

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

Board Meeting  
11.06.26  
Open Session  
Item 5

**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 Farron Bishop	Medical Director
Professor David Blackburn	Non-Executive Board Member
Mr Mark Burrell	Chair of Area Clinical Forum/Non-Executive Board Member
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
Mr Derick Murray	Non-Executive Board Member
Professor Shantini Paranjothy	Director of Public Health/Portfolio Lead Population Health
Mr Hussein Patwa	Non-Executive Board Member
Cllr Kathleen Robertson	Non-Executive Board Member
Ms Laura Skaife-Knight	Chief Executive
Mr Alex Stephen	Director of Finance
Dr John Tomlinson	Non-Executive Board Member
Cllr Ian Yuill	Non-Executive Board Member

**Attendees**

Mr Paul Bachoo	Medical Director Acute Services
Ms June Barnard	Nurse Director Secondary & Tertiary Care
Ms Sarah Duncan	Board Secretary
Ms Geraldine Fraser	Chief Officer Acute Services
Mr Preston Gan	Head of Performance (Item 7)
Mr Stuart Humphreys	Director of Marketing and Communications
Mr Martin Innes	Chief Digital Officer (Item 9)
Ms Sarah Irvine	Deputy Director of Finance
Ms Leigh Jolly	Chief Officer, Aberdeenshire Integration Joint Board
Mr Chris Littlejohn	Consultant in Public Health and Head of Protecting Health (Item 11)
Mr Garry Kidd	Assistant Director of Infrastructure and Sustainability (Item 10)
Ms Fiona Mitchelhill	Chief Officer, Aberdeen City Integration Joint Board
Ms Judith Proctor	Chief Officer, Moray Integration Joint Board
Ms Melanie Saunders	Interim Director of People and Culture
Mr Philip Tydeman	Interim Director of Improvement
Mr Alan Wilson	Director of Infrastructure, Sustainability and Support Services
Mrs Alison Wood	PA/Minute Taker

**Apologies**

Dr June Brown	Executive Nurse Director/Deputy Chief Executive
Ms Joyce Duncan	Non-Executive Board Member
Mr Sandy Riddell	Non-Executive Board Member
Mr Dennis Robertson	Vice-Chair/Non-Executive Board Member

It was noted that the meeting was being recorded for publication on the NHS Grampian website.

## **1 Apologies**

The Chair opened the meeting by greeting attendees in sign language, noting the 'United in Sign' theme of this year's Sign Language week. Apologies were noted as above. The meeting was quorate.

## **2 Declarations of Interest**

There were no declarations of interest. Mr Patwa made a transparency statement for papers with reference to mental health, that he is a member of the Diverse Experience Advisory Panel, which is a named partner in the Scottish Government's Mental Health Well-being Strategy, and a Lived Experience Representative on the Scottish Government's Mental Health and Wellbeing Strategy Leadership Board.

Cllr Yuill gave a transparency statement relating to Item 11 and any other items relating to local authorities, that he is a member of Aberdeen City Council. The Chair gave a transparency statement relating to Item 11, that she is a member of Aberdeenshire Council.

## **3 Chair's Welcome**

The Chair welcomed everyone to the board meeting. She highlighted that this week marks Sign Language Week, under the theme 'United in Sign'. It is an important reminder of the need to ensure services as well as communications are accessible, inclusive and respectful of the diverse needs of our population.

The Chair acknowledged how far NHS Grampian has come over the past year with regard to the financial position, thanks to the tireless efforts of colleagues, whilst noting the scale of financial challenge still to be faced. The Board's current forecast position for 2025/26 reflects significantly strengthened grip, control and the delivery of savings across the organisation with clinical, operational and corporate teams working together.

The Chair, Chief Executive and the Director of Finance attended the Scottish Parliament's Public Audit Committee in February to set out the evidence of the significant savings in the current financial year, as well as the plans in place to address the remaining challenges. They acknowledged that NHS Grampian had not delivered the level of service the organisation wanted for communities and the real impact this has on patients and staff. The Public Audit Committee's scrutiny is an important part of the improvement journey and reinforces the Board's responsibility for accountable decision-making that drives improvement at pace, whilst remembering compassion, safety and quality.

The NHS Grampian's priorities for 2026/27 seek to build on the stabilisation work and reflects extensive engagement with the Board, staff, partners and communities. She thanked those who have contributed and helped shape these priorities.

Pressures on urgent and emergency care remain and too many patients continue to experience long waits, particularly at the front door of hospitals. There are early signs of improvement as new and expanded models of care start to make a difference to patient flow and experience. The Chair asked the public to help support NHS Grampian by making the most of pharmacies for over-the-counter remedies and providing self-care advice, reducing GP attendance, taking the opportunities for vaccinations when eligible and to collect loved ones from hospital early in the day to aid flow.

