NHS Grampian

Meeting:	**NHS Grampian Board**
Meeting date:	**10 April 2025**
Item Number:	**12**
Title:	**Creating Sustainable Services**
Responsible Executive/Non-Executive:	**June Brown, Deputy Chief executive/Executive Nurse Director and Judith Proctor, Moray Portfolio Lead – Co-Chairs of Strategic Change Board**
Report Author:	**Alan Cooper, Programme Lead**

1   Purpose

This is presented to the Board for assurance and decision:

The Board is asked to:

- Endorse the transformation workstreams and next steps outlined in this paper, ensuring alignment with NHS Grampian's strategic objectives.

- Recognise the financial context and its implications for strategic change, including the necessity of balancing service redesign with financial sustainability.

- Agree that future finance updates will explicitly highlight the costs and savings associated with transformation activities, ensuring transparency in financial reporting.

- Support the identified mitigations for strategic risks through the transformation programme, ensuring that key risks are proactively managed as transformation efforts progress.

- Endorse the strengthening of whole-system collaboration to drive sustainable transformation and fostering a system-wide mindset to address the growing demand for health and care services, improve outcomes and optimise resource management.

- Endorse the Putting People First communication and engagement strategy to drive inclusive change, ensuring that all transformation activities are developed with meaningful stakeholder involvement.

- Review and endorse the model of change and the assumptions underpinning the Route Map, ensuring clarity and alignment on the transformation approach.

- Note the information provided on unscheduled care improvement in Appendix 2 and the progress on implementation of the Moray Maternity Programme and lessons learned for other improvement programmes provided in Appendix 2

In respect of the DGH Strategy and Acute Pathways Integration detailed in Appendix 1, the Board is asked to:

- Endorse the approach to encompass the implementation of the ambitions within the Dr Gray's Strategy within the wider approach to the Integration of Acute Pathways of Care set out within this paper.

- Note that the initial focus for the Integration of Acute Pathways of Care will focus on cardiology, orthopaedics and endoscopy. This will be a phased approach initially focusing on designing an optimum service model which reduces immediate clinical and service risks through the implementation of a single delivery model and governance structure supported by a single workforce model by early summer 2025.

- Agree that an update on the description of the three service models, along with key areas of progress in relation to implementation will be provided at the Board Seminar in July 2025.

This report relates to a:

- NHS Board Strategy

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

We must transform and reform to provide the best care for the people of Grampian within the resources available to us.

The health and care system faces a myriad of challenges, few of which are amenable to quick fixes. The scale of the challenge underscores the need for a clear sense of direction and a robust and adaptable Route Map for Strategic Change (the Route Map) that can guide our journey to 2032 onwards. Whilst unprecedented, these challenges provide opportunities for innovation and collaboration. We can leverage our collective knowledge and resources to address these challenges and create a more resilient and equitable health and care system and improve outcomes for the population of Grampian.

The national renewal agenda is progressing at pace, and we will check alignment with our established direction, recalibrating if necessary, when the NHS reform and renewal plan is published in June 2025. Areas of focus will include shifting the balance of care from acute settings to the community, strengthening primary care, and using innovation to improve access to and delivery of care through data optimisation, genetic

testing, and digital support. These are areas we are already focused on, and our Route Map provides a structured approach to delivering reform by aligning our programmes of transformation into a single cohesive plan.

This paper provides an update on progress to date, how the various strands of transformation interconnect and the next steps required to advance our change agenda. The appendices attached provide further detail on three of the change programmes – Integration of Acute Pathways (including an update on the incorporation of the refresh of the Dr Gray's Strategy into this work); Unscheduled Care improvements and in particular further detail on the work to be undertaken following the Centre for Sustainable Delivery visit and report in late 2024/early 2025; and an update on progress and lessons learned for future change programmes from the Moray Maternity Collaborative.

2.2   Background

In December 2024, the NHS Grampian Board endorsed the development of the Route Map for Strategic Change and approved a framework to connect multiple strategic initiatives across the health and care system to ensure clarity, reduce duplication and maximise impact.

Underpinned by a commitment to develop the Route Map collaboratively with Integration Joint Board (IJBs), a period of engagement with the 3 IJBs in Grampian was undertaken in early 2025 to secure their support and commitment to the co-design of the Route Map.

