

**Present:****Board Members**

Mrs Alison Evison	Chair/Non-Executive Board Member
Dr Hugh Bishop	Medical Director
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
Dr Adam Coldwells	Interim 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	Interim 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
Mr Alex Stephen	Director of Finance
Dr John Tomlinson	Non-Executive Board Member
Cllr Ian Yuill	Non-Executive Board Member

**Attendees**

Ms Julie Anderson	Assistant Director of Finance (Item 7)
Mr Paul Bachoo	Medical Director Acute Services
Mrs Louise Ballantyne	Head of Engagement (Item 11)
Mr Alan Cooper	Programme Lead (Item 9)
Ms Kate Danskin	Chief of Staff
Ms Sarah Duncan	Board Secretary
Mr Preston Gan	Head of Performance (Item 6 & 10)
Mr Stuart Humphreys	Director of Marketing and Communications
Ms Sarah Irvine	Deputy Director of Finance (Item 7)
Ms Leigh Jolly	Interim Chief Officer, Aberdeenshire Integration Joint Board
Ms Pamela Milliken	SRO Integration of Acute Pathways
Ms Fiona Mitchelhill	Chief Officer, Aberdeen City Integration Joint Board
Mr Jason Nicol	Head of Wellbeing, Culture and Development
Ms Judith Proctor	Chief Officer, Moray Integration Joint Board
Mr Philip Shipman	Interim Director of People and Culture
Mr Philip Tydeman	Interim Director of Improvement
Mr Alan Wilson	Director of Infrastructure, Sustainability and Support Services
Mrs Alison Wood	PA/Minute Taker

**Apologies**

Dr Colette Backwell	Non-Executive Board Member
Ms June Barnard	Nurse Director Secondary & Tertiary Care
Cllr Ann Bell	Non-Executive Board Member
Ms Geraldine Fraser	Chief Officer Acute Services

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.

## **3 Chair's Welcome**

The Chair welcomed everyone to the meeting and highlighted important items on the agenda including an update in the Chief Executive's Report on NHS Grampian's Escalation to Stage 4 on the Scottish Government's Support and Intervention Framework, details of the current financial position and the ongoing development of a Strategic Route Map, which aims to connect short-term stabilisation with longer-term redesign and reform through delivery of strategic priorities including the Government's Operational Improvement Plan (OIP).

The financial position remains extremely challenging. Despite delivering significant savings during 2024/25, an unacceptable overspend for 2025/26 is still forecasted. Further savings are necessary but there are well understood in-year financial pressures that continue to test NHS Grampian's resolve.

The newly formed Assurance Board have met a number of times in recent weeks. The Chair reflected on her positive experience and the developing relationship with the Assurance Board members, who will provide additional oversight and assurance to the Scottish Government. They have created a constructive forum for NHS Grampian to explore opportunities and issues collaboratively.

She highlighted some of the recent success stories from across Grampian. The Chair spoke at the 10th Grampian Research Conference, at P&J Live earlier this summer which had a theme of "Breaking Traditional Disciplinary Boundaries". This was a milestone event that brought together some of the most innovative and forward-thinking minds in healthcare and medical research, through partnerships with the University of Aberdeen, Robert Gordon University, NHS Research Scotland, industry and community organisations to build a health system that is evidence based, agile and person centred.

NHS Grampian recently showed its commitment to the health and wellbeing of staff by becoming the first health board to sign The Migraine Trust's workplace pledge. With migraine affecting one in seven, the impact on individuals can be significant. The decision to sign the pledge follows a successful two-year partnership with The Migraine Trust to raise awareness among both the public and healthcare professionals about migraine and what can be done, in practical terms, to reduce and remove triggers. As one of the area's largest employers signing the pledge means NHS Grampian are leading by example, supporting staff to look after their health and wellbeing and enabling everyone to bring their best selves to work.

The Grampian Hospitals Arts Trust hosted Public Health Scotland on a visit to showcase their work in the north east over the past 40 years. The visit was a huge success and illustrated why NHS Grampian works so closely with this independent, award-winning charity to deliver a programme of arts for wellbeing that enhances the experience of all who spend time in NHS Grampian or associated Health and Social Care facilities.

