

APPROVED

NHS GRAMPIAN
Minutes of Meeting of Grampian NHS Board on
Thursday 11 April 2024 at 10:00
virtually by Microsoft Teams

Present:

Board Members

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| Mrs Alison Evison | Chair/Non-Executive Board Member |
| Cllr Ann Bell | Non-Executive Board Member (Joined 10:55) |
| Professor Siladitya Bhattacharya | Non-Executive Board Member |
| Dr June Brown | Executive Nurse Director/Deputy Chief Executive |
| Mr Mark Burrell | Chair of Area Clinical Forum/Non-Executive Board Member |
| Dr Adam Coldwells | Interim Chief Executive |
| Cllr Tracy Colyer | Non-Executive Board Member |
| Mr Albert Donald | Non-Executive Board Member/Whistleblowing Champion |
| Ms Joyce Duncan | Non-Executive Board Member |
| Professor Nick Fluck | Medical Director |
| Mr Derick Murray | Non-Executive Board Member |
| Mr Sandy Riddell | Non-Executive Board Member |
| Mr Dennis Robertson | Vice-Chair/Non-Executive Board Member |
| Mr Alex Stephen | Director of Finance/Board Secretary |
| Dr John Tomlinson | Non-Executive Board Member |
| Mrs Susan Webb | Director of Public Health/Portfolio Lead Population Health |
| Cllr Ian Yuill | Non-Executive Board Member |

Attendees

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| Ms Julie Anderson | Assistant Director of Finance (Items 6 & 10) |
| Mr Paul Bachoo | Portfolio Lead Integrated Specialist Care |
| Mr Grant Burt | Finance Governance Manager (Item 10) |
| Mrs Caroline Clark | Chief Nurse (Item 8) |
| Ms Tracy Davis | Child Health Lead (Item 8) |
| Miss Lesley Hall | Assistant Board Secretary |
| Mr Stuart Humphreys | Director of Marketing and Communications |
| Mr Chris Littlejohn | Consultant in Public Health Medicine (Item 7) |
| Mrs Jennifer Matthews | Corporate Risk Advisor (Item 9) |
| Ms Pamela Milliken | Chief Officer, Aberdeenshire Integration Joint Board and Portfolio Lead Aberdeenshire |
| Mr Alan Wilson | Director of Infrastructure, Sustainability and Support Services |
| Mrs Alison Wood | PA/Minute Taker |

Apologies

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| Mr Simon Bokor-Ingram | Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray |
| Ms Kate Danskin | Chief of Staff |
| Ms Geraldine Fraser | Portfolio Lead Integrated Family Services |
| Mr Steven Lindsay | Employee Director/Non-Executive Board Member |
| Ms Fiona Mitchelhill | Chief Officer, Aberdeen City Integration Joint Board and Portfolio Lead Aberdeen City |
| Mr Hussein Patwa | Non-Executive Board Member |
| Mr Tom Power | Director of People and Culture |

Mrs Evison, Chair, welcomed everyone to the meeting. 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. Mrs Evison made a transparency statement, in relation to items 7 and 11.1, that she was an Aberdeenshire councillor. Cllr Yuill made a transparency statement, in relation to item 6, that he was an Aberdeen City councillor.

3 Chair's Welcome

The Chair highlighted several items on the agenda, including the importance of the scrutiny of the NHS Grampian Infrastructure Investment Plan within the constrained capital funding position. The plan would shape and support how and where the organisation provided health and social care over the next five years and beyond. The proposed areas of focus and approach to prioritisation was vital. She acknowledged that projects were not significant by their size alone. Through close collaboration with partners, there would be opportunities to support smaller meaningful projects. An example of this was the new Clinical Skills Centre at Dr Gray's Hospital (DGH) which she had recently opened.

The Joint Health Protection Plan for 2024/2026 provided a strategic assessment of health protection hazards posed to the Grampian population, alongside the operational arrangements intended to prevent, control and respond to them.

The Chair emphasised the importance of giving care experienced infants, children, young people, adults and their families a voice. As well as it being NHS Grampian's legal responsibility as a Corporate Parent, it was NHS Grampian's collective responsibility to deliver on Scotland's promise that every child should grow up loved, safe and respected, and realise their full potential. She asked the Board to consider what more could be done to help drive change in this regard to enable healthier and happier future generations.

