

**NHS GRAMPIAN**  
**Minutes of Meeting of Grampian NHS Board on**  
**Thursday 6 February 2025 at 10:00**  
**virtually by Microsoft Teams**

**Present:****Board Members**

Mrs Alison Evison	Chair/Non-Executive Board Member
Dr Colette Backwell	Non-Executive Board Member
Cllr Ann Bell	Non-Executive Board Member
Dr Hugh Bishop	Medical Director
Professor David Blackburn	Non-Executive Board Member
Dr June Brown	Executive Nurse Director/Deputy Chief Executive
Dr Adam Coldwells	Interim Chief Executive
Mr Albert Donald	Non-Executive Board Member/Whistleblowing Champion
Ms Joyce Duncan	Non-Executive Board Member
Mr Ritchie Johnson	Non-Executive Board Member
Mr Steven Lindsay	Employee Director/Non-Executive Board Member
Mr Derick Murray	Non-Executive Board Member
Mr Hussein Patwa	Non-Executive Board Member
Mr Sandy Riddell	Non-Executive Board Member
Mr Dennis Robertson	Vice-Chair/Non-Executive Board Member
Cllr Kathleen Robertson	Non-Executive Board Member
Mr Alex Stephen	Director of Finance
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**

Mrs Caroline Clark	Chief Nurse (Item 7)
Ms Katie Colville	Director of Midwifery (Item 8)
Miss Tracy Davis	Child Health Lead (Item 7)
Ms Sarah Duncan	Board Secretary
Ms Geraldine Fraser	Portfolio Lead Integrated Family Services
Mr Stuart Humphreys	Director of Marketing and Communications
Ms Sarah Irvine	Deputy Director of Finance (Item 9)
Dr Robert Lockhart	Vice-Chair of Area Clinical Forum (Item 6.1)
Ms Fiona Mitchelhill	Chief Officer, Aberdeen City Integration Joint Board and Portfolio Lead Aberdeen City
Ms Judith Proctor	Chief Officer, Moray Integration Joint Board and Portfolio Lead Moray
Mr Tom Power	Director of People and Culture
Mrs Alice Ritchie	Clinical Nurse Manager (Item 8)
Mr Alan Wilson	Director of Infrastructure, Sustainability and Support Services
Mrs Alison Wood	PA/Minute Taker

**Apologies**

Mr Paul Bachoo	Portfolio Lead Integrated Specialist Care
Mr Mark Burrell	Chair of Area Clinical Forum/Non-Executive Board Member

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. Cllr Yuill made a transparency statement for item 6.2 Grampian Area Partnership Forum (GAPF) that he was an Aberdeen City Councillor, which was the planning authority referred to in the report. A transparency statement was made by Mr Patwa for item 10 Infrastructure: Blair Unit refurbishment, that he was a member of the Diverse Experiences Advisory Panel (DEAP), which was a named partner in the Scottish Government's Mental Health and Wellbeing Strategy. Mr Patwa was also the lived experience representative on the Mental Health and Wellbeing Leadership Board, convened by the Scottish Government.

## **3 Chair's Welcome**

The Chair welcomed everyone to the meeting and highlighted important items on the agenda. These included reports from Grampian Area Partnership Forum, Area Medical Forum and the Integrated Joint Boards. Substantive items included an update on NHS Grampian's financial position and Corporate Parenting Annual Report. The report was topical as it was the Children's Mental Health Week. It described the work being done to help realise Scotland's Promise to care experienced infants, children, young people, adults and their families. She thanked the NHS Grampians Children's Board and the NHS Grampian Corporate Parenting Group, whose efforts supported the governance and assurance framework for child health priorities, alongside the Integrated Family Portfolio Strategic Board.

Dr Hugh Bishop, Medical Director was welcomed to his first NHS Grampian Board meeting and a brief background was provided. The Chair congratulated Mr Murray on his reappointment as a Non-Executive board member for a further four years and acknowledged the benefits to the Board of his broad experience.

The pressures faced in the system were acknowledged and the Board's appreciation of the continued efforts of all colleagues were noted. The Chair had met with representatives of the Neuro-Diverse Employees Group to discuss their experiences. Work was ongoing to ensure that neurodiversity was an embedded part of the equality, diversity and inclusion agenda of the organisation.

