

APPROVED

NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on
Thursday 9 October 2025 at 10:00
virtually by Microsoft Teams

Present:

Board Members

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| Mrs Alison Evison | Chair/Non-Executive Board Member |
| Dr Colette Backwell | Non-Executive Board Member |
| Cllr Ann Bell | Non-Executive Board Member |
| Professor David Blackburn | Non-Executive Board Member |
| Dr June Brown | Executive Nurse Director/Deputy Chief Executive |
| Mr Mark Burrell | Chair of Area Clinical Forum/Non-Executive Board Member |
| Ms Joyce Duncan | Non-Executive Board Member |
| Mr Ritchie Johnson | Non-Executive Board Member |
| Mr Steven Lindsay | Employee Director/Non-Executive Board Member |
| Mr Derick Murray | Non-Executive Board Member |
| Professor Shantini Paranjothy | Director of Public Health/Portfolio Lead Population Health |
| Mr Hussein Patwa | Non-Executive Board Member |
| Mr Sandy Riddell | Non-Executive Board Member |
| Mr Dennis Robertson | Vice-Chair/Non-Executive Board Member |
| Cllr Kathleen Robertson | Non-Executive Board Member |
| Ms Laura Skaife-Knight | Chief Executive |
| Mr Alex Stephen | Director of Finance |
| Dr John Tomlinson | Non-Executive Board Member |
| Cllr Ian Yuill | Non-Executive Board Member (Joined 12:49) |

Attendees

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|--------------------------|--|
| Mr Paul Bachoo | Medical Director Acute Services |
| Ms June Barnard | Nurse Director Secondary & Tertiary Care |
| Ms Shona Campbell | Interim Strategy and Transformation Manager, Aberdeenshire Health & Social Care Partnership (Item 9) |
| Ms Faye Dale | Interim Head of People & Change (Deputising for Philip Shipman) |
| Ms Kate Danskin | Chief of Staff |
| Ms Sarah Duncan | Board Secretary |
| Ms Geraldine Fraser | Chief Officer Acute Services |
| Mr Preston Gan | Head of Performance (Item 8) |
| Mr Stuart Humphreys | Director of Marketing and Communications |
| Ms Sarah Irvine | Deputy Director of Finance (Item 6) |
| Ms Leigh Jolly | Chief Officer, Aberdeenshire Integration Joint Board |
| Dr Robert Lochhart | Vice-Chair of Area Clinical Forum (Item 7.2) |
| Mr Christopher Middleton | Senior Manager (Item 10 and 10.1) |
| Ms Pamela Milliken | SRO Integration of Acute Pathways |
| Ms Gillian Milne | Interim Chief Finance & Business Officer, Aberdeenshire Integration Joint Board (Item 6.2) |
| Ms Fiona Mitchelhill | Chief Officer, Aberdeen City Integration Joint Board |
| Ms Alison MacLeod | Strategy and Transformation Lead, Aberdeen City Health & Social Care Partnership (Item 9) |
| Ms Jeanette Netherwood | Corporate Programme Manager, Moray Health & Social Care Partnership (Item 9) |
| Ms Judith Proctor | Chief Officer, Moray Integration Joint Board |
| Mr Philip Tydeman | Interim Director of Improvement |
| Dr Clare-Louise Walker | Consultant In Public Health (Item 10.1) |

Mr Alan Wilson
Mrs Alison Wood

Director of Infrastructure, Sustainability and Support Services
PA/Minute Taker

Apologies

Dr Hugh Bishop
Mr Albert Donald
Mr Philip Shipman

Medical Director
Non-Executive Board Member/Whistleblowing Champion
Interim Director of People and Culture

It was noted that the meeting was being recorded for publication on the NHS Grampian website.

1 Apologies

Apologies were noted as above. The meeting was quorate.

2 Declarations of Interest

There were no declarations of interest at the start of the meeting. When Cllr Yuill joined the meeting, he made a transparency statement that he is an Aberdeen City Councillor.

3 Chair's Welcome

The Chair welcomed everyone to the meeting and acknowledged the publication of the KPMG Diagnostic Review Report, which was commissioned by the Scottish Government, following NHS Grampian's escalation to Stage 4 of the NHS Scotland Support and Intervention Framework in May 2025. A detailed finance update, including progress on Value & Sustainability savings and the Unscheduled Care Improvement Plan which will set NHS Grampian on the path to financial sustainability and performance improvement are included in the agenda items.

The Chair welcomed the new Chief Executive, Laura Skaife-Knight, who has joined from NHS Orkney and has quickly established herself as a visible and accessible leader, having participated in numerous events, workshops and meetings with both staff and partners. The Chief Executive has a proven track record of delivering improvements for some of England's largest acute teaching hospitals.

