Grampian Delivery Plan

August 2022 – March 2023

LIVE DOCUMENT

(Submitted to Board for formal approval 6 October 2022)

NHS Grampian

Plan for the Future

Healthier Together

2022 - 2028

Executive Summary

The Grampian Delivery Plan covers the period August 2022 to March 2023 and has been developed jointly with our three Health and Social Care Partnerships, colleagues, citizens and wider partners. Given the current and anticipated ongoing high pressures experienced across the health and care system and the negative impact this is having on both those accessing and delivering services, we have deliberately focused on three specific objectives, underpinned by a number of priority actions. We believe the priorities set out are ambitious but deliverable by March 2023 and will make the biggest impact in relation to stabilisation, navigating winter well and creating the conditions to deliver the significant changes required to achieve the ambitions set out in our strategy - 'Plan for the Future 2022-28'. This Plan responds to the six priorities set out in the Scottish Government Commissioning Guidance dated 10 May 2022 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 six Scottish Government priorities which is illustrated below.

Alignment to Our Strategic Intent	Our Objectives for Next Eight Months	Scottish Government Six Priorities for 2022/23
Pathways — **Access -** People are able to access the right care at the right time; **Whole System Working** - Joined up and connected, with and around people	**1. Reduce delays in accessing care**	• Recovering planned care & looking to what can be done to better protect planned care • Urgent & unscheduled care • Supporting & improving social care
People — **Colleagues & Culture -** Colleagues are empowered to succeed & be safe & well through work	**2. Support colleagues to be safe & well at work**	• Staff wellbeing • Recruitment & retention of our health & social care workforce
Places — **Communities** - Playing our role with partners for flourishing communities; **Environment** - We are leaders in sustainability, minimising our environmental impact	**3. Create the conditions for sustainable change**	• Sustainability & value

The priorities within this Plan have been informed by a high level of engagement, along with key learning from the various stages of the COVID pandemic response. We will continue and further embed our co-creation and Learning Health System approach as we implement this Plan.

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 outcomes and government priorities, the lead agency, timescale for delivery, key risks/control measures and anticipated impact on health inequalities.

There are a number of key challenges and risks which the health and care system are dealing with as outlined below – this Plan aims to reduce the impact of these, however, it requires to be noted that these may also negatively impact the deliverability of the plan.

- **Unpredictability of COVID and responding to increased needs for managing acute and chronic phases of disease alongside colleague related COVID absence when community transmission is high** – 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 is being updated based on learning to date, along with our major incident and major infectious disease plans.

- Impact of 26 months spent responding to the pandemic and enduring high pressures has negatively affected **colleague's health and wellbeing** – our focus on this remains critical. We continue to build on the range of enhanced health and wellbeing support available for colleagues which has been further informed by their feedback.

- Linked to the points above, the ability to **effectively manage surges in unscheduled demand (COVID/Non-COVID) alongside protecting planned care activity is challenging** – considerable work has been, and continues to be taken forward to respond to this through clinical prioritisation, ring fencing of beds for planned care, 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. In order to deliver the standard that no one will wait over two years for planned care, we will require a collective national response.

- **Workforce sustainability** - attracting and 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. As a result, turnover rates are amongst the highest we have seen, leading to higher vacancies and the loss of significant experience. Workforce supply is 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 the draft Grampian Workforce Plan.

- 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 will inform development of 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 2022/23. In addition, new financial pressures around pay awards, energy charges, investment required to achieve net zero carbon and COVID costs have increased the risk to the Board's ongoing financial sustainability. We have a savings programme in place to partly mitigate these pressures, but it will not be enough for the Board to achieve financial balance in the 2022/23 year. In line with the recent letter from the Scottish Government, we are endeavouring to operate within the COVID funding allocation made to the Board and to deliver on our locally set savings programme. Scottish Government will hold further discussions with the Board on the financial position once it has reviewed our financial return for quarter one of 2022/23.

Our [Case for Change](#) document sets out why our current way of working is unable to support the changing health care needs of our population within the resources we have available. The Case for Change clearly demonstrates the critical point the NHS is at and the need to do things differently in terms of responding to illness whilst enabling wellness. Focusing on prevention, early intervention, environmental improvements, the right care at the right time and place, and working together are fundamental towards our success in creating a sustainable health and care system.

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, that these are deliverable and will make the biggest impact. This will form part of the revised performance assurance reporting arrangements as set out within this document.

The co-creation of a Three Year Delivery Plan for 2023/24 to 2025/26 is underway and the emerging ambitions for delivery by Spring 2026 is set out in this document, alongside our long term strategic intent to create sustainable health and care by 2032.

The Delivery Plan has been informed by the Grampian NHS Board and is due to be formally considered at a private session of the Board on 4 August 2022. The Plan will be approved at the public Board meeting on 6 October 2022 once sign-off has been received by the Scottish Government.

Plan on a Page (August 2022 – March 2023)

Our 3 Key Objectives are to …

By focussing on these, we believe that by the end of March …

We will achieve this by …

1. Reduce delays in accessing care (Pathways)

a. We aspire to have no citizens waiting over 12 hours in our Emergency Department
b. - 90% citizens will receive first cancer treatment within 31 days of decision to treat
   - 85% citizens will receive first treatment within 62 days of cancer referral
   - No citizen will wait longer than 2 years for a planned outpatient or inpatient appointment
c. - Vaccination uptake will be comparable with the national average
   - Minimise reduction in dental access & improved access metrics against PCIP plans
d. Health & Social Care Partnerships will collectively achieve 50% less people waiting over 90 days for transfer of care based on March 2022 baseline & the overall number of delays to be no greater than March 22 position
e. Implementation of Medication Assisted Treatment standards 1-5 for substance use to ensure consistent delivery of safe, accessible, high-quality drug treatment across Grampian
f. - 90% of children & young people referred to Mental Health Services will be seen within 18 weeks of referral & we have a system wide picture of current work and gaps
   - No adult will wait over 12 months for psychological therapies
g. Promote & support approaches to self-management to help people to live well, particularly in relation to waiting for access to health & social care

a. Improving access to urgent & unscheduled care by March 2023, through redesign & implementation of urgent pathways of care across all specialties
b. Protecting current planned care service capacity & accessing additional capacity to deliver improved access to citizens requiring planned and/or cancer care
c. Implementing priorities in the Dental Action Plan, Vaccine Programme & Primary Care Improvement Plan (PCIP) that leads to improvement in how we deliver out of hospital care
d. Ensuring that adult social care capacity is optimised across Grampian
e. Testing on behalf of the North East Alliance an approach to partnership working to wrap around care for individuals who are vulnerable, affected by substance use by scoping existing work & jointly committing to tangible changes
f. Working with partners to build on existing work supporting positive mental health & wellbeing of all citizens & with a special focus on psychological therapies & children & young people to identify gaps in service
g. Developing, delivering and evaluating a Wellbeing Service to support patients on the waiting list to 'wait well' by empowering them to access appropriate information & services to improve their capacity to self-manage

