NHS Grampian

Meeting:	NHS Grampian Board
Meeting date:	14 August 2025
Item Number:	9
Title:	Route Map for Strategic Change: Our Bridge to the Future
Responsible Executive:	June Brown (Interim Deputy Chief Executive/Executive Nurse Director), Judith Proctor (Chief Officer)
Report Author:	Alan Cooper, Programme Lead

1 Purpose and recommendations

This is presented to the Board for:

- Assurance
- Decision
- Endorsement

Recommendation(s)

The Board is asked to:

- **Assurance** – review and scrutinise the information provided in this paper and confirm that it provides assurance that the current direction of the Route Map as a credible and collaborative approach to delivering sustainable transformation across the system.
- **Endorsement** - support the continued development and application of the Model of Change, including its use in live settings to test, spread, and embed new ways of working.
- **Endorsement** – endorse the Route Map's role in mitigating strategic risks.
- **Endorsement** – endorse the Route Map's alignment with national frameworks (OIP, PHF, SRF) and the Scottish Government's Renewal priorities.
- **Endorsement** – endorse the intention to strengthen whole-system collaboration by leveraging existing strategic forums such as the North East Population Health Alliance and Community Planning Partnerships
- **Decision** – agree that additional dedicated capacity is required to accelerate delivery and sustain progress, and that this resource requirement should be considered by the Assurance Board.
- **Future reporting** – to request that another report on this subject be brought back to the Board in the next Quarter.

This report relates to:

- NHS Grampian Strategy: Plan for the Future
- Board Annual Delivery Plan

- Government policy/directive

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

- Safe
- Effective
- Person Centred

This subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below):

- Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent

2 Report summary

2.1 Situation

The intention of this update is to support the Board in considering whether the current trajectory of work provides sufficient confidence that the Route Map is progressing within the timescales and ambitions originally set out. It is framed as a reflection of the system's collective effort to move from planning to delivery, and to build the conditions for sustainable transformation.

This paper aims to:

- Provide an update on the Route Map's development and implementation
- Demonstrate progress against the commitments made in December 2024
- Outline the development of key Route Map products
- Present live examples of transformation through case studies
- Support the Board in assessing whether the current trajectory builds confidence in delivery

2.2 Background

This paper provides an update on the development and implementation of the Route Map for Strategic Change. It outlines the progress made since the Board's endorsement in December 2024, including the establishment of governance structures, the initiation of live testing, and the integration of transformation programmes. It also presents case studies to illustrate how the Route Map is being applied in practice.

2.3 Assessment

The Route Map for Strategic Change was endorsed by the Board in December 2024 as a system-wide approach to strategic transformation. It aims to connect short-term stabilisation with long-term redesign, aligning with national frameworks including the Operational Improvement Plan (OIP), Population Health Framework (PHF), and Service Renewal Framework (SRF).

The Route Map provides a practical method for delivering on NHS Grampian's Plan for the Future across the 3 horizons:

- Horizon 1: Stabilising the system
- Horizon 2: Scaling and embedding transformation
- Horizon 3: Designing the future system

Since its endorsement, the Route Map has evolved from a strategic concept into a shared delivery framework. This has been achieved through a collaborative process of co-development across the system - involving people, partners, and communities. Together, we have shaped a set of core components that now underpin how we plan, test, and deliver transformation based on the priorities set out in Plan for the Future.

Although the Route Map is intended as a whole-system approach, engagement to date has primarily involved those already willing and able to participate. To ensure transformation is truly system-wide, we must broaden our reach and reset relationships where needed. This includes strengthening our engagement with partners who have not yet been fully involved, and embedding the Route Map into wider strategic forums. To support this, we propose the following actions to enable more whole-system working:

- Leverage existing strategic forums such as the North East Population Health Alliance to embed Route Map priorities into shared prevention and wellbeing agendas.
- Strengthen our relationship with Community Planning, moving from parallel planning to joint delivery with shared accountability.
- Drive Route Map delivery through Community Planning Partnerships, using shared priorities to co-design transformation efforts.
- Ensure that lived experience and community voice are embedded across all programmes, not just those with existing engagement infrastructure.

While our progress to date reflects strong collaborative effort, we acknowledge that competing priorities across the system have limited the pace of delivery. To accelerate implementation and sustain momentum, additional dedicated capacity is required. This will be essential to ensure that the Route Map continues to move from planning into delivery and achieves its intended impact.

2.3.1 Our Story of Change: Why We Need a Route Map

<u>Where We Are Now</u>

- More people are living longer, and our population is getting older.
- We're spending more of our lives living in poor health.
- Our health and care services are under sustained pressure and cannot keep up with demand.
- We have a clear direction of travel in our Plan for the Future to make things better, but are finding it difficult to implement.

