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NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on Thursday 11 June 2026 at 09:30 virtually by Microsoft Teams

Board Meeting
13.08.26
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 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 Steven Lindsay	Employee Director/Non-Executive Board Member
Mr Derick Murray	Non-Executive Board Member
Professor Shantini Paranjothy	Director of Public Health
Mr Sandy Riddell	Non-Executive Board Member
Mr Dennis Robertson	Vice-Chair/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 David Anderson	Senior Charge Nurse (Item 4)
Ms Tracy Davis	Child Health Lead (Item 13)
Ms Sarah Duncan	Board Secretary
Ms Natalie Fox	Senior Charge Nurse (Item 4)
Ms Geraldine Fraser	Chief Officer Acute Services
Mr Preston Gan	Head of Performance (Item 10)
Ms Joanne Grant	Lead Nurse for Excellence in Innovation (Item 4)
Mr Stuart Humphreys	Director of Marketing and Communications
Mr Jug Johan	Interim Director of Infrastructure, Sustainability and Support Services
Ms Leigh Jolly	Chief Officer, Aberdeenshire Integration Joint Board
Mr Ian Matthewson	Project Director, Baird and ANCHOR (Item 12)
Ms Fiona Mitchelhill	Chief Officer, Aberdeen City Integration Joint Board
Ms Julie Mutch	Chief Nurse, Adult Mental Health and Learning Disability Services (Item 4)
Ms Melanie Saunders	Interim Director of People and Culture
Mrs Alison Wood	PA/Minute Taker
Ms Gail Woodcock	Director of Strategy, Transformation and Performance

Apologies

Mr Ritchie Johnson	Non-Executive Board Member
Mr Hussein Patwa	Non-Executive Board Member

Ms Judith Proctor Chief Officer, Moray Integration Joint Board

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

1 Apologies

Apologies were noted as above. The meeting was quorate.

2 Declarations of Interest

There were no declarations of interest. Statements of transparency were made by Cllr Yuill, that he is an Aberdeen City Councillor in relation to Item 11.1 and Item 11.2 and that he is a member of the Board of Nestrans. Mrs Evison advised that she is an Aberdeenshire Councillor in relation to Item 11.1 and Item 11.2. Cllr Robertson advised that she is a Moray Councillor in relation to Item 11.1 and Item 11.2 and that she is Chair of Moray Community Planning Partnership under Item 13. Mr Burrell advised that he is Chair of the Area Dental Committee in relation to Item 7.1.

3 Chair's Welcome

The Chair welcomed everyone to the Board meeting including the new Director of Strategy, Transformation and Performance and the Interim Director of Infrastructure, Sustainability and Support Services.

As this is the first Board meeting in the new financial year, it provides an important opportunity to reflect on NHS Grampian`s performance at the end of a previous financial year, as well as to look ahead at the challenges and priorities.

Partnership remains one of NHS Grampian`s greatest strengths. In March 2026, we worked with the Aberdeen and Grampian Chamber of Commerce to host the "Business of Health" event. Our message to business leaders was clear that a healthy workforce underpins a strong and resilient economy. Importantly, the event created space for meaningful dialogue on prevention, early intervention and workplace well-being, practical steps that improve outcomes for individuals, organisations and communities.

In May 2026, the Chair attended the 11th Annual Grampian Research Conference, which highlighted the critical role of research in improving care through real, applied innovation that improves outcomes for patients and families. The Conference also reinforced the importance of collaboration across the NHS, universities and the wider system to translate knowledge into meaningful impact. The Chief Executive was a speaker at the Conference.

The Chair welcomed the newly-elected and re-elected Members of the Scottish Parliament and advised that NHS Grampian value the support, scrutiny and constructive challenge they bring.

The important role and contribution of the Board and its individual members have been promoted in recent weeks, as we will soon begin recruitment to actively seek people from a wide range of backgrounds to become Non-Executive Board members. The job advertisement will be published by the Scottish Government, and the Chair encouraged this information to be shared to ensure that as wide and diverse an audience as possible can be achieved.

The Chair recognised the sustained effort and commitment of colleagues who have worked on the Baird Family Hospital and ANCHOR projects over many years. The paper to be discussed on today's agenda reports, however, highlights that further delays are expected, which will be disappointing for patients, staff and the wider public. While these delays are regretful, the priority must be to ensure these facilities are fit for the future. The quality and safety of care and environments in which it is provided is of paramount importance and NHS Grampian will continue to learn from and respond to learning from local and national best practices. Once complete, the Baird and ANCHOR will provide excellent environments for care, benefiting patients across Grampian.

The Chair highlighted the paper on the proposed de-escalation criteria, which is an important step in recognising progress to date and to move down from the current Stage 4 position on the Scottish Government's Support and Intervention Framework. The movement towards a more sustainable footing and the clarity was welcomed.

The Chair recognised Volunteers' Week, which took place from 1 to 7 June 2026. Across NHS Grampian, volunteers make an extraordinary contribution every day - supporting patients, families and staff in ways that are often small but deeply impactful. They bring compassion, dignity and humanity to our services, and the Board's gratitude for the valuable difference they make was placed on record.

She reflected on a recent visit to Woodend Hospital following the fire at Westholme. Whilst the building was unoccupied, it was clear that staff responded with professionalism, teamwork and compassion - supporting patients and one another during a challenging situation to ensure that appointments and services at the nearby hospital were running as scheduled, and the Chair thanked all the staff involved.

The Chair highlighted the importance of hearing directly from those who use our services. Patient feedback is a vital part of how we learn, improve and ensure that care is truly person-centred.

The Chair noted that the publication of Director of Public Health Annual Report 2025 was on the agenda. The report highlights the importance of addressing inequalities, listening to lived experience, and working in partnership to deliver prevention-focused, person-centred care. It draws attention to key areas where outcomes for women can be improved, particularly through earlier intervention, better access to services, and more joined-up support across health and care. The report includes reference to recent research by Members of the Scottish Youth Parliament into period dignity. It challenges us to think differently about how services are designed and delivered, ensuring they reflect real needs and experiences. These themes align closely with our wider ambitions as a Board.

4 Staff and Patient Experience: American Nurses Credentialing Centre (ANCC) Pathway to Excellence Designation for Mental Health and Learning Disability Services

The Executive Nurse Director introduced the team who provided a presentation on the shared learning from Pathway to Excellence. Royal Cornhill Hospital (RCH) has been successful in getting designation for Pathway to Excellence, which is an accreditation in relation to delivering nursing excellence.

The Chief Nurse, Adult Mental Health and Learning Disability Services advised that it was decided to make the Pathway to Excellence journey pan-Grampian, to ensure the best opportunities for everybody to be involved. One of the key drivers was staff recruitment

and retention rates in 2022 in RCH alone with the vacancy rate being 48.71. There were struggles in maintaining and sustaining recruitment with a high turnover and it was clear that something needed to be done differently.

Pathway to Excellence provides a positive practice environment. The 6 standards and the process required to achieve Pathway to Excellence accreditation was described. This designation is a first for Scotland, recognising high quality, patient-centred care and empowered teams. One of the key successes has been shared decision-making, which has created an environment that empowers staff of all disciplines to come together, where possible, with patients and family members, to create positive outcomes for patients.

The pathway has been adopted quickly and enthusiastically by staff. A Staff Wellbeing Shared Decision-Making Council was established, which gave staff a voice. The changes have been simple, visible and consistent, with a strong focus on everyday behaviours. Visible leadership, being present, listening, and reinforcing have been prioritised. Staff feel more supported and have increased confidence to speak up. A newsletter provides updates on Board activities, upcoming events and key information in an accessible and engaging format, whilst also celebrating achievements and sharing positive stories. By combining practical information with a warm, inclusive tone, it has become a valuable tool for keeping relatives informed, encouraging involvement and strengthening transparency and relationships. Board members are encouraged to view the Behind the SKENES Facebook page for further stories.

