DOCUMENT 1

Board Meeting
Open Session
03.08.23
Item 7.01

NHS Grampian

Three Year Delivery Plan

2023-2026

If you would like more information, please get in touch by contacting gram.planforthefuture@nhs.scot.

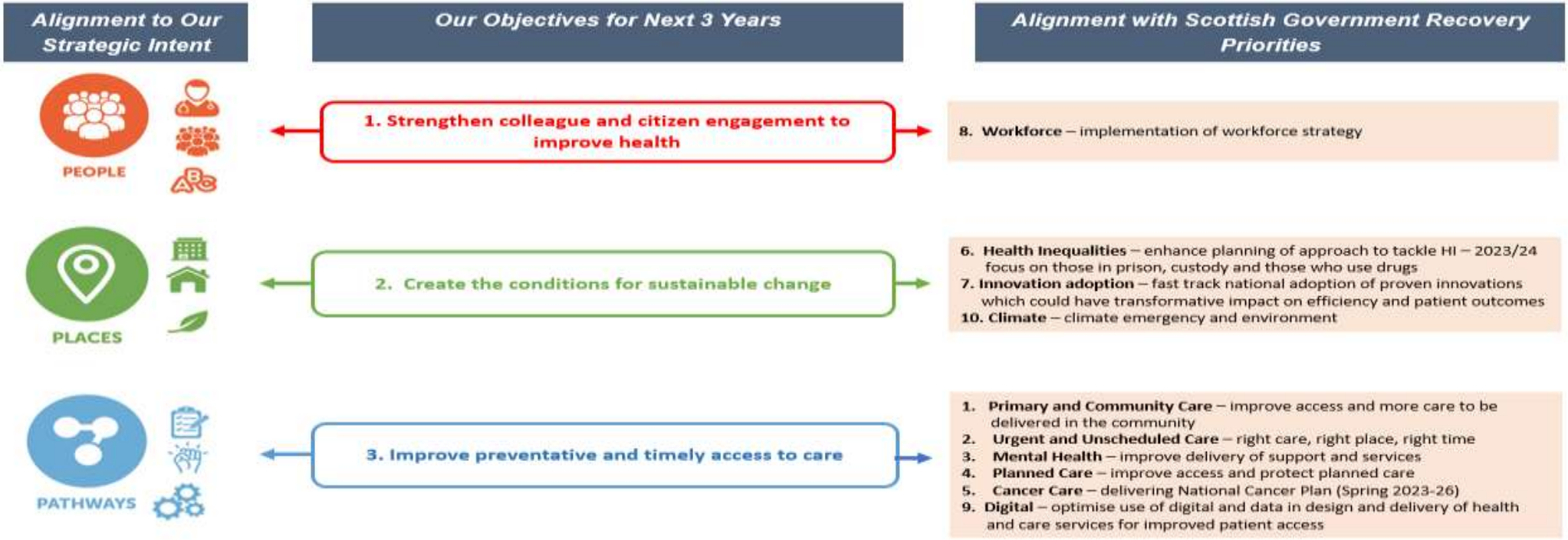
This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245 or email gram.communications@nhs.scot.

Executive Summary

The NHS Grampian Three Year Delivery Plan covers the period August 2023 to March 2026 and has been developed in collaboration with our three Health and Social Care Partnerships, colleagues, citizens and wider partners and builds on the Annual Delivery Plan (ADP) 2022/23. Acknowledging the enduring challenges across the health and care system, good progress was made against a number of priorities set out in the ADP 2022/23 as illustrated in the 'progress section'.

This Three Year Delivery Plan (2023-26) sets out how we will continue to make progress and its development has been informed and shaped by both those accessing and delivering services. Over the next three years, we aim to deliver on three specific objectives, underpinned by a number of priority actions. We believe the priorities set out are ambitious but deliverable by March 2026 and will make the biggest impact in relation to recovery, responding to enduring pressures and delivering the significant changes required to achieve the ambitions set out in our strategy - 'Plan for the Future 2022-28'. This Plan responds to the 10 priorities for recovery set out in the Scottish Government Commissioning Guidance dated 27 February 2023 and is aligned to national strategy, specifically the NHS Recovery Plan 2021-26.

Our priorities are framed around the key components of our strategy - People, Places and Pathways, which encompass the 10 Scottish Government priorities and is illustrated below.



It requires to be acknowledged that primary and community care, mental health, prison and custody, substance use and aspects of unscheduled care, as set out as areas for recovery by the 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 the whole system approach. The focus of this Plan is on those areas which the Board is responsible and accountable for and, where priorities sit within IJBs' domain of accountability, this is highlighted and linked to relevant IJB Strategic Plans and focuses on the work we are collaborating on. A high level outline of accountability for the 10 areas of recovery within the Grampian health and social care system is contained in Appendix 1.

The priorities within this Plan have been informed by a high level of engagement, along with key learning from the COVID pandemic response and recovery. We will continue to and further embed co-creation and establish a Learning Health System approach as we implement this plan; co-creation being a fundamental part of working in a Learning Health System.

Accompanying this document is the:

- Excel Delivery Plan Template, which sets out against each of the priorities, the critical milestones for delivery, alignment to our strategic objectives and government priorities for delivery, and the key risks and control measures.
- Progress update on the Three Year NHS Grampian Workforce Plan.
- Summary NHS Grampian position against the Scottish Government 10 recovery areas in relation to areas of focus for 2023/24 and the medium term.

There are a number of key challenges and risks (outlined below) which the health and care system are dealing with as we try and reduce poorer health outcomes and inequality in the population.

- **Continued unpredictability of COVID/infectious diseases and responding to increased needs for managing acute and chronic phases of disease** - our intelligence systems support the identification of emerging issues to inform our response, a vaccination programme is in place, and our framework for maintaining operational business continuity has been updated based on learning to date, along with our major incident and major infectious disease plans.

- The direct and indirect consequence of the **Cost of Living** is affecting our communities. We are working with partners and with citizens to mitigate the impact of increased financial pressure and financial anxiety; delivering initiatives such as warm home prescriptions, income maximisation and tackling period poverty. When we work together, we can consider what more we can do to support third sector organisations to remain financially viable, to work directly in communities, targeting and increasing support to the most financially vulnerable people in our community, such as those whose lives are affected by substance use or homelessness.

- Enduring high service and system pressures has negatively affected **colleagues' health and wellbeing** – our focus on this remains critical but is at risk from a lack of clarity around the continuation of national funding for enhanced capacity, particularly in psychological supports and to support welfare needs. We continue to embed the range of locally funded enhanced health and wellbeing support available for colleagues.

- Linked to the points above, the ability to **effectively manage surges in complex unscheduled demand (COVID/Non-COVID) alongside protecting planned care activity is challenging, particularly during the winter season** – considerable work has been undertaken and continues to be taken across the system to mitigate the various risks, such as clinical prioritisation, protecting planned/cancer care, reducing demand in the system i.e. preventing the risk of falls in bad weather, redesign of urgent care pathways, optimisation of community and social care assets to prevent unnecessary

admission or reduce delays in discharge, along with day to day flow management via robust cross-system leadership. Work is also underway to re-size the acute bed base on the Foresterhill site.

- **Workforce sustainability** - retaining colleagues is becoming an increasing problem due to the shifting age profile of the working age population, with individuals choosing to retire earlier or to go part-time to have a better work/life balance. Whilst improvements have been seen in attracting colleagues to Grampian, recruitment remains a significant concern locally and nationally, and a range of actions to deal with this and other risks over the next three years is set out in our Integrated Workforce Plan 2022-2025.

- Significant parts of the **building infrastructure (hospital and community) are ageing** – managing the associated risks within the available funding is challenging as our existing infrastructure base continues to deteriorate. Work is ongoing to improve our understanding of the condition of our infrastructure through detailed survey and technical assessments and aligning this with key operational risks highlighted through service planning. This work is informing our investment plan to ensure all available resource is prioritised against the highest risk deliverable projects.

- **Financial sustainability** is a constant challenge. We have not been able to set a balanced revenue budget for 2023/24. In addition, new financial pressures around pay awards, energy charges, investment required to achieve net zero carbon and costs have increased the risk to the Board's ongoing financial sustainability. Our Medium-Term Financial Framework (MTFF) sets out how we aim to achieve financial balance over the coming years, but this will not be without challenge or difficult decision making. A Value and Sustainability Programme is in place to assist in mitigating these pressures/risk, but it may not be enough for the Board to achieve financial balance in the 2023/24 year. Scottish Government will hold further discussions with the Board on the financial position once it has reviewed our financial return for quarter one of 2023/24.

- **Redesigning whilst responding to pressures** is a significant challenge across the system due to the ongoing requirement to deal with the day to day 'firefighting'. We know that to move to a more sustainable place we need to create the capacity and space to do the necessary planning and redesign to make the required shifts and to focus on the upstream work which will, in time, change the levels of reactive response required but this is very difficult to balance given the system pressures. We know the longer it takes for us to get the traction and make the shifts, the more the firefighting/demands will build up and further reduce our ability to redesign. Whilst we continue to react and respond to treating illness, we must ensure we protect capacity across our system for redesign. This will require greater collaboration with all our partners and communities on prevention, early intervention, environmental improvements and, by working together locally, regionally and nationally, we can collectively create the conditions for change and move towards a sustainable health and care system and healthier population.

Our Case for Change document produced in 2022 and the recently published Director of Public Health's Annual Report - 'Delivering change, improving lives', clearly demonstrates the increasing inequalities in the population and the critical point the NHS is at and the need to do things differently in terms of responding to illness whilst enabling wellness.

Given the current changing nature and pressures experienced within the health and care system, the Delivery Plan will be kept live based on latest intelligence, data and learning. Actions will be reviewed quarterly to ensure these are still the right actions, are deliverable and will make the biggest impact. This will form part of the performance assurance reporting arrangements as set out within this document. The Delivery Plan has been informed by the Grampian NHS Board and was considered at a private session of the Board on 1 June 2023. The Plan will be formally approved at the public Board meeting on 3 August 2023 once sign-off has been received by the Scottish Government.

Plan on a Page (August 2023 – March 2026)

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)*

By March 2026

- Staff retention rate increased to 90% stability in all areas & all teams have an absence rate below the national average.
- iMatter organisation level scores are =/>70% in key elements.
- Improved culture demonstrated through RACH obtaining Magnet status & RCH/ARI progressing on Magnet journey.
- All services use a digital real-time feedback loop in support of improved workforce engagement.
- 70% colleagues in all Portfolios/Directorates report the organisation supports their health & wellbeing at work.
- All staff have access to regular protected learning time as per policy agreed through Agenda for Change (AfC) reform.
- Increased participation in research contributing to evidence based practice.
- Health & Care (Staffing) (Scotland) Act implemented across all Portfolios & clinical professions.
- People's insights are embedded into our planning to reduce inequality in access to our services.
- Communities engaged & continued progress made to ensure all voices of our diverse population, including children & young people, are heard & insights acted upon in designing health & care services.
- Trauma informed practice embedded across the system.
- Improvement in outcomes for children being realised & evidenced.
- Agreed strategy for paediatric tertiary services in place.
- Moray Maternity Services Redesign implemented & evaluated.

- All pathways & service plans designed through a health inequalities lens.
- We have trained & embedded the use of appropriate tools to tackle inequalities experienced by our colleagues.
- A defined plan for supplier development to enable sustainable & competitive local procurement.
- We have increased the share of new starts employed from diverse communities and can evidence by postcode, staff group & grade.
- We have agreed & implemented our 'population based approach to health'.
- Decarbonised fleet & infrastructure in line with national 2025 target .
- An established 20 Year Infrastructure Investment Plan & revised Preventative Maintenance Programmes.
- All new & retrofit builds are net-zero with prioritisation for investment/development in Infrastructure Plan.
- New build Mortuary & Braemar Heatlh Centre projects completed and National Treatment Centre (NTC) construction underway.
- Baird Family Hospital, ANCHOR & MRI at Dr Gray's open & demonstrate enhanced outcomes & experience.
- All colleagues provide care through the principles of Realistic Medicine.

a. We will have fully redesigned three whole-system pathways. (1. adult general mental health; 2. frailty; 3. management of long-term conditions)
b. Evaluation of the three designed care pathways demonstrates an improved person-centred approach.
c. We have clarity about governance & performance reporting while demonstrating a systems leadership approach to delivery.
d. Our 'making every opportunity count' (MEOC) approach is fully embedded in these three pathways.
e. We will be able to demonstrate our commitment to spending more on prevention.
f. Teams use live modelling data to inform continuous improvements in our pathways of care.
g. Portfolio integrated plans prioritise new models of care / workforce & innovation.
h. Improved time to access in unscheduled and planned care pathways, using performance measures that take account of demographics, people's experiences & outcomes, increasing demand/need and long-term gains.
i. Screening & immunisation/vaccination levels are above national average, with increased participation in screening & vaccination programmes across all SIMD & demographic categories with low uptake and increased rates of childhood immunisation.

2023/24 Priorities

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

- Employment, procurement & physical assets
- Population based approach to health
- Greening health systems

- Pathway redesign
- Intelligence-led improvements
- Making every opportunity count (MEOC)
- Primary & community care
- Secondary care
- Mental health

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Role of the Delivery Plan

Role of the 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.