<u>Some of the ways we work are getting in the way of making things better.</u>

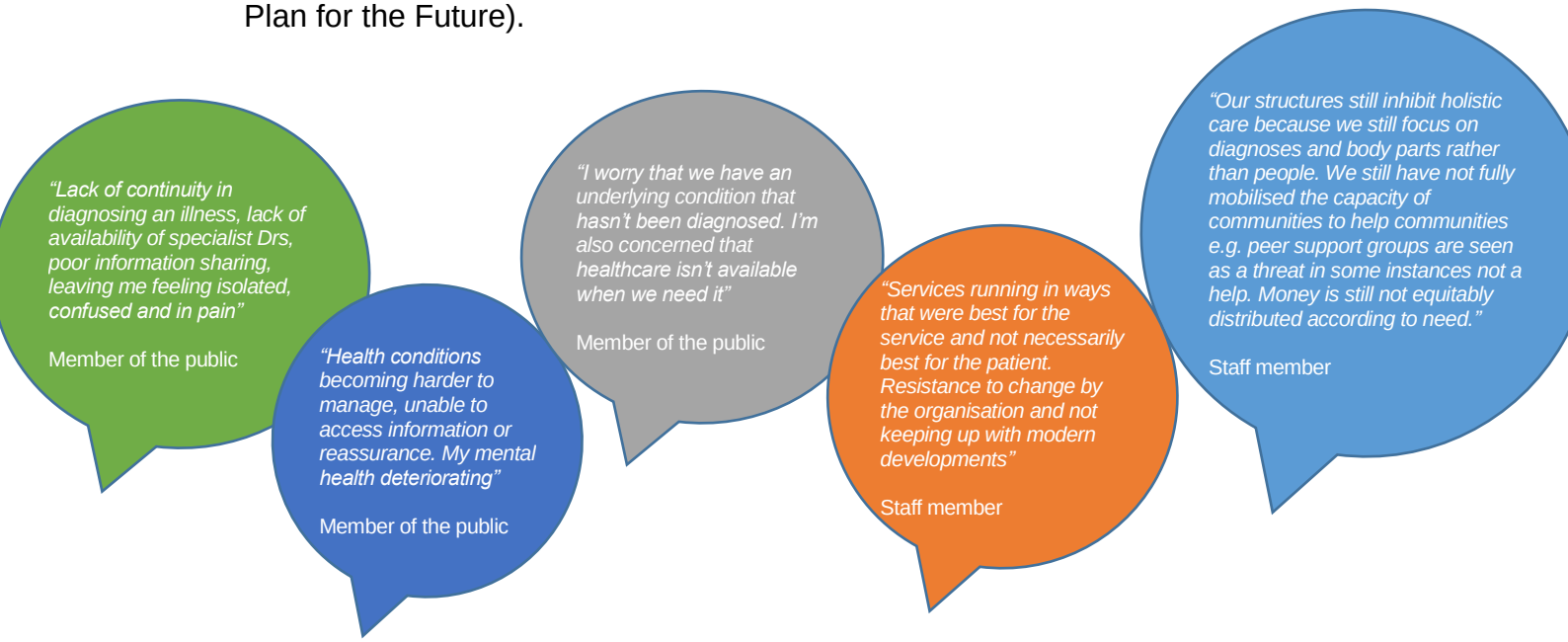
- We focus too much on short-term fixes, which limits our ability to plan for long-term improvement.
- Different teams and services work separately, and everyone is busy keeping their part of the system running - so we miss opportunities to join up and solve problems together.
- Our processes, funding, and data systems are complex, which makes it difficult to innovate or change how we work.
- We spend a lot of time reacting to problems, instead of preventing them.

- We listen and gather views from people using or delivering services, but we don't always act on what they tell us so we miss out on implementing ideas that could really help.

Why This Matters

This is bad for people, services, and sustainability.

We see this from people's views on what really matters and what needs to change. The quotes below are from engagement carried out to develop NHS Grampian's Plan for the Future).



The accompanying appendix contains a fuller summary of themes from the Plan for the Future public involvement.

What Needs to Change

Our solutions must:

- Tackle the root causes, not just the symptoms
- Focus on long-term change, not quick fixes
- Break the cycle of reacting to problems
- Rebalance the system to work better together

Delivering different models of care based on what really matter to people; quotes from members of the public and staff involved in recent Community Appointment Days:

How We Have Started

- We've created a shared mission and aims with our partners (section 2.3.3)
- We're using a common Model of Change with six connected steps (section 2.3.4)
- We're building the right conditions to move toward the future system we want by addressing the big system conditions - like policy, funding, data, risk, and scrutiny - that shape how change happens (section 2.3.5)
- Our Strategic Change Board is supporting learning, collaboration, and long-term thinking
- We're embedding this approach into all our transformation plans

What Is Different This Time

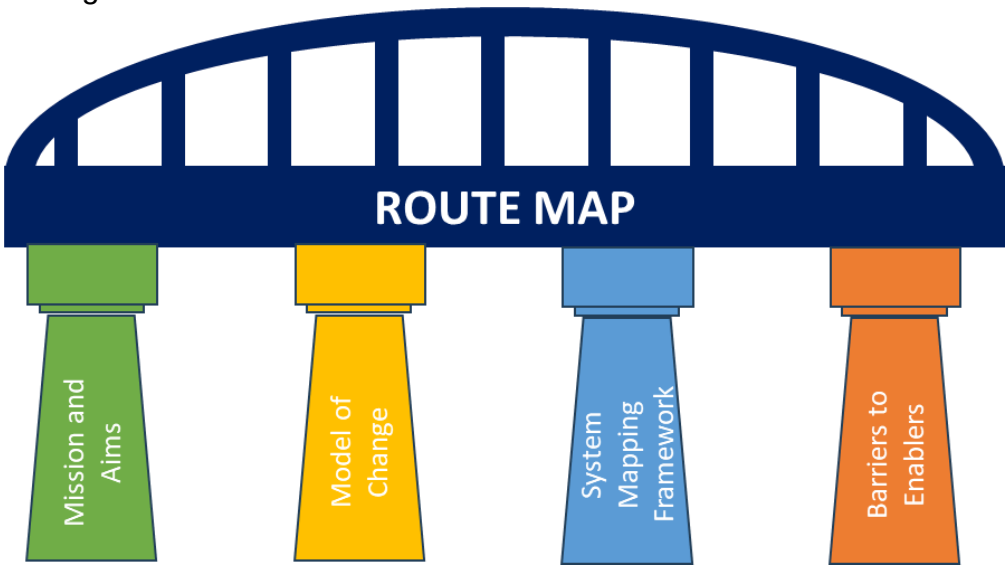
- We are intentionally strengthening the conditions for change - our enablers - so that transformation is possible and sustainable
- These enablers are being tested in live settings, helping us understand what needs to shift in areas like leadership, risk, information governance, and measurement
- We are learning as we go, using data, lived experience, and operational insight to refine our approach

2.3.2 Core Components of the Route Map

The Route Map is built around four interdependent components that together form a coherent framework for system-wide transformation. These are:

- **Mission and Aims**: Articulating the shared purpose and direction of travel.
- **Model of Change**: A structured, values-led approach to transformation.
- **System Mapping Framework**: A tool to identify high-leverage opportunities using data and lived experience across the 3 Horizons.

- **Barriers to Enablers**: Reframing systemic friction points as opportunities for change.



Each of these components is explored in more detail in the sections that follow.

2.3.3 Mission and Aims

Our mission is:

Together, we will create a new future for health and care in Grampian - where people shape their care, communities lead change, and services work as one to deliver the right care, in the right place, at the right time.

