

Meeting:	NHS Grampian Board
Meeting date:	12 December 2024
Item Number:	12.1
Title:	Route Map for Strategic Change
Responsible Executive/Non-Executive:	Dr June Brown, Deputy Chief Executive
Report Author:	Alan Cooper, Planning, Innovation and Programmes Directorate

1 Purpose

This report is presented to the Board for: Discussion, Endorsement, Approval and Future Reporting.

The Board is asked to:

- **Discuss** – review and discuss the approach to developing the Route Map for Strategic Change outlined in the report.
- **Endorsement** – endorse the Route Map approach contained in this paper.
- **Endorsement** – endorse progressing the exploration of reform and strategic change with IJBs, citizens, partners and colleagues.
- **Endorsement** – endorse a Board workshop in early 2025 to review and discuss proposed strategic change, prioritise key focus areas, underpinned by our Putting People First ambitions and ensuring compliance with statutory requirements for engagement.
- **Approve** - the revised timeline for Plan for the Future from 2028 to 2032 to allow a realistic, safe and sustainable approach to reform and change.
- **Future reporting** – to request that the next phase of the Route Map is brought back to the Board in Q4 2024/25 aligned to submission of draft 2025/26 delivery and finance plans. The Board is asked to consider receiving updates on the Route Map at least 4 times per year.

This report relates to a:

- Medium Term Delivery Plan
- Medium Term Financial Plan
- Plan for the Future

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The current delivery model of health and care is not sustainable. Advances in medical technology and the successes of our health and care system mean that we can treat more conditions and prolong life. However, changes in how we live mean that more people are experiencing preventable ill-health, they are getting sick with conditions like diabetes and hypertension at an earlier age, and many are living with more than one health condition (multi-morbidity).

The impact of rising and changing patterns of demand can be measured through our financial performance with a projected overspend of £73.1m (including IJB risk share) in 2024/25, well above the £59 million level set by Scottish Government.

The health of our population also provides a critical lens through which we can understand the scale of the challenge ahead of us. After decades of improvement, Scotland's and Grampian's health is worsening and over the past decade Scotland has seen a decline in life expectancy, and a widening of health inequalities. The Scottish Burden of disease forecasts a 21% increase in the annual disease burden in Scotland over the next 20 years. Health and wider societal inequalities, along with an ageing population, will see this increasing burden fall disproportionately on a smaller number of people within our society¹.

An anticipated rise in a range of diseases including cancer, cardiovascular disease, diabetes and neurological conditions will inevitably place additional pressure on health and care services. Given current and forecast challenges, taking action to improve population health is vital. Our longer-term ambition is to increase healthy life expectancy for all in Grampian. This means we need to reduce the gap in healthy life expectancy between the most and least vulnerable groups in society. We know that social and economic factors, where and how we live, what we do, our health behaviours and the environment we live in play a big role in shaping our health in addition to access to health care services.

The stark options we are faced with are either to resist change and see services deteriorate to the point of collapse over time, or to embrace transformation and work to create a modern, sustainable health and care service that is properly equipped to help people stay as healthy as possible and to provide them with the right type of care when they need it. The development of the 'Route Map for Strategic Change' presents an opportunity that must be seized and acted upon.

2.2 Background

NHS Grampian is not alone in facing these challenges. Health and care systems across the developed world are currently struggling with the question of how to adapt their services to deal with continuously rising and changing patterns of demand. It is also widely recognised

¹ [5-Year Health Equity Plan \(2024-2029\) \(nhsgrampian.org\)](https://www.nhs.uk/5-year-health-equity-plan/2024-2029/)

that simply adding more money and resources to tackling these issues is not enough to make services higher quality and sustainable. Radical transformation is required. This is not an easy thing to do; change and transformation are always difficult; they create uncertainty and require us to give up what we have in exchange for something new. This is particularly difficult when it involves something that is very important to us, such as the health and care services that we and our families will all need to call on at some point in our lives.