The Lead Nurse for Excellence in Innovation concluded the presentation by sharing a short video montage to provide a sense of the culture and passion that the pathway journey has helped to create.

Discussion followed including:

The Chief Executive provided her own thanks to everyone in the team for the leadership roles and the part they have played in the journey to date.

The professionalism shown and the passion behind this work was acknowledged and celebrated. It is hoped that the shared learning is something that can be taken across all the disciplines within the organisation. The aim is to consider the Pathway to Excellence in other areas starting at Aberdeen Royal Infirmary (ARI), to roll-out the decision-making councils across the organisation. Many of the foundational building blocks put in place for a pathway and for the Magnet journey in the Royal Aberdeen Children's Hospital have been applicable and offered to many services across NHS Grampian. It is a fantastic example of how money spent on cultural programmes can make a real difference.

Whilst it is acknowledged that the changes to the vacancy rates are not solely due to the Pathway to Excellence, it has certainly helped on the journey. The figures are a like for like comparison from 2022. A positive change has been the reduction in turnover, which from a financial point, has meant a reduction in the use of agency staff over the last 3 years within Mental Health Services. The Pathway to Excellence is a 4-year designation cycle, with re-designate required every 4 years. The cost of the fees paid over the 4-year period is the equivalent of 1 Band 5 nurse for one year.

Board members are invited to visit Mental Health and Learning Disability Services.

The team were thanked for their informative presentation.

5 Minute of Meeting on 19 March 2026

Following the amendment of a spelling mistake in the attendance list, the minute of the meeting held on 19 March 2026 was approved as an accurate record.

5.1 Action Tracker and Matters arising

Maternity and Neonatal Services in Grampian Governance

It has been confirmed that the Maternity Health Needs Assessment will report to Population Health Committee and the action has been closed.

How Are We Doing Report

The action tracker states that the How Are We Doing Report will be reviewed by the new Director of Strategy, Transformation and Performance, who has now commenced in post.

It was suggested that the Chair and Vice-Chair of Performance Assurance, Finance and Infrastructure Committee (PAFIC) meet with the Director of Strategy, Transformation and Performance to discuss performance reporting to PAFIC.

NHS Grampian Revenue Finance Plan and Medium-Term Financial Framework

It was requested that the Information Governance paper, to be presented at the June 2026 Audit and Risk Committee, be circulated to all Board members. Board members are reminded that they are welcome to attend any Board committees as an observer.

NHS Grampian 2026/27 Priorities

Appendix 3 to be amended to be more public facing.

The Director of Marketing and Communications confirmed that the document has been amended following feedback from the March 2026 Board meeting. The digital document is live on the public website.

The action tracker was taken as an accurate record.

6 Chief Executive's Report

The Chief Executive advised that the feedback on the draft plans for the Sub-National planning, submitted at the end of March 2026, is still awaited from the Scottish Government post-election. The Chief Operating Officer for NHS Scotland has requested that Boards collaborate on plans to reduce longest wait patients (52-week waits) via the Sub-National structures, which builds further on the work that all Boards undertook together during 2025/26. The Chief Officer for Acute Services is leading on this work with NHS Grampian`s trajectories and funding requests for Quarters 2 to 4 2026/27 submitted. Along with other Boards across the East, there is an appetite to dial up the engagement work in relation to Sub-National planning. This will include clinical, partnership, public engagement and wider staff engagement. A Communications and Engagement Strategy has been drafted that is working through the governance routes in relation to East Sub-National planning, with NHS Grampian inputting into the strategy. Following the approval of NHS Grampian`s 2026/27 priorities at the March 2026 Board meeting, Programme

Boards are now in place for each of the strategic priority areas that are overseeing the delivery of the key performance indicators and the first quarterly progress report in terms of the 2026/27 priorities will return to the public August 2026 NHS Grampian Board.

The Chief Executive welcomed the new substantive Director of Strategy, Transformation and Performance, and the Interim Director of Infrastructure, Sustainability and Support Services to their first NHS Grampian Board meeting. The substantive Director of People and Culture will attend his first Board meeting in August 2026. These appointments signal a further move to a substantive Executive Team and signal a further step in stabilising the organisation.

On 10 June 2026, the Chief Executive and Chair welcomed the new Cabinet Secretary for Health and Care to Aberdeen. The purpose of the visit was to hear about the progress NHS Grampian has made in opening the 3 GP walk-in centres across Grampian, as part of the pilot programme in Scotland. This is included as a key feature in the Scottish Government's 100-day plan. The Cabinet Secretary visited the walk-in centre at the Aberdeen Health Village, which is scheduled to open on 23 June 2026 and met clinical and operational staff leading this work. The Chief Executive and Chair also held a private meeting with the Cabinet Secretary, where a number of aspects were covered, including NHS Grampian`s progress in 2025/26 and priorities for 2026/27. There was a strong focus on Planned Care, Unscheduled Care, de-escalation criteria, as well as relationships at local, regional and national levels and the importance of collaboration and system working in NHS Grampian's continuous improvement.

The Board discussed:

It was noted that local MPs and MSPs have been in contact with the new Cabinet Secretary, including those representing the Elgin area, to invite her to Dr Gray's Hospital (DGH). NHS Grampian looks forward to ongoing communication and relationship building, with both local MPs and MSPs and the Cabinet Secretary. An open invitation has been given to the Cabinet Secretary to visit NHS Grampian. The Deputy Chief Executive and Chief Operating Officer for NHS Scotland has also been invited to visit over the summer at NHS Grampian`s request.

Clinical input into the Sub-National group discussions was welcomed.

The golden thread going through today`s agenda of a quality and safety focus was noted.

The Board noted the Chief Executive report.

6.1 De-escalation criteria from Stage 4 to Stage 3 of the NHS Scotland Support and Intervention Framework

The Chief Executive reinforced that NHS Grampian had been proactive in instigating the discussion on the de-escalation criteria, and that the Board have very much owned this since requesting criteria from the Scottish Government at the end of 2025, recognising the importance of having light at the end of the tunnel for patients, our community and staff.

The Chief Executive said having clear criteria is important, as is the process that will be followed and the time scales in relation to moving from Stage 4 to 3 of the NHS Scotland Support and Intervention Framework, which is the collective goal of the NHS Grampian Board in 2027.

There has been extensive engagement with the Executive Team, NHS Grampian Board and the Scottish Government chaired Assurance Board. This signals an important milestone in the improvement journey of the organisation. As detailed in Appendix 1, a set of de-escalation criteria with clear metrics is to be delivered across the 3 categories for escalation and these were agreed on 2 June 2026 at the Assurance Board meeting. De-escalation will not take place until January 2027 at the earliest, with one of the important features of de-escalation being the Single Improvement Plan, which was approved by the NHS Grampian Board in December 2025. Progress against the Single Improvement Plan will be presented at the public Board meeting in August 2026.

There are 2 outstanding metrics in relation to Unscheduled Care and Planned Care, which remain under discussion, due to national conversations which are underway. The aim is to finalise these 2 sets of metrics in the coming months.

The Chief Executive is proactively engaging with all system partners, including Local Authority Chief Executives and system partners, to share the de-escalation criteria recognising some of the criteria require a system response. The de-escalation criteria will also be shared with wider staff, in the spirit of openness and transparency.