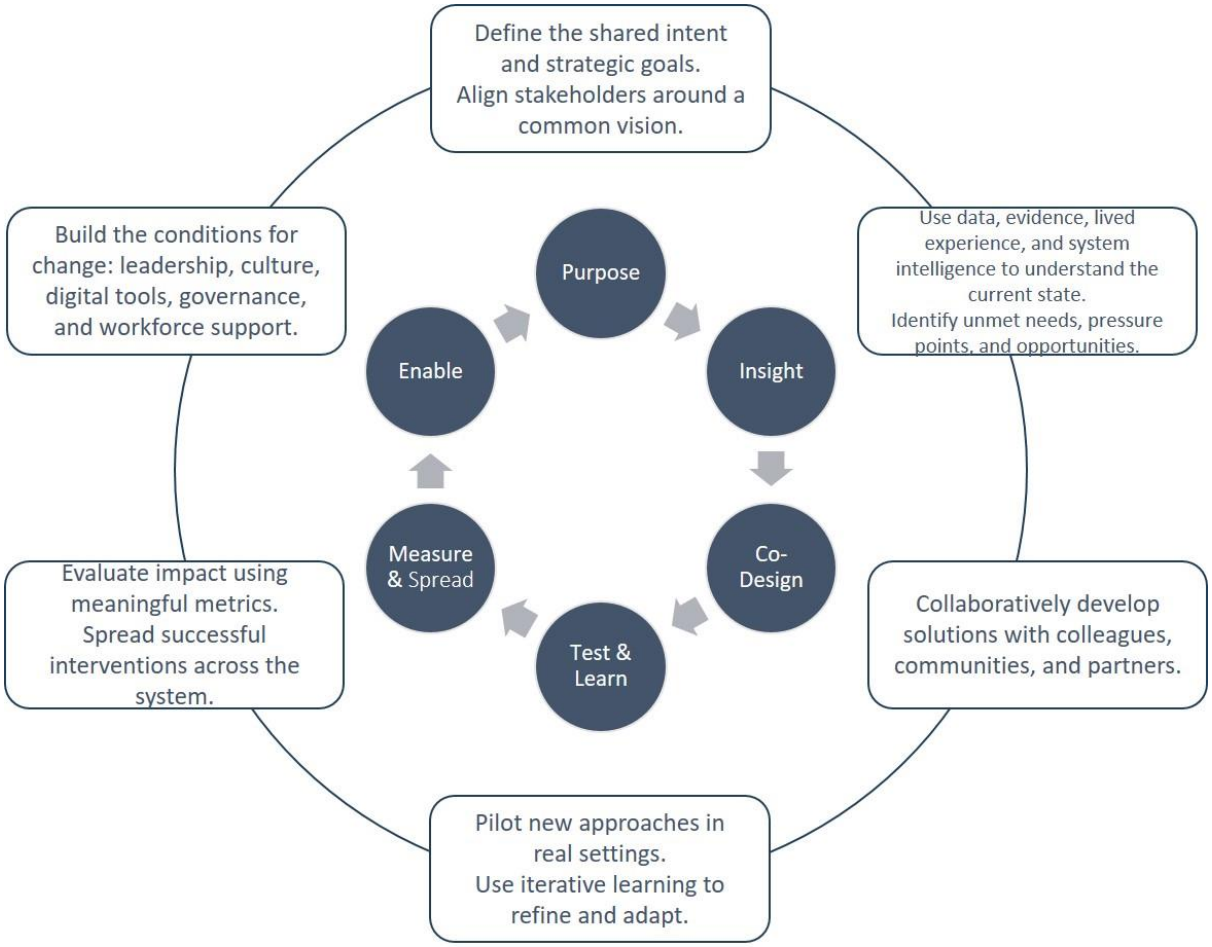
Our 5 aims are:

Focus on what matters to people	Strengthen care in communities	Make the best use of hospital care	Delivering value and sustainability	Prevent ill health and avoid harm
Provide care that is preventative, personalised, and closer to home - shaped by diverse local needs and what matters most to people.	Support primary care, community teams, and social care as the foundation of joined-up, preventative care.	Use hospital services when clinically needed, where they add the most value, and supported by smart use of innovation and resources.	Direct resources to where they make the most difference, helping our services and workforce in all parts of our system stay sustainable.	Invest in what helps people stay well, reduces pressure on services, and supports independence, recognising some people will need more help to achieve the same goals.

2.3.4 Model of Change

The Model of Change is a foundational product of the Route Map. Co-developed with Healthcare Improvement Scotland, it provides a structured, values-led approach to transformation that is already being tested in live settings across the system.

The model is built around six interdependent stages:



This is not a theoretical framework, it is being actively applied in real-world settings, including:

- Hospital at Home, where the model is guiding the exploration of variation, readiness, and conditions for spread
- Putting People First, where co-design, lived experience, and relational approaches are being embedded into service transformation
- Integrated Acute Pathways, where we're using data and planning tools to make sure our resources are focused on delivering the best outcomes for people.

The Model of Change aims to support consistency across programmes, enables learning across time horizons, and ensures that transformation is grounded in what matters to people. It also provides a shared language and method for testing, scaling, and embedding change across the system.

As we move into the next phase of Route Map delivery, the Model of Change will continue to be refined through use. It is already helping to surface barriers, test enablers, and build confidence in new ways of working.

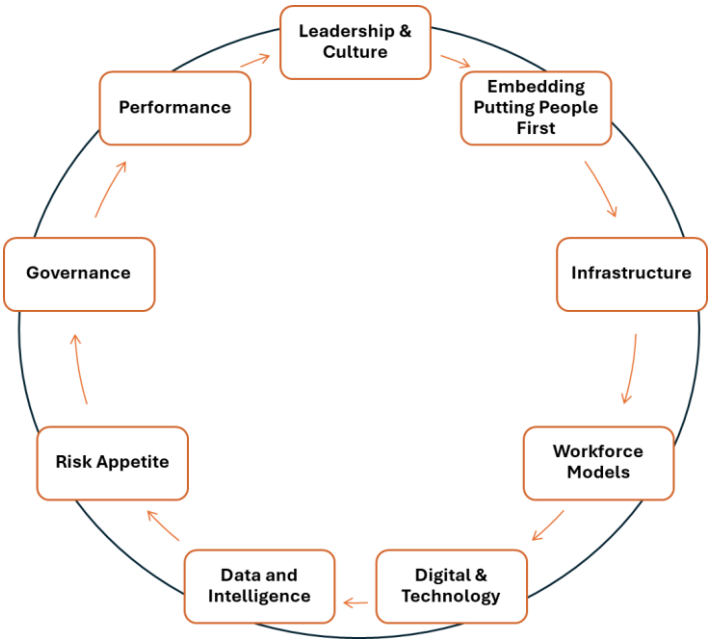
2.3.5 System Mapping Framework

The system-mapping framework is a tool developed to identify high leverage opportunities. It applies the 3 horizon and logic model as a combined framework to assess what is currently happening across programmes and services and allows us to:

