



# NHS Grampian 2026-27 Priorities for Delivery

Engagement Report  
January – March 2026

DRAFT SUBJECT TO BOARD APPROVAL



# Index

|  |    |
|--|----|
| Our Approach to Engagement                               | 3  |
| Who We Heard From...                                     | 5  |
| Summary of Key Messages<br>Staff Groups                  | 7  |
| Summary of Key Messages<br>Community Members             | 9  |
| Engagement Event<br>Area Clinical Forum                  | 11 |
| Engagement Event<br>System Leaders                       | 14 |
| Engagement Event<br>Grampian Area Partnership Forum      | 17 |
| Engagement Event<br>All-Staff Briefing                   | 18 |
| Engagement Event<br>Third Sector Interfaces (TSI)        | 21 |
| Engagement Event<br>Public Involvement Network (PIN)     | 23 |
| Engagement Event<br>Aberdeenshire Community Conversation | 26 |
| Engagement Event<br>Aberdeenshire Tackling Poverty Group | 29 |
| Engagement Event<br>Aberdeen City Community Conversation | 32 |
| Engagement Event<br>Moray Community Conversation         | 35 |

# Our Approach to Engagement



As part of developing NHS Grampian's 2026-27 Priorities for Delivery, we wanted to share the emerging priorities with our staff, partners and communities to help shape the final version.

The proposed priorities and actions were shared with key stakeholders at an early stage to promote discussion, understanding, ownership and gather feedback.

NHS Grampian is fully committed to embedding its *Putting People First* approach and principles and continue to work in collaboration to strengthen our relationships with partners and to understand how we can best work together to connect in a meaningful way with our communities.

For the purposes of communicating and engaging on our 2026-27 Priorities for Delivery, we worked across our system to ensure we cascaded information via established groups and networks and are grateful for the support of our staff, partners and community members to enable us to do this.





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# Who We Heard From...



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## Between January and March 2026

- All Staff dedicated session for 2026-27 Priorities
- All Staff briefing
- NHS Grampian Chief Executive Team
- NHS Grampian Board
- NHS Grampian Senior Leaders (Divisions)
- NHS Grampian Area Clinical Forum (ACF)
- NHS Grampian Area Partnership Forum (GAPF)
- NHS Grampian Public Involvement Network (PIN)
- Third Sector Interface (TSI) CEOs
- Aberdeen City Community Conversation
- Aberdeenshire Community Conversation
- Moray Community Conversation
- Aberdeenshire Tackling Poverty & Inequalities Group

## Still to take place at time of report:

- Aberdeenshire Integration Joint Board (IJB)
- North East Strategic Partnership Group (NESPG)
- Aberdeen City Community Planning Board
- Aberdeenshire Community Planning Board
- Moray Community Planning Board



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# Summary of Key Messages

## Staff Groups

### What needs more focus?



- Primary Care.
- Mental Health.
- Children's Services.
- Digital.
- Infrastructure.
- Impact of climate change.

### What matters most?



- Clear actions and measures that everyone can understand.
- Staff health and wellbeing addressed in a meaningful way.
- Prevention as an explicit priority.
- Strengthened focus on pathways and transformation.
- Joined-up partnership working.

### Communication & Engagement



- Services need hope for the future: move out of Level 4, autonomy, budgetary control, clinically led service planning, make NHS Grampian an attractive place to work.
- Be explicit about what will be different.
- Explain how we are working with our partners.
- More opportunities for broader staff involvement.

“

From a workforce perspective, what matters most is psychological safety, realistic workload assignment and clarity of contribution. Staff want to see how priorities translate into practical support.

Feedback from a member of staff at a recent community conversation.

”



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# Summary of Key Messages

## Community Members

### What needs more focus?



- General Practice access.
- Clear practical plans.
- System wide communication.
- Mental health.
- Rural equity.
- Co-ordination of care.
- Prevention focused partnerships.
- Confidence that plans will prioritise safety and be person centred.

### What matters most?



- Feeling listened to.
- Fair, consistent services.
- Safe, person centred services.
- Care near home.
- Connected pathways.
- Shorter waits.
- Genuine partnerships.
- Honesty, transparency & trust.

### Communication & Engagement



- Honest two-way communication.
- Clear regular updates.
- Multi-channel engagement.
- Simple, shareable materials.
- Stronger involvement structures - Patient Participation Groups (PPGs), Community Councils, local groups, etc).
- Reach out to hear diverse voices.

“

The more the patients are involved in the process and understand the process, I think it would be a little bit easier. It won't solve everything, but I think that needs to be part of your plan as well.

Feedback from a member of the public at a recent community conversation.