While our overall aims are ambitious, we know we are on a long journey and cannot do everything at once, so we need to focus on the most important issues at this current time based on the feedback from citizens, colleagues and partners. This document **sets out the organisational commitments for change and areas of increased focus during the period August 2023 to March 2026** and what benefits this change will provide by March 2026 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 collaboration 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.

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

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 key areas where there is a high level of coherence – this is reflected in diagram 2. Further collaborative work is underway to articulate those shared priorities of focus across the three Integration Joint Boards (IJBs), NHS Grampian and other partners.

Approval of Delivery Plan

The Delivery Plan was approved by the NHS Grampian Chief Executive Team, following discussion with the Board, prior to the submission of this to the Scottish Government. Once the Delivery Plan has been signed off by the Scottish Government, this will be formally considered at the public NHS Board meeting in August 2023.

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.

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.

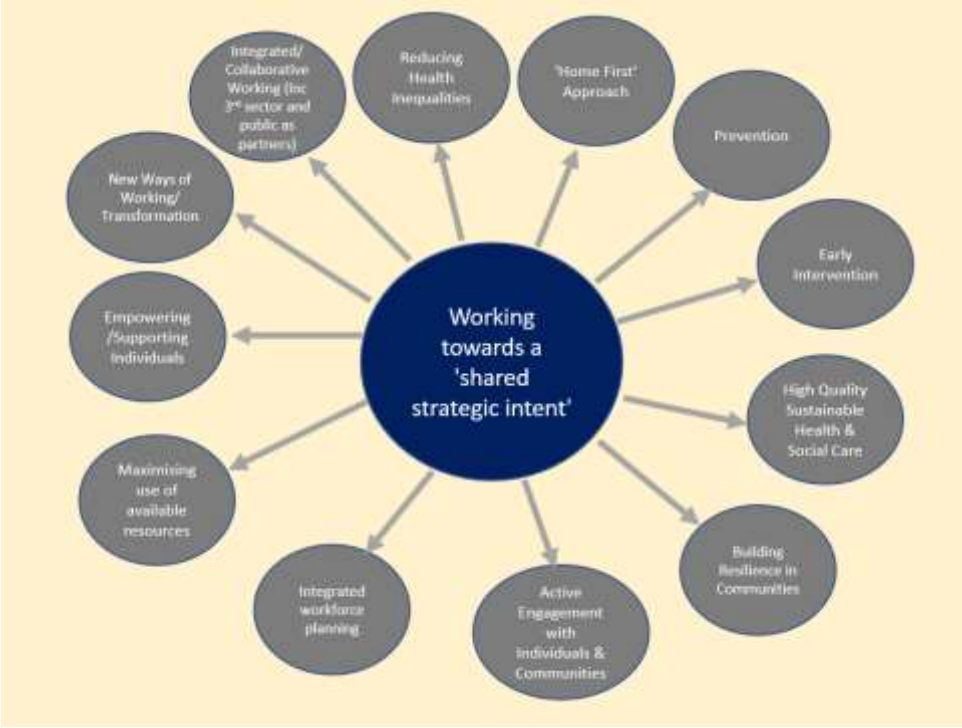


Diagram 2: Shared values and areas of significant commonality across the three IJBs and NHS Grampian strategic aims/priorities

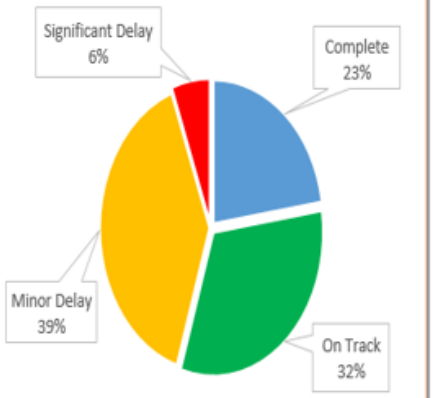
Progress against the 2022/23 Delivery Plan

2022-23 was a significantly challenging time where we continued to respond to COVID, deal with sustained pressures across the health and care system and started to make changes to move to a more sustainable position. Below sets out the overall progress against the milestones set out in the 2022/23 Delivery Plan for the period August 2022 to March 2023, and some of the highlights against the three objectives for people, places and pathways.

It is clear our progress towards the many things we want to improve has been hampered by high system-wide pressures and the need to have an 'all hands on-deck' response. The fact that we are moving forward, as shown below, is testament to the focus and hard work of team's right across the organisation and wider system.

Overall Status of Milestones at 31 March 2023 (Q4)

32% of the 124 milestones set out in the Plan for delivery by the revised target of end of June 2023 are currently on track with 23% complete at the end of Quarter 4.



Total Milestones: 124*

Milestones Progress:	Jun-22	Sep-22	Dec-22	Mar-23
Complete	0	2	8	28
On Track	88	78	65	40
Minor Delay	22	37	43	49
Significant Delay	0	7	8	7
Proposal	11	0	0	0

* 3 new milestones included in Q2

PEOPLE – Support Colleagues to be Safe & Well at Work: Key Areas of Progress

51% of milestones complete or on track

- Peer Support Programme now rolled out to 11 areas
- 49.3% in Mar 2023 Pulse Survey indicated We Care actively supports wellbeing (baseline 45%)
- Positive feedback from NHS Charities Together received on the wellbeing projects which has seen development of Long Covid rehabilitation for colleagues, expansion of Values Based Reflective Practice (VBRP) projects and recruitment of a Trauma Risk Management (TRiM) Assistant Psychologist
- North of Scotland International Recruitment Service (excluding Tayside) established hosted by NHS Grampian. 95 new Registered Nurses recruited in 2022/23
- Monthly protected time for education agreed for Agenda for Change staff
- Education Delivery Group established which has focused on recovering and strengthening multidisciplinary education in collaboration with universities
- Agreed parameters and cross-Portfolio resourcing has enabled a 12-month test of change for introducing weekly pay for bank staff to commence from Dec 2022
- Roll out plan agreed for Allocate e-Rostering commencing in Medicine & Unscheduled Care (MUSC) and multi-disciplinary teams in Royal Cornhill Hospital and in theatres
- NHS Grampian/Health & Social Care Partnerships Workforce Plan approved with implementation underway
- Ahead of other boards on re-banding Band 2 Health Care Support Workers - 80% completed

PLACES – Create the Conditions for Sustainable Change: Key Areas of Progress

63% of milestones complete or on track

- Value & Sustainability Plan approved with year one aims delivered
- Endowment funding secured to run a project building on the national research & campaign around "It's OK to Ask" to expand to value based healthcare supporting shared decision making
- Model 6 Business Case in response to the Dr Gray's Maternity Review agreed by Scottish Government, implementation commenced and midwifery clinical lead for Moray in post
- Hospital Electronic Prescribing and Medicine Administration (HEPMA) implementation began
- Dr Gray's Strategic Plan approved by the Board and delivery plan in development.
- Realistic Medicine role recruited to for 23 months to provide support to piloting an approach to redesign pathways that involve multiple specialties
- Positive feedback on the development and testing on maternity services toolkit
- Community led celebration of projects helping with health and wellbeing in Aberdeenshire using the Kings Fund 'community paradigm' approach
- Child Poverty Action Plan approved in March 2023.
- Evaluation of Artificial Intelligence being taken forward in breast screening and a new project launched Grampian's Radiology Assist Chest x-ray Evaluation (GRACE) within the lung cancer pathway

PATHWAYS – Reduce Delays in Accessing Care: Key Areas of Progress

47% of milestones complete or on track

- A single site for the National Treatment Centre (NTC) has been agreed by the NTC Programme Board and approved by the NHS Grampian Board
- Continue to exceed delivery target of 90% of people receiving first cancer treatment within 31 days of decision in Quarter 2
- First North East Alliance stakeholder workshop to explore substance use through population health lens - focus on tackling stigma, rights-based approaches and implementing 'making every opportunity count', shaped directly by those with lived / living experience
- The 3 Alcohol & Drugs Partnerships have co-created a self-assessment process to provide Pan-Grampian oversight re implementation of Medication Assisted Treatment (MAT) Standards 1-5
- The overall number of delays in accessing care target has been met in quarter 4 due to significant reduction in delays in March 23
- Plans agreed and being implemented to deliver a rolling programme for Naloxone roll out and the introduction of a Naloxone Module on Turas
- Colon Capsule Endoscopy (CCE) was implemented in December 23
- Day Case Surgical Unit re-established
- Backlog continues downward trajectory towards Out Patient Treatment Time Guarantee (OP/TTG) 2 year target
- Autumn and winter vaccination programme successfully delivered
- 'Waiting well' service established which has gained positive feedback from both patients and services
- Access to general dental practitioner services has improved, however it is still below pre-pandemic levels
- Children & young people referred to Mental Health Services to be seen within 18 weeks of referral, performance has been consistently above target since May 2022

Position at end of March 2023

Threats to health, enduring system pressures and making hope possible

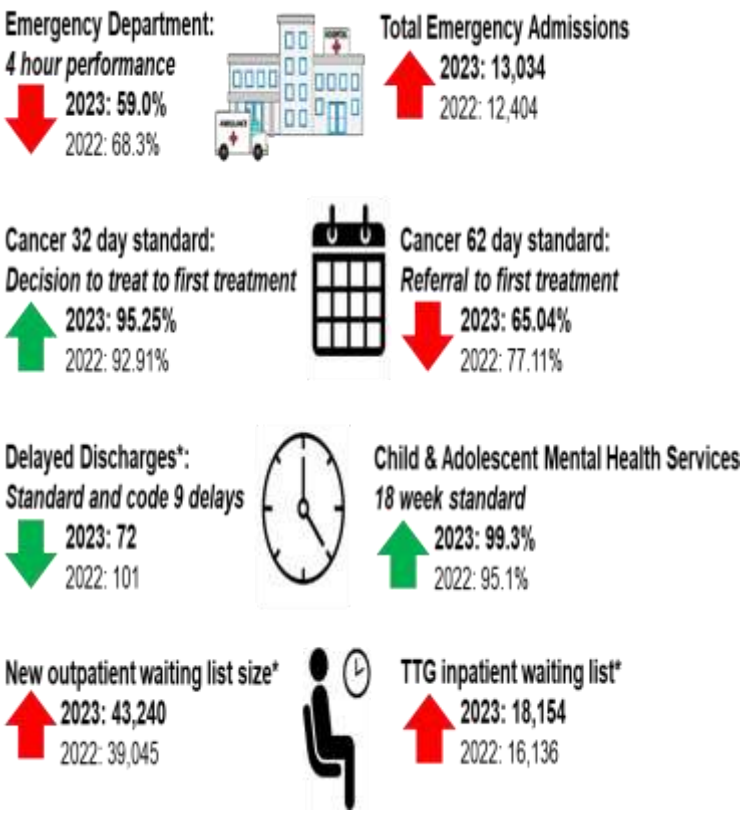
The world in which we live has changed. Whilst our health has improved throughout the 75 years of the NHS, we now stand at a turning point where we must consider and adapt to threats affecting our health and wellbeing. The health and care system has become fragile over the past decade, with workforce challenges and access to treatments amongst the most notable impacts. We know that health care needs are increasing, due in part to demographic change but amongst the general population too. There are multiple reasons for this, including delayed care due to the pandemic but also the effects on healthcare of economic and climate instability. The latter two may not be obvious and indirect, but the data and evidence point to these impacting on population health.

Challenging times are ahead for health and care services. Reform is not the sole responsibility of the NHS but of us all as individuals, communities, workplaces and schools. It is this social perspective that will make a difference to population health and help to make sure that we have health care services for us, our children and our children's children.

We continue to assess the 'care gap' between capacity and demand. The use of modelling, forecasting and scenario planning are tools we use to do this, working with healthcare teams and engaging with patients and our communities on what matters most to them. Changing clinical practice, innovation and the use of artificial intelligence to improve pathways are things we do, despite the day-to-day pressures in our healthcare system. However, we are also realistic about the forces for change that may, if unchecked, create significant pressure in healthcare demand. For example:

- The higher cost of living is increasing the number of people and families living in poverty. This is already widening inequality in almost all areas, including coronary heart disease, respiratory diseases, such as asthma and chronic obstructive pulmonary disease (COPD), cancer and mental health and it is also widening in some areas, such as alcohol and drug related deaths.
- The NHS and social care are coping with relentless pressure driven by an ageing population that is living longer with illness and often with multiple conditions. The 'lean' model of care which is focused on short hospital stays and high occupancy makes efficient use of resources but is increasingly vulnerable to disruption. The sustained

Grampian's Position Against Key National Metrics (at 31 March 2023)



Note:
* Snapshot position at end of March 2023

These key metrics are part of a wider set of measures reported to the Scottish
Government and the NHS Grampian Board.
Source: Management Information/Data

system pressure is based on high demand coupled with recruitment challenges and high staff turnover.
- Infectious diseases continue to pose a threat to our health - the conditions remain right for future pandemics and antibiotic resistance continues to grow. Children and the most vulnerable in our communities are hit hardest. We can influence some things, such as vaccination uptake, while others require changes in policy, such as access to sick pay.
- There is an inextricable link between environmental change and human health. Temperatures greater than 20 degrees Celsius are sufficient to cause harm to health and in Scotland, last year, we exceeded our previous highest temperature with 34.8 degrees Celsius in the Borders. We have seen the impact of flooding locally and recently the impact of icy weather resulting in a 400% rise in people presenting to the Emergency Department after a fall, including head injury admissions.