2. Support colleagues to be safe & well at work (People)

a. 70% colleagues will feel their wellbeing is actively supported at work
b. We will have increased international recruitment volumes, & reduced time to hire below 116 day national KPI
c. Colleagues will be retained & the use of supplementary staffing reduced
d. Feedback will show positive impact of actions in respect of BPA Survey Phase 1
e. Compliance with mandatory/statutory training will increase to 80%/90% for all new starts & 60/70% for all other colleagues
f. Return to pre-pandemic activity levels for research, education & continual professional development (CPD)

a. Ensuring that 'We Care' & enhanced wellbeing support is more easily accessible, & that improvements required in respect of prevention & management of violence & aggression addressed
b. Extending international recruitment capacity in collaboration with other North of Scotland Boards, & streamlining recruitment, including bulk recruitment & talent pools
c. Improving retention of staff through use of available terms & conditions, improved coverage of e-Rostering, & enhanced bank working to reduce use of supplementary staffing & level of vacancies
d. Evidencing positive impact from action taken in respect of Phase 1 Best Practice Australia (BPA) Survey results, agreeing Culture Blueprint & behaviours, & putting a viable plan in place for Phase 2 roll out
e. Improving prioritisation of statutory & mandatory training, & develop approaches to ensure protected time for learning
f. Delivering key organisational role as a provider of research & education

3. Create the conditions for sustainable change (Places)

a. Community engagement approach is endorsed
b. Initiated & tested processes for integrated service, financial & workforce planning to enable sustainable models of care & our infrastructure plans
c. Reduced travel & improved experience for pregnant women & agree plan for Model 6
d. The strategic plan for Dr Gray's Hospital will be signed off by the NHS Grampian Board at their February 2023 meeting
e. Agreed priority actions & monitor referrals & uptake of financial support
f. Agreed 5-year Infrastructure Investment Plan & develop long term 15–20-year Infrastructure Strategy
g. Agreed & commenced implementation of our plans to reduce our carbon footprint
h. Demonstrate whole system pathway redesign and implementation through the Portfolio Executive Leads Programme Boards

a. Developing, testing & capturing learnings from a fresh approach to community engagement which will contribute to the development of an NHS Grampian engagement policy in 2023
b. Developing, testing & agreeing an approach to service planning which is cohesive with workforce, financial & infrastructure (including digital) planning
c. Implementing the agreed plan for Model 4 as per the Moray Maternity Review & develop & submit the detailed plan in December 2022 for the phased delivery of Model 6
d. Co-creating, with colleagues & citizens, the Dr Gray's Strategic Plan
e. Increasing activity set out in the 'Child Poverty Action Plan' to address unmet financial inclusion needs for families & children involved with the NHS & seek to mainstream approach
f. Engaging with Portfolios & wider health and social care system to understand infrastructure risks & agree infrastructure priorities in line with service risks & redesign
g. Agreeing & commencing implementation of our Sustainability Strategy, Biodiversity Plan & Heat & Power Strategy
h. Delivering improved whole system working & maximise the role of the Portfolios in this delivery with appropriate support from corporate directorates

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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.

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 2022 to March 2023 with an indication of what further change may look like by Spring 2026 – this will shape our Three Year Delivery Plan due to be published in April 2023.

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 for the next six years, which can only be achieved by working in partnership with our citizens, communities, colleagues, third sector and partners.

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

Within People, Places and Pathways, we have also confirmed the key priority areas of focus over the next six years which are contained in the outer ring of the diagram. The rolling Delivery Plan will set out the key actions being taken forward each year 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 a number of areas where there is a high level of coherence – this is reflected in diagram 2. Further 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 informal 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 approved at the public NHS Board meeting in October 2022.

Assurance Reporting

Formal reporting on progress of the Delivery Plan will be submitted to the Grampian NHS Board (relevant Sub Committees) and to the Scottish Government on a quarterly basis commencing late November 2022.

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 from December 2022.
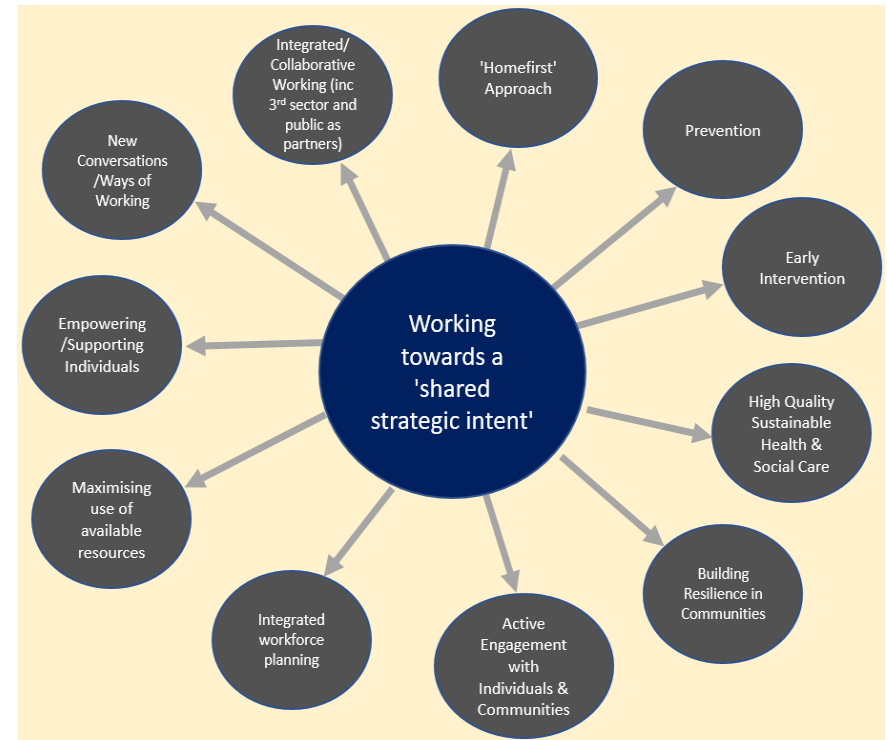

Diagram 2: Shared values and areas of significant commonality across the three IJBs and NHS Grampian strategic aims/priorities

Position at July 2022

Pressurised System and Continued Unpredictability of COVID

The health and care system continues to operate in a highly challenging environment. COVID continues to pose significant pressures across the system - this is unlikely to change over the next eight months. We have a number of mechanisms in place to assist in responding to this as outlined on .

Work is and continues to be undertaken to better understand the causes for the high pressures in the system. A number of factors are apparent:

- COVID – increasing demand on services and increasing fluctuations in staffing absences above seasonal averages.
- Emergency admissions increased by 7% in 2021/22 and are now at pre-pandemic levels.
- Acuity of patients in primary, secondary and community care appears to be more intense than pre-pandemic, believed to be affected in part by delayed presentations.
- Delayed discharges were 52% higher than usual seasonal norms in 2021/22.
- Continued reduction in bed capacity across the system over many years with significant reductions since COVID (17% fewer beds in Winter 2021/22 compared with 2018/19).
- The combination of reduced beds and the need to respond to emergency care pressures has impacted on our ability to protect inpatient planned care capacity, affecting waiting lists for treatment. Whilst demand continues to outstrip capacity, our waiting list will continue to grow by as much as 13,000 each year.
- The enduring nature of the pandemic and the pressures on colleagues have had a considerable impact on the health and wellbeing of our workforce, their work-life balance and their future career planning.
- Historical challenges with recruitment and retention, with a higher dependency on supplementary staffing compared to other Boards, have been further exacerbated due to the pandemic.
- Increasing care home closures and shortages of home/social care packages have impacted on delayed discharges and overall system flow.

