

NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on
Thursday 13 August 2026 at 09:30
virtually by Microsoft Teams

Board Meeting
08.10.26
Open Session
Item 3

Present:

Board Members

Mrs Alison Evison	Chair/Non-Executive Board Member
Dr Colette Backwell	Non-Executive Board Member
Cllr Ann Bell	Non-Executive Board Member
Dr Hugh Farrow Bishop	Medical Director
Professor David Blackburn	Non-Executive Board Member
Professor June Brown	Executive Nurse Director
Mr Mark Burrell	Chair of Area Clinical Forum/Non-Executive Board Member
Mr Albert Donald	Non-Executive Board Member/Whistleblowing Champion
Ms Joyce Duncan	Non-Executive Board Member
Mr Ritchie Johnson	Non-Executive Board Member
Mr Steven Lindsay	Employee Director/Non-Executive Board Member
Mr Derick Murray	Non-Executive Board Member
Professor Shantini Paranjothy	Director of Public Health
Mr Hussein Patwa	Non-Executive Board Member
Mr Sandy Riddell	Non-Executive Board Member
Mr Dennis Robertson	Vice-Chair/Non-Executive Board Member
Ms Laura Skaife-Knight	Chief Executive
Mr Alex Stephen	Director of Finance
Dr John Tomlinson	Non-Executive Board Member
Cllr Ian Yuill	Non-Executive Board Member

Attendees

Ms Alison Chapman	Primary Care Development Manager Aberdeen City HSCP (Item 14)
Ms Louise Ballantyne	Head of Engagement (Item 16)
Ms Lisa Charles	Manager Domestic Services (Item 4)
Mr Stephen Friar	Deputy Medical Director, Unscheduled Care
Mr Preston Gan	Head of Performance (Item 8)
Ms Carmen Gillies	Programme Lead for Value and Sustainability (Item 6.2)
Mr Stuart Humphreys	Director of Marketing and Communications
Ms Sarah Irvine	Deputy Director of Finance (Item 11)
Mr Jug Johal	Interim Director of Infrastructure, Sustainability and Support Services
Ms Leigh Jolly	Chief Officer, Aberdeenshire Integration Joint Board
Ms Emma King	Primary Care Lead Aberdeen City HSCP (Item 14)
Ms Elinor McCann	Interim Head of Catering (Item 4)
Ms Elaine McConnachie	Public Health Manager (Item 4)
Mr Drew McGowan	Interim Board Secretary
Mr Ian Matthewson	Project Director, Baird and ANCHOR (Item 18)
Ms Fiona Mitchelhill	Chief Officer, Aberdeen City Integration Joint Board
Mr Jay O'Brien	Director of People and Culture
Ms Judith Proctor	Chief Officer, Moray Integration Joint Board
Ms Melanie Saunders	Interim Director of People and Culture
Mr Rick Strang	Site Director Unscheduled Care
Mr Matthew Toms	Head of Performance Governance Acute

Ms Gail Woodcock
Ms Jennifer Yeomans
Ms Else Smaaskjaer

Director of Strategy, Transformation and Performance
Head of Procurement (Item 6.2)
PA/Minute Taker

Apologies

Cllr Kathleen Robertson

Non-Executive Board Member

1 Apologies

Apologies were noted as above. The meeting was quorate.

2 Declarations of Interest

There were no declarations of interest. Statements of transparency were made by Cllr Yuill in relation to his membership of Aberdeen City Council and by Mrs Evison and Cllr Bell in relation to Aberdeenshire Council.

3 Chair's Welcome

The Chair welcomed Board members, staff, partners, stakeholders and members of the public to the meeting. She highlighted the importance of public Board meetings in supporting transparency, accountability and engagement with local communities. The Chair noted that the agenda would focus on key organisational priorities, including de-escalation, financial sustainability, quality and safety, staff experience and delivery of the Single Improvement Plan.

The Chair highlighted:

- The importance of acting on staff and patient feedback, including findings from the 2026 iMatter Survey and Annual Whistleblowing Report.
- The launch of the Director of Public Health's Annual Report on women's health and health inequalities.
- Recruitment of new Non-Executive Members and the importance of Board succession planning.
- Engagement with Healthcare Improvement Scotland following a Board seminar in July.
- The achievement of Magnet designation by the Royal Aberdeen Children's Hospital.
- Progress in maternity services at Dr Gray's Hospital and recent engagement with local stakeholders.
- The appointment of Mr O'Brien, Director of People and Culture, and Mr McGowan, Interim Board Secretary, and thanked Ms Saunders for her interim leadership.
- Appreciation for Professor Brown's contribution to NHS Grampian ahead of her departure.
- Congratulations to staff who had recently completed professional qualifications and training.

The Board:

- **Noted the Chair's opening remarks.**

4 Staff and Patient Experience: Experience of Engaging with Domestic Teams Across NHS Grampian

Prior to this item the Chair noted the valuable contribution made by all colleagues across the organisation, including those in less visible roles, to safe, effective and compassionate care.

The Interim Director of Infrastructure, Sustainability and Support Services introduced Ms Charles, Ms McCann and Ms McConnachie who had undertaken a series of engagement workshops with domestic teams across the organisation.

The Board noted that the work sought to better understand the experiences of domestic staff, identify barriers to recruitment, retention and wellbeing, and inform actions to improve staff experience and organisational culture. Discussions were informed by staff workshops, engagement sessions and associated findings.