Understanding each threat to health and healthcare helps us to formulate plans, which will reduce risks and seize opportunities to improve population health - this is what our Delivery Plan is all about, making hope possible, rather than despair convincing.

Finance Position

The Board reported a revenue break even position for the 2022/23 year, although this was based on a large number of non-recurring savings and system pressure funding provided by the Scottish Government. The Board's underlying financial position is extremely challenging and continued to deteriorate in the second half of 2022/23. The Board will report its quarter one financial position for 2023/24 to the Scottish Government in July. We would expect a significant overspend to be reported as a result of:

- Our Financial Plan submitted to the Scottish Government in March which projected a £60.6m overspend for the year;
- We continue to use high levels of supplementary staffing in response to operational pressures; and
- Non-pay inflation remains at a high level (currently above 10%) which impacts on the prices we pay for items such as medical supplies, drugs and service contracts.

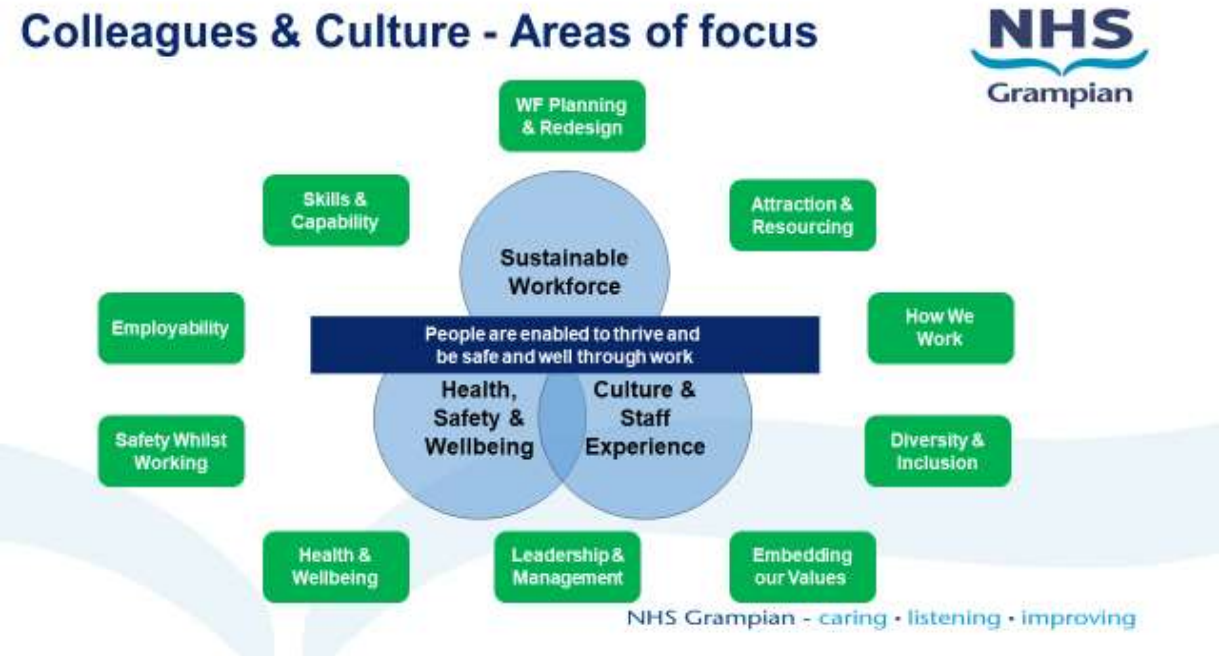
We have developed a local Value and Sustainability Plan, which outlines actions to achieve a level of 3% savings and mitigate our projected revenue overspend, but even full delivery of this plan will not enable us to achieve a balanced revenue financial position at the end of the year.

The availability of capital funding to support investment in infrastructure is a key constraint and risk in both the short and longer term. Significant parts of the building infrastructure (hospital and community) are ageing and managing the associated risks within the available funding is challenging as our existing infrastructure base continues to deteriorate. Work is ongoing to improve our understanding of the condition of our infrastructure and aligning this with key operational risks ensuring all available resource is prioritised against the highest risks.

A number of the commitments and operational performance improvements outlined in this Plan are not yet reflected in NHS Grampian's opening revenue budget and will be dependent on confirmation of earmarked or additional funding from the Scottish Government during the year. Given NHS Grampian's projected revenue deficit for 2023-24, we are not in a position where the Board can make commitments which are not underpinned by a funding source.

Workforce/Colleagues

Our colleagues are our greatest asset and developing the culture that they are part of is essential to ensuring they can thrive and be safe and well through work. This is the vision at the heart of our Colleagues and Culture component of Plan for the Future.



Page 38 provides a progress update against the supporting Three-Year Workforce Plan agreed in autumn 2022, and the role of workforce planning as part of an integrated approach to service planning and redesign as a mechanism to support the workforce in delivering today's work today and innovating for tomorrow. This is in the context of unprecedented pressure colleagues are facing and the need to ensure they are provided with work and roles that support their health, safety and wellbeing at work and that they are empowered to innovate and make their best contribution. This is necessary to ensure that we achieve the high levels of colleague engagement necessary to contribute to the delivery of changes required to achieve a sustainable health and care system.

Our Commitment to Culture

Developing our culture – “the way we do things round here” reflected in our attitudes, beliefs, behaviours, stories, and routines – remains central to our aim of being an organisation where people are able to thrive and be safe and well through work. This will only be achieved if we focus on the factors that affect colleague retention as well as attraction.

Alongside continuing to use and embed the enhanced functionality of iMatter; making further use of the Best Practice Australia Culture Survey Phase 1 results and in support of our Magnet recognition journey; and delivering Year of the Manager to support both the development of our managers and increase the value placed on management practice, over the course of this plan we will implement Our Commitment to Culture.

Developed in 2022 with our Culture Collaborative, an open forum attended by colleagues from all role types and different parts of the system, Our Commitment to Culture is a resource supporting local ownership of culture development by teams and services. It recognises that culture is owned and experienced locally. Whilst there are things that we want to be common for all colleagues, to have impact they need to be explored, shaped and owned by teams and groups in ways that make sense to them.

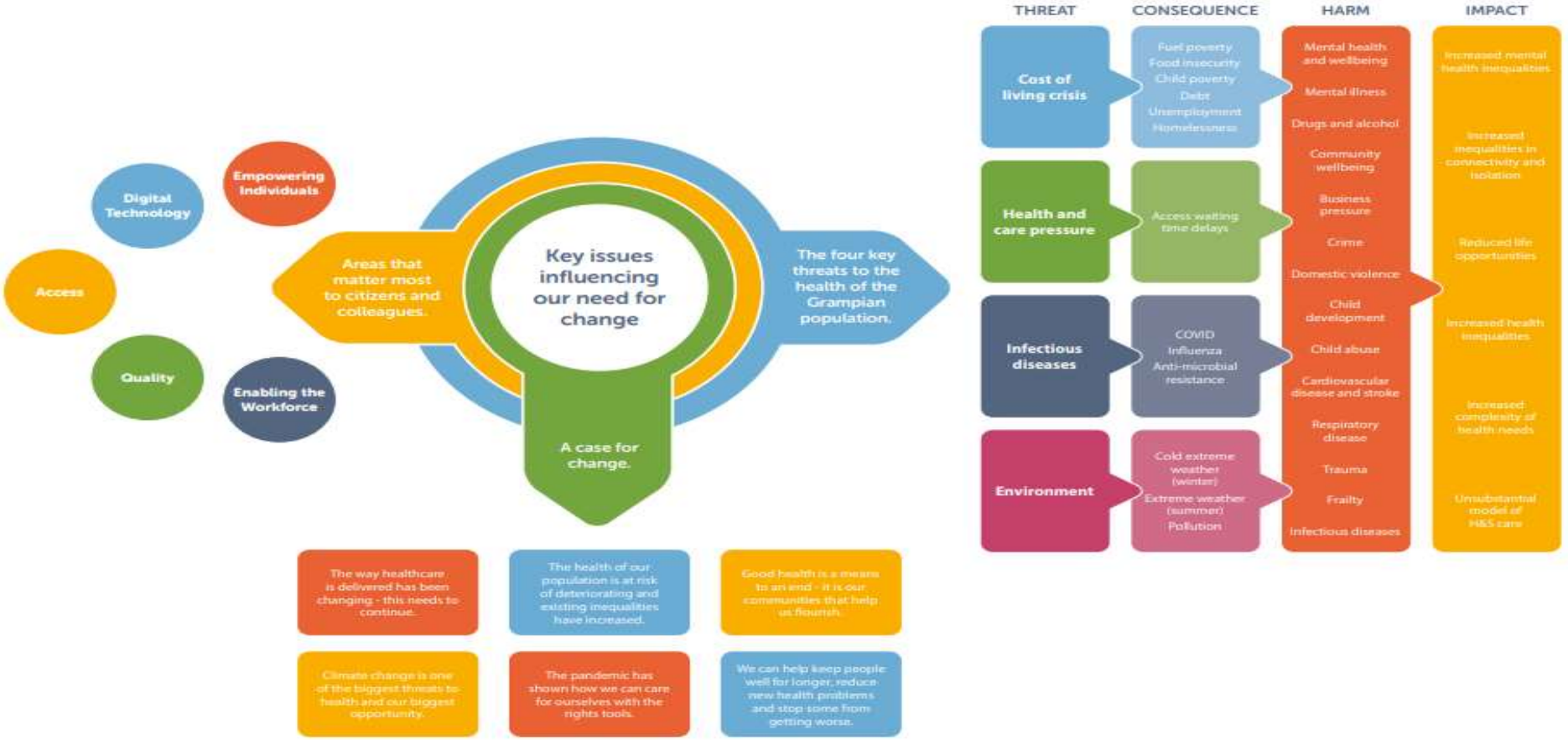
During 2023/24, this digital and physical resource will be tested and further developed in partnership through an outreach programme run jointly by the Culture Collaborative and Staff Equalities Network which will try to get beyond the limitations that MS Teams brings in respect of engaging with colleagues in point of care roles.

A complementary approach also commissioned following input from the Culture Collaborative is CAKE – a recipe for team and individual wellbeing and effectiveness. CAKE is a suite of free resources developed by Queen Margaret University Edinburgh during the pandemic that recognises that self-care and wellbeing are essential ingredients of healthy team cultures.

By training facilitators across a range of different professions including Organisational Development, Podiatry, Dietetics, Health Visiting and School Nursing, Midwifery, Child and Adolescent Mental Health Services (CAMHS), Primary Care Support and Care Home Management as a Community of Practice, we plan to support teams with work on aspects of their culture, building on the potential of Our Commitment to Culture in the process.

Key Issues Driving the Need for Change

Key issues are shown in the bottom right of the diagram below. We also understand what matters to citizens and colleagues in Grampian. We have solid foundations of robust intelligence, strong partnership working, clear direction with shared ambitions, and the dedication of our colleagues and partners. We are well placed to make sustainable changes which will improve outcomes.



For more information, please access (1) Case for Change , (2) DPH Final Report.pdf , (3) The Health and Wellbeing of people living in Grampian 2022.pdf

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

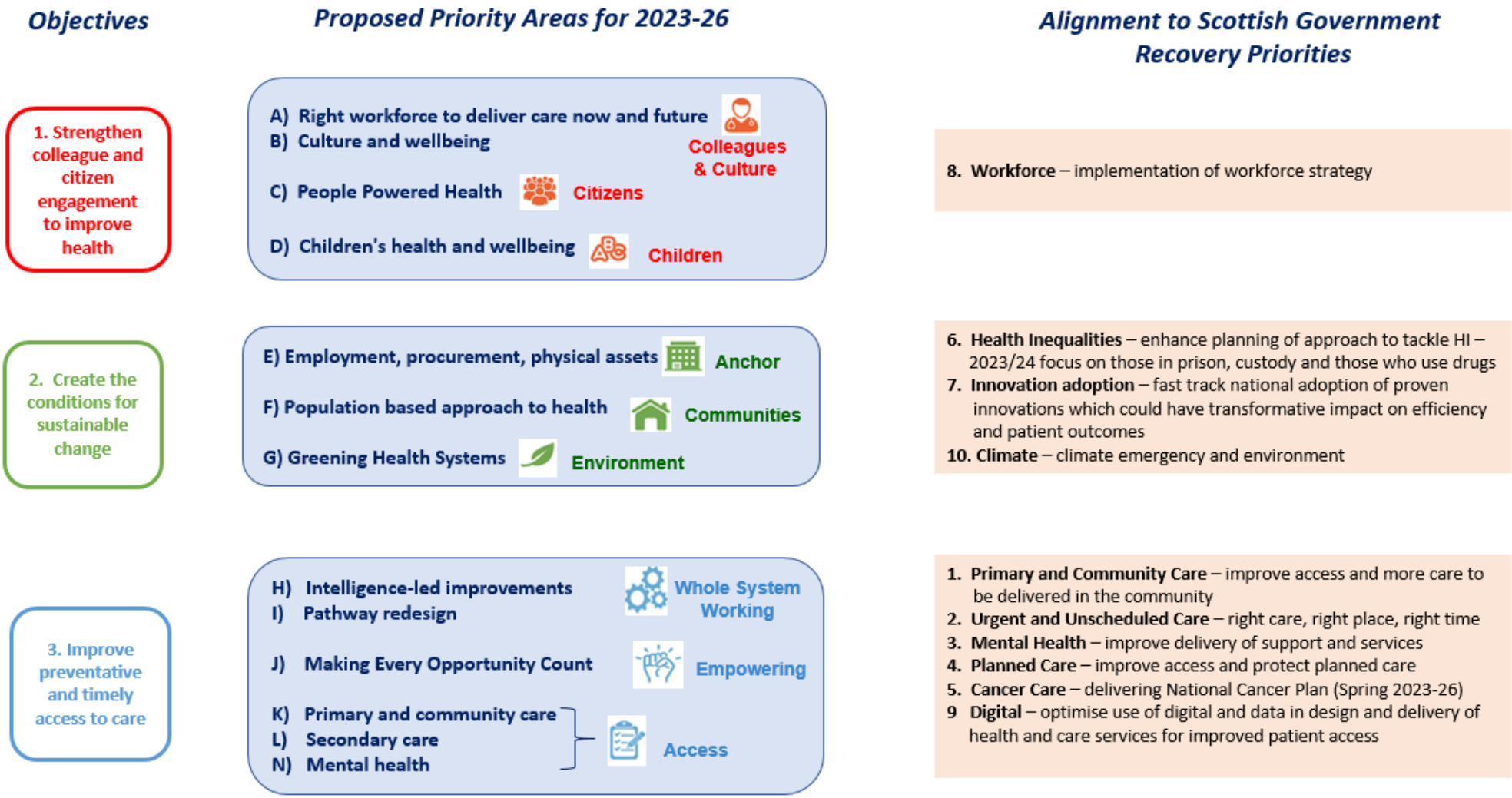
Places – Using our places to proactively seek the best health and wellbeing and fairness for all