Grampian Performance Position (End of June 2022)

Total Emergency Admissions
Actual: 11,937 (↓)
(Projected: 12,240)

Child & Adolescent Mental Health Services (CAMHS) - 18 week standard
Actual: 94% (↑)
(Projected: 90.30%)

31 Day Cancer - Decision to treat to first treatment
Actual: 94.35% (↓)
(Projected: 96.70%)

62 Day Cancer - Referral to first treatment
Actual: 73.50% (↓)
(Projected: 80%)

A&E 4-Hour Performance
Actual: 67% (↓)
(Projected: 89%)

Delayed Discharges
Actual: 134 (↑)
(Projected: 82)

Inpatient Waiting List: 21,728 (↑)

Outpatient Waiting List: 41,597 (↑)

Diagram 3: Grampian performance position at the end of June 2022. Source - Management Information/Data.

All of the aforementioned factors combine to manifest at the front door of the hospital where four-hour target waiting times in Emergency Departments (ED) have been declining – at 54% in March 2022. This also negatively impacts on the Scottish Ambulance Service (SAS), as they are waiting longer to handover patients in ED, which then creates delays in responding to community 999 calls and meeting their attendance standards.

We recognise the harms that have resulted from both the direct and indirect effects of the pandemic, in particular how these effects have been unequal across society and exacerbated existing inequalities present within our society. Moving forward is the time to act to ensure we are prepared to manage the ongoing challenges of COVID, or other emerging infections, and tackle some of the root causes of inequality.

Finance Position

The Board will report its quarter one financial position to the Scottish Government on 29 July 2022. We are currently working on the figures, but based on the evidence we have so far, 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 £20m overspend for the year.
- High levels of supplementary staffing costs incurred in the first quarter in response to operational pressures.
- Continuing COVID related costs in some areas which are in excess of the COVID support funding allocated by the Scottish Government.
- Gas prices which are running above the level built into our Financial Plan (currently a 224% increase on 2021/22 levels equivalent to circa £1m per month).

We are taking a number of mitigating actions to improve the financial position, but they are unlikely to be at the scale needed to enable us to achieve a balanced financial position at the end of the year.

Workforce/Colleagues

Our colleagues are our greatest asset. Page 26 outlines our draft Workforce Plan and the role of workforce planning as part of an integrated approach to service planning and redesign as a mechanism to support the workforce through change, growth and transformation. This is in the context of unprecedented pressure on our colleagues and the need to ensure they are safe, well and enabled to thrive through work and that they are empowered to innovate and make their best contribution.

Strong Foundations Moving Forward

Although we have a number of significant challenges, we also have some solid foundations to build upon. We have a clear understanding of what matters most to citizens and colleagues in Grampian (see diagram 4 below), along with robust intelligence on the key areas influencing health. With strong partnership working, clear direction with a set of shared ambitions, along with the dedication of our colleagues and partners, we are well placed to make sustainable changes which will result in improved outcomes.

Areas that Matter Most To Citizens and Colleagues

Access

Quality

Digital Technology

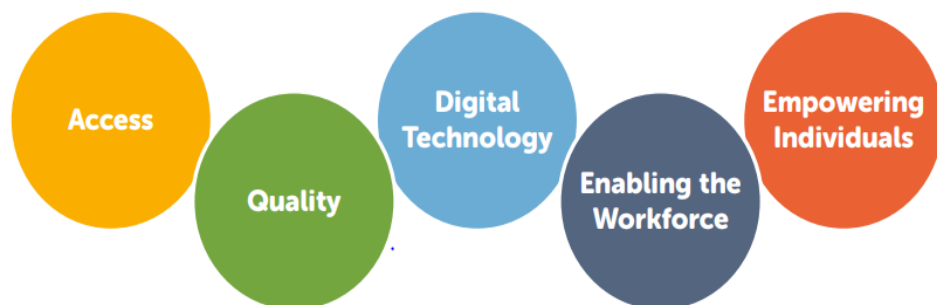Enabling the Workforce

Empowering Individuals

Diagram 4: 'Plan for the Future' high level themes outlining what matters most to citizens and colleagues in Grampian

Six Key Areas Influencing Health in Grampian

1 The health of our population is at risk of deteriorating and existing inequalities have increased. P4

2 The way healthcare is delivered has been changing – this needs to continue. P5

3 Climate change is one of the biggest threats to health and our biggest opportunity. P9

A CASE FOR CHANGE

4 We can help keep people well for longer, reduce new health problems and stop some from getting worse. P10

5 The pandemic has shown how we can care for ourselves with the right tools. P11

6 Good health is a means to an end – it is our communities that help us flourish. P12

Diagram 5: A Case for Change – Six key areas influencing health in Grampian

Please follow this link if you would like to read our Case for Change.

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 over the period August 2022 to March 2023 will be on:

1. **Reducing delays in accessing care** (Pathways with a focus on access and whole system working)
2. **Support colleagues to be safe and well at work** (People with a focus on colleagues)
3. **Create the conditions for sustainable change** (Places with a focus on communities and environment)

1. Reducing Delays in Accessing Care (Pathways)

Timely access to care was the most prominent message and the area highlighted as the most concerning by citizens and colleagues during the development of the 'Plan for the Future'. Concerns around access to care were articulated 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. Improving access and reducing waiting times for planned care, urgent/unscheduled care and social care are also priority areas set out by the Scottish Government for 2022/23. Our focus over the next eight months is to stabilise and make improvements to access by reducing current delays in a number of high risk areas. By the end of March 2023, we aim to deliver measurable improvements (many linked to national standards), which are set out below.

Reducing Delays in Planned Care

NHS Grampian has significant backlogs across all planned care metrics for new and return outpatients, daycase, inpatients, diagnostics and cancer. However, the overall performance trajectories agreed as part of our Remobilisation Plan 4 (RMP4) in terms of activity and waits have been achieved successfully. NHS Grampian submitted a revised final version of the 'Planned Care Recovery Plan' to the Scottish Government in May 2022 and is engaging in active dialogue around what more may be possible to achieve the long wait targets. The Plan broadly seeks to purchase short term additionality, build in required infrastructure for maximising all efficiencies and create capacity for service improvement and transformation. In partnership with the North Cancer Alliance, regional dialogue will be progressed, such as the provision of small volume cancer services pathways. We will continue to work regionally to access capacity at Stracathro Treatment Centre and nationally for access to Golden Jubilee National Hospital (as available). We will also contribute to discussions regarding access to National Treatment Centres across Scotland to manage our backlog; this will be critical if we are to deliver on the long wait targets as set out in the Scottish Government letter dated 6 July 2022.

In addition to the above, in order to fully optimise current capacity, we will do this by ring-fencing existing planned care capacity – key will be protecting this by redesigning urgent/unscheduled care footprint and pathways, focusing on improvement activity by implementing the Centre for Sustainable Development (CfSD) Planned Care HEAT map initiatives, Modernising Patient Pathway Programme, and the Effective Cancer Framework. Some of this work is already underway in Grampian, therefore services will be supported to use the national and local toolkits, with those with highest potential gains prioritised to maximise impact. Focus will continue on delivery of our Realistic Medicine Plan to reduce waste, variation and better manage risk, whilst delivering person centred care and continually improving and innovating. Local work will be progressed to ensure equity of access, review of placement of services, for example imaging, and maximising their use to embed benefits risks. An integrated approach to supported-self management is critical to help citizens to wait well and to improve overall health and wellbeing outcomes.