The Board discussed:

The clarity provided by the de-escalation criteria is encouraging and detailed, proactive work and positive engagement is taking place with the Scottish Government. There is a shift from setting up structures, establishing plans and outlining lines of reporting to clarifying expectations regarding the improvements required to delivery performance, with clear milestones. This sets out a very clear direction of travel for the organisation.

The reporting cycle of data is being reviewed to streamline and covers the Programme Boards, the Assurance Board, the Single Improvement Plan, the strategic objectives and the de-escalation. De-escalation can occur for one aspect of the criteria whilst others remain at Level 4.

Trajectories for Quarter 2 to 4 for the current year and the funding for Planned Care have still to be agreed. The discussions are based on the knowledge of NHS Grampian`s infrastructure, the capacity and any potential limitations from that. The learning from the closure of the Central Decontamination Unit (CDU) will come to the next PAFIC meeting.

Further engagement and communication will take place with all stakeholders, including discussions on the ongoing progress. Partners have been invited to the Assurance Board meetings to describe how they and NHS Grampian are working as a system to deliver against the de-escalation criteria.

The Board acknowledged the important for staff morale to have the de-escalation criteria established.

ACTIONS:

- **The streamlining of the reporting cycle of data is being reviewed and will cover the Programme Boards, Assurance Board, Single Improvement Plan, strategic objectives and de-escalation. Updates to be provided as the work progresses.**
- **Proactive briefing to be provided to partners and stakeholders.**

The Board:

- **Noted the extensive engagement with the NHS Grampian Board and with Scottish Government to collectively define the criteria across the main categories of escalation.**
- **Noted the objectives and indicators detailed as the metrics NHS Grampian must achieve to warrant de-escalation to Stage 3.**
- **Noted that the Assurance Board approved on 2 June 2026 the metrics as set out in Appendix 1 for Value and Sustainability (1 & 2); Local Services Quality and Safety (4a) and Strategic Transformation (4b); and Governance, Leadership and Culture (5).**
- **Noted the position in Appendix 1 with Planned Care (3a) and Unscheduled Care (3b) metrics which remain under discussion and will be agreed by the Assurance Board in the months to come and note the reason for this.**
- **Agreed to receive updates at each public Board meeting demonstrating progress against the agreed metrics.**

7 Forum Reports

7.1 Area Clinical Forum (ACF)

The Chair of ACF highlighted the quality and safety improvement work and advised that the forum were inputting as required. The Forum also considered the use of Artificial Intelligence (AI) in healthcare, recognising opportunities for efficiency alongside risks related to misinformation and inappropriate use in clinical decision-making. The development of clear organisational guidance and staff awareness is essential. Other issues highlighted included workforce and service sustainability risks, including reduced capacity in head and neck oncology services.

The Board discussed:

A proposal for additional staffing for head and neck oncology services is to be submitted and will be kept under review.

The focus of the Sub-National work is on direct response to the Director's letter published in November 2025, which is Planned Care, Orthopaedics, Unscheduled Care, the Digital Front Door and business services initially. Other areas can be discussed between Boards, including on a Sub-National basis around sustainability of services and fragile services.

A national task force for Children and Young People with an Allied Health Professional Lead representing NHS Grampian for Attention-Deficit/Hyperactivity Disorder (ADHD). Adult services is a significant challenge, and it is expected that the task force will provide recommendations for Adult Services focus as well. Aberdeen City are working with educational psychologists to consider what can be done differently and how this can be supported.

Changes to processes and pathways are being reported extensively. The learning from patient experience requires to be used to shape and inform how we continue to improve and refine the pathways through the integration work.

Co-pilot, which is a Microsoft tool, is approved for use within NHS and a number of advanced co-pilot licences have been distributed. There will be an evaluation of the use of AI for corporate functions. An update will be requested from digital colleagues for more visibility and awareness.

ACTION:

- **An update on the use of AI is to be requested from Digital Colleagues.**

7.2 Grampian Area Partnership Forum (GAPF)

The Chair of GAPF highlighted that the report on stress in the workplace, which had prompted a useful and helpful discussion. Further work is expected on the feedback from staff which will be reported through Staff Governance Committee in due course. The report will be on the priority list for the Culture Programme Board and is badged under support for high pressure teams and stress risk assessments.

A survey for staff to provide feedback on the implementation of the reduced working week, and its impact on staff wellbeing is anticipated to take place during the summer period.

The third and final phase of the Once for Scotland Workforce Policies Programme, with new NHS Scotland Workforce policies are now in place relating to staff health safety and wellbeing. The policies are under an umbrella document for Managing Health at Work which have been updated and refreshed to ensure compliance with best practices and the law.

7.3 Integration Joint Boards (IJBs) Report

The Chief Officer, Aberdeenshire Integration Joint Board introduced the high-level summary and overview of the progress, pressures and priorities from the 3 IJBs.

Aberdeenshire has a continued focus on financial recovery and sustainability with delivery of savings plans alongside service pressures being considered. There is an ongoing focus around Unscheduled Care and flow with work to reduce delays and improve system coordination. There is positive progress in strengthening governance and programme oversight. Workforce capacity continues to present a constraint for the IJBs and Health and Social Care.

Aberdeen City is progressing priority transformation programmes, particularly around community capacity and Unscheduled Care, with a real focus around demand, system flow and improving performance. Financial pressures continue alongside a strong emphasis on aligning service change with financial recovery.

Moray`s focus remains on stabilisation and recovery, particularly in relation to service sustainability and some of the workforce challenges. There has been progress in strengthening leadership and governance arrangements, improving control and grip and oversight. There continues to be in significant capacity and resilience challenges, particularly in community services.

Across all 3 partnerships, the themes are consistent of the issues, challenges and the successes, which include sustained workforce pressure, particularly around Unscheduled Care and delays, workforce capacity and sustainability challenges. There is a need to ensure that transformation activity delivers measurable outcomes and financial benefits.

There has always been close working between Health and Social Care and NHS Grampian. Over the past period, the whole system approach, particularly around Unscheduled Care, has significantly improved. The challenge of Unscheduled Care, means that the whole system requires to be transformed, changed together and be

collectively owned. This can only be achieved by continuing to work very closely and by understanding the challenges faced in all parts of the system.

7.4 Financial Recovery Board (FRB)

The Vice-Chair of the Financial Recovery Board presented the report. He highlighted the deep dives that the FRB have considered, in granular details, including the Value and Sustainability programmes. It has been agreed that the FRB should continue until at least Quarter 3 2026, as it is still undertaking what it was set up to do, to maintain the momentum.

The Board discussed:

The range and depth of the work carried out by the FRB complements other areas of governance currently in place. The first meeting of the North-East System Transformation Group took place on 20 March 2026, with discussed the 9 potential system-wide saving opportunities identified and currently being assessed. Any potential governance complexities would need to be managed, however, there is a commitment to improving information sharing between NHS Grampian, the IJBs and Local Authorities. There will be briefings to elected members in due course.

The Chief Executive advised that the second meeting would take place on 3 July 2026 when the Terms of Reference (ToR) will be finalised. A KPMG Diagnostic Review is underway, to consider and test the list of schemes identified, to identify if they are the right ones, what may be missing from this list if we are to learn from best practice elsewhere and in other systems. This work is reasonably well advanced. A proposal on governance, communication and engagement across the system will be brought back.

As part of the reflection on governance, it would be useful to learn what would be beneficial across the 5 current priority areas and the learning from the FRB.

ACTION:

- **Regular updates from the North-East System Transformation Group to be provided to Board members, including proposal on governance, communication and engagement across the system.**

The Board noted the reports.

