

APPROVED

NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on
Thursday 19 January at 10:00
virtually by Microsoft Teams

Present:

Board Members

Mrs Alison Evison	Chair/Non-Executive Board Member
Dr Colette Backwell	Non-Executive Board Member
Dr Hugh Farron Bishop	Medical Director
Dr June Brown	Executive Nurse Director/Deputy Chief Executive
Mr Albert Donald	Non-Executive Board Member/Whistleblowing Champion
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

Attendees

Mr Colin Adam	Project Director (Item 12)
Ms June Barnard	Nurse Director Secondary & Tertiary Care
Mrs Caroline Clark	Chief Nurse (Item 11)
Ms Katie Colville	Director of Midwifery (Item 11)
Ms Sarah Duncan	Board Secretary
Professor Nick Fluck	Responsible Officer (Item 12)
Ms Geraldine Fraser	Chief Officer Acute Services
Mr Preston Gan	Head of Performance (Item 8)
Dr Sean Harper	Director of Psychology (Item 10)
Mr Stuart Humphreys	Director of Marketing and Communications
Ms Sarah Irvine	Deputy Director of Finance (Item 9)
Ms Leigh Jolly	Chief Officer, Aberdeenshire Integration Joint Board
Dr Robert Lockhart	Vice-Chair of Area Clinical Forum/GP Partner (Item 6.1)
Ms Pamela Milliken	SRO Integration of Acute Pathways
Ms Fiona Mitchelhill	Chief Officer, Aberdeen City Integration Joint Board
Ms Judith Proctor	Chief Officer, Moray Integration Joint Board
Mr Philip Shipman	Interim Director of People and Culture
Dr Rachael Smith	Consultant Clinical Psychologist/Professional Lead (Item 10)
Mr Philip Tydeman	Interim Director of Improvement
Mr Alan Wilson	Director of Infrastructure, Sustainability and Support Services
Mrs Alison Wood	PA/Minute Taker

Apologies

Mr Paul Bachoo Medical Director Acute Services

Cllr Ann Bell Non-Executive Board Member
Professor David Blackburn Non-Executive Board Member

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. Mr Patwa made a statement of transparency in respect of Item 10, that he is a member of the Diverse Experiences Advisory Panel, which is a named partner in the Scottish Government's Mental Health Well-being Strategy, and a Lived Experience Representative on the Scottish Government's Mental Health and Wellbeing Strategy Leadership Board. Mr Riddell made a transparency statement in respect of Item 10, that he is Chair of the Mental Welfare Commission. Statements of transparency were made by Cllr Yuill that he is a Councillor for Aberdeen City Council in relation to Item 6.3 and any other items relating to the Council or the Aberdeen City Integration Joint Board (IJB). Mrs Evison advised she is a Councillor for Aberdeenshire Council.

3 Chair's Welcome

The Chair welcomed everyone to the first board meeting of 2026 and advised the agenda reflects the scale and complexity of the challenges NHS Grampian are navigating as a health and care system, alongside the progress being made through partnership, innovation and sustained effort. The tangible impact of new and expanded models of care and of focused operational improvement initiatives are starting to deliver visible benefit. The reality of these pressures and the positive indicators are recognised and acknowledged to provide assurance on the direction of travel.

The Chair visited the Emergency Department (ED) with other Non-Executive Board members to see first-hand how the Unscheduled Care (USC) Plan is being implemented. They observed a strong sense of shared purpose and commitment among staff, and early signs of progress from initiatives such as 10 discharges before 10am and front-door pathway changes. These efforts are starting to translate into operational improvements including reduced ambulance turnaround times, fewer prolonged waits in ED and beds becoming available earlier in the day. Whilst there remains a clear need for sustained focus on performance, including reducing 4 hour waits, it is encouraging to see practical changes making a difference for patients and staff.

She visited the Neonatal Intensive Care Unit at Aberdeen Maternity Hospital (AMH) and saw the powerful impact of a family-integrated service model, where parents are placed at the heart of their baby's care. During a separate visit to Maternity services before Christmas, the Chair heard about the important work underway to strengthen civility and culture. Creating a culture where people feel listened to and respected is fundamental to patient safety, staff wellbeing and continuous improvement. NHS Grampian continues to encourage openness and honesty at every level of the organisation.

In January, the Chair attended the first Women's Health Community Appointment Day at the Aberdeen City Vaccination and Wellbeing Hub, which demonstrated the best of partnership working and person-centred design. NHS services worked alongside local

authorities, third-sector partners and women to create a welcoming, non-clinical space which focused on what matters most to individuals.

A Board Risk Seminar was held in January 2026, which provided a valuable opportunity for the Board to step back and focus on assurance, risk and the wider system context. The discussions covered how assurance aligns with strategic priorities and improvement journey and sits within the broader national and sub-national landscape. There was a shared understanding and direction, including agreed next steps to strengthen the Board Assurance Plan and improve the quality and consistency of Board risk reporting.

4 Minute of Meeting on 11 December 2025

Under Item 4.1 Action Tracker and Matters arising, “The IJBs have primary responsibility for assurance on the effectiveness of private primary care, since this is a delegated service under the integration schemes.” the word private is to be removed.

Following this amendment the minute of the meeting held on 11 December 2025 was taken as an accurate record of the meeting.

4.1 Action Tracker and Matters arising

Operational Improvement Plan Performance Report (including access targets performance)

The Chief Officers will provide a formal update to NHS Grampian Board members on GP Visioning work, including the clear understanding of demand, as the work transitions to the Primary Care Board.

