

NHS Grampian

Meeting:	NHS Grampian Open Board Meeting
Meeting date:	19 February 2026
Item Number:	12
Title:	Improvement Plan
Responsible Executive:	Phil Tydeman, Interim Director of Improvement
Report Author:	Phil Tydeman, Interim Director of Improvement

1 Purpose and recommendations

This is presented to the Committee for:

- Assurance
- Decision

Recommendations

The Board is asked to:

- (a) Note work to progress the Improvement Plan to date and the transition to Programme Boards taking ownership of delivery during February and March 2026.
- (b) Note the summary detail of milestones, evidence base and expected closure dates for the 87 recommendations and the NHS Grampian Board's role to oversee delivery to the proposed timescale.
- (c) Confirm the recommendation of the Performance Assurance, Finance and Infrastructure (PAFIC) Committee to close the three recommendations listed in section 2.4.

This report relates to:

- Responding to the Scottish Government commissioned external review as part of NHS Grampian being escalated to Level 4 of the NHS Scotland Support and Intervention Framework on 12th May 2025.

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below)

- Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies.
- Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent.

2 Report summary

2.1 Situation

NHS Grampian was placed into Level 3 of the NHS Scotland Support and Intervention Framework on 9th January 2025 and was subsequently escalated to Level 4 on 13th May 2025, reflecting additional concerns from Scottish Government over financial sustainability, the deterioration of the financial position during 2024 - 2025, and leadership and governance related to rising concerns about local services and performance against national priorities and standards, including some quality concerns raised by the appropriate regulatory bodies.

To enable NHS Grampian to better understand these concerns and to inform how the Board would be best placed to respond, Scottish Government commissioned an external review to broaden the narrative and to strengthen the evidence base across each area and to identify opportunities for further improvement in each domain in which the Board was escalated. The review commenced on 19th June 2025 and was undertaken by professional services firm KPMG. The final report was published on 09th October 2025 by the Cabinet Secretary for Health and Social Care.

Prior to publication, the draft report was considered at the Chief Executive Team (CET) meetings on 9th September and 23rd September 2025 to develop the operational response needed to respond to the recommendations at the required pace and agree the approach to be taken to monitor and report against the totality of recommendations within the review.

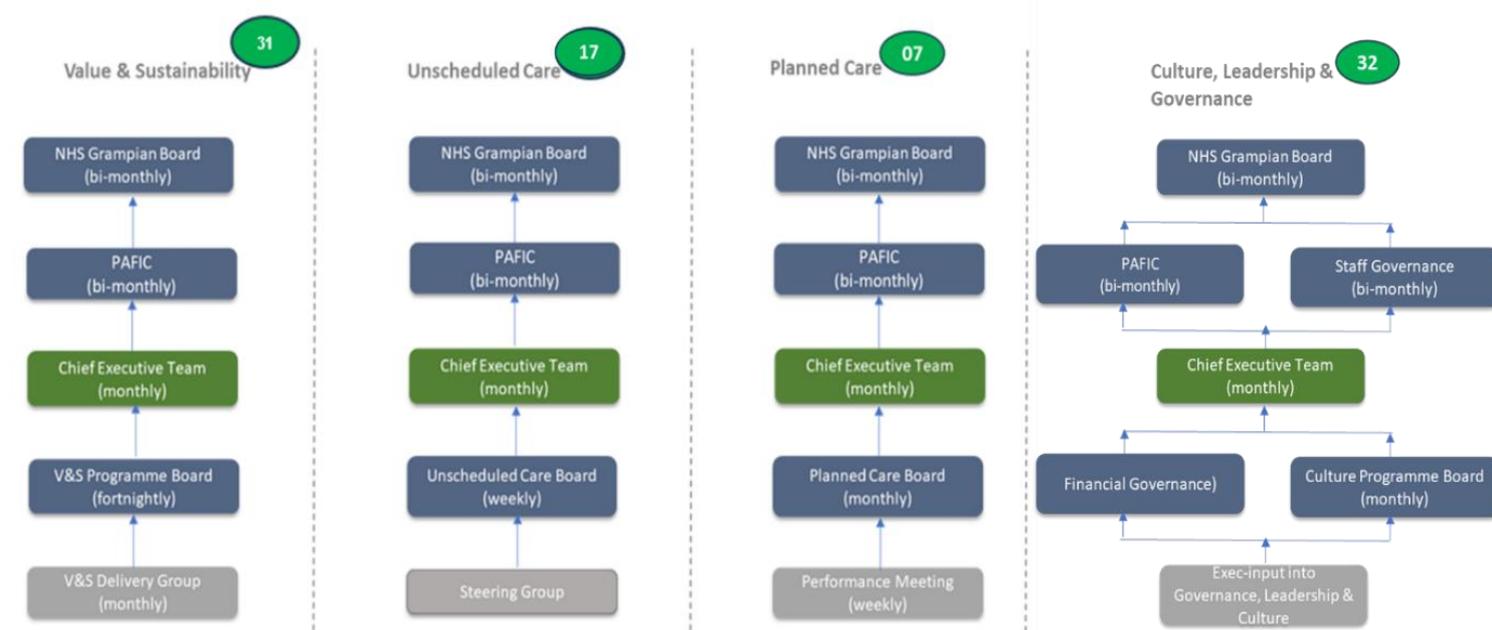
Dedicated time was held at a Board Seminar on 13th November 2025 where the full Board considered the intended governance arrangements and advised on steps to further strengthen the role of the Board and its Committees in receiving sufficient assurance on progress, and review the criteria and evidence base that would be needed to satisfy recommendations being 'closed' - recognising that all elements of the plan would be subject to both internal (internal audit) and external (Scottish Government-chaired Assurance Board) scrutiny.

Through November and December 2025, Executive Directors mapped out the commencement year (recognising some will commence in 2027/28), key delivery milestones and the evidence base that will be required to close each recommendation and intended to be presented to relevant Board Committee for assurance and review.

The 96 recommendations within the plan were presented to the NHS Grampian Health Board on 11th December 2025 where the Board approved the governance framework and the removal of nine recommendations from the improvement plan based on evidence provided, thus reducing the total recommendations to 87. This paper provides an update on progress to date.

2.2 Implementing the governance framework

Recommendations have also been aligned to the three operational priority programmes (Unscheduled Care, Planned Care and Value and Sustainability) and the Culture Programme with the Board-approved governance model set out below:



There are several principles that will guide oversight and assurance at Board and Committee level.

1. Standardised reporting templates will be introduced from each Programme Board to CET and from CET to Board Committees and onwards to Board. The level of information provided will be reduced at each level acknowledging more detailed accountability and assurance will have been gained at the preceding forum.
2. Reporting will focus specifically on areas of underperformance and will provide appropriate information on the current position, actions being taken to return the recommendation to the original plan and assurances and evidence put in place to closely monitor progress.

3. The four programmes will report into CET via the four Programme Boards monthly. Effort will be made to ensure alignment of reporting to CET to Committee meeting dates. Given the technical nature of the financial governance recommendations (20 in total) these will not report via the Culture Programme Board or Staff Governance Committee but via Performance Assurance, Finance and Infrastructure Committee (PAFIC) given the natural alignment. Monitoring and delivery responsibility will sit with the Director of Finance.
4. CET will report progress directly into the relevant Committee at each meeting reflecting the importance of this improvement work in supporting our de-escalation efforts from Level 4 of the NHS Scotland Support and Intervention Framework.
5. Consideration will be given to agendas, in particular PAFIC, to manage the associated workload of assuring four programmes. This will be captured within Committee forward planners.

