Title of Report: **APPROVED - Chair's Assurance Report: ET weekly mtgs** **Date of Meeting:** **16/06/2026**

Prepared By: Lyndsey Beckwith, Business Manager

Approved By:

Presented By: Laura Skaife-Knight, Chief Executive

Purpose: Update on matters discussed at Executive Team weekly meeting

Matters for escalation	Major actions commissioned/ work underway
	Acute Sector governance redesign progressing, with establishment of governance groups covering clinical, quality, safety, staff governance and infrastructure. Weekly overarching governance forum to provide integrated oversight. Mapping of KPIs and risks to governance structures completed. Actions include refining Terms of Reference, standardising agendas and reporting templates, clarifying escalation routes are progressing. In response to feedback from the Executive Team, further work is needed on all of these aspects, including being clearer on the linkage between Acute Governance and other operational governance groups and clarifying frequency of meetings. The Board Chair attended the Executive Team meeting to update and seek feedback on the Board Governance improvement programme that is underway, supported by external advisor (Chair from Forth Valley) to support and inform learning. Diagnostic exercise proposed to identify strengths and priorities. Actions include organising existing improvement themes into a structured plan, enhancing transparency and strengthening Committee-to-Board accountability. Unscheduled Care improvement programme progressing with proposed re: ED workforce and bed reconfiguration to increase frailty capacity papers presented for engagement and feedback. Agreed further work is needed on the frailty case, including on financial modelling, workforce planning, trajectory to improve performance and wider system impact assessment before paper returning for a decision in the weeks to come.
Positive assurances to provide	**Decisions made**
	The Acute Sector governance model – once finalised – will come to the Executive Team for approval.

Title of Report: **APPROVED - Chair's Assurance Report: ET weekly mtgs** **Date of Meeting:** **23/06/2026**

Prepared By: Lyndsey Beckwith, Business Manager

Approved By:

Presented By: Laura Skaife-Knight, Chief Executive

Purpose: Update on matters discussed at Executive Team weekly meeting

Matters for escalation	Major actions commissioned/ work underway
Planned Care Capacity and Infrastructure Constraints: Delivery of planned care trajectories presents a system-wide coordination challenge, particularly around orthopaedics. Reduced Short Stay theatre capacity linked to ventilation issues which requires sub-national collaboration. Actions include strengthening narrative on capacity constraints, exploring shared solutions across East region, and progressing infrastructure investment planning. Progress on funding allocations remains uncertain; further clarity and alignment required which the CEO and Chief Officer for Acute have agreed to take forward, including wider system support to address 104-week waits, recognising NHS Grampian is an outlier. Financial Position and Savings Delivery: Financial sustainability remains challenging, with savings delivery behind plan in key areas (including medical locums). Actions include deep dives via Value and Sustainability Programme Board and strengthened oversight of delivery plans. Position at the end of Month 2 remains on track but tight; continued focus is required to avoid in-year pressures.	Drug Harm Reduction and System Response: National summit attended by the First Minister and Ministers, including the IJB Chief Officer Aberdeen highlighted increasing complexity of drug harms and need for coordinated system response. Actions underway focus on prevention, improved data sharing, education, and whole-system collaboration. Local position stable; engagement through regional structures and continued monitoring agreed. Health and Safety improvements: Current approach considered reactive with limited organisational visibility. Actions commissioned include developing a blueprint model, clarifying governance structures, strengthening reporting lines, and enabling internal assurance activity. Engagement with divisions and partners planned to embed revised approach.
Positive assurances to provide	**Decisions made**
Mental Health Safety Programme – Ward 4, Dr Gray's Hospital: Ligature risk reduction programme progressing as planned, with enabling works scheduled and phased delivery approach in place. Community alternatives established to mitigate bed reductions. Staff Experience and Engagement: Staff survey results (iMatter 2026) indicate modest improvement across key indicators including overall engagement measures. Response rates increased. Further detailed analysis and action planning underway, with quarterly pulse surveys to be introduced from Quarter 2 to ensure more real-time staff feedback.	Invest to Save Programme Submissions: Agreement to progress submission of ten priority schemes, including 5 AI-enabled proposals, with requirement to strengthen implementation resourcing and align governance to existing programme boards. Further validation required on 4 additional lower-maturity bids. Frailty bed reconfiguration strategic direction endorsed: Executive and Unscheduled Care Programme Delivery Board agreement that proposed frailty model represents appropriate direction, subject to refinement of financial assumptions, timelines, and delivery assurances. Final proposal to return to Executive Team for approval on 30 June 2026.