The Chair had the opportunity to engage directly with staff-side representatives, including attending the Grampian UNISON Health Branch Annual General Meeting. The conversations reinforce the importance of listening, mutual respect and genuine partnership working to navigate challenges and change together.

She placed the thanks of the Board on record to staff across acute, community, support services and partner organisations for their continued professionalism, compassion and resilience under sustained pressure.

#### **4 Minute of Meeting on 19 February 2026**

The minute of the meeting held on 19 February 2026 was approved as an accurate record of the meeting.

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

###### **IJB Finance Report**

IJB Finance Meeting note was circulated to Board members on 16 March 2026 and is now marked as complete.

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

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

**The action tracker was approved as an accurate record.**

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

The Chief Executive highlighted 4 key aspects from her report for the Board's attention.

She attended the Public Audit Committee on 25 February 2026, together, with the Chair and Director of Finance, to give evidence on behalf of the organisation in relation to the Section 22 Audit Report. She welcomed the scrutiny and being held to account as well as the opportunity to share the improvements to date and work underway at NHS Grampian. Attendance at the Committee highlighted the strengthened grip and control in place, progress being made and the path to continuous improvement and sustainability for the organisation.

NHS Grampian continues to receive challenge and support in equal measure from the Scottish Government-chaired Assurance Board, which is held fortnightly.

The External Diagnostic Report, published in October 2025, referenced the opportunities to further strengthen the effectiveness of operational governance in the organisation. As such there are a number of changes currently underway, including a mapping of current operational governance arrangements to identify opportunities for improvement, including any gaps; the introduction of a new Extended Leadership Team, which will be stood up from April 2026; a revised membership for the Executive Team for the Chief Executive and her direct reports; and engagement with colleagues about possibilities for moving to a more inclusive decision-making operational arm of governance later in the year. This change would further strengthen the clinical voice in operational decision-making in the organisation.

Stabilising leadership also is an important part of the improvement journey. The Chief Executive advised that following a competitive and robust recruitment process, Gail Woodcock has been appointed as the substantive Director of Strategy, Transformation and Performance, and will commence in post on 8 June 2026. She also welcomed Melanie Saunders, Interim Director of People and Culture to her first Board meeting.

The Chief Executive thanked staff for their hard work and focus throughout the year as the organisation's financial year draws to a close on 31 March 2026 and thanked partners for their continued support. NHS Grampian moves into 2026/27 in better shape with clear plans, priorities and are ready to build on the progress evidenced over the past 12 months.

She provided an update on the Baird and ANCHOR development to ensure openness and transparency with the Board and local community. An independent Whistleblowing investigation related to the Baird and Anchor project has recently concluded. The Chief Executive reiterated her personal thanks to the staff member who came forward to raise concerns, recognising that it requires bravery to do so. The findings and recommendations are being shared with relevant staff and teams. The Board will discuss these findings, learning and next steps at a session on 23 April 2026 as well as governance for the Action Plan. She reassured patients and the community that the buildings would not open for clinical use unless all requirements have been met and a supported Key Stage Assurance Review has been received from NHS Assure, which provides independent confirmation that safety, assurance and standards are in place.

The Chief Executive is committed to ensuring there are updates on the Baird and ANCHOR project at every public Board meeting, recognising the level of interest from the community.

The Board discussed:

The Chief Executive, Chair and the Director of Finance were thanked for their contributions at the recent Public Audit Committee. NHS Grampian has still to receive formal communication following the attendance at the Public Audit Committee. The Director General for Health and Social Care in Scotland and Deputy Chief Executive and Chief Operating Officer for the NHS Scotland attended the Public Audit Committee the following week for a discussion on the broader aspects in relation to the NHS in Scotland, which included comments on NHS Grampian's improvements and progress. One of the Stage 3 of the NSH Scotland Support and Intervention Framework. Discussions about the de-escalation criteria continue with the Assurance Board.

The Chief Executive Team have agreed to implement operational governance changes in 2 phases. Initial changes will be implemented in April 2026 and more inclusive decision-making models will be consulted on, with support for colleagues put in place to ensure a successful move into an agreed new model if that is agreed as the best way forward.

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

## **6 Forum Reports**

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

The Chair of ACF provided a brief overview of the meeting report from 4 March 2026. He also chaired the National ACF Chairs Group, as an interim chair and noted that ACF engagement in NHS Grampian with the Board and the CET was at least on par with other

Boards and ensures that the clinical voice is heard in Grampian. There was a positive report from the Pharmaceutical Committee on how they are performing across the sector. The ACF and GAPF development groups are working well and had significant engagement in setting the 2026/27 organisation priorities.