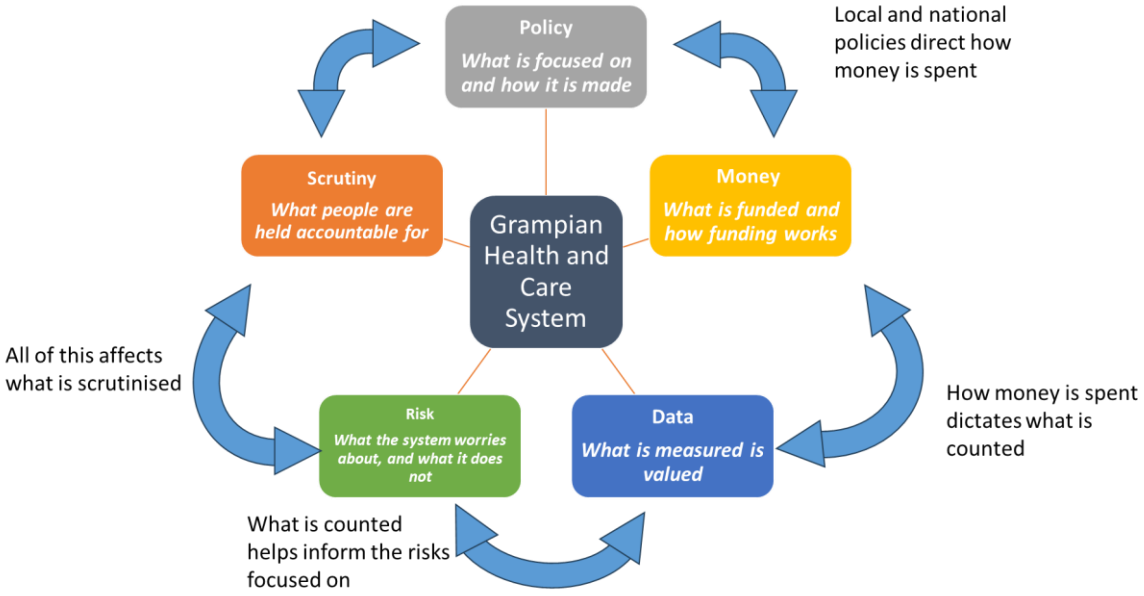
- Understand where current activity sits across H1 (stabilisation), H2 (transformation), and H3 (redesign)
- Identify where transformation is emerging and where key gaps exist
- Build a common basis for prioritisation, alignment, and investment decisions

2.3.6 Enablers: An Intentional Bridge to the Future

We have identified nine systemic conditions for change that shape how transformation happens. These are areas where the way we work – how we lead, fund, govern and measure – can either enable or constrain progress. The Route Map is helping us focus on these intentionally, so they become bridges to change.



These enablers are interconnected at a system level and cluster into 5 overarching themes:



These five themes shape the conditions in which transformation happens. They influence how decisions are made, how resources are allocated, and how success

is judged. If we don't pay attention to these they can trap the system in reactive cycles. But if tracked intentionally, they can become bridges to transformation.

2.3.7 Bridging the Implementation Gap

Developing these enablers is central to how we deliver transformation. The Strategic Change Board and Route Map Working Group are now developing targeted actions against each of the nine enablers. These actions will:

- Translate systemic barriers into practical, testable actions
- Align with live transformation work already underway
- Be refined through engagement, learning, and iteration
- Provide a clear mechanism for tracking progress and impact

The table below summarises how we are beginning to reframe these systemic barriers as opportunities for change:

Systemic Area	Barrier	Bridge	What We Need More Of	What We Need Less Of
Policy	Hierarchical structures limit local flexibility. Shifting policy landscape creates instability.	Leadership & Culture supports evidence-informed, values-led decisions. Public Participation brings local voice into planning. PPF is aligned with national policy. NHS Renewal	Co-designed, stable policy. Local autonomy.	Top-down mandates. Constant policy shifts.
Money	Siloed budgets, short-term funding blocks integrated care.	Investment in infrastructure and workforce supports long-term planning and preventative delivery.	Joint commissioning. Flexible, prevention-focused funding.	Fragmented budgets. Crisis-driven spend.
Data	Incompatible systems. Focus on activity over outcomes.	Digital & AI tools and Information Governance enable better data use. Data for Outcomes focuses on impact.	Interoperable systems. Outcome-focused data.	Redundant data collection. Data hoarding.
Risk	Fear of blame. Inconsistent risk appetite across organisations.	Clear Risk Hierarchy supports local decision-making. Leadership encourages innovation and fail fast culture.	Shared understanding of acceptable risk. Support for innovation which accepts balancing different risks.	Risk aversion. Punitive responses. Multiple governance layers which stifle innovation
Scrutiny	Bureaucratic inspections discourage innovation.	Culture, communication and Public Participation support transparency and shared accountability and learning.	Community-led accountability. Learning-focused culture.	Blame culture. Tick-box evaluations and scrutiny that drives H1 thinking.

What's Different This Time

What sets this approach apart from previous transformation efforts is our deliberate focus on strengthening the conditions for change, not just designing new services. In the past, transformation often stalled because the system conditions - such as leadership behaviours, risk appetite, governance, and data infrastructure - were not aligned to support delivery. This time, we are testing and adapting these enablers in live settings, learning what needs to shift and how to embed those shifts sustainably. By treating these conditions as active levers for change, and by aligning them with real-world transformation work, we are building the capability to deliver and sustain change at scale. This is how the Route Map moves beyond aspiration - it is a practical, system-wide method for making transformation real.

This work is how we bridge the implementation gap - by creating the conditions for change, not just designing the change itself.

2.3.8 Governance and Delivery Infrastructure

To support delivery, we have enhanced governance structures and delivery mechanisms that are already shaping how transformation is being led and embedded across the system:

- **Strategic Change Board (SCB)**

The SCB is establishing itself as a key delivery mechanism of the Route Map. It provides a dedicated space for system leadership, long-term thinking, and alignment across transformation efforts. Its role is to support the system in moving beyond short-term stabilisation (Horizon 1) and into the delivery and design phases of transformation (Horizons 2 and 3).

What it is

The SCB is a cross-system forum that brings together strategic and operational insight to support the development and delivery of the Route Map. It is not a traditional governance body, but a space to explore complexity, surface opportunities, and align transformation activity with shared system priorities.