The Chair attended an event at Robert Gordon University (RGU) to celebrate the centenary of Margaret Bar Fulton, MBE, the first qualified occupational therapist in the UK, who began her career in Aberdeen. Her Royal Highness, the Princess Royal attended in recognition of this milestone, and spoke with staff from RGU and NHS Grampian, as well as local community services. The Chair met Occupational Therapy students and presented the Margaret Bar Fulton Award to Donna Morrison, who had graduated with a Master's in Occupational Therapy this year. Innovation in health care is particularly important and it was noted that NHS Grampian has been shortlisted for the 2025 Futurescot AI Challenge - the annual competition to develop AI use cases for public services. As one of three Scottish public sector finalists, NHS Grampian is working with challenge partner, Storm ID, to develop a 'proof of concept' Colorectal Cancer Referral Tool which has the potential to transform diagnosis and patient outcomes. This is further evidence of NHS Grampian's expertise in AI, which saw Aberdeen host the European Society of Breast Imaging annual scientific meeting in September 2025.

The Chair expressed her pride in the commitment of NHS Grampian to be an inclusive anti-racist organisation, which is recognised on the Scottish Government's 'Leading to Change' website of the work of staff, equality networks and NHS Grampian Catering

team by creating authentic staff lunch menus around key dates in the equalities calendar including Diwali, Eid and Black History Month at NHS Grampian.

The ripple effect art installation, funded by NHS Grampian Charity and organised by the Organ Donation Committee, was unveiled at Aberdeen Royal Infirmary (ARI) in recognition of organ donors. Artist, Sheila Swanson worked with the relatives of donors and young people at North East secondary schools to create glass pebbles that form circular patterns on the walls in ARI's Emergency Department. The artist was inspired to produce an artwork that represents the decision to donate which can ripple out to help others with one donor being able to save the lives of up to nine people and transform even more by donating tissue.

4 Minute of Meeting on 14 August 2025

There had been a detailed discussion at the August meeting on the recommendations for Item 9 the Route Map for Strategic Change. The Board Secretary proposed that the minute should state - There was discussion on the wording of the recommendations in the paper. Dr Tomlinson asked that the recommendations endorsing the Route Map's role in mitigating strategic risks and its alignment with national frameworks and reform priorities be amended to state that the Board acknowledges that there is potential for both risk mitigation and alignment with national reform priorities, on the grounds that he is not yet assured that the Route Map as drafted to date will achieve the necessary traction in practice. Mrs Joyce Duncan agreed with Mr Tomlinson but the proposed amendment did not receive majority support from the Board.

Following this amendment, the minute of the meeting held on 14 August 2025 was approved as an accurate record.

4.1 Action Tracker and Matters arising

The action tracker was taken as an accurate record.

5 Chief Executive's Report

The Chief Executive acknowledged the warm welcome she had received from the Board and colleagues across the organisation. She highlighted the KPMG External Diagnostic Review, which was being published by the Scottish Government on 9 October 2025 and provided her initial reflections. The publication of the report and the independent assessment, which shone a spotlight on the key challenges that faced from an NHS Grampian and system perspective was welcomed. The report has already informed improvements, with many underway, including working with system partners on solutions. The minutes of the Assurance Board for NHS Grampian have also been published for transparency on the Scottish Government website. The report has many recommendations and NHS Grampian will assess which recommendations should be taken forward to ensure the biggest impact and move the organisation to improving operational performance, financial performance, culture, governance and leadership. The Chief Executive provided a commitment to ensuring that staff, partners, patients and the community receive regular progress reports.

Support received from the Scottish Government and other Health Boards to further improve Planned Care performance was acknowledged. Mutual aid offers have been received to reduce the long waiters, with a particular focus on reducing 52 week waits. The external desktop review on Planned Care will provide feedback later this week with a formal report due in the next few weeks.

The Chief Executive provided an update on the Central Decontamination Unit (CDU) facility, where contamination was discovered in a surgical instrument tray. Immediate action was taken on 2 October 2025 to ensure patient safety and surgical activity was limited to life and limb and emergencies. She apologised to patients who had their dental and elective surgical procedures cancelled, recognising the impact this has on them. Other Health Boards have offered support and staff have been redeployed to work from Glasgow for the next few weeks. NHS Grampian will take the opportunity to undertake planned infrastructure repairs and replacement equipment will be installed to ensure resilience moving forward.

The Executive Nurse Director was congratulated for being a finalist of the Picker Experience Network (PEN) awards for the Daisy Pen Lifetime Achievement Awards. This recognised her outstanding leadership over the course of her career, particularly for improving patient experience and transformation work.