For more detail on specific actions and risks relating to planned care, please see the Excel Delivery Plan Template and the relevant plans below:

- NHS Grampian Elective Care Delivery/Recovery Plan for 2022/23 (submitted to the Scottish Government on 6 May 2022)
- Effective Cancer Management Framework Action Plan (submitted to the Scottish Government on 29 April 2022)
- NHS Grampian Realistic Medicine Plan for 2022/23 (submitted to the Scottish Government on 27 May 2022)

We continue to participate fully in Operational Performance and Delivery Board discussions and work with Scottish Government colleagues in response to new long wait targets which supersede previous targets set out in our Planned Care Recovery Plan (submitted to Scottish Government on 6 May 2022).

Reducing Delays in Urgent and Unscheduled Care

Access to urgent and unscheduled care (USC) services has continued to deteriorate over recent months. This is evident in our performance against the four hour emergency department standard, which is a good indicator for levels of pressure being experienced across the whole system. It is clear every part of our pathway is under pressure, from primary care, social care, SAS, emergency, urgent and planned care - across all specialities. People are waiting longer for many health and social care services. The demand on colleagues is significant and can be seen in terms of morale, physical and psychological wellbeing.

We recognise that our current pathways for people either accessing or delivering services are not working as we would wish. Current pathways are not designed for the sustained and different demands on our capacity due to the changing needs of our population. Over the last 18 months, colleagues with our partners have worked hard to improve access and flow but the previously tried and tested methods of improving pathways is not leading to the level of improvement that colleagues and people require. We have listened to the experiences and suggestions from colleagues delivering care and from those people who have received care, and we have analysed data to help understand what the causes are, along with learning from services elsewhere.

Our ambition is to move away from the current model to a 'home to home pathways model' using our collective resources, expertise and available data intelligence - this will help us ensure people can access the right care in the right place, at the right time and by the right person for their needs and circumstances. We know it will take time to deliver our ambition and realistically we will achieve this in a phased manner. Our focus over the next eight months is on the redesign of urgent pathways of care across all specialities which will support improvement in access to urgent and emergency care. This priority area of focus will be supported by the improvement activity in relation to the three high impact changes identified as part of our self-assessment:

1. Care closer to home
2. Rapid assessment and discharge
3. Urgent and emergency assessment.

As part of the National Urgent/USC Collaborative approach, we will review progress, learning and data/intelligence to inform our quarterly actions for improvement. We will only achieve improvement and the necessary changes by working in partnership with those delivering and accessing services across the health and care system and, where appropriate, we will continue to seek support, learning and experience from colleagues elsewhere.

For more detail on the actions and associated risks, please see the Excel Delivery Plan Template and NHS Grampian Urgent and Unscheduled Care Self-Assessment (submitted to the Scottish Government on 16 June 2022).

Primary Care Services

Primary Care encompasses a wide range of out of hospital services, community based and with a wider number of access points. Independent contractor arrangements feature highly and our support to this sector in equal measure to the support to our own provided services is crucial. Across Grampian, we have experienced some GP Practice instability over the last year, and work is ongoing to identify and support Practices earlier on. Access to independent dental provision has diminished in more rural parts of Grampian, with national initiatives available including Scottish Dental Access Initiative (SDAI) schemes applicable to certain areas.

The Primary Care Improvement Plan (PCIP) is a work in progress for each of the three HSCPs, with challenges around both sufficient financial resource to achieve everything that was agreed in the 2018 contract and issues around sufficient availability of colleagues to recruit to deliver these aims. The PCIP highlights the challenges of recruitment in the North East, and the need to be innovative around roles and skill mix.

COVID has accelerated new ways of accessing General Practice. Asynchronous consultations (econsults) were rare before COVID. NHS Grampian was an early adopter of asynchronous consulting and has achieved a high level on a national comparator. This means that there is now direct access (team members available varies from practice to practice) to nurse practitioners, physiotherapists, physician associates, paramedics, pharmacists, occupational therapists and mental health practitioners. The variety of appointment types has also increased from the traditional face to face to a greater use of telephone and video consultations with many patients reporting an appreciation for this level of flexibility. Much experience and confidence has been gained during the last 26 months in what can safely and appropriately be managed in this way. We do need to make sure we do not lose some of the positive changes we have developed during COVID. Total triage has given us confidence that patient need is being prioritised over less urgent demand. We want to ensure the ongoing use of digital methods of communication is part of the choice that patients have, appreciating this will need to be tailored to individual needs/circumstances. Our focus and priorities for the remainder of this year will include progressing delivery of actions against PCIPs:

- Continue to promote use of triage to ensure timely patient access to the right person, right place and at the right time
- Empowering patient self-management where appropriate
- Supporting the levels of asynchronous consulting.

In addition, we will ensure good uptake levels for vaccinations and use the mechanisms available to increase dental registration rates. We will also continue our programme of engagement with citizens in relation to independent contractors, rolling out successful methods from the pilot with general practices to other contractor groups.

For more detail on actions and associated risks, please see the Excel Delivery Plan Template and the relevant plans below:

- Primary Care Improvement Plans for Aberdeen City, Aberdeenshire and Moray HSCPs (previously shared with the Scottish Government)
- Dental Plan (Component of the Public Health Plan)
- Vaccination Blueprint and Vaccination Programme Plan

Mental Health and Learning Disability

There continues to be recovery challenges from COVID, centred around pathways of care and workforce. Across inpatient, specialism and community services, increased demand for services continues to be evidenced and is anticipated to be a continued trend. The acuity of individuals presenting with need to access these services has also increased, creating increased pressure with limited capacity and resource availability. These areas will continue to be of focus for the Grampian Mental Health and Learning Disabilities (MHLD) Portfolio Board and considered within the MHLD Programme activity.

The MHLD Programme has been refreshed and aligned to the Portfolio Board model in operation across Grampian. The MHLD Portfolio Board and Programme works to deliver the strategic intent set out in the Grampian-wide Strategic Framework for MHLD (2020). A Grampian MHLD Programme Plan has been developed with the following workstreams detailed for 2022-23:

- Implementation of Learning Disability Health Checks
- Review of bed base and associated service pathways, including Forensic Services
- Implementation and monitoring of Scottish Government Recovery and Renewal funding streams
- Improve access to adult psychological therapies.

The impact of the pandemic on the mental health and wellbeing of children and young people has been well documented and there is evidence of increased anxiety distress. An increasing volume and complexity of mental health and wellbeing concerns amongst children and young people have been recognised across all services. By making this a priority, we aim to improve the provision of universal and early intervention mental wellbeing support by increasing the confidence and skills of our workforce to recognise and address early signs of poor mental wellbeing.

Another key priority over the next eight months is to test on behalf of the North East Alliance, an approach to partnership working to wrap around care for individuals who are vulnerable, affected by substance use which will also support implementation of the Medication Assisted Treatment standards (1-5).

For more detail on actions and associated risks, please see the Excel Delivery Plan Template, the MHLS Programme Plan and ADP Plans.

Reducing Delays in Social Care

The responsibility for social care delivery sits with the three HSCPs with responsibility to their respective Local Authorities. Aberdeen City, Aberdeenshire and Moray HSCPs have revised/are revising their Strategic Plans/Delivery Plans and include commitments that align to the national agenda – improving access to services and the quality of what is delivered; adopting a rights-based approach; valuing colleagues and supporting their wellbeing (including developing Workforce Plans); embedding commissioning principles, including payment of the Scottish Living Wage and ensuring ethical commissioning activity; and ensuring services are planned and led locally.