The Board discussed:

The Director of Public Health advised that there is a rolling programme of work to maximise vaccination uptake. Measles vaccination on average has good coverage but some communities have lower vaccination rates. There are ongoing proactive programmes of work with communities to understand any barriers and to support people to access the programmes.

The establishment of the new GP walk-in services will consider and take account of service impact, patient flow, demand, workforce sustainability and safety and quality. Initially the service will start in Aberdeen City followed by Moray and Aberdeenshire. Suitable premises are being investigated and care is being taken to ensure that there are no unintended or negative consequence on other services.

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

The Chair of GAPF highlighted the report from the November and December 2025 meetings, and welcomed the joint working with ACF colleagues.

Feedback is being sought on the protected learning modules relating to the Non-Pay Elements of the 2023/24 Agenda for Change Pay Award

## **6.3 Financial Recovery Board**

The Chair of the Financial Recovery Board (FRB) advised continued assurance has been received on the end of year financial projections. There was a deep dive on procurement with evidence showing efficiencies being achieved across the system. There are £2.8 million of savings forecast through procurement efficiencies for 2026/27.

It is recognised that IJBs are at different stages in their forward planning for reducing the need for deficit support funding. The forward planning for the 2026/27 budget is well underway and the FRB have been assured that the delivery of the Value & Sustainability Programme will commence on 1 April 2026 to ensure grip and control is in place from the start of the new financial year.

Discussions included:

The quality of the papers to FRB and the ability to conduct deep dives has improved assurance about financial recovery.

The FRB will continue to meet monthly up to June 2026. A review of the FRB is underway to determine its place in the governance system in the medium to longer term.

**The Board noted the reports.**

## **7 NHS Grampian 2026/27 Priorities**

The Chief Executive highlighted the importance of entering Quarter 1 of 2026/27 with clear and agreed priorities to further stabilise the organisation and build on the work done and progress evidenced in 2025/26.

There is ongoing dialogue with the Scottish Government to agree the de-escalation criteria to enable the organisation to move from Stage 4 to Stage 3 of the NHS Scotland Support and Intervention Framework. The Chief Executive reported she believed this issue is close to agreement. The organisation must continue to stabilise and also redesign and transform, taking account of the emerging sub-national arrangements for the East and West of Scotland and against the national policy backdrop set out in the Service Renewal Framework and the Population Health Framework.

The draft priorities for NHS Grampian for 2026/27 focus on fewer priorities to ensure better delivery of result, recognising that this approach served the organisation well in 2025/26. They have been developed through listening to key stakeholders, including patients, staff, communities and partners.

The 5 strategic priorities for 2026/27 are:

- People, Leadership and Governance – Improve staff experience and wellbeing so colleagues feel valued, supported and able to deliver high-quality care.
- Prevention – Reduce health inequities, prevent or mitigate the health conditions which cause the greatest burden of disease, and reduce the future burden of demand for hospital care.
- Planned Care – Further improve waiting times for planned care (operations, outpatient appointments, tests and scans) and cancer care.
- Urgent and Unscheduled Care – Improve the timeliness of, and access to, urgent and emergency care for our patients.
- Value and Sustainability – Reduce the in-year financial gap by £40 million, to a deficit of no more than £36 million, through the delivery of sustainable, cash-releasing, recurring savings across the organisation.

There will be an Executive Lead who chairs a Programme Board for each priority to oversee the delivery of the actions and the proposed Key Performance Indicators (KPIs). Enablers are set out in the document: redesign, digitisation, infrastructure and partnerships. There is alignment with Scottish Government operational improvement plan priorities for 2026/27, as detailed in Appendix 1. Project management and programme resource will be re-aligned where necessary to support the delivery of these strategic priorities.

In Quarter 3 2026/27, work will begin to refresh the Plan for the Future, which sets out the strategic direction of the organisation for the longer-term.

The Chief Executive and Chair thanked the Working Group who co-ordinated, led and delivered this work in the last few months.

The Director of Public Health described the engagement with the Integration Joint Boards (IJBs) and the Community Planning Partnership (Appendix 5). The NHS Grampian priorities have been mapped against the Community Planning Local Outcome Improvement Plans for Aberdeen City, Aberdeenshire and Moray. More work will be carried out during 2026/27 to map the activities that underpin the common outcomes and KPIs to ensure a coordinated approach at the operational level. The Director of Public Health presented the draft priorities at the Aberdeenshire IJB on 18 March 2026, which

was positively received. The inclusion of prevention as a priority for the IJBs is welcomed, in line with NHS Grampian's strategic priorities. It is intended that partnerships with the Third Sector and services delivering prevention activities will be strengthened. The Community Planning Partnership in Aberdeen also had a presentation, with clear support for working together as a system on the Population Health organisation approach. Further engagement with the other IJBs and Community Planning Partnerships will take place over the coming weeks.