The Board discussed:

The importance of working effectively together with system partners and external stakeholders was emphasised. Since taking up the position, the Chief Executive has been meeting with colleagues and partners to discuss what has worked well and how NHS Grampian can be a better partner. The Unscheduled Care Plan has been produced as a whole system plan, listening to ideas from partners. NHS Grampian is working with partners in the Local Authorities and the Integrated Joint Boards (IJBs) on integrated financial and service planning. This will also aid understanding of each organisation's issues, recognising that difficult choices and decisions are required to be made.

Work on understanding the timeframe on the CDU works is ongoing to ensure the unit is operational as quickly as possible. Patient safety is the priority. The support of other Health Boards to provide capacity, including Glasgow, Highland, Orkney and Tayside, was acknowledged. New machines have been ordered and once installed will require a minimum revalidation period of the equipment of 4 weeks. The programme of planned refurbishment work will be undertaken when the CDU is out of use, where possible, which will significantly enhance resilience moving forward. There is an infrastructure issue on the building which may result in future challenges, however, alternative proposals are progressing for a longer term solution. The importance of moving forward with a collaborative approach was emphasised. The Chief Executive stated the commitment to continue and build on the positive and proactive partnership working with Area Clinical Forum and Grampian Area Partnership Forum (GAPF) which she co-chairs.

The enhanced governance arrangements to address the priorities, including the evidence of progress being provided regularly was welcomed. Previously, there had been regular reporting at Performance, Assurance, Finance and Infrastructure Committee (PAFIC) on process or activity rather than evidence of progress of improving outcomes.

The Assurance Board for NHS Grampian provide a challenge, support and scrutiny in a collaborative manner. There is stability from the Chair and the Scottish Government representatives in terms of membership and attendance. From a NHS Grampian perspective, the Chief Executive, Chair and a subset of Executive Directors attend with additional colleagues and system partners invited depending on agenda items.

The Board noted the Chief Executive report.

6 Finance

6.1. Finance Report

The Director of Finance advised that the latest NHS Grampian forecast position for the year 2025/26 is an overspend of £49.2 million, which is a £4.7 million improvement from the July forecast. Further cost reductions and additional savings will be required to allow delivery against the £45 million Financial Recovery Plan. It is anticipated that the forecast position will improve during the financial year as savings agreed as part of the Value and Sustainability programme are delivered. Work is ongoing to identify areas where the organisation can be more efficient to help recover the financial position and reduce the deficit.

The Interim Director of Improvement updated that NHS Grampian is on target with the delivery of the savings programme at month 5 and there has been material improvement of the position with a forecast of savings of £60.4million against a target of £61.8 million. This represents a £5.6 million increase in savings over the past 2 months. The operational teams were thanked for their hard work, commitment and engagement in the process. There remains a delivery risk within the programme, with the risk managed through progressing a range of savings opportunities and by providing additional support to those areas which are underperforming to recover savings through the remainder of the financial year. There is equal focus on developing the savings programme for 2026/2027, which will launch in October 2025. Governance is being strengthened with the establishment of a fortnightly Programme Board chaired by the Director of Finance, with Executive Director attendance to further strengthen ownership and oversight. There is an enhanced Quality Impact Assessment which is part of all decision making.

The new savings identified have not been fully reflected in the current forecast, as there is an element of risk over delivery. Once the savings start to be delivered the forecast will be reduced further. Whilst further savings have been identified, through internal and external reviews, more work is required on the range of savings options to ensure the implications are fully assessed. A high level budgeting table has been developed to support the creation of the plan for the next 3 financial years to achieve financial balance.

The budget monitoring report has been provided in a new format, as recommended in the KPMG External Diagnostic Report. The Finance Team will be developing and presenting the 3 year Financial Plan and Medium-Term Financial Framework by March 2026. The Board will continue to be fully informed on the financial information through regular formal meetings and informal briefings.

The Board discussed:

A significant amount of work has been undertaken with operational teams to identify and achieve savings. This includes the assessment of the implications of the savings. The Medical Director, Acute Services, highlighted that the savings plans have been generated by the clinical teams from direct interaction opportunities and pathways. This is an opportunity to drive down waste variation by looking at the effectiveness, utility and durability of devices. The engagement by the clinical teams was praised.

A Quality Impact panel will fully consider the impact on patient experience, patient quality and staff health and well-being to the savings decisions. The Interim Director of Improvement advised that work is ongoing to understand £0.7 million savings gap from theatres with the clinical teams.

The financial information provided to the Board must highlight how delivery risks are being addressed and how new risks are identified and mitigated. Options are being considered on what will be done when proposed savings are not realised and unintended risks are identified. Energy costs have reduced, however, this has not been to the level assumed at the start of the year. There have been more doctors and dentists in training through the system which has helped with supplementary staffing challenges. Whilst some of the training costs are covered by the Scottish Government, this has resulted in increased cost pressures to NHS Grampian.

