

NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on
Thursday 12 June 2025 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 Bishop	Medical Director
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
Mr Ritchie Johnson	Non-Executive Board Member
Mr Steven Lindsay	Employee Director/Non-Executive Board Member (Left 13:43)
Mr Derick Murray	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
Mrs Susan Webb	Director of Public Health/Portfolio Lead Population Health
Cllr Ian Yuill	Non-Executive Board Member (Left 10:55)

Attendees

Mr Colin Adam	Programme Director (Item 9)
Mrs Lisa Allerton	Public Health Manager (Item 8)
Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Ms June Barnard	Nurse Director, Secondary & Tertiary Care
Mrs Roda Bird	Interim Equality & Diversity Manager (Item 10)
Dr Daniela Brawley	Sexual Health Consultant (Item 8)
Ms Sarah Duncan	Board Secretary
Mr Gareth Evans	Property Transaction Manager (Item 12)
Professor Nick Fluck	Senior Responsible Officer (Item 9)
Ms Geraldine Fraser	Portfolio Lead Integrated Family Services
Mr Preston Gan	Head of Performance (Item 8)
Mr Stuart Humphreys	Director of Marketing and Communications
Ms Sarah Irvine	Deputy Director of Finance (Item 10)
Mr Christopher Middleton	Operations and Performance Lead, Medicine and Senior Responsible Officer, Unscheduled Care Programme Board (Item 8)
Ms Jinette Mathieson	Cancer Nurse Consultant/CNS Strategic Lead/Lead Nurse Cancer Tri (Item 11)
Ms Judith Proctor	Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Ms Sasia Pryor	Cancer Performance Lead (Item 11)
Mr Philip Shipman	Interim Director of People and Culture
Mr Alan Wilson	Director of Infrastructure, Sustainability and Support Service
Mrs Alison Wood	PA/Minute Taker

Apologies

Cllr Ann Bell	Non-Executive Board Member
Professor David Blackburn	Non-Executive Board Member
Ms Joyce Duncan	Non-Executive Board Member
Ms Leigh Jolly	Interim Chief Officer, Aberdeenshire Integration Joint Board and Portfolio Lead Aberdeenshire
Ms Fiona Mitchelhill	Chief Officer, Aberdeen City Integration Joint Board and Portfolio Lead Aberdeen City
Mr Hussein Patwa	Non-Executive Board Member

Mrs Evison, Chair, welcomed everyone to the meeting. It was noted that the meeting was being recorded for publication on the NHS Grampian website.

1 Apologies

Apologies were noted as above and the meeting was quorate. It was noted that there would be an agenda adjustment with Item 11 taken in advance of Item 10 to aid discussion.

2 Declarations of Interest

There were no declarations of interest.

3 Chair's Welcome

The Chair welcomed everyone to the meeting. Substantive items on the Board's agenda includes the recent escalation to Stage 4 on the Scottish Government's Support and Intervention Framework and details of the Financial Recovery Plan, which shines a spotlight on the current challenging position.

She highlighted recent positive news that helps to demonstrate inclusivity, innovation, positive change and the exemplary care within NHS Grampian, that continues to be delivered despite ongoing challenges. A state-of-the-art 3D laparoscopic camera has been installed at Dr Gray's Hospital (DGH), which will help ensure the best outcomes for women undergoing surgical procedures such as hysterectomies and laparoscopies. This comes as the range of services and procedures, that can be carried out in Elgin, are expanded and should mean a greater number of patients and their families benefit from undergoing these procedures closer to home. Planned caesarean sections have resumed in Moray which marks a major milestone in the return of enhanced maternity services to DGH and is months ahead of schedule, due to the successful planning, training and recruitment of staff.

NHS Grampian has successfully rolled-out an image capture solution that supports dermatology referrals from Primary Care to Secondary Care, as part of the national Digital Dermatology project. This will reduce unnecessary appointments and reallocated to those who need them most, supporting reduced waiting times.

NHS Grampian took part in the Grampian Pride parade in Aberdeen. This annual celebration of inclusivity and positivity saw over 5,000 people join together in the city centre and provided an opportunity to demonstrate the organisation's support of LGBTQIA+ colleagues, patients, and individuals living across the region. The Chair was delighted to carry NHS Grampian's banner during the parade and she thanked all who took part.

