



### **Purpose of this report**

This report updates Board members on priority issues since the last Board meeting which are not covered elsewhere on the agenda.

### **Escalation on NHS Scotland's support and intervention framework**

On 12 May the Scottish Government announced that NHS Grampian had been escalated from Stage 3 to Stage 4 of the NHS Scotland support and intervention framework. This was also the topic of a Parliamentary Statement from the Cabinet Secretary on 29 May.

On both occasions the Government stressed that this was not a reflection on staff, who continue to work tirelessly to deliver high-quality healthcare every day. The Cabinet Secretary also observed the significant innovations and improvements he had seen first-hand during visits to Grampian. I wholeheartedly agree and in my reports to the Board and in our communications to staff and the wider public, I endeavour to emphasise the very many positive examples of care and pioneering work taking place across our system.

This escalation reflects both the seriousness of our financial position, which has been a key topic at previous Board meetings, but also the Government's confidence that our current plans will be able to arrest the rate of expenditure and deliver the sustainable recovery that is required given our many challenges.

The support being provided under Stage 4 is an external diagnostic review. The Government has commissioned KPMG to undertake this and we look forward to meeting with them to support this critical piece of work. The overarching goal of the diagnostic will be to better understand how the whole system is operating and help us determine what changes could realistically be made within our financial envelope.

It will also provide insight into the specific issues that NHS Grampian faces, which include demographic change, enduring high levels of demand and capacity pressures across the local health and social care system. I therefore welcome the additional expertise this will bring to bear in order to develop a detailed improvement plan and a tailored package of support to help underpin it.

As I write, the Government is in the process of establishing an assurance board, which will report to the director general for health and social care and chief executive of NHS Scotland and we look forward to meeting with them in due course.

### **Acute Pathway Integration**

In my last report I introduced the newly commissioned strategic work to integrate our Acute Pathways, commencing with Cardiology, Endoscopy and Orthopaedics.

The Integration of Acute Pathways takes a whole system approach to organising service delivery, systems, processes and governance. I am therefore pleased that,

despite the capacity challenges, a significant amount of work has been undertaken by service, project and corporate teams since my last report with oversight provided by an Integrated Acute Pathway Programme Board.

The integration of endoscopy services is progressing on trajectory, with a number of workshops having taken place and subgroups now being established to progress implementation in those areas without co-dependencies on other parts of the system.

Similarly, orthopaedic workshops have progressed which have enabled the development of a vision for a unified service for inpatients and outpatients in Grampian, including a single referral process and waiting list. Work is now progressing to develop the model for trauma service delivery.

Engagement with Consultant Cardiologists has also taken place to agree the content and format of stakeholder workshops supporting this service, which will take place as soon as clinical diaries permit.

Integrating our Acute Pathways is a key component of our Route Map to Strategic Change and learning from this activity will inform its development over the coming months.

### **Delivery Plan submission**

In my previous report I indicated that NHS Grampian's Delivery Plan for FY2025/26 would, subject to Scottish Government approval, be brought to this month's Public Board meeting. However, as Scottish Government have requested us to resubmit our Delivery Plan at the same time as our updated Financial Plan in June, we now anticipate this coming to our Public Board meeting in August.

Our Delivery Plan will reflect the challenging financial environment in which we continue to operate as well as maximising those areas in which we continue to perform efficiently whilst moving us towards a more sustainable footing.

The Level 4 escalation and outcome of the external diagnostic review will influence Delivery Plan priorities and deliverables and our submissions for national funding to support Unscheduled Care initiatives remain pending at this time. Our Delivery Plan will therefore need to remain dynamic enough to respond to the outcome of these processes and adapt to opportunities and impacts over the next 12 months.

Dr Adam Coldwells, Interim Chief Executive 12 June, 2025