4 Minute of Meeting on 14 March 2024

The minute of the meeting held on 14 March 2024 was approved.

4.1 Matters arising

The minutes noted that the final position for the current financial year and the medium term financial plan would be presented at the April Board meeting. This would be discussed in Item 5 Chief Executive Report.

5 Chief Executive's Report

The Interim Chief Executive advised that the Board had received a letter from Scottish Government in the last few days on the submitted Finance Plan. This acknowledged the work done to date. However, further effort would be required to meet the savings target. In preparing the plan, NHS Grampian had sought to strike a balance between operating within the financial budget, protecting clinical performance and safeguarding colleagues' wellbeing, whilst continuing to look forward to the vision set out in the Plan for the Future regarding prevention and changing the profile of disease in the population. Dr Coldwells

would continue to provide updates to the Board on the iterative process. The Financial Plan would be formally brought to the Grampian NHS Board once agreed. Updates would include balancing clinical, staff and financial governance. In parallel to the Financial Plan, the Annual Delivery Plan was being considered by Scottish Government.

Work continued to progress on the Baird Family Hospital and ANCHOR Project. The feasibility study was nearing completion with physical design changes agreed in principle. The project team and technical experts continued to work closely with the contractor, NHS Scotland Assure and Scottish Government. Based on the initial findings from the first two stages of the feasibility work, it was anticipated that the provisional timescales to initiate commissioning would be winter 2024 for the ANCHOR centre and summer 2025 for the Baird Family Hospital. Specific dates would be provided following the completion of the feasibility work in May 2024 with a formal update at the June 2024 Board meeting.

The following points were discussed:

The Performance, Assurance, Finance and Infrastructure Committee (PAFIC) had discussed the financial position and had received helpful detailed information on the pressures in the system and assurance on work taking place to address the pressures.

The policy teams at Scottish Government were working with NHS Grampian alongside a cohesive approach from the Director-General Health and Social Care. Although the budget had not been fully agreed there were areas where agreement had been received and work commenced.

NHS Grampian had been set a target of no more than a £15 million overspend by the Scottish Government. NHS Grampian had submitted the draft Annual Delivery Plan and continued to work with Scottish Government to achieve the financial target and reduce the level of impact on individuals. Learning was also been considered from other Health Boards in similar positions.

Work was ongoing with partners on prevention activities, including the North East Population Health Alliance, Community Planning Partnerships and Public Health System Leadership Group. The profile of morbidity of the population and the wider determinants of health were being considered. There was a focus to make a difference with child poverty and years lived in healthy life rather than solely length of life. The importance of partnership working across the whole of Grampian was emphasised.

NHS Grampian colleagues were fully engaged in the GP Visioning exercise.

Dates for the Baird Family Hospital and the ANCHOR Project to be operational would be clearer once the design changes programme was in place and phased work completed. The commissioning period to move services into the new buildings was estimated at 12 weeks.

The prioritisation of services to ensure a sustainable future were being considered by the group co-chaired by the Director of Public Health, the Employee Director and the Chair of the Area Clinical Forum. They had been commissioned to consider prioritisation of services including the changing needs of the population with multi-morbidity and the interconnections between individual services. This was a cultural and transformation agenda. Listening and engaging with patients was ongoing to ensure understanding and focus, particularly for patients who required multiple services within NHS Grampian.

Campaigns such as Know who to Turn to helped to ensure individuals entered the system in the most appropriate way. Broader aims of the prevention agenda were for people to keep themselves healthy. Working with partners was critical for areas such as social isolation to make connects within communities.

The Board noted the Chief Executive report.

6 Infrastructure Investment Plan 2024-2029

The Director of Infrastructure, Sustainability and Support Services presented this item.