What it does

- Provides strategic oversight and alignment across transformation programmes
- Hosts spotlight sessions to surface transformation potential in existing work
- Uses system mapping to identify gaps, leverage points, and opportunities for alignment
- Supports the application of the Model of Change across programmes
- Creates the conditions for testing, learning, and scaling new approaches
- Connects data, lived experience, and operational insight to inform action

Why it matters

The SCB plays a critical role in holding space for innovation and system learning. It is where new and emerging technologies, digital tools, and innovative models of care can be explored in a strategic context. By creating the environment for testing, refining, and embedding change, the SCB helps build confidence in new ways of working and supports the system to shift from reactive responses to long-term, values-led transformation.

- **Route Map Working Group (RMWG)**

The RMWG is a sub-group of the Strategic Change Board. It plays a central role in shaping, testing, and informing the development of the Route Map. The group brings together people from across NHS Grampian, Health and Social Care Partnerships, the third sector, primary care, staff-side representatives, and Healthcare Improvement Scotland.

What it is

The RMWG is a multidisciplinary forum that supports the SCB by creating space for shared learning, design, and challenge. It ensures that transformation is grounded in lived experience, operational reality, and strategic intent.

What it does

- Develops and tests the Model of Change in live settings
- Surfaces barriers to transformation and explores enabling conditions
- Hosts deep dives into system priorities to understand variation and opportunity
- Connects data, experience, and insight to inform system-wide learning
- Provides feedback and intelligence to the Strategic Change Board
- Creates space for constructive disagreement and cross-sector collaboration

Why it matters

The RMWG enables the system to move from concept to practice. It is where national ambitions are translated into local action, and where the conditions for testing, refining, and embedding change are created. By bringing together diverse voices and perspectives, the group helps ensure that transformation is inclusive, values-led, and responsive to the needs of people and communities.

2.3.9 Signals of Change and System Learning

We are now half-way into our bridging year and beginning to see tangible signs that the system is shifting. These signals are not abstract or aspirational, they are grounded in real work, tested practice, and early learning. They reflect a system that is starting to rebalance: from hospital to community, from reactive to preventative, and from service-led to person-centred.

This section highlights the early indicators of change that are emerging across the system. These are not yet the full picture of transformation, but they are the foundations - the “green shoots” - of a more sustainable, joined-up health and care system. They also reflect the cultural shift we are beginning to embed: one that values long-term thinking, shared ownership, and a commitment to doing things differently.

These signals also begin to form the early pegs in the ground - concrete areas of focus that will shape the next phase of the Route Map and help address system pressures. These include:

- **Delivering more unscheduled care in communities and at home**

We are focused on expanding alternatives to acute admission, with particular attention on the development of Hospital at Home and redesigned urgent care pathways. These are now the subject of deep dives through the Route Map Working Group to understand variation, assess readiness, and shape the conditions for equitable spread.

- **Addressing expressed unmet need**

The introduction of the Liberated Method will aim to enable teams to focus on what matters to people, remove unnecessary organisational constraints, and redesign how work happens across boundaries for vulnerable people This approach will be tested in live settings and surfacing both cultural and structural enablers.

- **Improving access through community delivery models**

We will continue to expand Community Appointment Days and related approaches and explore how this model can improve access and support earlier intervention – particularly for those with unmet or escalating need. We continue to explore how this model can help reduce pressure on acute services and improve equity of access.

- **Shifting planned care closer to home**

The Community Glaucoma Service, now in development in Grampian, will enable stable glaucoma patients to be followed up by accredited optometrists in community settings. This model, referenced in the OIP, illustrates how planned care pathways

can be redesigned to improve access, personalise care, and release hospital capacity.

- **Embedding digital tools into delivery**

We will move beyond pilot activity to embed remote monitoring, shared records and digital triage as part of how care is planned and delivered. This work will be guided by our refreshed digital strategy and aligned with national ambitions for a digital-first approach.

- **Rebalancing investment towards community and primary care**

Through the work of the Strategic Change Board and commissioning logic applied to programmes like GP Vision and Integrated Acute Pathways, we are beginning to explore how investment - including workforce, estate, and finance - can shift over time to support more preventative, community-based models of care.

- **Stronger collaboration with partners**

Regional and local collaboration is vital for enabling sustainable transformation. At a regional level, collaboration across the North of Scotland offers strategic opportunities to co-design solutions, share learning, and address common challenges such as workforce sustainability and service resilience. Locally, the North East Population Health Alliance (NEPHA) and Community Planning Partnerships provide critical mechanisms for operational collaboration, enabling joint delivery and place-based transformation. We are taking essential action to strengthen both regional and local relationships, supported by national levers such as the Service Renewal Framework (SRF) and the Population Health Framework (PHF), which provide a shared basis for collaborative transformation.

Each of the live programmes described in this section is not only delivering change - they are also acting as test beds for the nine enablers identified in the Route Map. For example, the Hospital at Home and Liberated Method deep dives are surfacing new ways of thinking about risk appetite, particularly in relation to data sharing and innovation. We are exploring information governance through real-world examples where unlocking data sharing could enable more joined-up, preventative care. In parallel, we are committed to reviewing our performance assurance framework to ensure it reflects what matters across all three horizons - moving beyond traditional Horizon 1 metrics to include indicators of transformation and system redesign. Leadership as an enabler is also being explored through recent spotlight sessions at the Strategic Change Board, which are helping to surface the behaviours and conditions needed to support long-term, values-led change.

These signals reflect live work, tested practice and clear alignment with national strategy. They also provide tangible examples of how the Route Map is shaping a more person-centred, sustainable and joined-up health and care system for the future.

2.3.10 Breaking the Cycle of Failure Demand

A recurring theme across our system is the presence of failure demand - activity generated not by new need, but by our inability to meet existing need effectively.

This includes repeat attendances at Emergency Departments, delayed discharges, and escalating conditions due to long waits for care.

