

**NHS GRAMPIAN**  
**Minutes of Meeting of Grampian NHS Board on**  
**Thursday 11 December 2025 at 10:00**  
**virtually by Microsoft Teams**

Board Meeting  
19.02.26  
Open Session  
Item 4

**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 (Left 11:15 Rejoined 12:00)
Dr Hugh Bishop	Medical Director
Professor David Blackburn	Non-Executive Board Member (Left 11:58)
Dr June Brown	Executive Nurse Director/Deputy Chief Executive
Mr Mark Burrell	Chair of Area Clinical Forum/Non-Executive Board Member
Mr Albert Donald	Non-Executive Board Member/Whistleblowing Champion (Left 11:20 Rejoined 12:30)
Ms Joyce Duncan	Non-Executive Board Member
Mr Ritchie Johnson	Non-Executive Board Member
Mr Steven Lindsay	Employee Director/Non-Executive Board Member
Mr Derick Murray	Non-Executive Board Member
Professor Shantini Paranjothy	Director of Public Health/Portfolio Lead Population Health
Mr Hussein Patwa	Non-Executive Board Member
Mr Sandy Riddell	Non-Executive Board Member
Mr Dennis Robertson	Vice-Chair/Non-Executive Board Member
Cllr Kathleen Robertson	Non-Executive Board Member
Ms Laura Skaife-Knight	Chief Executive
Mr Alex Stephen	Director of Finance
Dr John Tomlinson	Non-Executive Board Member
Cllr Ian Yuill	Non-Executive Board Member

**Attendees**

Mr Paul Bachoo	Medical Director Acute Services
Ms Kate Danskin	Chief of Staff
Ms Sarah Duncan	Board Secretary
Ms Geraldine Fraser	Chief Officer Acute Services
Mr Preston Gan	Head of Performance (Item 7.1)
Mr Stuart Humphreys	Director of Marketing and Communications
Ms Sarah Irvine	Deputy Director of Finance
Ms Leigh Jolly	Chief Officer, Aberdeenshire Integration Joint Board
Ms Pamela Milliken	SRO Integration of Acute Pathways
Ms Judith Proctor	Chief Officer, Moray Integration Joint Board
Mr Sandy Reid	Lead - People & Organisation, Aberdeen Health & Social Care Partnership (Deputising for Fiona Mitchelhill)
Mr Philip Shipman	Interim Director of People and Culture
Mr Philip Tydeman	Interim Director of Improvement
Mr Alan Wilson	Director of Infrastructure, Sustainability and Support Services
Mrs Alison Wood	PA/Minute Taker

**Apologies**

Ms June Barnard	Nurse Director Secondary & Tertiary Care
Ms Fiona Mitchelhill	Chief Officer, Aberdeen City 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 and a member of the Aberdeen City Integration Joint Board (IJB), Cllr Robertson that she is a Moray Councillor and by Mrs Evison and Cllr Bell that they are Aberdeenshire Councillors. Mr Patwa made a transparency statement that he was waiting for an outpatient appointment from a speciality that is included in Item 7.1.

## **3 Chair's Welcome**

The Chair welcomed everyone to the final board meeting for 2025 and advised the agenda reflected the breadth and complexity of the work. Reports would be received for the IJBs and Grampian Area Partnership Forum, highlighting the importance of collaborative, partnership working.

A detailed financial update to October 2025, along with the current year-end forecast and a separate IJB finance update are included, recognising the financial interconnectivity of the system.

The Chair highlighted the Improvement Plan item, which proposes a new governance framework to ensure greater accountability. Its content reflects the discussion held at the Board Seminar in November 2025 and its contribution to the delivery of the 3 priority programmes cannot be overstated. This will aid NHS Grampian in discussions with the Scottish Government's Assurance Board as the criteria for de-escalation is agreed over the coming months.

The winter preparedness work undertaken with partners across the health and social care system was recognised. A variety of measures intended to help alleviate winter pressures, especially in Unscheduled Care, have been developed including; patient flow through Emergency Departments, rapid assessment and discharge processes and strengthened community-based support. With winter conditions comes a marked increase in Emergency Department (ED) attendances due to slips and falls, as well as flu cases increasing, which adds to the pressures in the system. She requested that the public support the system by actions such as collecting loved ones promptly when they are ready for discharge from hospital, taking up offers of vaccinations and avoiding unnecessary travel.

The Chair visited the Allied Health Professionals working in the Discharge Hub and ED and was impressed by the teams' multidisciplinary planning and focus on timely discharge processes. She also visited the Child Development Team at Fraserburgh Hospital and recognised their highly coordinated approach to delivering integrated family-centred care, embodied the commitment to putting people first.

Colleagues who had undertaken the Quality Improvement (QI) Fellowship, had presented at a recent Board Seminar on how QI programmes are improving outcomes, staff and patient experience and contributing to a culture emphasising continuous improvement across NHS Grampian.

The Chair acknowledged the pioneering work underway which is likely to see NHS Grampian become home to Scotland's first geothermal heating plant, which highlights NHS Grampian's commitment to sustainability.

