for 50% of all staff [GREEN].
- Use a broader range of KPIs and Toolkit for Managers in support of Health & Safety compliance and improvement [AMBER].
- Implement Protected Learning Time component agreed as part of AfC reforms [AMBER].
- Take steps to reduce overall level of sickness absence for NHS Grampian [AMBER].

People powered health

- Co-produce a policy, strategic approach & assurance structure reflecting the contribution & potential of volunteering [AMBER].
- Develop and deliver an engagement best practice programme to support staff to have a different conversation and relationship with the people of Grampian [AMBER].
- Develop and embed mechanisms through which children and young people's voices can be heard [AMBER].
- Develop & apply an integrated impact methodology to ensure NHS Grampian pays 'due regard' to reducing inequalities of outcome when making strategic decisions [AMBER].
- Set the foundations for the People First Approach, including contributing to proof-of-concept work developing staff skills and competencies to improve colleague and citizen engagement, building an evidence base and developing infrastructure and leadership to make this is a visible priority [AMBER].

Women & children's health & wellbeing

- Scope the utilisation and provision of high dependency and critical care services for children resident in the North of Scotland [RED].
- Contribute to reducing child poverty by delivering on key actions set out in the Child Poverty Action Plan [AMBER].
- Progress implementation of Best Start to meet national standards [GREEN].
- Develop and agree the delivery model for the pathways of care for long term ventilated children and children with complex care packages across hospital, community and quaternary services [AMBER].
- Progress towards improved transition pathways for children with disabilities and complex needs [AMBER].
- UNICEF BFI - achieve gold standard for community child health teams and progress towards gold for maternity & paediatric services [AMBER].
- Scope pathways, improvements and agree developments in service delivery model for Maternity Triage across NHS Grampian [AMBER].
- Maintain elective paediatric surgery activity, balancing demand and capacity [GREEN].
- Submit North of Scotland regional neonatal implementation plan [AMBER].
- Implement next milestones for Moray Maternity Plan including enhanced ante-natal care and consultant supported triage, day assessment and agree model for neonatal care in DGH [GREEN].
- Delivering on Women's Health Plan to improve the health of children and families [AMBER].

Priorities delayed to 2025-2027

Right workforce to deliver care now & in the future

- Sustain existing Apprenticeship levels and introduce widening access routes that reflect Anchor organisation role [AMBER].
- Digital skills development in place that supports greater efficiency and productivity for administrative and support services [AMBER].

Culture & wellbeing

- Test new approaches to engaging colleagues and maintaining proportion of staff who feel NHSG supports their wellbeing [AMBER].

Women & children's health & wellbeing

- With partners, embed practices of engagement and feedback from children, young people and their families [AMBER].
- Analyse the demand and optimal delivery model for provision of safe and effective end of life care at home [AMBER].
- Further roll-out training supporting trauma informed practice, initially focusing on those professionals working with children as per new corporate parenting Action Plan and then wider to professionals working in key adult services by March 2027 [AMBER].



Priorities for Places



2. Create Conditions for Sustainable Change

The 'Plan for the Future' sets out a clear direction and ambition for sustainable health and care by 2032 – this will require us to make some fundamental changes to how we access, interact and deliver health and care in the future. Moving forward, there are several building blocks we need to put in place and embed over the coming years, which will enable us to successfully make sustainable changes to ensure optimal outcomes and experiences. Phased over the next three years, we aim to demonstrate progress in relation to a range of priorities relating to considering our impact as an anchor organisation, working in partnership to tackle health inequity and maintaining our focus as an organisation to reducing our impact on the environment. This will support the Scottish Government recovery areas focusing on health inequalities (including anchor) and climate, further supported through [digital](#) and [innovation](#).

Employment, Procurement and Physical Assets

Our ambition to be a strong anchor institution is fundamental to support the wellbeing of the population, optimise use of public resources and address current challenges in the provision of health and care, such as sustainability of the workforce. Feedback from Scottish Government on our anchor activity in the 1-year Health Inequality Plan (2023/24) and evidence from our initial reporting metrics identify opportunities for our anchor activity to be scaled up to increase the impact on population health and health inequalities.

An 'anchors approach' challenges us to do things differently and provides an opportunity for us to make changes in the way we employ people, spend our money and use our assets in NHS Grampian, to use our power as an anchor organisation to improve the health of our population. We plan to continue embedding an anchors mindset across the organisation, through using the pillars of procurement, workforce and land and assets. The maximum impact from our activity will be achieved through collaborating with local partners. The current financial climate for NHS Grampian and our partners is a challenge in engaging and prioritising this activity, but also provides a stimulus for us to generate innovative solutions by working together. We intend to continue this activity as any pause would be detrimental to our ability to deliver actions set out within the Health Equity Plan, risking increasing health inequalities and impacting our ability to meet the future health needs of our population.

Our focus over the 12 months will be to:

- Develop an Anchor Strategic Workplan, detailing actions across each anchor pillar, underpinned by data, evidence and best practice.
- Develop a core dataset required to support the meaningful planning, evaluation and reporting of anchors activity.
- Develop relationships with other, local anchors activity and identify activities that can be undertaken in partnership, drawing on the strengths of partner agencies.

Population Based Approach to Health

Health inequities in society have been both directly and indirectly made worse by the impact of the pandemic and will be felt for years to come. Even before the pandemic, health gains were stalling with the amount of time and life years spent in good health decreasing. We have seen organisations affect change when they work together. Financial constraints are affecting NHS Grampian and our partners but evidence shows that investing in prevention and early intervention represents good value for money. We can maximise our impact if we work with, and through, our partners across the population health system, all of whom increasingly recognise the benefits of acting upstream to reduce demand. NHS Grampian is working within the North East Population Health Alliance, whereby organisations (Local Authorities [Aberdeen, Aberdeenshire and Moray], Scottish Fire and Rescue, Police Scotland and Public Health Scotland) come together to agree key areas to progress to ensure impactful improvements to population health. By creating a population health system, we will frame population health so that it is everyone's business and together we can take action to prevent harm, improve health and support communities to thrive now and into the future.



Our focus over the 12 months will be to:

- Implementation of Year 1 actions within the 'Health Equity' Plan (2024-2029), including Public Health actions listed in our Anchor, Screening and Vaccination Inequity Plans and Tobacco Strategic Plan, in addition to making data and information available to support improvement.
- Develop and implement a pan-Grampian approach to supporting local Joint Strategic Needs Assessments (JSNAs) to strengthen our approach to system wide population health planning including access to services.
- Build the foundations to support buy-in to the human learning system approach among internal and external stakeholders.
- Deliver our Joint Health Protection Plan and modernise the surveillance system for Health Protection.
- Provide specialist Public Health input to support the National Mission on drugs to reduce deaths and improve lives.
- Implement the Sexual Health and Blood Borne Virus Action Plan for Scotland across Grampian.
- Evaluate local projects and activities carried out by Community Planning Partnerships (CPPs) to develop the evidence base on what works to address the rising Cost of Living (CoL) to support strategic decision making.
- Deliver Adult Weight Management redesign pathways (Tier 1-3); work with partners to roll out a whole system approach to Adult Healthy Weight. Work with partners to embed prevention, early detection and early prevention strategies for pre-diabetes, type 2 and gestational diabetes.
- Develop and implement a plan for embedding primary, secondary, and tertiary prevention within healthcare pathways.

Greening Health System

NHS Grampian has set itself the long-term challenge to be a leader in sustainability and reduce our impact on the environment. We have a legislative requirement to deliver a net-zero carbon service across our infrastructure, requiring emphasis not just on buildings but on the way we contribute towards a circular economy – reducing, reusing and recycling. Our travel policies, healthcare practices, use of buildings and supporting change in communities are all part of the bigger shift towards sustainability.

At the heart of this is the way we provide care; transforming how we plan and deliver services to make our model of care more sustainable. Realistic medicine, prevention and early intervention, use of medical equipment, green prescribing and use of remote consultations are some of the ways we are 'greening' our health system, acknowledging that the most sustainable model of care (both financially and environmentally) is one in which fewer people need any care at all.

While we maintain our commitment to our greening health system, financial constraints mean that we will need to phase our approach over the next three years, as we cannot achieve all of our actions in the first year.

Our focus over the 12 months will be to:

- Complete Foresterhill biodiversity project.
- Reduce inhaler emissions through prescribing guidance and education.
- Develop new clinical waste reduction programme.
- Develop quarterly recycling improvement action plan.
- Develop quarterly emissions and energy use reduction plan.