## **4 Minute of Meeting on 12 June 2025**

The minute of the meeting held on 12 June 2025 was approved.

### **4.1 Action Tracker and Matters arising**

#### **Regular monitoring of the Integration Joint Boards (IJBs) financial position and the impact to NHS Grampian**

The Director of Finance advised that he has been meeting with the Chief Finance Officers of the IJBs and the section 95 Officers of Aberdeen City, Aberdeenshire and Moray Councils over the last few months to consider how there can be more formal sharing information arrangements about IJB financial positions. A draft Memorandum of Understanding (MoU) has been developed for consideration by the organisations. The next stage in the process is to consult with the 3 Chief Officers of the IJBs, followed by the 3 Chief Executives of the Local Authorities and the NHS Grampian Chief Executive to formalise the arrangement through the governance structures of each organisation. Some financial information from the IJBs is included within the financial report. There has been a timing challenge in relation to bringing financial information to the NHS Grampian Board before the information has been formally to the IJBs. Further meetings are to take place to move the work forward, however, progress has been made.

#### **Annual Delivery Plan (ADP)**

The Interim Chief Executive advised that since the last Board meeting the Scottish Government had instructed all Health Boards in Scotland to concentrate on the Operational Improvement Plan (OIP) rather than the ADP, to ensure the Boards are focusing on fewer priorities. This will be discussed later in the agenda under the Performance report.

The action tracker was taken as an accurate record.

## **5 Chief Executive's Report**

The Interim Chief Executive highlighted the establishment of and support from the Assurance Board for NHS Grampian and the draft KPMG External Diagnostic Report. NHS Grampian are currently considering KPMG's suggestions. The Scottish Government commissioned the report and will in due course set out the arrangements for the publication of the document. The Board recognises the need for transformation across the whole health and care system so that vital services are sustainable into the future. NHS Grampian is at the early stages of developing an Improvement Plan that will move the organisation towards a sustainable financial and performance footing. Some opportunities have been identified to improve patient flow, with cross-system support, through updates to the draft Unscheduled Care Plan and there have been wider offers of advice and expertise.

The Board discussed:

The Chairs of the Area Clinical Forum (ACF) and Grampian Area Partnership Forum (GAPF) put on record that they welcomed the interaction with the Chief Executive Team, have been actively involved in the Improvement Plan and will continue to work in collaboration to move this forward. The accredited representatives of the recognised trade union and professional organisations are also eager to engage with the development and, in particular, the delivery of the Improvement Plan.

One of the priorities identified is the challenges faced in Unscheduled Care. NHS Grampian are working through a process to improve Unscheduled Care and the Assurance Board have provided links to other Boards with experience we can learn from. Teams from NHS Grampian have visited other Boards to discuss examples of good practice. Whilst the work is still at an early stage, this has helped progress the improvements to the Unscheduled Care Plan.

**The Board noted the Chief Executive report.**

## **6 Operational Improvement Plan Performance Report (including access targets performance)**

An update was provided by the Director of Finance and the Head of Performance on NHS Grampian's progress across the four priority areas set out by the Scottish Government in the Operational Improvement Plan (OIP), to be delivered over the next 12–18 months and supported by increased investment through the 2025–26 Scottish Budget. It includes the most recently available performance data against the national access targets (4 hour waiting time, 31 and 62 day cancer performance, Treatment Time Guarantee (TTG) and out-patient performance), allocated to the most appropriate OIP element.

The Board discussed:

The emerging draft Unscheduled Care Plan, which has been developed by the 3 Chief Officers and the Acute Sector Triumvirate, will be presented at the Assurance Board for NHS Grampian on 18 August 2025. The plan will involve the whole system including the health and social care partnerships.

In respect of Planned Care performance, NHS Grampian has agreed local targets to be achieved by March 2026 with Scottish Government and funding has been awarded on the basis of performance on trajectory to achieve these local targets. NHS Grampian is on target against all the trajectories agreed with Scottish Government and the weekly run rate of activity is consistent with delivering the target agreed. There are weekly variations in performance against trajectory, however, these will not be material to the delivery of the target set by the agree date.