Pathways – Enabling a partnership approach to our pathways of care

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**

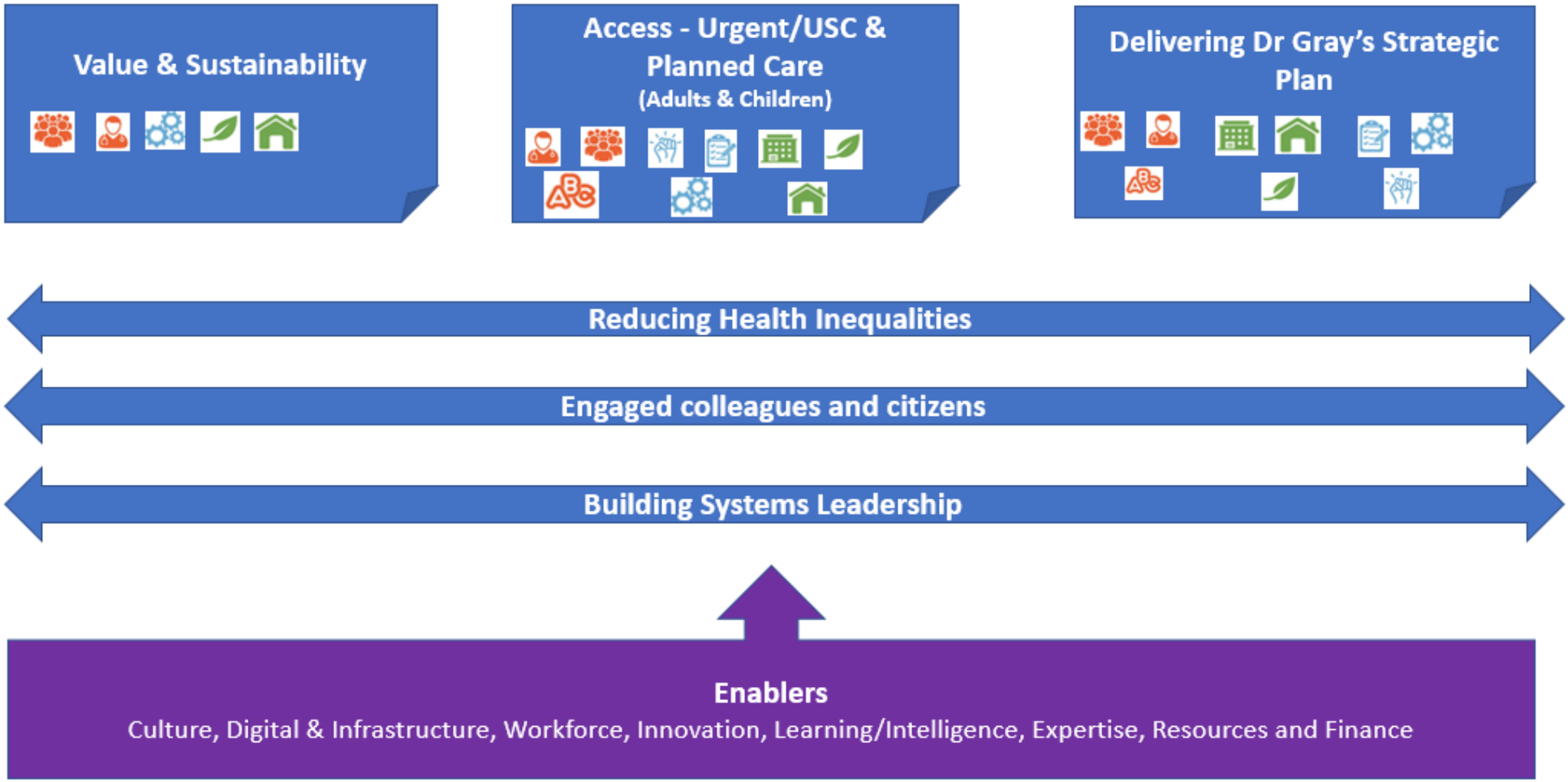
The above objectives will support the delivery of priority areas by March 2026 which will enable us to make significant progress against the strategic intent set out in the Plan for the Future. The diagram below sets out the objectives and underpinning priority areas of focus, along with how this support the 10 Scottish Government priority areas for recovery.



Delivering Key Changes Required

We are clear on the areas for change as set out above and in more detail in the remainder of this document. To ensure we maximise our focus, effort and limited resources, we are proposing that we organise change delivery oversight, assurance and performance across six programmes of change which are illustrated in the below diagram. The 10 Recovery Priority areas identified by the Scottish Government have been mapped across to these programmes of change, along with areas of focus against our Plan for the Future.

How We Will Organise Our Programme for Change



People

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

A key enabler to delivering the ambitions for a sustainable health and care system as set out in the Plan for the Future is taking steps to build a different relationship with our colleagues and citizens. Over the next three years, we aim to demonstrate progress in relation to a range of priorities relating to progressing a more sustainable workforce, our culture, increasing colleagues' wellbeing at work, designing and embedding a different approach to engagement, and improving outcomes for children in Grampian. To make steps in achieving this, during 2023/24 we will focus on delivering the below.

Right Workforce to Deliver Care Now and in the Future

Improving how we engage and support our colleagues, will not only support a positive experience for our workforce and those accessing our services, but will positively impact on how we source and attract people with the right values, retain colleagues and ultimately redesign services fit for the future. This is in line with Scottish Government priorities, particularly national programmes relating to e-Rostering and the Health and Care (Staffing) (Scotland) Act 2019.

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 whist ensuring a positive educational experience for all and impact positively on delivering quality care by an engaged and supported workforce.

Our focus over the 12 months will be to:

- Improve staff experience through ease of access to workforce information and use of insights;
- Increase proportion of posts filled substantively, reducing a reliance on supplementary staffing;
- Improve the reach of our recruitment, establish more talent pools and reduce time to hire;
- Service led workforce planning and redesign supports priority change programmes;
- Mandatory/statutory training complete for 70% existing and 90% new starts with 80% of colleagues' appraisals completed;
- Develop new approaches to enhance and support educational experience and capacity to support the learning across a vast range of clinical professional disciplines and respond to the expanding range and size of programmes to support the development of the future healthcare workforce. This will be in collaboration with our educational partners and includes significant developments in the models of teaching including expansion in our simulation environments.
- Evaluate and refresh our five year joint commitment to research (2019-2023) to ensure research remains a key commitment and core activity of NHS Grampian, working in collaboration with academic partners and the Chief Scientist Office (CSO);
- Implement Allocate e-Rostering tools in line with national and local requirements; and
- Prepare system for implementation of Health and Care (Staffing) (Scotland) Act 2019.

Culture and Wellbeing

The Board has significantly increased its focus on enabling and nurturing a positive culture by commencing the Best Practice Australia (BPA) culture survey process within nursing and midwifery and estates and facilities staff cohorts, commencement of the Magnet journey and investing in the organisation's Culture Matters work. Alongside this the organisation has placed a critical focus on and sustained investment in supporting and enabling staff health and wellbeing, albeit with the expectation that national commitments around staff health and wellbeing in the NHS Recovery Plan will also continue to receive investment. This was paramount during the pandemic and will remain a key priority going forward as part of a positive organisation culture. Over the next 12 months we will:

- Develop values-based culture by further rolling out the BPA Survey, Culture Matters, Year of the Manager and aligning key policies/processes to our values;
- Further embed local wellbeing supports, improve access to occupational health and widen the range of support for an ageing workforce/ those working longer;
- Increase inclusiveness of colleagues, particularly those with neurodiversity, and work with the Staff Equalities and Grampian Empowered Multicultural Staff Networks to break down barriers to attraction, recruitment and retention, as well as a focus on being an anti-racism organisation;
- Increase the number of colleagues who feel supported in their health and wellbeing at work; and
- Gather evidence through the Culture Matters Survey as part of the RACH Magnet journey to excellence submission in 2025.

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 to shape places for health, places where we learn, live and work; and
- Where people feel in control, valued, motivated and supported.

Over the next year, we will build on and further develop new conversations and relationships with our colleagues and communities by focussing on:

- Develop a model for engagement, which co-ordinates with community planning partners, to ensure that the wide and diverse voices within our communities are heard and that communities are engaged in a way which suits them. Insights shared throughout the health and care system;
- Develop an engagement policy, learning from our experience of the asset-based approach;
- Review and improve approaches/tools to ensure all voices are heard and influence change – a key focus will be around children and young people;

- In collaboration with the third sector, develop a volunteering strategy to actively promote opportunities in NHS Grampian and the benefits; and
- Further roll-out training supporting trauma informed practice, initially focusing on those professionals working with children during 2023/24 and wider to professionals working in key adult services by March 2026. This will enable a more holistic approach to care and improvement in how we respond and support individuals.

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. 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 will 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 the outcomes of children, such as increased poverty due to the higher cost of living, the impacts of the pandemic and increased waiting times for specialist surgery. Over the next 12 months, our focus will be to:

- With partners, embed practices of engagement and feedback from children, young people and their families;
- Contribute to reducing child poverty by delivering on key actions set out in the Child Poverty Action Plan;
- Make recommendations for improvements on child-to-adult transitional pathways;
- Enable the best start in life and create opportunities for children to grow well, including increasing vaccination uptake and improving oral health in children;
- Support development of single point of access MDT working in a planned pilot on the neurodevelopmental pathway in Aberdeen City and make recommendations that will increase support to parents/guardians post-diagnosis, as part of child health Test-Bed outlined on page 24;
- Stabilise paediatric surgery workforce and undertake RACH theatres redesign to improve theatre efficiency and capacity. This action links to the ambition by 2026 that we will have agreed and started to demonstrate implementation against our Strategic Plan for Children's Specialist Services in the North of Scotland;
- Implement year one of the Moray Maternity Services Plan for Model 6 in collaboration with NHS Highland, which will focus on putting an agreed process in place for time critical transfers of women in labour from Dr Gray's to Raigmore Hospital by end of June 2023 and the agreement of the workforce model to move forward to a full consultant-led obstetrics service at Dr Gray's with recruitment of key roles (medicine and midwifery) in progress by March 2024; and
- Implement, evaluate and share good practice across workplans for pre-existing children's priorities across areas and portfolios.

By the end of March 2024, we aim to deliver key actions which will result in a set of measurable improvements set out on the next page, along with what difference we expect this to make by March 2026. Further detail on priority actions and associated risks are set out within the Excel Delivery Plan template. The key priorities set out within this section are also reflected in the Three Year Workforce Plan submitted to the Scottish Government in October 2022 – a high level progress update on this is contained within the workforce section of this document.

PEOPLE ~ Proposed Priorities for 2023/24 & March 2026

Objective 1: Strengthen colleague & citizen engagement to improve health

By 2032 we aim to:

Join with People to Flourish

Citizens - No citizen in Grampian will be left behind

Children - Children are given the best start, to live healthy, happy lives

Colleagues - Colleagues are empowered to succeed and be safe and well through work

What will be different by March 2026?

- Staff retention rate increased to 90% stability in all areas.
- All teams will have an absence rate below the national average.
- iMatter organisation level scores re: confidence in leadership; staff involvement; & performance management are =/>70%.
- Improved culture demonstrated through RACH obtaining Magnet status & RCH/ARI progressing on Magnet journey.
- All services using a digital real-time feedback loop in support of improved workforce engagement.
- 70% colleagues in all Portfolios/Directorates report the organisation supports their health & wellbeing at work.
- All staff have access to regular protected learning time as per policy agreed through Agenda for Change (AfC) reform.
- Increased participation in research contributing to evidence based practice.
- Health & Care (Staffing) (Scotland) Act implemented across all relevant professions.
- People's insights will be embedded into our planning to reduce inequality in access to our services.
- Communities engaged & continued progress made to ensure all voices of our diverse population are heard and insights acted upon in designing health & care services.
- Trauma informed practice embedded across the system.
- Children & young people's voices will influence change in our system.
- Improvement in outcomes for children being realised & evidenced.
- Agreed strategy for paediatric tertiary services in place.
- Moray Maternity Services Plan for Model 6 implemented & evaluated.