8 Clinical Quality & Safety Report

The Medical Director stated that it has been recognised that there is a requirement for increased organisational focus on clinical governance process improvement, to ensure an effective and systematic governance infrastructure that provides verifiable, timely assurance that NHS Grampian is delivering consistently high-quality, safe clinical care.

It is recommended that Clinical Quality and Safety is added to the current Board priorities for 2026/27. The context is described within the paper, including the historical factors that have influenced the current picture, a summary of existing and planned improvement work and a description of collaboration with and learning from partner agencies. There is a requirement for project management resource to support the scale and pace of the required change.

The Board discussed:

The importance and significance of the work was emphasised.

This priority is all encompassing across all of the priorities for NHS Grampian. A discussion followed as to whether it should be a priority in its own right or the golden thread through all priorities.

The structure of the Improvement Board and Oversight Group will provide focus to ensure that improvements are implemented with appropriate action taken. Issues will be escalated and acted on, if required. There is a need for active, focused governance in relation to clinical safety.

It was agreed that the recommendation should be amended to remove the number 6 to state, "Discussed the information provided in the report and approved the inclusion of Clinical Quality and Safety as a Board priority for 2026/27."

The Director of Marketing and Communications has been working on graphics, and this would will go round the existing graphic to highlight it is all encompassing to everything NHS Grampian is doing.

The Medical Director and the Executive Nurse Director carry the professional accountability and responsibility for Clinical Governance delivered within the system, however, there requires to be a more line of sight on matters being escalated. There is a need for an overarching operational governance space at Executive level, where all of these threads can be reported in from different routes, such as Acute Services, Community Services, Mental Health and Learning Disabilities (MHLD), with appropriate filtering to enable action at the appropriate pace and scale in response to emerging clinical risks.

There was discussion at the Risk Board Seminar on the requirement to consider putting in place a new strategic risk that pertains to healthcare experience, particularly focused on the Planned Care and Unscheduled Care pathways as the primary risk category against illness and injury. NHS Grampian does not want to lose sight of patient experience whilst navigating these pathways. Work is ongoing to describe and codify this risk. If it is concluded this is the right thing to do, this would be considered in terms of risk management. Work has been ongoing in recent months with the Chairs of governance groups within the IJBs, and there is agreement that they would be reporting annually into the Clinical Governance Committee.

The Clinical Governance Standards are included in the appendix. There is linkage between the work NHS Grampian Board is undertaking and the work that the Culture Board will do. Culture is key to this work and requires to underpin the structure of governance, as colleagues need to engage, feel safe to speak up to escalate concerns and be listened to. There is also interaction with Staff Governance Committee. The Programme Boards need to be clear on how the different Boards will interact with each other. This is part of the next stage of work on the reporting structures. The real change with culture and behaviour is from the ground up and from the top down. The mechanics need to be put in place to ensure the governance is there, with the real change in the behaviours of how teams are supported, and how concerns are responded to, when raised. There will be crossover from each of the committees and mapped required in terms of where the work happens, to provide assurance through the improvement work.

The Chief Executive fully supports the approach set out in the paper and that Clinical Quality and Safety should become a board priority. The required focus would then be given to this as a standalone priority with a Programme Board with the correct resource

and capacity to drive delivery. This work links back to the de-escalation paper, previously discussed, in terms of the improvements to clinical governance set out in the metrics and the progress of specialities. She requested that the Medical Director and the Executive Nurse Director bring a paper on the measures and metrics for delivery, consistent with the other strategic priorities, to the Board meeting in August 2026 for agreement.

There is a need to ensure that work is reported in the appropriate way and to the right committee, which may be the Health and Safety Committee, to ensure the appropriate focus. The importance of committees working collectively together was emphasised. The improvement work provides an opportunity to map out the current position and establish where the organisation needs to get to, aligned with the new Clinical Governance Standards.

The Board approved the inclusion of Clinical Quality and Safety as a board priority for 2026/27, while also recognising the continued importance of an effective governance route for Health and Safety.

ACTION:

- **Paper on Measures and Metrics for delivery to be taken to the August 2026 Board meeting.**

The Board:

- **Discussed the information provided in the report and approved the inclusion of Clinical Quality and Safety as a Board priority for 2026/27.**
- **Noted that key performance indicators (KPIs) for clinical governance infrastructure improvements will be developed by August 2026 and a further report on those indicators will be brought to the Clinical Governance Committee on 18 August 2026.**

9 Strategic Risk

9.1 Strategic Risk Management Report Q3/Q4 2025/26

Before discussing the paper, the Medical Director thanked Ms Michelle Hankin, who had covered a period of absence in the Corporate Risk Management Advisor.

He provided a 6-monthly update on the strategic risk landscape within NHS Grampian. The Strategic Risk Register identifies and articulates significant risk that has the potential to impact the achievement of the organisation's strategic objectives, as outlined in Plan for the Future. It highlights changes in strategic risks over time, includes updates on key outputs from the January 2026 Risk Seminar, with the alignment of each strategic risk to a single Board committee, standardisation of reporting templates, reduction of duplication and improved timeliness of updates. Clarity was provided on the definitions of approval levels in response to a previous request from Board members. It notes that the creation of a new strategic risk focused on healthcare experience, particularly within the Planned and Unscheduled Care pathways should be explored. A summary of the distribution of risk scores, the currency of risk updates, action planning, and the trajectories over time of those risks was provided. The timeline and detail of risk reviews within the Executive Team and Board committees with the detail of each individual risk is summarised.

The Board discussed:

There is ongoing feedback on the papers to Board committees being scrutinised provided to both Executives and risk handlers, who will usually be present at the Committee

meetings. The discussion from within each Board committee forms part of the report and is an ongoing cycle. There is a need to ensure that action plans are updated, and risks updated within the Risk Register software in a meaningful and timely way. In April 2026, 100% of the strategic risks have been appropriately updated from a time point of view. There is a variable picture in terms of action planning, however, this is improving.

To include the mitigations in this report, for each strategic risk, would have resulted in the report being considerably larger in size. These details are considered in detail at the Board committees. The aim is to provide an appropriate level of detail for the 6-monthly oversight of how risks have been considered in detail.

Escalation is to the Executive Team, who have regular risk and performance meetings. If Board committees are concerned about the level of mitigation of the risk or that not enough action is being taken, this would go to the Executive Lead for the risk, to undertake work and report to the Executive Team. It would be fed back to the committee, and a high-level summary will come to the Board twice a year. The detailed work of risk scrutiny is undertaken in committees rather than at a Board meeting due to the length of time this would require. All risk deep dive reports are available to the public on a web page. Work has commenced to align the strategic priorities and the risk. This will be detailed in the Performance Report that comes to the Board moving forward.

When scrutinising a paper, at the end of the recommendations there is a section where the committee will consider if escalation to another committee or the NHS Grampian Board is required.

Work has begun on a risk framework for the other layers of the Risk Register. The draft Strategic Risk Framework is currently being worked on; however, it is not at the stage to be considered at a Board Seminar. The work underway is the next phase of improving the control around risk management.