Earlier this month NHS Grampian celebrated Volunteers' Week, which is a UK-wide opportunity to recognise the contribution of the selfless individuals who give their time and energy so freely. From wayfinding and gardening, to listening and befriending, they make a hugely positive contribution to the experience of patients accessing services and premises. Since Volunteers Week last year, an average of 214 active NHS Grampian volunteers per month have given over 15,000 total hours of their time. This year 69 NHS Grampian Volunteers received certificates marking a combined 310 years of voluntary service, including the longest serving of 30 years. The Board acknowledged their appreciation of their generosity and commitment.

The Chair thanked NHS Grampian's dedicated staff and colleagues across the system, for all that they are currently doing to enable the delivery of health and care across Grampian as well as the development work that is underway or planned as the organisation continues to work towards a sustainable future.

She acknowledged the huge contribution made by Mrs Susan Webb, Director of Public Health, over many years as she moves on to a new role elsewhere.

4 Minute of Meeting on 10 April 2025

The minute of the meeting held on 10 April 2025 was approved.

4.1 Action Tracker and Matters arising

The detailed action tracker was taken as an accurate record and no matters arising were highlighted.

5 Chief Executive's Report

The Chief Executive's report highlighted the escalation of NHS Grampian from Stage 3 to Stage 4 of the NHS Scotland Support and Intervention Framework. He emphasised the day to day work of colleagues, with thousands of people treated every day across the system. The escalation is a very serious matter and relates primarily to the financial position, which the Board and colleagues have been working on since the deficit position two years ago. He welcomed the support from the Scottish Government through the externally commissioned diagnostic review by KPMG to identify additional savings and efficiencies.

Significant progress has been made on the integration of acute pathways for a whole system approach to organising service delivery, systems, processes and governance.

The Scottish Government have requested NHS Grampian resubmit the NHS Grampian's Delivery Plan for 2025/2026 at the same time as the updated Financial Plan in June 2025, following the escalation to Level 4. It is now anticipated the Delivery Plan will come to the Public Board meeting in August 2025, subject to the Scottish Government approval. Following the outcomes of the KPMG external diagnostic review, the Delivery Plan will be updated in collaboration with the government and stakeholders to ensure a realistic assessment of what can be delivered by NHS Grampian through 2025/2026. The Board will continue to be kept informed.

The Board discussed:

The External Diagnostic Review is due to report to the Scottish Government in the middle of July 2025 and NHS Grampian will require to have a Recovery Plan in place to implement the recommendations from the review. Development of the Recovery Plan will require the support and advice from the services, the Advisory Structures and the Grampian Area Partnership Forum. It will need to be updated at pace to ensure the recovery process can get underway as quickly as possible. The Interim Chief Executive attended the Area Medical Committee (AMC) on 11 June 2025, where there was offers of support from the advisory structures to work collaboratively to ensure NHS Grampian has a robust Recovery Plan and sustainable services moving forward.

There will be a tension between the speed that the Delivery Plan requires to be developed at and the ability to have robust engagement with communities and staff in shaping the Recovery Plan.

There will be transparent and regular updates to staff and the public regarding the escalation and recovery efforts.

The commission of the External Diagnostic Review from the Scottish Government states that any recommendations require to be realistic and deliverable within the Scottish context. It was noted that the terms and conditions of employment in the NHS in Scotland differ fundamentally from the rest of the United Kingdom, which would affect the ability to change how staff are deployed. During the validation process, NHS Grampian will have the opportunity to put forward views on the deliverability of the savings within the system context.

For the integration of acute pathways, progress has been seen in Orthopaedics and Endoscopy. Cardiology integration for vetting and waiting lists is expected by end of June 2025. There are unique differences in each of the pathways that needed to be considered and resolved, including long-established human system ways of working. All teams involved have patient care as their focus.

The Board noted the Chief Executive report.

6 NHS Grampian Escalation to Stage 4 Support and Intervention

The background to and technical elements of NHS Grampian's escalation to Stage 4 were explained. The public will be able to follow the progress of the Assurance Board on the Scottish Government website. The Assurance Board will hold NHS Grampian to account and report directly to the Scottish Government. NHS Grampian remains in charge of the system and has ownership for the development of the NHS Grampian Recovery Plan, including the financial recovery plan.

The External Diagnostic Review by KPMG has been commissioned by the Scottish Government with the aim to identify additional savings above the £23 million already identified and submitted to the Scottish Government by NHS Grampian. The first meeting of the Review took place on 3 June 2025. KPMG have commenced interviews with colleagues and are reviewing documents and data.

The Board will require to consider how updates from the Assurance Board for NHS Grampian can be included in the formal governance systems of NHS Grampian.