Last week's speech by the First Minister highlighted the resilience, selflessness and grit that health and care staff displayed. He echoed NHS Grampian's commitment to working collaboratively in partnership and reflected that there was no magic bullet to the challenges collectively faced by central government, local government, the third sector, patient groups and health and social care workers at all levels. Mr Swinney observed the need to balance sometimes competing demands and interests. The need for balance was forefront when making decisions with the balance of the financial position, clinical governance, staff governance and prevention activity. NHS Grampian had been escalated to stage three of the NHS Scotland Support and Intervention Framework, which was a formal step, which would bring significant enhanced support alongside additional scrutiny of the organisation's financial position. Colleagues were working to manage the tension between cost savings and safe, effective service delivery every day.

## **4 Minute of Meeting on 12 December 2024**

The minute of the meeting held on 12 December 2024 was approved.

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

Mr Robertson confirmed that the NHS Grampian Charities had met on 31 January 2025 and considered all the high value applications. It had been a very positive meeting and the outcomes would be shared in due course. The item for Infrastructure Investment: Swift Urological Response and Evaluation (SURE) Unit at Aberdeen Royal Infirmary (ARI) was marked as closed on the tracker.

Item 7 Infrastructure Investment: Swift Urological Response and Evaluation (SURE) Unit at Aberdeen Royal Infirmary at the December 2024 Board meeting had approved the recommendation that delegated authority to the Chief Executive to approve the final expenditure for the project as determined by the commission to define the alignment of the SURE project with other strategic projects affecting service configuration within ARI. It was requested that future recommendations such as these should state Chief Executive and Chair. This would be a consideration for future papers.

Item 11 Strategic Risk Management Report had stated that the Chair and Interim Chief Executive had subsequently requested to meet with the Chief Operating Officer and his team and a response was awaited. The request for a meeting had been chased and a confirmed date was still awaited from Scottish Government for this to take place. However, the Interim Chief Executive had discussed the strategic risk with both Caroline Lamb and John Burns as part of other meetings.

Item 12.1 Route Map for Strategic Change. The next phase of the Route Map would be presented to the Board on 10 April 2025, rather than in Q4 2024/25, due to the timings of Board meeting dates.

## **5 Chief Executive's Report**

The Chief Executive's report highlighted the Delivery Plan submission, which formed the contract with the Scottish Government. An initial draft high-level framework for the Delivery Plan, which set out key objectives, priorities and risks, was submitted to the Scottish Government at the end of January 2025 with feedback awaited. In parallel, the teams continued to input more details into the high level plan focusing on the current year whilst referencing years 2 and 3. Subject to Scottish Government approval, the final Delivery Plan would be brought to the April public board meeting for endorsement. There required to be the right balance between being aspirational and realistic.

He provided an update on the Baird Family Hospital and the Anchor Centre. The Chief Executive Team would consider a recommendation from the Executive Review Panel for the Anchor Centre on 11 February 2025. The outcome would be provided to Board members following that meeting. It was hoped that timelines for completion of both projects would be provided at the April board meeting.

The Interim Chief Executive advised that a modest increase in bed capacity had been achieved with the Bed Contingency Plan. Learning would be taken forward into the Phase 2 of the Bed Base Review.

He updated that the Grampian Vaccination and Immunisation Annual Report 2024 had been produced and would be considered at the next meeting of the Population Health Committee. NHS Grampian was doing well on a Scottish basis. There had been a discussion on the increased admissions into hospital and how that related to vaccinations. Work was required with the broader population to consider how to increase the rates of vaccinations. The importance of vaccinations for effective public health interventions was highlighted.

There had been a successful pilot project supporting life-changing dialysis at home which some renal patients are now able to access. It was the intention to expand this service to a larger number of patients.