The Board discussed:

- The positive engagement achieved with a staff group that is often underrepresented in organisational consultation activity and the value of hearing directly from staff about their experiences.
- Findings relating to workload pressures, recruitment challenges, training access, IT accessibility, staff wellbeing, recognition and feelings of being undervalued within the wider organisation.
- The importance of ensuring all staff groups are able to access mandatory training, engagement opportunities and organisational communications, including consideration of practical barriers faced by domestic staff.
- The contribution of Domestic Services staff to patient care, infection prevention and overall service delivery and the need for this contribution to be recognised consistently across the organisation.
- Opportunities to apply the engagement methodology more widely across other seldom-heard or underrepresented staff groups.
- The importance of translating engagement findings into tangible improvements for staff and maintaining momentum on the actions identified through the programme.

The Board

- **Thanked Ms Charles, Ms McCann and Ms McConnachie for attending and providing a helpful and informative presentation.**

5 Minute of Meeting on 11 June 2026

The Chair presented the draft minutes of the previous public meeting of NHS Grampian Board held on 11 June 2026. A correction was agreed to item 11.1 with the reference to £42 million having been delivered amended to £40 million of savings is forecast to be delivered. Following the amendment, the minute of the meeting was approved as an accurate record.

5.1 Action Tracker and Matters Arising

Matters Arising

The Executive Medical Director and the Interim Board Secretary to confirm whether the Information Governance paper presented at the Audit and Risk Committee was circulated to all Board members and will arrange circulation if required.

Action Tracker

6.1 De-escalation Criteria: It was noted that self-assessment process has been completed by the Executive Team; however, NHS Grampian and the Scottish Government need to undertake a joint assessment. A de-escalation progress update and agreed joint assessment process will be reported to the Board meeting on 8 October 2026.

8 Clinical Quality and Safety Report Paper on Measures and Metrics: It was noted that the draft key performance indicators are currently in development. The HIS Diagnostic Review, once complete, will be used to confirm that these KPIs are robust and represent the appropriate way forward. An extraordinary Clinical Governance Committee meeting is planned before the Board meeting on 8 October 2026 to consider the indicators.

The Board

- **Noted the action tracker.**

6 Chief Executive's Report

The Chief Executive presented the report and advised that Quarter 1 performance against the six strategic priorities was mixed. Progress in relation to People, Leadership and Governance, Prevention, and Value and Sustainability was reported as on track. Significant improvement remained necessary in relation to Unscheduled Care and Planned Care performance.

The Chief Executive reiterated an apology to patients experiencing the impact of long waits, cancelled appointments and poor communication, emphasising that reducing waiting times remained a key organisational priority. The Board was advised that additional Scottish Government investment and collaborative working across the East of Scotland would support improvement activity; however, substantial work remained required locally to improve performance, productivity and efficiency and patient experience.

The Chief Executive welcomed the recently appointed Director of People and Culture and Interim Board Secretary to NHS Grampian. The Board also recognised the contribution of the Executive Nurse Director as she prepared to take up a new post and acknowledged her leadership in securing Magnet Accreditation with Distinction for the Royal Aberdeen Children's Hospital.

The Chief Executive highlighted that the sub-national programme had initially focused on establishing governance arrangements and setting up the supporting infrastructure. As these arrangements matured, opportunities were emerging for collaborative planning, the shared use of capacity and resources, and co-ordinated service redesign across

Scotland. The Board was advised that NHS Grampian had made a significant contribution to the development of the National Flow Plan and, through its national leadership roles and regional partnerships, was well placed to influence both national policy development and the local transformation of urgent and unscheduled care services.

The Board discussed:

- The importance of ensuring regular, timely and effective communication with patients waiting for treatment, recognising the impact that uncertainty and limited communication can have on individuals and their families.
- The need for continued improvements to waiting list communication and patient experience across services, with responsibility extending beyond feedback processes to operational services and senior leadership teams.
- The additional demands associated with national and sub-national programmes of work alongside NHS Grampian's own improvement priorities. Assurance was provided that Executive Team priorities were kept under regular review and that participation would be adjusted where necessary to balance competing demands while maximising opportunities arising from regional and national collaboration.
- The importance of maintaining an influential voice within sub-national planning arrangements and ensuring NHS Grampian was well positioned to benefit from collaborative opportunities, including the National Flow Plan, shared regional capacity and population-based service planning.
- The development of the Waiting Well Service and the opportunity to provide a more coordinated and person-centred approach for patients awaiting multiple interventions or services.
- The impact on patients and staff where treatment and care were delivered outwith Grampian, including travel, accommodation and logistical considerations.

The Board:

- **Noted the Chief Executive's report.**

6.1 Sub-National Update

The Chief Executive presented the Quarter 1 Scotland East Strategic Planning and Delivery Committee summary report. She confirmed that, for consistency, this report would be presented to all Boards across Scotland East. The Board was advised that £52.4 million had been allocated to planned care recovery across the East, of which £9.7 million had been allocated to NHS Grampian. The Chief Executive highlighted that NHS Grampian was the only Board in the East without a clear trajectory to eliminate waits over 52 weeks and weekly performance oversight was in place.

The Board discussed:

- The importance of ensuring NHS Grampian remained actively engaged in sub-national planning and decision-making processes.
- The benefits and challenges associated with increased regional collaboration, including opportunities to improve service sustainability, maximise capacity and support delivery of national priorities.
- The need to maintain clear governance arrangements and ensure alignment between regional programmes and local accountability and decision-making structures.
- The importance of effective engagement with stakeholders, including Integration Joint Boards, clinicians, staff and the public, as work progressed.

- The requirement to maintain a clear focus on the benefits and outcomes for patients and communities arising from sub-national initiatives.

That the Scotland East Chair had written to the Scottish Government regarding the funding disparity between East and West through the National Resource Allocation Formula.