Discussions included:

NHS Grampian remains committed to working with its staff, patients and residents to continue to improve its financial and operational performance. A weekly update on the escalation process has been included in the staff Daily Brief. The Chair and Interim Chief Executive have produced videos which provides the opportunity for colleagues to ask questions. Regular updates will be provided to ensure staff and the public are kept informed using different mediums.

The Advisory Structures and Partnership Forum are actively engaging in the process, with both the Assurance Board and the External Diagnostic Review. The Director of Finance confirmed that he has requested KPMG involve the Advisory Structures and the Partnership Forum in the External Diagnostic Review.

Delivering the targets in 3 year Financial Recovery Plan will be extremely challenging. The KPMG review will inform the Recovery Plan and the Assurance Board for NHS Grampian will oversee progress. The Financial Recovery Plan is scheduled to come to the October 2025 Board and there may also be actions relating to leadership and governance, informed by the recommendations from the external diagnostic review.

The Board noted that the Board's escalation level has been increased to Stage 4, for Financial Sustainability, Leadership and Governance on the NHS Scotland's Support and Intervention framework.

7

Forum Reports

7.1 Area Clinical Forum (ACF)

The Chair of ACF provided an overview of ACF discussions at their meeting on 7 May 2025 (prior to the Level 4 escalation). He highlighted the weekly ACF/Chief Executive Team (CET) meetings, which are beneficial and essential for the collaborative approach, the focus on the Integration of Acute Pathways and the positivity from the Area Medical Committee (AMC) meeting which had a real sense of collaborative working and a 'can do' attitude. Even though there are significant pressures on the system, with good engagement with the medical community real progress can be made. Concern was expressed from Allied Healthcare Professionals on enteral feeding products, with shortages noted in feeding tubes, problems with the new operational system, and delays in home patients receiving products. This is a national problem and a Clinical and Technical Advisory group has been established.

7.2 Grampian Area Partnership Forum (GAPF)

The Chair of GAPF advised the report covered meetings held in March, April and May 2025. He highlighted the exceptional work of Ted Reid, Head of Logistic Services for his work on the Lady Helen Parking Centre. Aberdeen City Council has granted NHS Grampian consent to allow staff to continue to park in the upper floors of the Lady Helen Parking Centre for a two year period. During this time, traffic and parking must be managed and monitored by NHS Grampian, before any further request for change of use would be considered by Aberdeen City Council.

Discussion followed including:

A comprehensive review has been carried out to compare the fees of the nurseries against all other providers in Aberdeen, prior to the setting of the nursery fees for staff. The Board was assured that the fees have been set at an appropriate level for the benefit of staff in terms of providing support to work.

A survey was being developed to identify areas when staff are unable to access private changing facilities, secure storage, and access to space for breaks including mealtimes. The areas in Foresterhill and Dr Gray's Hospital to have the survey first have been identified. Following the UK Supreme Court judgement in April 2025 regarding access to single sex spaces, work on storage facilities and space for breaks will continue while further guidance is awaited from Scottish Government about changing facilities.

7.3 Integration Joint Boards (IJBs) Report

The Chief Officer of Moray IJB presented the high level summary report for the IJBs with significant focus on the budget setting.

Discussion included:

There was a productive meeting between the three IJBs and NHS Grampian in December 2024 to share savings proposals in order to work together for the benefit of the whole system. A number of actions are being worked through for the next financial year. Many discussions related to policies, which may be different in the IJB areas. It is proposed to harmonise the approach to ensure a fairer position across the system and optimise shared service for NHS Grampian delegated services. This includes discussions on how to support the management of Primary Care contracts. Regular meetings are held and another session is scheduled for the Wider Senior Leadership Teams in July 2025, when budget setting for 2026/27 will be discussed. The importance of collaborative working for a whole system approach was stressed, especially when considering the financial situation being faced across health and social care in Grampian.

Discussions are being held on the impact of budget decisions in communities. The IJBs have strong relationships with their funding partners and there are regular finance meetings between NHS Grampian's director of Finance, the Chief Officers, the IJB Chief Finance Officers and Council finance officers to ensure an open book approach across the funding partners.

Regular meetings are held on a collaborative basis with the Chief Officers and Primary Care contractors including GPs, dentists and pharmacists, to consider provision of service and the prevention agenda in the individual Health & Social Care Partnerships (H&SCPs). Work is progressing on the GP visioning project. There will be further opportunities with the Integration of Acute Pathways to shift the balance of resources to community settings.