How Are We Doing Report 2025/26 Q2 – A benchmark comparison of the level of complaints received by NHS Grampian versus other NHS Boards will be carried out and reported to the Board.

It is noted that this data is not collected nationally. The information would be available in other Boards` Annual Feedback and Complaints Report which are done retrospectively with the data being a year out of date. The data for NHS Grampian is included in the Annual Feedback and Complaints Report. It was suggested that Executives consider if a comparison can be made with some similar sized Boards, however, this would not be able to be included in a report to NHS Grampian Board because it is data belonging to other Boards. It was agreed the original request on the action tracker has been completed.

Sub-National Planning – DL (2025) 25 - Ensure targeted clinical and staff-side engagement is designed and visible in all East work streams

The Chief Executive advised there have been ongoing national discussions with the Trade Unions and Staff Side colleagues, with full engagement at a local level on these issues. Executive Clinical Directors are involved in the Sub-national planning work to be discussed later in the agenda. There are standing agenda items on a number of committee meetings within the organisation, including Area Clinical Forum. Regular detailed updates are provided to colleagues system wide.. It was agreed the action can be marked as complete.

The action tracker was then taken as an accurate record.

5 Chief Executive's Report

The Chief Executive highlighted 4 key areas from her report. She recognised that it has been a challenging start to the year, not least due to the impact of the severe weather and the significant demands on services, particularly urgent and emergency care. Staff and partners across the system were thanked for their outstanding work.

She updated that the Scottish Government NHS Grampian Assurance Board continues to meet fortnightly, and the meetings continue to be both constructive and supportive. The Assurance Board has focused on 3 priority areas (value and sustainability, planned care and unscheduled care), however, from January 2026, the focus expanded to culture, governance and leadership. The Improvement Plan is a regular feature on the Assurance Board agenda. There have been discussions with Scottish Government colleagues on the de-escalation principles, of which the NHS Grampian Board will take ownership. The Chief Executive Team (CET) have done further work on the draft principles which will be discussed by the NHS Grampian Board in advance of the next Assurance Board meeting. The de-escalation principles and associated criteria will be the roadmap for the organisation to move out of Level 4 to Level 3.

Evidence of progress has been made in 2 out of the 3 priority areas (value and sustainability and planned care). Progress is less visible for unscheduled care, recognising too many emergency patients are still experiencing unacceptably long waits.

In relation to Planned Care, notwithstanding the challenge presented by the Central Decontamination Unit (CDU) shutdown since October 2025, there has been a significant reduction in 52 week waits. Revised trajectories were submitted and accepted by the Scottish Government with extension of funding into Quarter 1 of financial year 2026/27 to enable the continued use of the independent sector activity. The CDU reopened at the end of January 2026 as planned. There has been a sustained period of disruption for patients and staff. The mutual aid support provided by other Health Boards and the hard work of staff is recognised.

NHS Grampian are forecast to achieve the £45 million maximum deficit position and remain on track to deliver £61.8 million savings in the Savings Plan for the financial year 2025/26. More integrated financial planning with system partners is taking place for 2026/27 which is welcomed and necessary.

The Chief Executive also wishes to celebrate successes and highlighted: NHS Grampian colleagues are finalists for this year's Royal College of Nursing Scotland Nurse of the Year Awards; and Professor Miedzybrodzka was awarded an OBE in the New Year's Honours, in recognition of her outstanding contribution to medical genetics. The Chief Executive confirmed she and the Board Chair had written to colleagues on behalf of the Board to extend their congratulations.

The Board discussed:

The Culture Programme has been stood up and has 3 strands of Leadership, Equality and Staff Health & Wellbeing. A quarterly update on the culture work will be provided to the Assurance Board.

Staff networks and clinical advisory groups have been included in the development of the 26/27 priorities and the first All Staff session took place on 13 February 2026, with over 550 colleagues joining the call. The priorities are being amended in response to the feedback. There will also be external engagement with partners and community groups.

The de-escalation criteria discussions are at an early stage. It is important to ensure that the agreed criteria are realistic and deliverable, to achieve sustainable improvements and change. A timescale of 12 to 18 months is anticipated, however, this decision will be taken by the Scottish Government.

There is an issue with a national shortage of medical grade cement from one supplier, which is used in joint replacement operations. NHS Grampian does not use this particular supplier but this situation may lead to increased demand on other suppliers and cause difficulties in the supply chain. Work is underway to ensure there is stock available from the supplier to mitigate any gap in supply.

The operational governance landscape is being reviewed, identifying what formally reports through to the CET and establishing any gaps. A session will take place with Non-Executive board members prior to 1 April 2026, on any proposed changes.

ACTION:

Non-Executive board members session to take place on the operational governance improvement work including the changes and outputs prior to April 2026.

The Board noted the Chief Executive report.

6 Forum Reports

6.1 Area Clinical Forum (ACF)

The Vice-Chair of ACF provided a brief overview of the report. The forum continues to function well as an advisory group, providing constructive clinical input to the Board and CET. An update was received on the USC Improvement Plan with details of the 17 work streams now underway. There was strong support for the importance of the GP lead role in enabling cross system approach, particularly around reducing delays, length of hospital stays and avoidable admissions. Collaboration and strong preventative focus should start to deliver improvement. Also discussed were the Aberdeen City Health & Social Care Partnership (ACHSPs) consultation on proposed budget savings for the coming year, with concern about the potential impact on vulnerable patient groups and wider system performance. The NHS Grampian financial position update is encouraging.