The Board:

- **Endorsed the report as a comprehensive update on NHS Grampian's management of the organisation's strategic risks, noting that it highlights areas of concern, progress on mitigating actions, and upcoming reviews and provides assurance that the strategic risks are reviewed regularly and are being managed appropriately.**
- **Noted that the report will be updated and provided to the Board twice a year, in June and December 2026, with the next report due in December 2026, on the basis that each risk is reported in depth to the appropriate Board committee twice year and this report collates the outputs of those assurance discussions.**
- **Agreed that Committee Chairs are responsible for ensuring that a summary of the discussions and agreed assurance levels of each risk discussed at the Committee meeting is shared with the Quality Improvement Assurance Team (QIAT), using the template provided and in a timely fashion to inform this report to the Board.**

9.2 NHS Grampian Risk Appetite Statement 2026/27

The Medical Director highlighted the summary of the review of NHS Grampian`s Risk Appetite, undertaken at the January 2026 Board Seminar, including the alignment of each risk with one primary risk category in the 2025 risk matrices. There is consideration of the output of the Risk Seminar across the Board committees and the route to the final

version. The 2025 matrices and the definitions of each level of risk appetite are included for completeness and for information.

The board

- **Considered and approved the revised NHS Grampian Risk Appetite Statement for 2026/27.**

10 Performance

10.1 (a) How Are We Doing Report 2025/26 Quarter 4/End of year 2025/26 summary

The Director of Finance advised that the Executive Team and colleagues remain committed to improving performance and delivering the priorities. At the end of Quarter 4 2025/26, good performance was seen in relation to the Value and Sustainability programme, with mixed performance for Planned Care. There is a recognition that further work is still required for Unscheduled Care.

The Chair of Performance, Assurance, Finance and Infrastructure Committee (PAFIC) confirmed the report had been considered in detail at their meeting on 27 May 2026. He highlighted the strong performance in Value and Sustainability, whilst recognising that maintaining delivery of recurring cash releasing savings and continued financial discipline across the whole system would be critical if NHS Grampian is to sustain financial recovery. There have been some improvements within Planned Care in reducing some long waits and in diagnostic performance. There remains concerns regarding Cancer performance and the focus remains on increasing the capacity, pathway redesign, and reducing the backlog. PAFIC highlighted that many outcomes have not yet been achieved for Unscheduled Care, however, there is huge ongoing efforts to improve the position. Many of the Key Performance Indicators (KPIs) are either remaining unchanged or deteriorating. Many workstreams are still in an implementation or recruitment phase, with the full impact of improvement activity still to be realised. There is a huge activity across a very pressurised system focused on this, however, the level of improvement required in performance, at the pace needed and the impact for the public is not being seen. There was an issue at the last PAFIC meeting of requiring greater evidence on the reporting of performance and impact.

The Board discussed:

The reports are referencing more on the demand and capacity that is in place. It is important to know where the gap is so to then be able to plan how to close the gap in a practical way.

It is acknowledged that the way Unscheduled Care and Planned Care are considered is quite different, in how performance is measured, reviewed and for the improvement work. Work is progressing and it is important to ensure that partners are fully linked into the work, recognising Unscheduled Care is more complex as it is part of the whole system dynamics. The relationships with health and social care colleagues are very strong and very involved in the whole system on improvement work.

There will be a deep dive session on Unscheduled Care at the July 2026 Board seminar.

There is recognition that some of the transformation work is also happening in the social care space and this may help with that demand capacity and how we look to the future to

make sure that it is right size. The North East System Transformation Group will be involved in this work. There is a real opportunity to build and strengthen some of the dynamic interrelated pieces of work.

A new tool for modelling demand and capacity in Planned Care, across each of the specialties, has been rolled out nationally, and helps model ongoing demand in core capacity, for interventions that would be most effective in order to stabilise and bridge the gaps identified between demand and capacity.

In relation to the 62-day cancer performance, the additional capacity in diagnostics is helpful. This will enable continued improvement to the cancer performance. It is recognised that consideration may need to be given to additional workforce, theatre access and the components necessary to improve cancer performance. This is a feature of the Planned Care Plan for 2026/27. There has been an increase in referrals for specialties such Urology. There is a real focus in how we can look to outsource to ensure those treatments are as timely as possible. Dermatology is another specialty affecting cancer performance. NHS Grampian tendered an Independent Sector contract last year, but the provider had been unable to deliver on the contract. The contract has been re-tendered and an award should be made relatively soon, which will help performance.

Future reporting will be looked at as part of the refresh for the Unscheduled Care Delivery Board.

The Chief Officer for Acute Services advised that a report would be presented to the Executive Team on 16 June 2026, on proposals in relation to ambulatory care and staffing levels within the Emergency Department (ED). Currently benefits are being seen, however, the full workforce is not in place to ensure robustness and to stabilise and optimise performance. The right people are around the table to try to ensure focus and move the work forward.

NHS Grampian communicates regularly with other Health Boards regarding Unscheduled Care. Strong links have been developed with NHS Lothian, partly through the Sub-National structure, and also in relation to tools that they have developed digitally within their ED for monitoring patients. NHS Grampian is keen to engage with other Boards to learn what works elsewhere and what has already been developed.

The overall direction of travel has improved in the last 12 months for aspects of Planned Care, Unscheduled Care and the differentiation between the types of cancer treatment within 62 days shows that for some, the direction of travel is improvement. The work staff are doing in a constrained system is recognised.

The Board:

- **Endorsed NHS Grampian's Quarter 4 and year-end performance outcomes, recognising**
  - **strong delivery and outcome achievement within Value & Sustainability;**
  - **partial achievement with improving performance in Planned Care; and**
  - **continued challenges within Unscheduled Care, with the sustained system pressures influencing performance across 2025/26.**
- **Agreed that the following key areas require continued focus to support improvement in Key Performance Indicators (KPIs):**

Planned Care: Cancer treatment within 31 and 62 days, and sustaining improvements in waiting times and diagnostics alongside ongoing demand and capacity pressures
Unscheduled Care: System-wide flow, including Emergency Department (ED) performance, ambulance turnaround times and reducing acute occupancy, to enable sustained improvement across the urgent care pathway
Value & Sustainability: Maintain delivery of recurrent, cash-releasing savings and continued financial discipline to sustain financial recovery
Cross-cutting: Strengthening the consistent translation of delivery activity into sustained KPI improvement and ensuring key system enablers are fully implemented and embedded in 2026/27.

- **Approved the Quarter 4 and year-end How Are We Doing (HAWD) Board Performance Report, and the continued application of the Performance Model within the Performance Assurance Framework, recognising its role in ensuring a clear line of sight from priorities through to delivery.**

(b) Operational Improvement Plan 2025/26 Quarter 4 performance report

The Director of Finance highlighted the progress made in the last financial year, since the operational improvements were identified, against the 4 critical areas of the Operational Improvement Plan (OIP), of improving access to treatment; shifting the balance of care; improving access to health and social care services through digital and technological innovation; prevention: ensuring we work with people to prevent illness and more proactively meet their needs.

The Board discussed:

Several of the delays noted in the report relate to national actions. Some actions for Planned Care have been able to be progressed in Grampian and regular engagement is taking place in relation to different specialty areas with the Scottish Government Policy team, particularly the Centre for Sustainable Delivery in relation to any barriers and challenges. NHS Grampian can draw from national learning and support. There will be a bespoke 2-day workshop with support provided from the Centre for Sustainable Delivery to look at further opportunities, in relation to some areas in the Operational Improvement Plan.

Concern had been expressed at PAFIC on delays in processing some developments due to capacity issues within Information Governance. A proposal will come to the Committee on 23 June 2026 with updates provided on the agreed outcome.