Quarter 4 of 2025/26 has focused on mobilising resources and efforts to move from the preparatory phase to the implementation phase. Recommendations aligned to each Programme Board are now formally being transitioned to the members of the relevant Board to progress and monitor delivery. The transition to each Programme Board is set out below:

Programme Board	Transition Date
Value & Sustainability	12-Jan-26
Unscheduled Care	16-Feb-26
Planned Care	10-Feb-26
Culture Programme	03-Mar-26

Delivery support will be provided by the Value and Sustainability Team, led by the Interim Director of Improvement. This will include ensuring actions are being progressed in line with agreed timescales, collation of evidence of written documentation to support achievement, and preparing reports to the relevant forums.

It is acknowledged the scale of this programme is significant and entails whole organisation engagement; with operational and clinical staff being asked to deliver on multiple priorities. A review of administrative support to the programme will therefore take place quarterly to satisfy CET sufficient resource is in place, as discussed at its 10 February 2026 meeting.

2.3 The timetable for closing recommendations

Appendix A maps all stated recommendations to the month the Executive Director anticipates the criteria for closure to be met, and therefore, the timeline by which these will be brought to Committee for review. In presenting this information:

- (a) the dates and criteria have been validated following a check and challenge session by Chief Executive Team on 10th February 2026.
- (b) all 31 schemes under the Value and Sustainability (V&S) programme, unless otherwise stated with a different completion date, are expected to be assessed for closure in April 2026. This is aligned to the Board-approved timescale for development of the 2026/27 savings plan and therefore these schemes will be measured against the criteria associated with V&S schemes being approved for implementation (i.e. detailed written plans, local sign-off, phased savings, QIA).
- (c) similarly, the 7 recommendations under the Planned Care Programme relate to productivity gains across endoscopy, theatres and outpatients. These are being addressed through the Acute Sector workstream of the V&S programme and will be measured against the same criteria for implementation.

Appendix B sets out the full list of recommendations, and for those outside of the V&S programme and Planned Care programme stipulated:

- The Executive Sponsor
- Recommendation as it appears in the external review report
- Summary narrative of key milestones
- Expected closure month
- Evidence to be provided to assess if recommendation has been achieved

In reviewing the recommendations, it is important to note that some of the savings set out in Appendix B are highly indicative. This is not unusual when external professional services undertake high-level analysis. Further analysis undertaken by NHS Grampian supported by national data sources strongly indicates the level of savings are unachievable and will not be taken forward as stated including, but not limited to:

- A review of systems, processes and technology in the middle and back office through increased automation
- VAT improvements through implementation of a subsidiary company
- A review of nursing staff levels as the common staffing methodology, a national framework to determine appropriate staffing levels, ensuring safe and effective care delivery takes precedence.

2.4 Recommendations to be reviewed for closure

It was agreed at the Board meeting on 11 December 2025 that each Committee would receive the evidence base to assess whether a recommendation could be closed. It was further agreed at the Board meeting on 11 December 2025 that PAFIC would test the process to support further refinements to this process. This took place on 28th January 2026.

The evidence and criteria to be met must be measurable either by written documentation, or key performance data that demonstrates improvement to a defined level to warrant closure. For changes in operational performance, a timescale for sustained improvement must be set to assure embedded practice and learning.

While there is admittedly development needed to streamline this process to facilitate swifter reporting, the three recommendations presented, with amendments from PAFIC adopted, are being presented to the Board to reach a decision to close.

No	Exec Sponsor	Recommendation	Programme	Summary evidence base
1	Director of Finance	Tax: VAT Improvements. There is an opportunity for NHSG to realise significant VAT savings through implementation of a subsidiary company. Setting up this subsidiary would be subject to changes in policy by Scottish Government. £25.5m - £70.4m	Within Value & Sustainability Plan	A written paper was taken through Chief Executive Team and NHS Grampian Assurance Board. The decision was not to proceed on the basis of reputational risk, the requirement for a change in legislation to proceed, and the negative impact this would have on our staff as we focus on our improvement journey. Evidence provided: Report on the VAT opportunity to Chief Executive Team (CET) meeting of 23 September 2025. Minutes confirming decision not to proceed by CET of 23 September 2025. Report on the VAT opportunity to Assurance Board meeting of 23 September 2025. Minutes confirming decision shared with Assurance Board on 23 September 2025.
2	Director of Finance	CET and Board should approve a condensed number of priority areas for delivery and related KPIs. The revised approach needs to encompass a small number of priority issues determined by an assessment of management's delivery capacity. Metrics to become the focus of Board performance reporting and adopted from ward-to-Board-level. Partners and regulators to be informed when a decision to change priorities emerge.	Culture, Leadership & Governance	Three key priority programmes of Value & Sustainability, Planned Care Improvement and Unscheduled Care Improvement. A Culture Programme Board has also been established. Each has defined Terms of Reference and a clear set of deliverables including oversight of the 87 recommendations contained within the Single Improvement Plan (external review). Each programme has been endorsed and approved at Chief Executive Team Meeting and by the Board. Each priority has a clear set of metrics to be achieved with defined trajectories for monitoring. Each Programme Board meets a minimum of monthly with Chairs Assurance Reports provided to the Chief Executive Team meeting monthly. Updates on each priority feature in the all-staff briefings and at the monthly wider-SLT meeting. Progress reports are also provided to Scottish Government through the fortnightly NHS Grampian Assurance Board. Evidence provided: Presentations to monthly Wider SLT and all-staff briefings. Regular Reports for three priorities to Chief Executive Team meeting including Chairs Assurance Reports; and minuted discussions. Monthly Informal Board briefing packs. MSP and MP written briefings and scheduled meetings. Performance metrics for three priorities captured within How Are We Doing (HAWD) report to Board Committee and Health Board meetings.
3	Director of Finance	We recommend an in-depth review of NHSG's FRP to assess the maturity of the individual initiatives, understand progress against plan and readjust delivery forecasts, as appropriate. This will include understanding if in-flight projects can be accelerated to deliver savings sooner	Culture, Leadership & Governance	Review completed by the interim Director of Improvement. 2025/26 CIP tracker developed and in-place. Rephasing of in-year schemes concluded. Monthly monitoring of initiatives now taking place between Finance and Service teams. More detailed reporting information available with strengthened narrative to relevant committees describing negative variances. New standardised CIP templates introduced for 2026/27 programme. Evidence provided: New governance framework introduced in Quarter 3 2025/26. CIP tracker developed and implemented, Calendar of regular workstream meetings for 2026/27 workstreams. Enhanced reports from October 2025 onwards to Performance Assurance Finance and Infrastructure Committee and Health Board. Deep dive presentations to Finance Recovery Board (November - February). Minutes of monthly Terms of Reference. Monthly detailed finance reports against individual savings schemes, new schemes developed to close the gap in 2025/26. Minutes of Delivery Group, Programme Board meetings. Enhanced pay and non-pay controls enacted in Q3 with evidence base of cost reduction.

2.5 Next steps

- (a) Continue to transition ownership for delivery of recommendations to Programme Boards with support from the Value and Sustainability team.
- (b) Take learning from PAFIC on improving how recommendations are presented for closure to support future submissions.
- (c) Continue to strengthen the milestones and evidence base in conjunction with Executive Directors and hold discussions on better integrating this work within each respective Programme Board.