The Board discussed:

Weekly meetings continue between ACF and CET, which provides an opportunity to review the progress of the USC Plan.

The Chief Officer, Aberdeen City Integration Joint Board confirmed ongoing public consultation on proposed budget savings to understand potential impacts, with feedback used for the Impact Assessments.

6.2 Grampian Area Partnership Forum (GAPF)

The Chair of GAPF highlighted the report represented the November and December meetings.

Discussion included:

Ongoing national discussions are taking place on engagement with Trade Unions and Staff side representatives on the Sub-National planning arrangements.

6.3 Integrated Joint Boards (IJBs) Report

The Chief Officer of Aberdeen City IJB presented the IJBs' combined update, highlighting common themes about strategic direction and finance. The Aberdeenshire IJB Strategic Plan was approved in December 2025 and their draft Medium Term Financial Strategy was also discussed. Aberdeen City IJB and Aberdeenshire IJB have presented their Chief Social Work Officer Annual Reports, which includes the impact on Children and Adult Services. Moray IJB has approved the strategic direction set out by their Interim Chief Social Work Officer, highlighting the significant and sustained pressures experienced by Childrens` Services.

Discussion included:

A workshop was held in February 2026 with the Local Authority Chief Executives, NHS Grampian Chief Executive, NHS Grampian Director of Finance, IJB Chief Financial Officers, the NHS Grampian Interim Director of Improvement and the Local Authority Section 95 officers to discuss budget setting and savings and their potential impact in the next financial year. This group will meet again, with the Assurance Board, in March to discuss the draft finance plans. All 3 IJBs meet in March to finalise their budgets.

There is effective collaboration on USC and a number of other issues.

6.4 Financial Recovery Board

The Chair of the Financial Recovery Board (FRB) advised the focus continues to be on the monthly financial updates and reviewing in detail issues identified for deep dives. Recent deep dives included the use of reserves and governance of test of changes. The FRB is pleased with the continued progress of the Value & Sustainability Programme. There has also been a focus on the 3 IJBs and the Chief Officers attended to provide updates and raise awareness of the IJBs` financial positions.

Discussions included:

Impact assessments are carried out to highlight the impacts of savings proposals in other parts of the system and these are considered carefully when making decisions. Savings options are presented at the relevant governance groups prior to presentation at the FRB.

NHS Grampian is working well with IJB partners and Local Authorities to consider wider system opportunities to work together more effectively and the North East Transformation Group has been re-established, which will aid collaborative working.

Agency spend, both medical and nursing, is required due to recruitment issues and the need to maintain workforce levels to provide safe patient care. In order to manage this spend, there are improved links between operational, clinical and finance teams and spend is monitored to identify variances quickly.

The Board noted the reports.

7 Sub-National Planning Update

The Chief Executive provided background on the 2 Sub-National Planning and Delivery Committees – East and West (SPDCE and SPDCEW, respectively). She highlighted that the work of the SPDCE is moving at significant pace, with the drivers being financial and clinical sustainability, reducing unwarranted variation and improved collaborative working

for the benefit of the people of Scotland. There will be population level planning and a focus on 5 priority areas: Orthopaedic waiting times, Emergency healthcare services, Digital Front Door/MyCare, alignment of business systems and consolidated financial planning. NHS Grampian colleagues are involved in all Sub-National discussions. The ambitions and priority actions over the next 3 years were considered at the SPDCE meeting held on 18 February 2026. There is a Rural and Island workstream.

The NHS Grampian Board will review the draft East plan mid-March 2026 prior to its submission to the Scottish Government by 31 March 2026, ahead of Ministerial approval in early Summer 2026.

There is clear governance of transition from North of Scotland arrangements overseen by North of Scotland (NoS) Chief Executives, with input from Medical Directors and Executive Nurse Directors, to ensure any clinical risk is minimised and there are no unintended consequences from the new East and West sub national arrangements.

Weekly communications are in place to all Boards in the East and are shared across the organisation. Sub-National planning is a standing agenda item in a number of meetings, including Chief Executive Team, Area Clinical Forum, Grampian Area Partnership Forum and all wider staff briefings and wider Senior Leadership Team meetings. An East Programme Management Office is to be stood up to co-ordinate the work in the East.

The Chair advised the diversity of the Boards across the East is recognised and will be built on in the work going forward.

Discussion included:

There is no current financial risk share arrangement between the boards in the East. The Chief Executive remains the Accountable Officer for NHS Grampian and NHS Grampian continues to be responsible for its own finances. Scottish Government requires Boards to work collaboratively to achieve financial balance across the system. This will result in an additional contribution in the NHS Grampian Financial Plan for supporting the East planning arrangements. This is anticipated to be a small figure in the first year, however, as planning steps up this could increase.

Concern was expressed on the potential of overstretch of the workload for Executive Directors. However, Executive Directors are already involved in NoS work and fully engaged in East planning discussions, and recognise this is part of their role.

Healthcare Improvement Scotland (HIS) are leading on public engagement about these arrangements. They are members of the SPDCE and have representatives in many of the work streams described.

Strong relationships will remain with Island boards and NHS Highland, recognising our aligned patient pathways.

Assurance was provided that NHS Grampian would continue to be able to utilise the Golden Jubilee and the National Treatment Centres in the West for Out of Area treatment.