NHS Grampian have recently announced the launch of the Swift Urological Response Evaluation (SURE) Unit, which is a one-stop diagnostic centre for urological cancers, made possible through the partnership between NHS Grampian, UCAN, and Friends of ANCHOR. This ambitious initiative, supported by a £3.3 million contribution from charity partners, will increase NHS Grampian's capacity to diagnose and treat prostate, bladder, kidney, testicular, and penile cancers. The SURE Unit will streamline the patient journey, reducing the need for multiple hospital visits to a single appointment and will also significantly shorten waiting times and improve outcomes for people across Grampian, Orkney and Shetland.

The 40th anniversary of Grampian Hospitals Art Trust (GHAT) was recognised for the contribution in enriching the lives of patients, families and staff.

The Director of Public Health advised that the collaborative winter preparedness work builds on work from last winter, when data on trips and falls were used to identify the areas of concern resulting in falls. Last year funding was provided to community groups, in these areas, to take preventative action such as gritting, to establish whether this made a difference to the incidents of trips and falls. This was evaluated and showed that it had made a difference. It will continue this year through the local resilience partnership teams and working groups.

#### **4 Minute of Meeting on 9 October 2025**

The minute of the meeting held on 9 October 2025 was approved as an accurate record.

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

Operational Improvement Plan Performance Report (including access targets performance) –

The Board Secretary will discuss with the Chief Officers, offline, how NHS Grampian Board will receive updates from the new Primary Care Programme Board. Work is ongoing with stakeholder groups on the GP visioning work and the transition to implement some of those proposals that came to the Board in 2024. The IJBs have primary responsibility for assurance on the effectiveness of private primary care, since this is a delegated service under the integration schemes. However, primary care performance has a big impact on secondary care demand. It is appropriate for NHS Grampian board to receive some information about primary care more regularly.

The formal evaluations of Community Appointment Days (CADs) was praised, particularly due to relatively small resources.

The discussions with the Chair of ACF and the Board Secretary on support for committees will now take place in January 2026 due to diary commitments.

The action tracker was then taken as an accurate record.

## 5 Chief Executive's Report

The Chief Executive provided highlights from the 3 priority areas of focus from the Chief Executive report. She highlighted elements of progress with NHS Grampian remaining broadly on track with the financial and savings plan for Value & Sustainability (V&S). Notwithstanding the challenges experienced as a result of the shutdown of the Central Decontamination Unit (CDU), there is improvement in terms of the longest wait patients with a specific focus on 52 weeks and 104 week waits reducing. Unscheduled Care remains a key area of focus, recognising that emergency patients deserve an improved patient experience.

The Cabinet Secretary announced the new statutory sub-national planning and delivery structures for NHS Scotland on 13 November 2025. This offers NHS Grampian a further opportunity to strengthen collaborative, cross boundary and inter-Board working to deliver sustainable, patient-centred solutions across Scotland and will be discussed in detail in Item 5.1.

The Assurance Board for NHS Grampian continues to focus on the 3 priority areas. Unscheduled Care continues to dominate much of the agenda recognising that NHS Grampian is an outlier against performance nationally. Discussions on what the de-escalation criteria might look like will take place in January 2026. Future Assurance Board agenda items will include a focus on culture, leadership and governance.

The Chief Executive recognised staff achievements including Wendy Harper, who won the Support Worker category at Scotland's Health Awards, Lisa Malcolmson and Rachel McBride, who received the Queen's Nurse Awards, the Medical Paediatric team who won the paediatric awards for training, achievements and Grampian Hospital Radio received the Kings Award, which is the highest accolade colleagues can receive in the voluntary sector. The Chief Executive thanked all volunteers involved in Grampian Hospital Radio.

The Board discussed:

Progress has been made in Planned Care to mitigate some of the longest waits. In the past 6 months, 52 week waits have reduced from circa 10,000 patients to less than 5,000 patients. Mutual aid has been received from other health boards across Scotland, including the National Treatment Centres (NTCs) and the Golden Jubilee Hospital. Collaboration and cross board working are included in the sub-national planning where boards who are on or ahead of target in respect of their trajectories for 52 week waits are supporting other boards. The Scottish Government has also provided additional funding in excess of £11 million which has enabled additional independent sector support, particularly for Urology and Dermatology, to be secured.

The collaborative working in recent joint meetings of the Area Clinical Forum (ACF) and the Grampian Area Partnership Forum (GAPF) is important. The Chair of ACF will be invited to join the newly formed Culture Programme Board.

The recent Section 22 report from the Auditor General, which reflects on issues identified during NHS Grampian's annual audit process, was discussed. The National Resource Allocation Formula (NRAC) is determined nationally, but the new sub-national planning arrangements should help to bring issues to the fore, including bed base comparisons.

There will be a focus on internal efficiencies and improvements that NHS Grampian must make, especially around discharge practise. Once internal factors have been improved, external factors that could make a difference can be considered. Work to redesign and transform services moving forward is vital. The Chief Executive will chair the re-

established North East Transformation Board, which will aid service redesign and transformation. The sub-national planning will also provide an opportunity for redesign work across the whole health system across Scotland.