2.6.1 Quality / Patient Care

This Improvement Plan supports improvements in patient care, patient experience and patient outcomes by establishing clear and measurable improvements across the Unscheduled Care (USC), Planned Care (PC) and Value & Sustainability (V&S) programmes in how services are delivered and how service delivery is improved. This includes but is not limited to patient flow, discharge without delay, improved performance against the national 4-hour emergency standard for USC; a reduced number of patients waiting longer than 52-weeks for a new outpatient appointment or for elective in-patient or day case treatment (PC) and improved utilisation across theatres and outpatients. Reporting against each will be via the three respective programme boards that have been established.

2.6.2 Workforce

A Culture Programme Board has been established, with its inaugural meeting on 12th December 2025, and it will be responsible for approving the evidence base and criteria for the 20 recommendations within its purview. These will be monitored monthly.

2.6.3 Financial

This improvement plan sets out efficiency opportunities contained within the external review and feature within the long list of opportunities that comprise the Value & Sustainability programme. The V&S Programme Board will be responsible for monitoring delivery of approved savings through-out the financial year.

2.6.4 Risk Assessment / Management

Each programme of work has a defined list of risks that are monitored through their respective Boards. These are discussed frequently, including in relation to strategic risks at CET. Escalation of risks through the delivery meetings to the Programme Board support executive oversight and facilitate action where deemed necessary.

2.6.5 Equality and Diversity, including health inequalities

Reporting of the three plans of Unscheduled Care, Planned Care and Value & Sustainability via the Quarterly How Are We Doing Report enable highlights on health inequalities. For the Value and Sustainability programme, a Quality Impact Assessment (QIA) is conducted for all schemes

and evaluated by the Clinical Executive Directors prior to implementation to assure that any inequalities are being sufficiently mitigated.

2.6.6 Other impacts

This new revised governance framework will increase oversight, provide an enhanced level of assurance and oversight by the Board and its Committees.

2.3.7 Communication, involvement, engagement and consultation

- All Executive Directors and their respective teams were involved in reviewing the final external review; and in assessing and allocating ownership to each of the recommendations.
- All Board members were involved in the design of the governance framework and in articulating the level of assurance that will be expected to sufficiently demonstrate each recommendation has met the evidence base and criteria to be closed.

2.3.8 Route to the Meeting

- Board Seminar on 13th November 2025, Board Meeting on 11th December 2025, Chief Executive Team meetings October through February, NHS Grampian Assurance Board 10th February 2026.

The Board is asked to:

- a) Note work to progress the improvement plan to date and the transition to Programme Boards taking ownership of delivery during February and March 2026.
- b) Note the summary detail of milestones, evidence base and expected closure dates for the 87 recommendations and the NHS Grampian Health Boards role to oversee delivery to the proposed timescale.
- c) Confirm the recommendation of the Performance Assurance, Finance and Infrastructure (PAFIC) Committee to close the three recommendations listed in section 2.4

3 List of appendices

Appendix A: Calendar of recommendations to be closed by month

Appendix B: List of Recommendations

Appendix A: Calendar of recommendations to be closed by month

Programme	Recommendations	Closed	Jan-26	Mar-26	Apr-26	May-26	Jun-26	Sep-26	Dec-26	Jan-27	Mar-27	Apr-27
V&S Programme	31	1			24		1		4			1
Planned Care Programme	7				7							
Unscheduled Care Programme	17		2	6		7			1		1	
Culture & Leadership Programme	32	4		10	4		3	1	1	2	2	5
Total	87	5	2	16	35	7	4	1	6	2	2	6

Appendix B: Value & Sustainability Recommendations

Exec Sponsor	Recommendation	Programme	Status	Month Evidence ready for review
Director of Finance	Tax: VAT Improvements. There is an opportunity for NHSG to realise significant VAT savings through implementation of a subsidiary company. Setting up this subsidiary would be subject to changes in policy by Scottish Government. £25.5m - £70.4m	Within Value & Sustainability Plan	Closed	Closed
Director of Infrastructure, Sustainability and Support Services	NHSG should continue to expedite its review of the estate footprint to identify specific opportunities to rationalise and right-size it. There were quantified previously as a potential £3.2m to £4.8m in annual recurrent savings.	Within Value & Sustainability Plan	Open	Apr-26
Director of Infrastructure, Sustainability and Support Services	Reduce estate related maintenance cost: • Introduction of automated floor cleaners • Insource maintenance of small boilers • Increase recycling rates £0.1m - £0.1m.	Within Value & Sustainability Plan	Open	Apr-26
Director of Infrastructure, Sustainability and Support Services	Vehicle Running Costs which accounted for £3.5m in FY25 spend. A potential saving of up to £1.6m has been identified by optimising fleet utilisation, transitioning to lower-emission vehicles, and centralising fuel procurement. £0.4m - £0.7m	Within Value & Sustainability Plan	Open	Apr-26
Director of Finance	COS review. The independent professional services firm performed a review of the 2023/24 accounts payable transactions and secured VAT savings of £0.5m. In our view, with more time and access to invoices, we would expect to achieve additional savings of £0.25m -£0.4m over and above the £0.5m identified and secured for the Board.	Within Value & Sustainability Plan	Open	Apr-26
Director of Finance	For Sustainability & Value reporting, consider introducing periodic reporting on "amber" rated schemes which are underperforming to provide additional information on actions being taken to address underperformance.	Within Value & Sustainability Plan	Open	Apr-26
Director of Finance	Management of Invoice Register: Currently, the invoice register holds 2,829 invoices totalling £6.3m, of which only 20% are actively managed by Procurement due to limited capacity. The remaining 80% fall under departmental responsibility, where oversight is inconsistent due to the task being absorbed into already pressured roles. £1.3m - £1.9m.	Within Value & Sustainability Plan	Open	Apr-26
Director of Finance	NHS Grampian should include a plan to catch-up on missed savings from prior years to support financial sustainability. Due to the Covid-19 pandemic, NHSG shifted focus to manage the pandemic and there was limited focus on recurrent savings delivery. However, this is consistent with other healthcare providers across the UK as other organisations reported little to no saving delivery during these years. However, the unfunded gap of £1.2 million in the recurrent cost base continues to create challenges to the financial sustainability	Within Value & Sustainability Plan	Open	Apr-26
Director of Finance	Procurement: Implementation of National Frameworks. A review of procurement activity highlights that out of 44 national frameworks, 15 have not been assessed locally due to limited procurement resource. Among these, 7 frameworks indicate potential price savings, however these need to be validated through local detailed analysis. For example, one single recent framework reviewed turned into a £30k cost avoidance.	Within Value & Sustainability Plan	Open	Apr-26
Director of Finance	Procurement: Reduction of bespoke implants. often without consistent clinical justification or standardised governance. In FY25, the introduction of a clinical justification form within Orthopaedics delivered verified savings of £66k by strengthening oversight and ensuring appropriate use.	Within Value & Sustainability Plan	Open	Apr-26
Director of Finance	Further work is recommended to understand and validate the drivers of increase in back office/administrative WTEs.	Within Value & Sustainability Plan	Open	Apr-26
Director of Finance	There is an opportunity to drive cost savings by implementing policy and system controls that enforce pre-approval of purchases through PECOS and reduce retrospective ordering practices. £0.4m - £1.3m	Within Value & Sustainability Plan	Open	Apr-26
Executive Medical Director	Medicines: Shorter TTO Packs. NHSG can implement more flexible and clinically appropriate discharge supply policies. This includes enabling tailored TTO durations (currently 14 days) based on clinical need	Within Value & Sustainability Plan	Open	Apr-26
Executive Medical Director	Multi-Dosing from Single-Use Packs. Developing clear, evidence-based protocols that support safe and compliant multi-dosing practices in appropriate clinical areas. This includes conducting clinical risk assessments to identify where multi-dosing can be safely implemented, such as in ophthalmology, anaesthetics, or routine injections without compromising patient safety. £0.1m - £0.1m	Within Value & Sustainability Plan	Open	Apr-26
Executive Medical Director	NHSG should continue tightening controls on Medical and Dental Locum use. While there are known vacancies against difficult to recruit areas, NHSG should undertake a review and explore options to rationalise service provision in challenged services.	Within Value & Sustainability Plan	Open	Apr-26
Executive Medical Director	Reduced reliance on HBP prescriptions. Streamline internal medication supply processes to reduce reliance on prescriptions, ensuring that necessary medications can be provided directly through hospital systems where appropriate. £0.2m - £0.4m	Within Value & Sustainability Plan	Open	Apr-26
Executive Nurse Director	Improved Grip and Control for bank staff including looking to make permanent the longest serving agency staff, improve the effectiveness of vacancy control panels including the evidence required for submission. £0.5m - £1.9m	Within Value & Sustainability Plan	Open	Apr-26
Director of People and Culture	Grip and control: stop all non-clinical overtime. In FY25 the overtime spend was £3.1m (1.0m in administrative services and £2.1m in support services. £0.1m -£0.5m	Within Value & Sustainability Plan	Open	Apr-26

