

## NHS Grampian

<b>Meeting:</b>	<b>Grampian NHS Board</b>
<b>Meeting date:</b>	<b>Thursday 2<sup>nd</sup> June 2022</b>
<b>Item Number:</b>	<b>5</b>
<b>Title:</b>	<b>Plan for the Future 2022-2028</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Adam Coldwells, Director of Strategy &amp; Deputy Chief Executive</b>
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### Purpose

**This is presented to the Board for:**

- Decision
- Endorsement

**This report relates to a:**

- NHS Board Strategy

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

- Safe
- Effective
- Person Centred

## 1 Introduction

NHS Grampian's Plan for the Future 2022-2028 is being brought to the Board for approval. This is the result of an intensive process of engagement, development and co-creation that has shaped an ambitious strategic intent for the next six years. While the development phase comes to an end, this is only the beginning of the journey to create a sustainable health and care system in Grampian, working together with our colleagues, partners and the people of Grampian to be #HealthierTogether.

This paper outlines the approach taken, the key messages of the Plan for the Future and links to the digital version for more detail: [Plan For The Future \(scot.nhs.uk\)](https://scot.nhs.uk).



## 1.1 Situation

The Board has developed its Plan for the Future for 2022-2028 over the past 12 months, drawing on extensive engagement with the public, partners and colleagues whilst triangulating this work with current direction, existing local needs, priorities for regeneration set out in our Remobilisation Plan (October 2021 – March 2022) and national policy, including the NHS Scotland Recovery Plan 2021-2026.

Building on the Grampian Clinical Strategy 2016-2021, the Plan for the Future sets out an ambitious strategic intent for NHS Grampian, which we cannot deliver as a single organisation and will be accompanied by a package of supporting and enabling plans.

The Plan for the Future is intended to set the strategic direction for the next six years and beyond, but it is recognised this will require a process of incremental change and embedding a significantly different way of engaging and working with our colleagues, partners and public who make up our health and social care system.

Fundamental to this over the next two years will be ensuring we create the necessary building blocks, support our colleagues, strengthen relationships, build trust, confidence and much closer collaboration if we are to co-create and deliver successful and sustainable change.

The wider package provides a number of dynamic and agile components, which are detailed in section 2.6, ensuring it remains contemporary and useful throughout its lifespan. For example, the delivery plan has a three year aim with an annual component refreshed every year. The scope to reshape and prioritise the ‘enablers’ (for example, digital, workforce, finance, leadership, etc.) will ensure dynamic delivery.

Delivery of these critical strategic issues requires everyone and every part of our organisation to have our strategic intent at the heart of their work. However, real progress will only be achieved when we work successfully with the wider health and care system and with our other partners. Building on our strong foundations of partnership working in the North East and further developing a cohesive approach is one of our key ambitions for the initial phases of the Plan for the Future.

To deliver on the dynamic nature of the Plan for the Future, we are using a digital format as the interface for initial publication, progressive improvement of the plan and ongoing transparent reporting. This is expanded on in section 2.2.1. This paper describes key stages of development of the strategy and supports the reader to navigate the digital interface.

## 1.2 Background

The pandemic, caused by the COVID-19 virus, struck in the North East of Scotland in March 2020 and has had many far-reaching impacts on every aspect of our day to day lives, affecting how we live and work. In professional terms, the pandemic has had a significant impact on the health and wellbeing of the population, the health and

care system and the staff working within it, changing many aspects of delivery, which has impacted on how health and care is experienced.

Over the past two years, we have experienced a series of waves of raised levels of COVID-19 and are now, as a whole country, trying to learn to live with the virus and the unintended consequences. Omicron served as a reminder that in a world where vaccine inequity is present, we need to prepare for a future where, at short notice, we may need to deal with a new variant. At the same time, we must recognise the harms that have resulted from both the direct and indirect effects of the pandemic, and how these have been unequal across society and exacerbated existing inequalities within our society.

Now is the time to act to ensure we are prepared to manage the ongoing challenges of COVID-19, or other emerging infections, and tackle some of the root causes of inequality. We must seize the opportunity to exploit digital technology and other positive learning during our COVID response as we seek to achieve a better balance in the system, supporting and enabling wellness in the population as well as responding to ill health. The Global Wellness Institute defines wellness as the 'active pursuit of activities, choices and lifestyles that lead to a state of holistic health' ([globalwellnessinstitute.org](http://globalwellnessinstitute.org)).

The response of the health and care system has been progressive through this period with significant learning having taken place after each wave. In the first response (named locally as Operation Rainbow), we maintained a relatively short list of "critical services" whilst turning almost all our collective effort to the response to COVID-19. In our most recent response (Operation Iris), the list of "critical" services included almost all aspects of health care delivery, and the relatively large burden of COVID-19 is part of the now well-rehearsed response. With the passage of time, many things have become critical for ongoing delivery; several services and treatments were possible to pause for a few months but remaining in abeyance becomes clinically inappropriate for a longer duration. The pressure and imbalance on the system has been (and remains) apparent in all areas, from primary care to hospital services to community and social care. The pandemic response has shown what can be achieved when we work together as a whole system and this forms the backdrop to much of the Plan for the Future, as follows:

- The pandemic has had a significant impact on our population, workforce, system and our delivery of services. This in turn has impacted on staff health and wellbeing and exacerbated a backlog of care and long waiting times for treatment which we must continue to address as a matter of priority.
- The pandemic has given rise to adaptations, some resulting in improvements, innovation and efficiencies in practice, as well as the deterioration of some services.
- The fragile sustainability of the health and social care system was evident pre-pandemic and the past two years have highlighted weaknesses for all to see and particularly the well reported workforce challenges.
- The resilience of the health and social care system has been tested and the Plan for the Future helps to set a direction where resilience will ensure the ability to continue to deliver services will be in place regardless of the demands faced through unscheduled pathways.

- The community response to the pandemic illustrated the power of individuals, families and communities; enabling wellness and working for and with the population is central to the Plan for the Future.
- The impact on population health from COVID-19 is still largely unknown, though we know the pandemic impacted more on certain populations, for example those from poor socio-economic backgrounds and ethnic minorities, further impacting on health inequalities.

Understanding the vulnerability of the NHS has contributed to the work in building this Plan for the Future; we must change and be responsive now. At the heart of the approach is the ambition to achieve long term sustainability. Service innovation, underpinned by our integrated Digital Strategy and co-designed with the public, colleagues and partners will be key to delivering this. Most important of all is our goal to support our population to live more years in good health. To do this, we need to work with public and partners to support the step change required to enable wellness and prevent ill health, whilst ensuring timely access to diagnostics and responding to illness.

## 2 Assessment

### 2.1 Developing the Plan for the Future

#### 2.1.1 Engagement & co-creation

From the inception of this planning process, NHS Grampian was clear that it wished to follow an engagement process with colleagues, the public and partner organisations that would co-create the Plan for the Future. Such an approach recognises the power of people and their voices and ensures that the Plan would be shared by many people and would reflect the issues that are important to all stakeholders. To ensure adoption of a best practice, evidence-based engagement approach, NHS Grampian followed the Scottish Approach to Service Design (SAtdSD) “double diamond” approach, which has four distinct phases: discover, define, develop and deliver. The approach, engagement findings and evaluation are covered in detail within the Plan for the Future: [What You Told Us \(scot.nhs.uk\)](https://www.scot.nhs.uk/what-you-told-us/).

At the outset, we brought together a ‘Launch Group’ comprising leaders from NHS Grampian alongside those from our partner organisations and agreed to meet at key points throughout the development of our Plan for the Future as part of our approach to engagement and co-creation. This group met at the inception (16<sup>th</sup> April 2021), following the discovery phase (6<sup>th</sup> October 2021) and finally at the end of the develop phase (22<sup>nd</sup> April 2022).

To engage with individuals and groups we less commonly hear from, we worked closely with local empowerment groups and networks across Grampian, including local equality and diversity groups, which enabled targeted engagement when developing the Plan for the Future.

The success of delivering the Plan for the Future will only be possible with real and meaningful partnership working across all agencies in the North East. Throughout the development process, there has been considerable work amongst the strategic planning leads across the system to ensure that there is coherence between the different organisations' strategies and plans.

The other essential avenue for creating and delivering success will be further developing our relationship with the Integration Joint Boards (IJBs) and Community Planning Partnerships (CPPs). This needs to be achieved at both IJB and CPP Board level as well as officer led groups. The ethos of the Plan for the Future is consistent with the broad aims of the IJBs and CPPs and work over the coming months and years will need NHS Grampian representatives to work with partners to explore how the CPP can be key in the leadership of the broader and collective aims and changes necessary to support and enable wellness in individuals, groups and communities.

### **2.1.2 Engagement & Participation Committee (EPC)**

The NHS Grampian Board has a number of Committees which provide leadership and undertake scrutiny and governance roles on behalf of the Board. Throughout the development of the Plan for the Future, the Engagement & Participation Committee (EPC) has provided expert advice and undertaken an active role scrutinising the work and approach to its development.