Actions:

- **The Chief Executive to circulate the Scotland East Chair's letter to the Scottish Government on the NRAC position, together with any response received.**

The Board:

- **Agreed the recommendations set out in the Scotland East Strategic Planning and Delivery Committee Summary Report for Quarter 1 2026/27 to:**
 - **Note progress across the Subnational Planning Programme and the increasing transition from strategy development into action plans and delivery.**
 - **Support delivery of planned care trajectories and agreed recovery actions, ensuring robust local governance and Board oversight. Particular focus should remain on reducing waits over 52 weeks while maintaining performance in diagnostics, cancer and unscheduled care.**
 - **Ensure Board readiness for major strategic programmes, particularly the Business Systems Programme and associated implementation requirements.**
 - **Continue to support cross-Board collaboration, mutual aid and shared delivery models, particularly where there are opportunities to improve productivity, reduce variation and optimise use of regional capacity.**
 - **Keep Board members and wider stakeholders sighted on programme developments, supporting consistent communication and engagement as implementation plans mature.**
 - **Support development of longer-term sustainable service models, including orthopaedic capacity planning, urgent care redesign, digital transformation and financial recovery arrangements**

6.2 Single Improvement Plan

The Director of Finance presented an update on the Single Improvement Plan, which had been developed in response to the recommendations arising from the KPMG diagnostic review. The Board was advised that significant progress had been made across the organisation and that approval was sought to close 54 recommendations, with a further nine recommendations proposed for deferral. It was noted that the recommendations had progressed through the appropriate governance arrangements, including consideration by the Performance, Assurance, Finance and Infrastructure Committee in May 2026. In light of recent correspondence from HIS, the Chair proposed that recommendation CLG16, relating to adverse event review processes, should remain open pending further consideration.

The Board discussed:

- The importance of assurance based on evidence rather than reassurance based only on process, and the need for sufficient time to review evidence.
- Whether CLG11 and CLG12 should also remain open. Assurance was provided that these had been implemented and did not relate directly to the recent correspondence. A short briefing would be circulated to explain the position.
- How completed recommendations would transition into business as usual and remain subject to oversight, with clear ownership and reporting routes.
- The improvements in grip and control, particularly in relation to procurement processes.
- The value of a future sample review by the Audit and Risk Committee to test whether closed actions remained embedded.

Actions:

- **Executive Nursing Director to prepare briefing for the Board explaining the implementation of CLG11 and CLG12 and their relationship to the recent HIS correspondence.**
- **The Director of Finance to discuss with the Chair and Vice-Chair of the Audit and Risk Committee an appropriate approach to reviewing whether closed recommendations remain embedded following an agreed period of time.**

The Board:

- **Noted the considerable work through Quarter 4, 2025/26 and Quarters 1 and 2, 2026/27 to respond to the recommendations scheduled for closure within the Single Improvement Plan to date.**
- **Received assurance that each recommendation had completed a standardised template to capture the narrative evidence and evidential documentation and that all documentation is held centrally in line with good practice and that should adhere to good audit standards.**
- **Received assurance that the recommendations presented had the engagement of Value and Sustainability workstream teams, the Finance department and have had formal endorsement of the Value & Sustainability Programme Board, the Planned Care Programme Board, or the Unscheduled Care Improvement Programme Board. These were then further reviewed and endorsed for closure at Executive Team, PAFIC or Clinical Governance Committee (CGC).**
- **Approved the closure of the 53 recommendations, contained in Appendix B.**
- **Agreed that CLG16 would remain open and undergo further examination.**
- **Approved the deferral of 9 additional recommendations to enable time to complete the required analysis and work contained in Appendix C.**
- **Note the leadership of this programme has resided with the Interim Director of Improvement and has moved to the Director of Finance with the departure of the Interim Director of Improvement in June 2026.**

7.1 Area Clinical Forum (ACF)

The Chair of the Area Clinical Forum (ACF) provided an update on matters discussed at the Forum, including the use of artificial intelligence within healthcare services, accommodation issues affecting Clinical Psychology services at Aberdeen Health Village, and concerns regarding civility towards resident doctors.

The Board was advised that the ACF had highlighted the importance of communication and consultation when introducing new services or changes to service delivery models, particularly where existing services may be impacted.

The Board discussed:

- The need to consider potential unintended consequences and impacts on existing services when implementing service changes.
- The relationship between civility, staff experience and patient safety, and the importance of ensuring all staff are treated with dignity and respect.
- Existing mechanisms available to resident doctors to raise concerns, including induction processes, training surveys and engagement with medical education teams.
- Opportunities to align this work with Speak Up Week and the Culture Programme Board.

The Board:

- **Noted the Area Clinical Forum Report.**

7.2 Grampian Area Partnership Forum (GAPF)

The Employee Director emphasised the importance of staff involvement in decisions which affect their working day. He highlighted the recent survey regarding changes made to staff facilities and catering in the Orange Zone at Aberdeen Royal Infirmary (ARI). There had been in the region of 600 responses which will be considered by GAPF when the findings are analysed. This approach had lessened the perception by staff that changes had been imposed on them to something which could be more positive.

The Board:

- **Noted the Grampian Area Partnership Forum Report.**

7.3 Integration Joint Boards (IJBs) Report

The Chief Officer of Aberdeenshire IJB presented an overview of recent activity across the Aberdeen City, Aberdeenshire and Moray IJBs. The update highlighted ongoing work in relation to governance, financial sustainability, service transformation, strategic risk management, resilience arrangements and workforce planning.

The Board was advised that, whilst recognising the differing challenges across urban and rural communities, opportunities were being explored for a Once for Grampian approach to workforce planning. Areas of shared focus included recruitment and retention, staff wellbeing, leadership development and collaborative approaches to hard-to-fill posts.