Title of Report:	**APPROVED - Chair's Assurance Report: Executive Team weekly mtgs**	**Date of Meeting:**	**30.06.2026**
Prepared By:	Drew McGowan		
Approved By:			
Presented By:	Laura Skaife-Knight		
Purpose:	Update on matters discussed at Executive Team weekly meeting		

Matters of concern or key risks to escalate	Major Actions Commissioned/ Work Underway
	Further work was requested to strengthen the Frailty and Emergency Care proposals, including clearer month-by-month trajectories, implementation milestones, workforce assumptions, benchmarking evidence and identification of risks and dependencies across the wider Health and Social Care system, along with an Integrated Impact Assessment.
Positive Assurances to Provide	**Decisions made**
Ambulance handover delays and longer waits improved compared with the previous week, supporting continued momentum across the system.	Engagement with Scottish Government colleagues will be progressed to discuss funding requirements, system benefits and future sustainability of proposed Frailty and Emergency Care improvements, supported by further preparatory work.

Title of Report:	**APPROVED - Chair's Assurance Report: Executive Team weekly mtgs**	**Date of Meeting:**	**07/07/2026**
Prepared By:	Lyndsey Beckwith		
Approved By:			
Presented By:	Laura Skaife-Knight		
Purpose:	Update on matters discussed at Executive Team weekly meeting		

Matters of concern or key risks to escalate	**Major Actions Commissioned/ Work Underway**
Impact of no funding for diagnostics on cancer/planned care performance to be fully understood and to return to Executive Team.	Planned care: 1. Work is underway to strengthen planned care oversight through clearer narrative, governance review, enhanced reporting, dashboards and targeted productivity improvement actions. 2. Trajectories and actions to improve 62-day cancer performance to return to Executive Team. 3. Productive opportunities to inform planned care performance improvements 4. Independent sector options to contribute to path to zero for 52-weeks paper discussed and to return to Executive Team following sub-national East discussions to explore how we can eliminate 52-week waits Workforce reporting at organisational level (mandatory training, sickness, turnover and appraisals has been redesigned and will be refined further.
Positive Assurances to Provide	**Decisions made**
Unscheduled care performance improved to 61% for NHS Grampian, with better ambulance turnaround times and fewer very long waits despite an increase in attendances (self-presenters have increased significantly in recent months). £9.7m Scottish Government funding secured for Quarters 2-4 to improve 52-week wait/long wait position for NHS Grampian as part of a £30m East of Scotland allocation.	The Executive Team agreed the Band 2–3 Health and Social Care Worker regrading approach, with three and six-month progress reporting back to Executive Team requested. ECMO and Hyperbaric Medicine latest reviews provided positive assurance, supporting continued designation and ECMO workforce development through recurring funding. Agreed that the paper on nationally designated services to NHS Grampian will go onward to PAFIC

Title of Report:	**APPROVED - Chair's Assurance Report: Executive Team weekly mtgs**	**Date of Meeting:**	**14/07/2026**
Prepared By:	Lyndsey Beckwith		
Approved By:			
Presented By:	Laura Skaife-Knight		
Purpose:	Update on matters discussed at Executive Team weekly meeting		