Due to the escalation to Level 4, NHS Grampian has access to £0.5million support funding from the Scottish Government. An investment proposal linked to this funding will be considered at the Assurance Board on 21 October 2025. This will be used for transformational opportunities and will be considered by the NHS Grampian Board in due course. The Scottish Government has provided some early assumptions to use for planning purposes for the 2026/27 financial forecast.

The ongoing importance of equality impact assessments and consideration of the views of staff in assessing financial proposals were emphasised, including the need for consultation on future savings plans.

Windows 11 upgrade has been ongoing as support for Windows 10 will cease on 15 October 2025. By that date, 97% of compatible devices will have been upgraded. Some devices have not been updated due to long term staff absence or devices that are no longer in use, but remain on the system. Approximately 6,000 devices are not compatible with Windows 11 and the Chief Executive Team have considered the options. There will initially be a patch applied by Microsoft that will ensure no risk to cyber security or business continuity. The devices will require to be replaced over a period of time. This is an issue faced by other Health Boards and national funding of £0.5 million to cover all Boards has been made available in this financial year to support the replacement of some devices. Consideration will also be given to leasing rather than purchasing devices to avoid similar issues in the future. The cost pressure to ensure cyber resilience is approximately £315,000 in this financial year.

The Board:

- **Discussed and noted the update on the Board's financial position for the period to August 2025/26 and the current forecast year end position.**
- **Endorsed the revised financial monitoring report, in appendix 1, and made recommendations of any modifications required which would support the oversight of the financial management of the Board.**
- **Noted that due to a lack of budget savings being identified through the Internal Review concluded in May 2025 and the KMPG External Diagnostic Report, it has not been possible at this stage to provide a plan to return to financial balance.**
- **Approved the approach and timeline outlined for the development of the three year Financial Plan and Medium Term Financial Framework.**

6.2 Integration Joint Boards (IJBs) Finance Report

The Director of Finance provided an overview and detail of the first update on the Integration Joint Boards' financial position for the financial year 2025/26. This was a recommendation taken from the KPMG External Diagnostic Report as in the financial year 2024/25 all 3 Integration Joint Boards (IJBs) had required additional financial support from NHS Grampian and their respective Councils. There is a need to improve the standardisation of the information received from the different IJBs, including more details of the risk assessment of delivery of savings.

The Board discussed:

Monthly meetings are in place between the Director of Finance and the Chief Finance Officers in the 3 IJBs to complement current arrangements to manage and monitor performance and shared learning. A protocol has been developed which, once implemented, will formalise the flow of financial information. To complement this, arrangements are being made to implement whole system service planning.

Board members, who are also IJB Board members, advised that greater scrutiny is taking place in IJBs in the current financial year.

The Interim Chief Finance & Business Officer, Aberdeenshire IJB advised that efficiency savings would be 2.5% across the IJB with the savings removed from the budgets so services understand the available funding. She stated that there is confidence the savings will be achieved. Many of the savings will be one-offs and unlikely to be repeated in future years.

The IJBs will be requested to provide a business plan to aid future planning, which has not been previously provided. This would be brought into the governance systems of the Councils and NHS Grampian.

A high level engagement session will take place on 7 November 2025 to consider 2026/27 budget assumptions and savings themes. Work will take place to consider the implications and unintended consequences across the whole system, including for Primary Care partners. Further discussions, at all levels, will then take place.

The Chief Officer, Moray Integration Joint Board confirmed there are ongoing conversations and reporting to the Moray IJB on the savings that have not yet been allocated, which total £2.6 million.

The Board:

- **Discussed and noted the update on the Integration Joint Boards' (IJBs) financial position for 2025/26.**

7 Forum Reports

7.1 Area Clinical Forum (ACF)

The Vice-Chair of ACF, who had chaired the last meeting in the absence of the Chair was thanked. The work of the Interim Chief Executive, who had been an integral part of ACF over a number of years, was acknowledged. The Chair of ACF highlighted Dr Gray's Hospital Orthopaedic Services update, as part of the Integrated Acute Pathways and recognised that during winter months the transfer of frail patients will be kept under close review. Workforce challenges had been raised about the Reduced Working Week (RWW) and potential recruitment difficulties. He welcomed the recognition of the

Occupational Therapist centenary celebration at RGU. The use of AI to support the Advisory Structures would be explored further.