ACTION:

- **NHS Grampian Board will review the draft plans from the SPDCE, prior to the submission to the Scottish Government by 31 March 2026.**

The Board

- Reviewed the information provided in the paper, provided comment on the implications of the new model of sub-national planning and discussed ways

NHS Grampian's engagement in this development will be maximised.

8 Performance

The Chair of Performance, Assurance, Finance and Infrastructure Committee (PAFIC) advised that a mixed picture of performance was discussed at the January meeting. There are examples of notable progress delivered by staff under enormous pressure, however, although many actions to address performance are underway, some potential improvements are at an early stage. PAFIC requires detail on timetabled actions and clear evidence of the impact of those actions on performance and this is now more evident in performance reporting, which is encouraging. There is a recurring theme of the critical links between NHS Grampian and the IJBs, with a significant risk to NHS Grampian performance if services are reduced or withdrawn. Strong collaborative leadership and holding to account is needed across the system to manage this risk.

The Chair highlighted the value of visits across the system and meeting with staff to support Board members' scrutiny of data and assessment of outcomes,

8.1 How Are We Doing Report 2025/26 Q3

An update was provided on the Quarter 3 performance in the How Are We Doing Report 2025/2026, across the 3 key priorities of Value & Sustainability (V&S), Planned Care and USC.

The Director of Finance highlighted that all of the KPIs are green from the V&S Programme. NHS Grampian is forecasted to achieve the £45 million maximum deficit provided by the Scottish Government and to deliver nearly £62 million of savings. Work is ongoing to develop the plan for 2026/2027, which will be reported to the Board on 19 March 2026. Staff across the system were thanked for the work undertaken to deliver the planned savings.

The Interim Director of Improvement highlighted the key headlines from the 6 outcomes for Planned Care. At the end of Quarter 3, the performance for patients waiting over 52 weeks is ahead of plan for new outpatient appointments and it is anticipated that the year-end trajectory of 5,839 will be delivered. There is a downward trajectory compared to Quarter 2, for Treatment Time Guarantee (TTG), Cancer 62 days, Endoscopy and Radiology which remain below Quarter 3 targets, while capacity improvements continue to be embedded. Work is ongoing with TTG to ensure that the organisation delivers on the year-end trajectory. Funding provided by the Scottish Government (SG) for additional capacity is welcomed and discussions continue with SG colleagues to understand funding priorities for 2026/2027. Improvements continue to be seen against the Cancer 31 day performance, however, the 62 day position remains challenging. The 6 week standard for Endoscopy is behind trajectory at Quarter 3, due to limited use of the 4th Endoscopy room, which increased from 2 to 3 days per week in January. Teams are working on plans to increase to 5 days for return to the year-end trajectory. Radiology have seen a deterioration in Quarter 3 due to a loss of Ultrasound capacity. Additional capacity on weekends has been commissioned and it is anticipated to return to trajectory by the end of the year. There is a reasonable level of confidence in the year-end trajectories for 5 of the 6 outcomes, however, there is concern regarding the Cancer 62 day position.

USC shows partial recovery, with progress on a range of aspects since the

implementation of the USC Plan. The system is experiencing ongoing high demand for USC services. The Chief Officer Acute Services highlighted the improvements in Hospital at Home support, which allows more people access to the service resulting in reduced hospital admissions and hospital bed days. This also provides better outcomes for patients by receiving care and treatment at home. Other improvements include reduction in delayed discharges and increased staffing levels in the Flow Navigation Centre (FNC). Performance remains off-trajectory in several areas e.g. 4 hour Access Performance and ambulance turnaround times, requiring sustained focus into Quarter 4.

The Board discussed:

Clinical engagement with the V&S Programme; there are regular reports to ACF on the financial position of the organisation and the V&S Programme.

The issue on waiting times for Endoscopy relates mainly to Colonoscopy with 488 patients waiting over 52 weeks. Lower Endoscopy, Upper Endoscopy and Cystoscopy have relatively good waiting times.

Discussions are ongoing with SG about continuing funding for activity to improve 62 day cancer performance. The breakdown of performance reporting by individual cancer type was welcomed, which highlighted an improvement for the majority of the cancer types.

Orthopaedics is being considered at a regional and Sub-National planning level. On a national basis, mutual aid has impacted significantly to the improvements to reduce 52 and 104 week waits but it has not yielded the full benefit that NHS Grampian had originally anticipated, with trajectories being adjusted accordingly. Sub-National planning will consider objectives and principles for equity of access and reducing variation.

A full analysis of inequalities against each protected characteristic for access times is not possible because comprehensive data is not available, however, data has been considered by sex, SIMD and geographical location. NHS Grampian's Health Intelligence team will do a deep dive this year on this topic, with the report to be presented to ACF CET and other groups.

It is recognised that Planned Care and USC are interdependent and the importance of prevention work is acknowledged, to support reducing demand for services. The Planned Care Programme Board will consider plans for efficiencies across Theatres, Outpatients and Endoscopy in March 2026.

Funding provided from the Scottish Government has made a material difference to addressing backlogs. Agreeing a funding package for 26/27 is critical to ensure that improvement continues.

NHS Grampian has been selected to provide new walk-in GP clinics, as announced by the First Minister and the Health and Social Care Partnerships are developing implementation plans.