By 31 March 2024:

Right workforce to deliver care now & future

- Improve staff experience through ease of access to workforce information & use of insights.
- Increase proportion of posts filled substantively, reducing a reliance on supplementary staffing.
- Improve the reach of our recruitment, establish more talent pools & reduce time to hire.
- Service led workforce planning & redesign supports priority change programmes.
- Mandatory/statutory training & appraisal completion rates increased.
- Refresh Joint Commitment to Research & develop new approaches to enhance educational experience.
- Implement Allocate e-Rostering tools in line with national & local requirements.
- Prepare system for implementation of Health & Care (Staffing) (Scotland) Act.

Culture & wellbeing

- Develop values-based culture by further rolling out the BPA Survey, Culture Matters, Year of the Manager & aligning key policies/processes to our values.
- Further embed local wellbeing supports, improve access to occupational health & widen the range of support for an ageing workforce/ those working longer.
- Increase inclusiveness of colleagues, focus on being an anti-racism organisation & work with the Staff Equalities & Grampian Empowered Multicultural Staff Networks to break down barriers.
- Increase the number of colleagues who feel supported in their health & wellbeing at work.
- Gather evidence through the Culture Matters Survey as part of the RACH Magnet journey.

People powered health

- Design a model for engagement, which co-ordinates with community planning partners, to ensure wide & diverse voices are heard & communities are engaged at the right time and place.
- Refresh our engagement policy, learning from our experience of the asset-based approach.
- Review & improve approaches/tools to ensure voices are heard & influence change.
- Develop a volunteering strategy to actively promote opportunities in NHS & the benefits.
- Further roll-out training supporting trauma informed practice, focusing on those working with children.

Children's health & wellbeing

- Embed practices of engagement & feedback from children, young people & their families.
- Contribute to reducing child poverty by delivering on key actions in the Child Poverty Action Plan.
- Make recommendations for improvements on child-to-adult transitional pathways.
- Enable the best start in life by focusing on increasing vaccination uptake & improving oral health.
- Undertake pilot on the neurodevelopmental pathway in Aberdeen City & make recommendations.
- Stabilise paediatric surgery workforce & redesign RACH theatres to improve efficiency & capacity.
- Implement year one of Moray Maternity Services Plan for Model 6 in collaboration with NHS Highland.
- Implement, evaluate and share good practice for children's priorities across areas and portfolios.

Places

2. Create the conditions for sustainable change (Places)

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 will put in place and embed over the coming years, which will enable us to successfully make sustainable changes to ensure optimal outcomes and experiences. Over the next three years, we aim to demonstrate progress in relation to a range of priorities relating to increasing our impact as an Anchor organisation, improving our ability to work in partnership to tackle health inequalities and increasing our focus as an organisation to reducing our impact on the environment. This will support the Scottish Government recovery areas focussing on health inequalities (including Anchor) and climate, further supported through digital and innovation.

To make steps in achieving this, during 2023-24 we will focus on delivering the below.

Employment, Procurement and Physical Assets

Key to supporting wider sustainability of health and care as set out in the Plan for the Future is the delivery of our ambition to be a strong Anchor organisation, which positively impacts the local community in relation to employment, procurement and physical assets. Key priorities for end March 2024 are:

- Use our position as an Anchor organisation to mitigate against inequalities through our employment and procurement practices and the use of our physical assets, i.e. maximise community benefits realised through procurement processes, Fairer Scotland Duty applied to capital investments;
- Analysis of current non-pay spend and identify the potential for additional meaningful spend in the local and regional economy;
- Continue to widen access to health and care careers, through increased entry routes, targeted initiatives, apprenticeships and flexible working policies; and
- Identification and development of Smarter Working and hybrid working opportunities and investigation of the associated office rationalisation options.

Population Based Approach to Health

Health inequalities 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 for many. ***It is widely recognised that doing more of the same is not an option.*** Over the next three years, NHS Grampian will work as part of a North East Alliance, whereby organisations have come together to agree key areas for collaboration leading to improved population health.

We have seen organisations affect change when they work together. 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. Creating a population health system 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. By March 2024 we will:

- Test population health approaches through four identified focus areas [Test-Beds]: Child Health, Mental Health and Wellbeing, Substance Use and Place and Wellbeing;
- Under the auspice of the North East Alliance, work with partners to consider areas for focussed attention resulting from the insight;
- Agree a five-year plan setting out how NHS Grampian will play its part in reducing health inequalities;
- Pilot the use of Scottish Place Standard Climate Lens as part of Community Led Health Initiatives;
- Improve our ability to analyse service data through a health inequalities lens;
- Prevent ill health and promote wellbeing by ensuring that 'Making Every Opportunity Count' is consistently delivered across Grampian; and
- Implement the Women's Health Plan, which will focus on menopause engagement and improving access to contraception services, including rapid and easily accessible postnatal contraception and, when required, access to abortion care during 2024.

Greening Health Systems

NHS Grampian has set itself the 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. During 2023-24 we will:

- Agree the NHS Grampian Climate Emergency and Sustainability Framework and its associated delivery plan;
- Increase focus on reducing inhaler emissions by considering the recommendations of the Scottish Quality Respiratory Prescribing Guide (once published) and impact of this for prescribing in Grampian;
- Continue to reduce the use of N2O and other anaesthetic/greenhouse gasses across the estate and put in place appropriate alternatives;
- Progressing net-zero health service by building a net-zero Mortuary facility and net-zero retrofit project in Braemar Health Centre;
- Implementation of waste reduction charter to increase recycling;
- Prioritise and take forward actions to support the National Green Theatres Programme;
- Vehicle replacement strategy will be agreed along with the five-year replacement/ procurement plan; and
- Construction of the Green Infrastructure and Biodiversity Projects on Foresterhill site.

Capital/Infrastructure Developments

The Infrastructure and Sustainability section sets out the key focus in the context of the 'Plan for the Future'. During 2023-24 we will:

- Continue with the construction of the Baird Family Hospital and ANCHOR Centre with ANCHOR Centre opening in 2023 and the Baird Family Hospital opening in 2025 which will demonstrate enhanced outcomes and experience for those accessing these services and experience for staff delivering care within these facilities;
- Continue with the design and development of the National Treatment Centre – Grampian (NTC-G), which in the longer term will support our ability to protect and sustainably meet planned care demand. Delivery timescales are dependent on when funding is confirmed for this development;
- Continue with the design and development of the MRI facility, ligature reduction works and facilities to enable a consultant led Obstetric Service at Dr Gray's Hospital;
- Implement our programme of risk assessed essential equipment replacement, backlog maintenance and compliance with statutory standards within our properties; and
- Develop our long term infrastructure plan providing a framework for prioritising capital resources and developments over the next 15-20 years, supporting wider national capital planning work. We aim to have this ready for agreement during autumn 2024.

Value and Sustainability

NHS Grampian has developed a local Value and Sustainability Plan, which outlines actions to achieve a level of 3% savings for 2023-24 and support some mitigation against the projected revenue overspend outlined in the Finance section. Dedicated programme and project resources are being put in place to ensure necessary focus and support, rigour and assurance required around the various workstreams. An agreed governance structure is in place, designed to deliver both the financial and non-financial benefits whilst providing assurance that implications of financial savings are being appropriately considered. Responsibility for each workstream has been allocated to a member of the Chief Executive Team.

The local Value and Sustainability Plan covers services directly managed by NHS Grampian. Each of the three HSCPs have developed their own efficiency plans for 2023-24. The local Value and Sustainability Programme will continue to fully engage and act upon the work of the national Sustainability and Value Programme. Key areas of focus to support efficiency savings, along with a range of non-financial benefits during 2023-24 are:

- Transportation - appropriate utilisation of taxis and other appropriate modes of transport, along with maintaining reasonably low levels of staff travel through virtual working where appropriate;
- Utilities – maximising financial and environmental benefits in relation to reduction in waste and energy consumption;
- Workforce – supporting shifts to sustainable workforce models and rotas in specific teams which bring a range of benefits to patients and staff and sees a reduction in costs linked to agency/supplementary staffing and overtime; and
- Management of resources – through a range of initiatives linked to postage, stock management, procurement, inflation management, office accommodation and management costs aim to improve value and efficiency.

The schemes making up the local Value and Sustainability Programme have been included in the Finance Plan submitted to Scottish Government in March 2023.

Realistic Medicine – 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. As set out in the 2023-24 Realistic Medicine Action Plan submitted to the Scottish Government on 12 May 2023, this responds to the five specific actions in the planned care guidance. Please note, as Realistic Medicine funding is fixed term and confirmed on an annual basis it is difficult to plan beyond one year. Key areas of focus by March 2024 are to:

- Implement Value Based Health and Care by taking forward projects relating to value based referrals, minor surgery and person-centred letters;
- Enhance sustainability through pathway redesign utilising demand optimisation, use of the Atlas of Variation to identify and mitigate unwarranted variation and support teams to embed Realistic Medicine principles in Active Clinical Referral Triage (ACRT) and Patient Initiated Reviews (PiR) as part of Centre for Sustainable Delivery (CfSD) pathway design (as described in the Planned Care section);
- Support education and training of Realistic Medicine principles, focusing on promotion of the shared decision-making TURAS module, refining and spreading a shared decision-making simulated toolkit, including measuring the impact for patients and develop an education module for the 'Right Decision Service app';
- Widen engagement with Realistic Medicine by developing a Champions' Network, holding regular lunchtime drop-in sessions to share best practice and further engage with third sector and community organisations to increase public awareness of Realistic Medicine.

By the end of March 2024, we aim to deliver key actions which will result in a set of measurable improvements which are set out on the next page, along with what difference we expect this to make by March 2026. Further detail on priority actions and associated risks are set out within the Excel Delivery Plan template.

PLACES ~ Proposed Priorities for 2023/24 & March 2026

Objective 2: We will create the conditions for sustainable change

By 2032 we aim to:

Using our place to proactively seek the best health & wellbeing & fairness for all

Anchor - We have social responsibility, beyond healthcare

Communities - Playing our role with partners for flourishing communities

Environment - We are leaders in sustainability, minimising our environmental impact

What will be different by March 2026?

- All pathways & service plans will be designed through a health inequalities lens utilising EQIA & priority areas of work presented to the Board will reflect our contribution to reducing health inequalities.
- We will have trained & embedded the use of appropriate tools to tackle inequalities experienced by our colleagues.
- Defined plan for supplier development to enable sustainable & competitive local procurement.
- We have increased the share of new starts employed from diverse communities and can evidence by postcode, staff group and grade.
- We will have agreed & implemented our 'Population Health Approach' resulting in improving physical, mental health & wellbeing outcomes in Grampian, while reducing inequalities.
- Decarbonise fleet & infrastructure in line with national 2025 target.
- Established 20 Year Infrastructure Investment Plan & revised Preventative Maintenance Programmes.
- All new builds & retrofit builds are net-zero with prioritisation for investment/ development outlined within the Infrastructure Plan.
- New build Mortuary & Braemar Health Centre projects completed & National Treatment Centre (NTC) construction underway.
- Baird Family Hospital, ANCHOR & MRI at Dr Gray's open & demonstrate enhanced outcomes & experience.
- All colleagues provide care through the principles of Realistic Medicine.

By 31 March 2024:

Employment, procurement & physical assets
- Analysis of current non-pay spend & identify additional meaningful spend in local & regional economy.
- Continue to widen access to health & care careers, through increased entry routes, targeted initiatives, apprenticeships & flexible working policies.
- Identify & develop Smarter Working / hybrid working opportunities & investigate associated office rationalisation options.

Population based approach to health
- Test population health approaches through four areas: Child Health, Mental Health & Wellbeing, Substance Use and Place & Wellbeing – consider areas for focussed attention resulting from insight.
- Agree a five year plan setting out how NHS Grampian will play its part in reducing health inequalities.
- Pilot the use of Scottish Place Standard Climate Lens as part of Community Led Health Initiatives.
- Improve our ability to analyse service data through a health inequalities lens.
- Implement agreed actions in the Women's Health Plan.

Greening health systems
- Agree NHS Grampian Climate Emergency & Sustainability Framework & associated delivery plan.
- Consider recommendations of Scottish Quality Respiratory Prescribing Guide on prescribing in Grampian.
- Continue to reduce the use of N2O & other anaesthetic/greenhouse gasses.
- Build a net-zero Mortuary facility & implement a net-zero retrofit project in Braemar Health Centre.
- Implement waste reduction charter to increase recycling.
- Prioritise & take forward actions to support the National Green Theatres Programme.
- Agree a vehicle replacement strategy along with the five year replacement/ procurement plan.
- Construction of the Green Infrastructure & Biodiversity Projects on the Foresterhill site.

Capital/infrastructure developments
- Continue with construction of Baird Family Hospital & open ANCHOR Centre in 2023.
- Continue with design & development of the National Treatment Centre – Grampian (NTC-G).
- Continue with design & development of the MRI facility, ligature reduction works and development of facilities to enable a consultant led Obstetric Service at Dr Gray's Hospital.
- Implement programme of risk assessed essential equipment replacement, backlog maintenance & compliance with statutory standards within our properties.