”



# Engagement Event

## Area Clinical Forum



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### 2026-27 Priorities

- Maintain restricted number of priorities.
- Initial Priorities seem right.
- Like focus on leadership and governance.
- Maximise (if adequately supported) GP/Primary Care role in Prevention & Unscheduled Care (USC).
- Planned care seeing some green shoots but USC feels complex.
- Planned care and USC need some level of growth and innovation too.
- Need more emphasis on risk with USC – work to improve is significant but hard to see the improvement, given complexities.
- Incorporate recognition and support for volunteers and the third sector in the overarching narrative and priorities.
- Can these priorities realistically be delivered?

### Staff Wellbeing

- Tension between staff wellbeing and current experience – teams impacted by carrying vacancies due to recruitment restrictions, resource limitations & also impact of Reduced Working Week (RWW).
- Perception that financial target more of a priority than quality of care.
- Need to reframe messaging with meaningful actions which will demonstrate staff wellbeing is not just a 'tagline'.

### Engagement

- Engage with partners to reduce unintended impacts from decisions (public perception 'we are not joined up') e.g. imminent closure of a community rehab centre.
- Important to engage with the public, community groups, and volunteers in the development and delivery of priorities.

### General Comments



- Develop and provide support for clinically led service planning, ensuring cross-system working and adequate resourcing for teams to plan effectively.
- Provide an update at the next session on the integrated financial and service planning work, including visibility of savings schemes and their cross-system impacts.
- Challenging navigating different management structures across system.
- Need to give autonomy to services.
- Need to make Grampian an attractive place to work.



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## 2026-27 Priorities

- Important to have Prevention front and centre, needs to be explicit and weaved into pathways.
- Early intervention needs to be more explicit.
- Children were a key focus in Plan for the Future (Pff) – no mention in these priorities.
- Child, adolescent, and young mental health support is a gap.
- Mental Health and Psychological therapy needs to be more explicit – staff need to see value of their work. 'There is no health without mental health'.
- Primary care needs more focus – all Primary Care Contractors, GP, Pharmacy, Dental, Optometry and other assets,
- Community Treatment and Care (CTAC) Services, Vaccination Hubs.
- Broaden context of what we mean by 'community-based services'.
- Ensure wording is more inclusive to other parts of the system not just on Acute Services.
- Focus needs to be on pathways and redesign – opportunity for hospital specialist services and primary care teams to co-deliver a 'new approach' - patient focused close to home.
- Need clear messaging of priorities that is easy to understand and convey to others.

## Staff Wellbeing

- Important that People is first priority.
- All employees (delegated or non-delegated) need to see where they sit within the priorities, valued for their contribution and acknowledgment of pressures they are operating within.
- Consider rewording 'wellbeing support to high pressured teams' - to broader support across all teams (prevention) rather than wait for crisis (intervention).

## Engagement

- Public expectations – what are the different conversations needed? When patients are at the front door, long waits translate into an increase in complaints. The early intervention needs to be in primary care and in the community.

## Finance

- Value and Sustainability work has largely been service/dept focused – need to see shift to pathway redesign and resource allocation to support.
- Need 'light at the end of the tunnel' - move out of Level 4 and return to budgetary control.

## Outcomes & Key Performance Indicators (KPIs)

- If we are to measure improvement (outcomes) we need a baseline to measure against.
- Focus required on the right Key Performance Indicators (KPIs).

## General Comments

- Signal intent re Transformation.
- PfF – balance of care and prevention – are we maximising opportunities for new models of care.
- How are we aligned with partners strategies given services devolved to Health and Social Care Partnerships (HSCPs)/Integration Joint Boards (IJBs).



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# Engagement Event Grampian Area Partnership Forum



## 2026-27 Priorities

- Consider what this means for teams in terms of what they may need to pause to focus on 2026-27 priorities.
- Concern that these priorities are the same we have seen over the last few years. Need to explain/ demonstrate what is going to be different e.g. approach to engagement, prevention etc.
- Need to be more explicit in how we are working in partnership across communities.



## Finance

- Concern re increasing inequalities within healthcare e.g. substance use, where services are being cut due to financial constraints.

# Engagement Event All-Staff Briefing



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## What matters most to you?



- Most common words were staff wellbeing (32) and prevention (32).
- Many responded that they could see alignment with their roles/teams in the main.

## People



- Staff wellbeing essential to focus on, but needs be meaningful and tangible.
- Staff training & development and support for managers should be included.

## Prevention



- Would want focus on mental health and wellbeing, inequalities and equity of access, impact of poverty, among others.
- Commitment to focus on prevention alongside crisis management as recognition of tension between this and Unscheduled Care.