NHS Grampian Health Intelligence have assessed the USC Plan projects using logic modelling, to enable more focus on high impact projects. This includes rebalancing the bed base to better meet demand and capacity across medical specialties, particularly for the older age group. A change project is underway, involving the reconfiguration of existing beds to meet high demand to provide a better patient experience.

The USC Programme Board did an assurance review in January 2026 to assess progress with work streams and the challenges being faced. Services that were already in place

but have been expanded have moved forward at a quicker pace than new services or those involving a significant redesign.

The Chief Executive, the Director of Public Health and the Chief Officer, Acute Services are involved in the sub-National USC work, which aims to reduce variation across the East Boards. There will be opportunities as this work progresses, to build on NHS Grampian's improvement work.

ACTION:

- **The format of the HAWD report to be reviewed following the end of the current financial year, to ensure it meets Board requirements.**

The Board:

- **Noted the Quarter 3 organisational performance position, recognising strong delivery within Value & Sustainability, mixed but progressing performance within Planned Care, and demonstrated improvement within Unscheduled Care, alongside the operational pressures that continue to shape system performance.**
- **Noted the key areas requiring continued focus in the Q3 HAWD Report to improve Key Performance Indicators (KPI):**
 - **Planned Care: Treatment Time Guarantee (TTG), Cancer treatment within 62 days, Endoscopy and Radiology waits over 6 weeks.**
 - **Unscheduled Care: Frailty admissions, reduction in acute hospital occupancy, no readmission within 28 days, reduction in delayed discharges, Emergency Department (ED) patients seen within 4 hours.**
 - **Value & Sustainability: continue delivery of cash-releasing, recurring savings.**
 - **Cross-cutting: need to accelerate completion of all Outputs (where possible) in Q4 to meet targets; and refined Tier 1 and 2 reporting strengthening action-to-impact tracking.**
- **Approved the Quarter 3 How Are We Doing (HAWD) Board Performance Report, and the continued utilisation of the Performance Model within the Performance Assurance Framework to ensure activity translates into measurable improvements across the Three Change Programmes.**

8.2 Operational Improvement Plan

A Quarter 3 update was provided on NHS Grampian's progress against the four critical areas within the Operational Improvement Plan (OIP).

The Board discussed:

Shifting the Balance of Care – GP Walk in Clinics. GMed and Service Level Agreements (SLAs) with GP Practices will support the GP Walk in Clinics. It will be an 18 month project and will include multi-disciplinary teams. Discussions are ongoing with University of Aberdeen around a GP teaching hub based on the ARI site in Aberdeen. Recruitment and retention is a key focus for Primary Care colleagues and GPs.

The Cardiovascular disease service is a direct enhanced service that GP practices receive funding from the Scottish Government for identifying people living in deprived areas with risk factors for cardiovascular disease and initiating treatment. There has been a low uptake and a programme is being put in place to support and encourage access to the scheme, which runs to July 2026. Clarification of wording in report for

Cardiovascular Disease Service for status and progress to be provided. The Director of Public Health advised that there is a month on month increase with national uptake at 33%.

Concern was expressed that digital and technological innovations are being delayed by delays in receiving Information Governance (IG) approval due to capacity issues within the team. There has been additional investment in the IG team and close monitoring to review all escalated work to agree prioritisation, based on a combination of clinical impact, service impact, financial impact and ongoing dynamic process. Work has also been outsourced to other health boards for national work, before being reviewed by NHS Grampian IG team. As NHS Grampian moves towards an increasing number of digital projects there remains a considerable risk to delivery. The Medical Director will consider the most appropriate route to provide assurance to Board Members on Information Governance risks.

ACTIONS:

- **Clarification of wording in report for Cardiovascular Disease Service for status and progress.**
- **The Medical Director will consider the most appropriate route to provide assurance to Board Members on Information Governance risks.**

The Board:

- **Noted the refinements made to the OIP response template for Quarter 3 (Q3), developed in response to Chief Executive Team (CET) and Board feedback, and the separate streamlining of the Tier 1 and Tier 2 overview into a single-page summary to support clearer interpretation of progress.**
- **Endorse Quarter 3 organisational performance position, noting continued progress across the Organisational Improvement Plan, alongside the Key Performance Indicators (KPI) measures included separately in the Q3 How Are We Doing Report.**
- **Were assured from the strengthening visibility of contributions across the OIP through improvements in reporting.**
- **Were assured that the actions are underway to progress implementation across the four Critical Areas.**

9 Finance

9.1 Finance Report

The Director of Finance provided an overview of the Board's financial position. The internal forecast for the year is a deficit of £44.8 million, which is within the £45 million deficit in the Board's financial recovery plan. Work will continue to maintain this forecast outturn. The maximum level of deficit support funding provided by the Scottish Government is £45 million. The financial position is stabilised and is improving for both delegated and non-delegated services.

It is essential that NHS Grampian builds on the good work undertaken this financial year. For 2026/27 NHS Grampian must deliver a financial position better than the maximum deficit support funding of £36 million. Once this is achieved, NHS Grampian will be closer to achieving financial balance over the next few financial years.

A draft Finance Plan for 2026/27 has been submitted to SG, with positive feedback received. There is still a gap to achieving the £36 million deficit, however, the Director of Finance advised he is confident that this can be closed prior to submission of the final Finance Plan 2026/27.

The Board discussed:

The difference in savings achieved in the separate tables were explained, with £49.2 million excluding IJB savings, which are included in the figure of £61.9 million. The £49.2 million figure also includes technical adjustments made on a year to year basis that support cost pressures, which are not reflected as savings.