Discussion included:

Infrastructure is a key enabler to achieve the Planned Care and Unscheduled Care objectives. The Infrastructure Team is working closely with the services and the planning team to ensure infrastructure planning work is consistent with service priorities and also aligns with sub-national planning.

The age of the NHS Grampian estate poses challenges for achieving the net zero targets, and NHS Grampian has received approximately £2 million funding for net zero projects to date. Achieving the Scottish Government net zero targets will require additional investment, and it is anticipated that there will be £10 million available next year for the whole of NHS Scotland.

Board funding levels, including National Resource Allocation Committee (NRAC), is a national decision, not a matter for the Assurance Board for NHS Grampian. £11 million additional NRAC allocation has been received for 2026/27 and brings the organisation closer to NRAC parity.

Redesign and transformation of services will be taken forward on three levels: NHS Grampian, the North-East of Scotland and East of Scotland. NHS Grampian will consider both transactional savings and required redesign across clinical and non-clinical services. Grampian-wide opportunities will be delivered through the North-East Transformation Group, which will consider pan-Grampian opportunities and holds its first meeting on 20 March 2026, to be chaired by the Chief Executive of NHS Grampian. The sub-national planning arrangements and structures will discuss redesign and transformation on an East of Scotland scale.

The Programme Boards will ensure that actions to deliver the priorities will mitigate the associated strategic risks.

Both the Area Clinical Forum and Grampian Area Partnership Forum welcomed the level of engagement they had in the development of the priorities, and can see their contributions reflected in the paper.

Executive Directors' objectives will be aligned to the strategic objectives, which will also be reflected in the objectives for their direct reports, including the Acute Senior Leadership Triumvirate. The 5 Programme Boards will report to the Executive Team and the 5 priorities will be mapped to Board Committees for more in-depth assurance. The Board Committees will scrutinise and interrogate progress against the actions and the KPIs for each of the strategic objectives.

Appendix 3 will be a public-facing, easily understandable document. Further work on this document will be done, including strengthening the language about partnership and greater emphasis on patient experience. It was agreed that engagement would take place with Board members out with the meeting on how to make Appendix 3, a more public-facing and public-friendly document.

The digital front door (MyCare app) will change how the population can engage with Primary Care and in the future, Secondary Care. There is limited functionality initially but the app will be expanded.

Maternity and Neonatal Services are currently aligned to the People and Culture priority. NHS Grampian will also be involved in the national Neonatal reconfiguration and implementation and is preparing for an inspection of Maternity services, taking learning from other Maternity service inspections.

Mental Health is a key priority for the Scottish Government is also aligned to the People and Culture section. It was noted that there must be greater clarity that the objective relates to mental health for people across Grampian rather than mental health for NHS Grampian staff.

#### **The Board:**

- **Approved NHS Grampian's proposed priorities for 2026/27 as set out in the public/staff facing document (Appendix 3).**
- **Reviewed and scrutinised the information provided in the paper and confirmed that it provides assurance that the proposed priorities for NHS Grampian for 2026/27 are in line with national policy and emerging Sub National arrangements and Scottish Government priorities set out for the year ahead which were communicated to Health Boards in February 2026 (Appendix 1).**
- **Endorsed the 2026/27 priorities Engagement Report (Appendix 2) and the proposed Communication and Engagement Plan that will support the launch of the priorities for the year internally and externally (Appendix 4)**
- **Were assured that there is alignment with strategic priorities set out in NHS Grampian's 2026/27 plan with other system partner plans (Appendix 5).**
- **Endorsement for Future Reporting – Noted that it is proposed that the quarterly 'How Are We Doing (HAWD) Report' will provide overarching assurance to the Board on performance against the Key Performance Indicators for the five strategic priorities, along with the provision of more detailed updates to the Board by each of the Programme Boards overseeing the delivery of these priorities.**

## **8 Finance**

### **8.1 January 2026 Financial Position**

The Director of Finance confirmed that NHS Grampian is forecaste to deliver an overspend less than the maximum allowable overspend of £45 million at the end of the financial year. The financial position to the end of February 2026 has improved. Progress in the Value & Sustainability Programme (V&S), which is ahead of schedule for the 7<sup>th</sup> month with forecast savings of £61.9 million, and the improvement of the IJBs' financial positions are two of the reasons for the improved financial position.