The Board:

- **Noted the Integration Joint Board Report.**

7.4 Financial Recovery Board (FRB)

The Chair of the Financial Recovery Board presented the report. Recent meeting had discussed continued financial stewardship, strengthened governance and collective ownership of savings programmes. The FRB had been pleased to note early progress with the 2027/28 savings programme and had discussed the need for sufficient time, skills, capacity and support to deliver transformation. It was agreed that the FRB should continue until at least Quarter 3 2026, with agenda content kept under review to ensure it provides added value.

The Board:

- **Noted the Financial Recovery Board Report.**

7.5 Executive Team Chair's Assurance Reports

The Chief Executive introduced the Executive Team Chair's Assurance Reports arising from the weekly Executive Team meetings and provided an overview of how the reports were used to strengthen governance arrangements. The Board noted that the reports were shared with staff through the Daily Brief to improve the visibility of operational decision-making.

The Board:

- **Noted the Executive Team Chair's Assurance Reports**

8 Performance

8.1 Performance Framework and Quarterly Report

The Director of Strategy, Transformation and Performance presented the Integrated Performance Management, Assurance and Reporting Framework; the Performance Management Assurance Model and the Quarter 1 How Are We Doing Report. As work progresses on refreshing integrated performance reporting a Board information session had been arranged for the 26 August 2026 where Board members will be asked for their feedback on the format and content of the report. It was agreed that the recommendation in relation to the How Are We Doing Report would be amended from 'receive assurance' to 'receive limited assurance'.

8.1.1 Integrated Performance Management Assurance and Reporting Framework (IPARF) Update

The Board welcomed the single reporting format which provides a clear line of sight between strategic priorities, actions, key performance indicators, governance arrangements and the clear description of risks, including how they could be managed. It was commented that this approach takes reporting beyond a description of process and activities to reporting on changes and improvements to what NHS Grampian does.

8.1.2 How Are We Doing Report 2026/27

It was noted that the Quarter 1 position across NHS Grampian's strategic priorities was mixed. People, Leadership and Governance; Prevention; and Value and Sustainability were reported as on track while Urgent and Unscheduled Care; and Planned Care were off track.

Clinical Quality and Safety

It was noted that a fuller report would be considered at Item 13 on the agenda and that key performance indicators in relation to clinical quality and safety were in development.

People, Leadership and Governance

The Interim Director of People and Culture provided an update on the planned introduction of a quarterly pulse survey. The behavioural framework developed as part of the work around reducing risk from violence and aggression was nearing completion and would be discussed with GAPF, the Executive Team before reporting to the Staff Governance Committee. Work had been targeted at wellbeing support for high pressure teams and stress risk assessments are due to commence this year.

It was reported that work relating to Focus on Fundamentals had been paused to prioritise support for managers in delivering appraisals and mandatory training, resulting in an extension to the original delivery timescale.

The Board discussed:

- Progress in developing a quarterly pulse survey and the behavioural framework to support a positive workplace culture.
- The importance of demonstrating tangible outcomes from the Culture Programme Board and ensuring that issues raised by staff result in practical improvements and visible action.
- Planned work to promote civility and respectful behaviours across the organisation.
- The role of the Leading Empowered Organisations (LEO) programme in strengthening management and leadership capability, including opportunities to increase participation.
- The recurring themes of performance, workload and staff capacity identified across Board reports and the importance of encouraging participation in appraisal and other management processes to support early identification of issues and workforce needs.

People – Clinical Governance

The Executive Nurse Director reported that improved monitoring with robust data was providing greater visibility around induction of labour delays. This had identified labour ward capacity as a principal factor. The neonatal service work had recently moved into the Sub-National space and the position will remain under review.

Prevention

The Director of Public Health presented an update on the Prevention priority and advised that overall progress remained on track. The Board noted that two areas, cardiovascular disease risk assessment and weight management services, were currently reported as red.

The Board was advised that the cardiovascular disease position reflected delays in data flows from general practice systems, affecting the identification of patients with cardiovascular risk factors. Work was underway with primary care colleagues to increase awareness and uptake of the Scottish Government-funded programme, with targeted activity and partnership working focused on engaging seldom-heard and hard-to-reach groups.

It was reported that weight management services had been redesigned; however, referrals meeting the revised eligibility criteria and uptake of the service remained lower

than anticipated. Improvement activity was ongoing. Positive progress was noted in relation to smoking cessation services and breastfeeding.

The Board discussed:

- Progress in improving cardiovascular disease prevention and the importance of early identification of individuals at increased risk.
- The challenges associated with service uptake within redesigned weight management pathways and the actions underway to improve engagement.
- Access to obesity medication pathways and the potential wider benefits for health outcomes and demand across other services. It was confirmed that national eligibility criteria were in place, while local implementation arrangements and funding considerations required further development.
- The availability of information resources to support public awareness, including videos on cardiovascular disease and weight management which had been made available through NHS Grampian corporate webpages alongside the Director of Public Health Annual Report.

Urgent and Unscheduled Care

An update was provided on the Urgent and Unscheduled Care priority. The Board was advised that performance remained off track. The Board was informed that the whole-system improvement programme had delivered positive impacts across front-door services, specialist assessment, discharge processes, ambulance handovers and length of stay. However, patient flow continued to be affected by delayed and late-day discharges, high bed occupancy levels, workforce capacity challenges and limited availability of community and commissioned care packages.