Deliverables that will not be fully achieved until 2025-27:

- Revised vehicle replacement plan aligned to changed financial context.
- Further implementation of Environmental Management System (EMS).
- Green theatres programme, including further reduction in anaesthetic gases.
- Action Plan for NHS Grampian Climate Emergency & Sustainability Framework.



Value Based Health and Care

Our ambition is to ensure that, by 2025, all health and care colleagues in NHS Grampian and NHS Orkney will provide care through the principles of Realistic Medicine as our way of delivering Value Based Health and Care. The principles of Realistic Medicine are weaved throughout the various sections of this Plan. The local Realistic Medicine 2024/25 Action Plan sets out how colleagues will be supported to practise Realistic Medicine and deliver Value Based Health & Care. However, as Realistic Medicine funding is fixed term and confirmed on an annual basis, it is difficult to plan beyond one year.

Our focus over the 12 months will be to:

- Embed Shared Decision Making into Flying Start programme (NMAHP) evidenced by Turas module completion.
- Describe models that demonstrate and quantify delivery of shared decision making in selected sites as a prelude to general roll out.
- Support pathway redesign through innovative, community-led ways of working and system-wide engagement.
- Develop Future Care Planning resource and awareness evidenced by improved shared decision-making conversations, personalised care alongside reduced unwarranted variation.
- Improve access, transparency and governance of good quality patient information, evidenced by a public facing database.
- Identify and reduce waste, including prescribing and Atlas of Variation opportunities.

Infrastructure – Buildings and Equipment

The ‘Plan for the Future’ sets out the strategy to deliver equitable access, inclusive growth and improved population health and wellbeing through the transformation of how and where we provide our health and social care services. To achieve this, we will require a very different type of infrastructure to reflect the changing patterns of service delivery, including an increasing reliance on new technology.

The availability of capital funding to support investment in infrastructure however is a key constraint in both the short and longer term. Our plans must therefore be prioritised based on risk and fit with the Board’s objectives, be deliverable, demonstrate best value and be suitably integrated with our partners’ plans to meet needs across health and social care.

Our focus over the 12 months will be to:

- Finalise construction and commission new Mortuary building.
- Ongoing construction of the Baird Family Hospital and Anchor Centre.
- Addressing high priority backlog maintenance and essential equipment replacement.
- Develop a Whole System Infrastructure Plan in line with Scottish Government guidance received on 12 February 2024.
- Implement the Facilities and Estates Healthcare Associated Infection (HAI) Workplan.

Given the challenging outlook on availability of capital funding, a number of projects in development have been paused:

- NHS Grampian National Treatment Centre (including Dr Gray’s and associated improvement work to ward 4).
- Primary Care Programme.
- Replacement of Royal Cornhill Hospital Forensic Mental Health Accommodation.



Dr Gray's Hospital Strategic Plan

In February 2023, the Board approved the Strategic Intent (2023-2033) for Dr Gray's Hospital setting out a clear role and function for the future with the aim of creating a vibrant future for the hospital – as a district general hospital with sustainable, high quality services and as a desirable and exciting place for staff to manage their careers. In April 2023, the Board approved the Implementation Plan, setting out high level actions to achieve the strategic intent. During 2024/25, we will initiate those high-level actions, with a view to:

During 2024/25, we will initiate those high-level actions, with a view to:

- Ensure the Programme approach, working within limited resources and adhering to governance necessary to support success.
- Identification of pathways appropriate for networked services and exploring how this will be achieved.
- Description of target operating models for services, focusing on affordability and sustainability.
- Develop a Workforce Sustainability Plan.
- Joint planning with both NHS Highland and other partners such as NHS Education for Scotland.
- Links with the Moray Maternity Services Plan for Model 6 in collaboration with NHS Highland.
- Provide an update report to the NHS Grampian Board.

Our focus over the 12 months will be to:

- Redesign of theatres pathways, surgical services pathways and front door / emergency department (ED).
- Site infrastructure priorities understood and articulated as part of NHS Grampian infrastructure overview.
- Implement linked projects with Value and Sustainability programme to address HCSW rostering and locum use, supporting sustainable workforce planning.
- Continue to develop engagement with staff, fellow anchor organisations and public as stakeholders.
- Completed operational policy for Clinical Skills Centre.
- Prepare Year 2 Annual Report for NHS Grampian Board.





Key - RED - no funding/resource

AMBER - partial funding/resource

GREEN - funding/resource in place

Focused Priorities for 2024/25

Employment, procurement & physical assets

- Develop an Anchor Strategic Workplan, detailing actions across each anchor pillar, underpinned by data, evidence and best practice [AMBER].
- Develop a core dataset required to support the meaningful planning and evaluation of anchor activity [AMBER].
- Develop relationships with other local anchors and identify activities that can be undertaken in partnership, drawing on the strengths of partner agencies [AMBER].

Population based approach to health

- Implementation of Year 1 actions within the 'Health Equity' Plan (2024 - 2029) including Public Health actions listed in our Anchor, Screening and Vaccination Inequity Plans and Tobacco Strategic Plan, [AMBER].
- Develop and implement a pan-Grampian approach to supporting local joint strategic needs assessments to strengthen our approach to system wide population health planning including access to services [GREEN].
- Build the foundations to support buy-in to the human learning system approach among internal and external stakeholders. [AMBER].
- Provide specialist Public Health input to support the National Mission on drugs to reduce deaths and improve lives. [AMBER]
- Implement the Sexual Health and Blood Borne Virus Action Plan for Scotland in Grampian [GREEN].
- Deliver Adult Weight Management redesign pathways (Tier 1-3); work with partners to roll out a whole system approach to Adult Healthy Weight. Work with partners to embed prevention, early detection and early prevention strategies for pre-diabetes, type 2 and gestational diabetes. [AMBER].
- Deliver our Joint Health Protection Plan and modernise the surveillance system for Health Protection. [GREEN].
- Evaluate local projects and activities carried out by Community Planning Partnerships to develop the evidence base on what works to address the rising cost of living (CoL) to support strategic decision making [AMBER].
- Develop and implement a plan for embedding primary, secondary and tertiary prevention within healthcare pathways. [GREEN]

Greening health systems

- Complete Foresterhill biodiversity project [GREEN].
- Reduce inhaler emissions through prescribing guidance and education [GREEN].
- Develop quarterly recycling improvement action plan [GREEN].
- Develop quarterly emissions and energy use reduction plan [GREEN].
- Develop new clinical waste reduction programme. [AMBER]

Infrastructure - Buildings and Equipment

- Finalise construction and commission new Mortuary building [GREEN].
- Ongoing construction of Baird Family Hospital and ANCHOR Centre [GREEN].
- Addressing high priority backlog maintenance and essential equipment replacement [GREEN]
- Develop a Whole System Infrastructure Plan in line with Scottish Government guidance [GREEN].
- Implement the Facilities and Estates healthcare associated infection (HAI) workplan [GREEN].

Value & Sustainability Programme

- Identifying measures to reduce spend on agency medical locums [GREEN].
- Identifying measures to reduce spend on banding payments for non-compliant Junior Doctor rotas [GREEN].
- Reviewing the use of unregistered nursing staff in light of current budgets [GREEN].

Dr Gray's Hospital Strategic Plan

- Redesign of theatres pathways, surgical services pathways and front door / ED [AMBER].
- Site infrastructure priorities articulated as part of NHS Grampian infrastructure overview [AMBER].
- Implement linked projects with Value and Sustainability programme to address HCSW rostering and locum use, supporting sustainable workforce planning [AMBER].
- Continue to develop engagement with staff, fellow anchor organisations and public as stakeholders [AMBER].
- Completed operational policy for Clinical Skills Centre [AMBER].
- Prepare Year 2 Annual Report to NHS Grampian Board [AMBER].

Value based health and care

- Embed Shared Decision Making into Flying Start programme (NMAHP) [GREEN].
- Describe models that demonstrate and quantify delivery of shared decision making in selected sites as a prelude to general roll out [GREEN].
- Support pathway redesign through innovative, community-led ways of working and system-wide engagement [GREEN].
- Develop Future Care Planning resource and awareness evidenced by improved shared decision-making conversations, personalised care alongside reduced unwarranted variation [GREEN].
- Improve access, transparency and governance of good quality patient information, evidenced by a public facing database [AMBER].
- Identify and reduce waste, including prescribing and Atlas of Variation opportunities [AMBER]

Priorities delayed to 2025-2027

Greening health systems

- Revised vehicle replacement plan aligned to changed financial context [AMBER].
- Action Plan for NHSG Climate Emergency & Sustainability Framework [AMBER].
- Further implementation of environmental management system (EMS) [AMBER].
- Green theatres programme including further reduction in anaesthetic gases [AMBER].