Reform of health and care services is a long-term goal and the Route Map will set out a programme of strategic change initially up to 2028. Whilst the NHS Grampian Plan for the Future is well recognised, there is a need to concentrate our ambitions in a clear mission statement which is both congruent with our current context and motivational in the 'here and now'. The following is proposed to direct our action to 2028:

> Our mission is to transform health and care in Grampian, ensuring we meet the needs of our population, reduce health inequalities and improve population health for years to come. Our journey to 2028 will set a route map to delivering great care and our commitment to efficiency and quality care will be evident as we strive to enhance wellness for our community. We will have addressed the forecast deficit and created the necessary headroom for critical investments, enabling us to achieve the most vital elements of our Plan for the Future by 2032.

> This transformation will be driven over the next four years by:

- **Focusing on Transformation of Core Services**: Delivering essential services in line with reduced real-terms funding, while ensuring a value-based health care approach and a shift towards preventative and community-based care.
- **Unified Planning and Budgeting**: Moving towards a single system of planning and budget setting across NHS Grampian and the HSCPs.
- **Digitalisation and Acceleration**: Enhancing and expanding the digitalisation of our systems and processes, with agreed accelerations required by 2032.
- **Putting People First**: Using feedback and insights to improve care and develop more preventative approaches, ensuring that colleague and citizen voices shape our services.

2.3 Assessment

2.3.1 Progress to Date

Since the Board's endorsement in December 2024 significant progress has been made in unifying separate transformation efforts under the Route Map framework, specifically:

Governance & Oversight

The Strategic Change Board (SCB) was established to oversee the implementation of the Route Map. From April 2025, the SCB is supported by a dedicated Working Group tasked with the co-production of our strategic change priorities enabled by system-wide engagement.

Engagement & Collaboration

Important discussions with Integration Joint Boards (IJBs) to ensure alignment and commitment to co-designing the transformation agenda. Their involvement is essential to shifting the balance of care from acute to community settings and ensuring whole system collaboration.

Integration of Transformation Workstreams

We are aligning several key programmes to the Route Map framework, to ensure that transformational change happens in a coordinated and strategic manner.

Comprehensive reports against the following critical areas are included as appendices to this report:
- o Integrated Acute Pathways: Focusing on whole-system service integration and sustainable hospital services.
- o Urgent and Unscheduled Care: Enhancing urgent and unscheduled care to ensure services are aligned with best practice models fir for the future.

o Moray Maternity Collaboration: Exemplifies multi-agency transformation and offers insights for future reform.

2.3.2 Enabling Actions 2025/26

Fundamentally we must consider how we create the conditions for success, informed by learning, whilst creating and re-prioritising the appropriate level of skilled capacity and capability to support change. A vital component of this is clarifying and clearly communicating how change is agreed and actioned within and across organisations, and the role of the SCB in enabling this.

The proposed Year 1 enabling actions recognise 2025/26 as a bridging year to stabilise core services and lay the foundations of reform. This will set us up for success and build on the recommendations of recent internal and external reviews which have made a strong case for ensuring strategy and operational reality are better aligned. This approach aims to allow greater understanding of challenges, build trust and develop cross-system change ideas that have a greater probability of success. This also recognises the importance of colleagues throughout the system having a sense of control and influence (agency) over the quality and design of services we deliver in the years ahead.

Year 1 Enabling Actions

Theme 1: Laying the Foundations of Reform

Strategic Infrastructure Review

- A comprehensive evaluation of our estate to ensure we have the optimum physical assets to deliver our vision.

Prevention & Health in All Policies

- Increasing our focus on prevention to tackle inequalities and enable wellness.

Putting People First

- Co-designing system transformation with colleagues and citizens to achieve our vision.

Theme 2: Creating the Conditions for Change

Governance:

- We will have systems of governance and assurance that enable delivery of effective transformation.

Portfolios Approach Review:

- Integrating the system at the optimum points to help achieve our vision.

Culture and Capacity for Change:

- Aligning strategy and operational reality to allow greater understanding of challenges, build trust and deliver cross-system change that has a greater probability of success.

Theme 3: Stabilising Core Services

> **Maximise Productivity and Reduce Unwarranted Variation**
> - We will make best use of our finite resource to achieve better outcomes.
>
> **Whole System Acute Integration Approach**
> - We will integrate to mitigate against intolerable risk and deliver sustainable services which are fit for the future.
>
> **General Practice Vision**
> - Sustainable General Practice enabling people in their communities to stay well through the prevention and treatment of ill health.

