



Plan
for the 
Future
Healthier Together
2022 - 2032

DRAFT SUBJECT TO BOARD APPROVAL



NHS Grampian 2026-27 Priorities for Delivery



NHS
Grampian

Welcome from our Chief Executive

Our dedicated teams across Grampian work hard to provide the best possible care every single day. While we are clear about where improvement is needed, we can also evidence our progress over the last year and will continue to build on this. We are committed to listening to and working with our patients, staff, communities and partners. Acting on feedback will help us continuously improve care and services and people's experience of working here.

In 2025-26, we reduced the number of patients waiting longest to be seen, achieved £62m in savings and strengthened leadership and governance. At the same time, we openly acknowledge the challenges and the distance we still have to travel. This is in the context of our health and care system seeing a changing pattern of demand as we care for more older patients. We must make sure we are equipped to respond to this changing pattern of demand, recognising the implications for our workforce, capacity and the cost of delivering safe, effective and sustainable services.

While we won't be able to do everything overnight, we can commit to delivering year-on-year improvement and progress in priority areas we know matter most to people. There is a huge amount of work ongoing every day to make a difference and clear improvement plans are helping to create the conditions for lasting progress.

In my first six months in post, my focus has been on stabilising the organisation through visible and compassionate leadership, clearer accountability and a stronger emphasis on putting people first. We are realistic about the challenges we continue to face and will tackle these alongside vital partners at local, regional and national levels. Together, we can make better use of digital solutions, make progress on prevention, and develop our workforce in the most sustainable way. A focus on delivering quality, safety and value is at the heart of this joined-up approach.

We are pleased to have had so many honest and constructive conversations with our patients, community members, staff and partner organisations from across Grampian in shaping our Priorities for Delivery as set out in this document. Our Priorities for Delivery for 2026-27 set out the key actions we will have a sustained focus on in the year ahead. Thank you to everyone who took the time to have their say and contribute their thoughts and feedback.

I go into this financial year looking forward to building on the progress we have made and with nothing but optimism about our future. We know there is much to do and by working together with our system partners and other health boards in Scotland we will achieve more together for the communities we serve and for the people of Scotland.



Laura Skaife-Knight,
Chief Executive of NHS Grampian



The backdrop to delivering care in Grampian



Before we get into the Priorities for Delivery, what's shaping NHS Grampian's work?

Several important factors continue to influence how NHS Grampian operates, both locally and nationally. These are guiding what we focus on in the year ahead.

Working to move out of Level 4 Escalation

NHS Grampian is currently at Level 4 of NHS Scotland's Support and Intervention Framework. This means we receive extra support from the Scottish Government. One of our main goals is to safely and sustainably return to a lower level.

Acting on the External Diagnostic Review

An independent review, published in October 2025, highlighted NHS Grampian needs to focus on transforming and redesigning services. This work is threaded through our Priorities for the year ahead.

Continuing to stabilise services

In 2025-26, the Board of NHS Grampian agreed to concentrate on stabilising the organisation by focusing on:

- Unscheduled (urgent and emergency) care.
- Planned care.
- Financial performance.

We also began implementing recommendations from the external review to give confidence to our patients, the public, staff and the Scottish Government. We will build on this work in 2026-27.

Responding to new national health and care strategies

During 2025, NHS Scotland published several major policy documents, including:

- Operational Improvement Plan.
- Service Renewal Framework.
- Population Health Framework.
- Public Sector Reform Strategy.

These provide long-term guidance (over 10 years) on how to deliver sustainable and fair health and care across Scotland.

Regional (sub-national) planning

NHS Grampian is working with neighbouring health boards through regional planning groups.

Shared projects include:

- Improving emergency and urgent care.
- Reducing waiting times for orthopaedic treatment.
- Developing the Digital Front Door (MyCare.scot).
- Improving business systems across Scotland.
- Delivering a new model of neonatal care.



The health of our population

While the world has made great strides in terms of technology and treatments, wider factors are influencing our health. In Grampian, heart disease and cancer continue to be the leading causes of death. The death rates for these causes are about 1.5 times higher in the most deprived areas than the least deprived areas. Death rates due to many diseases, as well as accidents and suicide, are more than double in our most deprived areas. Across Scotland, people in the poorest areas spend more of their life in poor health than those in the wealthiest areas. Our health is also facing emerging threats from new infectious diseases, climate change and the rising costs of living.

The NHS is also affected by rising costs, and the annual level of disease is forecast to increase by 21% between 2019 and 2043. Advances in technology and the successes of our health and care system mean we can treat more conditions and prolong life. But changes in how we live and our aging population mean more people are experiencing ill-health. People are developing conditions such as Type 2 diabetes at an earlier age, and many people across all age groups are now living with more than one health condition.