## Unscheduled Care (USC)



- Stronger focus on improving discharges, including community capacity
- Improve how care homes access Unscheduled Care.

## Planned Care



- Mental health and learning disabilities highlighted as a gap.
- Community capacity for planned care needs consideration.

## Value & Sustainability



- Considering implications of decision-making from all angles.



## Gaps Highlighted

- Digital.
- Mental health.
- Improving our infrastructure and premises.
- Children's health and services.
- Interface with primary care.



## Enablers

- Collaborative partnership working.
- Better gathering and use of patient experience.
- Opportunities to use volunteer roles.
- Business systems transformation.
- Change support for services and teams.
- Innovation.
- Realistic Medicine.
- Good quality data.



## Communication & Engagement

- Lots of appreciation for the opportunity and would want more in the future (and ways for those not attending to contribute).
- Provide more context in the invite to help staff know what to expect from the session.
- More information on how will be measured.
- Some felt that it was too high-level to comment on and engagement process for developing the priorities not clear
- Communications not always shared locally.



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# Engagement Event

## Third Sector Interfaces (TSIs)



### 2026-27 Priorities

- Real potential for third sector to support delivery of priorities around prevention with planning and resourcing (CVD prevention highlighted as an area that could be co-produced).
- The TSIs' core function is to enable access to a vast range of community organisations – they can help ensure meaningful conversations take place with community members.
- Shared language needed around the three tiers of prevention so all talking about the same thing.
- Suggest NHS Grampian have an agreed strategic approach for engaging with the third sector to allow relationships to develop and co-design new approaches together, which can be appropriately planned and resourced.

### Challenges and Barriers

- Lack of equitable approach across the three IJBs re how TSIs are involved and included.
- System barriers need to be addressed if we are to be able to engage the third sector with NHS priorities, e.g. information governance and data sharing/processing
- Shared language needed around the three tiers of prevention so all talking about the same thing.



# Engagement Event Public Involvement Network (PIN)



## 2026-27 Priorities - What needs more focus?



- How these will be delivered was not clear.
- No reference to GP practices who are essential in managing health – felt purely focused on hospitals.
- Working with IJBs crucial for discharge to community settings. Feels there is a breakdown in communication with IJBs. Cited Rosewell as an example where it appears that organisations are operating as separate entities, rather than as a system.
- Needs to be in language that everyone can understand and are meaningful, to ensure that all staff can have them at the forefront of their mind.
- Email notifications of procedures and appointment should be as standard for the majority.

## Communication & Engagement



- Use community council structure.
- Be mindful of sensory impairments.
- Use community hubs – centres, GP practices, dental practices, libraries, etc.
- PIN can reach out to further networks.
- Use staff members to reach out to their networks.
- Opportunity for reinforcing key messages in 'discharge packs'.
- Hospital radio and Station House Media Unit (SHMU) radio.

## General Comments

- Need to enhance what is already out there, rather than duplicating.
- Highlighted disparities between provision across Grampian (early supported discharge cited as one example where there are differences between Aberdeen City and Aberdeenshire).
- NHS services feel like they operate entirely independent from each other and therefore difficult for the patient to truly be at the centre – there needs to be better connectivity.

## Summary: The Big Three Themes

1. Clear, joined-up working as a whole system with clearer “how” actions.
2. Better cross-service communication & coordination.
3. Practical, inclusive involvement



# Engagement Event Aberdeenshire Community Conversation



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## 2026-27 Priorities - What needs more focus?



- Access to GPs highlighted as a gap which needs attention and an ask that NHS Grampian do more to ensure this improves.
- Concerns that population growth is not being planned for (e.g. town expansions).
- Delayed discharges and use of community hospitals; transport and access to Aberdeen Royal Infirmary (ARI).
- Concerns about funding inequity for NHS Grampian.
- Need tangible plans, not only aspirations – visible evidence, data and timelines, with practical examples.
- Learning from other NHS Boards.

## What matters most to people?



- Respectful, human communication where people are really listened to
- Transparency and honesty – why changes are needed, what the impact will be, understanding of contracts such as Baird Family Hospital, etc.
- Working in partnership with our communities.
- Care as close to home as possible.
- Safety and accessibility of services.

## Communication & Engagement



- Simple, shareable communications – visuals that can be used on social media for example.
- Regular updates that are short, clear and transparent, sharing the good and bad.
- Digital engagement platform, as long as easy to use and support meaningful engagement.
- More channels for two-way communication.
- Sessions such as the live CEO Q&A for staff, for the public.

## Summary: The Big Three Themes

### 1. Access

People want GP access fixed – appointments, booking systems, staffing, triage.