The Board discussed:

The gap between funded staff in post and actual staffing with posts filled by locums was discussed. Long-term locums have orthopaedic services at Dr Gray's Hospital. Work is ongoing with teams to ensure there is robust staffing in place using the Workforce Tool Review and common staffing methodology. There is a real time staffing process in place to ensure areas are managed and appropriately staffed with a clear escalation process for areas of concern.

It was confirmed that the table included within the Finance Report shows Planned Care activity delivered through the Planned Care Operational Improvement Plan funding. The graph shows spend against the Operational Improvement Plan funding allocation. The finance team committed to making this clearer for future reports.

**The Board discussed and noted the update on the Board's financial position for the period to January 2025/26 and the current forecast year end position.**

## **8.2 NHS Grampian Revenue Finance Plan and Medium-Term Financial Framework**

The Scottish Government have advised that NHS Grampian will be provided with maximum deficit support funding of £36 million for 2026/27. The Director of Finance stated that the financial positions of both non-delegated services and the IJBs are improving and that, provided the work continues to build on the progress achieved during the current year, NHS Grampian will be in a strong position to deliver a year-end deficit of less than £36 million for 2026/27.

A 2% uplift is included in the national allocation, which will fund some of the pay award costs for 2026/27. The rest will be funded by in-year allocations from the Scottish Government.

There is provision in the budget to transfer over the IJB share of the 2% uplift and to support projected deficits for 2 of the IJBs. These IJBs are unable to set a balanced budget as this would adversely impact on performance or service provision.

The combined plan has been presented to the Assurance Board and NHS Grampian has committed to develop savings options for future years by the end of November 2026. The Director of Finance would like to include an additional recommendation in the report, acknowledging that the work will be undertaken by the North East Transformation Group, which will help to further support system transformation and also the alignment of future financial plans.

The Interim Director of Improvement presented the NHS Grampian 3 Year Value and Sustainability Plan 2026/27 to 2028/29. There has been significant engagement with staff to develop this plan. The 2026/27 savings target is £40 million, with £41.9 million of savings identified across 14 work streams. Schemes to deliver £34.6 million have been approved by the Quality Impact Assessment (QIA) panel, chaired by the Executive Nurse Director, Medical Director and Director of Public Health. It is anticipated that £38.9 million savings will be approved following the next QIA panel scheduled for 27 March 2026. Development of a further £3 million of savings for approval is progressing at pace. The Interim Director of Improvement assured the Board there is a high-level of confidence that these savings will be finalised before the end of April 2026. The QIA and Integrated Impact Assessment process has been central to ensuring that the savings safeguard patient experience, clinical outcomes, prevention and staff well-being. A full report of the panel's work and findings will be presented to the Clinical Governance Committee on 23 May 2026.

In respect of confidence on deliverability of the savings, best case is £40 million of savings and the worst case is £38 million of savings will be achieved, based on the quality of analysis and narrative behind each of the schemes, the existing pipeline of new opportunities and the governance in place to mitigate (at pace) against any deterioration of the position.

Transformational change is required in Years 2 and Years 3 to bring NHS Grampian back into financial balance and work has already commenced to identify options in three categories: internal savings for NHS Grampian; Pan Grampian savings working closely with the 3 IJBs and Council partners through the North-East Transformation Group; financial efficiencies through the sub-national East of Scotland planning arrangements. The intention is to bring a full Savings Plan to the Board in December 2026 for the next financial year of 2027/2028.

The Board discussed:

The Chair of ACF welcomed the impact assessment information coming to Clinical Governance Committee (CGC) in due course.

Risks associated with rising geopolitical tensions that can affect inflation and are out with the control of NHS Grampian were highlighted. The financial plan has been amended to reflect the inflationary costs for energy but it will not be clear until the global situation stabilises whether the provision will be sufficient. NHS Grampian is aware of the risk and has taken steps to mitigate it.

The provision for IJB deficit support has reduced. NHS Grampian has been fully engaged with the IJBs throughout the budget process and the IJB savings schedules have been discussed by the Chief Executive Team (CET) and reviewed by the Financial Recovery Board. The work by the IJBs over the last year in bringing down their deficits, has allowed NHS Grampian to reduce the provision. Significant resource was provided this year by the Scottish Government for the Unscheduled Care (USC) Plan and discussions are continuing on recurring costs relating to this. It is not anticipated at this stage that IJBs will have additional costs as a result of the USC Plan.

The detailed report from the QIA process will be on the agenda for the June Board meeting.