The Board discussed:

- The sustained pressures experienced across urgent and unscheduled care services throughout the year, rather than solely during winter months.
- Evidence that activity levels had returned to, and in some areas exceeded, pre-pandemic levels.
- The continued development of Hospital at Home and virtual ward services, particularly within rural areas, and the role of community hospitals in supporting step-down care and reducing length of stay.
- Learning from other NHS Boards and the importance of implementing proven approaches to patient flow and discharge consistently across seven-day services.

The plateau in performance improvement during July and August 2026 and the planned September improvement sprint focusing on visible leadership, operational support and delivery of the four-hour emergency access standard.

- The underutilisation of the discharge lounge and opportunities to improve awareness and use of existing discharge support arrangements, including medicine delivery services.
- The need to ensure that improvements in operational performance were sustainable and achieved without compromising clinical quality or patient safety.

Planned Care

The Board was advised that performance remained on trajectory against most reported measures, with the exception of cancer performance. However, the overall position remained off track as current trajectories would not eliminate the backlog of patients awaiting treatment. It was confirmed that, if current trajectories were achieved, more than 14,000 patients would still be waiting longer than 52 weeks at the end of the financial

year. Members noted that a Board Seminar on 10 September 2026 would provide an opportunity for more detailed consideration of planned care performance and recovery plans.

The Board discussed:

- Progress with the East of Scotland review, including the shift from mutual aid arrangements to a regional delivery model for planned care.
- The need for a dedicated NHS Grampian planned care team, additional external support and service redesign to accelerate recovery.
- Infrastructure constraints affecting delivery, including short-stay, decontamination and endoscopy capacity, with a consolidated report to be considered through governance arrangements.
- Concerns that predominantly green indicators could mask the overall off-track position and the need to review the reporting approach.
- Ongoing challenges in cancer performance, accountability and recovery planning, with a detailed discussion scheduled for the September Board Seminar.
- The balance between reducing long waits, particularly for patients waiting over 52 weeks, and progressing towards national standards.
- The importance of learning from benchmarking activity and maintaining clear accountability for delivering sustainable improvement.

Value and Sustainability

The Director of Finance provided an update on the Value and Sustainability priority. The Board was advised that the financial position remained finely balanced. Savings were ahead of profile at Quarter 1, and detailed reviews had been undertaken in relation to schemes which were not delivering at the required level.

It was reported that one red indicator was expected to return to green by the end of the calendar year, subject to continued review of recurring delivery. The Board noted that the Value and Sustainability Programme Board reviewed progress across each workstream and sought assurance from executive leads on mitigations where performance was below expectation. Work had commenced on development of the 2027/28 programme.

The Board:

- **Endorsed the refreshed performance management, assurance and reporting arrangements, comprising Integrated Performance Management, Assurance and Reporting Framework (IPARF), Performance Management and Assurance Model and redesigned How Are We Doing (HAWD) Board Performance Report. These establish the methodology, reporting approach and assurance arrangements for monitoring delivery of NHS Grampian's Strategic Priorities.**
- **Receive limited assurance from the Quarter 1 2026/27 HAWD Board Performance Report regarding progress against NHS Grampian's Strategic Priorities, including associated actions, Key Performance Indicators, risks, mitigations and areas identified for continued focus and improvement.**
- **Approved the refreshed IPARF; NHS Grampian's Performance Management and Assurance Model; and the Quarter 1 2026/27 HAWD Board Performance Report.**

8.2 Operational Priorities – NHS Scotland

The Chief Executive presented an update on the national operational priorities and the First Minister's 100-Day Commitments. The Board was advised that the February 2026 priorities were already substantially reflected in NHS Grampian's 2026/27 priorities. Additional areas requiring clearer mapping to NHS Grampian's priorities included GP walk-in centres, , heart and lung health checks, community audiology, maternity and IVF reviews, and the midwifery apprenticeship.

The Board:

- **Reviewed and scrutinised the information provided in this paper and confirmed that it provided assurance on the extent to which NHS Grampian's 2026/27 priorities are aligned with the national operational priorities and First Minister's 100-Day Commitments set out in the letter from Christine McLaughlin, Chief Operating Officer and Deputy Chief Executive, NHS Scotland, dated 13 July 2026.**
- **Endorsed the intention to incorporate any new or additional requirements arising from the national operational priorities and First Minister's 100-Day Commitments, where appropriate, within existing delivery plans, performance reporting and governance arrangements, with clear visibility for the Board on where and how they will be progressed.**
- **Noted that progress against these priorities and commitments will be reported through existing Executive and Board governance routes, including the How Are We Doing report and relevant programme board updates, and will inform preparation for the forthcoming mid-year review process.**

9 Scottish Government Correspondence – Frailty Expansion and Emergency Department Consultant Staffing Model

The Board received an update on the implementation of the previously approved frailty expansion and Emergency Department consultant workforce model. Programme governance arrangements were in place and implementation remained on track, with efforts underway to accelerate delivery from December to November 2026 where possible.

The Board was advised that the Scottish Government had confirmed support for the programme and would underwrite identified financial risk in 2027/28 and 2028/29. No additional funding was expected to be required in 2026/27 due to slippage elsewhere within the Operational Improvement Plan.

The Board discussed:

- Progress in implementation and recruitment activity.
- The proposed replacement of 13 general medicine beds in Ward 308.
- Assurance that the expanded frailty model and increased patient throughput were intended to remove the requirement for this surge capacity, with ongoing monitoring of any unintended consequences.

The Board:

- **Noted receipt of a letter from the Scottish Government approving the Frailty Expansion and Emergency Department Consultant Staffing Model proposals,**

and confirming that the financial risk in 2027/28 and 2028/29 will be underwritten by the Scottish Government, subject to condition.