The challenging funding constraints faced by NHS Scotland had been highlighted and this was reflected in the funding outlook of the five year Infrastructure Investment Plan. The plan highlighted how decisions were made to ensure key aspects were prioritised. Planning assumptions on levels of available funding had been made for later years. There had been clear direction from Scottish Government that the focus should be on backlog maintenance and essential equipment replacement. The Asset Management Group (AMG) would be responsible for overseeing and agreeing the refinement to the Plan. There was ongoing construction of the multi-agency Mortuary and the Baird Family Hospital and ANCHOR Project. Other work included remedial work on the Laboratory Link Building and the replacement of the Magnetic Resonance Imaging (MRI) West, Foresterhill. The plan allowed for a long lead-in time for procurement to progress during the current financial year for further backlog maintenance on the Link Building. The new way of reporting to Scottish Government was highlighted. Planning for future major projects could take place. However, these would not be progressed unless Boards had their own funding allocation. The financial performance, including infrastructure expenditure, was reported in detail regularly to the Performance Assurance, Finance & Infrastructure Committee (PAFIC) and monthly to Scottish Government. A future Board seminar would provide opportunities for more in depth discussion.

Item 10 on the agenda -Schedule of Reserved Decisions - included a change to governance arrangements in relation to programmes of work over £1 million.

The recommendation to delegate authority to the Chief Executive and Director of Finance to conclude arrangements relating to the transfer and operation of the multi-agency Mortuary were explained.

The following points were discussed:

Concerns were raised on sustainability work towards net zero. AMG had agreed that there was currently no funding to develop schemes within the existing financial allocation. However, there were a number of projects that had been or were being delivered with net zero and carbon reduction embedded in the designs. These included the Mortuary which had been designed as a net zero facility. This was not explicit in the plan.

The organisation continued to look into external streams of possible funding to meet net zero targets. In the longer term, sustainability environmental aspects required to be considered in all infrastructure decisions. The Board was assured that there was a range of infrastructure activities that would contribute to the green agenda. A fuller debate would take place at the PAFIC meeting in April 2024, at which stage further assurance would be sought on the joint approach to net zero planning.

Infrastructure requirements were constantly reviewed. It was noted that it was not anticipated that there would be any planned sales in the next financial year.

The high strategic risk to infrastructure would be discussed under item 9. Concern was expressed about the implications of the reduction in funding for infrastructure which would lead to future problems. A plan for future infrastructure needs would be submitted to Scottish Government in January 2025. This would highlight funding requirements to maintain the current infrastructure in a fit for purpose condition for the next 5 years. It

was noted that some buildings would not be in a useable condition. There would be a need to lobby for additional capital funding with continuing dialogue with Scottish Government. The longer term strategy would need to ensure NHS Grampian was in a good position to react to planning on future projects if capital funding became available.

The challenges over the next few years were acknowledged.

A comprehensive presentation on different aspects of infrastructure would take place at a future Board Seminar.

The Board:

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance in relation to the preparation of the Infrastructure Investment Plan within funding constraint confirmed.**
- **Agreed the Infrastructure Investment Plan as reflected in the Medium Financial Framework. It noted delegation to the Asset Management Group for delivery of the programme subject to individual identified items being within budgetary limits identified within the Plan.**
- **Delegated to the Chief Executive and Director of Finance authority to conclude arrangements associated with the transfer and operation of the New Multi-agency Mortuary.**
- **Endorsed the process to agree priorities for longer term investment plans on a whole system basis in line with the new NHS Grampian Clinical Strategy A plan for the Future which was underway and would inform future year development of the Plan.**

7. Grampian Joint Health Protection Plan 2024-2026

The Director of Public Health set the context for the Joint Health Protection Plan for 2024/26, which was a statutory plan setting out a strategic assessment of health protection hazards to the Grampian population, alongside the operational arrangements to prevent, control and respond to these. The work was in collaboration with partners to protect the health of the population in Grampian around the four key concerns of climate emergency, widening health inequalities, sustainability of health and social care services and infectious diseases. The Public Health Scotland Act placed a duty on NHS Grampian to ensure that there was a robust procedure in place to fulfil a range of duties. This included a requirement to publish a Joint Health Protection Plan with Aberdeen City, Aberdeenshire and Moray Local Authorities.

In collaboration with the Leaders Group for Public Protection, the plan was now more strategic in approach.

Mr Littlejohn, Consultant in Public Health explained that individuals may not be able to avoid hazards whilst some were lifestyle choices. The plan was set out in two sections including a more strategic view contextualised by the four priorities identified by the Director of Public Health and the Chief Medical Officer for Scotland:

- The climate emergency (extreme weather events and vector migration).
- Widening health inequalities/higher cost of living (variations in susceptibility, exposure, severity).
- Sustainability of health and social care services (diagnosis, treatment, notification).
- Infectious diseases (antimicrobial resistance, future pandemics, vaccinations).