Exec Sponsor	Recommendation	Programme	Status	Month Evidence ready for review
Director of People and Culture	Improved Time to Hire: The current average time from job posting to offer is between 41 and 78 days at NHS Grampian against a target of 35 days and an average time between having a role approved and the person starting work being between 102 and 149 (across Medical and Dental, AHP, Nursing and Midwifery and Therapeutics). £1.4m - £1.9m	Within Value & Sustainability Plan	Open	Apr-26
Director of People and Culture	Training Expenses present a notable opportunity, with £3.0m spent in FY25. While essential for maintaining clinical quality, a closer examination suggests potential over-classification of general staff development costs and inconsistent application of policy. Streamlining this spend through pre-approval processes, digital delivery, and a centralised training function could unlock up to £0.2m in savings.	Within Value & Sustainability Plan	Open	Apr-26
Director of Infrastructure, Sustainability and Support Services	Installation of photovoltaic (PV) solar panels. Reduce electricity consumption by installing integrated photovoltaic (PV) solar panels on the flat roofs. Feasibility studies indicate that 5 sites are available for installation, requiring an initial investment of £1.7m, with projected annual savings of £114k and payback periods ranging from 6 to 29 years. £0.1m - £0.1m	Within Value & Sustainability Plan	Open	Apr-26
Director of Finance	Contract Leakage Phase : Following the first phase of the Cognitive Contract Management (CCM) project to address contract leakage at the Health Board, the second set of contracts totalling an additional £40m of addressable spend (spend to review) has been identified. It is recommended that this moves ahead to unlock additional value from contract leakage. £1.4m - £2.1m.	Within Value & Sustainability Plan	Open	Apr-26
Director of People and Culture	Reduced Leaver Overpayments: Reduce leaver overpayments by 75%. In FY25 £140k of overpayments were made, with only £30k repaid as at July 2025. These payments happen mostly due to late notification of termination of contract to finance, who do not stop the final payment in time. Improving understanding and the process around overpayments can reduce this cost £0.1m - £0.1m	Within Value & Sustainability Plan	Open	Apr-26
Director of People and Culture	Digital Back Office Transformation: Leveraging technology to support or replace much of the administrative work performed by staff across Bands 1-4 can drive efficiency and generate savings. £1.2m - £1.6m	Within Value & Sustainability Plan	Open	Apr-26
Director of Infrastructure, Sustainability and Support Services	Estates: Paper towel replacement. Replacement of paper towels with hand dryers. £0.1m - £0.2m.	Within Value & Sustainability Plan	Open	Apr-26
Executive Nurse Director	Work is also recommended to independently validate if the staffing levels within wards are aligned to the requirements of Health and Social Care staffing legislation and if there is potential for improvement in terms of standardising patient acuity assessments across different wards (if they aren't standardised already) to identify opportunities to right-size the size of Nursing staff, while also ensuring continued legislative compliance	Within Value & Sustainability Plan	Open	Jun-26
Medical Director, Acute	Further work is recommended to undertake a targeted productivity review across key specialties (particularly Acute Surgery) to identify opportunities to improve and optimise activity levels and right-size workforce levels by reducing reliance on Agency and Locum. There may be opportunities to balance staffing with the highest pressures to reduce reliance on Agency, particularly in the FY1 and FY2 doctors	Within Value & Sustainability Plan	Open	Dec-26
Director of People and Culture	Staff Sickness Improvements: It is noted that NHS Grampian's sickness rate is the best in Scotland but still above the 4% target rate, providing an opportunity for improvement. £1.2m - £2.5m	Within Value & Sustainability Plan	Open	Dec-26
Medical Director, Acute	A review of consultant job plans across specialties is recommended given the increase in WTE and concurrent reduction in activity	Within Value & Sustainability Plan	Open	Dec-26
Director of Finance	Contract Leakage: Further Phases Longer term, there is a further £40m of addressable spend (spend to review) over and above the spend already reviewed in the previous phases. It is recommended that this moves to an additional phase to unlock additional value from contract leakage.	Within Value & Sustainability Plan	Open	Dec-26
Director of Marketing and Corporate Communications	NHSG should commission a review of systems, processes and technology in the middle and back office to identify where automation can be employed to reduce staff numbers. A 30% - 40% phased reduction in back-office roles realised by investing in technology, attrition and re-organising internal roles could save £11.7 million - £15.6 million. This will require some investment in technology such as Robotic Process Automation and AI and could take approximately between 12 to 36 months (or beyond depending on pace and attrition rates) to realise.	Within Value & Sustainability Plan	Open	Apr-27