The paper relates to Quarter 4 of the last financial year. The Scottish Government in the context of the post-election period have a 100-day Plan. This has been discussed at national meetings in the last few days. In February 2026, all Boards received a letter from the Chief Operation Officer, NHS Scotland, setting out the 2026/27 operational priorities, which builds on the Operational Improvement Plan. The 8 priorities that were set out in the letter, were discussed at the March 2026 Board meeting, under the strategic priorities for NHS Grampian for 2026/27. These had been built into the priorities following receipt of the letter. A further letter setting out the clarity of the totality of the asks for 2026/27 is expected to be received by all Boards by the end of June 2026. This will specifically cover how the 8 priorities, NHS Grampian have already locked into the plan

this year, combined with the asks from the 100-day plan. This will be discussed at the July Closed Board meeting, with further discussion at the August public Board meeting, alongside the Quarter 1 reporting of NHS Grampian's strategic priorities.

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It was agreed to amend the recommendation from endorsed the performance against the Operational Improvement Plan to noted the performance against the Operational Improvement Plan and that the Board endorsed the actions underway.

The Board:

- **Noted NHS Grampian's Quarter 4 performance against the Operational Improvement Plan (OIP), noting continued progress.**
- **Was assured that there is increased visibility of system contributions to deliver the OIP through improvements in reporting.**
- **Endorsed the actions underway to progress implementation across the four Critical Areas.**

11. Finance

11.1 NHS Grampian 2025/26 Financial Position Report including Value and Sustainability Programme Board Quarter 1 update

The Director of Finance highlighted that in relation to 2025/26, NHS Grampian`s financial performance had improved throughout the financial year, particularly within the last quarter. A finalised financial position for 2025/26 with a revenue outturn of £34.7 million was reported, which is an improved position on the forecast deficit of £43 million and £10 million below the maximum level of deficit support funding authorised by the Scottish Government. Total savings of £63.8 million were delivered, which is the highest level of savings achieved by the Board, in a financial year. 3.6% of these savings are recurring. The improved financial position is a result of the significant work by staff across services to improve financial efficiency, wherever possible.

NHS Grampian requires to build on the successes from the last financial year to deliver on the 2026/27's Financial Plan, with any deficit not being greater than £36 million. £42 million of savings have been delivered. At the end of month two, NHS Grampian is on track to deliver the 2026/27 Financial Plan.

The Quality Impact Assessment (QIA) process has been designed to support the assessment of the implications of savings and reports to the Clinical Governance Committee (CGC). The Employee Director is a vital part of the QIA panel.

The Board discussed:

The Chair thanked the Director of Finance, the Interim Director of Improvement and the teams for the tremendous work in the area of financial value and sustainability over the past year. NHS Grampian is much strengthened by the hard work and commitment of the teams and the leadership shown across the organisation. The financial position will remain very challenging for not just NHS Grampian, but for the whole public service across Scotland.

The paper has previously been scrutinised at Clinical Governance Committee (CGC) in relation to the QIA and the statutory Integrated Impact Assessment element of work. One of the elements discussed is the impact it would have for delivery of patient care, quality and safety and staff health and wellbeing. The Board requires to be mindful of

achieving financial balance whilst considering the clinical impact for patient safety and care. Assurance of this, has been provided to CGC by the Medical Director and the Executive Nurse Director at their meeting.

Key Performance Indicators (KPIs) have been looked at as this is the first time this process has been put in place. There will be tweaks and improvements made, with consideration of the monitoring of the KPIs going forward to ensure that they remain steady with the Executive Team involved in working through the KPIs. The process will require to be embedded. When considering the next financial years savings, discussions are already taking place on the QIA panels commencing at an earlier stage in the process, to allow more time to assess the implications, with pre-assessment work taking place prior to the panel. The Medical Director and the Executive Nurse Director have statutory regulatory obligations and, as clinicians, they are experienced in balancing the statutory and regulation responsibilities alongside organisational responsibilities. They are fully focused on the quality and safety aspects of this work.

Concern was expressed on the long-term impact on the required future savings for NHS Grampian. There will be a requirement to be clear on redesign and transformation work. The new Director of Strategy, Transformation and Performance will lead on this work, with the North-East System Transformation Group also involved. Work is also ongoing at national and sub-national level. The Operational Improvement Plan funding has allowed investment in some priorities and additional funding will be received for Planned Care to invest in new priorities. There will always be areas where the organisation can be more efficient and this will be maximised.

The Board:

- **Discussed and noted the update on the Board`s financial position for the 2025/26 financial year.**
- **Discussed and noted the update regarding the 2026/27 financial plan.**
- **Discussed and approved the assessed assurance level in relation to delivery of the 2026/27 financial plan – Moderate Assurance.**

11.2 IJB Finance Report

The Director of Finance highlighted that one of the recommendations from the KPMG Report had been enhanced monitoring of IJB finances within the Board, which has been done. There has been 4 quarters of financial information from the IJBs provided to the Board. It can be a timing challenge to present the information to the NHS Grampian Board, as this needs to take place following IJB meetings. Aberdeen City IJB and Aberdeenshire IJB have improved their financial performance which helps to support the NHS Grampian financial position. Moray IJB financial position has still to be publicly reported so their Quarter 3 information is included in the report. This information cannot be discussed by NHS Grampian prior to presentation to the IJB due to governance. The Quarter 4 information will be presented at Moray IJB on 25 June 2026 and once reported publicly, the Director of Finance will circulate a briefing note to Board members to inform of the position.

The collaborative working between NHS Grampian, the IJBs and the Health and Social Care Partnerships (HSCPs), was highlighted. All the teams involved in this work at NHS Grampian, the 3 IJBs, the 3 HSCPs and the work of the 3 Chief Officers was acknowledged and thanked. The HSCPs staff have played a vital role in the transformation of this work.

The Board:

- **Discussed and noted the update on the Integration Joint Boards' revenue financial position for 2025/26.**

The meeting was paused for a lunch break.

12. Baird and ANCHOR Update

The Director of Infrastructure, Sustainability and Support Services advised that the report provides a high-level update on the 3 key areas of delivery timelines, the current commercial position and the key risks and assurance activity. The project has experienced significant complexity and challenge, including increased assurance requirements following national learning, technical design and compliance changes, wider construction and market pressures. There are still a significant number of outstanding Key Stage Assurance Reviews (KSARs) actions that are being working through. The project is forecast to remain within the £438.6 million financial envelope allocated by the Scottish Government. The commercial discussions are progressing and it is hoped to reach an agreement by the end of June 2026.

The Anchor Project is forecast for delivery in December 2026, with a risk this may be delayed into Quarter 1 (January) 2027. This date includes a 9-week commissioning programme.

The delay in opening to the ANCHOR building is largely due to the Project Board`s decision, in March 2026, to add a secondary sterilisation unit to strengthen and protect the water system. Work is ongoing to improve the delivery timelines where possible and a further update on this will be provided at the August Board meeting. The primary risks relate to completion of domestic water system design and commissioning.

The Baird Family is forecast to be completed in September 2027.

The key risks for the Baird Family Hospital relate to mechanical and electrical issues, with the most significant risks being:

- Finalisation of the HV/LV electrical strategy,
- Resolution of cooling coil and fan coil unit strategies,
- Completion of domestic water system design and commissioning,
- Outstanding construction issues such as air handling unit (AHU) tape plating and potential further design or scope changes.

The scale and complexity of outstanding KSARs continue to present a programme risk. Targeted risk management activity is underway to address these issues to minimise their risk impact.

The commissioning planning is well advanced, with a 9-week Clinical Commissioning Programme for the ANCHOR. The commissioning planning for the Baird Family Hospital is at an early stage.

The Project Director advised that the project is at a critical stage, with delivery dependent on resolving technical, assurance and commercial matters.