The EPC has noted that it was assured on the approach to the development of the Plan for the Future on four occasions and the reports provided to the Committee are available as links below:

- [9<sup>th</sup> June 2021](#)
- [11<sup>th</sup> August 2021](#)
- [10<sup>th</sup> November 2021](#)
- [24<sup>th</sup> March 2022](#)

## **2.2 Publication of the Plan for the Future**

The ambition is to create a strategy, an underpinning delivery plan and a supporting package that all remain live and active. The ongoing and active engagement with colleagues, public and partners outlined in section 2.1.1. was the first step in achieving a live and active Plan; the next step is to approach the publication, sharing and updating of the Plan in a different manner.

### **2.2.1 A digital approach**

The Plan for the Future has been developed from the outset to fit a digital platform rather than as a traditional document and a site map of the website is included as appendix 1. The reasons why this decision was taken are:

1. Traditional written documents are, by their very nature, attached to a moment in time. It is not possible to make multiple amendments and keep the readership up to date with changes as they occur.
2. Printed documents tend to 'sit on the shelf', both literally and metaphorically once published.

By publishing our Plan for the Future digitally:

1. We will undertake, in a co-creation approach, regular reviews of our Plan for the Future and make appropriate amendments. Such amendments will be clearly indicated within our digital platform, allowing people to realise there has been a change, understand the reasons for the change and then utilise the most up to date intention in the work they are doing.
2. The Delivery Plan is an essential part of the package of the Plan for the Future. This will be part of the digital platform and will allow everyone to understand what we are aiming to achieve against the one, three, six and ten year timelines. The delivery plan will include tangible objectives and metrics and quarterly updates against progress will be provided making the Plan live for everyone within Grampian to share and understand.
3. The digital platform allows the Plan for the Future to be 'present' with everyone all of the time. It will include simple resources for staff to use, which allow them to use the key components of the Plan as the hooks upon which they hang their service planning and day-to-day delivery. This helps to keep the Plan for the Future live and relevant on an ongoing basis.
4. It is our future aspiration that residents within the Grampian area who do not have English as their first language (and have digital skills and access) will be able to use digital 'web translate' mechanisms to translate the web pages for them, making it much more accessible. This will be part of the ongoing development that is only possible through using a digital platform. (N.B. translated summaries and communication messages will be made available meantime in the most common languages, plus we will be responsive to any additional requests and needs.)

## **2.2.2 Minimising digital exclusion**

Whilst the approach to having the Plan for the Future on a digital platform has many advantages, we are also very aware of the risks of creating any digital exclusion for those who cannot, or do not wish to, access a digital version for any reason. To this end, we have developed a summary of the Plan for the Future, included as appendix 2, which will be printed and available in a traditional manner. Our communication and marketing approach considers multiple mechanisms for engaging and communicating with the people of Grampian. Our NHS Grampian Health Inequalities Group has digital exclusion as one of its themes and this group will continue to work in this area, minimising such exclusion.

NHS Grampian will continue to meet its legal duty to make any of its published materials available in any other format, upon request. Specifically, as part of our public launch later in June 2022, an easy read version will be available for people who have difficulty understanding, reading or who have

- learning disabilities
- communication impairment
- aphasia
- dementia
- neurological conditions
- English as a second language

## **2.3 Testing the Plan for the Future**

The Plan for the Future was developed using the SAtSD “double diamond” approach (discussed in section 2.1.1.) and, as such, the ideas and approaches emerged over two phases of engagement. From following this approach, there is a high degree of confidence that the key issues presented in the Plan for the Future are reasonable and reflective of the issues which were highlighted as important to people as they emerged through an iterative and co-creative process.

Further to this approach, the concepts in the Plan for the Future which are presented to the Board through this paper were also further tested during the months of April and May 2022, through engagement and consultation with members of the public, formal NHS Grampian groups, partner groups and colleagues. A detailed staff focus group in May 2022 explored how to best share and implement the Plan with teams across the organisation. The product presented for endorsement includes the feedback and improvements from these sessions and a list of these groups is available: [Testing Group List](#).

## **2.4 Building blocks in the Plan for the Future**

In the early stages of the Plan for the Future, it is essential for NHS Grampian to deliver on several building blocks which will both support our regeneration and make the ambitions of the plan possible. At the heart of these building blocks will be an aligned approach towards operational service planning, workforce planning and financial planning. All three of these have been approached very differently during the pandemic and it is important for them to be re-established in a cohesive manner.

Good service planning, derived from the strategic direction, allows for the development of grounded workforce plans, which together allow for a comprehensive understanding of how services will respond and contribute to delivery of the Plan for the Future. Once these two aspects are clear, it becomes possible for a detailed financial plan to be derived from ‘the ground up’ ensuring that they are in line with the direction set out in the Plan for the Future and the medium-term financial strategy.

This iterative approach for developing our financial model is important to achieve financial balance during challenging times whilst still making progress on our strategic direction. If either are undertaken in isolation, the result will be the need for financial balance driving poor isolated service decisions. We will seek to ensure that

decision-making on priorities for investment or indeed disinvestment is in line with our strategic intent and undertaken based on data and evidence.

Another key building block is the partnership working which is required with other organisations within the North East. There is the formal interface of many organisations through CPP structures (described in section 2.1.1.) and the opportunity to work, for some appropriate issues, across the whole North East geography with all three local CPPs (Aberdeenshire, Moray and Aberdeen City).

One further example of a critical building block is the focus during 2022/23 with the Moray community and colleagues at Dr Gray’s Hospital, Health and Social Care Moray, Raigmore Hospital and NHS Highland, following the publication and recommendations of the Independent Review of Moray Maternity Services (30 March 2022). In order to progress the recommendations of the maternity review it is essential to develop a clear strategic direction and associated plan for Dr Gray’s Hospital understanding the critical role it plays within the Moray area as well as within NHS Grampian.

In approaching the recommendations and options of the Independent Review of Maternity Services, we will be adopting the same methodology used in the development of the Plan for the Future. We will follow the SAAtSD “double diamond” approach with four distinct phases: discover, define, develop and deliver’ in order to engage widely to hear from stakeholders and co-create a sustainable and deliverable solution.

## 2.5 Plan for the Future 2022-2028



## 2.5.1 Enabling wellness and responding to illness

Our Plan for the Future is based upon a simple concept of delivering both changes to the population's health through 'enabling wellness' whilst still being able to provide timely and high-quality services which 'respond to illness'. These two components (enabling wellness and responding to illness) need to be delivered in balance. It is easy, when arguing for either of these components, to suggest that one is good and therefore the other is bad and one might reflect that such a narrative has been in existence previously. This has been observed by many when the narrative for adopting less of 'a medical model' is discussed, often, in association with promoting community based models. In our Plan for the Future, we recognise the importance of both enabling wellness and having strong and robust models (including adapting medical models) to respond to illness.

For the Plan for the Future, we want everyone to understand the importance and priority that both these components have. It is essential, if we wish to change the situation in the future, that we play a role in enabling the wellness of the population and support the prevention of disease, thus lowering the volume of ill health and demand on services. However, even with the best prevention available, people will still become unwell and need treatment. So when diagnosis and treatment for ill health is required, we wish to provide this as quickly as possible and to the highest of standards.

## 2.5.2 Case for change

The NHS has come a long way since it was founded in 1948 but is at a critical point and faces several challenges and, with that, an opportunity to do things differently as outlined below:

- **Population Health** - the health of our population is at risk of deteriorating and existing inequalities have increased along with other wider impacts of COVID-19.
- **Healthcare** - the way healthcare is delivered has been changing and this needs to continue if we are to manage the significant COVID-19 related impacts including the waiting list backlog, workforce and financial pressures.
  - Waiting list backlog - with current demand/capacity waiting list likely to grow by as much as 13,000 per year.
  - Workforce growth – 1% workforce growth in national plans over the next 5 years insufficient to keep up with demand.
  - Annual financial gap of £60 million projected for Grampian by 2026.
- **Climate change** - is one of the biggest threats to health and our biggest opportunity to make a difference. We have a responsibility for the environmental stewardship of our extensive estate and facilities and a Scottish Government target of net-zero greenhouse gas emissions by 2045.
- **Health Improvement** - we can reduce new health problems, stop some from getting worse and manage those we live with. We want to create a

prosperous and flourishing society, where we each have an opportunity to enjoy the best possible health and quality of life.

- **Self-Care** - the pandemic has shown how we can care for ourselves with the right tools. Person and community centred approaches where individuals are supported and enabled to manage their own health can help optimise health and wellbeing.
- **Building and supporting local communities is central to the Case for Change** - good health is a means to an end. It is our communities that help us flourish, supporting and enabling individuals to make the right lifestyle choices and healthcare decisions. Wider determinants beyond just health will require a combination of approaches from all parts of our system.

[Case for Change \(scot.nhs.uk\)](https://www.scot.nhs.uk)

### 2.5.3 People

Our strategic intent outlined in the Plan for the Future is organised under three headings of People, Places and Pathways. The first element is about people. We need to have a different conversation and relationship with the people of Grampian to ensure sustainability while also meeting the needs of the population.