We must therefore work collaboratively with our partners and citizens to achieve the broader scale of change required to meet the challenges we collectively face to transform how we work to get the most out of the money we have available. The development of a Route Map will build on our existing plans and set out the strategic change programme being progressed to transform the health and care system and underpin delivery of our strategic objectives and medium-term priorities. It is also a critical element of how we seek to find balance across the four domains of prevention and clinical, financial and staff governance.

2.3 Assessment

Plan for the Future

In 2022 NHS Grampian launched the “Plan for the Future 2022 – 2028”, our approach to delivering changes to the population’s health by ‘enabling wellness’ whilst providing timely access to high quality services to ‘respond to illness’.

We remain steadfast in our commitment to the Plan for the Future but must also acknowledge that our operating context has changed since its publication. Reform of health and care services is a long-term goal, and we propose extending the timeline of Plan for the Future from 2028 to 2032 to allow a realistic, safe and sustainable approach to implementing the necessary reforms to our health and care system.

Our Plan for the Future articulates the need to “invest our time and efforts into creating a different conversation and relationship with the people of Grampian”. Our Putting People First framework articulates how we will deliver on this as a Board, putting a strong focus on building trust and relationships with people and communities, and through creating ongoing dialogue to ensure we work with people as equal partners in the reform of health and care.

Putting People First is a long-term commitment to working differently and a cultural change for both colleagues and citizens. In addition, cognisant of the financial and capacity pressures facing the organisation, this initial bridging year will focus on setting the foundations by increasing approaches to involving people which develop relationships and build trust with communities where this is practicable and where resources allow.

The Route Map for Strategic Change will deliver on our Plan for the Future by placing a strong emphasis on transforming our models of care, improving performance and maximising the use of our available resources to achieve best value. We also have to have a strong emphasis on prevention, in particular tackling health inequalities – as set out in the Health

Equity Plan “to reach beyond responding to poor health to one which equally invests in preventing, harm, improving health and supporting communities across Grampian to thrive”.