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

### **5.1 Sub-National Planning – DL (2025) 25**

The Chief Executive and the Chair have been involved in the preparation meetings and have emphasised the unique features of remote, rural and islands communities.

The Chief Executive highlighted the refreshed statutory approach to sub-national planning, which is seen as a key enabler for the delivery of the Service Renewal Framework, Population Health Framework and the Public Sector Reform Strategy. A comprehensive update on the new sub-national planning arrangements for NHS Scotland detailing the transition from 3 regional models to 2 collaborative sub-national structures of East and West are provided in the paper: Scotland East: Borders, Fife, Grampian, Lothian, Orkney, Shetland and Tayside and Scotland West: Ayrshire & Arran, Dumfries & Galloway, Forth Valley, Greater Glasgow & Clyde, Highland, Lanarkshire and Western Isles. Each area will establish a Sub-National Planning and Delivery Committee (SPDC), chaired by the Chairs of Greater Glasgow and Clyde and NHS Lothian with all boards being represented. The Chief Executive and Chair of NHS Grampian will sit on the East Committee.

Discussions are ongoing nationally about Partnership and Employee Director involvement, with assurances given from the Chair and Chief Executive that they regard their presence and contributions to be essential to the success of the sub-national work.

There are 4 shared priorities initially; Digital Front Door (MyCare.scot) which will be implemented from April 2026, work to reduce Orthopaedic Treatment Time Guarantee delivery (planned care waiting times), emergency healthcare services, and a Once for Scotland approach to business systems in relation to finance, HR and procurement.

Both sub-national groups are required to produce consolidated financial planning for 2026/27 and provide quarterly performance reporting to Ministers commencing Quarter 1 of 2026/27. The first meeting of the East Sub-National Planning and Delivery Committee will take place on 19 December 2025.

The main benefits will be to reduce unwarranted variation between Boards. Joint working will be formalised with system wide collaboration.

The contribution and engagement of NHS Grampian will be key and we have already highlighted the unique features of remote, rural and islands, which the Cabinet Secretary and the Director General for Health and Social Care have recognised. Together with health inequalities, this will be the golden thread that underpins activities in the East and West. Safe transitional arrangements are required to ensure there will be no unintended consequences for patients.

Discussion followed including:

Concerns were raised about leadership capacity, however, it was noted that colleagues have been contributing to regional and national work already. The Lead Directors will work for a minimum of 3 days per week, to ensure appropriate focus to deliver the

priorities. Sub-national planning will reduce duplication and be a better use of collective time.

Potential artificial barriers between regions, particularly with North of Scotland boards, were discussed. North of Scotland programmes that are currently ongoing, such as the neo-natal reconfiguration work and the vascular service model, will continue with interim governance arrangements. All of the programmes were mapped across at the NHS Scotland Executive Group meeting on 10 December 2025. It was emphasised that NHS Grampian will require to maintain the strategic relationship with NHS Highland, despite being in different sub-national areas.

The inclusion of staff-side and clinical engagement from the outset is crucial. The Employee Director advised that, since the Cabinet Secretary announcement in November, no contact had been received.

Medical Directors and Executive Nurse Directors will meet later today to continue the discussions of sub-national planning. The wider communication plan is being worked on for staff, patients and stakeholders.

The Chief Executive will remain the Accountable Officer for NHS Grampian, with existing governance structures maintained. The East and West plans must be submitted to Scottish Government by 31 March 2026. This will include how the plan is delivered by Boards and their accountability for delivery of the plan. NHS Grampian's contribution to the East Plan will come to NHS Grampian Board separately from the NHS Grampian's Operation and Improvement Plans. Further details will be provided on the route map of governance as it develops between January and March 2026. There will include a consolidated Financial Plan for the first time. Concern was expressed on a consolidated Financial Plan being prepared without engagement with the IJBs. It was emphasised that the financial planning work done locally with IJB partners would continue in Grampian.

There will be a need to articulate patient-experience impacts with further improved outcomes for patients around reducing health inequalities and deprivation.

The intention is to have the correct total capacity by speciality across Scotland. The mutual aid exercise has been a good example and test case of where the available capacity could be utilised by other Boards. The patient experience implications would include travel for treatment. Orthopaedics will be the first speciality in Scotland to be trialled. Once for Scotland should help reduce duplication and inefficiencies.

**The Board reviewed the information provided in the paper, provided comment on the implications of the new model of sub-national planning and discussed ways NHS Grampian's engagement in this development will be maximised.**

## 6 Forum Reports

### 6.1 Area Clinical Forum (ACF)

The Chair of ACF expressed concern about the rising levels of violence and aggression (V&A) towards staff evident in recent reports.

The Board discussed:

The Chair of Staff Governance Committee (SGC) advised this had been a high focus for

the Committee for a number of years, following the Healthcare Improvement Scotland (HIS) report. Much work has been undertaken in various areas throughout NHS Grampian. Actions include ensuring bank workers are appropriately trained when accepting shift work in areas of high risk. A deep dive on high risk areas has been carried out on V&A, which will be presented to the Health & Safety Committee. It will also be reviewing behavioural contracts for patients, relatives and visitors. Governance for the Health & Safety Committee is being refreshed and there will be more frequent formal reporting to both SGC and CET.