Appendix B: Unscheduled Care Recommendations

Exec Sponsor	Recommendation	Key milestones and actions	Evidence Base	Month Evidence ready for review
Acute Triumvirate	Consider a short-term reconfiguration of physical acute bed capacity to align this better to current activity, and to improve patient flow by reducing the number of medical outliers.	Temporary expansion of medical beds into surgical capacity is planned during festive period to respond to increased demand including respiratory viruses alongside slow down of elective care activity.	ARI winter resilience plan implemented - Plan and 3MB/decision logs	Jan-26
Acute Triumvirate and IJBCOs	Unscheduled Care: Identification of alternative services to improve flow and outcomes	Project to enable patients to leave hospital without medications - this will involve delivery of pharmacy to patients homes after discharge to enable discharges to take place earlier in the day.	MOU/SLA with voluntary service delivering medications	Jan-26
Acute Triumvirate	Identify the cohorts associated with long lengths of stay within the acute and their characteristics, based on diagnoses codes and length of stay bands (0 days, 1-6 days, 7-13 days, etc.).	Data packs shared with ward teams every month so they can review and improve on length of stay. This will complement other discharge without delay improvement work, discharge to assess teams and the 'firebreak' to move patients out of delay.	Delivery of USCIP projects - firebreak, discharge to assess teams, embedding of discharge without delay principles and evidence of reduced number of delayed discharges in acute hospitals.	Mar-26
Acute Triumvirate	Work with front-line teams to ensure full awareness of patient navigation routes and available services.	Improved staffing levels for FNC are sustained, services encouraged to utilise FNC, including Scottish Ambulance Service crews	Evidence of increased contacts to FNC, increased uptake of Call Before You Convey	Mar-26
Acute Triumvirate	Unscheduled Care: Acute bed-base configuration	Bed rebalance workstream- ensure right sizing of beds across frailty/general medicine/acute medicine, requires relocation of another speciality ward into surgical areas (pink or orange zone).	Bed reconfiguration is in place with expansion of frailty beds. Evidenced through Trakcare.	Mar-26
Acute Triumvirate	Identify opportunities to link clinical systems across acute and ambulance providers to facilitate swifter patient navigation to the most appropriate service, based on availability.	A change to clinical systems for ambulance providers is not within our control, however we have agreed to test a joint Transportation Hub with SAS to better co-ordinate transport out of hospital with an additional local patient transport service vehicle being available to support early discharges	Evidence of less failed discharges due to transport unavailability during test of change period (Jan-March)	Mar-26
Acute Triumvirate and IJBCOs	NHSG should employ root cause analysis to inform its approach to reducing delayed discharges, which would in turn reduce nurse expenditure. This is discussed further in the Activity section.	Delays are caused due to lack of care home places or care at home packages. Embedding of discharge without delay principles across acute and community hospitals will address this.	Reduced length of stay in acute and community hospitals, increased number of patients on discharge to assess pathways.	Mar-26
Acute Triumvirate and IJBCOs	There are likely opportunities for NHSG to free up any beds which are delayed due to internal blockers. There is a further opportunity for NHSG to continue to develop its community pathways and work collaboratively with the HSCPs/IJCs to release the beds occupied by delayed discharges; thereby enabling the rightsizing of the acute clinical staff base and optimising the use of Bank and Agency spend across both Nursing and Medical staff.	Logic modelling of USCIP provides insight into opportunities. The mini firebreak (Dec/Jan 2026) and full firebreak (Feb 26) will enable bed days to be recovered and will reduce hospital occupancy and additional staffing costs.	Reduced acute hospital occupancy from over 104% to under 100%	Mar-26
Acute Triumvirate	NHSG should explore options to reduce surge beds through service redesign and changes to the UEC pathway and model of care for frailty and end of life care. It may not be possible to reduce escalation beds in the short term given the high occupancy at ARI although it should be possible to reduce this and pressure on the system.	Workshop to explore expansion of frailty beds held on 21/1/26, options appraisal to be prepared and agreed through Unscheduled Care Programme Board - bed rebalance requires to be in place before surge beds can be closed	Options appraisal, decision made on bed reconfiguration (USCPB minutes), changes to beds/wards for frailty are in place	May-26
Acute Triumvirate and IJBCOs	Ensure all admission avoidance and discharge support schemes have robust evaluation mechanisms in place to demonstrate their benefits, and to provide a basis for scaling services where these services have had a demonstrable impact on de-pressurising the acute sector	Discharge to assess teams in place, integrated flow hub delivered, expansion of hospital at home. Monitored and evaluated through Downstream Delivery Group and Unscheduled Care Programme Board.	Evidence of increased beds and use of hospital at home services, reduced acute hospital length of stay and number of delayed discharges in acute hospitals.	May-26
Acute Triumvirate and IJBCOs	There is also an opportunity to improve the mix of A&E attendances by undertaking a detailed UEC pathway shift to reduce Type 1 attendances and optimise the staffing model. Options to move separate low acuity elective care and day case activity from the pressure in the main hospitals should also be considered	Expansion of Flow Navigation Centre with additional referral pathways and redirections.	Evidence of increased pathways available to and from Flow Navigation Centre, evidence of increased contacts to FNC.	May-26
Acute Triumvirate and IJBCOs	Unscheduled Care: Maximising admission avoidance	Expansion of Flow Navigation Centre with additional referral pathways and redirections.	Evidence of increased pathways available to and from Flow Navigation Centre, evidence of increased contacts to FNC.	May-26

Exec Sponsor	Recommendation	Key milestones and actions	Evidence Base	Month Evidence ready for review
Acute Triumvirate and IJBCOs	Unscheduled Care: Post-discharge capacity	Increased hospital at home provision and discharge to assess teams.	Increased H@H beds in operation and discharge to assess teams operational.	May-26
Acute Triumvirate and IJBCOs	Work with clinical teams to identify what services, skills or capacity would need to be in place in out-of-hospital settings to reduce acute activity, and explore the feasibility of standing up identified	Ecosystem mapping complete and will allow for identifications of interventions in the community.	Evaluation of tests of change implemented as a result of the ecosystem mapping.	May-26
Acute Triumvirate and IJBCOs	Review the staffing model and admission criteria for Hospital at Home and out-of-hours services to identify whether any adjustments could be made to increase their utilisation, noting that both services were underspent in 2024/25	Expansion of H@H beds into Aberdeenshire, and higher use of beds from Sept 2025 baseline.	H@H is operational in areas in Aberdeenshire.	May-26
Acute Triumvirate and IJBCOs	Work with the HSCPs/IJs to explore opportunities to align onward capacity for patients with complex needs (e.g. dementia and bariatric care), is right-sized and configured for demand within the system, and to reflect the changing demographics of Aberdeen City, Aberdeenshire and Moray	Delivery of the downstream aspects of the USCIP and/or short term social care bid, which increases community capacity.	Increased community capacity/staffing in place.	Dec-26

Appendix B: Planned Care Recommendations

Exec Sponsor	Recommendation	Programme	Status	Month Evidence ready for review
Medical Director, Acute	Improve Endoscopy Utilisation. The current utilisation rate for Endoscopy is 70% at ARI and 86% at Dr Gray's. There is an opportunity to increase Endoscopy utilisation by reducing cancellation rates (ARI 24%, Dr Gray's 15%) to improve utilisation of substantive capacity and reduce WLIs. £0.2m - £0.2m.	Within Planned Care Improvement Plan	Open	Apr-26
Medical Director, Acute	Improvement in Day Case pathways. Opportunity to reduce unnecessary conversion of planned day case procedures to inpatient admissions. For FY24/25, 2,466 procedures were converted from day case to inpatient, representing a 6.3% conversion rate. £0.2m - £0.3m.	Within Planned Care Improvement Plan	Open	Apr-26
Medical Director, Acute	Increasing Patient Initiated Returns (PIR): Currently, only 8% of return outpatient appointments are managed via Patient Initiated Return (PIR) or Open Return (OR) pathways. This presents a significant opportunity to optimise capacity, particularly given the Trust's [sic] low New: Return ratio (2.3 vs peer benchmark of 2.9), which indicates available demand to backfill released slots. £0.2m - £0.3m.	Within Planned Care Improvement Plan	Open	Apr-26
Medical Director, Acute	We recommend that NHSG undertake further work to understand the drivers of the increase in outpatient appointments. The Health Board should work with Health Improvement Scotland to assess and introduce options to reduce outpatient activity. If the increase in activity is real, there is a significant opportunity to release costs and clinical time, which could be refocused on UEC and patient discharge. Reducing number of outpatient appointments back to 2019/20 numbers could unlock between £10 million to £15 million in savings	Within Planned Care Improvement Plan	Open	Apr-26
Medical Director, Acute	Clinical Productivity: Rightsizing Outpatients.2024/25, as compared to 2019/20. However, NHSG Management have informed that waiting lists continue to increase. If NHSG reduce the outpatient activity to FY19/20 levels, this is equivalent to c.80 FTE Consultant positions that can be utilised to support elsewhere. £10.0m - £15.0m	Within Planned Care Improvement Plan	Open	Apr-26
Medical Director, Acute	Outpatient booking cancellation review. The current cancellation rate in Outpatients stands at 18%, equating to 320,380 appointments. £0.2m - £0.5m.	Within Planned Care Improvement Plan	Open	Apr-26
Medical Director, Acute	Outpatient booking process review. There is scope to introduce alternative methods of booking outpatients including Robotic Processing Automation (RPA), implementation of AI tools and/or a choose and book style system to enable patient led booking. This could reduce requirements by between 20 and 40 WTE depending on integration. £0.6m - £1.2m	Within Planned Care Improvement Plan	Open	Apr-26