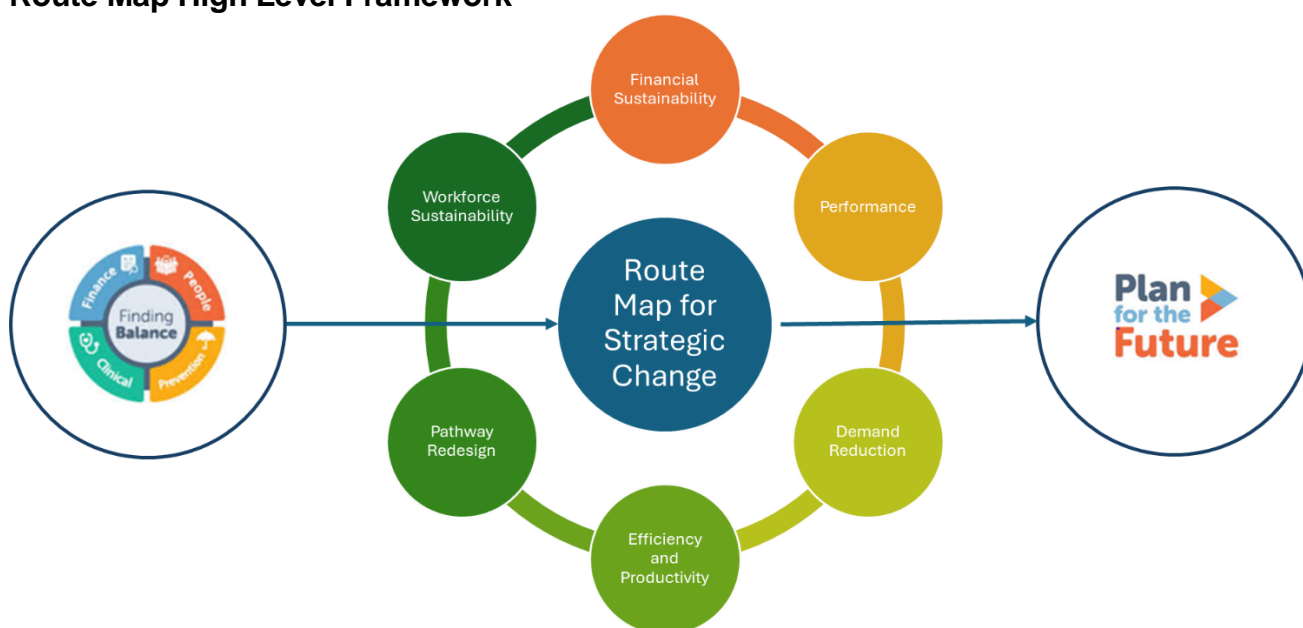
Route Map for Strategic Change

Our aim is by 2028 we will have improved our financial position to a level that addresses the forecast deficit and creates headroom for the investment required to achieve the most critical elements of Plan for the Future by 2032. We will be able to demonstrate not only our efficiency but also our commitment to enabling wellness and delivering quality care for every member of our community. Our story of 2028 will guide us in transforming health and care in Grampian, ensuring that we continue to meet the needs of our population for years to come. This will be enabled over the next 4 years by:

- A focus on the delivery of core elements of all services in line with reduced real-terms funding and a shift in focus toward preventative and community-based care
- A move to single system of planning and budget setting across NHS Grampian and the HSCPs
- Improving and increasing the digitalisation of our systems and processes, and agreement of accelerations required by 2032
- A Putting People First approach which will see more feedback and insights used to help improve care and inform the development of more preventative approaches

The Route Map will focus on cross-cutting actions across all three strategic themes – People, Places and Pathways.

Route Map High Level Framework



Strategic Change Initiatives

The Chief Executive Team has identified a number of initial strategic change ideas which will be developed and formed together with colleagues and citizens. These ideas run across six strategic change themes which have the potential to contribute towards reform and ultimately financial sustainability.

The strategic change themes are:



These themes support the development of the high-level Route Map for Strategic Change which sets a new direction for whole-system reform of health and care across Grampian. We know large-scale change does not happen overnight so Year 1 (2025/26) will be a bridging year for us. Years 2 – 4 feature as high-level interventions which will be mapped out in greater detail over the coming months as we continue to engage with the Scottish Government, our colleagues, partners, patients and citizens.

As we move into the 2025/26 planning cycle, we will seek to fully integrate the Route Map for Strategic Change and the Annual Delivery Plan (ADP) to form a single, cohesive framework aligned to the three-year cycle of the ADP. Together, they represent a momentum of work which drives NHS Grampian's strategic and operational priorities. The Route Map provides the structured approach to achieving strategic change over multiple years, ensuring that each year builds on the previous, delivering meaningful progress across workforce sustainability, services fit for the future, and population health. This unified approach ensures that short-term actions remain firmly aligned with our long-term goals, fostering continuous improvement and sustainable change.

Bridging Year 1 – 2025/26

As we look ahead to 2025/26 there is no doubt that the challenge of balancing sustainable service delivery with delivery of safe patient care with financial performance remains a key

priority. Avoidance of harm and maintaining safe patient care are critical components of how we will continue to find balance across the four domains of prevention, clinical, staff and financial governance.

In Year 1 we will lay the foundations of reform and strategic change and stabilise core services. This stability will enable us to plan and lay the ground for the long-term strategic change required to achieve financial balance and create services fit for the future. In addition to the critical focus of our Value and Sustainability programme there are 6 key areas of strategic focus in 2025/26:

1. Undertake a strategic review of our estate to maximise return on investment and identify and execute opportunities to rationalise our estate where appropriate.
2. Implement the findings of the Portfolio Review to improve cross-system working.
3. Develop a joined-up approach to productivity and reduce unwarranted variation in areas such corporate services and maximise productivity opportunities that impact multiple services / pathways.
4. Realign the strategy and function of Dr Gray's Hospital in a North of Scotland context.
5. Lay the foundations for an increased focus on primary prevention and Health in All Policies approach to maximise health gain through implementation of cost-effective interventions.
6. Undertake comprehensive communication and engagement aligned to our Putting People First principles to engage with partners, colleagues, patients and citizens as equal partners as we begin our journey of strategic change.