The Board reaffirmed the Zero Tolerance policy. Updates on the V&A Zero Tolerance actions will be provided to the Board including timelines and progress during 2026. The importance of consistent application of the Zero Tolerance policy was stressed.

Concerns on incidents related to racism were also raised. NHS Grampian has an Anti-Racism Strategy and ongoing actions to address and communicate as part of the staff safety agenda.

The Director of Infrastructure, Sustainability and Support Services, the executive lead for security, advised that the increased reporting of V&A incidents may reflect better data capture, rather than a worsening trend, with many incidents previously going unreported. This provides more helpful data on areas of concern and recurring issues. A communication campaign to reinforce and raise awareness of the zero tolerance policy towards V&A is required for both NHS Grampian staff and to the community.

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

The Chair of GAPF highlighted the joint meetings held with ACF and the significant progress in planning for the Reduced Working Week (RWW) with over 90% of rosters having submitted plans. The substantial effort of staff and partnership representatives in reviewing the changes was acknowledged.

## **6.3 Integrated Joint Boards (IJBs) Report**

The Chief Officer of Moray IJB presented the IJBs' combined update for noting.

Discussion included:

Close working between the 3 IJBs is continuing, including discussions on budget setting and discharge processes. There is also collaborative work on Unscheduled Care, digital initiatives and out of area placements. Positive learning and best practices are shared across the 3 IJBs and with Acute colleagues.

## **6.4 Financial Recovery Board**

The Chair of the Financial Recovery Board (FRB) highlighted the in-depth scrutiny discussions on key areas, which has provided additional assurance.

Discussions included:

The FRB receive data from 3 main sources; the External Diagnostic Review, the 15 box National Grid and the support being provided from the Scottish Government through engagement with the Finance Delivery Unit. Key actions from the deep dives are picked up by the FRB and Performance Assurance Finance and Infrastructure Committee (PAFIC). Increases in identified savings realised through the work streams will be

highlighted from January 2026 and will feature in the Board How Are We Doing Report.

There has been an increase in the quality of reporting and information being provided to committees such as PAFIC, with increased use of action trackers to ensure issues are closed off satisfactorily.

**The Board noted the reports.**

## **7 Performance**

### **7.1 How Are We Doing Report 2025/26 Q2**

An update was provided on the Quarter 2 performance across the three change programmes. The processes are being redesigned to ensure that better links can be drawn between performance levels and the mitigation of the Board's strategic risks.

The Chair of PAFIC advised the committee had endorsed the performance position, noting the continued progress across the 3 change programmes. Governance has been strengthened, with Programme Boards, leadership oversight and the evolving performance model improving visibility of actions, Key Performance Indicators (KPIs) and outcomes. Performance remains mixed, particularly in Planned Care and Unscheduled Care due to operational pressures. Assurance has been taken from the maturing Performance Framework, however, the need for greater precision and more evidence on actions was emphasised. For those areas where performance is not improving, PAFIC will look to see what further actions will be undertaken to manage the risks.

The Director of Finance advised of changes to the layout of the report to simplify it, including the addition of a graphical summary of performance, the movement of the majority of the Operational Improvement Plan to a separate report and explanatory guides included in the appendix.

The Interim Director of Improvement provided an update on the Value and Sustainability Programme, that for the 3<sup>rd</sup> consecutive month, NHS Grampian have exceeded the planned savings target and have delivered £27 million savings at month 7, which is a positive variance of £1.6 million. There is increasing confidence that NHS Grampian will achieve the £61.8 million savings target for the year and exceed the Scottish Government requirement to deliver 3% recurring savings. There is moderate level of risk as the system moves into the busy winter months. NHS Grampian will monitor this closely, including maintaining existing pay and non-pay spend controls. For the financial year 2026/27, NHS Grampian is on track with the 20 week development phase for savings proposals. A final savings plan will be presented to the Board in March 2026.

**The Board discussed:**

The Integrated Acute Pathways Programme work is progressing and detailed reporting is being provided to the Chief Executive Team (CET). It is included in the new Acute Sector Governance Framework, however, as it relates to service change, it is not included in the performance report. There are aspects of Planned Care improvement that also relate to that integration work and more details will be provided as service integration evolves. Discussions to take place to agree and implement performance reporting about the Integration of Dr Gray's Hospital (DGH) and Aberdeen Royal Infirmary (ARI) Acute pathways to the Board, to ensure visibility and provide assurance. This may be in the form of the Chair's Assurance Report from CET.

General Surgery is a significant performance outlier primarily because of a shortfall in theatre capacity. General Surgery capacity relies on a functioning Day Case Surgical Unit. The delay in returning this unit to operational activity has affected the Treatment Time Guarantee (TTG) performance. Unscheduled Care and Urgent Care take up much of the General Surgery capacity, which impairs TTG performance, with delays delivering routine, low complexity services. It was agreed that there should be improved communication to patients regarding the reasons for General Surgery waiting times, to provide clarity and transparency.