[People \(scot.nhs.uk\)](https://www.scot.nhs.uk)

#### 2.5.3.1 Citizens

To live in a fair and vibrant society where individuals are not left behind but flourish, we intend to focus on improvements for all citizens, joining with them in partnership to improve not only population health but also reduce inequalities and ensure timely access to healthcare when needed.

[Citizens \(scot.nhs.uk\)](https://www.scot.nhs.uk)

#### 2.5.3.2 Children

By giving children in their early developmental years the best start, we help create healthier, happier adults and families, which is critical if we are to reverse the increasing trends in inequalities, healthy life years lost, life expectancy and healthcare consumption.

[Children \(scot.nhs.uk\)](https://www.scot.nhs.uk)

#### 2.5.3.3 Colleagues & Culture

We recognise the significant challenges our colleagues continue to face and the resulting disconnection and ambivalence this has created. We will focus on improving their experience because a valued, empowered and thriving workforce will create and lead the innovation we need.

[Colleagues & Culture \(scot.nhs.uk\)](https://www.scot.nhs.uk)

## 2.5.4 Places

The second element is about places with three key focus areas around being an anchor organisation, communities and the environment. These are linked by our commitment to be a mindful and deliberate partner, working with others to achieve sustainable change for our communities.

### [Places \(scot.nhs.uk\)](https://scot.nhs.uk/places)

#### 2.5.4.1 Anchor

NHS Grampian is an anchor organisation because:

- We are a large organisation with significant spending power and economic impact.
- We are one of the biggest employers in the North East of Scotland.
- We have a footprint in nearly every community.
- A large proportion of people who live in Grampian interact with us.
- We are a trusted brand.

We will use these characteristics, and the reach and influence they give us, to make a real difference, particularly:

- Through our power as an employer, making efforts to attract, train and recruit people from communities that need well-paid, skilled sustainable jobs.
- Through our purchasing and procurement power, choosing to purchase goods and services from local businesses to support the North East's economy.
- By opening up our buildings and facilities for communities to use.

### [Anchor \(scot.nhs.uk\)](https://scot.nhs.uk/anchor)

#### 2.5.4.2 Communities

With our communities, we will work with partners to ensure that the remarkable community and neighbourhood work to support each other during the pandemic continues in the future. People looking out for and caring for each other creates resilient, healthy communities. We will be an active and committed partner in community development and planning to integrate the work already being done to support communities to thrive.

We will adopt a community-led health approach recognising that communities themselves support health and wellbeing. Using asset-based approaches empowers communities, leading to better health, social and environmental outcomes.

### [Communities \(scot.nhs.uk\)](https://scot.nhs.uk/communities)

#### 2.5.4.3 Environment

The third priority is our commitment to be leaders in sustainability and reduce our impact on the environment. Human health and planet health are inextricably linked. Making use of the extensive human, environmental and social assets of Grampian

towards the COP26 goals is the primary aim. This is founded in our role as an anchor organisation with other public, private and third sector organisations to support the measures needed which individuals and families alone are unable to take. 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.

[Environment \(scot.nhs.uk\)](https://scot.nhs.uk)

## **2.5.5 Pathways**

This final priority is about pathways of care, ensuring the way care is organised is responsive and adaptable in meeting the needs of individuals.

Healthcare can be fragmented, making it difficult for people to navigate services in a timely manner.

[Pathways \(scot.nhs.uk\)](https://scot.nhs.uk)

### **2.5.5.1 Empowering**

The first priority is to have pathways that are empowering, built with and around people and families, ensuring people are partners in their care. We want to use our pathways to create opportunities for primary, secondary and tertiary prevention, so that when people are engaged with services, they have opportunities to improve their physical, mental, emotional and spiritual health and wellbeing. Ultimately, we want our pathways to enable our population to live healthier longer lives.

[Empowering \(scot.nhs.uk\)](https://scot.nhs.uk)

### **2.5.5.2 Access**

We know that access to services is an issue at the moment and many people are waiting too long for the care they need. We want pathways that are accessible, quick, simple and efficient. People should be able to access the right care, at the right time that is delivered safely with no avoidable harm. At the same time, people should have access to care in a way that suits them with our pathways being adaptable and focused on the individual.

[Access \(scot.nhs.uk\)](https://scot.nhs.uk)

### **2.5.5.3 Whole System Working**

To ensure the care we provide is joined up and connected around people, we need to work as a whole system, keeping our people at the centre of everything and not letting traditional boundaries get in the way. Avoidable differences in healthcare need to be minimised as these are unacceptable. Consideration is given to individual

circumstances beyond their healthcare needs, working with our partners across the system to provide that holistic approach.

[Whole System Working \(scot.nhs.uk\)](https://www.scot.nhs.uk)

## **2.6 Package supporting the Plan for the Future**

This section provides a summary of each component of the supporting package, with a link to the relevant part of the Plan for the Future.

### **2.4.1 Communication and ongoing engagement**

The future engagement approach will build on NHS Grampian's public engagement ambitions of designing services 'with people' and not 'for people'. These ambitions underpinned our approach to engagement with the public, colleagues and partners to develop our Plan for the Future, to move beyond engagement to co-creating our Plan and developing new relationships and conversations with the public and communities.

Key to the success of our engagement during 2021/22 was working in collaboration with our partner organisations, including Health and Social Care Partnerships (HSCPs), CPPs and tapping into their networks and the wealth of lived experience accessible through our vibrant third sector colleagues, made up of charities, social enterprises and voluntary groups.

We want our health and social care system to be one that listens to what is important to people and works with them to build the best possible health and social care system; a system 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; a system that works with communities and partners to shape places for health, places where we learn, live and work, where people feel in control, valued, motivated and supported.

We will build on and further develop new conversations and relationships with our colleagues and communities. We recognise that different people want to engage in different ways, so we will ensure different routes for people to get their voices heard. We recognise that, to put people and communities at the heart of what we do will require our citizens and professionals to work differently together. Staff need to feel engaged and supported to adopt this approach. We will continue to learn by doing – sharing the learning on how to achieve this change.

A detailed communication approach is shown in appendix 3.

## 2.4.2 Digital

NHS Grampian's 'Service Transformation through Digital' Strategy outlines how we intend to use digital technology to improve health and care, enable staff to work to the best of their ability 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.

To support changing patterns of service delivery, care pathways and the emphasis on technology, our digital strategy will focus investment and action based on best alignment with our quadruple aim of simultaneously achieving:

- Better health and social care outcomes
- A better experience of health and social care for citizens
- A better experience for staff
- Affordable health and care services

[Digital \(scot.nhs.uk\)](https://www.scot.nhs.uk/digital)

## 2.4.3 Finance

The medium-term financial strategy (MTFS) supports how our resources will be targeted at the delivery of NHS Grampian's strategic priorities from 2022-2027. This 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 available funding to ensure sustainability, both financial and environmental. The MTFS will ensure that resources are targeted at delivery of priorities identified in the Plan for the Future, which will support improved outcomes through transformation of service delivery and equitable access for our population. The MTFS also reflects the range of complex factors impacting the financial climate over the next five years.

- 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

[Medium Term Financial Strategy \(scot.nhs.uk\)](https://www.scot.nhs.uk/mtfs)

#### **2.4.4 Infrastructure**

NHS Grampian's Asset Management Plan includes a 'balanced' five-year investment programme which outlines how we intend to use the various sources of funding available to the Board in support all our strategic priorities. This also includes an additional list of other priorities for investment of infrastructure, delivery of which will be dependent on the availability of additional funding in the coming years. To deliver the strategic intent, we recognise that we will require a different type of infrastructure to reflect the changing patterns of service delivery, including an increasing reliance on innovative 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
- Improve estate and asset performance on all key indicators, including an environmentally sustainable and carbon neutral infrastructure
- Disinvest from buildings with high operating costs
- Invest and develop in innovative technology including access to the latest, smartest and most clinically effective medical equipment

[Infrastructure \(scot.nhs.uk\)](https://www.scot.nhs.uk)

#### **2.4.5 Integrated workforce planning (including training and education)**

People and Culture are key priority areas within our strategic intent, and the People and Culture Strategy sets out how we will support and enable colleagues across our system to flourish with a focus on building a sustainable workforce and enhancing our culture and staff experience.

This will incorporate the development of medium term three-year Integrated Workforce Plans for Health and Social Care by end July 2022 aligned to key policy commitments set out in the NHS Scotland Recovery Plan (August 2021). The five pillars of Workforce Planning were outlined within the National Workforce Strategy (Plan, Attract, Train, Employ, Nurture) as the basis for outlining actions required to ensure sufficient workforce to support short term recovery and medium/longer term requirements.

Delivery plans underpinning the People and Culture Strategy will be aligned to target outcomes for 10 key areas of focus designed to support delivery of our strategic intent by 2028. These outcomes relate to workforce planning and redesign; resourcing; skills and capability; employability; safety whilst working; health and wellbeing; leadership and management; embedding our values; diversity and inclusion; and the way we work.