Priorities Paused

Infrastructure - Buildings and Equipment

- NHS Grampian National Treatment Centre, including Dr Gray's and associated improvement work in ward 4
- Primary Care Programme
- Replacement of Royal Cornhill Hospital forensic mental health accommodation



Priorities for Pathways



3. Improve preventative and timely access to care

Timely access to care continues to be the area highlighted as the most concerning by citizens and colleagues across the North East system, spanning general practice and primary care, social care, acute specialist care, including both urgent/unscheduled and planned care, and across adult, maternity and children's services. Access to care continues to be a key Scottish Government area for recovery, specifically focusing on primary and community care, urgent and unscheduled care, mental health, planned care and cancer care with Realistic Medicine, digital and innovation supporting right care, in the right place at the right time. Over the next three years, we aim to demonstrate progress in relation to a range of priorities to tackle the backlog of care and ongoing system pressures, focusing on stabilisation and a shift to sustainable models of care, which reduce demand and waiting times, increase resilience, and support optimal outcomes.

Pathway Redesign

Given that we know our health and care system is interconnected with multiple dependencies, our approach to sustainable redesign of health and care has to be through whole system end to end pathway redesign working in collaboration with all key stakeholders. Effective pathway redesign requires resource, therefore we have to target that resource to the areas that we feel the most benefit can be achieved.

Our focus over the 12 months will be to:

- Evaluate testing of artificial intelligence in lung and breast pathways and Care & Equity – Healthcare Logistics UAS Scotland (CAELUS) innovation project to make recommendations for further roll out/adoption.
- Implement the recommendations from the general adult mental health secondary care pathway review undertaken in 2023/24. Deliver the Grampian Frailty Programme Plan in line with the three key priorities (sustainable workforce, managed clinical network (MCN) model and performance management) and collaborate across the wider system to use collective Frailty provision efficiently within secondary care and community settings.

Primary and Community Care

The responsibility for primary and community care service delivery (including social care) sits with the three HSCPs, with accountability and assurance to their respective Integrated Joint Boards (IJBs), with NHS Grampian having responsibility for the contracting (and some associated monitoring) arrangements for primary care. Primary care encompasses a wide range of out of hospital services, community-based services and with a wider number of access points, operates through an independent contractor model. Across Grampian, HSCPs have continued to experience intensive general practice and dental practice instability over the last year and, given the ongoing high level of pressures on primary care services, this is likely to continue. Aberdeen City, Aberdeenshire and Moray HSCPs each have Primary Care Improvement Plans (PCIP), which form part of their overarching Strategic Plans/Delivery Plans, with the risks for delivery of primary care sitting on the IJB risk registers for Aberdeen City, Aberdeenshire and Moray respectively.

Our collective focus over the 12 months will be to:

- Develop an implementation plan for the Joint Vision for General Practice and associated SMART objectives, consisting of the actions necessary to deliver the objectives, which in turn will help deliver the vision.
- Complete the child oral and dental health needs assessment, develop an action plan and share both findings and actions with independent contractors and bodies corporate to ensure sustained access to NHS Dental Services for patients in Grampian.



Improving Access and Protecting Planned Care - Secondary Care

There is a critical need to stabilise and reduce our long waits and deliver on agreed timelines for high priority treatments (including cancer) for planned care procedures, as well as maintaining capacity to treat urgent patients. The ability to deliver this ambition requires actions to:

- Challenge and redefine targeted Scottish Government funding for Planned Care.
- Improve NHS Grampian core financial position meaning it is able to consider delivering additionality.
- Separate and devise bespoke system wide plans to manage demand from unscheduled care without impacting on the efficient use of elective resources.
- Better manage actively those on long waiting queues to identify clinical deterioration early and adjust treatment initiations to avoid harm whilst waiting.
- Align national elective assets against our demand failure by challenging current criteria.
- Identify capacity from national treatment centres (NTC) currently operational, including MRI diagnostic capabilities.
- Improve the physical environment of our estates to realise their intended use, such as Short Stay, Dr Gray's theatre complex.
- Coordinate the backlog maintenance of our estate without disrupting performance.

The risk related to clinical delivery of care was recently reviewed locally as intolerable. Efforts will continue to ensure we are as efficient as we can be with the resources that we have and liaison work with our NoS neighbouring boards around regional solutions is underway but significant recovery is unlikely.

Our collective focus over the 12 months will be to:

- Identify a solution to bring into commission the equivalent of short stay theatre 1 and ideally 2.
- Create a sustainable radiology capacity plan.
- Create a sustainable endoscopy capacity plan.
- Continuous improvement cycle for productive opportunities.
- Clarity on the future elective care contribution expected from Dr Gray's Hospital.
- Develop plan for Phase 2 of Aberdeen Royal Infirmary (ARI) bed base review (linked to urgent & unscheduled care section).

Cancer Care - Secondary Care

A new Cancer Strategy for Scotland was published in June 2023, along with a Cancer Action Plan 2023-2026. Local actions from this Cancer Plan are translated into the wider delivery plan based on the recovery drivers. We remain fully engaged with the current Framework for Effective Cancer Management, published by the Scottish Government in December 2021, and have made significant progress in delivering a range of performance measures. The framework embodies the cross-system approaches that also underpin the organisation's transition to a Portfolio leadership model, providing services that wrap around the patient from home, through the healthcare system and back to home, working with partners from across health, social care and the third sector to provide care and support that is seamless and tailored to the needs of the individual. We continue to contribute to the Cancer Performance Delivery Board.

The percentage of people who have received their cancer treatment within 31 days of decision to treat has decreased from 96.32% (meeting the 95% target) in March 2023 to 90.34% in December 2023, with this performance trajectory expected to continue to March 2024. This has been due to a number of capacity challenges, including delay to theatre capacity expansion plans based on infection prevention and control measures. With a backdrop of increased urgent suspicion of cancer referrals and a range of capacity challenges in parts of the assessment and diagnostics pathways (linked to similar challenges outlined in wider planned care), we, like all other health boards, have not been able to achieve the 62-day national standard from referral to first treatment. We have led the way in analysing 62-day cancer pathways breach analysis and, by working with others across our portfolios, are being more precise in sharing data to improve flow. We have been able to give assurance that, despite the 62-day performance, our data analysis has not demonstrated that patients waiting have come to significant clinical harm regarding survival at 36 months.



The cancer waiting times funding allocation for 2024/25 has been confirmed to continue at the same level as the allocation in 2023/2024. A large proportion of the annual funding allocation to date has been utilised for activities to maintain cancer performance with a small proportion available for new activity or improvement. National funding to support systemic anti-cancer therapy (SACT) services has been delivered on an incremental annual basis, which has staggered full realisation of the Regional Oncology Workforce business case. Backlog clearance funding has been secured for Quarter 1 & Quarter 2 of 2024 with areas of focus around cancer backlog recovery. Impacts will not start to be realised until Quarter 2 of 2024 due to mobilisation of the increase in capacity, some of which is through external resource. This precision in directing additional resource has been greatly facilitated by the breach analysis work developed in NHSG to mitigate “pinch points”. It is expected there will be an improved performance trajectory by Q4 (Jan-Mar 2025).

To progress this, during 2024/25 we will focus on delivering the below:

- Recover the percentage of people receiving their first cancer treatment within 31 days of decision to treat back to meeting the target of 95%.
- Increase the percentage of people treated within 62 days of urgent referral for suspected cancer to first treatment to 72%
- Alignment of Cancer Strategy actions with the priorities outlined in this Delivery Plan and Planned Care actions.
- Ensuring continued delivery of the Framework for Effective Cancer Management

Unscheduled Care - Secondary Care

Urgent and unscheduled care (USC) services across the system, including both primary and secondary care services, have continued to experience enduring pressure, which has impacted on performance against the 4, 8 and 12 hour Emergency Department (ED) access standard, ambulance turn-around times, length of stay and delayed discharges. There is a significant element of unscheduled care that never reaches our secondary care providers or indeed an ambulance so our prioritisation needs to reflect that balance of activity. Improvement work has seen some positive changes in relation to unscheduled care, including the further development of Flow Navigation; increased uptake of Call Before You Convey; increased utilisation of Rapid Access to Assessment and Care/Ambulatory Emergency Care (RAAC/AEC). Feedback from our national colleagues within the Centre for Sustainable Delivery (CfSD), confirming low number of attendances, admissions and length of stay for care home residents; low admissions; low boarders, etc., demonstrates that our unscheduled care services work well in the context of the whole system. The whole system approach to preparing for and responding to winter 2023/24 was critical to minimising risk and harm to patients, communities and colleagues. We are undertaking a debrief on winter and will use the learning from this, along with the learning nationally, to prepare and implement an iterative winter plan with a supporting action plan that will be updated on an annual basis. As a result of the bed base review, there are now an additional 32 beds in ARI. In line with discussions with our national colleagues and continuing local assessment of areas of improvement, our aim is to deliver on the actions identified within the five improvement portfolios and embedding a public health approach, public health and general practice to empower citizens in their own health care, via preventable measures, self-care strategies and enabling wellbeing.