The consistency and quality of financial information provided was commended and provides the Board with assurance that the necessary improvement work is happening.

Additional investment of £21 million for the USC Plan and Planned Care Plan has funded work to deliver their performance improvement trajectories.

Vacancy control processes have been put in place, which are effective. If there is a clinical requirement for a post, however, this will be taken into account when making decisions.

The current infrastructure backlog was highlighted with the majority of infrastructure concerns known. Prioritisation is given to the most important infrastructure backlog work. The 2026/27 Infrastructure Plan is scheduled to be presented at the March Board meeting, which will highlight how the capital expenditure is allocated to reduce the highest risks. There is a large gap between the capital required to replace buildings and the capital funding received.

The Board:

- **Discussed and noted the update on the Board's financial position for the period to December 2025/26 and the current forecast year end position.**
- **Endorsed the actions being taken to develop the three year Financial Plan and Medium Term Financial Framework.**

9.2 IJB Finance Report

The Director of Finance introduced the IJB Finance report for Quarter 2, 2025/2026. The IJBs' financial position is an important part of NHS Grampian's deficit support funding. The IJBs' financial positions are stabilising.

Discussions continue in relation to the financial position and planning for 2026/2027, with consideration about the shared risks for each body. It was a productive meeting with a lot of agreement and the meeting note will be circulated to Board Members once it has been approved.

Discussions followed including:

The importance of working together was emphasised. The Board was assured by the update on the Integration Joint Boards' financial position for the period 2025-26.

ACTION:

- **The IJB Finance Meeting note to be circulated once approved**

The Board:

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

10 Psychology – Update on Scottish Government Special Measures

The Director of Psychology provided an overview of the improvement measures for Psychological Therapies across NHS Grampian. NHS Grampian Psychological Therapy (PT) services are currently under enhanced support from SG in respect of the 90% 18 week Referral to Treatment Time (RTT) standard for the delivery of Psychological Therapies. This is a standard valued by NHS Grampian and treatment is provided as quickly as possible within capacity. Providing timely psychological therapies is also one of the most effective preventative measures that can be offered. Performance against the Referral to Treatment Time standard has been maintained at above 70% over the last year, in the context of a reduction in resource. The maintenance of performance is testament to the dedication and commitment of the workforce.

Substantial progress has been made over the last few years with regard to implementation of the Scottish Government Psychological Therapies (PT) specification. There are strong professional governance links established via line management from the Executive Director of Nursing and to CET. Psychological Therapies services are underpinned by demand, capacity, activity and queue methodology supported by the Health Intelligence team. This ensures that the service is data driven and that NHS Grampian can be confident that capacity is being used as effectively as possible across the system.

There are several improvement work streams exploring innovative ways of working and engaging with available digital opportunities at local and national level.

NHS Grampian Psychological Therapy services now meet all of the SG PT specification standards at least partially. The only standard which has yet to be progressed is for employment of peer support workers, with discussions underway in Drug and Alcohol services to include peer workers in the skill mix. PT governance is provided by the Psychological Practice Improvement and Governance Board.

Mental Health and Learning Disability Psychological Therapy services for Adults are delegated across the Health & Social Care Partnerships (HSCPs). Engagement is taking place with the Chief Officers to consider the potential benefits of service reorganisation across the HSCPs and NHS Grampian, which would require changes to the Integration Schemes.

The high volume Children and Adolescent Mental Health Services (CAMHS) and Adult Mental Health service do not have capacity to meet demand.. A Reduced Working Week (RWW) bid has been submitted, which if successful, would be used to recruit to peripatetic posts, consistent with a cross system modelling approach to address some of the current waiting list challenges.

Discussion followed including:

Progress has been made to reduce the number of patients waiting over 52 weeks. 133 patients are waiting above 36 weeks, compared to 200 in December 2025. Discussions have taken place with the Interim Director of Improvement, other Professional Lead colleagues and the Chief Officers on how to work effectively across the system to reduce waits. The Chief Officers would require assurance that structural change would benefit patients.

NHS Grampian has been in enhanced measures for approximately 3 years, as have a number of other NHS Scotland Boards. The Enhanced Mental Health Outcomes Framework funding streams have deliverables, including many relating to psychological

therapy. These funding streams are delegated to the HSCPs but have to cover competing demands.

The Consultant Clinical Psychologist/Professional Lead for CAMHS explained the challenges in CAMHS, including a 9.5% increase in referrals from 2022 to 2025 and parallel reduction in staffing levels by 13.5 posts over this time. This was due to uncertainty around the Enhanced Mental Health Outcome Framework funding allocations and has resulted in some increased waits, with a current wait between first and second appointment of around nine months.

Early intervention and tailored options to support patients waiting for services were explained. If children and young people do not meet the CAMHS referral criteria, they will receive a personalised letter explaining why this is and suggesting alternative options. Children and young people seen within CAMHS are offered an initial triage appointment as soon as possible, currently within 12 weeks of referral. In February 2026 SG announced expansion of the NHS 24 Hub and offer of psychological support open to children and young people. Recent Digital initiatives such as text reminders aim to improve capacity by reducing the numbers of non-attendances. There is ongoing work and specific initiatives for the transition from Children's to Adult Services.

Service reorganisation in Psychological Therapies is complex because it involves different organisations. There is a need for equitable and responsive services across Grampian.