Years 2026/27 – 2028/29

Our key areas of strategic focus in Year 1 will lay the foundations for 2026/27 onwards. Our programme of engagement in 2025/26 will be informed and shaped by the experiences and insights of our key stakeholders to allow us to build the health and care services we need for the future across Grampian.

As we move into Year 2 we will make Plan for the Future our reality with a continuing golden thread of involving staff and the wider public as equal partners in actively informing the changes required: to tackle health inequalities and improve the lives of the people of Grampian by achieving the following high-level aims:

What We Will Do	What We Will Achieve	What It Will Deliver
Care Closer to Home and in Communities	By 2028/29, care delivery will have shifted significantly towards community and home-based services, reducing reliance on hospital-based care. We will develop integrated care pathways that allow patients to receive high-quality care in local settings at a lower cost. This will include near-patient and remote testing, telehealth services, and home monitoring to empower patients to manage their health effectively.	Our community appointment days will serve as one-stop shops, providing seamless access to a range of health and care services, wrapped around the needs of our patients.
Best Value from Resources	Efficient use of resources will be at the core of health and care across Grampian. We will move to a single system of planning and budget-setting across Grampian to deliver integrated services that meet the needs of our population. This alignment will eliminate waste, reduce duplication, and promote the use of evidence-based interventions that provide the highest value for patients.	By collaborating locally, regionally and nationally, we will focus on providing only what we can safely deliver and work with partners to ensure services that require broader expertise and / or capacity are accessible to our population.
Data and Digital	A clear and coherent strategy for digital technologies and data will be a key enabler to facilitate remote testing and enhance patient engagement, ensuring a smooth experience from first contact through follow-up.	By harnessing data analytics, we will support proactive decision-making, optimise resource allocation, and identify areas for improvement. This digital transformation will seek to provide a real-time view of our services and patient outcomes allowing us to be agile in meeting our strategic objectives. Every colleague will be empowered by digital solutions that simplify administrative tasks, streamline workflows, and support patient care.
Achieving a Balanced Budget	Financial balance will be our hallmark by 2028. Through strategic investment and disinvestment, cost reduction measures, and the redesign of care pathways, we will have eliminated unnecessary expenditure and optimised our operations.	We will be able to demonstrate that we deliver services safely, efficiently and provide value for money.
Improving Population Health	We will have significantly shifted our focus toward preventive and community-based care, making progress in addressing social determinants of health, and reducing the incidence of preventable diseases.	Our proactive approach will support people to live healthy lives for longer in sustainable environments with thriving communities and reduce inequalities.
Balancing Hospital and Community Care	We will have shifted towards the right balance between hospital-based and community care, ensuring that patients receive care in the most appropriate setting.	This balance achieved through developing truly integrated pathways of care that support citizens in their communities, backed by a strong network of specialist services when needed.

Parameters

Finding balance across the 4 domains of prevention and clinical, financial and staff governance is not a static process. It is an agile and continuous process of risk/impact assessing, adjusting, prioritising and adapting based on a set of agreed parameters. This suite of parameters will act as the guardrails for strategic change and guide us in through the tough choices we are required to take.

Financial Sustainability

- We will improve financial balance by operating within 90% of existing budget within 4 years, this will be done through increasing income* and/or reducing spend.
- Any service change must consider the impact and risks of funding business as usual activities with non-recurring funding sources. Where funding is time limited, an exit strategy must be developed.

Performance

- Our performance of KPIs/targets will be comparable with the Scottish average. This aims to ensure greater equity and fairer distribution of resources and support to enable this.
- Measurement of performance and outcomes of any service change should be meaningful, proportionate, transparent and seek to improve quality and reduce inequalities outcomes.