The 3 IJBs and HSCPs work at a locality level to engage with communities and community groups and share good ideas. The methods vary because of different geographies and groups in localities but there is depth to the locality engagement taking place. A balanced approach to engagement is needed because of the challenging financial position across the system, which requires difficult decisions to enable savings to be achieved and ensure sustainable services in the future

The Board noted the reports.

8. How Are We Doing Report

The in-depth 'How Are We Doing Quarter 4 and End of Year (EoY) Performance Report', on NHS Grampian's performance against the stated annual deliverables, Key Performance Indicators (KPIs) and targets set out in the 2024/2025 Annual Delivery Plan (ADP), was presented to the Board. As it represented the formal end-of year position for the ADP, it provided a consolidated view of the progress made over the course of the year.

The Chair of Performance, Assurance, Finance and Infrastructure Committee (PAFIC) confirmed the report had been scrutinised and discussed in detail on 28 May 2025.

The Interim Chief Executive provided narrative to the report, highlighting that the recent PAFIC meeting agreed that balance is required between having information of appropriate depth presented in an accessible manner against presenting too much data. He highlighted 4 key performance challenges:

- **Planned Care** – there are too many patients waiting for too long for both outpatient and inpatient procedures. Phase 1 of the Planned Care Plan is for a dramatic reduction in long waits over 52 weeks and improvement of the cancer position, supported by Scottish Government funding for additional activity and productivity improvements. Phase 2 of the plan is currently being developed and will include mutual support from other Health Boards across Scotland. This will be discussed under Item 11.
- **Unplanned Care** – The challenges have been discussed previously at the Board and Board Committee meetings and include patients waiting at the front door in ambulances, the speed of travel through the Emergency Department and patients being treated in non-standard bed spaces. Work is planned with Scottish Ambulance Service (SAS) on cohorting which will commence on 16 June 2025. An Unplanned Care Plan has been submitted to the Scottish Government, however, any response will be linked to the External Diagnostic Review, for inclusion in the Financial Recovery Plan.
- **Prevention** – Community Appointment Days are highlighted as having a real impact. It is important to engage with those with lived experience when designing, organising and delivering services. The Marmot Partnership with Aberdeen City will have a huge impact. NHS Grampian, as an anchor organisation, has received positive feedback on its impact in reducing inequalities.
- **Financial Pressures** – This is key to the overall performance of the organisation.

The Director of Finance stated he is mindful of the length and detail contained in the performance report, which may result in key messages being missed. It has been agreed that the Chief Executive Team (CET) will consider what performance reporting should look like for 2025/2026, with a shift from activity-based reporting to an outcome focused model. Board members will have an opportunity to input into the proposed layout and be kept fully informed.

Discussion included:

Cancer treatment funding bids were submitted to the Scottish Government to assist with resource and capacity issues. The responses from the Scottish Government have been received over a period of time which has resulted in the work being at

different stages as much of the funding is non-recurring. The Scottish Government have adjusted their trajectories and performance reporting process accordingly.

In respect of planned care performance, the national Operational Improvement Plan targets will have a significant impact on how NHS Grampian delivers services and achieves the recovery. It has been developed over a period of time with the Golden Jubilee, North of Scotland Boards and NHS National Treatment Centres in NHS Highland and NHS Fife. Part of Phase 2 of the plan is the National Framework Approach to Recovery which will provide greater collaboration to maximise capacity across Boards to help reduce long waits for patients. There is now evidence that patients are willing to travel, especially if waiting times are reduced. It is important to identify the appropriate patients to travel for treatment and to provide these patients with support, ensuring that there is no increase in inequalities.

The performance report is currently framed around the deliverables in the Annual Delivery Plan. Work has begun with teams to prioritise and reduce the number of deliverables for 2025/26, recognising our workforce challenges and capacity issues.

The performance report is available on the NHS Grampian public website and a narrative executive summary, to provide context for the public, was suggested. This will be considered during the reporting performance review being undertaken by CET, to ensure there is a balance between operational information with general information for the public.

When setting targets there has been a tendency to be over ambitious in relation to what can be achieved within the available resources. There are currently 55 incomplete deliverables for 2024/2025 Annual Delivery Plan; operational teams and the relevant Executive lead will agree which of these will be continued in 2025/26, bearing in mind the need to prioritise and focus on fewer deliverables. The revised performance report for 2025/26 will confirm which 2024/25 deliverables are continuing. While targets has been achieved across many areas, a number of deliverables were not completed within the intended timeframe due to a range of system-wide challenges and constraints. Future reports to Committees will confirm how these deliverables will be managed in future.

The Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray will provide a written response to the Board on Tier 3: Safe & effective staffing. There have been significant capacity issues at Dr Gray's Hospital (DGH) with on-going support provided by the Corporate Workforce Planning team.

Concern was expressed that 7 deliverables relating to staff well-being were not being met. An extraordinary Staff Governance Committee meeting has been called in June to discuss what can be done to help to support cultural development within the organisation and the impact this has on staff wellbeing. There is a requirement to focus on the fundamentals such as appraisals, sickness absence, statutory mandatory training which would help to develop and support staff. The Board will receive the minute of the meeting when approved.

There was a request for the narrative explaining performance to highlight the impact on patients when the targets are not being met.

A Board workshop will be arranged to discuss the changes to performance reporting prior to approval at the Board meeting.

The Board:

- **Noted the Quarter 4 and End of Year (EoY) HAWD Performance Report and confirmed closure of the 2024/25 ADP.**
- **Noted that the 55 outstanding deliverables will have appropriate system arrangements and assurance routes in place to manage these post 31st March 2025.**
- **Confirmed that the HAWD report and the Performance Management Framework provided the Board with comprehensive and insightful performance information throughout the year, enabling them to effectively assess the organisation's performance.**
- **Agreed that 2025/26 reporting will focus on clearer articulation of in-year outcomes and the improvements they are intended to deliver, supported by SMART Deliverables with measurable milestones, outcome-focused KPIs to strengthen delivery, tracking and assurance.**

9. Project Update on The Baird Family Hospital and The ANCHOR Centre

The Senior Responsible Officer highlighted that the paper included the separate progress updates for the Baird Family Hospital and the ANCHOR Centre.

The Project Director discussed the key points of progress for the ANCHOR Centre. Following the Interim Chief Executive's decision on the completion strategy for the building, the instructed works have now been sent to the Contractor. The Contractor has appointed a full supply chain for design and construction activity with several of the instructions completed, while the design for some of the more extensive and complicated changes evolves. There will be a series of reviews by stakeholders, the technical advisors team and the safety groups once the information is available. Ratification would then be required by the Project Board to instruct work to proceed. It is anticipated work would commence in August 2025 with the commissioning phase to progress through to December 2025. The functional commissioning process should commence in early 2026 with service moves anticipated in Spring 2026.

Recommendations from the Scottish Hospitals Inquiry have been considered with NHS Scotland Assure including the Environmental Matrix with no significant issues found.

Regular meetings continue to be held with NHS Scotland Assure as part of the Key Stage Assurance Review (KSAR), including information relating to the construction stage KSAR. The intention is to align the completion of the building for a handover KSAR at the end of the year in advance of the functional commissioning phase.

Following further investigation, it had been identified that the Scottish Water reserve supply pipe would no longer be required and this will be removed to avoid any risk of contamination of the water as it enters the building. Further evaluation will take place on the moisture ingress that was found during construction. Advanced environmental testing of the Anchor open plan treatment place will be undertaken as a precautionary measure. Extensive engagement continues with NHS Scotland Assure on these issues.

The Baird Family Hospital project has made significant progress over the past two months. A specific focus has been placed on agreeing a final scope of remedial works

for the building and concluding a completion strategy with the Contractor. Instructions are being developed for the remedial work which include addressing ventilation concerns in the theatres. Within the Neo Natal Unit, it has been agreed to remove some sinks. Due to the complexity of the nature of the design work in relation to the theatres and ongoing discussions with NHS Scotland Assure, a completion date cannot be provided at this time. As additional work is to be implemented, the programme will be extended beyond the current completion date of November 2025.

The key known risks to the project are identified within the paper. Costs are a significant risk and the project team engage extensively with the Contractor to administer the contract appropriately. The Scottish Government remain fully informed on the progress of the project and any changes to be implemented.

In June 2025, the Project Team commenced an update to the Health Inequalities Impact Assessment following discussions with NHS Grampian's Interim Equality and Diversity Manager.

The Board discussed the following:

The Board was assured that guidance would be followed in regard to flushing under-used outlets. Additional funding has been provided by the Scottish Government to enable this to be carried out without utilising nursing staff for this task.