Value & sustainability
- Deliver the 3% savings programme by implementing the agreed Value & Sustainability Plan.
- Continue to embed Realistic Medicine Principles by implementing the agreed Realistic Medicine Plan.

Pathways

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

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, social care and 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 focussing 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 from COVID, focusing on stabilisation and a shift to sustainable models of care, which reduces demand and waiting times, increases resilience, and supports optimal outcomes. To progress this, during 2023/24 we will focus on delivering the below.

Pathway Redesign

Our approach to sustainable redesign of health and care is through whole system end to end pathway redesign working in collaboration with key stakeholders.

- Undertake a scoping exercise initially on two whole-system pathways of care (**1. adult general mental health; 2. frailty**) using RACI matrix tool to agree redesign approach for years 2 and 3, subject to agreement via the North East Partnership Steering Group (a third pathway redesign is proposed focussing on management of long term conditions but this will be following the development of a joint vision for general practice as per Primary and Community Care section); and
- Evaluate testing of artificial intelligence in lung and breast pathways and CALEUS innovation project to make recommendations for further roll out/adoption.

Intelligence-led Improvements

- Understand emerging population health data and demographics specific to the three pathways for redesign and develop live data modelling;
- Deliver our Joint Health Protection Plan and modernise the surveillance system for Health Protection to prevent, respond and reduce the threat of infectious diseases and risk to exposure of environmental hazards that can affect population health; and
- Identify and improve areas of low uptake for immunisation/vaccination programmes.

Making Every Opportunity Count (MEOC)

As part of our preventative approach, we will:

- Undertake gap analysis and review of MEOC and identify preventative approaches to test as part of redesign of the two whole system pathways; and.
- Increase the number of specialties that are part of the Waiting Well initiative to deliver support to an additional 8,000 patients by March 2024.

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 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 some general practice and dental practice instability over the last year, and 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, though implementation of these plans has been negatively impacted by the withdrawal of transitionary payment arrangements and removal of PCIP underspend.

Primary care has been under significant pressure for the last few years and we are aware through feedback from our communities, and colleagues working within primary care, that this impacts on timely access to services. Over the next 12 months, the areas of focus will be as outlined in IJB Strategic Delivery Plans, as well as:

- Development of a joint vision for general practice in primary care in Grampian, which will be led by the IJBs, and identify areas for action for NHS Grampian to support and collaborate on, as we move towards creating better resilience and sustainability.

Secondary Care

Our focus on improvement of access both in the short and longer term spans several key areas, many of which are aligned to national priorities.

Improving Access and Protecting Planned Care

During 2022, progress has been made in reducing those waiting over two years for a planned care outpatient appointment or intervention. Our focus will continue with this cohort but in addition we will also begin to prioritise those waiting 18+ months as part of the recovery plan. We have expanded robotic surgery, and rolled out innovative new diagnostic tests, Colon Capsule Endoscopy (CCE) and Cytosponge for clinically suitable patients and are working with the Centre for Sustainability (CfSD) to support the evaluation of this. We plan to re-establish one Day Case Surgical Theatre by October 2023 with potential for a second.

Our HEAT map performance on national high impact programmes, Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PiR) exceeded our predictions. We recognise there is further work to do with these services to fully embed these approaches across the HEAT map service pathways with all clinicians. There is learning from, and spread, already underway with services in addition to those included on the HEAT map, for example Rheumatology.

Over the course of this year, we plan to further refine our pathway transformation approach through analysing the Atlas of Variation, or other relevant data, to guide our implementation approach of Realistic Medicine and Value Based Health and Care in maximising the gains available through the CfSD tools and techniques.

Two new streams of work will help inform how we protect planned care beds without disturbing other clinical pathways. Firstly, the ARI Bed Base Review and, secondly, a national short life working group chaired by a nominated CEO and sponsored by Scottish Government. In both, there is active engagement from the Integrated Specialist Care Portfolio.

As detailed within the NHS Grampian Planned Care Action Plan and supporting trajectories submitted to the Scottish Government on 17 March 2023, our focus for 2023/24 will be to:

- Ensure no patient waits over two years for an outpatient appointment. We will also start to reduce the number of people waiting over 18 months. We aim to do that by utilising government funding to continue additional capacity previously put in place and fully embedding the Centre for Sustainable Delivery (CfSD) initiatives.
- Minimise harm and clinically prioritise those people waiting for a diagnostic test by shifting to the national prioritisation for radiology system.
- Reduce waiting times for diagnostics through maximising local capacity, the redesign of radiology services (CT and MRI) to achieve greater efficiency and embedding realistic medicine principles, the implementation of an MRI software update which should create recurring additional capacity and look at options to further expand the use of Cytosponge and CCE to reduce demand for diagnostic scopes. We will also evaluate the impact of Artificial Intelligence (AI) in radiology as part of the breast and lung cancer pathways of care and continue to work with CfSD as a pilot site for ANIA workstreams as and where this will add value.
- Reduce the number of people waiting over two years for a surgical intervention and start to reduce the number of people waiting over 18 months. We aim to deliver this by utilising Government funding to mainstream additional capacity previously put in place, maintain throughput in the day case surgical unit, maintain training and recruitment of ODPs via the theatre academy, maximising available capacity at the Stracathro Regional Treatment Centre, utilising capacity within the National Treatment Centre in NHS Highland and continuing to explore further opportunities with Dr Gray's Hospital and as part of a wider regional approach. As part of the work with CfSD, consider opportunities around increasing enhanced recovery after surgery and maximising opportunities for British Associated Day Surgery procedures.
- Continue to work with Scottish Government to consider further opportunities available within NHS Scotland and independent sector to further increase capacity to reduce the backlog and waiting times in the North and North East.
- Protect and further increase planned care capacity locally by continuing to work as a whole system to reduce delayed discharges and delays in transfer of care and minimise the impact on planned care beds.
- Prioritise commitments to delivering health care interventions to those identified from National Screening Programmes to improve population health and reduce acute health care demand.
- Participate in the CfSD Speciality Delivery Group work streams and implement initiatives that will positively impact on our pathways, such as the national improvement plan for cataract surgery.

The extent to which we can reduce the number and time people are waiting for a planned care appointment or intervention over and above what is set out above will be dependent on our ability to secure additional resources within NHS Grampian, regionally and nationally.

Cancer Care

A new Cancer Strategy for Scotland is due to be published in spring 2023, which we will frame our local Cancer Plan around. 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. Key progress has been made around a number of areas, which has resulted in the percentage of people who have received their cancer treatment within 31 days of decision to treat increase from 92.91% to 95.25% between March 2022 and March 2023. Due to 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.

As per the NHS Grampian Cancer Action Plan and supporting trajectories submitted to the Scottish Government on 24 May 2023, our focus for 2023/24 will be to review and update our cancer delivery plan once the Cancer Strategy for Scotland is published and deliver year 1 actions of the Scottish Cancer Strategy with the aim of:

- Maintaining 95% standard of people receiving their first cancer treatment with 31 days of decision to treat; and
- Increasing the percentage of people treated within 62 days of urgent referral for suspected cancer to first treatment increase from March 2023 baseline of 77% to 81% by March 2024.

Urgent and Unscheduled Care and Preparations for Winter 2023/24

Urgent and unscheduled care (USC) services across the system 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. Although attendances have increased slightly between March 2022 and March 2023, many of those who are accessing services require increased complexity of care. Improvement work has seen some positive changes in relation to unscheduled care, including introduction of an Ambulatory Emergency Care Clinic in Dr Gray's Hospital, improving performance in access standard performance and a significant reduction in delayed discharges in Moray amongst other activity. Whilst improvement work has continued to make a positive contribution, with increased pressures across the system, it is clear there are several factors influencing performance which are being further explored.

The whole system approach to preparing for and responding to winter 2022/23 was critical to minimising risk and harm to patients, communities and colleagues. We have undertaken a debrief on winter and will use the learning from this, along with the learning nationally, to prepare and revise our system surge plans ahead of November. A key piece of work being taken forward ahead of winter 2023 is the implementation of phase one of the ARI bed base review as outlined in the planned care section above.

In line with discussions with the national team and local assessment of areas for improvement, our aim is to deliver a 4 hour ED improvement trajectory of 70% by December 2023. The key areas of focus for the 2023/24, as set out in the USC plan submitted to the Scottish Government in March 2023, will be:

- Triage and assessment (including ED footprint) to optimise flow and ensure patients go to the right place;
- Further development of the Flow Navigation Centre model to improve flow and reduce attendances where that is appropriate;
- Further expansion of the hospital@home to reduce attendances and length of stay;
- Continuation of Optimising Patient Flow including Discharge Without Delay (DWD) to optimise whole patient flow, undertake Discharge without Delay priority actions across Grampian; and
- Ensuring learning from winter 2022/23 informs preparation measures including an updated system surge plan by November 2023.

Mental Health and Learning Disabilities (MHLD)

In Grampian, the approach to planning and delivering MHLD services is whole system, via the Grampian Wide MHLDS Portfolio Board, with cross system working across other portfolio areas as required. Within the IJB structure, mental health, learning disability and substance use services are delivered by the three HSCPs and NHS Grampian Hosted MHLD Services (which includes inpatient, specialist services and CAMHS and is delegated to Aberdeen City HSCP).

Services continue to deal with the impacts of COVID on the population's mental health and wellbeing. 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 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:

- Implementation of the Psychological Therapies (PT) Improvement and Development Plan, which has led to all patients waiting over 52 weeks offered an appointment by 31 March 2023;
- 99.1% of children and young people referred to child and adolescent mental health services (CAMHS) seen within 18 weeks in March 2023 which has increased from 95% in March 2022;
- 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 PT National Dataset (CAPTND), being one of the first in Scotland to achieve this; and
- Progress against Medication Assisted Treatment (MAT) standards (1-5).

Building on the progress made, the detail for moving towards the national 18 week standard as set out in the NHS Grampian Psychological Therapies Improvement Plan (including psychological therapies in MHLD, acute and primary care) and underpinning trajectories submitted to the Scottish Government on 8 June 2023. Key areas of focus are:

- Continue to work with individual services to model additional staffing requirements to meet the standard;
- Continue to make improvements as detailed in the NHS Grampian Psychological Therapies Improvement Plan submitted to Scottish Government in November 2022;
- Undertake a scoping exercise of the adult general mental health pathway of care to inform the whole-system redesign approach required (as per 'redesign of pathways' in above section);
- Continued progress towards improving access to CAMHS services, as well as implementation of the CAMHS Service Specification and the National Neurodevelopmental Specification; and
- Continued progress against Medication Assisted Treatment (MAT) standards (1-5).

Dr Gray's Strategic Plan

In February 2023, the Board approved the strategic plan 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 2023/24, we will implement Phase 1 of the Dr Gray's Plan which will focus on:

- Development of networked services and agreeing how this will be achieved;
- Increasing the retention and recruitment of highly valued staff with appropriate skills;
- Joint planning with both NHS Highland and other partners such as NHS Education for Scotland; and
- Implementing year one of the Moray Maternity Services Plan for Model 6 in collaboration with NHS Highland (see page 21).

By the end of March 2024, we aim to deliver key actions which will result in a set of measurable improvements which are set out on the next page, along with what difference we expect this to make by March 2026. Further detail on priority actions and associated risks are set out within the Excel Delivery Plan template.

PATHWAYS ~ Proposed Priorities for 2023/24 & March 2026

Objective 3: Improve preventative and timely access to care

By 2032 we aim to:

Enabling a partnership approach to our pathways of care

Empowering - Grampian's population is enabled to live healthier for longer

Access - People are able to access the right care at the right time

Whole System Working - Joined up and connected, with and around people

What will be different by March 2026?

- We will have redesigned three whole-system pathways of care (1. adult general mental health; 2. frailty; 3. management of long-term conditions), informed by intelligence & involving those with lived experience.
- Evaluation of the three redesigned care pathways demonstrates an improved person-centred approach.
- There is clarity among all partners within the three redesigned pathways about governance & performance reporting while demonstrating a systems leadership approach to delivery.
- Our 'Making Every Opportunity Count' (MEOC) approach will be fully embedded in these three pathways.
- We will be able to demonstrate our commitment to spending more on prevention.
- Teams use live modelling data to inform continuous improvements of pathways of care.
- Portfolio integrated plans prioritise new models of care / workforce and innovation.
- 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.
- Screening & immunisation/vaccination levels will be above the national average with increased participation in screening & vaccination programmes, across all SIMD & demographic categories with low uptake; increased rates of childhood immunisation.

By 31 March 2024:

Pathway redesign

- Undertake a scoping exercise on two whole-system pathways (1. adult general mental health; 2. frailty) to agree redesign approach.
- Evaluate testing of artificial intelligence in lung and breast pathways & CALEUS innovation project to make recommendations for further roll out/adoption.

Intelligence-led improvements

- Understand emerging population health data & demographics specific to the three pathways for redesign & develop live data modelling.
- Deliver our Joint Health Protection Plan & modernise the surveillance system.
- Identify & improve areas of low uptake for immunisation/vaccination programmes.

Making every opportunity count (MEOC)

- Ensure that MEOC is consistently delivered across Grampian & specifically embedded in whole system pathways.
- Increase the number of specialties that are part of the Waiting Well initiative to deliver support to an additional 8,000 patients.