Appendix B: Culture & Leadership Recommendations

Exec Sponsor	Recommendation	Programme	Status	Key milestones and actions	Evidence Base	Month Evidence ready for review
Director of Finance	CET and Board should approve a condensed number of priority areas for delivery and related KPIs. The revised approach needs to encompass a small number of priority issues determined by an assessment of management's delivery capacity. Metrics to become the focus of Board performance reporting and adopted from ward-to-Board-level. Partners and regulators to be informed when a decision to change priorities emerge.	Culture, Leadership & Governance	Closed	Board has three priority programmes with a fourth emerging in relation to culture and leadership.	Quarterly HAWD reports at PAFIC and Board	Closed
Director of Finance	We recommend an in-depth review of NHSG's FRP to assess the maturity of the individual initiatives, understand progress against plan and readjust delivery forecasts, as appropriate. This will include understanding if in-flight projects can be accelerated to deliver savings sooner	Culture, Leadership & Governance	Closed	In-depth review of Value & Sustainability projects completed. Detailed review of delivery of savings present in all Value & Sustainability updates and the Finance Budget Monitoring reports.	Review completed by Interim Director of Improvement Monthly Finance Budget Monitoring reports to PAFIC, Board and CET Value & Sustainability assurance reports	Closed
Director of Finance	Any residual risk of IJB overspends should be considered within NHSG's own financial governance arrangements to ensure early development of mitigation strategies and saving schemes, as appropriate.	Culture, Leadership & Governance	Open	Enhanced IJB section in the finance monitoring report. Separate IJB report on IJB finances reported to two public Board meetings. Monthly forecast meeting with IJB CFOS and Council Section 95 Officers. Enhanced information sharing at Financial Recovery Board	Finance Monthly Budget Monitoring Reports Two Public Reports on IJB Finance to NHS Grampian Board Sharing of information at forecast meetings FRB agenda and presentations	Mar-26
Director of Finance	Consider adopting a more exception-based approach to finance reporting, highlighting key changes, deteriorations or improvements from the previous month. A deep dive approach could also be adopted where different areas are prioritised for more detailed analysis in certain months.	Culture, Leadership & Governance	Open	Enhanced budget monitoring report developed, which improves visibility and accountability for budgets at a senior level. Improvement and deteriorations are documented. CET undertaking deep dive into deteriorating positions. Finance Recovery Board also deep diving on certain topics	Monthly Budget monitoring reports to PAFIC, Board and CET CET Agenda, papers and minutes Financial Recovery Board agenda, papers and minutes	Mar-26
Director of Finance	Include reporting on IJB expenditure within monthly finance reports to ensure that the Board has greater awareness of areas of overspend within IJBs and is able to provide greater scrutiny and challenge.	Culture, Leadership & Governance	Open	Enhanced IJB section in the finance monitoring report. Separate IJB report on IJB finances reported to two public Board meetings.	Finance Monthly Budget Monitoring Reports Two Public Reports on IJB Finance to NHS Grampian Board	Mar-26
Director of Finance	NHSG should closely monitor performance of the IJBs and proactively engage with the IJB to prevent and manage any in-year overspend that may be passed on to NHSG as additional pressures. This can include increased scrutiny on financial plans and performance reports prepared by the IJBs as well as to work collaboratively to develop schemes which can mitigate these risks.	Culture, Leadership & Governance	Open	Enhanced IJB section in the finance monitoring report. Separate IJB report on IJB finances reported to two public Board meetings. Monthly forecast meeting with IJB CFOS and Council Section 95 Officers Enhanced information sharing at Financial Recovery Board Whole system financial planning held on 7 November Full system budget presentation being prepared by end of January 2026	Finance Monthly Budget Monitoring Reports Two Public Reports on IJB Finance to NHS Grampian Board Sharing of information at forecast meetings FRB agenda and presentations Actions and tracker from workshop Full system budget presentation	Mar-26
Director of Finance	NHS Grampian should seek to learn from national best practice regarding the governance and management of delegated budgets	Culture, Leadership & Governance	Open	Enhanced IJB section in the finance monitoring report. Separate IJB report on IJB finances reported to two public Board meetings. Monthly forecast meeting with IJB CFOS and Council Section 95 Officers Enhanced information sharing at Financial Recovery Board Whole system financial planning held on 7 November Full system budget presentation being prepared by end of January 2026	Finance Monthly Budget Monitoring Reports Two Public Reports on IJB Finance to NHS Grampian Board Sharing of information at forecast meetings FRB agenda and presentations Actions and tracker from workshop Full system budget presentation	Mar-26
Director of Finance	There are opportunities for NHSG to take a more agile approach to financial reporting and monitoring. This should also include a comprehensive summary of IJB financial reporting to the Board to allow better oversight and scrutiny	Culture, Leadership & Governance	Open	Enhanced budget monitoring report developed, which improves visibility and accountability for budgets at a senior level. Improvement and deteriorations are documented. Enhanced IJB section in the finance monitoring report. Separate IJB report on IJB finances reported to two public Board meetings.	Monthly Budget monitoring reports to PAFIC, Board and CET Finance Monthly Budget Monitoring Reports Two Public Reports on IJB Finance to NHS Grampian Board	Mar-26
Director of Finance	There is an opportunity to strengthen the tone of the supporting analysis of financial reporting both internally and externally to SG.	Culture, Leadership & Governance	Open	Enhanced budget monitoring report developed, which improves visibility and accountability for budgets at a senior level. All finance reports sent to Finance Delivery Unit for comment prior to publication All finance reports sent or discussed at the Assurance Board	Monthly Budget monitoring reports to PAFIC, Board and CET Copies of correspondence Assurance board agendas and publicly available minutes	Mar-26
Director of Finance	NHSG should work collaboratively with social care and its community sector to explore appropriate and sustainable strategies. A certain level of unplanned pressures is expected to be absorbed by providers and managed by delivery of saving schemes. NHSG has approximately £19.5 million - £21.4 million of unfunded pressures, which have accumulated without a corresponding funding strategy, (internal or external).	Culture, Leadership & Governance	Open	Enhanced IJB section in the finance monitoring report. Separate IJB report on IJB finances reported to two public Board meetings. Monthly forecast meeting with IJB CFOS and Council Section 95 Officers Enhanced information sharing at Financial Recovery Board Whole system financial financial planning held on 7 November Full system budget presentation being prepared by end of January 2026	Finance Monthly Budget Monitoring Reports Two Public Reports on IJB Finance to NHS Grampian Board Sharing of information at forecast meetings FRB agenda and presentations Actions and tracker from workshop Full system budget presentation	Mar-26
Executive Nurse Director	Ensure there is a clear escalation process for overdue level 1 reviews for adverse events.	Culture, Leadership & Governance	Open	develop a clear escalation protocol, with defined thresholds, escalation routes and responsible roles. Draft escalation protocol developed for review at SLWG 15 Jan 2026. Target completion date 31.01.2026. Assess NHS Grampian's performance against national benchmarks and frequency of regular reporting via Board Clinical Risk Meeting (CRM) to support identification of priority areas. Next due 2 February 2026.	1.1 Ratified escalation protocol with formal communication of dissemination throughout system and via SLWG. 1.2 Quarterly reports will be available via CRM	Mar-26