Social care service delivery models vary across the three HSCPs, for example, in Aberdeen City, almost 100% of social care services are commissioned from external providers while within Aberdeenshire and Moray, social care services are delivered via a combination of in-house provision and external providers. Demand for social care has increased each year with people living longer, and with longer term conditions and complex needs. Social work and social care professionals work as part of integrated health and care teams. In order to respond to these challenges, the HSCPs need to transform the services they offer, requiring greater collaboration with third sector partners and communities to support individuals in a person-centred way. Offers of support should focus on maximising an individual's potential utilising their own capabilities, their family and community resources and there should be less reliance on formal building based and funded HSCP support.

HSCPs' focus over the next eight months is to maximise social care capacity through:

- Exploring opportunities for working with those on waiting lists to help support them while they wait, or divert them from the list, building on self-directed support (SDS) which will lead to a reduction in unmet need and increase uptake in SDS options (including telecare)
- Seeking to address challenges in recruitment and retention which will lead to a reduction in vacancies and turn-over rates
- Promoting colleague health and wellbeing, which will lead to an improvement in colleague wellbeing, reduction in absence rates and improved user experience
- Continue to deliver ethical commissioning in relation to financial transparency and fair working conditions for social care colleagues.

For more detail on actions and associated risks, please see the Excel Delivery Plan Template and the relevant plans below:

- Aberdeen City HSCP Strategic/Delivery Plan 2022-2025
- Aberdeenshire HSCP Strategic Plan 2020-2025 (Medium term priorities within this Plan will be agreed by the IJB late 2022)
- Moray Partners in Care - The Strategic Plan for Health and Care in Moray 2019-2029

Supported Self-Management

Communities and colleagues across the North East routinely talk to local people who are dealing with all sorts of issues and challenges that affect their health and wellbeing. Making Every Opportunity Count is about spotting those opportunities within these everyday conversations and signposting people quickly to information and support that can help. Equally, it is about feeding back to organisations and partnerships what gets in the way of doing the right thing. Very brief interventions, which take from 30 seconds to a couple of minutes, can make a big difference to the health of our population. Over the next eight months, we will develop and test approaches to embedding this work more fully in our pathways of care.

summarises the key priority actions and measurables, along with our ambitions for what this will look like by Spring 2026.

PATHWAYS ~ Proposed Priorities for 2022/23 & Spring 2026

By 2032 — **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

Objective 1: By the 31 March 2023 we will reduce delays in accessing care

By the 31st March 2023:	We will achieve this by:	Emerging ambitions for 'Pathways' by Spring 2026 are:
• We aspire to have no citizens waiting over 12 hours in our Emergency Department • 90% citizens will receive first cancer treatment within 31 days of decision to treat • 85% citizens will receive first treatment within 62 days of cancer referral • No citizen will wait longer than 2 years for a planned outpatient or inpatient appointment • Vaccination uptake will be comparable with the national average • Minimise reduction in dental access & improved access metrics against PCIP plans • Health & Social Care Partnerships will collectively achieve 50% less people waiting over 90 days for transfer of care based on March 2022 baseline & the overall number of delays to be no greater than March 22 position. • Implementation of Medication Assisted Treatment standards 1-5 for substance use to ensure consistent delivery of safe, accessible, high-quality drug treatment across Grampian • 90% of children & young people referred to Mental Health Services will be seen within 18 weeks of referral & we have a system wide picture of current work and gaps • No adult will wait over 12 months for psychological therapies • Promote & support approaches to self-management to help people to live well, particularly in relation to waiting for access to health & social care	a. Improving access to urgent & unscheduled care, through redesign & implementation of urgent pathways of care across all specialties. b. Protecting current planned care service capacity & accessing additional capacity to deliver improved access to citizens requiring planned and/or cancer care c. Implementing priorities in the Dental Action Plan, Vaccine Programme & Primary Care Improvement Plan (PCIP) that leads to improvement in how we deliver out of hospital care. d. Ensuring that adult social care capacity is optimised across Grampian e. Testing on behalf of the North East Alliance an approach to partnership working to wrap around care for individuals who are vulnerable, affected by substance use by scoping existing work & jointly committing to tangible changes f. Working with partners to build on existing work supporting positive mental health & wellbeing of all citizens & with a special focus on psychological therapies & children & young people to identify gaps in service g. Developing, delivering and evaluating a Wellbeing Service to support patients on the waiting list to 'wait well' by empowering them to access appropriate information & services to improve their capacity to self-manage	**Empowering** • Redesign of services/ pathways informed by user, including seldom heard groups & carers • Persons own goal/s are at the heart of health & care delivery which optimise outcomes & minimises inequity • People are empowered to make decisions about their care/treatment & empowered to manage their condition/s & able to access support when they require it **Access** • Decreased waiting times for out/inpatient & diagnostics • Improved 31 & 62-day cancer performance • Front door is right fit & delivers 4 Hour A&E standard • Reduced waste, variation & better management of risk • Pathways are easy to access/navigate & seamless transitions between services across the system • Cross-sector community hubs respond to local need • Rehabilitation 6 principles are embedded into pathways • Access via a range of options tailored to individual needs • Increase as appropriate access to 7 day services • Each clinical contact adds value to the patient • Improved access to adult psychological therapies **Whole System Working** • Increased investment on prevention & local sustainability • Increased integrated planning between partners which also supports future national reform • Whole system approach to managing budgets between areas of NHS Grampian & different public sector partners • Care is delivered in the right place & at right time • With partners, create a digital front door for citizens

2. Support colleagues to be safe and well at work (People)

Our colleagues have been working under unprecedented pressure for over 26 months to ensure the best possible care has been delivered. We know from feedback this has had a significant impact on many and has affected individuals in different ways and at different times. In 2021/22, local and national investment was made to provide a range of wellbeing support mechanisms responding to feedback from colleagues. Although a large number have accessed and benefited from wellbeing support, recent engagement of colleagues has confirmed that further work is required to ensure this is more easily accessible, particularly at a local level.

Continued workforce supply challenges, turnover and elevated levels of vacancies have created gaps in our workforce which, alongside the impact of the COVID pandemic, has resulted in the reliance on contingent funded and supplementary staffing to ensure there is sufficient capacity to maintain safety. These have been notable, particularly in some medical specialities, nursing and midwifery and with recent increased vacancies within allied health professions. The current available supply of colleagues is insufficient to meet the service demands; therefore, there are opportunities to look to alternative supply, career and development pathways.

The pandemic has negatively impacted on the organisations ability to deliver its education and research roles. Educational programmes were affected both at a quality and volume level with significant changes in ability to deliver for the required numbers of trainees/learners and student population. Our role as an education and training institution is important and contributes to our reputation, the supply of a future workforce, the opportunities for professional development of our registered and unregistered clinical staff supporting recruitment and retention. During COVID, research resource was diverted both away from research in general and towards COVID specific research. Research is an important activity for a large NHS Board and contributes to organisational learning and individual professional development, often supporting recruitment and retention.