The Board discussed:

Discussions on the vaccination programmes had also taken place at Integrated Joint Board (IJB) meetings, with a focus was on the number of people who had not been vaccinated as opposed to the good work that had taken place with the number who had been vaccinated. Positive messaging on vaccinations would be considered at the end of the winter programme including the innovative actions taken forward to improve access in the community. The importance of childhood vaccinations was highlighted. There were a wide range of improvement activities under way. Awareness of who was entitled to receive vaccinations was raised. The Joint Committee on Vaccination and Immunisation (JCVI) considered the evidence and made recommendations on the most effective and efficient cohorts for delivery of vaccinations, which was adhered to by NHS Grampian. It was noted that some people were not aware that they were in an eligible cohort until they received an invite to attend for vaccination. Others believed they were eligible and did not receive an invitation. These people were encouraged, if unsure, to attend a healthcare setting or vaccination centre for a discussion on their concerns and to check their eligibility. Work was ongoing to develop communication materials about vaccinations which would also include vulnerable communities.

The low bed base in NHS Grampian, which was highlighted in the Bed Base Review, was emphasised. The focus has been to place the additional beds in the most pressured pathways. Work would continue on the optimal flow and pathways to consider the capacity required.

It was requested that Non-Executive Board members be provided with the opportunity to join the dots with the variety of plans that would be coming to the April board meeting such as the Annual Delivery Plan, the Financial Plan and the Route Map in advance of the formal meeting. There were many links between the plans and it was important to have an overview. Board seminars and board briefings would be utilised to ensure that there was an opportunity for discussion to ensure board engagement.

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

## **6 Forum Reports**

### **6.1 Area Clinical Forum (ACF)**

The Vice-Chair of ACF presented the report. He highlighted the increased frequency of ACF/Chief Executive Team meetings to weekly in response to concerns raised through the advisory structures and the intolerable risks being carried. This was very positive and provided ACF with an opportunity to provide strategic advice.

Discussion followed including:

Specific output would be shared through the committee structure to ensure that appropriate communication was issued from ACF meetings to other clinicians. The Interim Chief Executive and the Chair of ACF met to discuss the advisory structure' approach to intolerable risks in the organisation and a letter was shared with advisory committees. Ideas and strategic input were welcomed from the advisory committees.

The report stated that the Psychology Committee described negative feedback from their trainees who often had to travel to Edinburgh for their training and that overnight accommodation costs was not supplemented by NHS Grampian as occurred in other Boards. It was noted that NHS Grampian did pay for overnight accommodation, however, due to the high prices charged in Edinburgh it was difficult to find accommodation within the price bracket. Work continued to understand how the students could be supported in a different way. It was noted that although the students were paid by NHS Education for Scotland (NES) rather than NHS Grampian, it was the board's responsibility to pay expenses.

Concern was expressed that the vacancy control on non-patient facing roles was affecting the pharmacy service. Delays in the discharge of patients before noon were occurring as there was a wait for medication to be delivered. It was stated that there was not a freeze on non-patient facing roles but vacancy control management was essential to improve the financial position of the organisation and careful consideration was given to all requests. Difficult decisions need to be made due to the size of the deficit and this would impact on services. The Interim Chief Executive stated that he would check on the situation with vacancies in Pharmacy and any impact on delayed discharges and provide an update to the Board.

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

The Chair of GAPF stated the report related to the December 2024 and January 2025 meetings. It reflected a number of ongoing pieces of work including the non-pay elements of the 2023/24 Agenda for Change pay award. There was ongoing input and engagement with GAPF across the organization, including the financial position and the resulting challenges. Concern was expressed about the staff experience with ongoing challenges such as taking breaks on a regular basis.

The Board discussed:

The Director of People and Culture updated that elements were progressing on the Review of Band 5 nurses. To date, direction from Scottish Government had only been received in relation to Band 5 nursing roles. Staff in other job families had other routes, if they felt that there had been a material change to their role and job description, which could result in an increased banding. Guidance was awaited from Scottish Government on next steps to the Agenda for Change reforms such as the further reduction in the working week.

The critical role that staff played in the organisation was recognised and the importance of encouraging and supporting staff to take their regular breaks was emphasised.