Over the last five years, NHS Grampian has seen its population aged 65 and over increase by 6,000 and this trend is set to continue. This demographic shift is increasing the complexity and intensity of care required across acute, community and social care services. We must ensure via our priorities that our health and care system is able to respond to this changing pattern of demand.



So, what can we do?

We have a vibrant third sector – including charities, volunteers and community groups – providing essential support in many communities alongside Health and Social Care Partnership colleagues, and there's more we can do together.

We know social and economic factors have the biggest influence on our health because they play a big part in shaping our health behaviours. Rates of smoking and obesity, for example, continue to be much higher in areas with the highest levels of social deprivation. Unhealthy behaviours can increase our risk of preventable illnesses and can only be addressed through active, healthy and empowered communities. Effective working across public, private and third sectors, and in partnership with communities, in our local areas has been shown to improve health outcomes. This means communities need joined-up access to support.

Our Community Appointment Days provide a great example of in-roads we are making in delivering more place-based, joined up working. These bring together health, social care and community partners in one accessible location, sometimes themed around a particular health challenge such as chronic pain. The idea is to focus on 'What Matters to You' conversations and enable individuals to voice their priorities, access expert advice and make informed choices.

Preventing ill-health in the first place is a big part of our Priorities for Delivery. This year we will make progress on delivering against the national Population Health Framework. What does this mean? It's about taking a 'whole system' or partnership approach to service planning as well as doing.



It brings together what different partners and communities know about our local populations – different insights, perspectives and data – to help shape what we will prioritise and deliver in the future. It can help us prepare for growing demand for a particular type of care, target support to people most at risk or better understand and tailor care for a particularly vulnerable group.

There is no health without mental health and we recognise current pressures in mental health services as well as our wider health and social care services. Mental health and wider psychological intervention delivery across healthcare provision is inextricably linked to our strategic priorities, adding both clinical and economic value. We will take this knowledge and awareness forward with us in these next steps.



Community Conversations

We have had a range of conversations with our communities across Grampian to inform our Priorities for Delivery for 2026-27. What we heard is that people want a health and care system that listens, communicates honestly and works in a joined-up, transparent way, with clearer explanations of how decisions are made and what changes mean for them.

Access to primary care – particularly GP appointments, booking systems, triage and workforce capacity – remains a key concern for members of the public we spoke to. We recognise the significant pressures facing General Practice and the sustained efforts of GPs and their teams to continue delivering high-quality care in the face of rising demand. While General Practices operate as independent contractors and are supported by our Health and Social Care Partnerships across Aberdeen, Aberdeenshire and Moray, NHS Grampian will continue to work closely with colleagues across primary care. We recognise for most people, getting in touch with your local medical practice, pharmacy, dentist or optometrist is often your first point of contact with the health and social care system, and that every aspect of this system is facing shared challenges in terms of changing demographics, recruitment difficulties, funding pressures and increasing complexity of need.

Across all conversations with members of the public, people asked for regular, meaningful involvement, supported by simple, regular, visual communication, using existing groups and networks to reach people. Ultimately, people want to feel heard, understood and genuinely involved, with visible evidence their feedback shapes decisions.

If we really are to transform care, we need to collaborate across the system and with our communities to make the progress we all want to see.



Our Priorities for Delivery



During 2026-27, we will continue to build on the key areas of focus agreed with our Board in 2025-26. These cover:

- Getting our finances back on track
- Improving access to urgent and emergency care
- Further reducing waiting times for planned treatment

Our Priorities for Delivery in 2026-27 outline how we'll make ongoing progress in a tangible and deliverable way across mental health and learning disability services, children's services, maternity and women's services, as well as adult services.

Priorities for Delivery at-a-glance:



People, Leadership and Governance

- Improve staff experience and wellbeing so colleagues feel valued, supported and able to deliver high-quality care.



Prevention

- Reduce health inequities, prevent or mitigate the health conditions which cause the greatest burden of disease, and reduce the future burden of demand for hospital care.



Planned Care

- Further improve waiting times for planned care (operations, outpatient appointments, tests and scans), and cancer care.



Urgent and Unscheduled Care

- Improve the timeliness of, and access to, urgent and emergency care for our patients.



Value and Sustainability

- Reduce the in-year financial gap by £40m, to a deficit of no more than £36m, through the delivery of sustainable, cash-releasing, recurring savings across the organisation.

Our Priorities for Delivery – But how?



People, Leadership and Governance

- Improve staff experience and wellbeing so colleagues feel valued, supported and able to deliver high-quality care.

As part of this overall objective are a series of practical steps, such as increasing the number of leaders from across NHS Grampian involved in discussions and decisions about our planning for our future.