Clearer links between the actions (deliverables) and outcomes in Unscheduled Care is being discussed in detail at the Unscheduled Care Programme Board. There is a requirement to reduce hospital occupancy from the current 108% figure, which would require the creation of 80 bed days. Reducing delayed discharges, length of stay and the admissions into hospitals are also priorities.

There are continuing discussions with Scottish Government about additional social care funding. There has been some slippage this financial year in the lead in time for recruitment. This funding is being repurposed into some additional actions.

Good progress has been made on discharge planning, with tests of change on a multidisciplinary team approach and emphasis on active management across all professions for setting discharge dates as early as possible. The work has had an impact in reducing length of stays. Management are keen to progress roll-out of this work across other wards at pace, whilst acknowledging the cultural change required.

The Flow Navigation Centre has been expanded, with staffing from Primary Care for the Out Of Hours (OOH) team. This has helped improve Primary and Secondary Care interactions with the HSCPS to ensure greater use of Discharge to Assess teams and Hospital at Home. This patient-centred care will ensure patients receive the care they need in the place they need it.

An update was provided on diagnostics capacity affecting the Planned Care 31 day and 62 day targets for cancer care. Diagnostics, particularly radiology, is now delivered to 7 days a week, with a mobile MRI van delivering additional activity at DGH. There is improved access to CT scanning, which has removed approximately 40 to 50 days from the pathway, particularly for suspected prostate cancer. The ultrasound scanning trajectory, which deviated from the planned trajectory, is now back on track because of recruitment of staff. Additional diagnostic funding has been announced by the Scottish Government. Other improvements include an additional endoscopy room in the Day Case Surgical Unit with effect from 27 November 2025 and successful recruitment to Pathology service.

Recent performance reporting to the Scottish Government and CET shows that performance against the 31 day cancer target, as at March 2026, is on course to meet 95%. Performance against the 62 day cancer target is likely to be around 70% due to delays in recruitment, particularly in the breast cancer pathway. Work has been done to resolve this with theatre activity and capacity being reallocated to bring the service back onto trajectory, with performance anticipated to improve for Q3. Urology performance, particularly for prostate cancer, is the most challenged.

A benchmark comparison of the level of complaints received by NHS Grampian versus other NHS Boards will be carried out and reported to the Board.

Confidence about achieving the V&S savings required by 31 March 2026 has increased due to the performance over the past 3 months. There has been close working with the

IJBs to continue to monitor their position and there is a reasonable level of confidence the IJB positions can be delivered.

The importance of staff well-being was emphasised.

#### **The Board:**

- **Endorsed the Quarter 2 (July to September) organisational performance position, noting continued progress across the three change programmes, improved financial recovery within Value and Sustainability, operational pressures affecting KPI performance within Planned Care and Unscheduled Care.**
- **Noted the actions detailed in the Q2 HAWD Report to improve KPI performance:**
  - **Planned Care: Waiting times across New Outpatient, Cancer Pathways, Diagnostics**
  - **Unscheduled Care: Frailty Admissions; reduction in Acute hospital occupancy; Hospital At Home; delayed discharges, access to urgent care through the right setting; increase in number of Emergency Department patients seen within 4 hours; and reduction of ambulance turnaround times.**
  - **Value and Sustainability: Improvement of the forecast for cash-releasing savings.**
- **Noted continued improvements in the timeliness of complaints handling as part of the wider Voice of our Citizens perspective.**
- **Noted the limitations created by the timing lag of reporting, which means that recent operational developments and emergent risks are not reflected in the Quarter 2 snapshot.**
- **Approved the Quarter 2 How Are We Doing (HAWD) Board Performance Report, and the continued utilisation of the performance model within the Performance Assurance Framework to ensure activity translates into measurable improvements across the three change programmes.**

## **7.2 Operational Improvement Plan**

The Operational Improvement Plan (OIP) will be reported separately to the Board, to provide a clearer focus on the 3 priority programmes in the HAWD report. Progress in achieving the targets is evident, but there have been delays in recruitment and the timings of receipt of funding from the Scottish Government continue to impact on the delivery. PAFIC has stressed the importance of moving quickly to embed proven models rather than prolonged tests of change. A clearer articulation of risks and mitigations has been requested in future reports to PAFIC, as well as a full description of how NHS Grampian is working across the wider system with partners to address the pressures.

The Director of Finance highlighted that some elements of the Operational Improvement Plan link closely to the 3 priority programmes reported in detail in the HAWD report.

The Board discussed:

There was confidence in the internal picture provided by the Executives, however, more external context is required to provide assurance. Future iterations will try to address this, and include the impact of the new sub-national planning arrangement on NHS Grampian performance.

Time lags in reporting emphasise the importance of verbal updates to enhance the written reports.