Reflecting the NHS Recovery Plan published in 2021 and the Health and Social Care Workforce Strategy published in early 2022, the wellbeing of colleagues is a key requirement. Staff wellbeing and recruitment and retention are confirmed key priorities for the Scottish Government in 2022/23. Our focus over the next eight months is to stabilise and make improvements relating to the key areas highlighted by colleagues, within and beyond the results from nearly 5,000 staff who participated in the Best Practice Australia (BPA) Culture Survey in early 2022. This will see improved support for colleague's wellbeing, reducing time it takes to recruit and onboard new staff, return to pre-pandemic levels of research activity and increase NHS clinical education capacity and maintain quality to above pre-pandemic levels to meet the increase in student/learner numbers.

By the end of March 2023 we aim to deliver key actions which will result in a set of measurable improvements which are set out on page 19, along with our ambitions for what this will look like by Spring 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 draft three year Workforce Plan which was submitted to the Scottish Government at the beginning of August 2022. For further information on the draft Grampian Workforce Plan please see page 26.

PEOPLE ~ Proposed Priorities for 2022/23 & Spring 2026

By 2032 — **Joining 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

Objective 2: By the 31 March 2023 support colleagues to be safe & well at work

By the 31st March 2023:

- 70% colleagues will feel their wellbeing is actively supported at work

- We will have increased international recruitment volumes, & reduced time to hire below 116 day national KPI

- Colleagues will be retained & the use of supplementary staffing reduced

- Feedback will show positive impact of actions in respect of BPA Survey Phase 1

- Compliance with mandatory/statutory training will increase to 80%/90% for all new starts & 60/70% for all other colleagues

- Return to pre-pandemic activity levels for research, education & continual professional development (CPD)

We will achieve this by:

a. Ensuring that 'We Care' & enhanced wellbeing support is more easily accessible, & that improvements required in respect of prevention & management of violence & aggression addressed

b. Extending international recruitment capacity in collaboration with other North of Scotland Boards, & streamlining recruitment, including bulk recruitment & talent pools

c. Improving retention of staff through use of available terms & conditions, improved coverage of e-Rostering, & enhanced bank working to reduce use of supplementary staffing & level of vacancies

d. Evidencing positive impact from action taken in respect of Phase 1 Best Practice Australia (BPA) Survey results, agreeing Culture Blueprint & behaviours, & putting a viable plan in place for Phase 2 roll out

e. Improving prioritisation of statutory & mandatory training, & develop approaches to ensure protected time for learning

f. Delivering key organisational role as a provider of research & education

Emerging ambitions for 'People' by Spring 2026 are:

Citizens
- Robust approach to delivering 'wrap around care' which demonstrate improved outcomes/experiences & reduces health inequalities
- Robust mechanisms in place to monitor & ensure early response to future risks to population health, including vulnerable communities
- A reduction in levels of need due to successful prevention initiatives
- Community-led approach to public mental health & well-being
- A reduction in drug deaths
- Increased uptake in vaccinations

Children
- Early years' development is prioritised
- Children with neurodevelopmental needs identified at earliest stage
- Support for children experiencing ACEs is streamlined
- Families are supported in all aspects of their children's physical & mental health & wellbeing
- Reduction in number of looked after & accommodated children
- Children transition well into adult services

Colleagues
- Enhanced staff wellbeing support is in place & easy to access
- All policies and procedures are routinely wellbeing impact assessed.
- Improvement in staff feeling organisation cares & takes positive action on wellbeing
- Sickness absence remains below sector average
- Reduction in Occupational Health Service referrals since 2021/22
- Reduction in vacancies, staff turnover & temporary staffing models
- All colleagues have support & time for learning (including mandatory), along with access to development opportunities

3. Create the conditions for sustainable change (Places)

The 'Plan for the Future' sets out a clear direction and ambitions 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. In order to move forward, there are a number of building blocks we will need to put in place and embed over the next eight months which will enable us to be best placed to successfully make sustainable changes which ensure optimal outcomes and experiences. Our focus over the next eight months is around creating the conditions to:

- ✓ **Enable people (citizens, colleagues, partners and communities) to be actively involved in shaping and delivering the changes:**
  - Developing, testing and capturing learnings from a fresh approach to community engagement which will contribute to the development of an NHS Grampian engagement policy in 2023.
  - Better utilise partner networks to maximise community engagement to co-create redesign of pathways and participation in decision making, ensuring inclusivity.
  - Enhance our mechanisms to enable colleagues to be involved and involve others.

The above will assist us in improving health and experience outcomes in socially deprived areas, as set out by the Fairer Scotland Duty.

- ✓ **Optimise the support, infrastructure and leadership to ensure the right foundations are in place for future changes** and ensure we have a **clear set of priorities for change over the next one to three years:**
  - Develop, test and agree an approach to service planning which is cohesive with workforce, financial and infrastructure (including digital) planning.
  - Demonstrate whole system pathway redesign and implementation through the Portfolio Executive Leads Programme Boards.
  - Create mechanisms to optimise collective expertise and capacity to support the agreed priority areas of redesign, at the required pace.
  - Progress the transformation of whole system service delivery of 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, supported through the continued digital transformation of health and care delivery, with the necessary access and support.
  - Continue to take forward key innovation projects with partners which responds to local priorities and challenges, and supports shifts to sustainable delivery of health and care in relation to cancer diagnostics, workforce and reduction in CO_2 emissions.
  - Continue to implement the Realistic Medicine Action Plan and embed the principles as part of how we do business with a focus on shared decision making and reducing unwarranted variation in care.
  - 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 linked to service priorities and risk.
  - Approve and commence implementation of the Medium Term Financial Framework to support the shift in resources necessary for sustainable change as set out in the 'Plan for the Future'.
  - Co-create with our colleagues, citizens, communities and partners the key ambitions and priorities for the 2023-2026 Delivery Plan and have this approved by the Board in April 2023.
  - Further build on the integrated approach with IJBs in relation to shared priorities, governance and maximising future opportunities.

- ✓ **Deliver on the redesign commitments made** with our citizens and partners during 2022/23:
  - Implementing the recommendations agreed in the Moray Maternity Review for Model 4 and in parallel, develop with our partners the plan/business case for endorsement by the Board in December 2022 setting out the phased delivery of Model 6. This will also enhance quality and equity of access to women across Grampian.
  - With the citizens of Moray and Dr Gray's colleagues, co-create the Dr Gray's Strategic Plan and have this approved by the Board in February 2023.
  - Further clarify our role and increase our consistent approach, as set out within the Child Poverty Action Plan to address unmet financial inclusion needs for families and children who are in contact with the NHS.
  - Working with our colleagues and partners to agree and commence implementation of plans to reduce carbon footprint - our initial focus will be to replace our vehicle fleet with low carbon alternatives and to retrofit our existing estate with new technology to lower our emissions. All new build projects moving forward will be designed to ensure a net zero carbon footprint.

Page 22 summarises the key actions and measurables, along with our ambitions for what this will look like by Spring 2026. Further detail for priority actions and associated risks are set out within the Excel Delivery Plan Template.

Detailed Plans

Further detail against each priority action is contained within the accompanying Excel Delivery Plan Template which sets out against each action:

- Brief description of action and how it aligns to the 'Plan for the Future' strategic intent and the Scottish Government priorities and national programmes
- Timescale for delivery during 2022/23
- Metric/KPI
- RAG and update status at July 2022
- Responsibility for delivery, along with the delivery body and if this action is NHS Grampian only or in partnership
- Key risks and associated controls
- Expected impact of action on health inequalities

Tangible Steps in Progressing the 'Plan for the Future'

A summary of how these key priority actions support our nine strategic priorities set out in our 'Plan for the Future', along with what difference we expect to make by 31 March 2023 against Pathways, People and Places is outlined on pages 17, 19 and 22. In addition to this, we have also set out the emerging ambitions for Spring 2026 based on engagement to date. This will be further shaped and will form the focus of our Three Year Delivery Plan due to go live in April 2023.