There is also increased assurance requirements following national learning and NHS Grampian are working closely with NHS Scotland Assure. There are technical design and compliance changes along with wider construction market pressures. The

outstanding assurance findings across both buildings require to be addressed prior to occupation.

Commercial discussions with the main Contractor are ongoing and are progressing well. However, some key issues remain unresolved, including technical matters that may impact on the programme. The process of concluding a new Commercial Settlement Agreement (CSA) has enhanced focus on some key issues which are outstanding and need resolved or the risk accepted before a commercial agreement can be signed. This is a complex and technically demanding process involving many key parties. The principal headings have been agreed. The aim is for the CSA to be signed off by the end of June 2026.

As advised, there is a risk of potential slippage of the delivery date for the ANCHOR to Quarter 1, 2027 due to technical challenges. The delay in the ANCHOR building is largely due to the decision to add a secondary sterilisation unit, which is linked to safety and to strength and protect the water system. The Baird Family Hospital has an operational date of September 2027. The key risks for the ANCHOR building are the completion of the domestic water system, ventilation and validation compliance and outstanding defects and assurance approvals.

Key risks for the Baird Family Hospital are the finalisation of the HV/LV electrical strategy. NHS Grampian is working closely with NHS Scotland Assure and the main Contractor, with an agreed list of actions, which is being threaded into the CSA as an elevated issue in the agreement. Resolution of cooling coil and fan coil unit strategies is a challenging area with interface with NHS Scotland Assure and Infection Prevention Control (IPC). Following a recent meeting there is a list of actions which are being worked through and will be cascaded into the CSA. Other risks are the completion of the domestic hot water system design and commissioning, and the resolution of outstanding defects and issues.

The opening of the buildings is contingent on the outstanding assurance findings (KSAR) across both facilities being addressed prior to occupation. These requirements are essential to ensure the safe opening and operation of both buildings, which have resulted in programme delays and cost pressures. The buildings will not open without KSAR accreditation. The NHS Scotland Assure (KSAR) process provides independent assurance that the buildings meet required safety and technical standards before occupation.

The discussion included:

Further delays are expected to the opening of the buildings. The priority is to ensure the buildings are fit for the future, with quality and safety being of paramount importance. There will be an opportunity to look back and learn from decisions taken during the project. Governance arrangements have been reviewed to further strengthen the Baird and ANCHOR programme governance arrangements. The Project Board is now reporting to the Executive Team weekly with immediate effect.

It is not forecast that there will be any increase in budget currently. However, working through the KSAR findings is a risk to the project. Until the project team have carried out a detailed review and worked through the required actions, further work may be required. Findings from other inquiries have led to design changes during the project, with amendments to National Health Technical Memorandums, key documents used within Healthcare construction. There have also been changes to Scottish Health building notes, which have driven changes. Work is ongoing to conclude the CSA, which will outline the work that is still required to be undertaken. Further issues may arise during

the commissioning process, however, progress is being made and the project is moving in the right direction.

It was noted that the delays to the occupation of the buildings are frustrating for the citizens of NHS Grampian, however, it is essential that the buildings provide a safe clinical space for staff and for the treatment of patients. Safety and quality for patients and staff is paramount. It was emphasised that NHS Grampian will not take ownership of the buildings without KSAR accreditation.

Concern was expressed at the possibility of further delays in the timeline, before the buildings can open.

ACTION:
A further update on delivery timelines and progress of the Baird and Anchor Project to be provided at the next board meeting.

The Board:

- **Noted the current status of the project, including programme, commercial, technical, risk and service updates.**
- **Acknowledge the revised programme and expected completion dates, and supported the project team in progressing delivery and communications.**
- **Noted the requirement to further strengthen Baird and ANCHOR programme governance arrangements, including:**
    - **enhanced internal oversight and reporting; and**
    - **additional independent external scrutiny to provide assurance on delivery, risk and safety.**
- **Noted that further updates will be provided at all public Board meetings and at the closed Board on 9 July 2026.**

13. Together for Children: A Whole-System Child Health Strategy 2026-2032 and supplementary reports; Child Poverty report; From Duty to Delivery: NHS Grampian's Corporate Parenting Report; and Realising Children and Young People's Rights Across Grampian – Rights Report 2024-2026

The Chair of Population Health Committee advised that the report had been scrutinised at their meeting on 20 May 2026. The report captures a response to the ongoing challenges and builds on the previous Director of Public Health (DPH) report on children's health. The committee noted strong cross system and cross partners working, which has been evident over a number of years in the North-East. Members asked questions on contemporary harms such as vaping and social media to see if these are incorporated and ongoing harms such as dentistry. Other plans were referenced in the material to provide detail. After discussion, the committee was not sufficiently assured on 2 points that were holding to account and expectations on delivery. The report was endorsed at the committee, subject to further consideration to wording on those points, which the Director of Public Health can discuss. This is now evident in the Board papers. The Committee supported ongoing reporting by the Children's Health Board, asking the impact on inequalities and measured outcomes are brought back to the committee at a future date.

The Director of Public Health presented the Children's Health Strategy and supplementary statutory reports as a package for assurance and endorsement. The Child Health Strategy sets out five strategic priorities: Maternal Health and Best Start (Focus on early years, prevention, and early identification); Mental Health and Emotional Wellbeing

(Improving access and trauma-informed approaches); Reducing Child Health Inequities (Targeting underserved and deprived populations); Supporting Complex and Additional Needs (Improving pathways and transitions); Healthy and Sustainable Environments (Addressing wider determinants of health). Taken together, the strategy and supplementary reports provided the Board with triangulated evidence that the priorities identified in the strategy are evidence based, there is active delivery across prevention, equity and rights, and that we are meeting our statutory and governance responsibilities.

As it is recognised that there was an in-depth conversation at the Population Health Committee a few weeks ago, the Director of Public Health focused on the points raised through discussion in Population Health Committee.

In relation to how the strategy responds to issues such as vaping and social media, the approach is embedded in strategic priority 3, which is reducing child health inequalities through the work on health in all policies. The strategy gives a high-level overview of this area, with the underpinning work including the health improvement activity, which the health improvement teams, in both NHS Grampian and HSCPs are progressing through related work on tobacco, vapes, and with schools and young people. These are set out in the Public Health Delivery Plan with oversight and partnership working through the Health Equity and Inclusion Health Group. This will allow us to embed an approach that is holistic and targeted on upstream prevention, dealing with a suite of risk factors and moving away from silo topic-based working.

On the delivery of the strategy, specifically holding to account in delivery, the strategy is owned by the NHS Grampian Children's Health Board, whose membership has representation from child health services across NHS Grampian and the 3 HSCPs with links to the three Children's Services Partnerships and local authorities through our Child Health Commissioner and also Consultants in Public Health. The Children's Health Board meetings will hold the members to account for delivery of the necessary actions to achieve the strategic aims with routes for escalation through the Population Health Programme Board and into the Executive Team. The Child Health Commissioner has attended to answer questions as appropriate.

The Board discussed:

The report highlights how many different structures there are involved in Children’s health. The Director of Public Health described the positive engagement with Community Planning Partnerships (CPP) and the work that is ongoing centred on delivering the Local Outcome Improvement Plans. There are different approaches taken in the 3 Local Authority areas with reset work taking place. Aberdeen City CPP meets later today, where they will be looking at the Refresh Strategy for 2026/2036. It is set out in a different way looking at what goes into that strategy, providing the assurances and ensuring the right resource is behind from each of the partner organisations. Aberdeenshire CPP has a place-based approach and they are working on refreshing the strategy. Moray CPP is taking a similar approach. Workshops will take place around child poverty and whole system approach to healthy weight. Action plans have been developed and this is now at the stage of starting to deliver. There has been a shift in how we are doing this and some is supported by the national context with the Population Health Framework. The national context has moved, resulting in an aligned shift in how we are approaching things locally.