The Board discussed:

Putting People First programme is an example of how things can be done differently by supporting people in their own communities, including with Community Action Days (CADs). The Chief Executive stated the CADs have had a huge impact and cuts across many priority areas, including prevention, early intervention, self-management and public engagement. A timeline for feedback of formal evaluations of CADs is to be provided by the Chief Officer, Aberdeen City Integration Joint Board.

Workforce challenges, including the implementation of the Reduced Working Week along with recruitment difficulties are causing anxiety for staff. Work is ongoing to establish where the gaps in the workforce are. It was emphasized that clinical front line staff are prioritized by the Vacancy Control Panel. There will also be more newly qualified graduate nurses employed.

Discussions will take place with the Chair of ACF and the Board Secretary on support for committees.

ACTION:

- **A timeline for feedback of formal evaluations of CADs to be provided by the Chief Officer, Aberdeen City Integration Joint Board.**
- **Discussions to take place with the Chair of ACF and the Board Secretary on support for committees.**

7.2 Grampian Area Partnership Forum (GAPF)

The Chair of GAPF presented the report from their August meeting. He highlighted the presentation on the Review of Portfolios, the Acute Sector changes and the update received on the challenges of the implementation of the non pay element from the 2023/24 Agenda for Pay award.

7.3 Integrated Joint Boards (IJBs) Report

The Chief Officer of Moray IJB presented the IJBs' combined update for noting.

7.4 Financial Recovery Board

The first report of the recently established Financial Recovery Board (FRB) was presented. The purpose of the FRB is to review financial monitoring, savings progress and specific cost areas, aiming to address budget challenges through a coordinated system-wide approach. Deep dives will be carried out into specific areas and a deep dive into taxi spend has already been carried out. The FRB will consider how it can secure assurance on how IJB budget challenges are being addressed, while respecting governance structures. There is a commitment to undertake a review in January 2026 on the role of the FRB.

The Board discussed:

Membership of the FRB will be reviewed in January 2026 to ensure the correct people and services are involved. Individual experts are invited to attend for the deep dive discussions to ensure relevant and accurate information is available to provide assurance. The primary focus of the FRB is finding financial balance, however there is

an enhanced quality impact assessment process to understand the implications of savings being considered in the organisation. The Clinical Executive Directors will ensure consideration is given to any streamlining of the process to ensure it is robust and to understand the impact of any savings on patient and staff experience.

The Board noted the reports.

8 How Are We Doing Report 2025/26 Q1

The Director of Finance highlighted that the Quarter 1 of 2025/26 is the first full reporting cycle under NHS Grampian's revised outcomes-focused performance framework, which will focus on key areas of performance to demonstrate the relationship between outputs, deliverables, Key Performance Indicators (KPIs) and outcomes. There are a reduced number of priorities reported, as a result of the external diagnostic report recommendations, with a focus on Value and Sustainability, Planned Care and Unscheduled Care.

The Board discussed:

The reporting to PAFIC has a more outcome focused approach. The performance framework has evolved and is an example of how communication, involvement, engagement and consultation should work. PAFIC will provide scrutiny in addressing risk, the actions that are being taken to mitigate the risk and any unintended consequences.

CET receives frequent updates on the progress of the Integrated Acute Pathways work between Aberdeen Royal Infirmary (ARI) and Dr Gray's Hospital (DGH). The linkage between delivery of the priority unscheduled care and planned care programmes and mitigation of the strategic risks, and the interface with the integrated acute pathways work, could be made stronger. The Value & Sustainability work also reduces the level of some of the strategic risks.

The numbers only tell part of the story and the narrative gives a fuller picture of the conditions that the service is operating in, together with risk elements. The aim is to have consistency of information, with input received from a number of colleagues across the system.

Work is ongoing in relation to access times for Psychological Services. The Director of Psychology has been working with the Health & Social Care Partnerships and a Psychology Conference takes place on 10 October 2025 in Aberdeen which the Chair and Executive Nurse Director are attending.

Communication with patients, including the voice of citizens, informs redesign of care pathways and has become more efficient and is driven by the services. Communication with patients can also take place through digital platforms and other interfaces. The Digital Front Door initiatives will improve the ability of the system to get qualitative data.

31 day and 62 day cancer standards – discussion on the Cancer Recovery Plan. There has been a delay of 3 to 4 months in the set-up of some of the pathways and the operational delivery of increased diagnostic capacity. MRI scanning issues have been resolved and the backlog is being worked on which will help the 62 day pathway. Additional funding of capacity for MRI with a mobile van at DGH has been confirmed. There have been delays in recruitment and for breast cancer, in particular, this is an ongoing issue. Alternatives to recruitment are being considered, such as additional weekend activity. There is an ongoing challenge with urology capacity across Scotland.

National discussions are taking place through the Operational Cancer Performance Delivery Board on NHS Grampian's position for 62 day cancer performance, which is falling below projections. NHS Grampian are working through options to address this, such as additional capacity from the Golden Jubilee National Hospital.