The Route Map is helping us reframe these pressures not as isolated operational issues, but as symptoms of deeper systemic imbalance. Our approach is to shift from managing consequences to addressing root causes. This means:

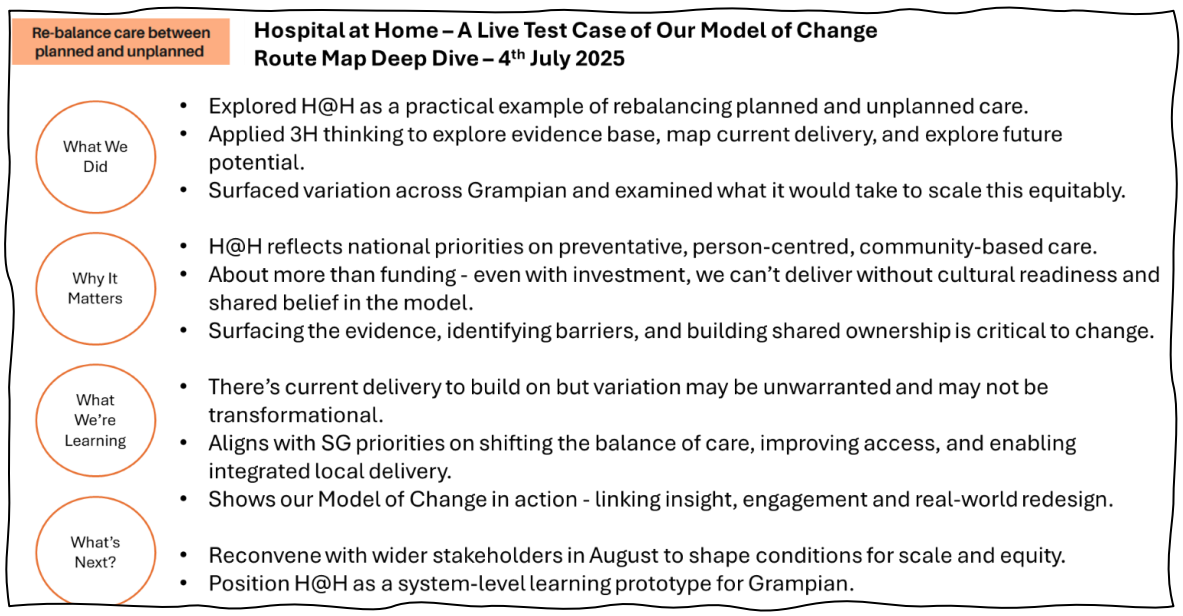
- Rebalancing care between planned and unplanned services
- Investing in prevention and early intervention
- Designing services around what matters to people, not organisational silos

To support this shift, we have undertaken a series of deep dives into three priority areas:

- **Hospital at Home**: exploring how we can expand community-based alternatives to acute admission, and what conditions are needed to spread this model equitably across Grampian
- **Unmet need while waiting**: understanding the impact of long waits on people's health and wellbeing, and identifying opportunities for earlier intervention
- **High-intensity service users**: analysing patterns of frequent unplanned care to better understand the drivers of demand and how we can respond differently

Through the Route Map Working Group, we are surfacing where people are falling through gaps - particularly those with multiple conditions, delayed access, or frequent unplanned care. This is helping us move from reacting to demand to targeting action at its root causes, and to build confidence in new ways of working.

To illustrate how we are applying the Route Map to understand and address failure demand, the following deep dive into Hospital at Home provides a live example of system learning in action. It demonstrates how we are using the Model of Change to explore variation, surface barriers, and shape the conditions for spread.



These deep dives are not standalone exercises, they are part of a broader effort to build a system that is more strategic, preventative, and person-centred. They

reflect a growing capability across the system to identify and respond to unmet need, using data, lived experience, and operational insight.

2.3.11 Case Studies: Route Map in Action

The following case studies illustrate how elements of the Route Map are being tested in live settings across 3 themes. While not all represent whole-system transformation, each provides insight into how specific enablers and components are being applied in practice. They also surface a number of enablers and barriers that must be addressed to test, spread and embed transformation across the system.

Theme 1: Embedding Person-Centred Transformation

Moray Maternity Collaborative

The Moray Maternity Collaborative is restoring consultant-led maternity care in Moray by reintroducing planned caesarean sections at Dr Gray's Hospital - the first since 2018. This work supports care closer to home, equity of access, and improved outcomes for women and families. The programme brings the Model of Change to life through clinical leadership, community engagement, and digital innovation.

Moray Maternity Collaborative – Planned C-Sections at Dr Gray's Hospital

Route Map Horizons: H1 – Stabilising the system, with emerging alignment to H2 – Scaling and embedding transformation
Strategic Aims: Focus on what matters to people, Strengthening care in communities, Making best use of hospital care, Delivering value and sustainability
National Frameworks: Aligns with SRF and PHF

How does this contribute to shaping a healthier future, together?
Restoring planned caesarean sections at Dr Gray's Hospital marks a major step toward re-establishing consultant-led maternity services in Moray. It supports care closer to home, choice, and equity.

What's changing?

- Planned Category 4 C-sections are now routinely delivered at Dr Gray's.
- Enhanced antenatal care pathways and digital tools (e.g., BadgerNet) support safe, high-quality care.

How is it happening?

- Dedicated programme team with clinical leadership
- Community engagement and digital innovation
- Workforce development and cross-site collaboration with Aberdeen Maternity Hospital

What enabled this work?

- Visible leadership and Scottish Government funding
- Strategic alignment with the Moray Maternity Programme
- Strong community and staff engagement

Barriers overcome:
Key challenges have been successfully addressed, including recruitment through targeted campaigns, operational complexity via collaborative working, and digital capability through rapid training and implementation. Community engagement has evolved into active advocacy, and multidisciplinary planning has embedded new processes into routine practice.

Why it matters:

Women and families now receive care locally, reducing travel stress and improving outcomes. The continuity of carer model enhances experience and safety.

What we're learning:

- Local delivery of complex care is achievable with the right infrastructure.
- Digital tools enhance communication and safety.
- Protected clinical time and strategic alignment are essential for embedding change.

Putting People First

Putting People First is a core principle of the Route Map and a live demonstration of how we can work differently with people and communities to shape the future of health and care in Grampian. It represents a foundational shift in how we design, deliver, and evaluate change—prioritising what matters to people, involving as equal partners, and building trusted relationships to support preventative, place-based care. The programme exemplifies the Model of Change in action through co-design, lived experience, and cross-sector collaboration.

Putting People First – Creating Equal Partnerships with People & Communities

Route Map Horizon: Horizon 2 – Scaling and embedding transformation
Strategic Aims: Focus on what matters to people, Strengthen care in communities, Delivering value and sustainability, Prevent ill health and avoid harm
National Frameworks: Aligns with PHF and SRF

How does this contribute to shaping a healthier future, together?
"Putting People First" is transforming how NHS Grampian engages with communities by building trust, listening deeply, and co-designing services. This approach supports the Route Map mission by embedding inclusive, preventative, and community-led models of care.