The Scottish Government are working with Health Boards to agree timelines for some of the OIP indicators and targets. Discussions are taking place on what support will be provided by the Scottish Government to the Boards and final details are still awaited for the work that will span more than one financial year.

There has been additional funding in Planned Care and, once the draft plan is approved, for Unscheduled Care. Some of the other activities will require to be funded from existing budgets. NHS Grampian will continue to work on efficiency and look for other funding opportunities to help improve performance, wherever possible.

Going forward, scrutiny of performance of the Board's 3 Change Programmes (Planned Care, Value and Sustainability, and Unscheduled Care) and the Operational Improvement Plan will be undertaken through the refocused Integrated Performance Assurance and Reporting Framework (IPARF) and presented in the refreshed How Are We Doing (HAWD) Board Performance Report. Regular scrutiny will take place at the Performance Assurance, Finance and Infrastructure Committee (PAFIC).

Hospital at Home (H@H) is available in Aberdeen and has tangible benefits for the people cared for. A deep dive has been carried out through the Strategic Route Map work on H@H. Discussions have been taking place, as part of the Unscheduled Care Plan, to consider what H@H could look like in Aberdeenshire and Moray, where there is a larger geographical area to cover. If the service is extended to become Grampian wide additional funding would be required to shift the balance of care to community services and would require collaborative working with the Health & Social Care Partnerships, in a whole system partnership approach, to shift elements of acute care into the community to make models safe and sustainable.

The work of the Psychological Therapies team to meet local targets were recognised and they continue to work towards the national target. The team are considering different opportunities for delivery of the service and there has been an increase in the head count.

The importance of planning sustainable delivery of services in future years where current service delivery models are funded on a non-recurring basis was highlighted.

The trajectory of an increase, rather than a reduction, of the number of patients waiting over 52 week waits for outpatients and inpatient treatment is largely caused by 3 services - General Surgery, Orthopaedics and Urology - which have the largest backlogs. All available capacity is being utilised in the system and options for mutual aid from other Boards are also being examined, with assistance from Scottish Government.

Work on the unscheduled care plan has a primary focus on reducing poor patient experiences through the whole journey, including ambulance stacking. There have been 8 significant initiatives in the last 14 months focusing on reducing the occupancy rate of ARI, which would provide a better patient journey through the system and will help reduce ambulance stacking. Whole system work has been undertaken to consider how to reduce the likelihood of admittance to hospital and the additional resources required to support quicker discharge. Frailty pathways expansion, improvement of the discharge profile and the introduction of observation areas will further improve the flow navigation system. The Assurance Board for NHS Grampian has shared intelligence on initiatives in other Health Boards.

Vulnerability of infrastructure is highlighted as a risk, both at Board committees and nationally, particularly in respect of the Central Decontamination Unit (CDU). The Board was advised that funding is available for CDU upgrade work, however, due to the 8 week downtime to complete the works and lack of capacity elsewhere in Scotland to accommodate NHS Grampian decontamination while the unit is upgraded, no date has been agreed to commence the upgrade. It is anticipated this will now take place in 2026. Work is ongoing to increase CDU national capacity. The Board was assured that NHS Grampian have raised this at all levels, including discussions at the National Chief Executive Group to ensure resilience with awareness of the vulnerability across Scotland of CDU availability.

It was emphasised that all plans are still owned and governed by NHS Grampian. The Assurance Board for NHS Grampian provides assurance to the Scottish Government that NHS Grampian is on a pathway to better performance and financial stability and provides support to NHS Grampian to help it move forward.

#### **The Board:**

- **Noted the update as a baseline for ongoing monitoring of progress against delivery of the Operational Improvement Plan (OIP) priorities.**
- **Endorsed the prioritisation of delivery of the OIP priorities by NHS Grampian and noted that they will be included in the revised Board How Are We Doing report for the remainder of 2025/26, as a strengthened reporting framework to enhance future assurance.**

## **7**

### **Update on NHS Grampian Financial Position**

It was noted that Mr Johnson has been appointed as Chair of NHS Grampian's Financial Recovery Board (FRB). The Board Chair thanked Mr Johnson for taking on this additional role as part of his Non Executive Board member duties.