They will require collective ownership from across all portfolios and corporate functions with the People and Culture Directorate providing support that is person centred, digitally enabled, data-driven and evidence-based.

[Workforce Planning \(scot.nhs.uk\)](https://scot.nhs.uk/workforce-planning)

#### **2.4.6 Leadership**

The health and care system is complex, self-organising, and influenced and impacted on by a variety of factors. To effectively transform the system, it requires people within our system to think and work in a 'systems way', which means we need to create an environment that makes it easier for them to do that. Cross-system collaboration during the COVID-19 pandemic demonstrated how it can enact meaningful change, in a way which the previous model of service planning and delivery within distinct sectors was unable to. We also have the support of our wider public sector partners in Grampian to this approach, with colleagues from these partner organisations actively involved and engaged in our system wide leadership meetings.

Building on that learning, we are adopting a portfolio approach, which brings the accountability of different sectors under a named individual. Whilst there may be sector-specific responsibilities that sit with individuals within a Portfolio, having an accountable officer that bridges community settings and hospital settings ensures that a perspective across the whole system is taken. Emergent feedback from our health and care system regarding our Portfolios Approach has demonstrated that individuals who identified benefits from the model included feeling more connected with broader colleagues, in addition to having a shared awareness of challenges from across the system.

Clinical Professional Leadership and Governance is critical to assure the delivery of high quality and safe clinical care. The approach to achieving this is set out in the Grampian Professional Assurance Framework which covers the six domains of information that support our understanding of clinical practice across eleven regulated groups. The Chief Social Workers are aligned to our three IJBs and deliver their statutory role in relation to care services within each Partnership.

[Management & Leadership \(scot.nhs.uk\)](https://scot.nhs.uk/management-and-leadership)

#### **2.4.7 Learning health system (including research and innovation)**

As a learning health system, we will use technology to improve the use of research evidence, staff know-how, learning from experience and organisational memory. We will draw on evidence in real time whilst simultaneously adding knowledge from real world practice and experiences to identify 'what matters' from multiple perspectives of patients, colleagues and the wider population.

The hallmarks of a learning health system are our vital partnerships between academic research and clinical staff and, most importantly, a shared commitment for improvement.

[Learning Health System \(scot.nhs.uk\)](https://www.scot.nhs.uk/learning-health-system/)

#### **2.4.8 Performance assurance**

Our shared outcomes represent the benefits we want to deliver, reflecting the perspectives of citizens, colleagues and partners. Achievement will be measured against a series of objectives and milestones throughout the lifetime of the Plan for the Future. Measures and evidence will be identified, developed, and reported as part of our refreshed performance assurance framework. This will be in a tiered approach; to maximise the opportunities for performance to support achieving the shifts we need to see to achieve our shared outcomes, whilst being relevant and co-produced at the different tiers in our organisation. A project plan is under development to support achieving this.

[Performance Assurance \(scot.nhs.uk\)](https://www.scot.nhs.uk/performance-assurance/)

#### **2.4.9 Population Health Alliance**

The case for change illustrates the reasons we cannot do more of the same. There is good evidence that investment in prevention is cost-effective and impact is most apparent when changes are implemented at scale. It can take time for benefits to be fully realised and demand on health and care services continues to grow to meet people's immediate needs, many of which are preventable. Breaking this cycle is fundamental to improving population health while reducing inequalities in health.

Our health and wellbeing is shaped by a whole range of factors including, education, and living and working conditions that are quite separate from health services. NHS Grampian cannot address this complex agenda on our own, no single agency can. We are fortunate to have strong partnerships with public agencies, private and third sectors and communities in the North East with many examples of good practice and innovation. However, compounded by the pandemic, some of the population health challenges we are grappling with are significant and in places worsening.

There is no single blueprint for a local population health approach. Learning and adapting from our experiences and that of others, leaders in the North East of Scotland, with support of the Director of Public Health, are looking at how we can create a system of public health learning across and within our partnership arrangements to reverse current trends. We have called this a Population Health Alliance in recognition of our collective responsibility and to avoid the perception that this is only the responsibility of public health professionals. The Alliance aims to gather insights from multi-organisational data and population experience, share best practice, where appropriate join forces to tackle issues at scale, attracting additional investment and finally build capacity and capability to support the population health

work of local partnerships.

The next steps for the creation of the Alliance are to continue the engagement work to date which has concentrated on the case and conditions for change, the foundations of working together and building trust for collaboration.

[Population Health Alliance \(scot.nhs.uk\)](http://scot.nhs.uk)

#### 2.4.10 Realistic Medicine

Realistic Medicine is about people and their healthcare teams working together in networks and in partnership, understanding and valuing the contribution that each can make for the individuals and to the communities of people that require health and social care (<https://www.realisticmedicine.scot/>).

The ethos and principles of Realistic Medicine are outlined below and a dedicated programme of work is already underway to embed this across our health and care system. This will be a key building block running through People, Places and Pathways contributing to the successful delivery of our strategic intent. Across NHS Grampian, healthcare teams will do this by following a set of principles shown below. Shared decision-making and co-production as part of the Realistic Medicine approach will benefit the individuals and support the changing culture in healthcare.



[Realistic Medicine \(scot.nhs.uk\)](http://scot.nhs.uk)

### **2.4.11 Strategic risks**

To manage risk, NHS Grampian uses a simplified version of the Risk Management Lifecycle consisting of four stages, with risks stored in the Datix database system.

Risk management activity to support our Plan for the Future including the development of a risk register is ongoing and evolving.

[Strategic Risk \(scot.nhs.uk\)](https://scot.nhs.uk)

## **2.7 Three-year Integrated Delivery Plan**

The three-year Integrated Delivery Plan will set out the key priority actions to move towards the phased delivery of the strategic intent as set out within the Plan for the Future – this is the organisation’s single overarching plan for delivery of Board business. The Plan will set out the detail for year one in the context of the three-year rolling plan and will be underpinned by enabling plans relating to workforce, finance, digital and infrastructure. Given the collaborative nature of the Plan for the Future, the plan will highlight those actions which are the sole responsibility of NHS Grampian and those which are a shared responsibility with other partners.

The Delivery Plan will also respond and provide assurance on those priorities, as set out by the Scottish Government, which in the coming years will focus on the delivery of the NHS Scotland Recovery Framework. As in previous years, the Delivery Plan will form the contract between NHS Grampian and the Scottish Government, to which the Board will be held to account.

Guidance received from the Scottish Government on the 10 May 2022, requires NHS Boards to submit a draft one-year Delivery Plan for 2022/23 by the end of July 2022. This plan will be focused on a smaller number of priorities which recognise the need for the health and care system to stabilise and improve as we recover from the COVID-19 pandemic. The Scottish Government has advised they will provide commissioning guidance on the three-year delivery plan in August 2022, intimating NHS Board three-year plans will require to be submitted to the Scottish Government for agreement in January 2023.

Engagement processes on the priorities for delivering the Plan for the Future over the next three years, along with the specific priorities highlighted by the Scottish Government are underway. Board members will have a number of opportunities to shape this Plan prior to formal approval by the Board. The draft Grampian three-year Integrated Delivery Plan (2022/23 - 2024/25) will be submitted to the Board in August 2022 for approval of the priorities set out for 2022/23 within the context of the draft three-year plan. The draft three-year Delivery Plan will be reviewed and revised as appropriate in the context of the Scottish Government commissioning guidance and submission timelines.

[Delivery Plan \(scot.nhs.uk\)](https://scot.nhs.uk)

## **2.8 Commitment of the NHS Grampian Board**

The NHS Grampian Board comprises both Executive and Non-Executive members. The Board met on 14<sup>th</sup> April 2022 to consider its key leadership role in making sure the strategy is delivered effectively. The Board has committed to the delivery of the Plan for the Future and wished to include in this paper a commitment to its actions as below:

The Board will:

1. Play an active leadership role in developing and demonstrating the culture of NHS Grampian which both supports the delivery of the objectives of the Plan for the Future and is a measure of progress against achieving them.
2. Maintain the Plan for the Future as a 'living, breathing' and dynamic approach for NHS Grampian.
3. Design the assurance work of its Committees around the Plan for the Future to ensure:
  - a. The Delivery Plan reflects the aims and ambitions of the strategy.
  - b. The Delivery Plan is followed / modified / adapted appropriately.
  - c. It and the Delivery Plan remain dynamic, hearing the voices of our colleagues, citizens and partners as time progresses.
4. Through the Remuneration Committee seek assurance that the objectives of the Executive officers of the Board are aligned as appropriate to the delivery of the strategic aims of the Plan for the Future, recognising that Chief Officers may also have objectives supporting the Local Authorities' strategic agenda.
5. Through the Board, its committees and through visiting teams, seek ongoing assurance that the 'golden thread' of the goals and aspirations of the Plan for the Future are evident to all those working across our health and social care system irrespective of which part they work in.
6. Seek to provide a balanced system (enabling wellness and responding to illness) which works effectively with Scottish Government to deliver on the ambitions of the Plan for the Future.