- **Confirmed assurance that governance arrangements are in place to provide open-book updates on performance, expenditure, any financial gap, mitigations and remaining shortfall through the Assurance Board.**
- **Endorsed continued implementation at pace to support front-door performance, reduce Emergency Department delays and strengthen quality and safety ahead of winter.**

10 Establishment of the NHS Grampian Planned Care Improvement Support Group (Scotland East)

The Chief Executive presented the Terms of Reference for the NHS Grampian Planned Care Improvement and Support Group (Scotland East). The Group had been established at NHS Grampian's request and would focus on developing a route to eliminate waits over 52 weeks.

The Group had two linked purposes: to provide independent assurance that NHS Grampian was maximising internal efficiency and capacity, and to identify additional capacity and support available from other Boards across the East. The group was chaired by the Interim Chief Operating Officer for Scotland East and actions from the group feed back into NHS Grampian through the local Planned Care Programme Board and the Executive Team.

The Board noted that the national ambition was to eliminate waits over 52 weeks by 31 March 2027. The Chief Executive acknowledged the challenge of NHS Grampian achieving this, however said the organisation must evidence that all internal and regional options had been explored and do all it can to get to zero.

The Board:

- **Noted the establishment of the NHS Grampian Planned Care Improvement Support Group (Scotland East).**
- **Confirmed assurance that the proposed support arrangements provide a structured, evidence-based mechanism to assess planned care capacity, productivity, governance and delivery maturity.**
- **Agreed the Terms of Reference attached at Appendix 1 as the basis for the Support Group's initial phase of work.**

11 NHS Grampian 2026/27 Financial Position Report Including Value and Sustainability Programme Board Update

The Director of Finance reported that NHS Grampian continued to forecast a deficit no greater than the £36 million maximum deficit support funding, although the position remained finely balanced. Savings were ahead of profile at Quarter 1, but this was considered likely to reflect timing rather than additional delivery beyond the £40 million forecast.

Delivery of recurring savings and reduction of the underlying operational deficit remains critical to medium-term financial balance. Two Invest to Save projects had been approved by the Scottish Government with five further proposals due for consideration. Based on

informal discussion with Chief Financial Officers, Integration Joint Board positions were assumed to remain on plan pending formal Quarter 1 consideration.

NHS Grampian Board:

- **Noted the update on the financial position for the three months to the end of June 2026.**
- **Approved the assessed assurance level in relation to delivery of the 2026/27 financial plan – assessed as Moderate Assurance.**

12 Refreshing NHS Grampian's Plan for the Future – From Stabilisation to Redesign and Transformation

The Director of Strategy, Transformation and Performance introduced the proposed approach to refreshing NHS Grampian's Plan for the Future. It was emphasised that stabilisation remained a priority and would continue alongside development of a sustainable future health and care model and a prioritised transformation programme.

The proposed strategic architecture would bring together an overarching strategy, the future model of care, enabling requirements such as infrastructure, workforce, digital, finance, leadership and culture, and an integrated approach to performance and assurance. Quality, safety and experience will be a core element of the current and future care model. A refreshed strategic plan was intended to return to the Board in April 2027, with the process adjusted as necessary following the Programme for Government.

The Board discussed:

- The importance of considering the future model of care alongside long-term infrastructure planning.

The role of the North-East System Transformation Group and the need for broad engagement across partner organisations.

- The proposed timeline and the need for an iterative and adaptable approach, recognising the interaction between ongoing stabilisation work, organisational capacity and emerging national policy.
- The importance of progressing transformation in parallel with stabilisation activity to support long-term sustainability.
- The need to maintain focus on delivery of the 2026/27 priorities while developing longer-term strategic plans.
- Alignment with the forthcoming Programme for Government, national clinical strategy, sustainable services work and sub-national planning.
- The importance of meaningful engagement with patients, unpaid carers, communities, staff and partners, supported by evidence and impact assessment.
- The need to set realistic expectations and develop a deliverable plan that reflects available financial and workforce resources.

The Board:

- **Confirmed it was assured by the proposed process to refresh NHS Grampian's Plan for the Future, building on the 2026/27 priorities and current stabilisation work.**
- **Endorsed the proposed approach to developing a refreshed strategic plan that will develop and describe NHS Grampian's future health and care model and**

associated supporting frameworks, noting that the refresh will be developed through a staged process of engagement, testing and refinement.

- **Noted that future updates, including the draft and final refresh of the Plan for the Future, will be brought to the Board in line with the proposed timeline contained within this report.**

13 Clinical Quality and Safety Improvement Programme Update

The Executive Nurse Director presented an update on the Clinical Quality and Safety Improvement Programme. A governance and programme infrastructure was in development, including programme oversight through the Executive Team, Programme Management Office (PMO) support, a Clinical Governance Framework, adverse-event improvement work and development of a consistent approach to quality and safety data. She advised the Board that the adverse events short life working group, which had worked collaboratively across the system, had completed its improvement work and will now move towards implementation, although it was acknowledged that it will be necessary to expand the pool of trained staff and seek additional input to work through the current backlog.

The Board discussed:

- The need for the programme to deliver measurable improvements in patient care, organisational learning and governance.
- The resources, capacity and capability required to embed improvement work, including access to trained reviewers and specialist expertise to address the backlog of adverse event reviews.
- Development of future measures and KPIs to evidence progress through the Clinical Governance Committee and Board.
- Alignment with the forthcoming Healthcare Improvement Scotland diagnostic work and the importance of staff engagement, a positive speak-up culture and links with the Culture Programme Board and whistleblowing arrangements.
- The assurance wording within the recommendation, with the Board agreeing that the programme remained at an early stage and that "foundations are being established" more accurately reflected the current position.