Demand Reduction

- Any service change should reflect action to reduce preventable demand. This reduction should be achieved through opportunities to reduce health inequalities and maximise primary and secondary prevention and the fundamental building blocks of a healthy life.

Efficiency and Productivity

- Will be best in class for productivity and efficiency when compared to acute hospitals / organisations in the UK with comparable population size / funding (e.g. Hull University Teaching Hospitals NHS Trust, University Hospital Southampton, University Hospitals of Leicester NHS Trust).

Pathway Redesign

- Any service change should be considered as part of a local, regional or national pathway redesign. These should take a person-centred, value-based approach and be data and risk informed and assessed for both intended and unintended consequences on health inequalities, and other parts of the system or services. This aims to promote whole system planning whilst ensuring there is a comprehensive understanding of risk and impact of proposed changes through the use of integrated impact assessments.

Workforce Sustainability

- Any workforce redesign should reflect skill mixed models which are both sustainable and affordable. This should be underpinned by staff governance principles, compassionate practice and appropriate management of clinical risk.

Decision-Making Matrix

We know that difficult decisions are ahead of us in terms of changes to service delivery, whether this is where services are delivered from, or the level of service we are able to provide.

To help navigate the difficult choices ahead of us we can categorise these into 3 levels. Our teams work tirelessly to identify how we can deliver the best outcomes for the population we serve and we are reviewing every opportunity to increase Level 1 efficiency savings before considering more difficult choices. Level 2 and 3 decisions are likely to have an impact on performance and / or service delivery as we seek to make best use of our available resources to achieve best value for the population of Grampian.

Decision Matrix

Level		Description
Level 3 Impact – Severe		This level is considered where level 1 and 2 interventions and decisions are insufficient. Level 3 options will impact on performance targets and impact directly on patients and colleagues. This is where very difficult proposals will be considered and we will work with colleagues, citizens and partners to mitigate against the impact
Level 2 Impact – Significant		Level 2 decisions may include changes to services which mean patients will access services from a different location. This may include decisions about properties delivering patient-facing services, and opportunities for more regional and national working. The level of care and treatment will be the same, with only the location changing. There will be a significant impact on services and colleagues and a moderate impact on patients. We will work with colleagues, citizens and partners to ensure we are hearing a range of voices as we design services to meet local needs making best use of available resources.
Level 1 Impact - Moderate		Level 1 decisions include operational efficiencies which teams make every year, decisions about properties where there are no patient-facing services and which are no longer fit for purpose, and moves to digital solutions. There will be impact on services, colleagues and patients but these will be moderate and, in many cases, improve efficiency, performance and access. We will work with colleagues, citizens and partners to ensure we are hearing a range of voices as we design services to meet local needs making best use of available resources.

Model Decision Points

We recognise that uncontrollable factors may take us off course. Establishing agreed decision points will take cognisance of this and allow appropriate contingency planning to be built in to Route Map modelling.

NHS Grampian's experience in developing tactical operating models provides an opportunity to consider model decision points which relate to underpinning factors (e.g. changes in workforce, changes to national policy) that will drive ability / likelihood of achieving the desired outcomes from agreed reform / change initiatives. The principle is that changes in these factors will support reconsideration of the overall redesign model or suggest contingency arrangements will need to be activated. For example, if progress is not tracking the anticipated trajectory, this may trigger more stringent control measures. Conversely, if progress is exceeding expectations, control measures could be relaxed.

Strategic Change Board

To facilitate our ambition to move from cooperation to collaboration a Grampian Health and Care Strategic Change Board was established in November.

The Strategic Change Board will promote whole system coordination, leadership and oversight of strategic change priorities across NHSG and the 3 IJBs. The Board will be co-chaired by the NHSG Deputy CEO and a HSCP CO, tasked with:

- Providing the necessary oversight and steer of the development of the Route Map for Strategic Change prior to submitting this to the Chief Executive Team (CET) – which includes HSCP Chief Officers - and to the NHS Grampian Board, 3 IJBs and Scottish

Government. The North East Partnership Steering Group will also provide an opportunity for IJB Chairs and Vice Chairs to discuss matters.