## **2.9 Embedding the Plan for the Future in the organisation**

Our colleagues and teams will be key to successful delivery of our Plan and ultimately delivery of our strategic intent. It is imperative therefore that our ongoing engagement, communication and marketing will support teams to understand our vision for the future and importantly the incremental change that will be required over the next few years.

A number of supporting mechanisms are being considered including the development of a supporting 'toolkit' for teams to ensure consistency and clarity of messaging. More detail can be found in the Communication Plan at appendix 3.

It is important that teams feel enabled to take ownership for their respective areas as their ideas will inform the innovation and change needed. Teams need to be given time to consider our Plan for the Future and how they can contribute to making the strategic intent a reality. Effective service level planning will be another critical layer in establishing the foundations over the next year and informing the delivery plan and key outcomes within it.

## **2.10 Equality and diversity**

NHS Grampian, as a public body, has a legal duty to Equality and Diversity Impact Assess all of our policies, strategies and re-organisational proposals before they go into the public domain to ensure that we do not inadvertently discriminate against anyone with a “protected characteristic”. The nine protected characteristics, or building blocks of Equality and Diversity in the UK, are:

- Race
- Disability
- Sexual orientation
- Religion or belief
- Sex (male or female)
- Gender reassignment
- Age
- Pregnancy and maternity
- Marriage and Civil partnership

Final impact assessment, including Fairer Scotland Duty, is included at appendix 4.

As well as fulfilling our statutory obligations, it is our ambition to continue a more meaningful impact assessment conversation going forward, working in partnership with a number of the groups we have engaged with during the development of the Plan for the Future. As it is primarily in a digital format, a process is being developed to re-impact assess the content on an annual basis, while also reviewing the need for alternate formats of information on an ongoing basis.

## **2.11 Route to the meeting**

The Plan for the Future has been developed over a period of approximately one year and has had input and involvement of many colleagues, members of the public and partner organisations, on an iterative basis, as described earlier in this document and also within the digital publication of the Plan for the Future.

This formal paper, seeking adoption of The Plan for the Future, has been considered by the Chief Executive Team and all their comments have been incorporated into this version.

## **2.12 Risks**

The Plan for the Future sets out the strategic direction for NHS Grampian. As part of the package for the Plan there is consideration of risk and a method is described in that section. The comprehensive risk register for the strategic plan, which describes the corporate or strategic risks for NHS Grampian, is scheduled to be presented to the Board at its August 2022 meeting.

As we bring forward the Plan for the Future to the NHS Grampian Board for approval we are very aware that we are setting out an ambitious intent which, if successful, will create a sustainable health and care system. However, this ambition can only be achieved if we work successfully with our local partners, the public, our communities and Scottish Government; this probably presents the greatest challenge and therefore the most significant risk to the Plan for the Future.

## **2.13 Formal publication of the Plan for the Future**

The Plan for the Future, if endorsed by the Board on Thursday 2<sup>nd</sup> June 2022, will be formally launched at the end of June 2022. The period between the Board meeting and the launch provide the opportunity to initiate the promotion of the Plan for the Future, as detailed in the communication approach (appendix 3), ensuring the greatest possible impact.

The digital presentation of the Plan for the Future is presented to the Board at its June meeting on a development site, which ensures that it is not in a searchable website format before the Board considers and endorses it. The transition to the live searchable site will take place following the Board's endorsement to coincide with the formal launch.

## **2.14 Summary**

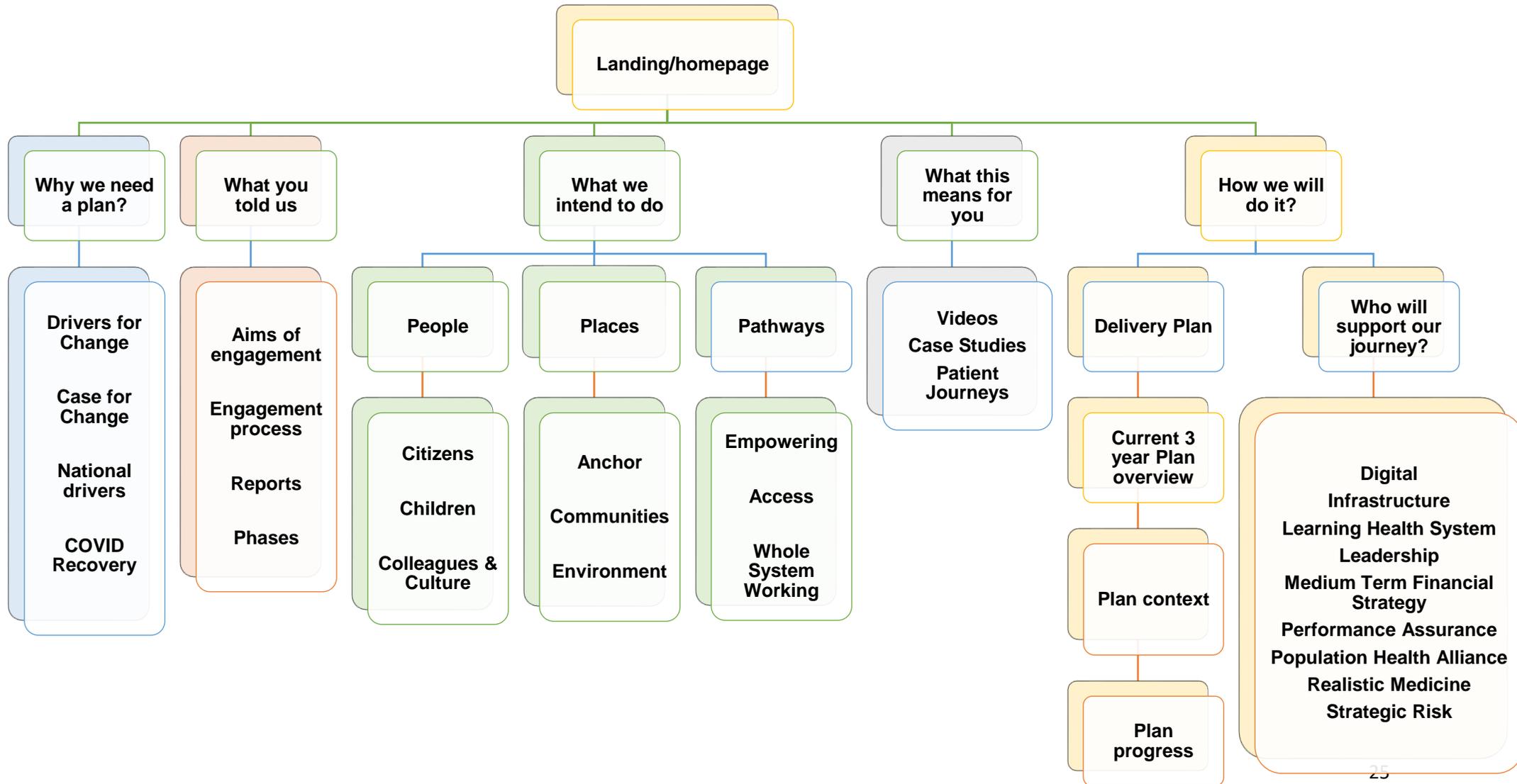
The Plan for the Future is realistic and candid about the pace and scale of change ensuring that the NHS Grampian system can (1) create stability, (2) develop building blocks that will, in turn, allow for (3) future transformation. Whilst these three components have a sequential nature they should be considered as running concurrently, wherever possible.

### 3 Recommendations

The Board is recommended to:

1. Note the new approach taken to develop the Plan for the Future and specifically the extensive public and staff engagement and co-creation process that was undertaken.
2. Acknowledge the role undertaken by the Engagement & Participation Committee (EPC) to provide assurance, on behalf of the Board, that the process was robust and in line with the Board's aspirations to have a different and progressive relationship with the population and communities in the North East.
3. For the publication of the Plan for the Future:
  - a. endorse the approach which has been taken for the publication and sharing of the Plan for the Future being predominantly digital. The aim of this is to enable
    - i. an ongoing, transparent and dynamic approach to ensure the Plan remains live and the measurement of its progress is accessible
    - ii. the ongoing review of the Plan can be reflected for all to see
    - iii. a tiered presentation of information
  - b. with full understanding of the risks for digital exclusion with a predominantly digital approach, endorse the mitigating actions which will minimise the consequences of digital exclusion at the point of publication.
4. Acknowledge the ongoing co-creation which has been undertaken with the draft Plan for the Future during April and May 2022 providing confidence and assurance from staff, public and partners on the direction set out in the Plan which reflects the 14 months of comprehensive engagement, communication and co-creation.
5. Note that the Plan for the Future identifies a number of key building blocks for the next stages of the development of the NHS Grampian system and its work with communities and partners and endorse the planning work which will take place between June 2022 – January 2023 to describe the future role and shape of Dr Gray's Hospital as a pivotal aspect of the local community and determine how it will be shaped and used to ensure that, amongst many things, the delivery of a consultant-led obstetric service will be possible in the future.
6. Endorse the Plan for the Future, with special notice that:
  - a. it is built on the three key aspects of **People, Places and Pathways**
  - b. there are nine key priority areas described under the People, Places and Pathways headings
  - c. the case for change describes the key challenges faced by our communities, public sector partners and NHS Grampian
  - d. the Plan seeks to provide balance between 'enabling wellness' and 'responding to illness'
7. Acknowledge the broader aspects of the package supporting the Plan for the Future as outlined in section 2.6.