What's changing?

- A cultural shift is underway in how people are involved in shaping services. Two key initiatives illustrate this:
    - Community Appointment Days (CADs): Holistic, person-centred events offering clinical and community support in non-clinical settings.
    - Health Equity & Learning Project (HELP): Expert panels of people with lived experience inform service improvements for families facing poverty.

How is it happening?

- Co-design with communities and third-sector partners.
- Use of lived experience to shape services.
- Evaluation and feedback loops to inform continuous improvement.

What enabled this work?

- Visible leadership and permission to innovate.
- Funding from the Scottish Government's Child Poverty Practice Accelerator Fund.
- Strong cross-sector collaboration and relational approaches.

Challenges and barriers being addressed:
System pressures and limited capacity have made it challenging to test and scale new approaches. Cultural resistance to upstream working and data-sharing constraints have also emerged. These are being addressed through pragmatic, values-led approaches, including targeted evaluation, storytelling, and leadership engagement. A delivery plan is in place to support wider adoption and resourcing.

Why it matters:
This work is improving self-management, community connection, and trust. It's enabling more equitable, responsive care and building a foundation for long-term transformation.

What we're learning:

- Lived experience brings fresh insights.
- One-size-fits-all doesn't work - flexibility is key.
- Trust is built through listening and acting on feedback.

Theme 2: Redesigning Acute Pathways

Integration of Acute Pathways (IAP)

The Integration of Acute Pathways (IAP) Programme is reshaping how acute services are delivered across Grampian by integrating pathways across sites and specialties. It supports the Route Map's ambition to deliver sustainable, equitable, and high-quality care through a unified, population-based model. The programme demonstrates the Model of Change in action through data-driven redesign, shared governance, and cross-site collaboration.

Integration of Acute Pathways (IAP)

Route Map Horizon: H1 – Stabilising the system and H2 – Scaling and embedding transformation
Strategic Aims: Focus on what matters to people, Make the best use of hospital care, Delivering value and sustainability
National Frameworks: Aligns with OIP and SRF

How does this contribute to shaping a healthier future, together?
The IAP Programme is integrating acute services across Grampian to ensure equitable, sustainable, and high-quality care. It aligns with national ambitions for hospital redesign and rural healthcare equity.

What's changing?

- Three acute services—cardiology, orthopaedics, and endoscopy—are being integrated with: Single points of referral, Unified vetting and waiting lists, and Shared governance structures

How is it happening?

- Whole-system approach to acute care
- Data-driven redesign and pathway prototyping
- Engagement aligned with Putting People First principles

What enabled this work?

- Strategic leadership and clear commissioning
- Accelerated project delivery with milestone tracking
- Alignment with national frameworks and local strategies

Challenges and barriers being addressed:
The programme has encountered operational complexity, governance transitions, and workforce pressures. While many foundational elements are in place, some barriers - such as embedding new governance structures and fully operationalising integrated processes - are still being worked through. Lessons learned are informing the next phase, with a focus on sustainability and evaluation.

Why it matters:
This integration improves access, reduces duplication, and enhances sustainability. It supports consistent care quality across the region and prepares the system for future demand.

What we're learning:

- Integration requires clear leadership and shared goals.
- Data and lived experience must guide redesign.
- Sustainable change depends on collaboration and flexibility.

Planned Care

Planned care services across NHS Grampian are under significant pressure, with waiting times exceeding national standards and impacting people's health and wellbeing. The Planned Care Redesign Programme is a strategic response to this challenge - working to modernise pathways, reduce delays, and embed sustainable change. Aligned with national frameworks and the Route Map's mission, this programme is reshaping how planned care is delivered by focusing on value, equity, and sustainability.

Planned Care Redesign

Route Map Horizon: Horizon 1 – Stabilisation, Horizon 2 – Transformation
Strategic Aims: Focus on what matters to people, Delivering value and sustainability, Prevent ill health and avoid harm
National Frameworks: Aligns with OIP, SRF, PHF, Realistic Medicine, Value-Based Health and Care

What's changing?
The programme is redesigning planned care pathways to reduce waiting times and improve access. It supports a whole-system approach across community, primary, and secondary care, enabling clinicians to deliver seamless, person-centred care. Workstreams include outpatient pathway redesign, national sustainability projects, and future improvement planning.

How is it happening?
The programme supports services to redesign pathways through a mix of facilitation, operational input, and technical support. It works closely with clinical and operational leaders, aligns with national initiatives, and is embedded in wider transformation efforts including Realistic Medicine and Value-Based Health and Care.

What enabled this work?
Progress has been supported by engaged clinical leadership, operational management, and collaboration with the Centre for Sustainable Delivery. Prioritisation by corporate support services (e.g. Digital, Information Governance) has been key to advancing projects.

Barriers overcome
Challenges include coordinating with backlog clearance efforts, competing priorities for service leaders, and limited capacity in support services. These are being addressed through early stakeholder engagement, clear communication, and alignment with national timelines.

Why it matters
Redesigning planned care pathways helps prevent deterioration in health while people wait, reduces harm and waste, and ensures resources are used in ways that matter to people. It supports care closer to home, integrated delivery, and improved patient-reported outcomes.

What we're learning
- Transformation must be right-sized to build momentum
- Capacity constraints require prioritisation and coordination
- Staff-led pathway development builds confidence and informs meaningful redesign
- Embedding change in a complex system requires flexibility, clarity, and sustained support

Theme 3: Strengthening Care in Communities

Community Glaucoma Services (CGS)

The Community Glaucoma Scheme (CGS) is shifting care for stable glaucoma patients from hospital to community settings, supporting the Route Map's aims of prevention, sustainability, and care closer to home. Trained optometrists manage eligible patients in the community, reducing pressure on hospital eye services and improving access. The scheme is being implemented through national training (NESGAT), shared digital records, and collaboration across primary and secondary care.

Implementing the NHS Community Glaucoma Scheme (CGS)

Route Map Horizon: H2 – Scaling and embedding transformation
Strategic Aims: Focus on what matters to people, Strengthen care in communities, Make the best use of hospital care, Delivering value and sustainability, Prevent ill health and avoid harm
National Frameworks: Aligns with OIP and PHF

How does this contribute to shaping a healthier future, together?
The NHS CGS supports shifting care for stable glaucoma patients from the Hospital Eye Service (HES) into the community. This enables more timely access to consultant-led care for complex cases, strengthens care in local settings, and delivers better value by using GOS-funded community appointments rather than more costly hospital-based care. It also reduces travel for patients and supports a more sustainable model of long-term glaucoma management.