The Pharmacy saving was discussed, with a high level of confidence that medicine switches can be implemented as soon as possible once the originator medicine has lost exclusivity and a generic/biosimilar alternative is available at better value for money. Medicine costs affect the IJBs too and are closely aligned to economic factors such as inflation and currency fluctuations.

The Nursing, Midwifery and Allied Health Professionals (NMAHP) savings are marked as high risk, with work ongoing to reduce reliance on agency staffing. The NMAHP leadership team have reduced agency spend from £14.4 million to £4.3 million since 2023/24, with a high level of grip and control in place which is reassuring. The risk level for these savings will be reassessed when savings are achieved in Quarter 1.

The additional recommendation relating to the North East Transformation Group work was welcomed. Further work will be required going forward to ensure that partners' medium term financial strategies are aligned.

It is acknowledged that efficiencies within NHS Grampian will not be sufficient on their own to achieve financial balance and that transformational redesign is required.

While financial support of £36 million from the Scottish Government has been confirmed for 2026/27, it is noted that future deficit support funding remains subject to future Scottish Government budget processes. There is no requirement at present for repayment of £90 million brokerage received and therefore no provision for such repayment in the MTFF, but the Scottish Government position on this issue may change in future.

## **The Board:**

- **Reviewed and scrutinised the detail included within the paper and confirmed that it provided assurance that the Revenue Budget for 2026/27 and refresh of the Medium-Term Financial Framework has been prepared robustly, noting the scale of the financial challenge facing the Board.**
- **Approved the three-year Revenue Financial Plan and Medium-Term Financial Framework which outlines the Board's approach to ensure delivery of an out-turn within the £36 million maximum level of deficit support funding advised by Scottish Government for financial planning purposes.**
- **Approved the following actions in relation to the Integration Joint Boards:**
  - **Approve the pass through of 2% baseline uplift totalling £9.7 million and pay award funding, for pay awards agreed beyond the 2% baseline uplift.**
  - **Approve a £13 million provision for Integration Joint Board deficit support funding in line with risk share arrangements under the integration schemes as follows:**
    - **Aberdeen City IJB - No deficit support required.**
    - **Aberdeenshire IJB - £8 million provision for deficit support funding.**
    - **Moray IJB - £5 million provision for deficit support.**
- **Noted that, based on the scale of the financial challenge and level of savings required, NHS Grampian is able to provide moderate assurance on its ability to deliver a deficit within the £36 million deficit support funding.**
- **Endorsed the approach to delivery of efficiency savings outlined in the report.**
- **Acknowledged the work to be undertaken by the North East Transformation Group, which will help to further support our system transformation and the alignment of future financial plans.**

## **9 Digital Priorities 2026/27**

The Director of Marketing and Communications introduced the Digital Priorities 2026/27 which recognise that capacity, finance and organisational priorities require to be carefully balanced. It has been agreed to defer a full refresh of the NHS Grampian's Digital Strategy until later in 2026, when it can be aligned with the refresh of the NHS Grampian Plan for the Future. This is consistent with the principle that digital work must support and enable the organisational strategy. The Digital Delivery Plan (Appendix 2) details 12 complex programmes which are aligned to the 5 organisational priorities discussed in Item 7 for delivery over the coming year.

The Digital Board will provide oversight of delivery, with its Terms of Reference (ToR) provided in Appendix 3.

The Board discussed:

The ToR at Appendix 3 are draft, as they are currently being revised. Comments from the Digital Board in March 2026 will be reflected in the next iteration of the ToR, which will also include reference to the Digital Champions.

The Chief Digital Officer emphasised the need to ensure that digital work promotes equality of access rather than embed health inequalities for citizens and colleagues in Grampian. The Digital team will work with the services on digital literacy and there is commitment to carry out impact assessments on digital projects. In the future there is an ambition for Citizen Digital representatives to work alongside digital colleagues. In

respect of self check-in arrangements for the Baird and Anchor buildings, reception desks will be available for those who would not wish to self check-in. Self check-in has been trialled in other areas and feedback from patients and staff is awaited.

The Chief Digital Officer confirmed that the team has linked into the Aberdeen City, Aberdeenshire and Moray Growth Deals.

Microsoft's move away from purchased licences to subscription-based models has resulted in increased costs. As sub-national arrangements mature, it is hoped this will provide opportunities for streamlining procurement and cost sharing, which would help rebalance the digital estate.

The capacity and resource envelope across the various work streams was discussed, with an opportunity, as systems across Scotland are standardised, to combine resources.

Pace and momentum of digital change is necessary to move the organisation forward. The 12 digital priorities in the plan will allow momentum to be maintained while the Plan for the Future is refreshed.

Capacity improvements in the Information Governance team are welcome, given Digital's interdependency with this service.