It is recognised with the changing financial position that a different approach to maximising our funding is required; this will undoubtedly have an impact on some core services that have been funded historically. In response to a requirement to consider prevention at the core of our USC Programme Board (PB), challenging legacy improvement and exploring new opportunities will be a key function of this overarching Board. Impact Assessments for any services affected by turn down/turn off decisions will be duly considered within the context of the wider system and other strategic priorities.

Following evidential success of the Cardiac Catheterisation Laboratory Expansion Programme, there is currently no funding identified in 2024/25 for a third Catheter Laboratory. Bridging funding for the initial test of change came from USC PB but, without a commitment to embed the change, this funding will cease at the end of June 2024. The impact of not funding is significant both in terms of immediate health intervention versus longer term cardiology input, requirement of surgical intervention and whole system flow impact, with a predictable additional bed requirement of circa 12 beds per day. Cost for 12 beds would be £2.0m.

In order to deliver a sustainable change within the system, the USC PB will support a tolerance of six months to scope significant pieces of work, i.e. Reshaping Unscheduled Care and the Urgent Care Hub. These will take a system-wide view and will in turn deliver longer term sustainable front door services, which encompass services across a number of the USC portfolios.



To progress this, during 2024/25 we will focus on delivering the below:

- Scoping an Urgent Care Hub, that encompasses care home provision and flow navigation and optimises and expands on existing arrangements including additional pathways to prevent hospital admissions and allow patients to remain in their own homes, such as Hospital @ Home and other virtual capabilities. Other elements of Hospital @ Home are linked into the Grampian Frailty Programme, as part of Pathway Redesign section on page 27.
- To improve flow through the ED, RAAC/AEC and assessment units to the point of discharge or admission. The main focus will be on RAAC/AEC, Fit to Sit and Redirection. Pathways, processes and plans will be reviewed across all Front Doors. Scoping a new approach to unscheduled care that will address both admission avoidance, appropriate onward placement and therefore impact on a number of portfolios.
- Ensure that discharge planning and operational responsiveness are as effective and efficient as possible. Activity will include focus on MDT team working and internal standards and processes.
- Ensure learning from winter 2023/24 informs preparation measures including an updated plan by November 2024 including an Action Plan which reflects the outputs of the 2023 review process.
- Joint Scottish Ambulance Service (SAS)/NHS Grampian Commission re SAS transfers. Ensure a balance of risk between USC and SAS. The key to this problem is engagement with Primary Care and establishing a different model around how people get into the pathways this is intrinsically linked with the role of the Urgent Care Hub and will forge a collaborative way forward.
- Reshaping and embedding a responsive, agile USC Improvement Team who will facilitate a pipeline of improvement work, as per the above list. This requires completion of an organisational change process in line with policies to ensure this is in place for Quarter 1 of 24/25 financial year.
- Develop plan for Phase 2 of ARI bed base review (linked to planned care section).

Mental Health

In Grampian, the approach to planning and delivering mental health and learning disability (MHLDS) services is whole system, via the Grampian Wide MHLDS Portfolio Board, with professional leads and senior operational managers working in partnership and collaboratively across Grampian MHLDS health and social care Cross System Strategic Delivery Team. Within the IJB structure, mental health, learning disability and substance use services are delivered by the three HSCPs and NHS Grampian Hosted MHLDS Services (which includes inpatient, specialist services and child & adolescent mental health services (CAMHS) and is delegated to Aberdeen City HSCP). Across all areas of service (children and adults), we are experiencing increased demand which continues to be evidenced and is anticipated to be a continued trend. The acuity of individuals presenting with the need to access these services has also increased, creating increased pressure with limited capacity and resource availability. These areas will continue to be of focus across the system for operational services with the Grampian MHLDS Portfolio Board considering the strategic agenda. Although services have continued to experience enduring pressures, significant progress has been made in relation to a number of areas, for example:

- Demand, Capacity, Activity and Queue (DCAQ) modelling completed across adult psychological therapy services and CAMHS, informing key areas for improvement at service level in relation to making phased progress against the national 18 weeks waiting time standard.
- Improved data quality, reliability and reporting, including ability of NHS Grampian CAMHS to fully report the CAMHS and psychological therapies (PT) National Dataset (CAPTND), being one of the first in Scotland to achieve this; and Roll out of TrakCare electronic patient record (EPR) will enhance information governance.
- Progress against Medication Assisted Treatment (MAT) Standards 1-10.

To progress this, during 2024/25 we will focus on delivering the below.

- Work with partners and communities to develop a collective approach to understanding and shared responsibility for promoting good mental health and addressing the causes of inequalities, supporting groups particularly at risk
- Cross system and local delivery action plans will progress national strategies and specifications.
- Achieve mental health outcomes in concordance with national strategy.
- Achieve CAMHS referral to treatment waiting times standard.
- Psychological Therapies will achieve 90% referral to treatment waiting times standard.
- Forensic Network Review will progress national recommendations and report back.
- Develop MHLDS Portfolio priority workstreams.
- Complete Strategic Needs Assessment of mental health inpatient facilities and report.
- Adult Mental Health Process Mapping Exercise action plan developed.



The MHLD Portfolio Board have scheduled a series of workshops, which began in April 2024. Vision and key priorities are anticipated to be agreed in June 2024, therefore a cross system three-year delivery plan cannot be confirmed at present. All deliverables remain active and all will be progressed within overall financial constraints and restrictions, which will impact on completion timescales and capacity to meet set national targets and standards.

Digital

The Board's 'Service Transformation through Digital Strategy' outlines how we intend to use digital technology to improve health and care, enable colleagues to work to the best of their abilities and modernise services in a sustainable way. To do this will require universal adoption of electronic records and for relevant information to be accessible to all who need it – citizens, clinicians, care providers and analysts.

In turn, those electronic systems need to be safe, secure, accessible and reliable with full support from our Cybersecurity and Information Governance Teams.

Consideration will be given to how we support people who do not have access to technology or the skills, confidence or necessary support in using digital technologies, so they are not disadvantaged in accessing health and care.

The 'Plan for the Future' sets out the strategy to deliver equitable access, inclusive growth and improved population health and wellbeing through the transformation of how and where we provide our health and social care services. To support the changing patterns of service delivery, care pathways and the emphasis on technology - the digital strategy will therefore focus investment and action on best alignment with our 'quadruple aim' of simultaneously achieving:

- Better health and social care outcomes – longer, healthier, more contented lives.
- A better experience of health and social care for citizens – less stress, easier interactions.
- A better experience for colleagues – supporting people to work to the best of their abilities.
- Affordable health and care services - sustainable long-term financial planning.

The delivery of our digital plan will be impacted by national procurement of services that impact our operational capacity and funding. To enable our ambitious digital strategy, we will require additional investment across digital services and the creation of a central grip and control mechanism to support service improvement and transformation across the entire Grampian health and social care economy, ensuring that we do once for Grampian.

In order to support the delivery of the plan, consideration will be required on how we fund and resource digital transformation as the level of actions required cannot currently be supported from within the current digital resource and budget. The Digital Directorate will continue to support national delivery through a prioritisation and approvals process to ensure maximum benefit to NHS Grampian and ensure it does not negatively impact on other programmes. Our focus over the 12 months will be to:

- Modernise Digital Directorate organisational structure to enhance digital service delivery via structured Change and Operational services.
- Support Digital Health and Care (DHAC) Delivery Plan by continuing the implementation of the integrated care record via EPR as part of the Digital Ward initiative.
- Complete rollout of Regional Hospital Electronic Prescribing and Medicines Administration (HEPMA) system in keeping with Board plan.
- Introduce 24/7 Service Desk and develop automation and colleague self-help.
- Consider options for digital patient correspondence.