There is a risk that the moisture ingress suffered during the construction process will require further remediation which could impact on programme timescales. The Project Director advised that during the early stages of the construction process, as is normal with the Scottish climate, there had been moisture ingress prior to the building being fully sealed and watertight. At that stage, the Project Team and the Contractor implemented a water ingress management policy, which advises the Contractor what must happen in the event of rain or water getting into the building with the replacement of any wetted construction. There may, however, have been instances of water ingress that predated this management policy and this has been raised as a concern by Infection Prevention and Control (IPC) colleagues. A sub group has been set up by the Project Board to consider this issue and the risk, which includes the development of mould or the impact on the fire integrity of the constructions within the building. The Project Team have engaged extensively with NHS Scotland Assure on this issue and they have recommended carrying out an advanced surveillance of the environments to identify if there is any escalation or inflation of bacterial levels which should not be in the internal environment. This will take place in advance of the commissioning, validation and occupation of the building as a secondary precautionary measure. In addition, an external Clinical Mycologist has been engaged to assess the approach that has been taken. It was noted that it is likely that every building build in Scotland would be affected by moisture ingress and the management of that moisture ingress and the remedial works that follow are the key issue. This will be shared learning for others across Scotland.

The Board:

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provides assurance that the policies and processes necessary are in place and are robust.**
- **Noted the progress with The Baird Family Hospital and The ANCHOR Centre project, specifically an update on key matters; including the outcome of stakeholder decisions, decisions on the building completion strategy, the revised scope of work, and the design, construction,**

commissioning, and assurance processes that are under way in the lead up to completion and functional occupation of the buildings.

- Noted that completion dates and the final project forecast will feature in future reporting on the Baird and ANCHOR project when the full impact of all changes has been reported by the Contractor.

11 Operational Improvement Cancer Delivery Plan against 31- and 62-day performance 2025-26

The Portfolio Lead Integrated Specialist Care provided an overview on the complex Operational Improvement Cancer Delivery Plan. Cancer performance in Grampian remains below the national targets and expectations. Information gathered throughout the process has been used to inform performance trajectories and develop the annual Cancer Improvement Plan, with business cases submitted to the Scottish Government with the aim to improve performance by March 2026. It was confirmed in early June that all bids will be funded in full by the Scottish Government. The outline of the funded Operational Improvement Plan is the refreshed Framework for Effective Cancer Manager (FECM) in Appendix 1 of the paper. The additional funding will be allocated to the key areas where there are known blockages in the pathway, as shown by data analytics. The trajectories have been agreed by the teams and critically challenged by the Scottish Government and have taken account of performance over the last 3 years.

The trajectories will be managed on a weekly basis instead of quarterly going forward for both Cancer and Planned Care. The Cancer Tracking team's work has been recognised nationally for their proactive micromanagement of the path, route and flow of individual patients.

It was noted that by March 2026 all pathways, except urology, are anticipated to achieve the national standard of 95% of patients starting treatment within 31 days of decision to treat and that it is anticipated that there will be overall performance of 85% of patients starting treatment within 62 days of receipt of referral for suspicion of cancer, with challenges remaining in the colorectal, urology and melanoma pathways.

The Board discussed:

Theatre and bed capacity have been included in the modelling to provide the trajectory of what can be delivered, which is based on at least 60 Planned Care beds available.

There has been a surge in the number of Urgent Suspicion of Cancer referrals being received which has been attributed to factors such as backlogs caused by the Covid-19 pandemic, public health awareness with a drive for earlier diagnosis, and an ageing population. The deteriorating health of the Scottish population has been previously reported in publications from the office of the Chief Medical Officer. An increase in suspected cancer referrals significantly contributes to an increased demand for several clinical and diagnostic services. Despite an increase in referrals, the conversion rate to a confirmed diagnosis has been decreasing with work ongoing to understand why.

Work is ongoing to consider additional capacity for the urological cancer pathway, with possible alternative pathways for colonoscopy at the Golden Jubilee Hospital.

These changes would not be implemented at this stage of the Improvement Plan.

The collaborative with other regional Health Boards to provide capacity will require digital tools to make pre-operative assessments quicker. There is a shortage in the ability to pre-operatively assess large groups of patients and digital will be able to assist with this. There is, however, currently no current funding for the Digital Plan. Scheduled software due to be released in autumn 2025 will help selection of the most suitable patients for the procedures to be carried out in other Boards.

It was acknowledged that there is a risk with non-recurring funding for future years. Work to improve and modernise pathways, understanding the reasons for increased referrals, digital innovations and the GP Visioning work should increase capacity in the system.