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

The Chief Officer of Aberdeen City IJB and Portfolio Lead Aberdeen City presented the key highlights. Aberdeenshire and Aberdeen City IJBs continued to work on their

Strategic Plans, which were due for a refresh in 2025. There would be wider consultation as the work progressed. The financial challenges faced by all 3 IJBs was emphasised with reported overspends in Quarter 2. Each IJB had produced their Chief Social Work Officer Annual Report 2023-24. A report on the outcomes of HM Inspectorate of Prisons for Scotland Inspection of HMP YOI Grampian, undertaken in June 2024, was presented to the Aberdeenshire IJB. The 3 IJBs had been working closely with the Strategic Change Board and the development of the strategic change route map had been discussed at all three recent IJB meetings. There was strong endorsement of the need to act collaboratively across the whole system in order to transform for sustainable services for the future.

The Board discussed:

The style of the report was commended by the Board.

The collective financial challenges faced by NHS Grampian and the 3 IJBs.

The IJBs had scrutinised the Terms of Reference and the details of the Strategic Change Board. It had been helpful to have views from different perspectives.

National monthly Chief Officers meetings were held to consider items collectively and there was a forum for sharing experiences and challenges of other IJBs, which are also involved in transformation work for future sustainability.

**The Board:**

- **Noted that the Interim Chief Executive would look into the vacancy position in Pharmacy and the effects this may have on the discharge of patients from hospital awaiting medication.**
- **Noted the reports.**

## **7 Corporate Parenting Annual Report**

The Portfolio Lead Integrated Family Services introduced the team who presented highlights of the annual report. The annual report provided assurance on compliance with NHS Grampian's statutory duties in respect of corporate parenting. It included the strategic framework, the current statistics for care experienced children and young people, what had been achieved and the priorities for 2024/25. It detailed a multi-agency approach, working collectively with partners across the 3 local authority areas. The report demonstrated the commitment to The Promise, to children's rights and the voice of the child. For future reports the team would explore how they could be made more relevant and accessible to children and young people who are care experienced.

Mrs Clark, Chief Nurse, highlighted that the number of care experienced young people remained static in Grampian, with a decreasing trend in Scotland. This was due to greater efforts from social work colleagues in achieving permanence for children for improved outcomes. The care experienced young peoples' nurses held a nurse-led clinic at the Health Village, Aberdeen to carry out initial health assessments for unaccompanied asylum-seeking young people in Aberdeen City not attending school. Community Paediatricians were carrying out medical assessments instead of GPs due to the significant pressures in Primary Care. The Family Nurse Partnership increased its service reach by changing the age range from 19 years to 25 years for care experienced parents.

Ms Davis, Child Health Commissioner, highlighted the Bright Spots surveys for younger children aged between 4 and 17 and for care leavers who were older and preparing to leave care or had already left care and were aged beyond 18. It measured subjective well-being rather than data and helped services understand what was important to care experienced young people to inform service improvement. The importance of relationships was a strong theme in both surveys.

There were concerns that many care leavers were recognised or identified as having long term health conditions or disabilities, primarily in relation to mental health and well-being and neurodiversity.

Board discussion followed:

National work was ongoing on the definition of care experience and the language used.

The report provided details of corporate parents working in partnership with other corporate parents.

There was work ongoing to understand themes from the health assessment data and the experiences for young people once it was known that they had health needs. It was important for young people that there was continuity in appointments so they were not traumatised by having to repeat their stories at each appointment. The Birth parents project had provided insight into the struggles of care experienced young people as they became parents themselves. It was important to understand where the system was failing them to enable the long term change required. Conversations were ongoing on how to improve the relationship between the organisation and care experienced young people by offering opportunities to work in NHS Grampian doing volunteering, mentoring or work experience. This would break down barriers to accessing healthcare services.

There was a strong view expressed that there was a need to ensure a focus on outcomes that lead to lasting change, so that no young people were left behind. Measurement was challenging because much of the data was about subjective individual well-being, so it is necessary to emphasize the importance and priority of qualitative feedback from young people to hear their experiences.

The Population Health Committee is the appropriate board committee to receive progress reports on this work. The Director of Public Health offered a lunchtime session for board members as part of the Population Health Committee to consider corporate parenting duties and provide more information about the action plan.

NHS Grampian was committed to developing the work with care experienced young people to ensure that services are appropriate to their needs.