Deliverables that will not be taken forward until 2025-27:

- Via the My Digital Workplace initiative optimise operational benefits of Microsoft 365 enhancing digital skills of workforce and data migration to Cloud.
- Demonstrate continued progress regarding Network and Information Systems Regulations (NIS) Audit including engagement with Cyber Centre of Excellence (CCoE).
- Identification and development of automation solutions.

In order to support the realisation of the benefits and support the current financial saving targets, we will be implementing a 'firebreak' for digital development from 1st May until 31st October 2024 covering the development of new digital initiatives and programmes that are not already approved and in this delivery plan. The firebreak is designed to allow a full review of digital programmes delivered over the last two years to ensure that we have maximised our returns.

We will continue to support delivery of approved programmes that meet at least one of the following criteria:

- Prevents patient harm.
- Provides cost savings above investment cost in 2024-25.
- Nationally mandated activity.





Key - RED - no funding/resource

AMBER - partial funding/resource

GREEN - funding/resource in place

Focused Priorities for 2024/25

Pathway redesign

- Evaluate testing of artificial intelligence in lung & breast pathways and CAELUS project to make recommendations for rollout/adoption [GREEN].
- Continue work on redesign of whole system pathway of care for adult general mental health [AMBER].
- Deliver Grampian Frailty Programme plan in line with the three key priorities (sustainable workforce, MCN and performance management), collaborate across wider system to use collective provision efficiently. [AMBER].

Primary and community care

- Complete child oral and dental health needs assessment, develop an action plan and share findings and actions with independent contractors and bodies corporate to ensure sustained access to NHS Dental Service for patients in Grampian [GREEN].
- Develop an implementation Plan for the Joint Vision for General Practice and associated SMART Objectives [AMBER].

Planned care – secondary care

- Identify a solution to bring into commission the equivalent of Short stay theatre 1 and ideally 2 [RED].
- Create a sustainable radiology capacity plan [RED].
- Create a sustainable endoscopy capacity plan [RED].
- Continuous improvement cycle for productive opportunities in planned care [GREEN].
- Clarity on the future elective care contribution expected from Dr Gray's hospital [AMBER].
- Phase 2 of Aberdeen Royal Infirmary (ARI) bed base review [RED].

Cancer care – secondary care

- Recover % of people receiving their first cancer treatment within 31 days of decision to treat back to 95% [AMBER].
- Increase % of people treated within 62 days of urgent referral for suspected cancer to first treatment to 72% [AMBER].
- Alignment of Cancer Strategy actions with this Delivery Plan and Planned Care actions [AMBER].
- Ensuring continued delivery of the Framework for Effective Cancer Management [AMBER].

Mental Health

- Cross system and local delivery action plans will progress national strategies and specifications [AMBER].
- Achieve mental health outcomes in concordance with national strategy [AMBER].
- Achieve CAMHS referral to treatment waiting times standard.[AMBER].
- Psychological Therapies will achieve 90% referral to treatment waiting times standard [AMBER].
- Forensic Network Review will progress national recommendations and report back [GREEN].
- Develop a MHLD Workforce Plan [GREEN].
- Complete Strategic Needs Assessment of mental health inpatient facilities and report [AMBER].
- Adult Mental Health Process Mapping Exercise action plan developed [GREEN].
- Work with partners and communities to develop a collective approach to understanding and shared responsibility for promoting good mental health and addressing the causes of inequalities, supporting groups particularly at risk [GREEN]

Unscheduled Care – Secondary Care

- Scoping an Urgent Care Hub, that encompasses care home provision and flow navigation and optimises and expands on existing arrangements including additional pathways to prevent hospital admissions and allow patients to remain in their own homes [AMBER].
- Improve flow through the ED, RAAC/AEC and assessment units to the point of discharge or admission - main focus on RAAC/AEC, Fit to Sit and Redirection. Pathways, processes and plans will be reviewed across all Front Doors [AMBER].
- Ensure discharge planning and operational responsiveness are as effective & efficient as possible, with focus on MDT team working and internal standards & processes [RED].
- Ensure learning from winter 2023/24 informs preparation measures including an updated surge plan by November 2024 [GREEN].
- Joint SAS/NHSG Commission re SAS transfers, ensuring balance of risk between USC and SAS [AMBER].
- Reshaping and embedding a responsive, agile USC Improvement Team who will facilitate a pipeline of improvement work [AMBER].
- Cardiac Catheterisation Laboratory 3 expansion [RED].

Digital

- Support DHAC delivery plan by continuing implementation of integrated care record via EPR as part of the Digital Ward initiative [AMBER].
- Complete rollout of Regional HEPMA (Hospital Electronic Prescribing and Medicines Administration) system in keeping with Board plan [AMBER].
- Introduce 24/7 Service Desk and develop automation and colleague self-help [GREEN].
- Digital patient correspondence [RED].
- Modernise eHealth organisation structure to enhance digital service delivery via structured Change and Operational services [AMBER].

Priorities delayed to 2025-2027

Digital

- Via the My Digital Workplace initiative, optimise operational benefits of M365 enhancing digital skills of workforce & data migration to Cloud [RED].
- Demonstrate continued progress regarding Network and Information Systems Regulations Audit including engagement with Cyber Centre of Excellence (CCoE) [AMBER].
- Identification & development of Automation solutions [RED].



Integrated Impact Assessment

Some of the activities described within this Delivery Plan will require to be supported by strategic decisions and/or policy change. In those cases, an impact assessment will be undertaken by the portfolio, service or area concerned to understand its potential consequences both positive and negative. Once these are understood, the proposed decision will be revisited and, if possible, adapted to take the impacts into account prior to implementation.

It will not be possible to mitigate all potential negative impacts but to recognise them demonstrates due regard has been given prior to decisions being made and supports honest, transparent communication.

The Executive Team and Portfolio Executive Leads (PELs) are committed to ensuring a thorough impact assessment is undertaken once there is sufficient detail to support robust analysis of the deliverables. To reflect this, and in lieu of sufficient detail to carry out an assessment at this stage, comments were provided by Delivery Plan authors and via staff events to recognise the importance of this process.

A selection of these contributions is shared below to aid understanding.

PEOPLE	
Deliverable	Impact
Contribute to reducing child poverty by delivering key actions set out in the Child Poverty Action Plan (CPAA)	The CPAA contains actions intended to deliver tangible improvements to children's health (which is in decline). Delays or reductions to implementation therefore have the potential to store up future problems, impact on the child and their family and have a detrimental impact on inclusivity. Whilst delivery positively supports our anchor role work communities and young people.
Continue to increase overall NHS research and development activity (R&D) in line with NHS Grampian R&D Strategy & Shaughnessy Review recommendations.	Research and development (R&D) may have a small impact on the population over the short-term. However, it supports our Plan for The Future intent to enable wellness through prevention and represents an opportunity to reduce poor health outcomes over the long-term. In addition, if R&D is reduced, the motivation of staff may be impacted and it could have a negative impact on NHS Grampian's reputation for innovation as well as staff recruitment and retention.

PLACES

Deliverable	Impact
Green theatres programme, including further reduction in anaesthetic gases	NHS Grampian's Sustainability Strategy was endorsed by the Board in December 2023. Reducing or pausing sustainability work may therefore impact upon the organisation's credibility as well as delivery on environmental issues, potentially leaving us open to financial penalties if we do not meet mandated carbon reduction targets.
Progress the delivery of the Refreshed Integrated Adult Weight Management Pathway for People Living with Obesity (with and without Type 2 Diabetes).	Change or delay to this work would impact upon a very specific cohort of patients and their families. Whilst there are advantages to upstream interventions and a focus on personal responsibility/support over the long term, there could be negative impacts on health and wellbeing over both the short and medium term.

PATHWAYS

Deliverable	Impact
Phase 2 of Aberdeen Royal Infirmary (ARI) bed base review.	<p>Successful implementation has the potential to contribute to a reduction in ambulance waits and a corresponding improvement in 4 hour access performance. However, this work has interdependencies with wider flow issues, including safe staffing, constraints within community care and care home availability which can lead to potential patient harm in the community.</p> <p>This work to create additional overall capacity will also support ongoing efforts to protect planned care capacity given the relationship between elective and unscheduled capacity. The enduring demand for unscheduled care continues to create challenges for our planned care capacity both directly and indirectly. Whilst planned care capacity continues to be subject to unscheduled care flow interruption, planned care capacity will remain below the levels required.</p>
Identify a solution to bring into commission the equivalent of short stay theatre 1 and ideally 2.	Improved theatre capacity could contribute to reduced waits for some procedures. This has the potential to see acute illness becomes less chronic and reduce pressure on related services. However, there would likely be staffing implications and a corresponding increase in pressure on inpatient beds.