It had been acknowledged that there is a need to work differently to transform services to ensure they are sustainable for the future and to achieve better outcomes. Some aspects such as delayed discharges from hospital have impacts across the system. Health Intelligence have been asked to undertake modelling work on the variables and a proposal will be presented to CET.

Discussions have been ongoing with the Medical Director of Scottish Ambulance Service (SAS), NHS Grampian's Medical Director and the Portfolio Lead Integrated Specialist Care on balancing risk around SAS, the front door, patients and IJBs. The proposal is to hold a stakeholders meeting in the near future to consider the issues.

It was requested that an update is provided to the Board as part of the transformation work in due course.

There was a strong endorsement of the plan and its alignment with national priorities.

The Board:

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provides assurance about the appropriate alignment of services and the investment in equipment and staffing, using the allocation of both recurring and non-recurring funding, to deliver improvement in performance towards the national cancer waiting times standards for 31 and 62 days by March 2026 on the trajectories provided in Appendix 7.**
- **Noted that some of the activity for improvement in trajectories is funded by non-recurring funding which poses a risk to sustained improvement beyond 2025 /26 financial year.**
- **Noted that achievement of the national standards is assessed across the whole group of cancer pathways, not against each individual pathway.**
- **Noted that by March 2026 all pathways except urology are anticipated to achieve the national standard of 95% of patients starting treatment within 31 days of decision to treat and that it is anticipated that there will be overall performance of 85% of patients starting treatment within 62 days of receipt of referral for suspicion of cancer, with challenges remaining in the colorectal, urology and melanoma pathways.**
- **Noted that the cancer activity plan has been developed to deal with the current backlog of activity rather than on a population health needs assessment and future demand.**

- **Noted that assurance on performance against the trajectories provided in Appendix 7 will be to the Performance Assurance, Finance and Infrastructure Committee at the mid and end year points and that the Chair of the committee will agree the exact reporting dates with the Acute Medical Director.**

Financial Recovery Plan and Medium Term Financial Framework

The Director of Finance provided an update on the financial position for 2024/25, which as a result of over-achievement in relation to the Value and Sustainability Programme, has shown an improved position against the forecast, in the last quarter of the financial year 2024/25.

Key actions to deliver the £23 million reduction of budget savings and reductions in the anticipated deficit are included in the paper to reduce the forecast outturn to £45 million deficit in 2025/26.

At the April Board meeting, the Director of Finance was requested to provide full Integrated Impact Assessments for identified savings. Two proposals have since been substituted by alternative initiatives which represent an equivalent saving. Full Integrated Impact Assessments have been carried out for the proposals. One of the savings proposals requires further work to ensure appropriate engagement activities have been undertaken. The remaining savings proposals have been considered with a Full Integrated Impact Assessment and a summary of the saving, its potential impact on groups of the population and possible mitigations.

Discussion followed including:

It was agreed to reject a proposed saving relating to discontinuing provision of disposable nappies for all healthy babies born in Aberdeen Maternity Hospital, Dr Gray's Hospital, Inverurie Community Maternity Unit and Peterhead Community Maternity Unit. This saving was not consistent with work prioritising the eradication of child poverty. The Director of Finance advised he had been in discussions with the service and an alternative saving has been identified.

7 day week services were discussed in the context of savings identified against public holiday provision. The Interim Director of People and Culture advised that running non-essential services on public holidays and weekends is expensive, due to enhanced payments for Agenda for Change staff under national terms and conditions.

Concern was raised by GP Sub Committee about the redesign in the Mental Health Service and the effect this would have on vulnerable patients. The Executive Nurse Director advised that the team are engaging with patients and will provide an update to the Chair of ACF as the redesign work progresses.

The Director of Finance explained the reduction in the Integration Joint Board risk provision. It is not anticipated that further savings, above those already agreed by the IJBs, will be required as a result of this adjustment.

The External Diagnostic Review is due to report to the Scottish Government by the middle of July 2025. It was noted that a three year Financial Recovery Plan to support the Board in returning to financial balance is to be developed and reported to

the Board in October 2025. Linkages to the IJBs' financial plans are critical to ensure whole system balance and sustainability.

The ability to minimise the impact of the savings proposals as stated in the Impact Assessments were discussed. It is acknowledged that there will be impacts and work will continue on the mitigations.

The NHS Grampian Organisation Change process will be undertaken for a number of the saving proposals which would require organisational change.