The delivery of the Planned Care Plan and the Unscheduled Care Plan are linked and dependent on each other. This helps shape the thinking of how progress and updates are reported, to ensure that a complete assessment of system performance is reported.

The Board welcomed the developing style of performance reporting and commended the team.

The Board:

- **Endorsed the 2025/26 Integrated Performance Assurance and Reporting Framework (IPARF), including the enhanced performance model (Appendix 2) as approved by the Performance Assurance, Finance and Infrastructure Committee (PAFIC) on the 3rd September 2025, as the basis for a more aligned and outcome-focused approach to delivery and performance.**
- **Noted the consolidated Quarter 1 performance story, in relation to long waits, cancer access, frailty admissions, delayed discharges and digital programmes.**
- **Recognised the key risks in financial sustainability, urgent care, diagnostics and frailty prevention, where closer oversight is required.**
- **Applied the assurance lens to Tier 2 detail in the HAWD report by testing whether outputs are enabling improvement, KPIs are evidencing measurable change in outcomes, and whether additional evidence is needed to confirm that outcomes are being realised.**
- **Approved the Quarter 1 How Are We Doing (HAWD) Board Performance Report as the formal output of the Integrated Performance Assurance and Reporting Framework.**
- **Agreed that future reports will continue to apply the enhanced performance model, with updates provided quarterly to maintain a clear line of sight from actions through to outcomes.**

9 Integration Joint Boards (IJBs) Annual Performance Reports (APR)

The Chief Officer, Moray Integration Joint Board introduced the team who provided a detailed joint presentation on the Annual Performance Reports (APRs) from the 3 IJBs, following the publication of the individual APRs. The APRs provide an assessment of performance in relation to the IJB's Strategic Plan, an assessment of performance in relation to the national health and well-being outcomes, including performance against national indicators, and provides information on the financial performance, assessing where the best value has been achieved. Annual Performance reporting is a statutory duty of the IJBs and relates to the financial year 2024/2025.

The presentation highlighted areas of performance that would be of interest to the NHS Grampian Board and directly contribute to the system priorities of the shifting balance of care, reducing hospital attendance and improving patient flow.

Items highlighted included:

Consultation on a new Aberdeenshire Strategic Plan is currently underway and runs until 28 October 2025. Moray's Strategic Plan runs to 2032 and the Moray IJB approved the 3 Year Strategic Delivery Plan in May 2025.

Common challenges are an ageing population living with multiple health issues and more complex needs. As an example of the burden of disease, the Aberdeen City Hospital at Home services experienced an increase of 190 admissions compared to 2023/24 for community nursing. Referrals for care at home continue to increase across Grampian. Across all partnerships, there is a significant usage of out of area placements which are more expensive. Work is ongoing to actively reduce the reliance on out of area placements. In relation to budgets and pressures, the number of children with disabilities transitioning to adult services increases year on year. Those transitioning require intensive care with a cost per care package higher than for those with people without disabilities. The monthly cost of supporting people at home is similar for all partnerships with individual support plans varying in cost. Whilst strict eligibility criteria is applied, demand is exceeding capacity.

The national challenges in recruitment and retention tend to be exacerbated in remote and rural communities. New recruits report issues with finding appropriate and affordable accommodation, which can result in offers of employment not being taken up by new staff. Sickness absence is around 6%, which is above the 4% target and remains a concern in terms of capacity for service delivery in all partnerships. Stress and anxiety are significant contributors to staff absence.

The 9 national health and well-being outcomes, 20 national health and well-being indicators used to measure progress towards these outcomes and 6 Ministerial Strategic Group (MSG) indicators were highlighted. MSG indicator 3a relates to the number of attendances at A&E and provides national and local data. The national and local data had followed a similar pattern with an increase in Grampian from 2022/23 to 2023/24. When considered alongside the increase in demand it is felt this is a positive indication of the collective impact of a number of admission avoidance initiatives.

Delayed discharge bed days increased in Grampian between 2023/24 and 2024/25 due to a combination of reduced resource and an increase in complex demand. Interim care home provision was reduced due to care home closures and some homes reduced overall bed availability. In addition, hours of care in the community had previously been commissioned, however, due to lack of funding were not recommissioned in 2024/25. The management of delayed discharges continues to be a key area of daily performance focus for the Health & Social Care Partnerships (HSCPs), to maintain flow from hospital to community. Aberdeenshire, Moray, and Aberdeen City HSCPs and NHS Grampian are now participating in the National Discharge Without Delay Collaborative which aims to drive forward a whole-system initiative designed for frail older people currently accessing hospitals in Scotland.