Performance and Assurance

The challenging financial context for 2024/25 means that our plans, aligned to our Plan for the Future, ministerial and Scottish Government priorities have to be realistic and deliverable within the financial resources available, whilst striving towards achieving the ambitious strategic intent of a sustainable health and care system for Grampian. In light of this context, our organisational approach to performance management and assurance is crucial if we are to demonstrate commitment to achieving our shared goals over time. This involves leveraging our learning to improve how we deliver services, using performance data to make decisions, and building trust with those who depend on our services and the community we serve.

A significant milestone in 2022/23 led to the consultation and endorsement of NHS Grampian's Integrated Performance Assurance and Reporting Framework (IPARF). The IPARF (Diagram 4) can be described across three components in a continuous ongoing cycle which supports the organisation in delivering effective performance management and assurance.

Plan and Align: Through the Plan for the Future, we need to know 'where we are now', 'where we want to get to', and 'how we are going to get there'. To stay aligned to our organisational goals and strategic intent, we must establish a "Golden Thread" that connects all our activities. This means understanding which plans require monitoring and how they integrate, ranging from long-term strategies to individual staff plans. The strategic objectives outlined in the Plan must be easily understood by everyone in the organisation.

Do and Measure: The "Do and Measure" stage is crucial for NHS Grampian to effectively execute its plans and activities. It emphasises the importance of having meaningful and achievable measures that connect inputs, activities, outputs, and outcomes. Early access to key performance information enables the Board, Chief Executive Team, Portfolio Leads, and Responsible Directors to identify areas of concern, track trends and pinpoint where performance improvement is needed. This stage focuses on implementing, measuring and tracking progress against agreed-upon plans and actions established in the "Plan and Align" stage. Having the right performance information ensures resources are allocated optimally to achieve desired results and can be redirected as needed.

Monitor, Review and Report: Monitor and review progress on performance regularly to assess and evaluate the effectiveness of our actions and impact against intended outcomes. Adjust plans where necessary; communicate what we have achieved and what we have learned so that we can continually improve.

The IPARF serves as a framework to align performance management and assurance within the organisation. It ensures that strategic objectives outlined in the 'Plan for the Future' and deliverables in the Three-Year Delivery Plan are achieved, aligning with Scottish Government priorities. Additionally, it acknowledges the necessity of reporting to diverse stakeholders, including the Scottish Government, operational teams, the Chief Executive Team, the Board and its Committees.

The Framework describes the:

- Principles for performance management and assurance.
- Values and behaviours underpinning the Framework, particularly the need to approach performance assurance with a spirit of enquiry and learning rather than to be punitive or seek to assign blame for under-performance.
- Dual purpose of performance reporting within NHS Grampian. It is not only to provide assurance to the Board and Chief Executive Team whether or not targets are being met. It also helps internal teams regularly monitor and assess their progress, ensuring actions are effective and aligned with desired outcomes. This data-driven approach enables the identification of areas for improvement and helps justify the organisation's chosen priorities.
- Tiered approach to performance reporting across NHS Grampian.



Diagram 4
NHS Grampian
Integrated
Performance
Assurance and
Reporting
Framework

The Framework will support the development and delivery of Scottish Government and NHS Grampian Key Performance Indicators for 2024/25. Performance assurance and formal reporting on progress of the Delivery Plan will continue to be submitted to the Grampian NHS Board (via relevant Sub Committees) via the “How Are We Doing” Board and PAFIC Performance Reports. The “How Are We Doing” reports are available publicly on NHS Grampian’s website and will be linked through our Plan for the Future website to allow people to see progress against our Delivery Plan. Reporting to Scottish Government will be via a new Delivery Framework as per ‘NHS Scotland Delivery Planning Guidance 2024/25’ (4 December 2023) and subsequent ‘Supplementary Advice: Delivery Progress Reporting’ (issued 5 February 2024).

Our 2024/25 key developments and areas of activity for enhancing organisational performance assurance and governance are:

- Improved focus on progress and performance of our Delivery Plan at all tiers of the organisation including Chief Executive Team, Board Assurance Committees and the Board.
- Alignment of formal performance reporting and accountability cycles at Chief Executive Team, Board Assurance Committees and Board level.
- Development and alignment of key performance indicators across our strategic intents, priority areas, deliverables and outcomes.
- Continued refinement and standardisation of performance reports to improve visibility, transparency and comprehensive coverage of organisational performance as well as addressing risks and mitigations for assurance.

Strategic Risk

NHS Grampian operates within a complex environment and is influenced by variable internal and external factors. To support the success and effectiveness of NHS Grampian's service delivery and governance arrangements, an enterprise risk management approach is adopted, which seeks to uniformly identify, assess and manage risk in a proactive manner.

A number of interlinked overarching risk themes have been identified which have the potential to prevent the fulfilment of the Delivery Plan's objectives. These themes are aligned with NHS Grampian's most significant risks, which are contained within the Strategic Risk Register and have oversight and management via the Chief Executive Team, Board Committees and the Board. All risks are managed in accordance with NHS Grampian's Risk Management Policy with the aim of achieving the Delivery Plan priorities and objectives.

The risk themes are summarised as follows:

The risks themes	
Workforce	Increased system pressure and staff shortages contribute to workforce fatigue or burnout, leading colleagues and managers unable to engage with, support and embed new ways of working.
Financial Constraints	Financial resources are prioritised towards the current healthcare model, with a reliance on additional funding to deliver service change. There are uncertainties regarding existing non-recurring financial resource and the unavailability of new financial resources.
Resources	Resource limitations and the inability to coordinate these resources effectively may result in system waste and prevent delivering the performance required.
Capacity	Increased population healthcare demand adds pressure upon already strained planned and unplanned care services and system flow, with service deviations becoming the norm.
System Complexities	The complex nature of the health care system could result in an inability to effectively introduce pathway, technology and environmental change within the agreed timeframes. This change is key for gaining the capacity to meet population health demands.
Community Engagement	Community and partner relationships are not sufficiently robust or aligned to enable co-designed community based action, to improve health and wellbeing.
Infrastructure	Ageing infrastructure, the prevalence of adverse weather conditions and major delays to fundamental construction could impact upon service provision, resulting in increased system pressure and a detriment to the quality of care.

Business Continuity

As part of the winter planning focusing on energy security, NHS Grampian undertook survey work across hospital sites and primary care facilities. The survey identified that Roxburghe House, situated in Aberdeen and providing palliative care for end of life patients, would benefit from enhanced energy resilience. The Business Continuity (BC) logistical arrangements were complex with the transfer of vulnerable patients and medical devices. Project survey work by external contractors was commissioned identifying a programme of works for the installation of on-site generator capacity with minimised planned power shutdowns. It is anticipated that the works will be completed during 2024 to ensure that Roxburghe House BC arrangements are far more resilient in the future.