Exec Sponsor	Recommendation	Programme	Status	Key milestones and actions	Evidence Base	Month Evidence ready for review
Executive Nurse Director	Identify communication mechanisms which can be used to feedback to staff on the learning from adverse events to highlight the impact of reporting them.	Culture, Leadership & Governance	Open	Implement the revised HIS national framework for reviewing adverse events in Scotland: Feb 2025, and Adverse events toolkit: April 2025 –Healthcare Improvement Scotland. Target completion date 31.01.2026. Map and review of existing communication mechanisms and their effectiveness. Target completion date 28.02.2026.	2.1-1 Gap analysis (undertaken in Spring 2025) and supporting resources (risk matrix updated October 2025). 2.1-2 Update to local AE policy with national framework changes will be incorporated. 2.2 Map of existing communication methods for learning, and future measurement of impact.	Mar-26
Executive Medical Director	Potential behaviours of senior clinicians to engage with transformation activities: Concerns were raised about the impact and behaviours of some senior clinicians in certain areas obstructing attempts to address concerns and improve services.	Culture, Leadership & Governance	Open	Integrated Vetting to be enacted from January 2026. Development of Organisational Development plan to support teams integrate working across ARI and DGH.	Integrated vetting in place and evidenced practice. OD work agreed and plan developed. OD work implemented.	Apr-26
Executive Medical Director	Use of "intolerable" risks as part of the Board's risk management methodology could be having unintended negative consequences on how able staff feel to address the challenges facing the organisation. Consider re-visiting the use of risk tolerances, either to change them to target risk score ranges or to introduce an escalating series of operational actions to be taken to address risks which are intolerable to the organisation.	Culture, Leadership & Governance	Closed	1. Sept 2025 Organisation direction provided - discussion at Audit & Risk Committee (ARC) and Chief Executive Team (CET) regarding the use of risk tolerance and risk language. The use of describing risks as "intolerable" risk has stopped. Action completed by Dr Hugh Bishop. 2. 4 Nov 2025 Promote the use of consistent risk language and description. Action completed by Michelle Hankin. 3. Risk Board Seminar - session feedback form (via MSForms) used to capture awareness of risk language used to discuss our risks. Action completed by Dr Hugh Farrow-Bishop and Michelle Hankin.	A) Evidence R1 - PowerPoint Slides shared. B) Evidence R2 - Risk presentation to Clinical Board: Risk Overview - Review, language and matrices. C) Evidence R6 - MSForm Risk Board Seminar Feedback 22nd of January 2026.	Nov-25
Executive Medical Director	Include strategic risk action plans within risk reporting to CGC, PAFIC and ARC which include a due date, action owner and progress status update to provide committee members with information of actions in place to reduce the risk score or to highlight where no action can be taken.	Culture, Leadership & Governance	Close after the January Risk Board Seminar 2026	1. Discussion at Audit & Risk Committee (ARC) and Chief Executive Team (CET) regarding the visibility of strategic risk controls & actions. Action completed by Dr Hugh Bishop. 2. Feedback process to be established between governance committees and the Quality Improvement and Assurance Team (QIAT). Action completed by Gillian Poskitt, QIAT Team and Michelle Hankin. Process reiterated at the Risk Board Seminar January 2026. 3. Creation of a standardised Risk Corporate Governance Committee Paper template - for papers being presented at CET, Committee Papers with Risk Overviews (data extracted from the Datix system) being used to support the committee report as appendix 1. 4. Develop a Risk Summary sheet/ overview sheet to be used to summarise the risk activity and support discussion regarding risk assurance. Template to including mitigating actions for presentation at Governance Committees. Action completed by Michelle Hankin. The overview templates were shared with the risk owners and handlers in December 2025, they will maintain these templates and use them to support any risk discussions and committee risk reports. 5. Embed the use of the Datix Risk Management system to record action plans and progress against these. Utilise the implementation of Health Improvement Scotland (HIS) Risk Matrices as a trigger factor to promote risk review. Action completed by Michelle Hankin, the matrices were implemented in November 2025.	A) Evidence R1 - Power Point Slides. Sept 2025. B) Evidence R3 - SBAR to CET 25 Nov 2025. Evidence R7 also contains examples of this template in use/ completed for Q3 2025/2026 Population Health Feedback for Risk 3650. C) Evidence R3 & R7 - Risk Board Seminar Pre Reading Pack including all the strategic risk overview templates, risk paper templates and examples of 'good' these templates in use. D) Evidence R7 & R8 - Risk Overview Templates shared as part of the Risk Board Seminar Scheduled for the 22/01/2026. R8 evidence of new risk register, and risk overview being used in a committee risk report. E) Evidence R4, R5 & R7 - The risk documents, templates, Risk Illuminate Dashboard and processes created.	Jan-26
Executive Nurse Director	A further deep dive review of how Serious Adverse Events Reporting are captured, classified, investigated and reported should be considered by NHSG.	Culture, Leadership & Governance	Open	Undertake a deep dive against national framework. Target completion date 31.03.2026.	3.1-1 SAER Quality Review (Sept 2025). 3.1-2 Deep dive as part of the HIS self-assessment signed off by END and Chief Executive December 2025. Learning from both of these and associated actions being taken forward by SLWG Adverse Events commencing 15 January 2026	Apr-26
Chief Executive	The recruitment of a new, substantive CEO presents a crucial opportunity to set the tone for positive collaboration with partners, renewed ways of working and communicating. This should be a key area of focus for the new CEO.	Culture, Leadership & Governance	Open	Compilation of work and actions completed to increase engagement and collaboration aligned to staff and external partners.	CEO personal objectives for 25/26. Quarterly meetings - HIS and NES. HIS/NES CEO/Chair invited to visit NHSG Q4. SAS monthly CEO-CEO meetings. 3 Local Authority CEOs relationship meetings. Quarterly Principal and Vice Chancellor - University of Aberdeen meetings. Co-Chair of Joint University of Aberdeen and NHS Grampian meetings (quarterly) - Regular attendance at IJB meetings (formal and seminars) - to update on KPMG Diagnostic report and priority areas (CEO and Chair) Weekly APF-ACF touchpoint/relationship meetings and Co-Chair GAPF. Chair of North East Transformation Group. Integrated system finance and service planning - Local Authorities, NHSG, IJBs - DoFs, Sect 95 Officers, CEOs Sub national planning engagement -CEO leading on USC workstream for Scotland East	Apr-26