National indicator 19 highlights the number of days people spend in hospital when they are ready to be discharged. At the end of 2024/25 all 3 HSCPs areas were below the Scottish average.

Key achievements were highlighted included Technology Enabled Care (TEC) to redesign services where it can provide different options to support and enable people to live independently for longer. Moray IJB worked collaboratively with Rural Centre of Excellence/ Digital Health and Care Innovation Centre (DHI) to develop a whole system approach to enable better detection, early intervention and management of obesity. It has increased weight management provision in Moray through a range of interventions such as Community Connections, Counterweight Core and exercise at Moray Leisure Centre and digital weight management services with other partners, including the new NHS Grampian specialist weight management service. Aberdeen City participation in the Locality Empowerment Groups has increased by 17% and there has been a 40%

increase in engagement with unpaid carers. Increased participation and engagement improves communication and awareness, enables relevant care and support to be provided, and increases the ability to influence health behaviours.

All IJBs have either refreshed or are in the process of refreshing their Strategic and Delivery Plans, taking into account the recently published Population Health Framework, Operational Improvement Plan and Scottish Renewal Framework. Each of the Strategic Plans will have supporting Medium Term Finance Frameworks/Strategies to ensure alignment between how services will require to be transformed to be fit for the future whilst ensuring this is done within available resource and ensuring financial stability into the longer term.

The Board discussed:

There is a shared approach to procurement for Aberdeen City and Aberdeenshire. Moray procurement remains with Moray Council. IJB Chief Officers meet regularly, including discussions on the savings programmes and what can be developed together. This is also a feature of discussion at the National Chief Officers Group. Opportunities are considered for single shared services.

Feedback on Community Appointment Days (CADs) has been extremely positive with people being linked to support they might otherwise not have been aware of.

The sustainability of independent or private health and care providers is a national issue with ongoing discussions at networks including COSLA on how to secure good care and support providers. Funding is a major issue, with increased costs for national insurance contributions for employers. This is a risk in terms of the IJBs' budget positions as is not funding is not currently available at IJB level to support providers to provide good quality care.

The prominence of prevention and early intervention in the Strategic Plans was welcomed. IJBs plan on the basis of the requirements of its population. The IJBs will look for commonalities and consider lessons learned. Development of services must support a whole system approach. Aberdeenshire are carrying out a Community Hospitals Review which will consider value for money, population and fitting within the wider criteria and pathways.

The importance of community participation in the ongoing Community Hospital review was emphasised and council colleagues would encourage constituents to engage in the process to ensure a comprehensive and representative outcome. This is especially important in rural areas to avoid apathy and ensure the review reflects the needs and views of the community.

Medium Term Financial Strategies set out the forecast over the next few years, which are subject to change with incoming pressures. Moray has a £14 million projected budget gap. Aberdeen City have a £17 million projected budget gap, however, following savings it is anticipated to reduce to £3 million. Aberdeen City public consultation on savings will commence on 9 November 2025. Aberdeenshire are currently working on the Medium Term Finance Strategy, which will be presented to Aberdeenshire IJB in November 2025. There are significant challenges to achieving the ambitious savings plan with most services having increasing demand. There are also challenges to achieving year on year savings, whilst focusing on quality and improvements.

Partnership working and shared learning across Health and Social Care Partnerships were discussed, including the mechanisms such as the Grampian Planners Group and ongoing GP vision work.

The Board:

- **Noted the information provided in relation to the three Integration Joint Board (IJB) Annual Performance Reports (APRs) attached as Appendices A – C.**

10 **Unscheduled Care Improvement Plan**

The Chief Officer, Acute Services presented the Unscheduled Care Improvement Plan, emphasising the whole system approach. It has been developed collaboratively across the 3 Health & Social Care Partnerships and the Acute Sector. The NHS Grampian Assurance Board has supported the development of the Plan through a sub group. There have been contributions from Scottish Ambulance Service, the Centre for Sustainable Delivery and learning from other Boards. The Plan has been approved by the Scottish Government and funding confirmed for the implementation in Year 1.

The Plan aims to reduce acute hospital occupancy and improve patient flow by increasing community capacity, expanding hospital-at-home services, and linking with the winter plan for additional arrangements for social care capacity and interim care beds.

A test of change in relation to frailty at the front door has commenced with progress being made.

Governance has been strengthened with weekly meetings of the refreshed Unscheduled Care Programme Board, chaired by the Chief Officer, Aberdeenshire Integration Joint Board and performance measures are aligned with the 'How are we Doing' reports to ensure consistent impact assessment. Internal communication has been provided to ensure colleagues are aware of the status of the Plan. A Communication Engagement Plan for patients and families will be developed as the delivery models start to change.