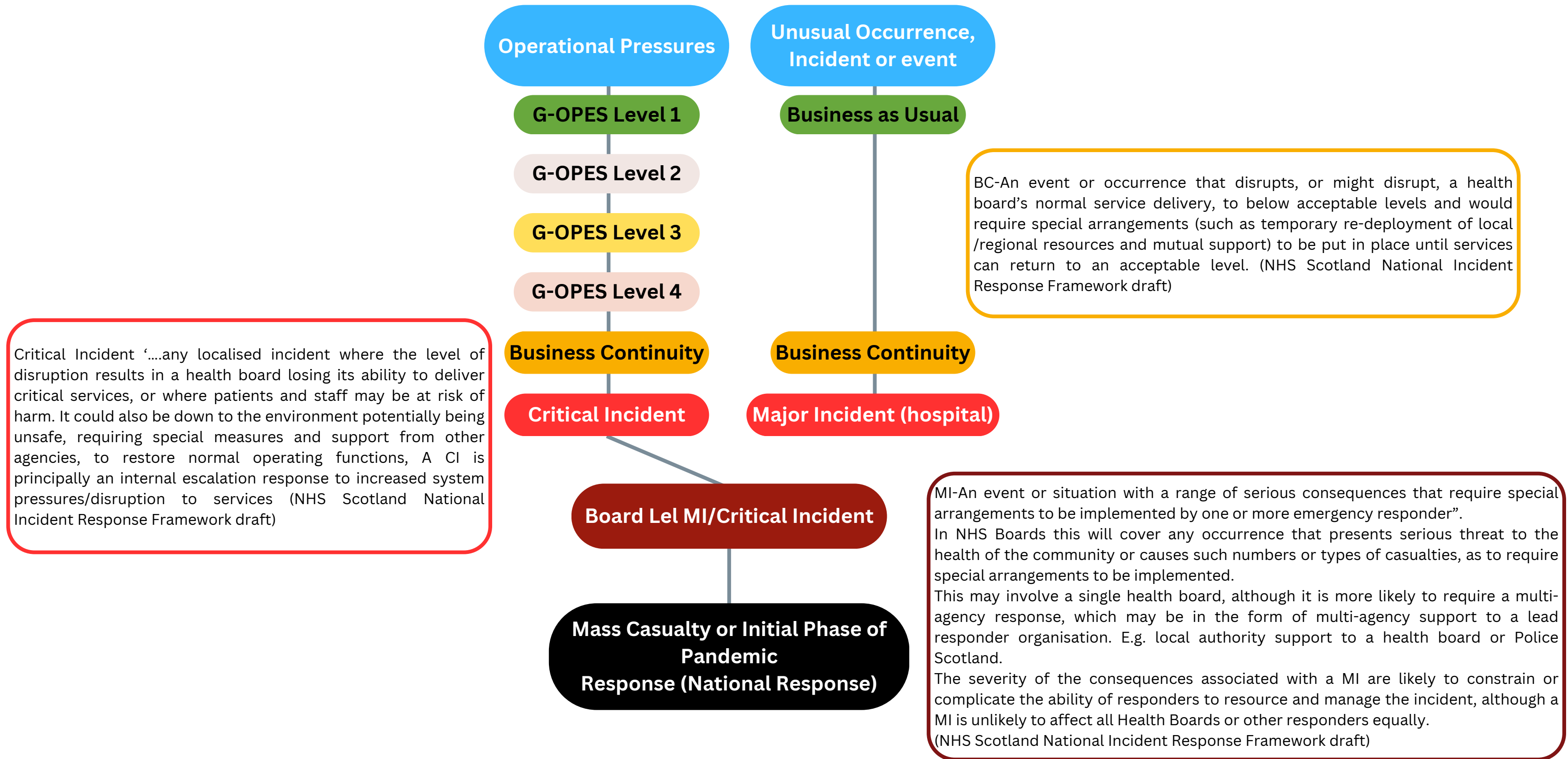
The Grampian Operational Pressure Escalation System (G-OPES) is designed to indicate an increasing level of pressure within the system allowing for a shared situational understanding. Each level has a range of associated actions to mitigate this pressure. This evergreen system continues to evolve and is intertwined with BC mitigation measures. In order to ensure that G-OPES remains fit for purpose, the Civil Contingencies Unit will support a review of the appropriateness of actions and system pathways so that best practice is at the forefront of the G-OPES process and forms part of the Board's escalation process.

The Board's current Business Continuity Policy Document Resilience Framework and Board Business Continuity Plan have been reviewed and re-drafted to reflect updated national and best practice guidance. These documents are currently subject to governance processes prior to wider publication. Once approved, they will mark a change in process to ensure that Business Impact Analysis is fully embedded, allowing the development of plans that are focussed on critical services delivering critical business activities. These plans will detail the critical applications which will in turn align to the Boards IT Service Recovery Plan. This is designed to ensure that critical applications are recovered in a pre-agreed order of priority within aligned timescales in compliance with legislation and published guidance.

The Scottish Government Emergency Planning Resilience and Response Division is in the final process of publishing the updated version of the National Incident Response Framework detailing the revised definition of Critical Incident. The Board now has an updated Major Incident Plan detailing the revised escalation process from Business As Usual through the G-OPES levels, Business Continuity to Critical Incidents, Major Incident's and Major Incidents with Mass Casualties. In order to support that step from G-OPES and Business Continuity into Critical Incident, a standalone Critical Incident Plan is being developed to ensure that command and control arrangements and escalation processes are simple and user friendly.

It is recognised that the financial landscape 2024-2027 will be extremely challenging for the NHS. There will undoubtedly be financial restrictions on NHS Grampian's ability to maintain and repair its existing estate creating an increased risk of disruption to services. On this basis, the Board will be focusing on the continued development of robust Business Continuity Planning arrangements and the testing of plans for services identified as critical to the organisation. In addition, the current updating of the Boards BC arrangements is designed to promote a culture of prevention as opposed to the crisis management of disruptive events with associated increased costs.

Diagram 5 - The attached escalation process is replicated within the Boards Major incident Plan and BC Guidance in an effort to promote commonality of language and ease of understanding for decision makers.



Enabling Plans

Three Year Scottish Government Financial Plan (2024 – 2027) Five Year Medium-Term Financial Framework (2024 –2029)



At end of 2023/24, NHS Grampian overspent against our revenue budget by £24.7 million, which was slightly below the target level of overspend agreed with the Scottish Government. This is the first time that NHS Grampian has ever overspent against the revenue budget and highlights the severe financial pressures currently being faced by the health system in the North East. The Board has been allocated brokerage support from the Scottish Government to cover the £24.8 million overspend.

In getting to the £24.7 million position, we have used many non-recurring measures such as reducing our accrual for untaken annual leave, reducing other provisions, slowing commitments against Scottish Government earmarked funding and pausing some planned investments. We have also benefited from the non-recurring funding allocated by Scottish Government for the New Medicines Fund this year (£28 million for Grampian) which will not be available in 2024/25. The underlying recurring deficit position for NHS Grampian is much higher than £24.7 million and we estimate that it is between £70-80 million. This reflects a worsening underlying financial position for a number of years which has been mainly driven by system pressures, workforce challenges and a high level of general inflation.

Our Finance Plan for 2024/25 does not present a break even position for NHS Grampian. Our Finance Plan submission is summarised in the table below:

	£m
Financial Gap Before Savings	(94.0)
Planned Phase 1 Savings	34.9
Financial Gap After Savings	(59.1)
Scottish Government Brokerage Limit	(15.3)
Remaining Financial Gap (Savings Yet To Be Identified)	(43.8)

- The table shows that we have a Value & Sustainability Programme in place which aims to deliver cash savings of £34.9 million during 2024/25. Achievement of these savings will reduce our financial gap from £94.0 million to £59.1 million. These schemes are centred on areas where we would traditionally look for efficiency savings without reducing service quality or capacity (e.g. reductions in supplementary staffing, drugs switching, freeing up of centrally held provisions, etc.). Some of the schemes also have a high risk of delivering the level of planned savings.
- Based on current projections the Board would be on course to record an overspend against revenue of £59.1 million. A number of other areas for savings are currently being considered, which will be the focus of service redesign and transformation. The Board aims to develop these and use other feasible opportunities to reduce the overspend level below £59.1 million and is already working closely with the Scottish Government to assess options to reduce the level of overspend closer to the Scottish Government brokerage cap of £15.3 million.

Workforce Plan

NHS Grampian continues to implement the National Workforce Strategy for Health and Social Care in Scotland¹. Our published [Integrated Workforce Plan 2022-25 \(Oct 2022\)](#) describes the drivers for change and associated workforce actions, risks and challenges. Priority actions align to the five pillars of the workforce journey: Plan, Attract, Train, Employ and Nurture.

Progress with actions and associated risks is reviewed on a six monthly basis. There remains a continued focus on developing a sustainable workforce, underpinned by five areas of focus outlined in the Colleagues and Culture section of 'Plan for the Future'³.

- **Workforce Planning & Redesign** - A service led approach integrated with financial and digital planning that enables Portfolios and Directorates to transform delivery as required, supporting workforce retention and growth.
- **Attraction & Resourcing** - More colleagues are retained through improved support for working longer and for developing careers, with increased fill rates through local, national and international recruitment.
- **Skills & Capability** - All colleagues have support and time for learning that helps them develop, personally and professionally, to match service needs in support of regulation, regeneration and change.

- **Employability** - Access to employment is widened, with an increased range of entry level opportunities, recruitment from diverse backgrounds, and further expansion of Apprenticeships.
- **How We Work (Utilisation)** - Enhanced workplaces, flexibility of working arrangements, and use of business systems improve wellbeing, support environmental sustainability, and meet changing service needs.

Our ability to make **continued progress towards these outcomes through the delivery of actions within our workforce and annual delivery plans is subject to further understanding the impact of the significant additional savings required from NHS Grampian in 2024/25**. This will require careful consideration of how we can reshape our workforce to balance the requirements for quality, safety and efficiency, and work in partnership to progress this.