NHS Grampian Board:

- **Reviewed and scrutinised the information contained within this report and confirmed that it provided assurance that foundations are being established to support the Clinical Quality and Safety Improvement Programme and improvement work for Clinical Quality and Safety is progressing at a proportionate pace.**
- **Endorsed the proposed future reporting arrangements for Clinical Quality and Safety Improvement programme which are intended to provide an appropriate balance between more detailed scrutiny through the Clinical Governance Committee and strategic oversight by the Board as set out below:**
- **Clinical Quality and Safety Improvement will be a standing agenda item of the Clinical Governance Committee, with the proposal for this approach being formally considered by the Committee on 18 August 2026.**

- **Summary progress reports will be presented to the Board at each meeting, providing strategic oversight while enabling more detailed scrutiny through the Clinical Governance Committee.**

14 GP Vision Programme Board Closure and Transition to Business as Usual

The Chief Officer of Aberdeenshire IJB presented the proposal to close the GP Vision Programme Board and transfer its priority work into established NHS Grampian and Health and Social Care Partnership governance arrangements. It was emphasised that closure of the Programme Board would not end the work.

The Board discussed:

- The contribution of the Programme Board in supporting primary care transformation.
- Arrangements for ongoing delivery, oversight and accountability through the Grampian-wide Primary Care Forum and existing governance structures.
- The importance of retaining visibility of progress against the original GP Vision priorities.
- The relevance of the remaining priorities to the future health and care model and wider transformation agenda.

The Board:

- **Endorsed the formal closure of the GP Vision Programme Board as a discrete governance structure and noted that ongoing priority areas, delivery arrangements, learning and evidence generated through the programme will continue through established business as usual governance and operational routes.**
- **Supported escalation of the Programme Board closure to the Scottish Government.**

15 iMatter Report 2026 – Analysis and Recommendations

The Interim Director of People and Culture presented the 2026 iMatter results for NHS Grampian. She reported that employee and team experience remained stable, with modest improvement at organisational level. The importance of translating staff feedback into local action plans was emphasised.

The Board discussed:

- The organisation's ambition for local action planning and the need to continue action planning beyond the immediate submission date.
- Listening, leadership visibility and confidence, and the need to bring together intelligence from iMatter, speaking up, clinical quality and safety, and culture work.
- The availability of comparative NHS Scotland data, noting that the information contained within the report related to 2025 and that updated comparator data for 2026 was expected later in the year.

The Board:

- **Noted the positive recovery in response rate, Employee Engagement Index (EEI), overall experience and all five Staff Governance Standards in 2026 and**

recognised that team and line manager experience remains a consistent strength

- **Agreed that organisation-level experience remains a primary improvement priority, particularly staff involvement in organisational decisions, confidence in Senior Leaders, organisational performance management and perceived organisational care for wellbeing.**
- **Supported a strengthened governance and reporting approach for iMatter action planning, including visible feedback loops that demonstrate action taken in response to staff feedback and support further directorate-level analysis and targeted engagement, including a focused pulse survey to deepen understanding of key organisational themes.**

16 Whistleblowing Annual Report

The Director of Public Health presented the fifth annual report under the National Whistleblowing Standards. The report described arrangements for confidential reporting, staff support and organisational learning, and identified investigation timescales as an area requiring improvement. It was noted that the implementation of the National Whistleblowing Standards reflects NHS Grampian's commitment to creating a culture where staff feel safe and supported to speak up. The report had been presented to the NHS Grampian Staff Governance Committee on 2 July 2026.

The Board discussed:

- Strengthened governance through the Whistleblowing Governance Group and the need to align whistleblowing, speaking up and culture improvement activity.
- The planned awareness programme during Speak Up Week, 28 September to 2 October 2026.
- Opportunities to strengthen processes, improve investigation timescales and increase capacity through awareness raising and manager training.
- Positive feedback received from the Scottish Government regarding NHS Grampian's approach to whistleblowing.
- The distribution of Speak Up Ambassadors across staff groups, services and geographical areas, and the need to address gaps in representation.
- An apparent inconsistency in the Stage 2 outcome percentages reported within the Annual Report.

Actions:

- **The Director of Public Health to check and correct the percentages within the Performance Reporting Information section of the Annual Report prior to finalisation.**

The Board:

- **Reviewed and scrutinised the information provided in this paper and confirmed that it provides assurance that the National Whistleblowing Standards are being met.**
- **Agreed to receive and review next year's Annual Whistleblowing Report.**

17 Health and Safety Update to Board

The Interim Director of People and Culture presented the report and described work to strengthen health and safety governance, including support for divisional committees, a proposed standard operating framework, partnership working with trade unions and more consistent use of Datix information. The report had been discussed at Executive Team, GAPF and the Board's Staff Governance Committee.

The Board discussed:

- Local governance, committee participation, statutory compliance and training performance remained areas requiring improvement.
- The interim escalation route was through a Chair's Assurance Report from the Health and Safety Committee Chair to the Executive Team, which would determine required interventions.
- Members requested clearer lines of responsibility, an accessible governance map and evidence that escalation routes were operating effectively.
- Barriers to statutory and mandatory training, including IT access for some staff groups, should be addressed.
- The relationship between the Health and Safety Committee, Compliance Group, Audit and Risk Committee and Staff Governance Committee required clarity without duplicating reporting.