Matters of concern or key risks to escalate	**Major Actions Commissioned/ Work Underway**
• Unscheduled care performance experienced a more challenging week, (especially over the Public Holiday weekend) with increased demand on general medicine pathways, higher admissions, longer waits and some deterioration in ambulance turnaround performance. Additional review work will be undertaken to understand contributory factors and identify opportunities to improve flow and resilience as a learning exercise. • Further strengthening of oversight and quality monitoring at DGH will continue, alongside work already underway through improvement programmes and the ongoing diagnostic review which Healthcare Improvement Scotland are leading at the request of NHS Grampian. • Recruitment and potential organisational change requirements associated with frailty service redesign were highlighted as key risks requiring early engagement and clear implementation planning.	• Collaboration with regional and national partners continues and additional support is being explored to accelerate planned care improvement delivery and recovery. • A dedicated implementation structure is being established to progress frailty service redesign. • Work is progressing to further strengthen clinical quality and governance arrangements across NHS Grampian, including adoption of an established improvement framework, enhanced use of quality data and development of clearer escalation and assurance processes. • Development of enhanced emergency preparedness and resilience arrangements continues, including Executive Director On-Call training, and strengthened partnership working across the wider health and care system.
Positive Assurances to Provide	**Decisions made**
• Funding for planned care long waits and diagnostics has now been confirmed for quarters 2–4, providing greater certainty for delivery planning. • Rick Strang will remain in post until January 2028 with continued Scottish Government funding, and will move into the role of Unscheduled Care Improvement Director to provide continuity and system-wide leadership for urgent and unscheduled care improvement work. • Visit by the Deputy CEO and Chief Operating Officer for NHS Scotland last week provided an opportunity to showcase improvement work, share	• It was agreed that planned care performance oversight should move to a weekly cycle to provide greater focus and support delivery against expectations. • Frailty implementation work will proceed at pace, with further refinement of structure and leadership arrangements. • A focussed quality and safety dashboard / scorecard for Dr Gray's Hospital will be developed to strengthen assurance reporting, governance arrangements and performance visibility.

Title of Report:	**APPROVED - Chair's Assurance Report: Executive Team weekly mtgs**	**Date of Meeting:**	**14/07/2026**
Prepared By:	Lyndsey Beckwith		
Approved By:			
Presented By:	Laura Skaife-Knight		
Purpose:	Update on matters discussed at Executive Team weekly meeting		

operational challenges and strengthen support for key priorities, including the Baird and ANCHOR programme and urgent care improvement.	• The proposed acute sector governance structure will continue to be implemented, with a formal review built in to assess effectiveness after six months.

Title of Report:	**APPROVED - Chair's Assurance Report: Executive Team weekly mtgs**	**Date of Meeting:**	**21/07/2026**
Prepared By:	Lyndsey Beckwith		
Approved By:			
Presented By:	Laura Skaife-Knight		
Purpose:	Update on matters discussed at Executive Team weekly meeting		

Matters of concern or key risks to escalate	Major Actions Commissioned/ Work Underway
Unscheduled care performance remains under pressure following a demanding period over the past 2 weeks, particularly at Dr Gray's Hospital and within emergency care pathways. Both acute and community capacity constraints continue to restrict flow and influence performance, along with staffing gaps. Continued focus is required on sustainable recovery trajectories, proportionate assurance measures and whole-system pathways. Risks relating to service resilience, operational capacity and timely discharge remain areas for ongoing oversight. Executive Team noted the need to maintain visibility of system pressures while ensuring improvement activity is clearly evidenced, proportionate and aligned with national expectations.	Further work will continue to strengthen de-escalation planning, supporting evidence and assurance. Planned and unscheduled care metrics will be refined for collective review before discussion with the Assurance Board. Teams will continue to align recovery plans with national expectations and monitor delivery of funded improvement actions. Work is also progressing across service redesign, frailty transformation, planned care recovery, whistleblowing governance, water safety, population health, quality and safety monitoring, and implementation planning for major change and infrastructure programmes.
Positive Assurances to Provide	**Decisions made**
Governance arrangements remain active, with continued oversight of action plans and monitoring of improvement programmes. Learning from recent operational pressures is being captured through formal review routes and will support future resilience planning and winter planning. Positive workforce and performance progress was noted. High-cost agency usage continues to reduce overall, with nursing and allied health professional breaches returning to zero and medical agency breaches maintaining a downward trend. Work continues to reduce reliance on temporary staffing and support workforce sustainability. Planned care delivery remains broadly aligned with agreed activity expectations, with most specialties ahead of weekly planned care	In line with Scottish Government direction, permanent recruitment to Band 8C and above is now paused. Any requests falling within this scope will be managed through a single, nationally coordinated process consistent with existing vacancy-control arrangements and recorded centrally. Local discretion will not be applied until further national clarification is provided, including guidance on joint NHS/local authority posts, clinical roles and approval routes. Communications will be shared with staff and impacted applicants. De-escalation evidence, assurance metrics, governance reports and risk updates should continue through the relevant committee and Board routes. Forthcoming leadership changes were noted, including the Executive Nurse Director's forthcoming move to Public Services Delivery Scotland, and