The Director of Finance updated that NHS Grampian continues to be in an extremely challenging financial situation. NHS Grampian require to deliver £62 million of savings and manage pressures within its budgets to deliver within the £45 million maximum budget deficit permitted by the Scottish Government. Given the stage in the financial year and the identifying mitigations actions being undertaken by the Chief Executive Team to bring the financial position back on track to the plan, the forecast has been held at £45 million. There is a risk that this forecast may need to move in an adverse direction in future months. NHS Grampian is reporting a £17.17 million overspend for the first quarter of 2025/26. This would result in an overspend for the year 2025/26 of £55 million, £10 million above the forecast figure in the Financial Recovery Plan.

The Chief Executive Team is focused on identifying actions to ensure delivery of the savings programme in full, and the support of everyone across NHS Grampian is required.

The Interim Director of Improvement acknowledged the good work of colleagues across the system to develop and deliver the savings, recognising that material challenges are still to be faced. A robust validation exercise of the savings programme against the £62 million savings target has been carried out and it is forecast that the likely scenario is achievement of £54.5 million savings. Therefore, NHS Grampian must identify additional savings of a minimum of £7 million, plus a level of mitigation allowance to deliver the agreed deficit position. A list of other opportunities has been identified and are being validated. The immediate focus is to turn these into credible plans before the end of Quarter 2. Governance arrangements will be reviewed for all savings programmes and recommendations to enhance accountability and reporting structures will be considered by the Chief Executive Team. Development of the 2026/27 financial plan will start in Quarter 3 2025/26 to allow time to develop a robust plan for approval by the NHS Grampian Board no later than March 2026, which will allow the maximum period to deliver savings in 2026/27 financial year.

The Chair of the FRB advised that the Board had met to review the Quarter 1 financial position, the Value and Sustainability activity and consider the Terms of Reference (ToR) for the FRB. The FRB will strengthen the financial governance framework and provide additional capacity for assurance. It will meet monthly and a report of the meetings will be included in future NHS Grampian Board papers.

There will be a review of the budget monitoring format to support financial recovery. Board members will be updated on the new process at a Board Seminar.



Board discussion followed:

The Board gave in depth scrutiny to the NHS Grampian revenue financial position for the three months to June 2025 and to the projected year end revenue position.

The budget pressures are everyone's responsibility across the whole system. This was discussed at the PAFIC meeting on 30 July 2025, where concern was expressed that the targets were not being met in the Financial Recovery Plan. The PAFIC Chair advised that they have requested a detailed narrative, including the internal controls and escalation process already in place, for the next meeting. Prompt mitigating actions have commenced to address the current projected gap between forecast outturn and the Financial Recovery Plan deficit. Meetings have been held to discuss deteriorating budgets, including Chief Executive Team meetings, to understand the reasons for this. The controls currently in place are reviewed by the Internal Auditor on a regular basis.

The process of zero based budgets is being used for areas with the largest overspends, which have historically been unable to achieve efficiency savings. Work has commenced within the non-pay budgets to help with visibility of overspends. Multiple sessions have been run with clinical leaders and teams to emphasise the financial controls and savings requirements and financial data has been reviewed by Area Clinical Forum and sub committees, workshops and the medical leadership system. Similar work is being undertaken with the nursing teams and Allied Health Professionals. It was noted that the Director of Finance has met with the senior level budget holders, the Clinical Leads and the Chief Nurses to review budgets and overspends and identify remedial actions.

It is anticipated that rollout of digital letters to achieve savings on postage costs will not be realised until Year 2 rather than Year 1 of the programme. There is a need to engage early for digital solutions that involve patients and staff to understand all the potential barriers. It is noted that traditional paper based letters will still be required for some users, however, on a much reduced basis. NHS Grampian is committed to the digital inclusion aspect of the roll out. There is also a Scottish approach to the digital front door which will include the ability for people to access appointments. This will be introduced in another Scottish Health Board in early Autumn 2025, with the intent to rapidly roll out across all Boards in Scotland thereafter.

Work is ongoing to tighten financial controls with processes in place to highlight unintended consequences. The Procurement Team have a good grip on discretionary spend.