8. Agree to receive, at the August 2022 Board meeting, a one-year Integrated Delivery Plan and a draft three-year Integrated Delivery Plan.
9. Endorse the further development of the approach that NHS Grampian takes to developing a new relationship with the population, building on the approach used in the development of the Plan for the Future to create meaningful relationships with communities by supporting development of collaborations and partnerships.
10. Agree that the Plan for the Future is ambitious and will, over its lifetime, be likely to create a number of difficult choices for the Grampian NHS Board which it will continue to consider 'in the spirit' of the aims and objectives of this Plan.
11. Agree that the delivery of the Plan for the Future requires proactive, meaningful and ongoing partnership working with both the public and our partner organisations and that the Grampian NHS Board commits to supporting such partnership working.



## Summary version of Plan for the Future 2022-2028

### Executive Summary

Welcome to this summary version of NHS Grampian's Plan for the Future 2022-2028 which provides a high level overview of the approach taken; the compelling case for change; our strategic intent; and supporting package which will support successful delivery.

Our Plan is the result of an intensive process of engagement, development and co-creation that has shaped an ambitious long term direction for our organisation over the next six years and beyond.

We have constructed our Plan using the feedback received during our engagement with the public, colleagues and partners along with what we know is happening locally and nationally to inform our future direction and distilled into three simple things we believe to be critical – **People, Places and Pathways**.

At the heart of our Plan for the Future, is our clear intent to create a sustainable health and care system over the next 10 years. In order to do this we need to create a real sense of balance between enabling wellness in the population whilst being able to respond to illness and ensure timely delivery of services. That balance is interwoven with doing the things that can positively impact on our population's health and this will require a combination of approaches with all colleagues, partners and public working together if we are to delay and ultimately reduce demands on healthcare.

The Case for Change sets out the significant challenges we face and we know that access to services is a bigger issue than ever before and far too many people are waiting too long for the care they need. We know we need to work differently with our partners to improve population health and reduce inequalities if we are to ensure timely access to healthcare when needed. We recognise the challenges that our colleagues have faced over the last two years and continue to face and the impact this is having on morale and wellbeing.

We do not underestimate the challenges ahead nor the scale and pace of change needed, and we will only be able to achieve these aspirations with your full support and by working together, united in our vision and intent.

Whether you work in health and social care, for one of our partner agencies or are a member of one of the diverse communities we serve, we hope you will feel inspired by this approach and join with us on this journey to create the health and social care system in our area that we all want to see.

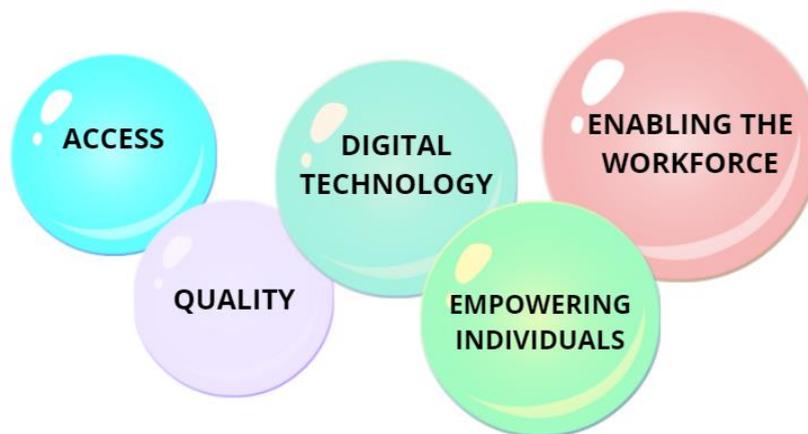
To deliver on the dynamic nature of the Plan for the Future, we are using a digital format as the interface for initial publication, progressive improvement of the plan and ongoing transparent reporting.

## Our Approach – Engagement and Co-Creation

From the outset of the process to develop our Plan for the Future, we made clear our intent to follow an engagement process with colleagues, public and partner organisations that would be meaningful and result in co-creation of our Plan. We also made a commitment that ongoing engagement and conversations with stakeholders will continue after publication of our Plan and this will be a key requirement to support successful delivery of our Plan in the months and years ahead.

To ensure adoption of a best practice, evidence-based engagement approach, NHS Grampian followed the Scottish Approach to Service Design (SAatSD) 'Double Diamond' which has four distinct phases: discover, define, develop and deliver. The approach, engagement findings and evaluation are covered in detail with Plan for the Future on the website but high level themes from both Phase 1 and Phase 2 of the engagement are shown below.

### Phase 1 - High Level Themes



### Phase 2 - High Level Themes from Focus Groups/Workshops



## NHS Grampian's Case for Change

- ❖ **Population Health** – the health of our population is at risk of deteriorating and existing inequalities have increased along with other wider impacts of COVID-19.
- ❖ **Healthcare** - the way healthcare is delivered has been changing and this needs to continue if we are to manage the significant COVID-19 related impacts including the waiting list backlog, workforce and financial pressures.
  - Waiting list backlog - with current demand/capacity waiting list likely to grow by as much as 13,000 per year.
  - Workforce growth - 1% workforce growth in national plans over the next 5 years insufficient to keep up with demand
  - Annual financial gap of £60 million projected for Grampian by 2026
- ❖ **Climate change** is one of the biggest threats to health and our biggest opportunity to make a difference. We have a responsibility for the environmental stewardship of our extensive estate and facilities and a Scottish Government target of net-zero greenhouse gas emissions by 2045.
- ❖ **Health Improvement** - we can reduce new health problems, stop some from getting worse and manage those we live with. We want to create a prosperous and flourishing society, where we each have an opportunity to enjoy the best possible health and quality of life.
- ❖ **Self-Care** - The pandemic has shown how we can care for ourselves with the right tools. Person and community centred approaches where individuals are supported and enabled to manage their own health can help optimise health and wellbeing.
- ❖ **Building and supporting local communities is central to the Case for Change** Good health is a means to an end – it's our communities that help us flourish, supporting and enabling individuals to make the right lifestyle choices and healthcare decisions. Wider determinants beyond just health will require a combination of approaches from all parts of our system.

# Our Strategic Direction and Priorities



 <p><b>PEOPLE</b> Joining with people to flourish.</p>	 <p><b>PLACES</b> Using our place to proactively seek the best health and wellbeing and fairness for all.</p>	 <p><b>PATHWAYS</b> Enabling a partnership approach to our pathways of care.</p>
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# People

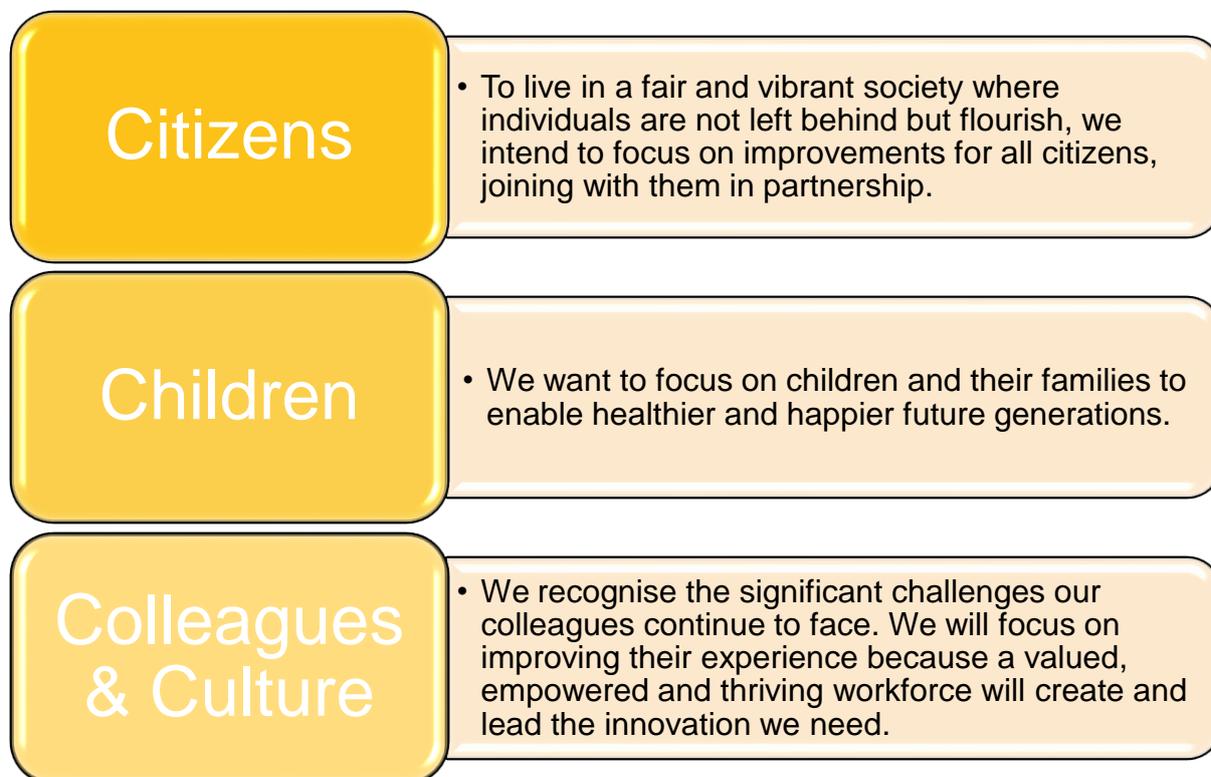
## 'Joining with people to flourish'

Our people are our most important asset and we need to invest our time and efforts into creating a different conversation and relationship with the people of Grampian, to ensure we can provide sustainable health and care services for the future while also meeting the health and wellbeing needs of the population.