A whole system approach by NHS Grampian. Local Authorities, Integration Joint Boards (IJBs) and other agencies was required to protect the population in a robust and sustainable system.

There was a need for pandemic plans to be renewed with a risk of an influenza pandemic highlighted. The importance of vaccinations to protect the population against preventable diseases was emphasised. Additional information was detailed in the appendices of the plan.

Discussion followed including:

Concern was expressed on vaccination uptake. The Board was assured that in Grampian the data on vaccinations for COVID and influenza uptake was above the Scottish average. The importance of protecting children against preventable diseases was understood. However, there were variations in groups and geographical areas of the population. There had been a resurgence of measles across Europe with significant outbreaks in parts of England. Due to robust data, cold spots and cohorts of the population not vaccinated had been identified and work was underway with Health & Social Care Partnerships to address this. Pop-up clinics were an example of action in the harder to reach communities. Work was ongoing with Grampian Regional Equality Council (GREC) to identify any barriers.

Climate changes had resulted in the increase in airborne diseases. The North East of Scotland had one of the largest levels of private water supplies in the country and issues could occur if these were poorly maintained by domestic owners.

Grampian Local Resilience Partnership was looking at community resilience to deal with the consequences of adverse weather events. Community Planning Partnerships were also considering issues on climate change and environmental sustainability.

The Plan had been drafted by the Grampian Joint Health Protection Coordinating Group which comprised of representatives from Aberdeen City Council (Protective Services), Aberdeenshire Council (Protective Services), Animal and Plant Health Agency, Moray Council (Environmental Health and Trading Standards), and NHS Grampian (Health Protection Team (HPT), Infection Prevention and Control Team (IPCT), Medical Microbiology). The plan had been circulated to partners under the local and regional resilience partnership arrangements and through the North East Population Health Alliance which included organisations such as Scottish Fire and Rescue. It was an iterative plan, which would be renewed every two years and provide opportunities for continuous engagement with partners.

Messaging to the public was required to support them to recognise health protection issues and know what to do.

The Board endorsed the proposals contained in the paper (i.e. the Act required every Health Board to publish a Joint Health Protection Plan in consultation with its coterminous local authorities, and in accordance with Scottish Government guidance.)

8. Corporate Parenting Three Year Action Plan

The Corporate Parenting Annual Report 2023 had been presented to the Board at its December 2023 meeting. It had been agreed that the Corporate Parenting Three Year Action Plan would be presented, when completed, to provide assurance on the compliance with corporate parenting responsibilities.

Mrs Clark, Chief Nurse, explained the main areas of the action plan which would be an iterative document, to ensure that NHS Grampian complied with the requirements of the Promise. There were currently approximately 1140 Looked After Children and Young People across Grampian (Moray 173, Aberdeenshire 407 and Aberdeen City 560).

She highlighted the contribution and support offered to Unaccompanied Asylum Seeking Children (UASC) as a key risk. In 2022, NHS Grampian had received 22 Initial Health Assessments (IHA) request for UASC and in 2023 this increased to 80. In January and February 2024, there had been 10 requests received. It was anticipated that the demand would continue to rise. UASC automatically became Looked After Children and were treated the same as Care Experience Children and Young People.

The Promise self-evaluation required focused attention on addressing any key gaps in the response by NHS Grampian. UASC were particularly vulnerable and were more likely to have complex physical, mental and social needs. It was noted that the team undertaking this work was extremely small.

The Board discussion included:

Assurance would be provided through PAFIC that the high level ambitions were making a difference. PAFIC wanted to consider how performance was measured in relation to making an impact to improve the lives of the Children and Young People.

The importance of listening and engaging with children and young people to understand what assistance they were looking for was emphasised. Each local authority partnership had a Champions' Board with representatives from NHS Grampian. The agendas were set out by care experienced young people to discuss what was important to them. These aligned to the Strategic Corporate Parenting Groups within each partnership and provided feedback to the NHS Grampian Children's Board to which the Children's Board Action Plan was aligned. Engagement work had also taken place with the 18 plus age group on their specific health needs and for birth parents who had been in care, to provide an understanding of their lived experience.