PLACES ~ Proposed Priorities for 2022/23 & Spring 2026

By 2032 **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

Objective 3: By the 31 March 2023 we will create the conditions for sustainable change

By the 31st March 2023:	We will achieve this by:	Emerging ambitions for 'Places' by Spring 2026 are:

By the 31st March 2023:

- Community engagement approach is endorsed

- Initiated & tested processes for integrated service, financial & workforce planning to enable sustainable models of care & our infrastructure plans

- Reduced travel & improved experience for pregnant women & agree plan for Model 6

- The strategic plan for Dr Gray's Hospital will be signed off by the NHS Grampian Board at their February 2023 meeting

- Agreed priority actions & monitor referrals & uptake of financial support

- Agreed 5-year Infrastructure Investment Plan & develop long term 15–20-year Infrastructure Strategy

- Agreed & commenced implementation of our plans to reduce our carbon footprint

- Demonstrate whole system pathway redesign and implementation through the Portfolio Executive Leads Programme Boards

We will achieve this by:

a. Developing, testing & capturing learnings from a fresh approach to community engagement which will contribute to the development of an NHS Grampian engagement policy in 2023

b. Developing, testing & agreeing an approach to service planning which is cohesive with workforce, financial & infrastructure (including digital) planning

c. Implementing the agreed plan for Model 4 as per the Moray Maternity Review & develop & submit the detailed plan in December 2022 for the phased delivery of Model 6

d. Co-creating, with colleagues & citizens, the Dr Gray's Strategic Plan

e. Increasing activity set out in the 'Child Poverty Action Plan' to address unmet financial inclusion needs for families & children involved with the NHS & seek to mainstream approach

f. Engaging with Portfolios & wider health and social care system to understand infrastructure risks & agree infrastructure priorities in line with service risks & redesign

g. Agreeing & commencing implementation of our Sustainability Strategy, Biodiversity Plan & Heat & Power Strategy

h. Delivering improved whole system working & maximise the role of the Portfolios in this delivery with appropriate support from corporate directorates

Emerging ambitions for 'Places' by Spring 2026 are:

Anchor Organisation
- Access to employability is widened
- More inclusive employer where staff profile reflects & celebrates diversity of our communities
- Reduced vacancies & posts filled by those with a Grampian postcode
- Infrastructure supports working in shared facilities
- With other local anchor organisations, support local economy by increasing expenditure with organisations who invest in Grampian/or Scotland

Communities
- Cross-agency collaboration optimising places for health, care & wellbeing
- Community-led approach embedded into routine work
- Communities have increased resilience

Environment
- All health & social care plans/redesign consider environment & impact of climate change
- By 2026 we are working to have all or our small and medium sized fleet decarbonised (electric and or hydrogen) based.
- Smarter working embedded & reduces environmental impact
- Progress in the decarbonisation of estate & transport/ travel
- Service efficiency is optimised & waste minimised
- Metrics monitor impacts of climate change, sustainability & associated population health benefits
- Infrastructure is fit for purpose & have low carbon impact

Strategic Risk

NHS Grampian uses an enterprise approach to risk management where our risk policy and protocol is applied in a similar manner across strategic and operational risks. The system allows for the identification, documentation, analysis, reporting and management of risk at all levels. Risk is the impact of uncertainty on our objectives. Strategic risks are the impact of uncertainty on our strategic objectives set out in our 'Plan for the Future'. Many of these will be complex hazards which can be further analysed using the 'Bowtie' methodology illustrated in the diagram below which facilitates understanding of organisational mitigations and barriers that might prevent these.
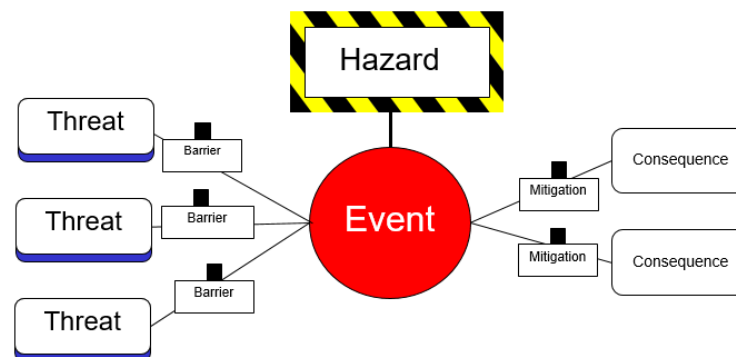
As part of the development of the 'Plan for the Future', a risk assessment was carried out to identify the key hazard areas that are likely to offer the greatest risks that may impede our success. These fell into the following broad categories and formed the basis of developing the Strategic Risk Register:

- Staffing
- Infrastructure
- Financial
- Legacy COVID
- Political
- Environmental

The Board Risk Appetite Statement sets out at what level risks are overseen or managed and/or escalated. The Strategic Risk/Hazard Register is under direct management of the Chief Executive Team and the oversight for Board assurance is delivered by the Audit and Risk Committee of the Board.

Underpinning the 'Plan for the Future' is the NHS Grampian Delivery Plan which has also been considered from a risk profile point of view. It offers a level of granularity as compared to the Strategic Risk/Hazard Register, although nearly all risks will be aligned to those in the Strategic Risk Register. Under the Board Risk Appetite Approach the NHS Grampian Delivery Plan is monitored for Board Assurance through the Performance Assurance, Finance and Infrastructure Committee (PAFIC) where its associated risk profile will be seen.

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

Business Continuity

Business continuity is defined as the capability of the organisation to continue delivery of services at acceptable pre-defined levels following a disruptive incident – this can range in duration and scale from unpredicted staff absences or equipment failure within a service, to a mass casualty incident requiring a multi-agency national response. Business continuity at service, organisational and health care system levels have been significantly tested over recent years due to the impact of the pandemic with the main factor affecting business continuity on a day to day basis being workforce capacity. There are many factors which influence our ability to maintain business continuity, these can be put into two simple groups:

- **Demand on services or the system** i.e. demand which is overwhelming at service or system level such as COVID waves, seasonal/winter illness, new emerging or escalation of existing public health concerns and mass casualty incidents.
- **Factors influencing ability to deliver services** i.e. staff availability, equipment or IT system failure, adverse event affecting physical infrastructure such as water contamination, fire etc. There are also a number of external factors such as extreme weather, closure/change in status of external provider i.e. care home, cyber-attack or supply chain disruption.

In light of our learning from the pandemic, our business continuity model continues to evolve in response to the enduring high pressured environment, areas of increasing risk and in the context of national policy. Planning and preparation are critical, and we have a tiered system of business continuity in place to plan, monitor, escalate, and co-ordinate the management of disruptive events as outlined overleaf.

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.
	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 etc.	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.
	Critical Incident	A significant threat to operations that can have negative consequences if not handled properly. May have an extended duration and 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 Continuity Levels	System Business Continuity	Operational system pressures i.e. demand and workforce absence/capacity which impacts on whole system flow and delivery.	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. Ongoing compliance with 41 Standards for Organisational Resilience to identify development opportunities and measure progress.
	Portfolio Business Continuity	Incident that significantly affects day to day service delivery across the Portfolio. 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. 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 etc.	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.
	Business As Usual	Managed within normal operational management arrangements.	Business as usual response.