### Principles that we will work to:

- ❖ Work with people as partners in their own care.
- ❖ Ensure we hear a diverse range of voices, enhancing our ability to listen.
- ❖ Reframe our language to focus on strengths, resilience and assets, and reduce the use of jargon.
- ❖ Be explicit and clear on our priorities and what we will lead on and deliver.
- ❖ Engage in a transition of power to create sustainability.
- ❖ Enable staff, patients and public to take a leading role in how care is delivered and provide them with the tools and support they need to achieve that.
- ❖ Use trusted voices to increase our reach.

### Our Priorities



# Places

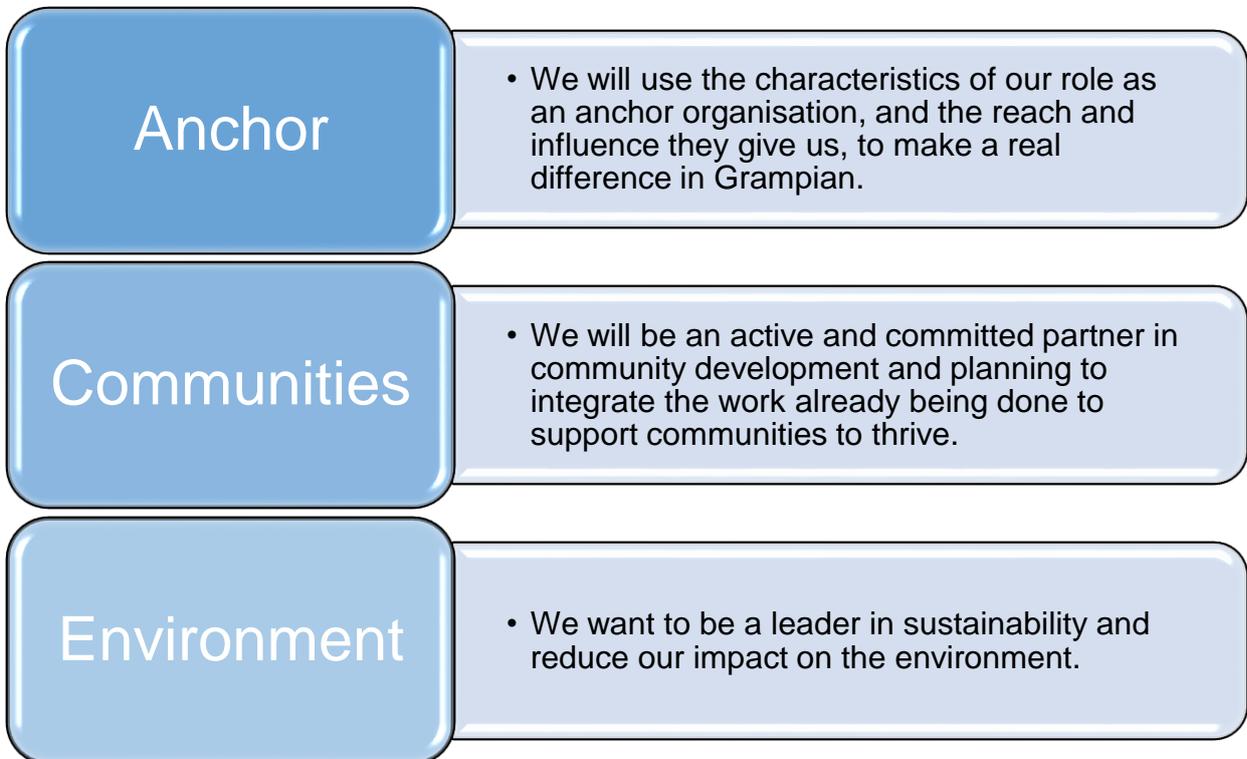
**‘Using our place to proactively seek the best health, wellbeing and fairness for all’**

The priorities under Places are linked by our commitment to be a mindful and deliberate partner, working with others to achieve sustainable change for our communities.

## Principles that we will work to:

- ❖ Be mindful of our much wider impact on society and future generations.
- ❖ Take a locality focus, aiming for people to be well within their communities.
- ❖ Earn people’s trust by doing the right thing with the populations we serve for current and future generations.
- ❖ Create environments (both social and physical) that are conducive to promoting health and wellbeing.

## Our Priorities



# Pathways

## 'Enabling a partnership approach to our pathways of care'

We want to have pathways of care, which are responsive and adaptable to meet individuals' needs.

Care is currently fragmented, people don't know how to navigate their care and it is difficult to access services in a timely manner.

### Principles that we will work to:

- ❖ Acknowledge and respond to the impact our decision-making can have on inequalities.
- ❖ Use data and intelligence to highlight inequity and be transparent and proactive in sharing.
- ❖ Ensure practical experiences of people in a care situation are well informed, honest and transparent.
- ❖ Work together with partners in Grampian and beyond to 'push' in the same direction.
- ❖ Recognise and value the equal role partners play and hold us and them to account.
- ❖ See people as a 'whole person' in the context of where and how they live.

### Our Priorities

#### Empowering

- We aim to have pathways that are empowering, built with and around people and their families, ensuring they are partners in their care.

#### Access

- We know that access to services is an issue and many people are waiting too long for the care they need. We want pathways that are quick, simple and efficient.

#### Whole System Working

- To ensure the care we provide is joined up and connected around people, we need to work as a whole system, keeping our people at the centre of everything and not letting traditional boundaries get in the way.

## Supporting Package

NHS Grampian's Plan for the Future sets out the strategic direction for 2022-2028 and provides a framework for other key plans to be aligned to, ensuring that our strategic intent becomes a reality.

<b>Ongoing Communication &amp; Engagement</b>
<ul style="list-style-type: none"><li>• Designing services with people</li><li>• Ongoing collaboration with partners</li><li>• Developing new relationships and conversations</li><li>• Be a 'listening' organisation</li><li>• Support and enable colleagues to have different conversations</li></ul>
<b>Service Transformation through Digital Strategy</b>
<ul style="list-style-type: none"><li>• Outcomes</li><li>• Universal adoption of electronic records</li><li>• Safe, secure, accessible and reliable</li><li>• Improve health and social care</li></ul>
<b>Finance (Medium Term Financial Strategy)</b>
<ul style="list-style-type: none"><li>• Resources targeted at delivery of strategic priorities</li><li>• Ensure sustainability (financial and environmental)</li><li>• Support improved outcomes through transformation of service delivery</li></ul>
<b>Infrastructure</b>
<ul style="list-style-type: none"><li>• 5 year investment programme to support strategic priorities</li><li>• Improve estate and asset performance on all key indicators, including an environmentally sustainable and carbon neutral infrastructure</li><li>• Disinvest from buildings with high operating costs</li><li>• Invest and develop in innovative technology</li></ul>
<b>Workforce</b>
<ul style="list-style-type: none"><li>• Build a sustainable workforce</li><li>• Enhance culture and staff experience</li><li>• Development of 3-year workforce plan</li></ul>
<b>Leadership</b>
<ul style="list-style-type: none"><li>• System Leadership</li><li>• Portfolio approach</li><li>• Clinical Professional Leadership and Governance – high quality safe care</li></ul>

### Learning Health System

- Use of technology to improve use of research and organisational learning
- Draw evidence real-time

### Performance Assurance

- Shared outcomes will be measured against objectives
- Linked to Performance, Assurance and Governance Framework

### Population Health Alliance

- Build on strong partnership relationships
- Create system of public health learning across partners
- Collective responsibility
- Share best practice

### Realistic Medicine

- People and their healthcare team working in partnership
- Shared decision making
- Reduce variation and waste

### Strategic Risk

- NHS Grampian Risk Management Lifecycle
- Risks stored in Datix
- Risk Register for the Plan developed

## Delivery Plan

The Grampian Delivery Plan will underpin Our Plan for the Future (2022-2028) and be framed around People, Places and Pathway and our 9 strategic priorities. It will set out our current position and route map including key milestones and deliverables against priority areas of focus in our strategy for Year 1, Year 2 and Year 3. It will focus on how NHS Grampian (in partnership) will build the foundations required to work towards our ambitious vision and how we will deliver and measure our progress over the lifetime of our Plan for the Future.