It was agreed to amend the third recommendation to:

Approved the savings for which a full integrated impact assessment has been carried out with a total value of £1.0 million, acknowledging the impacts and mitigations described but cognisant that both positive and negative impacts will result from the delivery of these savings, with the exception of the decision to decline the proposed saving relating to discontinuing of the provision of disposable nappies for all babies born in Aberdeen Maternity Hospital, Dr Gray's Hospital, Inverurie Community Maternity Unit and Peterhead Community Maternity Unit with an equivalent savings to be identified by the service.

The Board:

- **Endorsed the Financial Recovery Plan which aims to reduce the forecast deficit for 2025/26 to £45 million and note that a three year Financial Recovery Plan to support the Board in returning to financial balance is to be developed and reported to the Board in October 2025.**
- **Reviewed and scrutinised the information provided in the paper and confirm that it provides assurance that the Integrated Impact Assessment process has been applied to those proposed savings contributing to the Medium Term Financial Framework.**
- **Approved the savings for which a full integrated impact assessment has been carried out with a total value of £1.0 million, acknowledging the impacts and mitigations described but cognisant that both positive and negative impacts will result from the delivery of these savings, with the exception of the decision to decline the proposed saving relating to discontinuing of the provision of disposable nappies for all babies born in Aberdeen Maternity Hospital, Dr Gray's Hospital, Inverurie Community Maternity Unit and Peterhead Community Maternity Unit with an equivalent savings to be identified by the service.**

Primary Care Property Transfers

The Director of Infrastructure and Sustainability provided the background to the change of process for the approval of Primary Care Property transfers, which are expected to increase in numbers due to the change in GP contracts.

The Schedule of Reserved Decisions (SORD), reserves approval of the acquisition of property, whether by purchase, lease or excambion above £1,000,000 to the Board. A mechanism is set out to allow for the efficient execution of the pipeline of leases for 2025/26. The Scottish Government Code of Practice for GP Premises facilitates the

shift to a model which does not require GPs to provide their practice premises.

To ensure governance and oversight of the lease assignments NHS Grampian have a number of Standard Operating Procedures (SOPs) in place which are being refreshed to take account of learning from recent transactions. The NHS Scotland Property Transaction Handbook will be a key element of assurance and transactions are supported by the Valuation Office Agency (District Valuer) and Central Legal Office.

From the end of financial year 2025/26 an annual review paper will be provided to the Performance Assurance, Finance and Infrastructure Committee in the quarter following the end of the financial year to give assurance that best value and adherence to process has been followed for all GP lease assignments. Annual reporting will be through the Annual Infrastructure Plan. Risk management will stabilise GP services and mitigate the risks related to service continuity in the communities.

The Board was assured that diligence and oversight of the process are robust.

The Board discussed:

In future years, planned lease assignments will be included in the Board's Annual Infrastructure Plan which comes to the Board annually for approval, and contains delegated authority to AMG and appropriate Directors to conclude all the processes and legal agreements required to complete the capital works described. The proposal is to give delegate authority in advance under the SORD for the infrastructure proposals in the Annual Infrastructure Plan.

The Board:

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provides assurance that appropriate policies and procedures will be followed to ensure due diligence and oversight on Primary Care Property Transfers.**
- **Delegated authority through Asset Management Group to (i) oversee all Primary Care Property Transfers and (ii) to direct the Director of Finance, subject to funding being in place, to complete the legal formalities for such transactions approved by AMG on behalf of the Board, with an annual report on all such transactions approved by AMG to be presented to the Performance Assurance, Finance and Infrastructure Committee within the first quarter after the end of the financial year in which the transaction(s) take place.**

13 Approved Committee, Forum and IJB Minutes

The following approved minutes were noted

Committees

13.1 Clinical Governance Committee – 11 February 2025.

13.2 Staff Governance Committee – 25 February 2025.

13.3 Performance Assurance, Finance and Infrastructure Committee – 12 February 2025 and 2 April 2025.

13.4 Population Health Committee – 28 February 2025.

Forums

13.5 Area Clinical Forum – 5 March 2025.

13.6 Grampian Area Partnership Forum – 20 March 2025 and 17 April 2025.

Integration Joint Boards (IJBs)

13.7 Aberdeen City IJB – 4 February 2025, 28 February 2025 and 18 March 2025..

13.8 Aberdeenshire IJB – 19 March 2025.

13.9 .Moray IJB – 27 March 2025.

14 Any Other Business

There was no other business to discuss.

15 Date of next meeting

- Thursday 14 August 2025