As well as delivering more wellbeing support for teams under high pressure, the introduction of a Real Time Feedback approach will see our Complaints and Feedback team on the ground in wards speaking with patients. Teams will get to see within a couple of days what sort of feedback has been gathered, take ownership of addressing any issues and hear what worked well for patients. This will help staff feel seen and their efforts recognised.

Ultimately, we recognise having happy colleagues leads to a better patient experience. Doing the best we can to support our staff, and equipping and encouraging teams to help themselves, means they can do the best for their patients.



Prevention

- Reduce health inequities, prevent or mitigate the health conditions which cause the greatest burden of disease, and reduce the future burden of demand for hospital care.

We've already gone into a little bit of detail about the importance of delivering against the Population Health Framework and how this will support prevention. There are lots of other tangible actions as part of this priority area, including increasing access to weight management services by 10% this year, working with colleagues in general practice to increase the uptake of a Direct Enhanced Service for cardiovascular disease, and increasing the uptake of six key screening programmes.

Alongside launching new nationally developed digital tools in Grampian, further developing the HOPE Collaborative also features in our actions on prevention. This brings people with different lived experience of health struggles and health and social care services together with staff and partners to work together on the development of new models of care. We recognise the importance of listening to real people's stories.



Planned Care

- Further improve waiting times for planned care (operations, outpatient appointments, tests and scans), and cancer care.

Reducing the gap between demand for planned care and the capacity we have will enable more timely access on a consistent basis. We will be looking to see if there are different ways to arrange appointments, offer more pre-appointment information, and in some cases give patients opt-in options for appointments, rather than sending out set times. We'll also support teams to analyse their data to help inform service redesign. Identifying gaps that can't be closed by doing things differently will help us target investment to where it is needed most.



Urgent and Unscheduled Care

- Improve the timeliness of, and access to, urgent and emergency care for our patients.

This priority focuses on things like expanding our care for frail and older people. For example, we will work with our Health and Social Care Partnership colleagues to support the expansion of Hospital at Home (H@H) services in Aberdeen, enhance step-down pathways to community hospitals in Aberdeenshire and support the Moray Hospital Assessment Team to provide rapid assessments to help keep patients comfortable at home or return to their home as quickly as possible.

We will also continue working with the Scottish Ambulance Service to reduce how long ambulances wait outside our hospitals and improve on the current average of 62 minutes. We will do this by helping crews explore safe alternatives to hospital, using our Flow Navigation Centre to help direct them to the most appropriate services. Our 'Call Before You Convey' initiative enables ambulance crews to seek expert clinical advice over the phone whilst out in the community.



Value and Sustainability

- Reduce the in-year financial gap by £40m, to a deficit of no more than £36m, through the delivery of sustainable, cash-releasing, recurring savings across the organisation.

There is significant work ongoing across teams and services to further reduce our reliance on high-cost agency staff. This year we will also focus on improving recruitment, so we can hire more permanent staff and make our medical and nursing teams more resilient.

We're also committed to buying smarter. Procurement specialists are working directly alongside clinical teams to consider best value when purchasing medical supplies, collaborating with other health boards and recognising our role as an Anchor organisation to buy locally and sustainably wherever possible. Being greener is also a focus when it comes to how we run and maintain our buildings, recognising more sustainable heating and power can also save cost.



Tracking our progress on key actions



Actions	Some of the ways we'll track progress
 People, Leadership and Governance	
<p>Improve how we engage with and listen to staff – visible leadership and strengthened communications.</p>	<p>As well as increasing the overall engagement score, increase the percentage of staff reporting they feel listened to, appreciated for the work they do and that board members are sufficiently visible in our iMatter staff survey.</p>
<p>Introduce 'Focus on Fundamentals' leadership development to improve staff experience.</p>	<p>Achieve 100% completion of Fundamentals modules by all members of the Extended Leadership Team and increase the completion rate of staff appraisals to 39%</p>
<p>Improve the effectiveness of our operational governance and move to more inclusive decision-making.</p>	<p>Increase the percentage of staff reporting through the iMatter staff survey they 'feel involved in decision making'.</p>
<p>Introduce quarterly Pulse Surveys related to staff feeling valued, supported and involved in decision-making.</p>	<p>Monitor responses from Pulse Surveys.</p>
<p>Increase implementation of Team-level iMatter action plans that lead to improvement of staff and team experience.</p>	<p>Increase the percentage of staff who would recommend NHS Grampian as a good place to work.</p>
<p>Reduce the risk of harm from violence or aggression, target wellbeing support for high-pressure teams, introduce an organisational approach to stress risk assessments and introduce the use of a Real-Time Feedback process to 10 wards (ARI and Woodend in the first year), with a view to 10 more in 2027-28.</p>	<p>Increase the percentage of staff agreeing through the iMatter staff survey 'I feel my direct line manager cares about my health and wellbeing' and 'I feel my organisation cares about my health and wellbeing'.</p>
<p>Introduce the use of a Real-Time Feedback process, rolling this out to 10 wards (ARI and Woodend) in the first year, with a view to 10 more in 2027/28</p>	<p>Roll-out to 10 wards (ARI and Woodend in the first year), with a view to 10 more in 2027/28</p>
<p>Strengthen and develop joint working in mental health, learning disability and neurodevelopmental services across partners in Grampian to improve access to services</p>	<p>Set up a Mental Health, Learning Disability and Neurodevelopmental Board in 2026/27</p>