Equality Impact Assessments will be carried out as appropriate, to understand the impact of savings on protected groups and health inequalities.

Work is continuing to formalise the sharing of financial information between the IJBs and NHS Grampian to ensure full oversight. This would consider both financial and service consequences of any decision made by partners that could affect other parts of the system and partner budgets.

There is still a significant overspend on locums at Dr Gray's Hospital (DGH). Discussion was held on the work of the Integration of Acute Pathways to establish if this may affect the position. The Medical Director Acute Services advised that, following work on the first three pathways to be integrated (Orthopaedics, Cardiology and Gastroenterology) as activity increases there will be transfers of clinical staff back to their original workplaces and additional contracted time to manage the excess breach demand at DGH. Integration of pathways should enable significant improvements in pathway

efficiency and costs. Future pathway integration for other specialities will have an increased focus on efficiency, potential cost reduction and quality improvement.

**The Board:**

- **Were assured that the report provides an update on the NHS Grampian revenue financial position for the three months to June 2025 and the projected year end revenue position for 2025/26 with risks to the delivery of the Financial Recovery Plan for 2025/26 highlighted.**
- **Approved the revised reporting approach outlined in the report which will be provided to the Board in the October finance update.**

## **8 Forum Reports**

### **8.1 Area Clinical Forum (ACF)**

The Chair of ACF provided an overview of ACF discussions at their meeting on 25 June 2025. He thanked Dr Murray Smith and Dr Dympna McAteer, the previous Chair and Vice Chair of the Consultant Subcommittee, for their invaluable contributions. He highlighted the weekly ACF/Chief Executive Team (CET) meetings, including discussions on the Improvement Plan. He emphasised that despite the financial challenges and escalation to Level 4, NHS Grampian staff deliver a huge amount of excellent health care every day, and this business as usual is illustrated in the report.

### **8.2 Grampian Area Partnership Forum (GAPF)**

The Chair of GAPF advised the report covered meetings held in June and July 2025. He highlighted that the topics discussed at their meetings aligned closely to the items on the Board's agenda.

The Board discussed:

Regular financial updates are received at both ACF and GAPF, with extensive discussions held. This includes briefing sessions or additional meetings to ensure ongoing engagement. The Chair of ACF emphasised that both ACF and GAPF are actively included with the Director and Deputy Director of Finance and information is flowing to service teams to ensure awareness of the situation and the financial control mechanisms required.

There are escalation routes for practitioners and staff side representatives to raise any concerns back through ACF and GAPF for further discussions. The Chairs of ACF and GAPF are both members of the newly formed Financial Recovery Board. The Director of Finance advised that it is important that the information is issued in the correct format to ensure understanding and improvements are being considered to aid budget monitoring.

### **8.3 Integrated Joint Boards (IJBs) Report**

The Chief Officer of Aberdeen City IJB presented key highlights from the 3 IJBs in Grampian, with a common theme of the financial positions. The 2024/25 Annual Accounts presented at IJBs were unaudited and still require sign off by the IJBs. The 3 IJBs each had an overspend at the end of 2024/25. Additional funding was received from NHS Grampian and the relevant local authorities to ensure financial balance at year end. Moray and Aberdeen City also had unallocated reserves which were used first, before partners provided additional funding. It was noted that there are no unallocated reserves held by any of the 3 IJBs this year. At the beginning of each



financial year, IJBs must present a balanced budget by law. This has resulted in significant saving plans to enable the delivery of the balanced budget. Aberdeen City will require savings of £14 million, Aberdeenshire £19 million and Moray £4 million. It is too early to be confident in the delivery of savings plans at this stage.

The Board discussed:

There are opportunities with the use of a Pan-Grampian approach for shared services, whilst ensuring there are no unintended consequences from decisions made. This is being considered by the Chief Officers and their teams. Colleagues from NHS Grampian, the local authorities and the IJBs are working collectively in financial workshops which are beneficial.

The Board was assured that despite the challenges in recruitment of a Chief Financial Officer (CFO) for Aberdeen City, an Interim CFO was in place. A different senior management structure is being considered to ensure there is a more sustainable model with stronger succession planning. The Director of Finance advised he is supportive of the different structure and the opportunities this would offer. This will be reported to Aberdeen City IJB as the structure is progressed.