The Board discussed the following:

2 GPs are members of the Unscheduled Care Programme Board, which connects to the GP Sub Committee and Area Clinical Forum. The Plan and the Winter Plan will be taken through the Clinical Interface Group to ensure wide engagement with GP colleagues.

The national approach to winter planning is moving away from a seasonal response as it is recognised that surges in demand occurs throughout the year. Additional capacity should assist with other improvements, including long term change and redesign. The Plan is a similar approach to that taken by NHS Lothian.

The plan has been produced rapidly with the operational teams and the Health and Social Care Partnerships. There has been previous engagement with the Centre for Sustainable Delivery.

The importance of cultural change, staff engagement and freeing up time for Clinical Leads and Senior Charge Nurses to enable development work to be taken forward was discussed.

The Board:

- **Endorsed the Unscheduled Care Improvement Plan: Grampian Health and Care System.**
- **Agreed to receive regular updates on progress with reporting through:**
 - a) **the new performance framework and 'How Are We Doing' (HAWD) reports at future board meetings; and**
 - b) **monthly briefing reports in months where there is no formal board meeting with HAWD performance reporting**
- **Noted the connection with the Winter Preparedness Plan 25/26 and shifting the balance of care**

10.1 Planning for Winter 2025/26

The Chief Officer, Acute Services advised that the Plan has developed using lessons learned from the planning from Winter 2024/25. It follows the Scottish Government's winter planning priorities, focusing on community-based, person-centred care and emphasising prevention and the Vaccination Programme. Internal communications will be issued to ensure awareness of the Winter Plan.

Discussion included:

It is important to have joined up planning whilst not replicating the work of other areas such as the Community Planning Boards. The Scottish Government provide a checklist in advance of planning for winter which covers aspects such as adverse weather. Planning continues across all areas at tactical level and builds on strategic relationships.

The Health & Social Care Partnerships have plans to reach out to all vulnerable groups on the Vaccination Programme to improve uptake. Progress reports from the Vaccination Programme will be shared with the Population Health Committee.

It was stressed that many of the actions in the report require year-round attention which will be a focus going forward.

The Board:

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provides assurance that necessary steps and actions are progressing to ensure there is a robust response to winter planning for 2025/2026.**

11 Director of Public Health Annual Report 2024/25

The Director of Public Health presented the Director of Public Health (DPH) Annual Report 2024/25 which focuses on children, recognising the importance of the early years to lifelong health and wellbeing. Children's experiences during this formative time are a key driver of inequalities in population health outcomes. The significant disparities in life expectancy for children in deprived communities across Grampian were highlighted, with differences ranging from 2 to 9 years depending on location and gender.

The report has been informed by engagement with children and young people across Grampian, leading to a focus on four themes: growing up in poverty, inequalities, mental health and neurodiversity and climate change, with contextual data and examples of ongoing work provided.

Work has commenced, funded by NHS Grampian Charity, to integrate and transform neurodevelopmental pathways for children, aiming to reduce waiting times and embed improvements into standard practice after the funding period ends.

The report will be disseminated to stakeholders, with actions including poverty-proofing health services, improving early identification and support for neurodevelopmental differences, and refreshing the Child Health Strategy for Grampian, with joint plans to be brought to the board for endorsement in summer 2026.

The Board:

- **Noted the content of the report and the next steps following the publication of the report, specifically that the report will be used to inform the development of joint plans for Children's Services, Child Poverty, Corporate Parenting and Children's Rights in Aberdeen City, Aberdeenshire and Moray, and a refreshed child health strategy for Grampian to be published in summer 2026.**
- **Noted that joint plans for Children's Services, Child Poverty, Corporate Parenting and the refreshed Child Health Strategy will come to the Board for endorsement from summer 2026, when they are finalised.**

12 Approved Committee, Forum and IJB Minutes

The following approved minutes were noted:

Committees

- 12.1 Audit and Risk Committee – 24 June 2025.
- 12.2 Clinical Governance Committee – 27 May 2025.
- 12.3 Performance Assurance, Finance and Infrastructure Committee – 30 July 2025.
- 12.4 Population Health Committee – 18 July 2025.
- 12.5 Staff Governance Committee – 3 July 2025.

Forums

- 12.6 Area Clinical Forum – 25 June 2025.
- 12.7 Grampian Area Partnership Forum – 17 July 2025.

Integration Joint Boards (IJBs)

- 12.8 Aberdeen City IJB – 1 July 2025.
- 12.9 Aberdeenshire IJB – 2 July 2025.
- 12.10 Moray IJB – 19 June 2025.

13 Any Other Business

There was no other business to discuss.

14 Date of Next Meeting

- Thursday 11 December 2025