An update was provided on the recruitment for 114 additional posts, with live trackers being utilised to monitor the individual stages of the recruitment process. Each work stream is fully aware of its recruitment position. There is confidence that recruitment is on track with no particular barriers. The teams can request changes to the design of the posts, with an approved governance process for the management and sign off of these changes. Supplementary funding is an evolving process with regular Scottish Government dialogue. Slippage funding can be reallocated with permission from Scottish Government. Slippage re-allocation will be tracked and monitored.

Level of uncertainty on the IJB and Health and Social Care Partnerships budgets for future years was discussed. It is clear which programmes have recurring or non-recurring funding and this has been factored into the plan. The Scottish Government have advised that Unscheduled Care additional funding must be spent within the financial year for which it has been allocated.

Planning for future years is ongoing. A number of national updates are awaited, which will aid further planning work, including the 4 priority areas for sub-national planning. The Board will continue to be updated as the work develops.

The next iteration of the Operational Improvement Plan from the Scottish Government is anticipated in early 2026.

Future reports will include a statement on the level of confidence that the performance targets can be achieved from the lead Executive. It was noted from the discussions and the verbal update provided by the Chief Officer, Acute Services, that there is confidence in the ability to deliver the OIP.

#### **The Board:**

- **Noted the proposed change to reporting of the OIP as a separate report outwith the HAWD Report.**
- **Endorsed a return to separate reporting of delivery performance of the OIP priorities by NHS Grampian and that they would be excluded from the revised Board How Are We Doing report for the remainder of 2025/26, to provide a more focussed and targeted reporting against the three change programmes.**
- **Received assurance on**
  - **Shared performance indicators of OIP referenced critical areas - Planned Care and Unscheduled Care are adequately addressed through the How Are We Doing Report.**
  - **The actions addressing the remaining OIP critical areas are sufficient to support its prognosis for completion by 31 March 2026. Critical areas of focus showing “Anticipated Minor Delay”:**
- **Critical Area - Improving Access to Treatment**
  - **CAMHS**
  - **Psychological Therapies**
- **Critical Area - Shifting the Balance of Care**
  - **Specialist Frailty Services**
  - **Dentistry**
- **Critical Area - Digital and technological innovation**
  - **Digital Dermatology Pathway**
  - **Operating Theatre Scheduling Tool**

- **Approved the Q2 (July–September) OIP Report, confirming that its progress toward completion by 31 March 2026 is on track and that the level of detail provided offers sufficient assurance to the Board that delivery aligns with stated commitments.**

## 8 Finance

The Chair of PAFIC noted that the Committee welcomed the enhanced governance arrangements that have been put in place. The Value and Sustainability Programme is broadly on track on the savings delivered to date, with confidence the target will be achieved. Planning on efficiency savings for 2026/27 is well underway. There is a need to achieve recurring saving and for all savings to be achieved at greater pace. The work being undertaken by finance colleagues, IJB Chief Financial Officers and Council Officers was acknowledged. PAFIC emphasised the need for leaders and budget holders across Grampian to ensure sufficient accountability, ownership and control on spend.

### 8.1 Finance Report

The Director of Finance provided an overview of the Board's financial position for the 7 months to October 2025. The current trajectory is an overspend of £2.1 million above the agreed maximum £45 million deficit support provided by the Scottish Government. However, there is confidence that NHS Grampian can deliver an overspend no greater than the £45 million by 31 March 2026. The financial position is holding month on month and slightly improving. Scottish Government have confirmed that the maximum support available for 26/27 is a deficit position of £36 million. To achieve this, £44 million new savings will be required. These are provisional figures until the grant settlement information is received from the Scottish Government in January 2026. NHS Grampian must continue to improve the financial position year on year and return to financial balance as quickly as possible. The implications on performance, services and patient experience must be understood and mitigated where necessary.

The Board discussed:

Some of the additional cost associated with the challenges of the winter pressures within the NHS have been factored into the current forecast. Figures will be monitored on a month to month basis to ensure the position is held and improved. The FRB will be monitoring the position to provide the confidence and assurance for the Board.

The Value and Sustainability (V&S) programme continues to ensure action is taken where schemes are underperforming to maximise savings delivery and further mitigate this risk. There is risk in the Agenda for Change non pay reforms, with the assumption remaining that the final cost of implementation will be fully funded by the Scottish Government; stock management relating to Procurement team of £2 million; and IJB provision of £3 million.

Internal efficiencies savings will be assessed using the principle of finding balance and an integrated impact assessment and quality impact assessment will be completed where appropriate and reviewed by the Quality Impact Assessment Panel.

It is important that NHS Grampian can evidence that internal efficiencies have been achieved as far as possible. Engagement with staff representatives will also take place.

In January 2026, there should be visibility of the proposed saving schemes from the 3 IJBs. Discussions will take place with the NHS Grampian Chief Executive Team and the

respective colleagues in the IJBs.

Further assurance about grip and control was requested. It was agreed that an audit of the actions taken to strength governance and evidence grip and control will be provided to PAFIC. Weekly priority meetings are taking place in the new Acute Sector for V&S with all senior managers attending and this has generated a list of options for 26/27 savings. PAFIC requires reports on the impact of activity and whether there is confidence that the target will be achieved, rather than reporting on the processes used.