Primary and community care

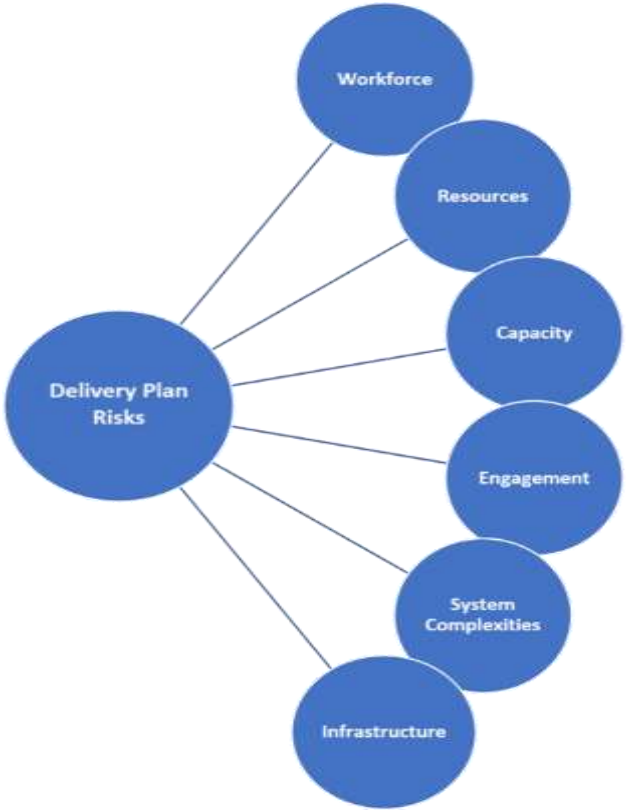
- Develop a joint vision for general practice in Grampian, identifying areas for action.

Secondary care

- Deliver on actions within the Planned Care Plan to reduce waiting times for outpatient appointments, surgical interventions and diagnostics as per agreed trajectories.
- Protect & further increase planned care capacity by continuing to work as a whole system to deliver phase one of the bed base review & reduce delayed discharges & delays in transfer of care
- Deliver agreed improvements within the Urgent & Unscheduled Care Plan to improve the 4 hour ED standard to 70% by December 2023 (trajectory yet to be confirmed/agreed).
- Embed learning from winter 2022/23 & agree updated system surge plan by November 2023.
- Prioritise health care interventions to those identified from National Screening Programmes.
- Participate in the CfSD Speciality Delivery Group workstreams & implement initiatives that will positively impact on our pathways, such as the national improvement plan for cataract surgery.
- Increase percentage of people treated within 62 days of urgent referral for suspected cancer to first treatment increase from March 2023 baseline of 77% to 81%.
- Deliver agreed improvements for access to adult psychological therapies and CAMHS.
- Implement agreed year one actions set out in the Dr Gray's Strategic Implementation Plan.

Risk Management

NHS Grampian operates within a complex contemporary 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 manage the organisation's strategic and operational risks in a proactive manner.



Risks to the fulfilment of the Delivery Plan's objectives have been identified, with several associated links to the organisation's Strategic risks.

- Due to operational system pressures and resource constraints, there may be a lack of capacity for colleagues to engage with new learning initiatives and the inability to release colleagues and managers to engage with, support and embed new ways of working.
- These pressures, combined with staff shortages, poor health and wellbeing, and lack of motivation may lead to burnout, retention issues and an unwillingness from colleagues to engage.
- National and local workforce tools failure or malfunction have the potential to interrupt service provision and planning, while data security and privacy also pose a risk.
- Uncertainties regarding existing non-recurring financial resource and the unavailability of new financial resources could restrict existing services and the launch of new initiatives and technologies.
- A key requirement for identifying health inequalities and improving the population's health is public engagement. However, there is the potential for inadequate capacity to carry out public engagement activities as well as an unwillingness from the public to engage.
- The complex nature of the health care system could result in an inability to effectively introduce pathway, technology and environmental transformation within the agreed timeframes. This transformation is key for gaining the capacity to meet population health demands.
- Ageing infrastructure and major delays to fundamental construction could impact service provision, resulting in increased waiting times and impacting upon the quality of care.

For more information on NHS Grampian Risk Management, please follow this link: Plan for the Future - Strategic Risk.

Business Continuity

On 18 March 2021, legislation was passed by the Scottish Parliament to include the IJBs as Category 1 Responders. Over the coming year, NHS Grampian will continue to work collaboratively with HSCPs to support the development of business continuity arrangements as part of a whole system approach. This includes work at a multi-agency level through the Grampian Local Resilience Partnership where lessons learned from recent events such as winter storms including Storms Arwen, Corrie, Malik and latterly Storm Otto, with consequential flooding and structural damage are distilled and incorporated into the service level business continuity plans.

These partnership arrangements extend to working relationships with the third sector; an example being the Community Off-road Transport Action Group (COTAG), where a Memorandum of Understanding (MOU) has been developed, which formalises the services provided by the 4x4 volunteers to NHS Grampian during adverse weather to support critical patient and staff travel. This helps to maintain the continued delivery essential services and is documented within business continuity planning arrangements. HSCPs are developing MOUs with COTAG based on the NHS Grampian document.

Energy insecurity is recognised as a significant risk within NHS Grampian and a programme of generator testing and site assessment is underway to establish the Board's resilience in the event of a network electricity transmission system failure. As part of this power resilience planning process, a series of workshops are being undertaken with primary care and health and social care partners in an effort to support the continued delivery of services at pre-determined levels during periods of significant disruption. This work also included a larger scale exercise with the Inverurie Healthcare Hub, where all services on the site were disconnected from the electricity grid simulating a planned rota load disconnection. The lessons learned have been collated and will be circulated to Business Continuity Planning Leads for wider consideration and further development of service plans.

Business continuity continues to provide the foundation for the Board's planning arrangements. The Civil Contingencies Unit actively engages with NHS Grampian Directors, Portfolio Leads, Resilience Advisors and Leads for Business Continuity continue to develop business continuity to a point where it becomes every colleague's responsibility and is fully embedded within the organisation's culture.

Business Continuity Response Model				
Level		**Definition**	**Response**	
Civil Contingency Levels	Major Incident (National Response)	Major incident requiring national response which may have an extended duration such as mass casualty incidents, initial phase of national pandemic response or a cyber-attack on shared NHS systems which affect delivery across NHSS.	Activation of NHS Scotland Major Incident Mass Casualties Plan or Major Incident response structures as set out in national policies/guidance.	**Response & Learning** • Activation of appropriate plans & incident teams /structures • Activate support mechanisms • De-active & logs • Post Incident Debriefs • Share learning & revise plans based on learning
	Major Incident (Board Level)	An event or situation with a range of serious consequences which requires special arrangement to be implemented by one or more emergency responder agencies i.e. local mass casualty incident, major infectious diseases incident, IT system failure.	Activation of Board Major Incident Plan (or as appropriate relevant response plan i.e. Major Infectious Diseases Plan), Board Control Centre and relevant sector Board Control Rooms. Use of Critical Incident Management Framework to support strategic decision making and Mutual Aid Arrangements.	
	Major Incident (Hospital/ Site Level)	An event or situation with a range of serious consequences which requires special arrangement to be implemented within/across the site/sector i.e., number of casualties beyond capacity, fire impacts on significant part of infrastructure, loss of power/utility to whole site for a significant period.	Activation of site-specific plans such as Foresterhill Health Campus and Dr Gray's Hospital Major Incident Plans.	**Monitoring/Early Warnings** • Live surveillance systems • Modelling scenarios/data • National PHS Network • Sharing information on national threat assessments • Workforce availability tools
	Critical Incident	A significant threat to operations that can have negative consequences if not handled properly. May have an extended duration such as sustained system pressure and/or cause reputational damage.	Use of tools such as Critical Incident Management Framework and Integrated Emergency Management to support decision makers escalating and de-escalating response based on situational awareness.	
Business Contingency Levels	Whole System Business Continuity	Operational system pressures i.e., demand and workforce absence/capacity which impacts on whole system flow and delivery for example Industrial Action across whole system.	Setting up of SLWG for specific and predicted disruption. Ongoing compliance with 41 Standards for Organisational Resilience to identify development opportunities and measure progress.	**Prevention/Preparedness** • Vaccinations (COVID/Flu) • IPC Guidance • Public messaging • E-learning on prevent workstreams • Major Infectious Disease Plan • Major Incident Plan • Pandemic Flu Plan • Joint Health Protection Plan • Running exercises regularly to test major incident plans
	Portfolio / Directorate Business Continuity	Incident that significantly affects day to day service delivery across the Portfolio or Directorate. Examples are equipment failure, staff shortages, increase in demand which requires alternative action, power /utilities failure, supply chain disruption etc.	Collective activation of service business continuity plans across the Portfolio or Directorate. Escalation as appropriate through developed structures.	
	Service Business Continuity	'One off' incident that significantly affects day to day service delivery. Affects single service, examples are equipment failure, staff shortages, increase in demand which requires alternative action within service to cope, power /utilities failure, supply chain disruption.	Local service business continuity plans activated to manage incident and incident management arrangements in place. If impacts on other services or cannot be contained at service level this is escalated as appropriate.	
	G-OPES Levels 1-4	G-OPES Framework supports operational business continuity enabling system decision making and actions to maintain continuity with four levels of response as appropriate, activates local service business continuity plans	Monitoring of whole system pressures through the Daily System Connect Meetings and Weekly Decision Making Group using a range of data metrics. Escalation to Winter Trigger Review Panel for recommendations re surge planning arrangements where series of pre-agreed metrics have been exceeded.	
	Business As Usual	Managed within normal operational management arrangements.	Business as usual response.	

NHS Grampian Workforce Plan 2023–2025 ~ Progress Update at May 2023

NHS Grampian continues to implement the National Workforce Strategy for Health and Social Care in Scotland via our Colleagues and Culture Plan for the Future and our Integrated Workforce Plan 2022-25. Our Workforce Plan identifies actions aligned to the five pillars: plan; attract; employ; train; and nurture as well as risks and challenges over the next three years. Its key focus is developing a sustainable workforce. This requires attention to the other elements of our Colleagues and Culture Plan for the Future – health, safety and wellbeing, and culture and staff experience, whilst placing a deliberate focus on workforce planning and redesign; resourcing; skills and capability, and employability, supported by improved business systems, and enhanced workforce information, intelligence and insights.

Plan: Begin to define the workforce requirements of future service delivery models, particularly connected to enhancing planned and unplanned care

Attract: Further streamline the recruitment process, introducing bulk recruitment for high volume roles to help release time to care

Employ: Take steps to support improved retention by exploring different use of terms and conditions and enhancing bank working arrangements

Train: Support the recovery of education and training, and improve take up of statutory and mandatory training

Nurture: Resume appraisal for staff where this has been impacted by the COVID-19 pandemic and use this to encourage a focus on protected time for learning

Female	Male	Headcount	Whole Time Equivalent	Whole Time	Part Time
2023 82.0%	2023 18.0%	2023 16,187 (-804)	2023 13,323.22 (-877.14)	2023 50.1%	2023 49.9%
2022 78.7%	2022 21.3%	2022 16,991	2022 14200.36	2022 51.3%	2022 48.7%

Oversight is provided by an organisation-wide group acting on behalf of the Chief Executive Team, which provides updates to the Staff Governance Committee, in support of NHS Grampian Board assurance. Agreed risks and mitigations reflected in this Delivery Plan are outlined below.

RISKS	MITIGATIONS
Insufficient capacity to change and transform the workforce and services whilst assuring that we maintain safe and effective care.	Effective workforce utilisation through continued roll out of eRostering and preparation for Health and Care Staffing Scotland Act Implementation.
Significant recruitment and workforce supply challenges, with the combination of an urban centre out with the central belt and significant rural geography	Developing approaches to recruitment, considering applications for RRP, ongoing promotion of careers locally and widening access programmes.
Our ageing workforce and flexible working options further increases workforce gaps as more individuals are required to maintain existing capacity.	Agreeing an organisational approach to succession planning will be a focus over the next year, work also continues around retire and return.
Nursing, AHP and Medical workforce projections for North of Scotland over the next 3 years makes reducing reliance on supplementary staff problematic.	The introduction of a medical staff bank and continued close scrutiny in relation to bank and agency spend to minimise costs.
System pressures continue to impact individuals' capacity to undertake developmental actions and learning that will support sustainable services.	Implement Year of the Manager programme, and contribute to and implement Agenda for Change reform on protected time for learning
Sustained pressures due to inability to match capacity to demand lead to sustained increases in short term and long-term absences.	Support staff wellbeing through continued roll out of We Care peer support programme for psychological first aid and further enhancing OHS access.

Infrastructure and Sustainability

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 2023/24 are:

- Ongoing construction of the Baird Family Hospital and Anchor Centre;
- Ongoing design and development in support of the National Treatment Centre – Grampian (NTC-G);
- Ongoing design and development in support of the MRI facility, Ligature reduction works and development of facilities to enable a consultant led Obstetric Service at Dr Gray's Hospital; and
- Programme of risk assessed essential equipment replacement, backlog maintenance and compliance with statutory standards within our properties.