The Chief Officers have held regular meetings with the NHS Grampian Director of Finance and Chief Executive, along with the Local Authority Chief Executives and are committed to the new focus on financial sustainability. The Director of Finance also meets with the CFOs and the Chief Officers are provided with feedback from these discussions.

A reflection was made on the requirement for a whole system approach when making decisions in IJBs which could affect other parts of the health and care system. This has resulted in significant scrutiny and challenge at IJB meetings.

**The Board noted the reports.**

## **9**

### **Route Map for Strategic Change: Our Bridge to the Future**

The Chief Officer, Moray Integration Joint Board and co-chair of the Strategic Change Board presented the paper. NHS Grampian Board had endorsed the Route Map for Strategic Change in December 2024 as a system-wide approach to strategic transformation, connecting short-term stabilisation with long-term redesign, aligning with national frameworks including the Operational Improvement Plan (OIP), Population Health Framework (PHF), and Service Renewal Framework (SRF). The initial year is a bridging year, with the focus on laying the foundations for reform and system shift. A co-designing workshop session took place in July 2025 which has helped to develop the Route Map for Strategic Change. Work is progressing within the ambitions and timelines set out in December 2024, for this initial year. The report also sets out the clear signals of change and system learning evident in the system and updates on the deep dives that have taken place to support the development of key areas of focus. There are detailed case studies of the Route Map in action and how these are being tested. Work continues to refine the language and framing of the Route Map based on feedback and map all transformation activity to ensure alignment, reduce duplication and identify opportunities for shared learning. Next steps were highlighted including the continued opportunities to work collaboratively with IJBs, Local Authorities, and wider stakeholders. The new approach will continue to be refined.

The Board discussed:

The capacity available to deliver transformational change; prioritisation of resource is required to allow optimum allocation in a complex system. Resources will be identified to support and build on change that is already underway in the system. Work is being done to consider what resource is available, including within the HSCPs.

Engagement with IJBs and Community Planning Partnerships: the IJBs were involved at the start and time will be allocated in IJB agendas for an update on progress with this work. It was acknowledged that to date the Strategic Change Board have not directly engaged with the Community Planning Partnerships and this must now be a priority. The Chair and the Interim Chief Executive have had discussions with the Local Authorities on collaborative working and are seeking opportunities for closer joint working. The Programme Lead emphasised the requirement to take the opportunities from working with partners through existing networks and structures including the Community Planning Partnerships. The Interim Director of Public Health advised that the Population Health Framework is part of the transformation agenda and she is engaging with each of the 3 Community Planning Partnerships about that framework and starting the conversation on working together.

Mapping this work to the delivery of OIP priorities: the Integration of Acute Pathways work has shown the challenges of balancing immediate need for stabilisation of services with strategic change to ensure future sustainability. The Operational Improvement Plan (OIP) focuses on immediate needs, but we must move beyond recovery and stabilisation into a higher performing system. The other components of reform and renewal issued by Scottish Government, the Population Health Framework and the Strategic Renewal Framework, are the levers to move the health and care system beyond the immediate response.

Given the financial challenges and lack of additional resource for transformational activity, Board members debated whether capacity should be prioritised just now for the longer term change or directed towards immediate improvement. There were concerns expressed that it would be too great an ask of the system at present to free up capacity to accelerate the transformational work. There were concerns expressed about the opportunity cost if existing plans were de-prioritised to provide capacity for route map items. There was agreement that any additional resource identified must be targeted on priorities with clearly defined outcomes, with evaluation and assessment required to ensure that the existing capacity is appropriately directed to the priorities.

NHS Grampian has benefited from working with Healthcare Improvement Scotland (HIS) over the past few months to develop and challenge our thinking about how to do system transformation effectively. This work will help us use existing capacity in a different way, to deliver the change that all are agreed is required. The Assurance Board for NHS Grampian recognises that NHS Grampian has a structural financial and performance challenges that require fundamental transformation of the health and care system to address, and that financial savings alone will not create the sustainability required in the system. The Assurance Board is aware of the work of the Strategic Change Board, to identify changes needed on how the system delivers fundamental change at scale, which is the purpose of the Route Map for Strategic Change.