Title of Report:	**APPROVED - Chair's Assurance Report: Executive Team weekly mtgs**	**Date of Meeting:**	**21/07/2026**
Prepared By:	Lyndsey Beckwith		
Approved By:			
Presented By:	Laura Skaife-Knight		
Purpose:	Update on matters discussed at Executive Team weekly meeting		

trajectories. Improvement work is supported by strengthened governance, dedicated performance meetings and increasing sub-national collaboration.	interim arrangements and an expression of interest process were supported to maintain continuity of executive nursing leadership.

Title of Report:	**APPROVED - Chair's Assurance Report: Executive Team weekly mtgs**	**Date of Meeting:**	**28/07/2026**
Prepared By:	Drew McGowan		
Approved By:			
Presented By:	Laura Skaife-Knight		
Purpose:	Update on matters discussed at Executive Team Performance & Risk meeting		

Matters of concern or key risks to escalate	**Major Actions Commissioned/ Work Underway**
• Continued challenges in unscheduled care, delayed discharges and planned care waiting times were highlighted, with recognition that current improvement efforts are not yet demonstrating the pace or consistency of change required. Additional focus will be placed on the culture change needed, accountability, day-to-day operational delivery, leadership and roles and responsibilities. • Ongoing backlogs in complaints, adverse event reviews and Information Governance activity continue to require improvement support, with further work planned to strengthen recovery arrangements and provide assurance on progress.	• Mapping of national and sub-national clinical service developments will be undertaken to provide a clearer understanding of emerging service changes and their implications for NHS Grampian, with further discussion planned through Executive Team sessions, and visibility of who is representing NHS Grampian in each of these spaces to ensure our voice is heard. • Performance and governance arrangements for planned care, unscheduled care, quality and safety, and strategic priorities are being strengthened, including improved reporting, clearer accountability, enhanced scrutiny and a move towards more integrated performance reporting. • Additional support arrangements are being developed for planned care recovery, including a stronger programme management approach, service planning work, workforce and job planning reviews, and implementation of national improvement requirements. Terms of Reference for an NHS Grampian Planned Care Improvement Support Group (Scotland East) have been agreed and were shared with the Executive Group, which meets for the first time this week.
Positive Assurances to Provide	**Decisions made**
• Work remains on track across a number of strategic priorities, including prevention and people, leadership and governance, with governance structures in place to monitor delivery and address emerging issues.	• The Executive Team approved the refreshed Performance Assurance and Reporting Framework for 2026/27, which will be recommended to the Board for final approval at the public Board meeting on 13 August 2026.