Infrastructure – Buildings and Equipment

The ‘Plan for the Future’ sets out the strategy to deliver equitable access, inclusive growth and improved population health and wellbeing through the transformation of how and where we provide our health and social care services. To achieve this, we will require a very different type of infrastructure to reflect the changing patterns of service delivery, including an increasing reliance on new technology. Investment in infrastructure is required across the following key areas:

- Progress the transformation of service delivery across portfolios and pathways, responding to new and improved ways of delivering services that require fewer assets, with services increasingly delivered in people’s homes and local communities, on an outpatient basis, on a mobile basis and through the continued digital transformation of health and care delivery, access and support.
- Improve estate and asset performance on all key indicators, including an environmentally sustainable and carbon neutral infrastructure, reduction in significant and high-risk backlog maintenance and a continued programme of essential equipment replacement.
- Disinvest buildings with high operating costs, backlog maintenance requirements, or short remaining life where these do not meet service needs.
- Invest and develop in new technology including access to the latest, smartest, and most clinically effective medical equipment, simplification of the existing information technology infrastructure, whilst simultaneously allowing additional investment and improved resilience.

The availability of capital funding to support investment in infrastructure is a key constraint in both the short and longer term. Our plans must therefore be prioritised based on risk and fit with the Board’s objectives, be deliverable, demonstrate best value and be suitably integrated with our partners’ plans to meet needs across health and social care. Our investment plans will therefore develop across two fronts:

- Short term - continue to focus available investment at current operational risks with available resource prioritised against the highest risk deliverable projects. We have an existing process in place where all requirements are risk assessed, and for equipment, also peer reviewed in line with simple risk criteria, such as, reduced risk of harm and improved statutory compliance, e.g. fire/HAI (safe), improved access, quality and efficiency of key diagnostic processes (effective) and the impact on patient experience and environment (person centred).
- Longer term – to engage extensively across all service portfolios and with our partners to develop a prioritised whole system infrastructure investment plan which will set out our long-term infrastructure requirements focused on population health and across the three key themes of people, place and pathways.

Key developments during 2024/25 are:

- Ongoing construction of the Baird Family Hospital and Anchor Centre.
- Programme of risk assessed essential equipment replacement, backlog maintenance and compliance with statutory standards within our properties as part of the Whole System Infrastructure Plan for the next 30 years.

The NHS Grampian Climate Emergency and Sustainability Strategy: Reimagining the Health Service for People and Planet was endorsed by the board in December 2023 following a period of engagement and consultation. The strategy sets out our own aspirations in line with the NHS Scotland Strategy and is organised across four main themes - Delivery of Net-Zero for NHS Grampian; Greening Health Systems; Greening Places & Communities; and developing wider collaborations and contributions across local and national systems.

A delivery model is under development as a mechanism to track progress against the specific targets, proposals and actions set out in the NHS Scotland Policy on the Climate Emergency and Sustainable Development and the NHS Scotland Climate Emergency and Sustainability Strategy and aligning this to the above four main themes of our own draft strategy.

Key developments and areas of activity in 2024/25 are:

Delivery of net zero – buildings:

- Integrated Mortuary – first net zero new build facility.
- The NHS Grampian Board will explore, during the 2024/25 year, their ongoing approach to the delivery of net zero buildings exploring the very real tension between the increased costs of delivering net zero whilst having a very significant backlog of buildings to modernise for health care delivery.

Delivery of net zero – fleet emissions:

- Mapping of transport routes and site volumes now complete and locations for charging points agreed for all sites.
- Provision of additional HV capacity to enable installation of charging point.
- 5-year vehicle replacement strategy in place.

Delivery of net zero – waste:

- Waste route map to identify opportunities for increased recycling across all waste streams.
- Waste reduction charter covering organisation wide mechanisms to ensure correct waste segregation at point of use.

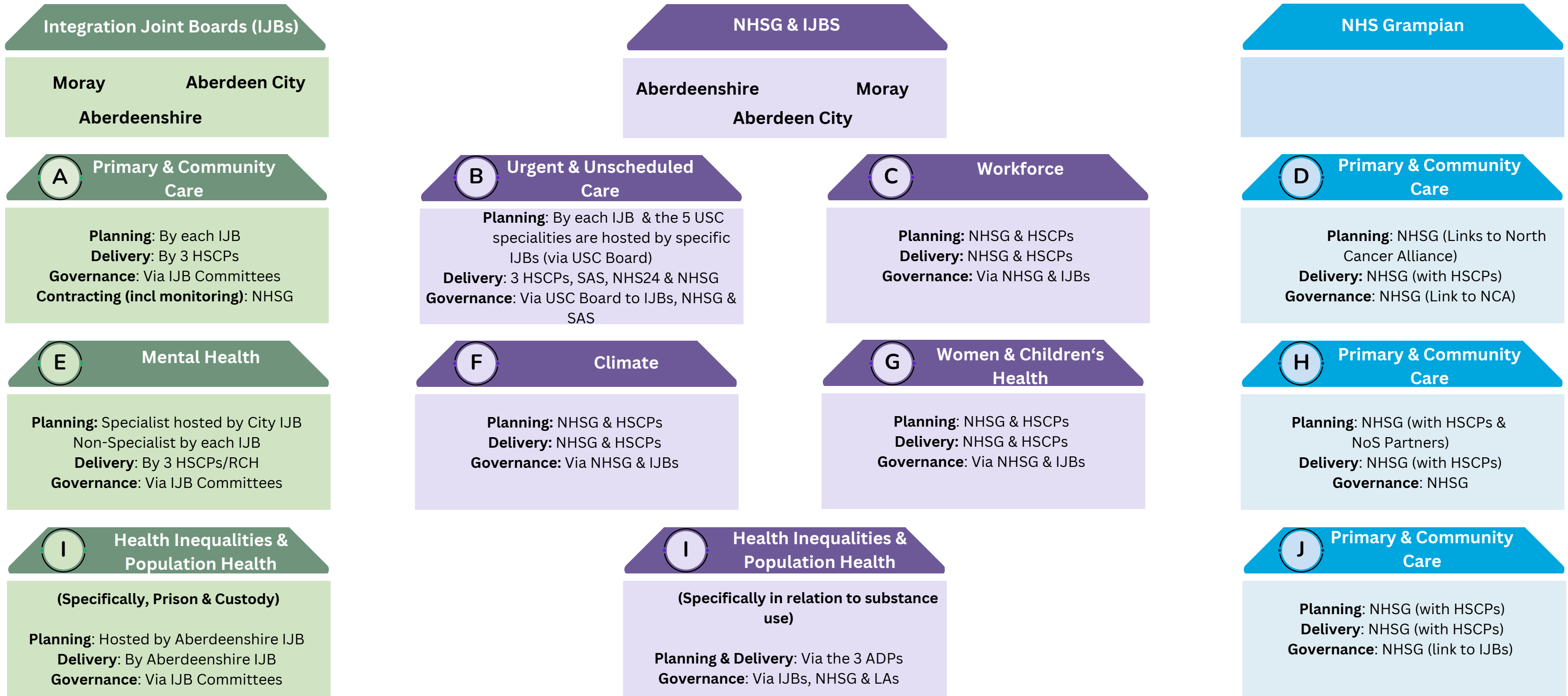
Delivery of net zero – medical gases:

- Desflurane no longer used in theatres.
- Entonox use phased out with alternatives in place where available.

Greening Places and Communities:

- Biodiversity project – area on Foresterhill site to encourage natural pollinators through native flora and fauna and access to greenspace for staff and patients – donated funds.
- Continued roll out of active travel routes, ebikes, bike pods as funding allows supported by Sustrans.

Accountability for the 10 Scottish Government Drivers for Recovery within the Grampian Health and Social Care System



KEY

- ADP:** Annual Delivery Plan
- HSCPs:** Health & Social Care Partnerships
- IJBs:** Integrated Joint Boards
- LAs:** Local Authorities
- NCA:** North Cancer Alliance
- NHSG:** NHS Grampian
- NoS:** North of Scotland
- RCH:** Royal Cornhill Hospital
- SAS:** Scottish Ambulance Service
- USC:** Unscheduled Care

Please Note:

- This diagram aims to set out at a high level, the accountability for the Scottish Government's 10 recovery areas within the Grampian health and care system.
- Scottish Ambulance Service (SAS), NHS24, third sector and, as appropriate, North of Scotland (NoS) region, territorial/national Boards contribute to and support the Grampian health and care system.
- Although accountability and delivery may sit with a specific organisation, this is done in the context of whole system leadership and wide stakeholder engagement.
- Professional and clinical governance and assurance sits with NHS Grampian Clinical Directorates (Medical, NMAHP & Public Health).