- Commission, co-ordinate and seek assurance on both the NHS Grampian and agreed cross-system programmes of change to deliver on agreed outcomes as per the agreed Route Map for Strategic Change and fundamentally the ambitions set out in organisational strategies; and
- Enable delivery of change in both the short and medium term by prioritising the necessary capacity and expertise (internally and externally), creating the environment for change, and where required, escalation to CET – which includes HSCT Chief Officers – and IJBs pertaining to strategic change as set out in the agreed Route Map.

The Strategic Change Board will also consider other complementary and interdependent workstreams which will act as enablers including the Review of Portfolios and the Corporate Resource Prioritisation programme. The Strategic Change Board will be accountable to the NHS Grampian Board via CET and PAFIC and aligned to strategic risk 3006. A copy of the terms of reference is available in appendix B.

Monitoring and Evaluation

Delivery of strategic change initiatives requires frequent monitoring and re-prioritising based on risk associated with each of the strategic change initiatives. This allows for timely action to deal with slippage on plans or any unanticipated adverse impact on experience or quality of services.

The Strategic Change Board will oversee an ongoing review process to monitor progress, assess the impact of changes, and adapt our plan as needed. Regular stakeholder engagement will ensure that the vision remains aligned with the needs of service users needs, clinical standards, financial sustainability, and learning about what works.

Change will not happen overnight and the first year of the Strategic Change Board will allow us to learn together in the shared aim of providing health and care services that will best meet the needs of future generations and deliver high quality health and care to the people of Grampian.

2.3.1 Quality/ Patient Care

Along with achieving and sustaining financial balance, we must ensure we assess the impact of our actions to achieve financial balance against the domains of clinical governance, staff governance and prevention of illness, and seek to mitigate or minimise these impacts. Risk and integrated impact assessments will be built into our planning and implementation processes to ensure mitigations are in place where possible alongside clear monitoring and escalation processes.

The Strategic Change Board will oversee an agile and continuous process of risk/impact assessing, adjusting, prioritising and adapting based on a set of agreed parameters. This suite of parameters will act as the guardrails for strategic change and guide us in through the tough choices we are required to take.

2.3.2 Workforce

Along with achieving and sustaining financial balance, we must ensure we assess the impact of our actions to achieve financial balance against the domains of clinical governance, staff governance and prevention of illness, and seek to mitigate or minimise these impacts. Risk and impact assessments will be built into our planning and implementation processes to ensure mitigations are in place where possible alongside clear monitoring and escalation processes.

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2.3.3 Financial

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2.3.4 Risk Assessment/Management

Whilst immediate action is required to achieve financial balance, this must be in support of our ambitious strategic intent of a sustainable health and care system where enabling wellness and treating illness are more in balance, and ensuring we have a range of services which are provided in and out of hospital settings which are appropriate to need and delivered within our available resources.

Along with achieving and sustaining financial balance, we must ensure we assess the impact of our actions to achieve financial balance against the domains of clinical governance, staff governance and prevention of illness, and seek to mitigate or minimise these impacts. Risk and impact assessments will be built into our planning and implementation processes to ensure mitigations are in place where possible alongside clear monitoring and escalation processes.

2.3.5 Equality and Diversity, including health inequalities

Risk and integrated impact assessments will be built into our planning and implementation processes to ensure mitigations are in place where possible alongside clear monitoring and escalation processes.

2.3.6 Communication, involvement, engagement and consultation

It is critical that the need for radical change is clearly understood by those who use and deliver our services, including the risks of not making these changes in a planned and transparent way. The [Case for Change](#) sets out evidence that the existing system is already struggling to sustain services in the face of these changing circumstances. Without systematic and planned change, already stretched services will undoubtedly be forced into unplanned change through fire-fighting and crisis.