Examples of work with other Corporate Parent organisations included the Royal College of Nursing and the Foyer where employment opportunities were provided by a cadet scheme. Work experience within NHS Grampian could provide an introduction to different trades and roles. As an anchor organisation, NHS Grampian had undertaken a baseline review to establish what was already being done. Discussion had taken place through Community Planning Partnerships to upscale existing work.

The Board reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance that NHS Grampian (NHSG) was meeting its Corporate Parenting legal responsibilities as set out by Children and Young People (Scotland) Act 2014 and progressed with the Scottish Government's aspirations set out in The Promise 2020.

9. Strategic Risk Management Report

Mrs Matthews, the Corporate Risk Advisor, provided highlights from the Strategic Risk Management Report including the updated process that had commenced in September 2023. The Chief Executive Team (CET) had executive responsibility for active management and development of the strategic risks and there were formal reviews at CET meetings to discuss and scrutinise the activities around the risks. The risks were

aligned to appropriate individual Board committees for scrutiny and assurance. The Audit and Risk Committee had delegated responsibility, on behalf of the Board, for oversight and scrutiny of the Strategic Risk Register and associated management activities. The new processes were well underway. However, time was required for the processes to be embedded into existing practices. Some risks were currently under development e.g. cyber risk, which was being reviewed in more detail.

Mrs Matthews focused on risks rated as Very High which reflected an increased risk exposure to the organisation, including Infrastructure and the focus on Planned and Unscheduled care. The Chief Executive Team (CET) had considered the division of Risk 3065 which related to the inability to fully and effectively deliver Planned and Unscheduled Care. It had been agreed that the two areas warranted focus as separate Strategic Risks to ensure the right people were present for focused discussions. As risks were interconnected, it was important they were not considered in isolation. A whole system view was required to understand the context and impact on other services, including Primary Care.

A lot of work and focus had been carried out on the Citizen Engagement risk led by the Director of Public Health. This would be discussed by CET at a later date.

Discussion followed including:

Risk 3065 Planned and Unscheduled Care. The co-dependency of Planned and Unscheduled Care was recognised. The two risks would be brought to the Clinical Governance Committee together for assurance so that there was an opportunity to see the interaction and specific outcomes associated with them.

Risk 3068 Deviation from recognised service standards of practice and delivery. Concern was expressed that the 75 additional non-standard patient areas were not always fully utilised. There required to be a balance between the safest choice of location for patients and available space. On occasion, it was perceived that the level of care package required for particular patients could not be provided in non-standard areas, where the additional beds were. This resulted in underutilisation at times. However, utilisation of core space was over 100% during daytime. The non-standard patient areas had been developed to ensure capacity could be increased. The 32 additional standard bed spaces following the Bed Base Review were being utilised effectively. It was a priority to gain full understanding of this situation.

By separating the Planned Care and Unscheduled Care risk it would be clear what controls were in place for the risks and allow greater understanding of where best to put in control steps.

With regard to risk appetite and risk tolerance thresholds, each risk was scored on the potential impact and likelihood of the risk occurring criteria detailed within the NHS Scotland Risk Assessment Matrices. The score was benchmarked against NHS Grampian's Risk Appetite to whether it was within an acceptable level of tolerance. The Risk Appetite had been agreed by the NHS Grampian Board in 2023 and set out the Board's intentions in terms of pursuing and accepting risk.

Risk across the pathways translated into risks in other parts of the system. Decisions taken affected partners at different stages in the same way as their decisions impacted on NHS Grampian. There was strong dialogue with Scottish Ambulance Service on the risks for both organisations. The portfolio structure was key to managing risks across pathways as there was a joint approach looking at whole system pathways to consider how risk could be managed best at an operational level.

The Board:

- **Confirmed assurance could be provided that improvements were being made regarding the development and management of Strategic Risk, and evidence of this had been provided to the Board's satisfaction.**
- **Endorsed the updates contained within the Strategic Risk Register.**

10 Revision to Standing Financial Instructions/Schedule of Reserved Decisions

The Director of Finance/Board Secretary advised that the Standing Financial Instructions (SFIs) and Schedule of Reserved Decisions (SORD) had been significantly updated. This was to ensure they remained relevant, useable and supported the Board to meet its strategic objectives under the Plan for the Future and to comply with requirements as set out in legislation and issued directives. There had been extensive engagement with topic experts across the organisation and consultation with users named with specific roles. The Audit and Risk Committee, which had responsibility for overseeing governance arrangements, had scrutinised and reviewed the proposed revisions. Following approval, there would be a launch of communication and training throughout the organisation to ensure understanding and compliance. An annual review of the documents would be reinstated.