It was recognised by Board members that this is very much a work in progress and that there is presently an implementation gap between good intent and getting traction for further development. The system must focus on achieving clearly defined outcomes which will demonstrate significant change in how health and care is delivered in Grampian. Partners must also be more meaningfully engaged in this work. That requires the clear articulation of an easily-understood model of change, with operationalisation of the Route Map so the whole system understands how it will assist

in delivering the priorities described in the OIP, Population Health Framework and the Strategic Renewal Framework. The Route Map Working Group has encouraged engagement with more colleagues in the system about the practical application of the Route Map principles to achieve change. This includes consideration of the pressures across the system and how actions can be tested and expanded in our business as usual activities. Transformation is more challenging without additional resources and the financial position requires strong leadership to enable some actions to be paused to release capacity to do the transformation work needed. The way of working described by the Route Map must become the way NHS Grampian does its business, and the challenge just now is identifying how we make that happen.

In summary, the Board requires further assurance that adjusting priorities to provide capacity and resource to deliver change in the way described in the Route Map will improve delivery of NHS Grampian's strategic priorities and improve performance. There is concern at the opportunity cost if current priorities are dropped to make capacity for this work. Therefore, further discussions at Board level are required and it was agreed that there will be consideration out with the Board meeting about another Board seminar on this work, as the most appropriate forum for this further discussion of Board preparedness to shift to a new way of working to achieve transformational change.

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 also expressed discontent with the recommendations but Dr Tomlinson's proposed amendment did not receive a seconder.

There was detailed discussion on the recommendation '**Decision – agree that additional dedicated capacity is required to accelerate delivery and sustain progress, and that this resource requirement should be considered by the Assurance Board**' and the future reporting recommendation. It was agreed that the additional capacity is required to accelerate the delivery and sustain progress of transformation. However, it was noted that NHS Grampian has ownership and governance of strategic change and therefore business cases and options for prioritisation of resource must be considered by the Chief Executive Team, as an operational matter, rather than the Assurance Board, and decisions scrutinised by the NHS Grampian Board or an appropriate Board committee such as PAFIC. The two recommendations will be combined and reworded to note the requirement for additional operational capacity to accelerate delivery of transformational change and that a future report will come to the Board for assurance on the prioritisation exercise to identify and allocate that capacity and details of the work and outcomes it will be targeted towards.

The amended recommendations (with changes noted in italics) are:

#### The Board:

- Reviewed and scrutinised the information provided in the paper and confirmed that it provides assurance that the current direction of the Route Map as a credible and collaborative approach to delivering sustainable transformation across the system.
- Supported the continued development and application of the Model of Change, including its use in live settings to test, spread, and embed new ways of working.
- Endorsed the Route Map's role in mitigating strategic risks.

- Endorsed the Route Map's alignment with national frameworks (OIP, PHF, SRF) and the Scottish Government's Renewal priorities.
- Endorsed the intention to strengthen whole-system collaboration by leveraging existing strategic forums such as the North East Population Health Alliance and Community Planning Partnerships.
- *Noted that additional dedicated capacity is required to accelerate delivery of transformational work in the system and that a further report will be brought back to the Board for assurance on the prioritisation exercise to identify and allocate that capacity and details of the work and outcomes towards which it will be targeted.*

## 10 Integrated Performance Assurance and Reporting Framework 2025/26

The Director of Finance and the Head of Performance provided an update on the Integrated Performance Assurance and Reporting Framework for 2025/2 and the revised How Are We Doing report. The Framework is still to be discussed at PAFIC due to the timings of the meetings.

The Board discussed the following:

The Chair of PAFIC endorsed the direction of travel for the Board's performance reporting, to shift from activity tracking to demonstrating measurable outcomes. The Framework will be discussed at the September PAFIC meeting and the September Board Seminar. The sharper focus on priorities is important, however, there must be sufficient leadership oversight and escalation triggers if there are concerns about performance in areas that are not reported regularly through the HAWD report.