2.3.3 Putting People First

Applying Putting People First principles to strategic change requires a clear intent to involve people (citizens and colleagues) as equal partners in how we reform care and to identify or create opportunities to build ongoing dialogue and relationships with people and communities to help reshape the system. Over time, this will help create a system of care which is more preventative and more rooted in communities.

Embedding Putting People First in how change is delivered will not happen overnight and a delivery plan will be built into the Route Map to create a model of change which embodies the Putting People First principles. This will require a clear prioritisation and commitment to this approach, including leadership support, resourcing capacity and expertise to grow this approach to deliver the transformational change required.

2.3.4 Risk

In the medium term, the role of the Strategic Change Board (SCB) is crucial in managing and mitigating NHS Grampian's intolerable risks by enabling cross-system delivery of transformative change which will reduce these risks. Specifically, the SCB will focus on the following key intolerable risks:
- Strategic Risk 3065: Inability to meet population demand for planned care
- Strategic Risk 3639: Significant delays in the delivery of unscheduled care
- Strategic Risk 3127: Inability to effectively maintain and invest in NHS Grampian's infrastructure
- Strategic Risk 3068: Deviation from recognised service standards of practice and delivery

These risks represent significant threats to the safe and effective delivery of care and the long-term sustainability of the health and care system in Grampian. The SCB has a critical role in coordinating efforts across the system, ensuring alignment with strategic change priorities, and driving collaboration among all stakeholders. The Route Map is a key mechanism for mitigating the Board's intolerable strategic risks by:
- Ensuring that critical services remain viable within available resources, addressing service fragmentation and creating stability.
- Addressing recruitment and retention issues by reshaping service models to improve workforce stability and reduce reliance on temporary staffing.

- Aligning transformation with financial planning to achieve balance while maintaining high-quality care, linking cost pressures to operational improvements.

By fostering a unified, system-wide approach, the SCB will work to address these risks through targeted, sustainable interventions that build resilience and improve outcomes across the health and care system in Grampian.

2.3.5 Equality and Diversity, including health inequalities

NHS Grampian, as a public body, has a legal duty to impact assess any potential changes in service provision against the Public Sector Equality and Fairer Scotland Duties. This is to ensure we are working towards reducing inequality gaps, are not inadvertently discriminating against anyone with a protected characteristic, or negatively impacting anyone who accesses our services.

In addition, where any redesign of service models is sufficiently impactful, the Programme will adhere to the Planning with People process supported by the Public Engagement team in Corporate Communications. The principles of Putting People First will be applied.

2.3.6 Communication, involvement, engagement and consultation

Our transformation efforts must be based on a clear and agreed-upon model of change to ensure coherence and alignment across the system. To this end, we propose two key frameworks to guide our approach:

Three Horizons Framework: This model provides a structured approach to managing change at different stages, specifically:
- Horizon 1 (H1): Addressing immediate system challenges.
- Horizon 2 (H2): Scaling emerging transformation efforts.
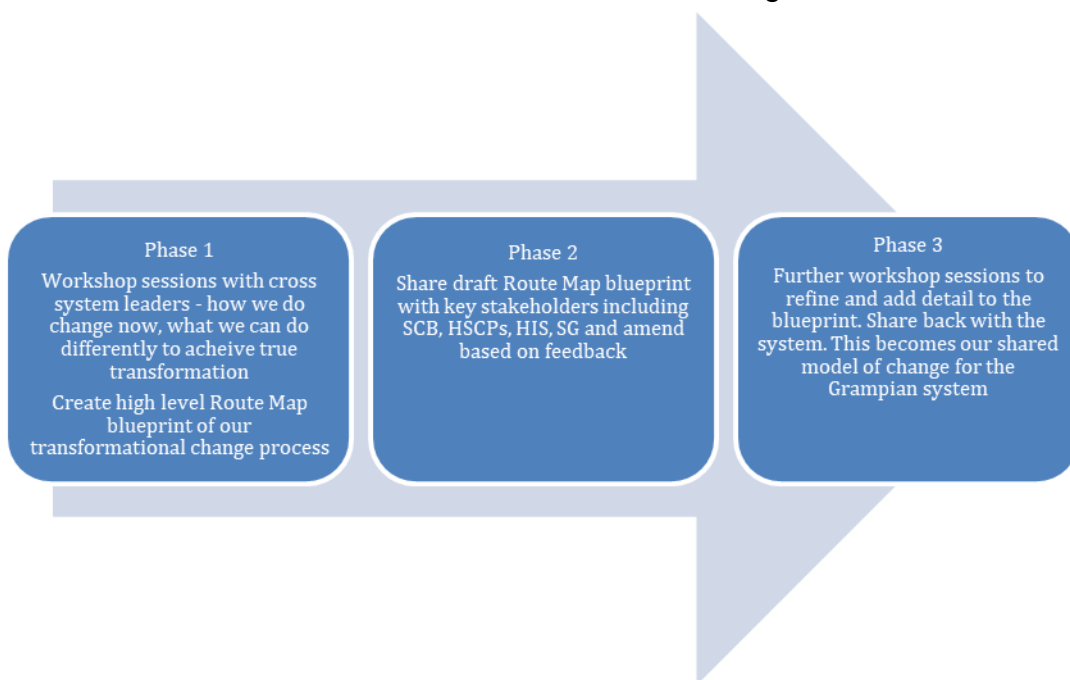- Horizon 3 (H3): Designing and shaping the future system.