The MyCare app will launch on 16 April 2026. NHS Grampian confirmed to the national team in March 2026 that it is ready for whole population availability from this date. It is not yet clear what other changes to NHS Grampian processes will be required to facilitate future functionality in the MyCare app. The work is likely to be resource-intensive and involve clinical colleagues, who may require to adapt their practices. The MyCare app is an organisational wide change, not just a digital project.

The Digital Board reports to the Executive Team and the Performance, Assurance, Finance and Infrastructure Committee (PAFIC) in respect of implementation of the Digital Plan. A schedule of regular reporting to PAFIC will be agreed shortly.

A full Digital Strategy refresh will be sequenced with Plan for the Future work later in 2026/27 and this process will ensure that digital transformation is grounded within a wider coherent strategic framework and supported by appropriate organisational capacity.

#### **The Board:**

- **Endorsed the deferral of the Digital Strategy refresh work to ensure alignment with the Plan for the Future update, beginning in Q3 2026.**
- **Endorsed the content of the Digital Delivery Plan 2026/27 attached at Appendix 2, which allocates digital resource to those projects that support NHS Grampian's 2026/27 priorities and known national/sub-national commitments.**
- **Endorsed the governance of the Digital Delivery Plan 2026/27 through the Digital Board with escalation to Chief Executive Team if required, which provides a mechanism to prioritise/reprioritise resources effectively – both to avoid new unplanned asks placing the delivery of agreed objectives at risk and mitigate risks to delivery from inadequate staff capacity and/or financial support.**

## 10 Infrastructure Investment Plan 2026/2031

The Director of Infrastructure, Sustainability and Support Services introduced the 5 Year Capital Plan and the Investment Plan, detailing capital expenditure to 2031. The Assistant Director of Infrastructure and Sustainability highlighted NHS Grampian's challenging position to finance the investment required in the organisation's infrastructure. Section 2.1 summarises the current position and provides an overview of the complexity of the infrastructure issues.

In 2025/26 NHS Grampian delivered £11.4 million of investment in essential equipment replacement, with 150 individual equipment programmes from minor equipment items to major items such as heart and lung machines.

In addition to the major capital programmes for the Mortuary and the Baird and Anchor Project, NHS Grampian has delivered over 100 individual backlog maintenance projects ranging from multi-million pound projects such as the replacement roof on the laboratory building and the Blair Unit upgrade to smaller projects such as boiler replacements across community hospitals.

The 5-Year Infrastructure Plan is set out in Appendix 1, showing the funding available annually under the formula capital allocation of £14 million per annum and the planned expenditure of this funding. Capital funding covers both backlog maintenance and equipment replacement costs. This is supplemented, where possible, through negotiation with the Scottish Government for nationally funded major capital schemes, including the Baird and Anchor Project and the Radiotherapy Investment Programme. Appendix 2 details the projects for which there is confirmed funding, which are at different stages of procurement and planning for delivery. Appendix 3 sets out projects and programmes where there is no current funding confirmed but about which there is ongoing dialogue with the Scottish Government for future funding rounds.

Discussion followed including:

Backlog maintenance allocations will be discussed at the next PAFIC meeting, which will include the submission to the Scottish Government of the backlog maintenance priorities. The backlog work is risk assessed by considering where there are immediate failures or a high risk of immediate failure in the physical environment. As part of that process the Healthcare Acquired Infections (HAI) lead within the Estates Team works with the Infection Prevention and Control Team (IPCT) to identify areas that require action. The risk assessment also considers the consequence of the failures for continuity of services. The identified required work is then prioritised within the funding available.

A new work stream led by the Planning Directorate and supported by the Assistant Director of Infrastructure and Sustainability and the Infrastructure Directorate, will focus on the longer-term strategic planning needs. Infrastructure investment plans must take into account service transformation and can be a tool to support that transformation. The Estate Rationalisation Programme takes into account services' future estate requirements and if buildings are no longer required, consideration will be given to taking them out of operation to release resource. The current focus for investment is essential maintenance, due to the nature of the estate but transforming services may remove the need to invest in certain buildings, thereby reducing the backlog maintenance. Buildings on a long-term lease would remain a financial burden for the organisation.

To date, there have been no infrastructure discussions at the sub-national planning level. The Chief Executive advised that the sub-national committees are considering tasking individuals to pull together information about future infrastructure needs.

The Asset Management Group (AMG), which includes Executive Directors, considers business cases for projects with projects valued over a £1million and less than £10 million value requiring NHS Grampian Board sign off. There is a review of membership underway to ensure the appropriate people attend AMG meetings. AMG provides assurance reports to PAFIC and in future will report via a Chair's Assurance Report to the Executive Team after each meeting.