What's changing?
The CGS is in the early stages of national rollout, with local implementation in Grampian currently under development, allowing eligible patients to be discharged from HES and managed by accredited community optometrists. These optometrists are trained through the NESGAT (NHS Education for Scotland Glaucoma Award Training) programme, which equips them to manage glaucoma and ocular hypertension safely and independently. This change offers patients more flexible, local care and reduces pressure on hospital services.

How is it happening?
The CGS is being delivered through collaboration between hospital and community services, supported by national training and digital innovation. Optometrists complete a specialist glaucoma training programme (NESGAT) and are registered to provide care in community settings. Patients are identified and discharged from hospital eye services, then invited to attend appointments with accredited optometrists. The process is supported by shared digital records and formal communication between services, ensuring continuity and safety.

What enabled this work?
Progress has been made through sustained engagement across Acute services, NHSG Digital, Information Governance, Primary Care, NES, and NHS GG&C MDU. The Optometry Lead has played a key role in coordinating stakeholders and driving the project forward.

Key barriers remain:
To fully realise the benefits of CGS, we need to strengthen workforce capacity through additional training opportunities, dedicated project management to maintain momentum, and invest in sustainable digital infrastructure.

Why it matters
Glaucoma is a lifelong condition that becomes more prevalent with age. Without intervention, demand on HES will continue to rise. By enabling stable patients to be managed in the community, CGS reduces waiting times, improves access to care, and supports a more person-centred and sustainable model.

What we're learning
Early implementation highlights the importance of project ownership, cross-sector collaboration, and clear governance to drive change. It reinforces that community-based models can deliver real value when supported by the right infrastructure and workforce. The experience also underlines the need to plan for sustainability from the outset - particularly in relation to digital systems and workforce development - to ensure long-term success.

2.3.12 Next Steps

We continue to refine the language and framing of the Route Map based on feedback, and map all transformation activity to ensure alignment, reduce duplication, and identify opportunities for shared learning.

In addition we will:

- Continue to maximise opportunities to work collaboratively with IJBs, Local Authorities, and wider stakeholders
- Continue testing and refining our approach through live programmes
- Keep listening to people and staff so we can learn from their experiences and improve
- Remind ourselves: this is a journey we are on together - we are not finished yet

2.3.13 Quality / Patient Care

The Route Map aims to improve quality of care by enabling more person-centred, preventative, and community-based models.

2.3.14 Workforce

The Route Map aims to support workforce sustainability by promoting new models of care which reduce pressure on staff and improve wellbeing.

2.3.15 Financial

The Route Map aligns with NHS Grampian's financial recovery and sustainability goals by supporting more efficient use of resources by shifting care upstream and redesigning pathways.

2.3.16 Risk Assessment / Management

The Route Map continues to play a central role in addressing NHS Grampian's most pressing strategic risks. These include:

- Inability to meet population demand for planned care
- Significant delays in the delivery of unscheduled care
- Inability to maintain and invest in infrastructure
- Deviation from recognised service standards

The Strategic Change Board (SCB) is actively using the Route Map to coordinate system-wide responses to these risks. This includes:

- Supporting the redesign of care pathways to reduce avoidable demand
- Aligning transformation with financial recovery and sustainability
- Enabling workforce stability through new models of care
- Connecting operational insight with strategic intent to ensure delivery is grounded in reality

The Route Map's emphasis on system mapping, lived experience, and iterative learning ensures that risk mitigation is not reactive, but embedded in a longer-term vision for change.

2.3.17 Equality and Diversity, including health inequalities

All transformation activity will be impact assessed under the Public Sector Equality Duty and Fairer Scotland Duty on a case-by-case basis. The Planning with People framework will be applied where appropriate, ensuring inclusive and equitable change.

More broadly, the Route Map aims to embed equity by focusing on what matters to people and involving communities in shaping services. Lived experience and targeted engagement are key components to ensure that transformation is inclusive and responsive.

2.3.18 Other impacts

The Route Map aims to fostering a cultural shift across NHS Grampian - toward long-term thinking, shared ownership, and values-led transformation. To do so we are strengthening collaboration with partners, improving data use, and enabling broader system resilience and innovation.

2.3.19 Communication, involvement, engagement and consultation

The Strategic Change Board (SCB) and Route Map Working Group (RMWG) are central to stakeholder engagement in the development and delivery of the Route Map. These forums bring together voices from across NHS Grampian, Health and Social Care Partnerships, Local Authorities, third sector organisations, primary care, staff-side representatives, and national partners such as Healthcare Improvement Scotland and Scottish Ambulance Service.

Engagement has been embedded throughout via:

- Co-design workshops and spotlight sessions hosted by the SCB
- Deep dives into priority areas involving operational teams and lived experience
- Collaborative testing of the Model of Change in live settings
- Feedback loops from programmes such as Putting People First and Community Appointment Days

This inclusive approach ensures that transformation is grounded in operational reality, strategic intent, and the lived experience of people and communities. It also supports transparency, shared ownership, and continuous learning.

2.3.20 Route to the Meeting

The content of this report has been previously considered by the Strategic Change Board as part of its development.

2.4 Recommendations

The Board is asked to:

- **Assurance** – review and scrutinise the information provided in this paper and confirm that it provides assurance that the current direction of the Route Map as a credible and collaborative approach to delivering sustainable transformation across the system.

- **Endorsement** - support the continued development and application of the Model of Change, including its use in live settings to test, spread, and embed new ways of working.
- **Endorsement** – endorse the Route Map's role in mitigating strategic risks.
- **Endorsement** – endorse the Route Map's alignment with national frameworks (OIP, PHF, SRF) and the Scottish Government's Renewal priorities.
- **Endorsement** – endorse the intention to strengthen whole-system collaboration by leveraging existing strategic forums such as the North East Population Health Alliance and Community Planning Partnerships
- **Decision** – agree that additional dedicated capacity is required to accelerate delivery and sustain progress, and that this resource requirement should be considered by the Assurance Board.
- **Future reporting** – to request that another report on this subject be brought back to the Board in the next Quarter.

3 Appendix/List of appendices

The following appendix/appendices are included with this report:

- Appendix 1 - Model Of Change + Relationship with 3 Horizons
- Appendix 2 - Developing Our Plan for the Future - Personas and Key Insights