Title of Report:	**DRAFT UNAPPROVED - Chair's Assurance Report: Executive Team weekly mtgs**	**Date of Meeting:**	**28/07/2026**
Prepared By:	Drew McGowan		
Approved By:			
Presented By:	Laura Skaife-Knight		
Purpose:	Update on matters discussed at Executive Team Performance & Risk meeting		

	• It was agreed that strategic risks should remain aligned to existing risk categories rather than creating an additional standalone risk, with further refinement of risk descriptions and mitigations to be undertaken. • Executive leads confirmed overall quarter one strategic priority assessments, with prevention and people, leadership and governance assessed as on track, while urgent care and planned care remain off track and subject to enhanced oversight and recovery actions.

Title of Report:	**DRAFT UNAPPROVED - Chair's Assurance Report: Executive Team weekly mtgs**	**Date of Meeting:**	**04/08/2026**
Prepared By:	Drew McGowan, Interim Board Secretary		
Approved By:			
Presented By:	Laura Skaife-Knight, Chief Executive		
Purpose:	Update on matters discussed at Executive Team Meeting		

Matters of concern or key risks to escalate	Major Actions Commissioned/ Work Underway
• Ongoing infrastructure challenges across multiple sites, including theatre ventilation, endoscopy facilities and other clinical environments, are affecting operational capacity and putting delivery of planned care trajectories for 2026/27 at risk. A consolidated overview of current and emerging infrastructure risks, performance impacts, mitigation actions and investment requirements has been commissioned to support prioritisation and decision-making. • Endoscopy services are operating with significantly reduced decontamination capacity, requiring prioritisation of urgent and emergency activity. Mitigation measures are being progressed, including infrastructure improvements and use of available capacity across Grampian, recognising the need to minimise impacts on agreed waiting times trajectories and patient access. • Emergency care performance remains under pressure, with workforce absence and staffing fragility affecting service resilience. Continued focus is required on actively managing discharge in line with Discharge Without Delay principles and early discharge planning on admission of patients, patient flow and safe service delivery while longer-term workforce solutions are progressed. • A programme of work will be developed to improve the management of employee relations casework, including stronger case triage, clearer governance, improved reporting and increased training and support. It was agreed to escalate this matter and mitigations to the Staff Governance Committee.	• Work is progressing to strengthen delivery of planned and unscheduled care improvement programmes, including development of additional delivery support (for planned care), establishment of improvement governance groups (Scotland East for planned care) and clearer accountability arrangements to support sustainable change and performance improvement (planned care and unscheduled care). • Detailed implementation work continues on expansion of frailty services, including workforce recruitment, estate changes and development of an integrated model with health and social care partners to support improved patient pathways and system flow. • Clinical governance arrangements are being strengthened across acute services, with new reporting structures, data reviews and escalation processes designed to improve visibility of quality, safety and risk and support timely action where concerns are identified.

Title of Report:	**DRAFT UNAPPROVED - Chair's Assurance Report: Executive Team weekly mtgs**	**Date of Meeting:**	**04/08/2026**
Prepared By:	Drew McGowan, Interim Board Secretary		
Approved By:			
Presented By:	Laura Skaife-Knight, Chief Executive		
Purpose:	Update on matters discussed at Executive Team Meeting		

Positive Assurances to Provide	Decisions made
• The final draft of the East and West national transformation plan for urgent care was submitted to Scottish Government, with NHS Grampian making a significant contribution, including on population health aspects of the plan, which is threaded through the document. • Recruitment processes have launched for key East regional planned care and unscheduled care leadership posts, supporting development of sub-national working arrangements. • Quarter 1 planned care delivery commitments funded during the period were achieved, with activity delivered in line with agreed plans. • Scottish Government funding for frailty expansion has now been confirmed, supporting the next phase of implementation.	• Approval in principle was given to progress procurement and governance arrangements for additional planned care delivery support, subject to final checks and controls, to strengthen programme delivery and improvement capacity. • It was agreed that proposed de-escalation criteria for planned and unscheduled care require further development before engagement with the Assurance Board, with engagement with the NHS Grampian Board to happen first. • Support was agreed in principle to progress investment in employee relations casework improvement. • It was agreed to implement a review process for historical medical additional payment concerns, alongside further work to strengthen governance, controls and consistency in future arrangements.