The stark options we are faced with are either to resist change and see services deteriorate to the point of collapse over time, or to embrace transformation and work to create a modern, sustainable health and care service that is properly equipped to help people stay as healthy as possible and to provide them with the right type of care when they need it. The development of the 'Route Map for Change' presents an opportunity that must be seized and acted upon.

A programme of communication and engagement will underpin the development and implementation of the route map. NHS Grampian's Putting People First approach to involving people as equal partners demonstrates our firm commitment to working together and engaging citizens and colleagues in this programme, alongside building on collaborative efforts with our partners across the North East.

The Route Map for Strategic Change will be informed by engagement with our colleagues, citizens and partners to explore together how we can reform to deliver sustainable, affordable services. This will be achieved not only by statutory requirements for engagement (Planning with People Guidance) but also our Putting People First approach which underlines that people, communities and stakeholders should be actively involved in shaping services that affect them, ensuring that changes are transparent, inclusive, and responsive to local needs.

To help develop our approach to involving the public as equal partners, we will focus on the following:

- We will increase staff skills and confidence in involving the public in improving services at an individual service level through developing training and toolkits which will provide practical advice and support for teams.
- We will test community-based approaches such as community appointment days which are co-designed. This will grow skills and confidence in how to effectively involve the public and increase local knowledge of what really matters to people as we reform models of care.

- We will take a learning approach to how we deliver new ways of involving people, through evolving networks across the system such as the Grampian Engagement Network and local Communities of Practice.

We will maximise the opportunity to bring together NHS Grampian's 2025/26 budget-setting exercise outputs with strategic change initiatives to create a cohesive long list of change priorities. We will aim to categorise the long list into categories including service redesign and major service change. This categorisation will ensure we adhere to our statutory requirements around large scale service change and we are actively engaged with Healthcare Improvement Scotland for guidance and expertise to ensure best practices in public involvement are upheld.

There will be regular engagement opportunities for Board members to inform the scope of strategic change priorities at each stage of the Route Map's development. A Board workshop is proposed in early 2025 to facilitate a collaborative environment for Board members to review and discuss the proposed strategic change, prioritise key focus areas, and assess alignment with the Planning with People approach. The session will ensure that our budget and strategic plans are informed by our commitment to citizen involvement, whilst being upfront about the difficult decisions we face to deliver services for the future.

We also recognise the critical importance of the IJB paradigm to the success of whole system working. On the assumption that the Board approves this paper, a formal proposal will be presented to each of the IJBs at the earliest opportunity in early 2025 for their consideration and approval.

2.3.7 Route to the Meeting

To date, the development of the Route Map has been informed by engagement sessions across the organisation and wider system:

- 30/09/2024 – Wider SLT
- 02/10/2024 – Chair and Committee Chairs
- 17/10/2024 – GAPF
- 28/10/2024 – Wider System Leadership Team
- 06/11/2024 – Area Clinical Forum
- 14/11/2024 – Board Seminar
- 15/11/2024 – North East Partnership Steering Group
- 09/12/2024 – Area Medical Committee

This engagement has informed the development of this report, overseen by the Chief Executive Team.

2.4 Recommendation

The Board is asked to:

- **Discuss** – review and discuss the approach to developing the Route Map for Strategic Change outlined in the report.
- **Endorsement** – endorse the Route Map approach contained in this paper.
- **Endorsement** – endorse progressing the exploration of reform and strategic change with IJBs, citizens, partners and colleagues.
- **Endorsement** – endorse a Board workshop in early 2025 to review and discuss proposed strategic change, prioritise key focus areas, underpinned by our Putting People First ambitions and ensuring compliance with statutory requirements for engagement.
- **Approve** - the revised timeline for Plan for the Future from 2028 to 2032 to allow a realistic, safe and sustainable approach to reform and change.
- **Future reporting** – to request that the next phase of the Route Map is brought back to the Board in Q4 2024/25 aligned to submission of draft 2025/26 delivery and finance plans. The Board is asked to consider receiving updates on the Route Map at least 4 times per year.

3 List of appendices

The following appendices are included with this report:

- Appendix A – Strategic Change Board Terms of Reference