The Board recognised the importance of the work and welcomed the improvements being made.

The Board:

- **Reviewed and discussed the information provided in the paper and confirmed that it provides assurance that the necessary mitigations are in place to ensure timely access to psychological therapies.**
- **Noted the improvement in the Referral to Treatment Time for both adult and child and adolescent psychological therapies and note the robust governance structures in place to manage improvements.**

11 Maternity and Neonatal Services in Grampian Governance

The Chief Officer Acute Services introduced the Director of Midwifery, who provided an update on the governance structures for Maternity and Neonatal services. A further report was provided to Clinical Governance Committee (CGC) on 17 February 2026, when KPIs from Maternity services were agreed. They will be reported six monthly to CGC.

The Director of Midwifery advised the report is to provide assurance on the governance, oversight and improvement activity underway within Maternity and Neonatal services. The preparation work for the forthcoming Healthcare Improvement Scotland (HIS) Maternity Inspection Programme inspection was highlighted.

Local themes outlined in the report align with the national themes emerging from the completed inspections.

The Board discussed:

Pressures faced by staff from the increased scrutiny following numerous high-profile investigations and reviews into Maternity and Neonatal services across the country was

highlighted. When each new report is published, NHS Grampian benchmarks our services to highlight learning points. The service has redesigned as much as possible with workforce models being considered to understand what further improvements can be made. The leadership team are visible, doing walk rounds to support staff and signposting to staff wellbeing services.

Grampian has a lower birth rate than other parts of Scotland, but there are complexities of pregnancies, particularly among ethnic minority groups. Health Needs Assessments (HNA) are being completed which examine the outcomes and experiences of ethnic minority women and women who have higher levels of vulnerability within the community, taking into account their lived experience of local services. Work from a maternity services perspective is also underway on the National Racial Inequality Framework.

There is ongoing work to ensure appropriate training and skill sets for midwifery and nursing staff, to ensure staff have the necessary competencies. Midwifery staff are not expected to undertake theatre recovery competencies. Currently, the recovery area is a hybrid area of High Dependency Unit (HDU) level and recovery post theatre. This will be improved once the service moves to the Baird Family Hospital, when these will be separate areas. There are also workforce challenges that need assessment using the Common Staffing Methodology.

There are 2 community maternity units in Grampian, which deliver a range of services including scanning and obstetric care delivered closer to home, reducing the need to travel during pregnancy for some women.

ACTIONS:

- **Further details to be provided to the Board on the outcomes of the Health Needs Assessment for ethnic minority and vulnerable women, once completed.**

The Board:

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provides assurance that improvements are being made and appropriate evidence of these has been provided to the Board's satisfaction.**
- **Requested that another report on this subject be brought back to the Board at the end of 2026.**

12 Improvement Plan

The Interim Director of Improvement provided an update to the presentation given at the December 2025 Board meeting. This set out the governance framework for delivery of the recommendations from the External Review published by SG in October 2025. There are 87 outstanding recommendations, each of which is now aligned to the Programme Boards overseeing V&S planning, Planned Care, USC and Culture. Delivery of the Improvement Plan is necessary to achieve de-escalation from Level 4.

Evidence for closure of each recommendation must be collated and presented to Committee before a Board decision to close it off. The amount of time, focus and capacity required for the organisation to deliver and evidence such a wide ranging plan was acknowledged. There is engagement with the Programme Boards to understand what their resource requirements are, which should be complete by end of March 2026. Internal resources may be redirected to support the programme of work.

Removal of the 3 recommendations in the current paper has been endorsed by the PAFIC.

As well as being presented to each NHS Grampian Board meeting, updates on the Improvement Plan will be provided to the Assurance Board on a quarterly basis.

The Board discussed:

The Interim Director of Improvement will lead the realignment of project and programme support required, with regular updates to CET. The governance structure mirrors that of the V&S Programme, which includes regular meetings with operational leads.

The Board:

- **Noted work to progress the Improvement Plan to date and the transition to Programme Boards taking ownership of delivery during February and March 2026.**
- **Noted the summary detail of milestones, evidence base and expected closure dates for the 87 recommendations and the NHS Grampian Board's role to oversee delivery to the proposed timescale.**
- **Confirmed the recommendation of the Performance Assurance, Finance and Infrastructure (PAFIC) Committee to close the three recommendations listed in section 2.4.**

13 Baird and Anchor Update

The Project Director provided an update on the Baird and ANCHOR project.

The remedial construction work on the ANCHOR Centre is now complete and the technical commissioning phase has commenced. NHS Scotland Assure is currently on site auditing the technical commissioning process.

All remedial work instructions for the Baird Family Hospital have been issued. The contractor is now refining the design, with stakeholder input. Challenges experienced include the history of the project following COVID, the war in Ukraine which impacted on the construction industry and material costs, learning from the Scottish Hospital inquiries and further scrutiny of safety issues. Additional resources have been brought into the project following recent learning. These include a shadow design team supporting the project, which has undertaken a holistic design review of the project which highlighted areas requiring additional focus from both the contractor and NHS Grampian. Multi-disciplinary stakeholder Safety Groups have been established to improve governance, which has enabled a broad range of expertise to be involved in decision making, including Infection and Prevention Control (IPC) colleagues, Authorising Engineers, technical advisors and other NHS Grampian stakeholders. Enhanced commissioning processes have been introduced and sub groups to the Project Board have been established for issues that require specialist input.