The Standing Orders regulated the conduct and proceedings of the Board and its committees. It was noted that a modified version of the model template issued by Scottish Government had been considered and adopted at the NHS Grampian Board meeting on 6 August 2020 and was still considered fit for purpose.

The Schedule of Reserved Decisions were corporate governance protocols that provided a high level summary of delegated responsibilities to the Board and across the organisation.

There had been a refresh of the format including a matrix of responsibility and clarification of cover arrangements. There was a realignment of the responsibilities where appropriate e.g. the Director of Infrastructure (Chair of AMG) and Medical Director had a role on risk and information governance. There had been a creation of Major Project Senior Responsible Officer to address approval agreements. Integration Joint Boards (IJBs) formal direction in line with IJB integration schemes to formalise authority of NHS Grampian was introduced.

There had been standardisation and uplift of some financial values in the Schedule of Reserved Decisions. Capital approval limits increased from £3 million to £10 million as instructed in a 2019 letter from Scottish Government Health and Social Care Directorate. There was standardisation in delegation of capital transaction approval from the Board to the AMG e.g. purchase of property increase from £0.5 million to £1 million. There was incorporation of capital approvals by the Board into the annual financial plan considerations.

The Standing Financial Instructions, detailing the financial responsibilities, policies and procedures to be adopted by NHS Grampian, had been refreshed. Changes included the order of chapters and removal of duplication to reflect current operational arrangements. There was a new chapter on subsidies and grants. The Charity section had been rewritten to reflect the distinction of the two entities of NHS Grampian Charity and NHS Grampian. The procurement and tender section had been refreshed to reflect current regulations e.g. following the departure of the UK from the European Union.

The Director of Finance confirmed there had been a full and comprehensive review of the documents. The Board thanked Mrs Anderson and Mr Burt for their work on this.

Discussion followed including:

The documents would be published on the intranet and public websites. Communication of the update would be highlighted across the organisation through a series of articles in the Daily Brief. Additional guidance would be provided within the Finance and Procurement web-pages. Updates would be reflected in the management development programme and development sessions were being undertaken with Finance and Procurement team colleagues. Supporting material would be provided for awareness and compliance within the wider organisation. The Chief Finance Officers of the IJBs would be included in the training and the changes would be appropriately communicated to IJBs and Health and Social Care Partnerships.

A request was made to include a climate change and sustainability section in the model template for Board reports in the same way that inequalities were included. The environmental component was critical and it was suggested this would be reviewed.

The Board:

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance that improvements to the processes were being made and appropriate evidence of these had been provided to the Board's satisfaction.**
- **Approved the revised Schedule of Reserved Decisions and Standing Financial Instructions.**

11. Forum and Integration Joint Board (IJB) Reports

The following reports were noted:

11.1 Area Clinical Forum (ACF)

The ACF Chair highlighted concerns about the decision by Aberdeenshire IJB to cut funding for Speech and Language Therapy. It was anticipated this would have a significant adverse impact on young people, families and colleagues in education and healthcare services.

The Director of Finance had presented the overview of the 2023/24 financial position and the challenges in developing the financial plan for 2024/25.

11.2 Grampian Area Partnership Forum (GAPF)

11.3 Integration Joint Boards (IJBs)

12. Approved Committee, Forum and IJB Minutes

The following approved minutes were noted:

Committees

12.1 Audit and Risk Committee – 12 December 2023.

12.2 Population Health Committee – 14 December 2023.

Forums

12.3 Area Clinical Forum – 17 January 2024.

12.4 Grampian Area Partnership Forum –18 January and 15 February 2024.

Integration Joint Boards (IJBs)

12.5 Aberdeenshire IJB – 31 January 2024.

12.6 Moray IJB – 25 January 2024.

12 Any Other Business

There was no other business discussed.

13 Date of next meeting

- Thursday 13 June 2024