To ensure the Board had visibility on projects, it had previously been agreed to keep AMG's delegated authority limit for project approvals at £1 million. The Director of Finance will review those limits to determine if they should be revised, taking into account both rising construction costs and the need for Board visibility of infrastructure expenditure and will also consider if there is a role for PAFIC in the approvals process.

**ACTION:**

**The Director of Finance will review the delegated authority limits of AMG to determine if they should be revised, taking into account both rising construction costs and the need for Board visibility of infrastructure expenditure and will also consider if there is a role for PAFIC in the approvals process.**

**The Board:**

- Reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance that the Infrastructure Investment Plan reflects a risk-based approach to infrastructure investment within the confirmed funding constraints.
- Approved the NHS Grampian Five Year Infrastructure Plan – 2026-2031 attached as Appendix 1.
- Delegated authority to the Asset Management Group (AMG) for delivery of the works listed in appendix 2, including those projects with forecast costs exceeding £1 million, subject to individual identified items being within total budgetary limits identified within the Plan.
- Delegated authority to the Asset Management Group (AMG) for delivery of the programme of items identified in appendix 3, subject to confirmation of funding.

**11 Joint Health Protection Plan 2026/28**

The Chair of the Population Health Committee advised that the Committee has scrutinised the Joint Health Protection Plan 2026/28. There was an informative pre-recorded presentation by the Head of Protecting Health, which is available on the intranet and Board members are recommended to view. The Committee noted that there has been an increase in local health protection capacity, which will help to offset wider environmental health pressures, and welcomed the good joint working taking place locally. The Committee considered the workforce challenge fully, with an ageing workforce evident. Assurance was provided on contingency in terms of mutual aid support between Boards. There were some red flags in the report which were considered in detail. The Director of Public Health advised on pandemic preparedness and it was noted that national work is to take place to enhance this. Overall, the Population Health Committee are assured that robust policies and processes are in place and endorsed the Joint Health Protection Plan 2026/28.

The Director of Public Health introduced the Joint Health Protection Plan 2026/28, which is a statutory plan developed jointly with Local Authority partners. It describes how the partners work together to prepare for and respond to health protection risks across Grampian. The Plan sets out a clear, shared understanding of the priority health protection risks for Grampian, including infectious disease, environmental hazards and system resilience, aligned with national policy and local risk assessments. It strengthens partnership governance and accountability, clarifying roles, escalation routes and assurance arrangements across NHS Grampian, local authorities and other partners. It also places a strong emphasis on preparedness and prevention, including surveillance, workforce readiness and joint planning, recognising there is more work to do in those areas to ensure that NHS Grampian is well placed to respond quickly and effectively to incidents.

The Population Health Committee review of the Plan provided an opportunity to delve into the detail that underpins the plan.

The Board discussed:

The pre-recorded presentation was recommended as an excellent way to view the information in advance of the committee meeting to ensure that there was sufficient time to ask appropriate questions and receive assurance on the plan.

The Local Resilience Partnership is a multi-agency partnership that works together to plan, prepare for and respond to localised incidents and catastrophic emergencies such as climate change and adverse weather events. There is also the Scottish National Climate Adaptation Plan (SNAP3), which is a recently published strategy aimed at building climate resilience in Scotland over the next 5 years (2024/2029). The NHS Grampian Climate Change and Sustainability Group is considering how to implement actions within the plan.

The Joint Health Protection Group is considering how to raise public awareness of the issues described in the Plan. There is work to strengthen networks and consider how partners work together, including on targeted communications to those identified as at a greater risk. Information is also provided by national agencies such as Public Health Scotland and the UK Health Security Agency. Section 8 of the Plan is the aspiration to get public involvement in the Plan itself. The Health Protection Team are responsible for proactive communication and engagement on zoonotic diseases that are seasonal and have a joined-up approach with the National Farmers Union Scotland (NFUS) to ensure that issues are picked up quickly.

**The Board:**

- **Were presented with the information in the paper to provide assurance that necessary resources and arrangements are in place.**
- **Endorsed the renewed Joint Health Protection Plan 2026/28**

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

### **Issues from Committee Chairs**

There were no issues raised by Committee Chairs.

The following approved minutes were noted:

## **Committees**

- 12.1 Clinical Governance Committee – 25 November 2025.
- 12.2 Population Health Committee – 21 November 2025.

## **Forums**

- 12.3 Area Clinical Forum – 14 January 2026.
- 12.4 Grampian Area Partnership Forum – 15 January and 12 February 2026.

## **13 Any Other Business**

There was no other business indicated.

## **14 Date of Next Meeting**

- Thursday 11 June 2026