The FRB consider it would be helpful to understand the 3 IJBs' financial performance and proposed 26/26 financial plans as part of a deep dive. Whilst NHS Grampian require assurance on IJB finances because of the impact on the Board's financial position, responsibility for oversight of IJB finances sits with the IJB structures and the FRB assurance process will respect the IJB's role. Information is shared both formally and informally by the organisations. The Chair and Chief Executive of NHS Grampian have meetings scheduled in early 2026 with the individual Council leadership teams for general discussions on collaborative working.

The Audit Scotland Section 22 report stated that transformation is required to improve NHS sustainability. NHS Grampian must consider transformational work at 3 levels - national, sub-national and at a local level with partners. The Service Renewal Framework sets out the framework for the future policy direction and the transformation ambitions. The North East Transformation Board is being refreshed and will be one of the main vehicles for service redesign and transformation opportunities, with the first meeting taking place in January 2026.

#### **The Board:**

- **Discuss and noted the update on the Board's financial position for the period to October 2025/26 and the current forecast year end position.**
- **Endorsed the approach taken to develop the three year Financial Plan and Medium Term Financial Framework.**

## **8.2 IJB Finance Report**

The Director of Finance introduced the IJB Finance report. Aberdeen City IJB is within the level of deficit support provided at the start of the year. Aberdeenshire IJB has improved their position beyond the level of support agreed at the beginning of the financial year and Moray IJB's position has deteriorated. Actions are being taken at paced by Moray IJB to recover this position. The impact of these changes iis that NHS Grampian continue to forecast that £23 million will require to be provided to the IJBs. If the current position remains, there would be a £4 million IJB risk provision within the £23 million allocated that would not be required. This would reduce NHS Grampian's £45 million deficit to £41 million. IJB finances will continue to be monitored and NHS Grampian are working closely with the 3 IJB teams.

The IJBs are independent bodies established in statute and therefore NHS Grampian cannot direct the IJBs on measures that should be taken to manage their budgets.

Discussions followed including:

The interdependencies of the 3 IJBs with NHS Grampian highlights the need to clearly understand the potential liability to NHS Grampian if the IJBs exceed their forecasted position.

The Chief Officer, Moray Integration Joint Board advised that Aberdeen City and Aberdeenshire IJBs had front-loaded the contributions from their Council and NHS Grampian partners at the start of the financial year. Moray IJB are taking a different budgeting approach, working on the assumption of support at the end of the financial year. There are a number of issues which resulted in Moray's Q2 reported overspend and this was escalated as soon as it became apparent to the IJB and partners. The actions being taken in relation to this have been communicated. Contingencies have been built in by both partners in the event that Moray IJB overspend. To achieve a consistent budgetary approach from the 3 IJBs would require agreement with the Council partners.

There is significant level of uncertainty about the IJB budgets with local government settlement still awaited. There is potential for health inequalities to increase, highlighting the importance of the prevention work. An integrated financial planning approach is required and NHS Grampian have requested a meeting collectively with all partners and Scottish Government colleagues in February 2026 to present a collective picture for health and social care across Grampian.

It had been recognised that the provision made by NHS Grampian for IJB deficit support was too high. This has resulted in the provision being reduced for this year. It is unclear what level of deficit support will be required in the next financial year.

**The Board:**

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

## **9 External Diagnostic Review - Improvement Plan – Developing the Governance Framework**

The Interim Director of Improvement advised that the Improvement Plan and the Governance Framework has been presented in response to the External Diagnostic Review commissioned by the Scottish Government in June 2025, as part of NHS Grampian's escalation to Level 4 of the NHS Scotland Support and Intervention Framework in May 2025. The review report was published on 9 October 2025. The paper has had extensive engagement with operational and clinical colleagues across NHS Grampian, including time with the Board to shape the governance arrangements on monitoring and assuring delivery of the plan.

The report contains 96 recommendations. Following a validation exercise, Executive Directors have been allocated ownership for delivery of the recommendations and they have been aligned to appropriate and confirms the Committees and Board's assurance role. 9 recommendations have been removed from the plan, due to duplication or amalgamation similar recommendations. The format for reporting is being developed with detailed plans for each recommendation and listing the criteria that each recommendation must meet to be closed. This work is due to be concluded by the end of December 2025 and will be shared with the relevant committees in early 2026.

The Board discussed:

The Delivery Group meets monthly, which allows for the progress to be visible, including sharing of success stories, highlighting risks and holding broader discussions. The Programme Board meets fortnightly to ensure key strategic decisions and key pieces of work can progress at pace. The Executive Team are closely aligned to the programme of work and are able to make rapid decisions if actions are escalated.

Reporting on each recommendation will be allocated to one of the Programme Boards and all work streams will report to CET. The Programme Boards will hold executive leads accountable for delivery of the recommendations, escalated to CET and the relevant Board if appropriate. Information will be shared with the FRB for awareness.