### 2. Transparency

Be honest about constraints, tell people what's really happening, and involve them early.

### 3. Communication

Use simple, rapid, visual communications and strengthen relationships with patient participation groups (PPGs) and community groups



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# Engagement Event

## Aberdeenshire Tackling Poverty Group



### 2026-27 Priorities - What needs more focus?



- Rural access and equity are key factors.
- Improving trust and confidence in triage services.
- Reassurance needed that service coordination will be improved to increase flexibility and be better joined up between services.
- Recognise workforce pressures across the system and want to see how they will be addressed.
- People's lived experience may not show up in data but it is real and affects peoples' confidence in the system.
- The everyday impact of decisions needs to be fully reflected in plans.

### What matters most to people?



- Person-centred, compassionate care – people want to feel heard, respected, and included in decisions.
- Fair access regardless of geography.
- Joined up, coordinated services, with better communication, aligned appointments and support to navigate the system.
- Transparency and explanations behind decisions, honesty about resources and constraints.
- Reliable and safe urgent care and reduced delays to access health services.

### Communication & Engagement



- Ongoing two-way dialogue with regular conversations and honest updates.
- Need to strengthen confidence that changes being made are safe and person-centred.
- Lived experience panel could help with ongoing dialogue.
- Updates on actions taken and explanations of timelines and constraints.
- Use multiple communication methods, both digital and non-digital.

## Summary: The Big Three Themes

- 1. Rural realities and the everyday impact on people's lives on service changes need much stronger recognition.**  
Travel, cost and safety are major factors shaping experience and access.
- 2. People want a system that listens, coordinates better, and provides fair and transparent care.**  
Feeling heard and understood is central to trust.
- 3. Involvement must be ongoing, honest, and accessible to all communities.**  
People want to stay engaged through regular dialogue, varied communication channels, and opportunities to contribute meaningfully.



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# Engagement Event Aberdeen City Community Conversation



## 2026-27 Priorities - What needs more focus?



- GP services access raised by many on the call (areas specifically mentioned – issues with access, accountability of GPs, and training opportunities for GPs in training).
- Cardiovascular risk is important, but concern there is variation in how prevention guidelines are being implemented.
- Mental health services highlighted as a gap (specific mention of autism/ADHD).
- No mention of the dealing with the impacts of climate change on physical health, mental health and maintaining services.
- Palliative and end of life care highlighted as missing from the priorities.
- The potential of the third sector to help address demand and help with the priorities.

## What matters most to people?



- Reassurance that our organisations are truly working in partnership.
- Clear consistent messages across primary care providers.
- Honesty and transparency about what is changing.
- Holistic wraparound care when people need it.
- Services being joined up and flexible.
- Patients and communities being heard.
- Waiting times.
- Reducing inequalities.
- Modernising services for the future.



## Communication & Engagement

- Updates on how NHS Grampian responding to KPMG recommendations would be welcomed.
- Clear information shared with the public about what NHS Grampian does and what the Aberdeen Heath & Social Care Partnership does.
- Proactive communication about decisions taken and what they mean for people (both positive and negative impacts).
- More meetings like this, but advertise wider and have more channels for communication and dialogue with the public.

## Summary: The Big Three Themes

1. People want a far clearer understanding of how the system works, why changes are happening, and what it means for them.
2. What matters most is joined up, accessible, consistent and timely care – especially in primary care and mental health.
3. People want honest, regular, simple communication, meaningful involvement, and visible evidence that their feedback drives decisions.



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# Engagement Event

## Moray Community Conversation



### 2026-27 Priorities - What needs more focus?

- Localisation of services, including blood tests, diagnostics, vaccinations, or flexibility of appointment times and travel support when necessary.
- Reassurance was sought that attention is being paid to specific areas: veteran's health, gynaecology/endometriosis, foetal alcohol spectrum disorder, palliative care.

### What matters most to people?

- Fair access locally.
- Person-centred support, that can be tailored to vulnerable groups, and staff continuity.
- Timely, joined up care with clear pathways and improved General Practitioner (GP) access.
- Honest and transparency about decisions.

### Communication & Engagement

- Direct ongoing 2-way communication, including regular briefings, updates via email and ability to ask follow-up questions.
- Local involvement structures with suggestion to make better use of Patient Participation Groups (PPGs).
- Multiple channels for communication.

### Summary: The Big Three Themes

- 1. Access and Transport Barriers**  
Strongest and most frequent concern; impacts equity and outcomes.
- 2. System Capacity & Staffing**  
Worries about recruitment, waiting times, and deliverability of priorities.
- 3. Desire for Continuous, Meaningful Engagement**  
Communities want partnership, not periodic updates.



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