Response & Learning

- Activation of appropriate plans & incident teams /structures
- Activate support mechanisms i.e. TRiM
- De-active & logs
- Post Incident Debriefs
- Share learning & revise plans based on learning

Monitoring/Early Warnings

- Live surveillance systems
- Modelling scenarios/data
- National PHS Network
- Sharing information on national threat assessments
- Workforce availability tools

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

Enabling Plans

Workforce Plan

NHS Grampian Workforce Plan 2022-2025

Our initial 3 year Workforce Plan sets out how we will enable colleagues across our system to succeed and be safe and well through work via a focus on securing a sustainable workforce, promoting health safety and wellbeing, and enhancing our culture and staff experience. We will ensure our workforce have relevant skills to deliver preventative and participatory care to enable people to be well.

	Female	Male	Headcount	Whole Time Equivalent	Whole Time	Part Time
2022	78.7%	21.3%	16,991	14200.36	51.3%	48.7%
2019	81.5%	18.5%	15,045	12239.28	49.2%	50.8%

During the first year of the Workforce Plan we will.

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

Links to Plan for the Future Key Focus Areas

Planning & Design – Identifying the workforce required across the system and professions, and how services and roles will evolve to meet supply limitations

Sourcing – Maximising the supply of suitably skilled and experienced staff, and how this influences planning and design

Building Capacity – Developing our current and future workforce to meet evolving service models and provide fulfilling careers

Effective Utilisation – Using data, information, insights and levers such as policy and digital systems to maximise return on investment in staffing

People & Culture (scot.nhs.uk) | People & Culture - 10 Outcomes (nhsgrampian.org) | Workforce Planning (scot.nhs.uk) | We Care (nhsgrampian.org)

Infrastructure – Buildings and Equipment

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

The Asset Management Plan will therefore focus action and investment 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 from buildings with high operating costs, backlog maintenance requirements, or short remaining life where these do not meet future service requirements.
- 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.

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**). This process informs development of our Investment Plan with all available resource prioritised against the highest risk deliverable projects.

Key developments during 2022/23 are:

- Ongoing construction of the Baird Family Hospital and Anchor Centre
- Ongoing design and development costs in support of the National Treatment Centre – Grampian and the MRI facility at Dr Gray's Hospital
- Programme of risk assessed essential equipment replacement, backlog maintenance and compliance with statutory standards within our properties
- Replacement of the remaining two linear accelerators in the Radiotherapy Service.

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

Finance

The Medium Term Financial Framework (MTFF) sets out how our resources will be targeted at the delivery of NHS Grampian's strategic priorities from 2022-2027. It outlines the financial climate in which we will operate over the next five years and the assumptions underpinning our planning. The financial position for public services continues to be challenging, and it is vital that our ambitions are set within the context of available funding to ensure financial sustainability in the medium term.

The MTFF will ensure that resources are targeted at delivery of our priorities as outlined in NHS Grampian's 'Plan for the Future' and support improved outcomes through transformation of service delivery across pathways, equitable access for our population, and inclusive growth. The Framework will consider 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
- Scottish Government policy priorities, as outlined in the Programme for Government.

We will be submitting three year financial planning templates to the Scottish Government on 5 August 2022 in line with the guidance issued. The narrative accompanying the templates will be consistent with the MTFF and cover:

- The forecast outturn for the period 2022-2025
- Detail of savings plans from 2022-2025
- Key risks and pressures that will impact on our financial plans
- Measures to mitigate these risks
- An assessment of the Board's Medium Term Financial Sustainability.

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, 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 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 contended 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
4. Affordable health and care services – sustainable long-term financial planning.

Supporting Progress By March 2023

Key digital priorities for delivery by 31 March 2023, along with ambitions for Spring 2026 are outlined below in the context of People, Places and Pathways.

- Embed My Digital Workplace into NHS Grampian culture as adoption of M365 progresses
- Develop an IT Operational Support Strategy with support of SLT
- Modernise eHealth organisation structure to optimise digital service delivery with embedded Service Engagement, IT Assurance, Change, Operations and Performance Management

- Develop a Cloud First Strategy to support the maximisation of current IT investments and work towards the migration of applicable on premise services to sustainable cloud services.
- Test digital designs in support of the "care in place" living lab as part of the Moray Growth Deal
- Re-appropriate eHealth office space to accommodate equipment storage; build; distribution as well as collaboration space in support of Smarter Working

- Regional HEPMA (Hospital Electronic Prescribing and Medicines Administration) system available for local deployment (ARI Ward 103 an agreed early adopter)
- Complete rollout of Inpatient EPR (Electronic Patient Record) functionality across ARI (as part of the Digital Ward initiative)
- Deliver a strategy with Health and Social Care partners for the delivery of EPR scheduling and agree standard solutions (i.e. MORSE) across Community Nursing and AHP areas
- Develop an agreed prioritisation model for digitally-enabled initiatives, with appropriate governance, to support eHealth delivery against agreed organisational demand.

Delivery Ambitions for Spring 2026

- Engage with local institutions to encourage local talent to join a sustainable eHealth department with long-term career aspirations
- Deliver EPR workflows to all Community based Allied Health Professional (AHP) areas
- Complete HEMPA rollout across all Acute and Community hospitals
- Alongside partner organisations deliver a seamless and secure IT infrastructure to allow ease of working in owned and shared facilities

Performance and Assurance

Planning is underway for a refresh of NHS Grampian's Performance Assurance Framework (PAF), following the August 2022 implementation of the renewed terms of reference for the Assurance Committees of the Board. The 'Plan for the Future', this Delivery Plan and the future Three Year Delivery Plan for April 2023-March 2026, provide a significant opportunity to wrap performance processes around the stated outcomes in this and future delivery plans, and therefore support delivery of the strategic objectives. The PAF will set out the system structure to align performance management and performance assurance processes. This very deliberate alignment will maximise the ability to achieve the aims we have set out in this and future delivery plans.

A project planning approach is being taken to ensure a structured process to deliver a new and agreed PAF for NHS Grampian by the end of March 2023. Work has begun and the project team is being established. This approach significantly increases the resource available to develop this over the next twelve months, demonstrating the importance of this area of work.

A tiered intelligence approach will be taken – with reports targeted for key tiers of the organisation, in order to satisfy the assurance requirements at each tier. For example, it is anticipated Assurance Committees of the Board will receive progress updates against the specific relevant Delivery Plan milestones and the Board reports will provide assurance regarding overall progress of our strategic objectives, by exception. Each appropriate to their specific terms of reference. This will be contained in the detail of the PAF.

The PAF document progression will be formally reviewed via Chief Executive Team and the Performance Assurance, Finance and Infrastructure Committee (PAFIC). In order to ensure performance assurance reports meet the requirements of each tier, a process of development of reporting will begin. This will allow feedback and involvement on the developing reports (formatting and content), to ensure they meet the assurance purpose required. This will include key Scottish Government reporting requirements.

As part of the development of the PAF during 2022/23, we will begin to explore with partners what whole system governance could look like, so we can build in the initial internal assurance steps to support implementation of this from March 2023 onwards.

Although the aim is to have the written PAF in place by March 2023, it should be noted that implementation of the tiered approach will be phased and evolve, informed by ongoing learning to ensure it meets the needs of the Board.