Logic Model: This model ensures that inputs, activities, outputs, and outcomes are clearly defined and structured, making it possible to measure and build in accountability for the change process.

To ensure broad understanding and shared ownership of the model of change, we will host a series of development sessions with key leaders across the system, including clinicians, corporate services, and representatives from the wider system, such as third sector partners.

Additionally, we are engaged with Healthcare Improvement Scotland (HIS) as a learning partner, to ensure that the Grampian Model of Change is aligned with the

evolving Scottish Approach to Change, which is also under development this year as a key component of the Scottish Government's Renewal programme.

We will work over the next 6 months to deliver the following:

Phase 1
Workshop sessions with cross system leaders - how we do change now, what we can do differently to acheive true transformation
Create high level Route Map blueprint of our transformational change process

Phase 2
Share draft Route Map blueprint with key stakeholders including SCB, HSCPs, HIS, SG and amend based on feedback

Phase 3
Further workshop sessions to refine and add detail to the blueprint. Share back with the system. This becomes our shared model of change for the Grampian system

2.3.7 Route to the Meeting

The progress updates within this report have been considered by the Strategic Change Board as part of its development. The Strategic Change Board has either supported the content, or member feedback has informed the development of the content presented in this report.

3 Recommendations

The Board is asked to:

- Endorse the transformation workstreams and next steps outlined in this paper, ensuring alignment with NHS Grampian's strategic objectives.

- Recognise the financial context and its implications for strategic change, including the necessity of balancing service redesign with financial sustainability.

- Agree that future finance updates will explicitly highlight the costs and savings associated with transformation activities, ensuring transparency in financial reporting.

- Support the identified mitigations for strategic risks through the transformation programme, ensuring that key risks are proactively managed as transformation efforts progress.

- Endorse the strengthening of whole-system collaboration to drive sustainable transformation and fostering a system-wide mindset to address the growing demand for health and care services, improve outcomes and optimise resource management.

- Endorse the Putting People First communication and engagement strategy to drive inclusive change, ensuring that all transformation activities are developed with meaningful stakeholder involvement.
- Review and endorse the model of change and the assumptions underpinning the Route Map, ensuring clarity and alignment on the transformation approach.

In respect of the DGH Strategy and Acute Pathways Integration, the Board is asked to:

- Endorse the approach to encompass the implementation of the ambitions within the Dr Gray's Strategy within the wider approach to the Integration of Acute Pathways of Care set out within this paper.
- Note that the initial focus for the Integration of Acute Pathways of Care will focus on cardiology, orthopaedics and endoscopy. This will be a phased approach initially focusing on designing an optimum service model which reduces immediate clinical and service risks through the implementation of a single delivery model and governance structure supported by a single workforce model by early summer 2025.
- Agree that an update on the description of the three service models, along with key areas of progress in relation to implementation will be provided at the Board Seminar in July 2025.
- Note the approach for Integration of Acute Pathways is a key component of the emerging Route Map to Strategic Change and the learning over the coming months will inform the development of the Route Map for Strategic Change.

List of appendices
Appendix 1: DGH Strategy and Acute Pathways Integration
Appendix 2: Unscheduled Care
Appendix 3: Moray Maternity Collaboration