All of this additional scrutiny and engagement has resulted in a series of design changes to the building. The project forecast has now been revised to £438.6 million against the previously approved budget of £231.3 million and funding has been formally confirmed by SG. The majority of the increase arises from a combination of factors, including cost pressures from market and construction challenges, programme delays and revisions to works to be undertaken.

Based on the forecast scope of work, it is anticipated to take occupation of the ANCHOR Centre in late July 2026 and the Baird Family Hospital in June 2027. These dates to bring each building into operation will be subject to review on a weekly basis.

It is important to note that the Key Stage Assurance Review (KSAR) is being undertaken by NHS Scotland Assure, so there is a requirement to work to their capacity timetable to carry out the review.

As the project moves closer to building handovers, the communication strategy focuses on commissioning and migration activities, including staff communication tools, training resources as well as proactive public communications, including with partners and staff, and orientation planning.

The Board discussed:

The main issues examined in the Scottish Hospital inquiry have been concerns around the safety of water and ventilation systems. The water commissioning process requires results of water system testing, which cannot be concluded until the end of the commissioning process. If there are no issues, the target dates for the building are achievable.

There are weekly meetings with NHS Scotland Assure to provide programme updates which should assist with the KSAR timetable. It is acknowledged that NHS Scotland Assure will also have other projects that will require their attention. The buildings will not open without a supported KSAR status.

Due to the length of the project, the Chief Executive has reviewed decisions taken by previous NHS Grampian Chief Executives relating to the project. She has also visited the facilities with the Project Director and Responsible Officer as part of her own due diligence. The Chief Executive confirmed that she is as comfortable as she can be at this stage having done so, whilst acknowledging more work is required and that she will continue to stay very close to this as the project develops.

The Director of Infrastructure, Sustainability and Support Services confirmed that following discussions with the contractor, the content of a Heads of Terms for a commercial agreement has been agreed. This will stop any further design change in the building to allow the building to be completed.

The impact that delays are having on the services due to move into the buildings were acknowledged.

Once NHS Grampian takes occupation of the buildings, there will be a comprehensive functional commissioning period, which involves equipping the building and orientation for staff. There will be focus group sessions within the building before it comes live to the service. There will also be orientation and support for charitable partners, who will be directly or indirectly involved in the building going forward. The intention would be for most of the movement of teams into the new buildings to take place over a weekend period, when the service is out of commission, resulting in minimal disruption.

The Board:

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provides assurance that the policies and processes are working effectively, any gaps have been identified and assessed, and risks are being mitigated effectively.**

- **Acknowledged the updated project financial forecast for which funding has been approved by the Scottish Government through to completion and approved this revised budget through to completion.**
- **Acknowledged the updated programme and dates to completion and endorsed the process for bringing the new facilities into operation.**
- **Noted that the commercial position and programme will feature in future reporting on the Baird and ANCHOR Project to the NHS Grampian Board.**

14 Approved Committee, Forum and IJB Minutes

Issues from Committee Chairs

Brief updates were provided from Board Committee Chairs on recent work undertaken by their committees.

The Chair of Population Health Committee updated on a development session for Population Health Committee. A report was received on NHS Grampian as a Population Health Organisation, which is a national initiative which will also come to the NHS Grampian Board later in the year. Board members were encouraged to participate in shaping the Population Health Organisation initiative through their respective committees.

The Chair of PAFIC highlighted the importance of robust committee processes including agenda setting and forward planning, to ensure that the committee receives more focused reporting. He acknowledged the work of the Head of Performance and his colleagues in supporting those preparing the reports for Board committees, which has led to a noticeable improvement in the quality of reports.

The Chair of Clinical Governance Committee (CGC) highlighted the CGC Seminar report which proposed areas for potential improvement of reporting templates that will be discussed with the Board Secretary.

The Chair of Staff Governance Committee (SGC) advised there is a rolling programme of reporting from portfolios and directorates. Improvements have been requested in the use of data, trends and comparisons across the organisation in the reports provided. When additional information is requested at Committee to provide assurance, this is either provided by email prior the next meeting or presented at the following SGC meeting.

The Chair of Audit & Risk Committee (A&RC) advised that a deep dive has taken place on Counter Fraud to gain a fuller understand of the internal fraud investigation process within NHS Grampian, including how the investigators are supported.

ACTIONS:

- **The Chair of CGC advised the outcomes of the CGC seminar to be shared with the Board and work will take place with the Board Secretary to improve reporting templates for committee governance.**

The following approved minutes were noted:

Committees

14.1.1 Audit and Risk Committee – 29 September 2025. brief updates from Committee Chairs on recent work undertaken by their committees.

- 14.1.2 NHS Grampian Charity Committee – 3 October 2025
- 14.1.3 Performance Assurance, Finance and Infrastructure Committee – 3 October 2025.
- 14.1.4 Staff Governance Committee – 30 October 2025.

Forums

- 14.1.5 Area Clinical Forum – 5 November 2025.
- 14.1.6 Grampian Area Partnership Forum – 20 November 2025 and 18 December 2025.

Integration Joint Boards (IJBs)

- 14.1.7 Aberdeen City IJB – 2 December 2025.
- 14.1.8 Aberdeenshire IJB – 8 October 2025 and 10 December 2025.
- 14.1.9 Moray IJB – 27 November 2025.

15 Any Other Business

There was no other business indicated.

16 Date of Next Meeting

- Thursday 19 March 2026