Exec Sponsor	Recommendation	Programme	Status	Key milestones and actions	Evidence Base	Month Evidence ready for review
Acute Triumvirate	A review of the effectiveness of governance at an operational level should be considered. Dr Gray's. (Linked to DR042 - Hugh Bishop)	Culture, Leadership & Governance	Open	Integrated Vetting to be enacted from January 2026. Development of Organisational Development plan to support teams integrate working across ARI and DGH.	Integrated vetting in place and evidenced practice. OD work agreed and plan developed. OD work implemented.	Apr-26
NHSG/ IJB CO's	Social Care: Service Review. Due to the pass-through nature of the budget, social care was not able to be reviewed during this diagnostic outside of publicly available information and as such. A review into the current spend within at home social care is required. It is noted that at present, Aberdeenshire IJB are undertaking a review of Home Care following a £1.3m overspend in FY24/25 for Home Care and ARCH services.	Culture, Leadership & Governance	Open	A review of this recommendation will be taken in Quarter 1 2026/27 with a next-step recommendation to be determined	Decision to be made via IJB.	Jun-26
Director of Finance	NHSG has identified a list of non-recurring income and expenses as potential underlying adjustments. Further work is recommended to validate these adjustments and update the drives of the deficit analysis to analyse underlying performance.	Culture, Leadership & Governance	Open	The drivers of the deficit are well understood within the Board supported by the findings of the external diagnostic review. A number of recommendations elsewhere in the improvement plan are targeting further understanding in these areas to support improved financial and operational improvement. Further discussion will be undertaken with Scottish Government to ensure their support for closing this action and addressing the underlying financial challenge via other actions.	Agreement of criteria for closure with Scottish Government	Jun-26
Director of Finance	We recommend that SG and NHSG consider undertaking a full and complete analysis of the drivers of the deficit to supplement existing NHSG work, as well as the analysis and findings within this diagnostic report	Culture, Leadership & Governance	Open	The drivers of the deficit are well understood within the Board supported by the findings of the external diagnostic review. A number of recommendations elsewhere in the improvement plan are targeting further understanding in these areas to support improved financial and operational improvement. Further discussion will be undertaken with Scottish Government to ensure their support for closing this action and addressing the underlying financial challenge via other actions.	Agreement of criteria for closure with Scottish Government	Jun-26
Executive Medical Director	Agree tolerance parameters for monitoring non-priority KPIs so that they can be escalated for attention if they fall outside of these tolerances.		Open	Work has taken place to allocate non priority KPIs to Committees Milestone 1 Check-in on progress 30 September 2026 Milestone 2 Ensure that performance reporting embedded in the Committees	Review committee monitoring reports and minutes	Sep-26
Director of Finance	Formalise the budget monitoring process to ensure there is a clear escalation process followed in which smaller budgets exceeding specific triggers result in additional oversight.	Culture, Leadership & Governance	Open	Budget monitoring procedures to be adapted to flag variances on smaller budget, over a certain level to the CET. Milestone 1 - Change budget monitoring procedures by 31 March 2026 Milestone 2 - Evidence new approach embedded by reviewing CET budget monitoring reports - 31 December 2026	Budget monitoring procedures Budget monitoring reports to CET	Dec-26
Chair of NHS Grampian Board	The new Chief Executive represents an opportunity to undertake a broader review of Board Effectiveness	Culture, Leadership & Governance	Open	1. Board Seminar programme developed and implemented. 2. Strengthened governance framework in place from Exec Team and Senior Leadership Team. 3. Improved performance reporting to Committees and to Board including HAWD report. 4. Board and senior leadership visibility 5. Recruitment to substantive executive posts (DoP&C and Director of Strategy) 6. Complete the Blueprint for Good Governance	Seminars delivered, operational governance framework in place and evidence of clear decision-making aligned to Terms of Reference. Assurance through improved reporting through Committees and Board. Demonstration of Board visibility programme delivered. Recruitment to vacant exec posts. Strengthened assurance. Blueprint completed and shared at Board Seminar in Quarter 2/3.	Jan-27
Director of Finance	CET and Board focus to remain on these priority areas until performance improvements achieved or decision made to replace the priority area.	Culture, Leadership & Governance	Open	Board has not wavered in support for three priority programmes and this will be continued into next financial year. The Board has added one further priority in relation to culture and leadership. Governance from three priority project boards now fully established in organisation.	Quarterly HAWD reports at PAFC and Board Programme Board Assurance Reports	Jan-27
Acute Triumvirate	As part of the move back to service-based leadership teams, clarify the framework in which service leads and budget holders are able to make decisions and where they required sign off from the Chief Executive Team		Open	Acute Sector governance framework moves from shadow format to embedded. Implementation on new operational governance framework including escalation of decisions from Acute Sector governance to Senior Leadership Team.	Terms of Reference approved. Acute Governance Framework operational. Minutes and actions of meetings for all divisions. Minutes and actions from ASLT meetings. Papers submitted to SLT and decisions minuted.	Feb-27
Acute Triumvirate	The Board should delegate more decision-making and performance management to service leadership teams, giving them autonomy to make improvements within a framework.	Culture, Leadership & Governance	Open	Operational governance framework implemented. Executive Team structure from April 2026. Extended Senior Leadership Team from April 2026. Senior Leadership Team from Quarter 2 2026/27.	Terms of Reference approved. Evidence of approval of structure through CET meetings and Board. Structure implemented and evidenced by papers and minutes. Demonstration of decision-making being implemented.	Feb-27
Director of Finance	Review the historic savings that are included within annual budgets and consider zero-based budgeting at the start of each year.	Culture, Leadership & Governance	Open	A number of areas including medical staffing and secondary drugs are reviewed on an annual basis. Nursing budgets are in the process of being rebased to reflect the budget requirement to deliver operational services. Further zero basing will be considered as part of the budget strategy for 2026/27 recognising the risk associated with holding the Board's financial deficit centrally. This will be informed by national work focused on best practice for zero basing across Scotland.	Evidence of zero-based budgeting being enacted.	Mar-27
Director of Finance	Start the budgeting process earlier in the year in collaboration with the IJBs to ensure that budgeting forms part of joint planning arrangements and transformation strategies.	Culture, Leadership & Governance	Open	detailed value & sustainability programme plan in place for 2026/27 Information sharing in place with IJBs. Whole system financial planning held on 7 November Full system budget presentation being prepared by end of January 2026 Milestone 1 - Review budgets at 31 March 2026 Milestone 2 - Ensure this year's approach is embedded - 31 December 2026 Milestone 3 - Close 31 March 2027	Value and Sustainability Plan 2026/27 Actions and tracker from workshop Full system budget presentation Value and Sustainability Plan 2027/28	Mar-27

Exec Sponsor	Recommendation	Programme	Status	Key milestones and actions	Evidence Base	Month Evidence ready for review
Director of Finance	Work with HSCP partners at an organisational and service level to identify opportunities to undertake greater system-wide service planning including the sharing of important data	Culture, Leadership & Governance	Open	Agreed to re-establish the North East Transformation Board Terms of reference being drafted and consulted on Milestone 1 - Review progress of NETB Milestone 2 - Close 31 March 2027 one evidence of meetings showing approach is embedded	Dates being put in the diary for 2026 Terms of Reference for North East Transformation Board Minutes and papers for NETB Minutes and papers for NETB, annual report	Mar-27
Director of Finance	We recommend further work is undertaken to understand the drivers of increases in pay costs/WTEs and non-pay costs within the delegated budgets, particularly to understand the impact the increased workforce has had on the overall productivity of the IJBs/HSCPs.	Culture, Leadership & Governance	Open	Being taken forward by the Assurance Board Sub Group on Staffing Milestone 1 - Checking on progress 30 September 2026 Milestone 2 - Close 31 March 2027	Minutes of sub group and assurance board	Mar-27
NHSG/ IJB CO's	Out of Area Placements: NHSG to work with the IJBs to reassess and understand the out of area placement challenges and work to repatriate patients to reduce cost to the Health Board and improve patient experience by bringing care closer to home. £0.5m - £1.0m	Culture, Leadership & Governance	Open	On-going discussions with NHSG and IJB's. Work underway to look at opportunities to reduce spend.	Development of clear plan supporting repatriation where applicable. Patients able to be repatriated are. Decline in COA placements through implementation of clear actions.	Mar-27