When making financial decisions, the Board have emphasised the need to find balance and mitigate the strategic risks. It was confirmed that the Programme Boards will use the finding balance principle when making decisions, particularly for those that relate to financial savings. All of opportunities are aligned to one of the 13 work streams and each of those schemes will go through the full QIA process.

Governance of QIA will be discussed at the Clinical Governance Committee (CGC) bi-annually. A report will be produced in March 2026, when the plan is presented to the Board setting out the full QIA process, the recommendations and decisions made by the clinical lead for each scheme.

#### **The Board:**

- **Approved the proposed governance framework for operational accountability and Board oversight and assurance and in doing so, confirmed the reporting format meets the standard for effective reporting against the plan to engender confidence of the Board.**
- **Reached a decision on whether to remove the nine recommendations from the improvement plan.**
- **Noted further work by Executive Directors to define the evidence base and criteria that each recommendation must meet for 'closure,' and that this information will be reviewed in totality by CET prior to approval by each respective Committee.**
- **Noted a progress report will be presented to the next Board meeting including a Chairs Assurance Report from each Committee setting out assurance against delivery plans and closure criteria for Year 1 recommendations.**

## **10 iMatter 2025**

The Interim Director of People and Culture provided an update on NHS Grampian's annual NHS Scotland Staff Experience Survey, which compares the experience of NHS Grampian staff to national benchmarks. The analysis highlighted 5 priorities for improving staff's experience over the coming 12 months. iMatter has been used since 2018 and allows historical comparison and against national benchmarks. Since last year, there has been a slight reduction in NHS Grampian staff's experience of working in NHS Grampian, however, there is variation across all of the elements of the survey. Comparing NHS Grampian against all 30 questions shows NHS Grampian is lower than the national average on 12 questions, the most significant of these being line manager visibility and performance management. Some inconsistencies have been picked up, with the most noticeable being 'manager caring about individuals well-being' remaining level over the years, however, 'the organisation caring about well-being' has consistently declined. This could be a reflection of the daily experience of staff, eg use of non-standard bed spaces. Action planning improvement is a highlight, with teams taking ownership for their improvement actions.

The 5 key priority areas to improve future staff experience are; adopting a different approach to Board visibility; presence; listening to staff; staying connected to the front line; and what matters to people. These priorities have been discussed at a joint

ACF/GAPF meeting and endorsed by the SGC. The Culture Programme Board will hold the inaugural meeting on 12 December 2025, focusing on leadership, development, health and well-being, and equality, diversity and inclusion. There will also be a renewed focus on annual appraisals and statutory and mandatory training.

The Board discussed:

The joint ACF and GAPF meetings had been open and honest, with some of the feedback hard to listen to. Actions from the meetings are being progressed, with significant progress already achieved.

Concerns were raised in the survey on board visibility. Corporate Communications are working on ways to better communicate the Board's role and responsibilities, which should be available in early in 2026. Non Executive Board member recruitment will take place in 2026 and provides an opportunity to signpost to potential applicants what the role of a Non-Executive involves. Since joining NHS Grampian in September 2025, the Chief Executive has led by example, encouraging CET to be more visible within the organisation.

Senior managers have received the detailed breakdown of scores for their services. The Culture Programme Board will discuss what the key metrics should be to address cultural differences across the organisation.

Clarity is required on the language used in some of the questions, which can be open to interpretation.

The importance of investing in staff engagement and staff experience, especially considering the challenging landscape the organisation is operating in, was acknowledged. The Culture Programme Board will be central to overseeing the work. SGC have discussed the 5 priorities in detail. There is a need to have clear metrics to track the progress. The Chair of SGC noted that areas where there are proper engagement and listening have resulted in visible improvement. In other areas when engagement has not worked well, the ongoing issues have continued. It is vital that the organisation engage in a different manner by listening to staff and if the changes cannot be made, explain the reasons behind this, to allow for a better understanding. It is essential that staff feel that they are on the journey together with the organisation.

#### **The Board:**

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provides assurance that the policies and processes necessary are in place and are robust.**
- **Endorsed the priorities for improving future staff experience.**

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

The following approved minutes were noted:

### **Committees**

- 11.1 Clinical Governance Committee – 19 August 2025.
- 11.2 NHS Grampian Charity Committee – 2 June 2025
- 11.3 Performance Assurance, Finance and Infrastructure Committee – 3 September 2025.

- 11.4 Population Health Committee – 26 September 2025.
- 11.5 Staff Governance Committee – 28 August 2025.

### **Forums**

- 11.6 Area Clinical Forum – 3 September 2025.
- 11.7 Grampian Area Partnership Forum – 5 August 2025, 21 August 2025 and 16 October 2025.

### **Integration Joint Boards (IJBs)**

- 11.8 Aberdeen City IJB – 30 September 2025.
- 11.9 Aberdeenshire IJB – 3 September 2025.
- 11.10 Moray IJB – 25 September 2025.

## **12 Any Other Business**

The Board supported lengthening the timings on the Board agenda to reflect the agenda breadth to ensure sufficient opportunity for discussion and scrutiny.

## **12 Date of Next Meeting**

- Thursday 19 February 2026