

# NHS Grampian Digital Board Terms of Reference

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## Document Version Control

Version	Revision Date	Summary of Changes
0.8	28/11/2025	Full review to accommodate questionnaire feedback and changes in NHS Grampian governance
0.9	24/2/2026	Feedback and comment received by members of the Digital Board

For Review

## 1.0 Purpose

Digital health and care are central and integral to transformational change in services required to improve outcomes for citizens. Over the next decade digital services will become not only the first point of contact with health and care services for many people, but also how they choose to engage with health and care services on an ongoing basis.

Grampian Digital is a major strategic enabler for improving patient care and supporting clinical care. Facilitating integrated care through digital solutions requires the oversight of the NHS Grampian Digital Board, so that maximum benefit of ongoing digital investment is realised for NHS Grampian, and for NHS Orkney and NHS Shetland where hosted services are provided.

The NHS Grampian Digital Board supports national, sub-national and local priorities by avoiding duplication, maximising resource and capacity, improving resilience, identifying opportunities, and ensuring we capitalise on operational, service and programme delivery.

The NHS Grampian Digital Board is a central decision-making and approval mechanism for all digital governance. It is responsible for reviewing and identifying opportunities for digital change and improvement.

The Digital Board will provide active oversight of delivery against the priorities contained in the Digital Delivery Plan, including monitoring progress, reviewing exception reports, and taking timely remedial action where delivery is at risk.

## 2.0 Strategic Objectives

- Provide clear digital strategic direction aligned to NHS Grampian's Plan for the Future.
- Provide oversight of digital risk, organisational interdependencies and system capability, ensuring NHS Grampian maintains the confidence, capacity and foresight required to deliver sustainable digital transformation.
- Champion and drive the delivery of national, sub-national and local digital priorities, ensuring NHS Grampian's digital ecosystem evolves in line with Scotland's wider health and care ambitions, (including delivery of initiatives such as the Digital Front Door, Planned Care transformation, and improvements in Unscheduled Care.
- Digital Board will serve as the primary escalation forum for risks, issues, and challenges to delivering agreed digital priorities, including where progress, capacity, funding, safety, or alignment with national or sub-national commitments is at risk.
- Receive and review progress and exception reports against the Digital Delivery Plan, and agree mitigating actions, such as re-prioritisation or escalation where required.
- Serve as an expert forum to inform decision making around the resourcing of future opportunities.

- Digital Board to provide expert scrutiny and assurance over agreed priority programs and business cases requiring financial investment.
- To establish and commission working groups to collaboratively take forward specific pieces of activity in response to organisational need over a defined time period.
- Maintain strategic oversight of escalated risks and issues, meeting actions and decisions, to ensure transparent governance, organisational accountability and consistent alignment between operational delivery and the Board's long-term digital strategy.
- Regularly review and refine Board processes, membership, and meeting structures to maximise engagement and effectiveness, ensuring the Board remains responsive to emerging priorities, shifting external landscapes and organisational transformation needs.

### 3.0 Out of Scope

The Digital Board will not duplicate work undertaken by Unscheduled Care Programme, Planned Care Programme, Value & Sustainability, Culture or Population Health Programme Boards but will report where there are competing requirements, make recommendations on the allocation of resources.

Where the Digital Board identifies that available capacity or funding is insufficient to deliver work that is both important and urgent, this will be escalated to the Chief Executive's Team with a clear recommendation for decision.

In the absence of available funding to support resource demands, separate financial approval will be sought where necessary.

## 4.0 Membership & Attendance

### 4.1 Board Chairmanship

The NHS Grampian Digital Board will be co-chaired by the Director of Marketing and Corporate Communications (as Executive Lead for Digital) and the Acute Medical Director.

### 4.2 Membership

Members have been appointed to provide leadership and promote partnership working locally, regionally and wider.

It is the responsibility of all members to cascade information from the Digital Board to their respective teams. Sensitive topics/items requiring confidentiality will be highlighted in the meeting.

Core Membership: Members who represent a holistic view on behalf of their professional/sector area e.g. organisational colleagues.

Advisory Members: Members drawn from professional areas impacted by Digital Services (e.g. national, local authority, university colleagues) and partners with whom close collaboration is needed in order to realise digital goals.

Co-opted members will be requested to attend meetings as required.