The Integrated Delivery Plan will also reflect Scottish Government priorities as set out in the NHS Recovery Plan and Health and Care Workforce Strategy as we learn to live and work with COVID-19 and look ahead to regenerating our health and care services.

Scottish Government key priorities for 2022/23 communicated to all Territorial Health Boards on 27 April 2022 include:



Our Grampian Delivery Plan will also be underpinned and supported by 3 year enabling plans (workforce, finance, digital and infrastructure).

A detailed Year 1 Delivery Plan with priority actions and measures, aligned to our Plan for the Future will be presented to the Board in August 2022.

## Plan for the Future – Communications Approach

### Summary

When messages are communicated simply, it means that they can be understood by a much broader audience. Are we informing, initiating behavioural change or creating a call to action? Most definitely all three:

- Plan for the Future (PFF) is one of the most significant pieces of work to be undertaken by NHS Grampian (NHSG) over the next decade
- We need to adapt in order to deliver services sustainably for the future (and retain learning/innovation from pandemic response)
- This represents an opportunity to redefine relationship between NHSG, Board, staff, partners, patients & public

### Background

- Previous clinical strategies have enjoyed an all too brief moment in the spotlight. As a result the potential for them to be properly embedded has not been realised. This has been for a variety of reasons:
  - Traditionally, it has been challenging for the public and staff to engage with something they didn't have ownership or feel part of
  - The launch phase was quickly overshadowed by fresh initiatives and news stories that are perceived by audiences as more topical, important or relevant
  - For many people, the topic of health and social care is a 'hygiene factor' that they are not interested in until it is needed
  - The past 2 years has seen communications/engagement supporting the previous Clinical Strategy largely paused due to the pandemic
- However, following engagement carried out on a deeper level than ever before, PFF has the potential to reach a far greater audience – with heightened interest in health due to the pandemic and content shaped directly by the input of a variety of audiences.

### Strategy

- Prioritising – we will build early momentum by spotlighting PFF and minimising distraction from other initiatives. For those initiatives that continue, we will ensure a clear line of sight referring back to PFF. For example, We Care and BPA Culture Survey will be referred to as integral parts of the PFF.
- Phasing – a three-phase approach - pre-launch, launch and the first quarter following launch (July-September 2022) will create a sense of anticipation/excitement, boost awareness at launch and the maintain visibility/interest until the supporting programme of work is announced in the autumn (providing fresh impetus).
- Consistency – PFF logo with accompanying colouring will be rigorously applied to ensure a consistent visual 'brand' alongside agreed messaging (written and spoken) to achieve repetition, memorability and recall.

## **Objectives**

What has become clear from focus groups at all levels, is the importance of People, Places and Pathways. Our communications objective for the first three months will therefore focus on promotion these and recall of the nine sub-themes among audiences.

PEOPLE – citizens, children, colleagues & culture

PLACES – Anchor, community, environment

PATHWAYS – empowering, access, whole system working

Using a toolkit of supporting assets, engagement activities will be promoted and encouraged to help instil a sense of ownership and proactive participation among NHSG staff and partners.

## **Audiences**

Staff – our greatest asset and potentially our greatest ambassadors for PFF.

The public – it is vital we help them to understand why things need to change and how things might be different for them. The ‘why’ to any change in delivery is an integral part of the communications ‘conversation’.

Partners - our colleagues in H&SCPs, local authorities, SAS, Scottish Government, to name but a few, are key to helping us amplify and embed the PFF publicly. From sharing social media posts, to encouraging participation in planned engagement activity, partners will be included to broaden our reach.

Political stakeholders – complete transparency with elected officials will ensure that there is and understanding of the plan. PFF will be a standing item at meetings and briefings.

## **Tactics**

Internal communications will build on People, Places and Pathways, (Daily Brief, social media channels, drop-in sessions, My Digital Workplace newsfeed, team tool-kits, etc.)

- Toolkit 1 (launch)

To coincide with PFF launch, managers will be issued a variety of assets including MS Teams backgrounds, email signature templates and template launch slides/team discussion guidance.

- Toolkit 2 (launch +1 month)

A quarterly focus on one of People, Places and Pathways, and accompanying nine sub themes will begin with managers/teams being asked to choose the theme they would like to build a team discussion around. Assets tailored to their

choice will then be shared with each group being asked to share the output of their session in the form of team and organisational goals/small wins.

## **Communications & engagement activity**

### Build-up

- Social media teaser campaign for the countdown to launch reflecting the 3 P's & 9 subthemes on the nine days prior to launch.
- Website prepared and ready for launch day

### Launch (week)

- Media launch – series of interviews around Grampian with interviewees relevant to different aspects of the PFF strategic, clinical, workforce, etc. outlining the plan and promoting key messages. All media coverage after launch should weave the PFF message through the narrative, regardless of whether the interview is about the plan.
- Social media (unpaid)
- Partner launch toolkit
- Face-to-face engagement at key community group meetings

### Roll-out (launch+)

- Social media (promoted)
- Printed materials for hard to reach communities in a host of different languages distributed via community ambassador networks
- Fleet marketing
- Partner briefings

## **Considerations**

It is acknowledged that a proportion of people will be uninterested/remain disengaged and there are likely to be calls for immediate answers/solutions and action on key topics such as waiting lists.

To address this, activity will endeavour to keep messages simple, focus on the long-term vision contained within the plan, create regular opportunities through which it is easy for audiences to engage (quarterly team-talks/films/infographics/briefings) and guard against digital exclusion (through the use of print materials and fleet marketing etc.)

## **Measurement** (key performance indicators)

- Media coverage/repetition of key messages/tone of voice
- Website visits/hits
- Social media engagement/likes/shares/comments
- Data from staff surveys in Daily Brief
- Feedback gathered from participation in team-talks

## **Timeline**

- Launch build-up (June 2022): Ready website, assets and toolkits
- Launch week (July 2022): Website live, media activity, deploy launch assets
- Launch +1 month, Launch +2, Launch +3: Promoted social media, print collateral shared through partners, fleet marketing

### **Launch Day (LD)**

#### **Video Launch**

Explanation of People, Places and Pathways inserted into standalone special edition of Daily Brief on launch day. Different talking heads including HSCP ensuring system-wide inclusivity. (Corp Comms & HSCPs)

#### **LD + 1 month**

##### **Media Interviews**

Structured interviews with NHSG executives and partners building on launch video script. (Corp Comms)

Potential monthly health and social care editorial with media partner (Corp Comms)

#### **LD + 2 months**

##### **Toolkit for Managers**

How to make the PFF relevant to them, to their staff. This will instil ownership and community in staff groups. Toolkit to contain Q&A, links to videos, and how they can best describe and operate next steps within their respective teams. Two way communication. Problem solving. (HR, Corp Comms)

#### **LD + 3 months**

##### **Social Media links to video and assets pertaining to PPF**

Leaflet/Newsletter

Identify and use established community groups for leaflet drop off points in harder to reach communities e.g. community hubs, places of worship etc. using ambassador network. Printed in several languages. (Marketing and Visual Communications Team/ Equality and Diversity/ PH Engagement)

#### **LD + 1 month**

“What this means to me” series of video vignettes from staff across the system. These will be woven into a continuation of messaging over the coming 12 months and beyond. It is hoped to replicate this for patients and what the plan means to them. (Digital Comms Unit)

Promoted social media placement to commence from August through autumn to help keep the PFF high on audience radar.

## Rapid Impact Checklist: Summary Sheet

### NHS Grampian Plan for the Future 2022-28, 26<sup>th</sup> May 2022

#### Positive Impacts (Note the groups affected)

The Plan:

- Is designed to ensure that the current full range of safe and sustainable healthcare services will continue to be available now and in the future. This will enhance the healthcare experience for both patients and their families.
- Stresses the important of NHS Grampian and partner agencies promoting good health.
- Explains how the strategic risks associated with the Plan will be managed on an ongoing basis.
- Refers to the need to address health inequalities in society and the causes of those inequalities.
- Is a learning opportunity for all NHS Grampian staff and the staff of partner agencies involved in the provision of healthcare in Grampian. It is also a learning opportunity for the population of Grampian and the people of North East of Scotland who access healthcare service in Grampian.

#### Negative Impacts (Note the groups affected)

- All major proposals for change cause stress and anxiety for the staff concerned. Major change may lead to staff leaving thereby exacerbating the current recruitment problems.

#### Additional Information and Evidence Required

None.

#### Recommendations

The Plan as presented, is compliant with all current equality and diversity legislation

**From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?**

No. A full EQIA is not required.

Signature(s) of Level Two

Impact Assessor(s)

Nigel Firth,

Equality and Diversity Manager,

Date:

Thursday 26<sup>th</sup> May 2022