It was agreed to amend the recommendation because the framework has not yet been reviewed in detail by PAFIC. The revised agreed recommendation is :

### The Board:

- **Endorsed, as drafts to be finalised by the relevant Committee at its next meeting, the Good Governance Indicators for reporting to Board Committees and the repurposed How Are We Doing (HAWD) report structure, as the basis for a more prioritised and outcome-focused approach to delivery and performance.**

## 11 NHS Grampian Whistleblowing Annual Report 2024-25

The Director of Infrastructure, Sustainability & Support Services introduced the NHS Grampian Whistleblowing Annual Report 2024/25 prior to submission to the Independent National Whistleblowing Officer and publication on the Board's Whistleblowing webpage.

The Head of Engagement highlighted key points from the 4<sup>th</sup> annual report about NHS Grampian's implementation of the Whistleblowing Standards. Numbers of concerns reported remain consistent, with a wide range of staff groups from different locations raising issues. The different types of concerns raised through the whistleblowing process provides some confidence that the standards are well known to staff and they are aware how to raise concerns. Over the past 4 years approximately 15 concerns have been raised each year, with 18 each in the past 2 years. The Ambassador Programme which was introduced in November 2023 is also notable. 18 team members have been trained externally to provide comprehensive support to staff. Challenges include the length of time taken to investigate whistleblowing concerns which can take on average around 3 months in NHS Grampian. This has been

consistent over the four year period the Standards have been in place. The majority of concerns are dealt with at Level 2 which requires a full investigation. The handling of whistleblowing concerns this year has brought further learning and improvement opportunities for NHS Grampian. The report sets out key areas of improvement and describes areas for further development during the 5<sup>th</sup> year.

The Whistleblowing Champion discussed the length of time it takes to complete investigations and noted that complex investigations require additional time. Work is ongoing to try to improve this. The Standards must be communicated regularly and widely, including how to raise concerns when they happen. It is good practice to continually review processes to identify opportunities to strengthen and enhance the approach which should provide stronger governance and oversight of the implementation of the Standards in NHS Grampian.

Discussions followed including:

Assurance was provided that as part of the Standards, there is support and contact with the person raising the concern. At the initial stage, they are advised of the potential timescale. Contact is made at least every 4 weeks with additional contact as necessary. They can also make contact themselves at any time.

Discussions take place with Director of Infrastructure, Sustainability & Support Services, the Whistleblowing Champion and the Head of Engagement when findings are received to discuss improvements and ensure the process is robust. An improved and more robust investigation process is being developed and proposals will come to the Audit & Risk Committee and the Staff Government Committee. The 2 whistleblowing cases about which the Independent National Whistleblowing Officer (INWO) had concerns were due to the staff undertaking the investigations not being considered to be independent enough. This happened during the 2<sup>nd</sup> year of the Standards being implemented. Since then, there are now 5 independent investigators that are used to investigate more serious cases to provide greater independence.

The Board emphasised the importance of the whistleblowing work and commended the team and the Whistleblowing Champion.

#### **The Board:**

- **Endorsed the Whistleblowing Annual report 2024/25 for submission to the Independent National Whistleblowing Officer and for publication on the Board's Whistleblowing webpage.**

## **12 Approved Committee, Forum and IJB Minutes**

The following approved minutes were noted:

### **Committees**

- 12.1 Audit and Risk Committee – 11 March 2025.
- 12.2 NHS Grampian Charity Committee – 28 March 2025.
- 12.3 Staff Governance Committee – 1 May 2025.
- 12.4 Performance Assurance, Finance and Infrastructure Committee – 28 May 2025.
- 12.5 Population Health Committee – 2 May 2025.

### **Forums**

- 12.6 Area Clinical Forum – 7 May 2025.



12.7 Grampian Area Partnership Forum – 15 May 2025 and 19 June 2025.

**Integration Joint Boards (IJBs)**

12.8 Aberdeen City IJB – 13 May 2025.

12.9 Aberdeenshire IJB – 28 May 2025.

12.10 Moray IJB – 29 May 2025.

**13 Any Other Business**

There was no other business to discuss.

**14 Date of Next Meeting**

- Thursday 9 October 2025