Actions:

- **The Interim Director of People & Culture to investigate and establish how the Board will receive assurance that NHS Grampian is compliant with, or demonstrably working towards compliance with, statutory health and safety requirements.**

NHS Grampian Board:

- **Reviewed the information provided in the paper and received assurance that work is underway on current health and safety governance arrangements, including the actions underway to strengthen local oversight, improve compliance and address identified risks.**
- **Requested a further update report quarterly on progress with health and safety governance, compliance improvement and actions arising from HSE activity.**

18 Baird and ANCHOR Update

The Interim Director of Infrastructure, Sustainability and Support Services presented the report. The approved project budget remained within the previously reported financial envelope. The programme dates were unchanged for the reporting period, although significant risks remained. Work on ANCHOR issues was progressing, while the Baird Family Hospital continued to present more complex mechanical engineering and assurance risks.

The Board discussed:

- The reliability of programme dates in light of the project's history and the need for clearer timelines at a future Board meeting.

- The latest programme from the contractor for the ANCHOR Centre was due after the meeting and would require review and challenge.

The level of Scottish Government scrutiny. Important that NHS Grampian remains actively involved and maintains its decision-making role in relation to the project.

- The ANCHOR Centre was likely to move into 2027, with timing dependent on design work for the mechanical water filtration solution.
- Work commenced to review the existing Aberdeen Maternity Hospital estate, stratify infrastructure risks and assess the implications of further delay to the Baird Family Hospital.

The Board:

- **Noted the status of the project, including programme, commercial, technical, risk and service updates.**
- **Acknowledged the programme dates and supported the project team in progressing delivery and communications.**
- **Noted that further updates will be provided at all public Board meetings and at the closed Board in September 2026.**

19 Executive Portfolios Update

The Chief Executive presented changes to Executive Director responsibilities, as set out in the paper, for the Board's information and confirmed that the proposals had been considered by the Remuneration Committee.

The Board:

- **Noted the Executive Team portfolio arrangements, as enclosed.**
- **Received assurance from the oversight provided by the Remuneration Committee.**

20 North-East System Transformation Group

The Chief Executive presented the Final Terms of Reference for the North-East System Transformation Group, which had been agreed by the Group on 3 July 2026 and were being considered through the governance arrangements of each partner organisation.

The Board discussed:

- The role of the Group in supporting Grampian-wide redesign and transformation.
- Confirmation that statutory, financial and service decisions would remain the responsibility of individual partner organisations and be progressed through their respective governance arrangements.
- Oversight arrangements within NHS Grampian, including reporting through the Performance Assurance, Finance and Infrastructure Committee and onward reporting to the Board.

The Board:

- **Endorsed the Final Terms of Reference for the North-East System Transformation Group**

- Reviewed and scrutinised the information provided in the paper and were assured that the Final Terms of Reference provide a relevant and robust basis to support the work of the North-East System Transformation Group

21 Approved Committee, Forum and IJB Minutes

21.1 Board Governance – Appointment of Committee Chairs

The Chair presented proposed changes to Committee Chair appointments effective from 1 October 2026.

The Board:

- Approved the appointment of Ritchie Johnson as Chair of the Audit and Risk Committee, effective from 1 October 2026.
- Approved the appointment of Derick Murray as Chair of the Performance, Assurance, Finance and Infrastructure Committee, effective from 1 October 2026.
- Approved the appointment of Hussein Patwa as Chair of the Staff Governance Committee and the Remuneration Committee, effective from 1 October 2026.
- Noted thanks to Derick Murray, Sandy Riddell, Joyce Duncan for their leadership of the aforementioned committees and service to the Board.
- Noted that further recommendations on committee membership, including vice chair positions, will be presented to the Board in October 2026.

21.2 Issues from Committee Chairs

The Chair of the Performance Assurance, Finance and Infrastructure Committee (PAFIC) reported that, at its meeting on 22 July 2026, the Committee had been unable to accept the recommendation or take assurance from the Planned Care performance report. The Committee considered that the report did not provide sufficient evidence that the proposed actions, trajectories and governance arrangements were robust, deliverable or likely to achieve the required improvements in planned and cancer care. The Committee therefore agreed to escalate the matter to the Board.

The Chief Executive acknowledged the concerns raised and confirmed that the Executive Team accepted the escalation. It was acknowledged that too many patients were experiencing unacceptably long waits for appointments and treatment. The Board was advised that work was underway to improve performance through a review of NHS Grampian's own efficiencies and through collaboration with partner Boards across the East of Scotland.

The Chair of the Staff Governance Committee reported concern that an Acute Sector staff governance report had not been presented by the appropriate accountable or responsible officer. The Chief Executive confirmed that she would address this to avoid a repeat at future meetings.

Actions:

- The Chief Executive to include Planned Care as a session at the Board Seminar on 10 September 2026.

- **The Chief Officer – Acute Services to present a Planned Care report to the Board meeting on 8 October 2026, covering cancer, diagnostics, long waits, efficiency and productivity.**

The Board:

- **Noted the Board committee escalations and the Executive Team responses.**

The following approved minutes were noted:

Committees

21.2.1 Audit and Risk Committee – 8 April 2026.

21.2.2 NHS Grampian Charity Committee – 27 March 2026.

21.2.3 Performance, Assurance, Finance and Infrastructure Committee – 27 May 2026

21.2.4 Population Health Committee – 20 May 2026.

21.2.5 Staff Governance Committee – 29 April 2026.

Forums

21.2.6 Area Clinical Forum – 6 May 2026.

21.2.7 Grampian Area Partnership Forum – 21 May 2026 and 18 June 2026.

Integration Joint Boards (IJBs)

21.2.8 Aberdeen City - 12 May 2026.

21.2.9 Aberdeenshire IJB – 27 May 2026.

21.2.10 Moray IJB – 26 March 2026.

22 Any Other Business

- **None**

23 Date of Next Meeting

- **Thursday 8 October 2026**