The Child Health Commissioner stated that it felt like there is now a connectivity which is allowing the intersectionality between the priorities to be more real. The structures that

are now in place are more robust. It is recognised that it has taken time to get to the current position and to see outputs.

Concern was expressed on how delivery will be planned and implemented across the complex system, particularly at a time when budgets are being cut. Positive shoots are recognised with the sharing of good practices and maturity of relationships.

The Moray CPP held a meeting last week which was described as one of the best meetings they had held. There was a suite of papers with a very strong thread through in relation to this work and it highlighted the point about no longer working in silos instead working across all agencies. Moray had previously had a reactive approach with communities with real issues. Work has been undertaken in some communities which has resulted in some barriers being broken down with agencies working together. There has been tangible green shoots with positive evidence of what is happening.

As stated in the Corporate Parenting Report, everyone has a responsibility in terms of being corporate parents. This is important to consider when making decisions and contributions at committees and at Board.

The Rights Report is written from the context of interpreting children's rights and seeing where children's rights are being delivered. Involving and getting children`s view is part of the legislation. This is the first year of reporting under the new United Nations Convention on the Rights of the Child (UNCRC) Act, which will go to the Scottish Ministers. Previous reporting was carried out under different criteria. Reporting took place both as a single agency and in partnership.

The Board:

- **Reviewed and scrutinised the information provided in the paper and confirm that it provides assurance that supports prevention and population health improvement, addresses inequalities and statutory duties, and provides appropriate governance and delivery arrangements. Take assurance from the Child Poverty, UNCRC and Corporate Parenting reports that delivery is underway across key strategic priorities, and that these provide an ongoing framework for monitoring impact.**
- **Endorsed 'Together for Children' - NHS Grampian's Whole-System Child Health Strategy 2026-2032.**
- **Noted that a progress report, via the Children's Health Board, on delivery of priorities, impact on inequalities and measured outcomes be brought back to the Board at a future date to be agreed with the Chair.**

14. Director of Public Health Annual Report 2025

The Chair of Population Health Committee advised that the Director of Public Health provides a report each year on a population group or theme. The Director of Public Health's Annual Report on Women's Health sets out the current health status of women in Grampian alongside the programmes and interventions in place to address identified needs. It highlights priority areas where prevention-led action can have the greatest impact on improving outcomes and reducing inequalities, alongside recommendations for partners across their respective roles and responsibilities. The report has been informed by the voices and lived experiences of women, as well as contributions from health and care teams across the system in Grampian and engagement with NHS Grampian's Women's Board. The committee members received a pre-recording presentation for review prior to the meeting, which is also available on the intranet for wider use. Population Health Committee endorsed the content of the report.

The Director of Public Health presented the DPH Annual Report, which looks at women's health as a whole population health issue that affects not only individual women, but also families, communities and our workforce. It sets out the current position in relation to women's health in Grampian, and the key messages including that women are living longer. However, many are spending more of those years in poor health. We continue to see significant inequalities shaped by deprivation and life circumstances, and a consistent message throughout the report is the importance of listening to women themselves. Whilst there is some progress, there are clear challenges including the variation in access and outcomes for screening uptake, waiting times, or the reach of preventative services.

She explained how the report is intended to be used, as a tool for action, that NHS Grampian can work with partners to develop a local women's Health Action Plan. It will align with the National Women's Health Plan, whilst being tailored to the needs of the population in Grampian. It is recognised that improving women's health requires a coordinated whole system action, working with Local Authorities, HSCPs, communities, and the Third Sector. The impact of the report will depend on effective dissemination and engagement across the system. A dissemination strategy been put in place with a suite of products tailored to different audiences. This will be available on the internet from 12 June 2026. This will include the full report, plain English and easy read versions, visual summaries, case studies and a short film to support with engagement. The use of these materials should make the evidence easy to understand, use and can be lifted directly into local discussions. Women make up 80% of NHS Grampian`s workforce and this is also about supporting the health and wellbeing of people who deliver care. Investment in women's health is essential to maintaining a strong and resilient health and care system.

The Board discussed:

The DPH Annual Report will be taken to the Staff Equality Network meeting and be used as a platform for engagement with the wider staff audience within Grampian.

The report will be used as a baseline to identify where action requires to be taken to make a difference with inequalities. The types of outcomes to be considered would be healthy life expectancy for women, inequality and a focus on the drivers of healthy life expectancy.

The next stage would be engagement with partners and different groups to clarify what the intended actions will be and to map them into the outcomes. Precise targets would then start to be defined. Ultimately, these are all drivers towards making a difference to the inequality in healthy life expectancy over the next 10 years. The Public Health Scotland Strategy is to reduce the gap by one year over the next 10 years. By making differences in the driver indicators, this will accumulate and make a change to the overall outcome that we are trying to influence.

The complementary work being carried out by the University of Aberdeen`s (UoA) for women's health was highlighted. UoA are trying to broaden their existing work on women`s health to include breasts and cervix cancer, health inequalities and healthy aging, with the aim to improve health span by prevention work. The Director of Public Health has been invited to talk at the Women`s Health Research Centre at the university and to explore collaboration options in October 2026.

Preventative work is to be carried out on gender-based violence against women and girls with each of the 3 Local Authorities with clear ongoing programmes, with NHS Grampian

supporting and contributing to this. NHS Grampian are also updating policies to establish what can be done better and to ensure consistency in identifying opportunities for early intervention.

NHS Grampian are increasing collaborative work with the Aberdeen Chamber of Commerce for businesses to support women`s health.

The Board:

- **Endorsed the content of the Director of Public Health Annual Report.**

15 Approved Committee, Forum and IJB Minutes

15.1 Issues from Committee Chairs

There were no issues to be raised by the Committee Chairs.

The following approved minutes were noted:

Committees

15.1.1 Audit and Risk Committee – 9 December 2025.
15.1.2 NHS Grampian Charity Committee – 19 December 2025.
15.1.3 Clinical Governance Committee – 17 February 2026.
15.1.4 Performance Assurance Finance and Infrastructure Committee – 28 January 2026 and 1 April 2026.
15.1.5 Population Health Committee – 27 February 2026.
15.1.6 Staff Governance Committee – 4 December 2025, 18 February 2026 and 5 March 2026.

Forums

15.1.7 Area Clinical Forum – 4 March 2026.
15.1.8 Grampian Area Partnership Forum – 12 March 2026 and 16 April 2026.

Integration Joint Boards (IJBs)

15.1.9 Aberdeen City IJB – 3 February 2026 and 17 March 2026.
15.1.10 Aberdeenshire IJB – 28 January 2026 and 18 March 2026.
15.1.11 Moray IJB – 29 January 2026.

16 Appointment of Chair of Clinical Governance Committee

It was noted that Mr Burrell is now Chair of the Clinical Governance Committee (CGC) with Mr Robertson stepping down to Vice-Chair. The Chair thanked Mr Robertson for the tremendous work he has undertaken as Chair of CGC. The new Chair of CGC reiterated this and thanked him for his guidance and continued support.

The Board:

- **Endorsed the appointment of Mark Burrell as Chair of the Clinical Governance Committee with effect from 11 June 2026.**
- **Noted its grateful thanks to Mr Dennis Robertson for the commitment and dedication to chairing the Clinical Governance Committee since 2023.**

17 Date of Next Meeting

- Thursday 13 August 2026