<b>Name</b>	<b>Designation</b>	<b>On behalf of</b>
<b>Core Members</b>		
Stuart Humphreys	Director of Marketing and Corporate Communications (Co Chair)	NHSG Digital Exec Lead
Paul Bachoo	Medical Director – Acute (Co Chair)	Medical Management
Martin Innes	Chief Digital Officer	Grampian Digital
Steve Baguley	Chief Clinical Digital Officer	Grampian Digital
Alan Bell	Head of Information Governance and Data Protection Officer*	NHS Grampian
Jillian Evans	Head of Health Intelligence	NHS Grampian
James Maitland	Transformation Programme Manager from 3pm	Aberdeen City HSCP
Leigh Jolly	Chief Officer	Aberdeenshire HSCP
Judith Proctor	Chief Officer	Moray HSCP
Judith McLenan	Lead for Hosted MHLDS, Inpatient, Specialist Services and CAMHS	Mental Health
Alex Stephen	Director of Finance	NHS Grampian
Julie Anderson	Assistant Director of Finance	NHS Grampian
Garry Kidd	Assistant Director of Infrastructure and Sustainability - Facilities	NHS Grampian
David Cooper	GP/Chair PCIMT, GP Sub & LMC	Primary Care
Jennifer Yeomans	Head of Procurement	NHS Grampian
June Brown	Executive Nurse Director	NHS Grampian
Lynn Morrison	Director of Allied Health Professions	NHS Grampian
Alasdair Pattinson	General Manager	Dr Gray's Hospital
David Pflieger	Director of Pharmacy	NHS Grampian
Steven Lindsay	Employee Director	NHS Grampian
Debs Crohn	Head of Improvement	NHS Orkney
Hugh Bishop	Medical Director/SIRO	NHS Grampian
Andy Keen	Clinical Director of Innovation	NHS Grampian
Phillip Shipman	Director of People and Culture	NHS Grampian
Struan Wilkie	Head of Radiology IT	NHS Grampian
Dr Noha El Sakka	Clinical Director for Laboratory Medicine	NHS Grampian
Cathy Young	Head of Transformation	NHS Grampian
Lorraine Scott	Head of Planning & Programmes, PIP	NHS Grampian
Stephen McCallum	Service Clinical Director, Medical Physics	NHS Grampian
Bibianna Wojtczak	Project Manager	NHS Shetland
Michael Peterson	IT Manager	NHS Shetland
Anthony McDavitt	Director of Pharmacy   Interim Depute Director of CHSC	NHS Shetland
Nick Crohn	Radiology Manager   Clinical Digital Lead	NHS Orkney
Heather Binns	Head of Digital Transformation (Board Secretary)	NHS Grampian
Craig Paterson	Head of Digital Intelligence	NHS Grampian
<b>Advisory Members</b>		
Dr Charles Moore	Undergraduate Clinical Digital Lead & Honorary Senior Lecturer	University of Aberdeen

Stephen Flockhart	Director of Digital & Security Information Technology	NSS
Jonathan Cameron	Deputy Director, Digital Health & Care	Scottish Government
David McColl	Delivery role	NES
Anna Campbell / Lorraine Smith	Digital Board Admin Support	NHS Grampian
<b>Co-opted Members</b>		
Alex Robertson Jon Eilbeck Phil Low George Dougary Paul Finlayson	Digital Directorate Heads of Service	NHS Grampian

\*where the DPO provides advice, they will recuse themselves from any decisions concerning the processing of personal data as normal/required by legislation.

### 4.3 Attendance

Core Members of the Board are expected to attend meetings wherever possible or provide a nominated deputy. The deputy should be fully briefed and have full decision-making authority.

The Board will review its membership annually to ensure the right balance of skills and representation.

### 4.4 Reporting & Accountability Structure

The Digital Board is accountable to the Chief Executive Team (CET) and specific Committees of the Board in relation to key activities relating to compliance and performance (i.e. Audit and Risk / PAFIC).

The Digital Board Chair will submit regular progress and exception updates through submission of A Chair's Assurance Report, ensuring consistency with other Programme Boards, as well as established departmental/service reporting channels as appropriate to highlight risk and take/propose mitigating actions in a timely way.

### 4.5 Meetings

The Board will meet 6 weekly. Additional meetings may be scheduled if deemed necessary by the co-Chairs and frequency of meetings will be reviewed annually.

Meeting format will usually be via MS Teams given the geographic spread of members.

Meetings will be recorded for the purpose of minute generation and then deleted.

### 4.6 Quorum

The quorum be deemed quorate if the Chair plus a minimum of ten core members are in attendance.

## 5.0 Decision Making

The Digital Board aims to make decisions by consensus to promote collaboration, inclusivity and shared ownership. Consensus means all members have had the opportunity to contribute openly and transparently, even if the position reached it is not everyone's preferred option.

### Key Benefits:

- Encourages open dialogue and transparency.
- Builds trust and commitment.
- Produces well-informed, balanced decisions.

### Process Overview:

- Share information and discuss openly.
- Seek common ground and clarify options.
- Document decisions and rationale.

### If Consensus Cannot Be Reached:

After reasonable discussion, the Chair will seek common ground and clarify options to support recording the non-consensus for escalation to CET in line with the Digital Board governance structure.

Escalation to CET will also occur where delivery is materially off-track, where agreed milestones cannot be met within existing capacity or funding, or where the Board determines that a decision is required beyond its delegated authority.

All members are required to make decisions which are deemed in the best interest of NHS Grampian, rather than their individual areas of responsibility, service or professional disciplines.

### Extraordinary Correspondence:

- To ensure timely decision-making between scheduled meetings, the Digital Board may use extraordinary correspondence (such as email or secure digital platforms) to consider and approve urgent matters.
- All members will be notified of the issue, provided with relevant information, and given a clear deadline for response.
- Decisions made via extraordinary correspondence will be recorded and formally noted at the next scheduled Board meeting.
- Mechanisms for urgent decisions will be maintained and reviewed regularly to ensure effectiveness.

## 6.0 Delivery Oversight and Escalation

The Digital Board will oversee delivery of the Digital Delivery Plan through routine progress and exception reporting. Where delivery risks emerge, the Board will:

- Agree corrective or mitigating actions within its remit;
- Re-prioritise work where appropriate; and

- Escalate to the Chief Executive's Team with a clear recommendation where risks cannot be managed within existing capacity, funding, or delegated authority.

For Review