Improve culture and experience for women giving birth	<p>Increase the number of women arriving at hospital during labour who receive initial assessment within 15 minutes</p> <p>Reduce the number of women going through induction of labour who experience delays</p> <p>Reduce planned caesarean section delays</p>
Support implementation of a new model for neonatal care across Scotland	Support towards implementation as agreed with Scottish Government.

 Prevention	
<p>Deliver a programme of behavioural and lifestyle prevention, early detection and intervention pathways, national population screening and vaccination programmes.</p> <p>These will be monitored with analysis by SIMD (Scottish Index of Multiple Deprivation), geography, age and other priority groups. Performance improvement should show narrowing gaps between those in the most deprived and least deprived areas.</p>	<ul style="list-style-type: none"> • Increase uptake in primary care of the Direct Enhanced Service for cardiovascular assessments by 30% • Support 5% of the adult population (aged 16+) in Grampian who smoke, to set a quit date. • Increase access to weight management services by 10% • Increase people breastfeeding when their babies are aged 6-8 weeks by 2% • Increase uptake of the six national screening programmes. • Achieve vaccination uptake levels in line with national targets. • Increase the percentage of Primary 1 and Primary 7 children with no obvious tooth decay. • Complete test of change to reduce repeat emergency department attendances by those who attend frequently and whose needs could be met in a better way
Complete self-assessment and develop action plan to support our progress in strengthening our role as a Population Health Organisation.	Benchmark progress in line with the national Population Health Framework and the Service Renewal Framework.

Develop the HOPE Collaborative for a system-wide (with all health and social care partners) approach to Putting People First (actively involving people in shaping health and care services), GIRFE (Getting It Right for Everyone) and realistic medicine (putting patients at the centre of decisions about their care).	Measure the percentage of HOPE Collaborative priority milestones delivered.
Support the launch of new national 'Digital Front Door' to healthcare MyCare.Scot for our patients and the roll-out of additional functionality throughout the year.	Complete readiness checks ahead of go-live date and measure use as time goes on.

 **Planned Care**

Reduce long waits for outpatient appointments and operations by improving capacity and redesigning how patients move through planned care services.	Reduce the number of people waiting over 52 and 104 weeks for new outpatient appointments.
Speed up cancer diagnosis and treatment by improving coordination between teams, removing bottlenecks and focusing capacity where it is needed most.	Increase the percentage of patients referred urgently with a suspicion of cancer who begin treatment within 62 days.
Improve access to key diagnostic tests, reducing waits for endoscopy and radiology, by increasing capacity, improving scheduling and focusing resources where the pressures are greatest.	Reduce the percentage of endoscopy and radiology patients waiting over six weeks for diagnostic tests.

 **Unscheduled Care**

Improve the number of patients who get specialist input during initial assessment. Ensure fewer patients are admitted to hospital unnecessarily, and a greater proportion of those admitted are treated in the most appropriate areas.	Reduce median ambulance handover times and improve 4-hour Emergency Department performance.
Achieve safe, clinically appropriate, timely discharges from acute hospitals through a streamlined discharge process, better coordination with community hospitals and community rehabilitation and enablement.	Reduce the number of delayed discharges in acute hospitals to 5 per health and social care partnership.
Reduce hospital occupancy by rebalancing the number of beds we have available in different services to more closely reflect speciality demand, focusing initially on frailty and general medicine.	Achieve average hospital occupancy (2pm weekdays) of 98% and reduce acute hospital length of stay by 0.5 days.





Value and Sustainability

Work with partners to develop pan-Grampian transformation opportunities that focus on redesign of services, sustainability and maximising use of collective resources	Achieve a minimum of £40 million in-year savings.
Make sure schemes approved by leadership teams are locally owned, forecast to deliver and driven by teams at service level.	Achieve 3% of recurring savings against our annual budget, in line with the Scottish Government requirement for all health boards
Identify viable savings opportunities and develop implementation plans for approval by the Board of NHS Grampian.	Make sure we don't overspend by more than £36 million



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