The draft NHS Grampian Climate Emergency and Sustainability Strategy: Reimagining the Health Service for People and Planet will be considered for approval by the Board later this year following a period of engagement and consultation. The draft 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 2023/24 are:

- Delivery of net zero - buildings:
  - Braemar Health Centre – first retrofit project delivering net zero;
  - Integrated Mortuary – first net zero new build facility;
  - Retrofit of those buildings for which feasibility studies are complete and a route map to net zero exists – includes Aboyne Hospital, Glen O'Dee Hospital, Woodend Hospital Stroke Unit, Little Acorns Nursery RCH and Maryhill Health Centre (bid to the Scottish Government Green Decarbonisation Fund pending June 2023); and
  - The NHS Grampian Board will explore, during the 2023/24 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; and
  - 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; and
  - 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;
  - System wide approach for point of use nitrous oxide; and
  - Entonox use phased out with alternatives in place where available.

- Greening Places and Communities:
  - Construction of the Green Infrastructure Project – West of Foresterhill Campus and adjacent to the new Mortuary building provides accessible green space, biodiversity, active travel and essential flood prevention/water attenuation measures;

- 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; and
- Continued roll out of active travel routes, ebikes, bike pods etc. as funding allows supported by Sustrans.

For additional reading, please follow this link: Plan for the Future: Infrastructure

Finance

NHS Grampian has prepared a three year Financial Plan covering 2023-2026, which was submitted to the Scottish Government in March together with a five year Medium Term Financial Framework (MTFF) covering 2023-2028, which was presented to the NHS Grampian Board in April. Both documents set out how our resources will be targeted at the delivery of NHS Grampian's strategic priorities from 2023-2028. They outline the financial climate in which the Board will operate over the next few years and the assumptions underpinning our planning. The financial position for public services continues to be extremely challenging and it is vital that our ambitions contained in the Grampian Delivery Plan are set within the context of available funding.

The MTFF assists us in planning to target our financial resources at the delivery of priorities outlined in NHS Grampian's 'Plan for the Future' and the Grampian Delivery Plan. The longer term aims are to support improved outcomes through transformation of service delivery across pathways, equitable access for our population and inclusive growth. The MTFF reflects the range of complex factors impacting the financial climate over the next five years including:

- Scottish Government funding levels;
- The predicted rise in costs;
- Changing demographics;
- Latent demand for health services along with new pressures which will impact on the system; and
- Scottish Government policy priorities, as outlined in the Programme for Government.

Our Financial Plan and MTFF both project a position where we will not be able to balance the revenue financial position between funding levels and projected expenditure over the next five years based on our current planning assumptions. We expect our annual financial position to improve each year between 2023 and 2028 but, by 2028, we still do not expect to be in a position of revenue balance. This projection assumes that we will be able to make a level of new recurring savings of 3% each year as a health system, and we will continue to fully engage and act upon the work of the national Sustainability and Value Programme. We have established our own local arrangements to take forward relevant workstreams from the national work.

Risks to delivering our financial projection and the targets contained within the Grampian Delivery Plan are included in the accompanying ADP1 response document. We are in continuing dialogue with Scottish Government colleagues regarding our Financial Plans and have been asked to clarify a number of points by the end of June.

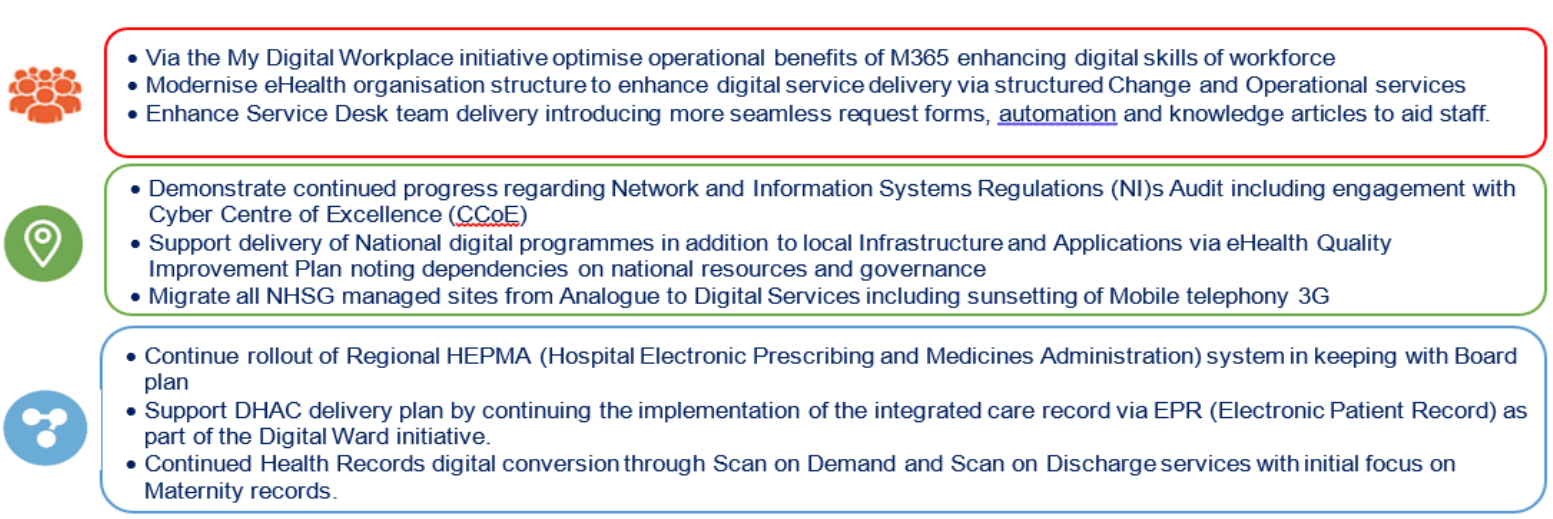
Digital

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. To read more about the strategy, revised in 2023, please follow this link: Service Transformation through Digital. 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:

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

Key digital priorities for delivery by 31 March 2024, along with ambitions for Spring 2026 are outlined below in the context of People, Places and Pathways.



Performance and Assurance

Over the course of 2022-23, positive progress has been made to develop NHS Grampian's Integrated Performance Management and Assurance Framework (IPMAF). The launch of the 'Plan for the Future' and the Annual Delivery Plan (ADP) meant that key focus areas and activities in earlier phases were centred in developing the **assurance aspects** of the Framework required for the NHS Grampian Board and the Performance Assurance, Finance and Infrastructure Committee (PAFIC), to ensure we are actively monitoring and assessing our organisational performance aligned to the new strategic direction, intent and reporting on our key deliverables and milestones set out within the ADP.

We have co-created and designed performance assurance reports with Board and PAFIC Committee members to ensure they are aligned and sighted on the 'Plan for the Future', the ADP milestones and critical areas impacting organisational performance, paying attention to risks and the actions required to manage them but also highlighting areas of good performance and learning.

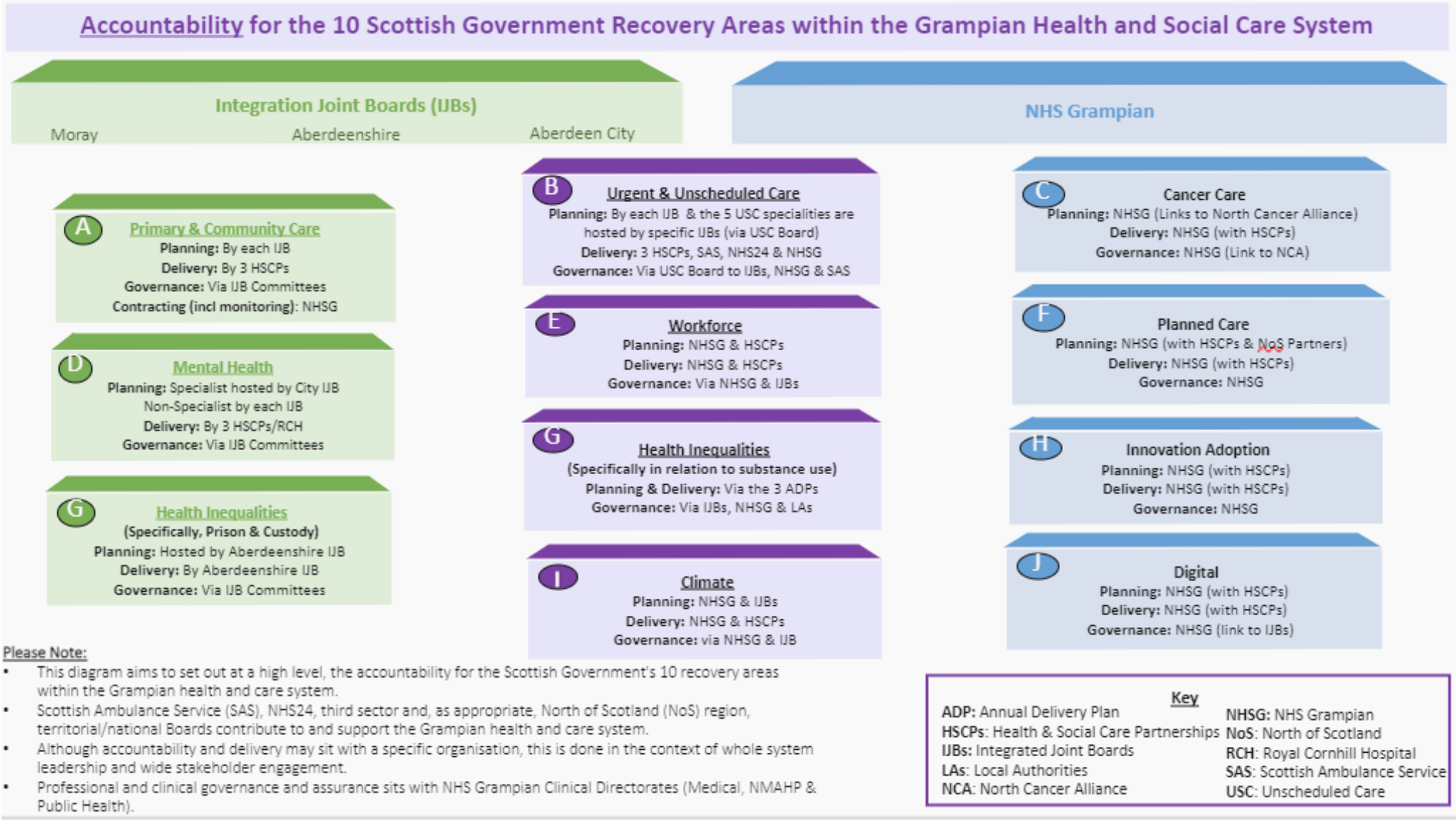
These are the "How Are We Doing" and the PAFIC performance reports respectively. We have applied the tiered reporting approach mentioned in our last update within reports to enable the functionality and ease of reviewing performance information. Amongst these reports saw the redesigned ADP Quarterly Progress Reports required by Scottish Government.

To support and enable the review of up to date performance information in these reports, we collaborated with Executive Leads and their teams in developing templates and proformas, established accountability cycles and reporting schedules as part of the assurance process so far.

Positive feedback was received from Board, Committee and the Chief Executive Team about our refreshed approach towards performance management and assurance. Work is currently underway to produce an accessible online performance report for the public to increase awareness and transparency about our progress towards the 'Plan for the Future'.

The next phases of the IPMAF includes the draft framework document amongst other key workstreams commencing from May 2023. This is currently in development and will be formally reviewed by the Chief Executive Team and PAFIC. The implementation of NHS Grampian's IPMAF will build on the progress we have made in the earlier phases and pull together a consolidated approach and understanding towards performance management and assurance across all tiers for NHS Grampian aligned to our 'Plan for the Future'.

Appendix 1


Accountability for the 10 Scottish Government Recovery Areas within the Grampian Health and Social Care System
Integration Joint Boards (IJBs)
Moray
Aberdeenshire
Aberdeen City
NHS Grampian
A
Primary & Community Care
Planning: By each IJB
Delivery: By 3 HSCPs
Governance: Via IJB Committees
Contracting (incl monitoring): NHSG
D
Mental Health
Planning: Specialist hosted by City IJB
Non-Specialist by each IJB
Delivery: By 3 HSCPs/RCH
Governance: Via IJB Committees
G
Health Inequalities
(Specifically, Prison & Custody)
Planning: Hosted by Aberdeenshire IJB
Delivery: By Aberdeenshire IJB
Governance: Via IJB Committees
B
Urgent & Unscheduled Care
Planning: By each IJB & the 5 USC specialities are hosted by specific IJBs (via USC Board)
Delivery: 3 HSCPs, SAS, NHS24 & NHSG
Governance: Via USC Board to IJBs, NHSG & SAS
E
Workforce
Planning: NHSG & HSCPs
Delivery: NHSG & HSCPs
Governance: Via NHSG & IJBs
G
Health Inequalities
(Specifically in relation to substance use)
Planning & Delivery: Via the 3 ADPs
Governance: Via IJBs, NHSG & LAs
I
Climate
Planning: NHSG & IJBs
Delivery: NHSG & HSCPs
Governance: via NHSG & IJB
C
Cancer Care
Planning: NHSG (Links to North Cancer Alliance)
Delivery: NHSG (with HSCPs)
Governance: NHSG (Link to NCA)
F
Planned Care
Planning: NHSG (with HSCPs & NoS Partners)
Delivery: NHSG (with HSCPs)
Governance: NHSG
H
Innovation Adoption
Planning: NHSG (with HSCPs)
Delivery: NHSG (with HSCPs)
Governance: NHSG
J
Digital
Planning: NHSG (with HSCPs)
Delivery: NHSG (with HSCPs)
Governance: NHSG (link to IJBs)
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).
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