**The Board:**

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance that NHS Grampian was meeting its corporate parenting legal responsibilities as set out by Children and Young People (Scotland) Act 2014 and progression with the Scottish Government's aspirations set out in The Promise 2020.**

## **8. Women's Health Plan**

The Chair commended the teams on their work to significantly reduce the waiting times for women seeking health care due to their experience of menopause.

The Portfolio Lead for Integrated Family Services presented the report detailing progress with local implementation of the Women's Health Plan which was a priority for NHS Grampian in the Annual Delivery Plan, as well as the Scottish Government drivers for planning. This aligned with the aim to reduce health inequalities for women's access to healthcare services. There was a whole system approach for the range of services in acute sexual health services, population health and primary care community services. The Women's Board monitored performance against the plan and used the information to agree improvements and set priorities. System wide engagement workshops had been held to discuss aspects of women's health care for abortion, contraceptive care and menopause using the Putting People First approach, with lived experience to guide discussions.

The change of approach for menopause clinics had been very successful with excellent feedback from primary care and from women accessing the services.

The Scottish Government are currently reviewing the national Women's Health Plan, with input from each Board to identify the next steps. Phase two of the plan is expected in 2025 and it is likely to include women's mental health. The NHS Grampian Plan would be refreshed following the production of the national plan.

The Board discussed:

A local standard operating procedure (SOP) for the safe access zone has been introduced to support decision making. In the event of an incident within Grampian, the SOP would provide guidance on what to do. Maps had been developed by the Scottish Government to provide visual representation of the exclusion zone.

Work was ongoing with Public Health on promotion of the women's health services that can be accessed through community pharmacies practices and GP practices, with information available on public websites such as NHS Inform Scotland. Options were being explored on the long term vision for menopause services, with a cross system Menopause Workshop held on 30 January 2025 to discuss access to services. The team would be reflecting on the ideas put forward at the workshop.

No additional funding for the women's health agenda has been provided by Scottish Government and this, along with the recognition of system pressures, has contributed to slower delivery of programmes of support to women. There was a need to be realistic about what is achievable with the available financial and staffing resource envelope.

There was discussion of how outcomes could be better measured in women's health. NHS Grampian followed the style of the national Women's Health Plan for monitoring purposes. There were metrics with key performance indicators (KPIs) on access to abortion services reported in the Annual Delivery Plan with an opportunity for additional KPIs to be created. There will be public engagement to hear women's voices on how services should be shaped going forward, with work ongoing with Public Health and Sexual Health to identify the best approach for engagement with the public. There are also a number of initiatives underway for health inclusion activity, such as analysing smoking and pregnancy data as part of the Tobacco Action Plan.

An Initial Impact Assessment on the Women's Health Plan had been completed.

**The Board:**

- **Reviewed and scrutinised the information provided in the paper and confirmed that it provided assurance that NHS Grampian had progressed**



**during 2024/25 with the priority areas outlined in the Scottish Government's Women's Health Plan and towards addressing improvements in women's health across NHS Grampian.**

## **9. Update on NHS Grampian Financial Position**

The Director of Finance highlighted that NHS Grampian continued to be in an extremely challenging financial position. Whilst the financial forecast for 2024/25 had improved by £10 million since November 2024, this had been largely due to additional funding from the Scottish Government and technical accounting adjustments. There were signs that the work being undertaken in relation to the Value and Sustainability Programme was starting to have a positive impact on the overspend. The initial Financial Plan had not included any provision for contributions to overspends incurred within the 3 IJBs. If this was excluded from the forecast, NHS Grampian would have been within the limits set by the Scottish Government.

In early January 2025, NHS Grampian was escalated to Stage 3 of the NHS Scotland Support and Intervention Framework based on the deterioration in the Board's financial position during 2024-25. Level 3 is a more formal approach from the Scottish Government with enhanced support and scrutiny. The Chief Executive had written to the Scottish Government requesting additional support with system transformation and performance as well as finance, given how closely linked these areas are.

An overspend of £140 million was forecast for 2025/26. Work continued to reduce the level of overspend and to identify savings. The savings plan would be reported formally to the Board in April 2025. Work had also progressed in relation to the IJB budgets. It was likely that additional financial support would be required in 2025/26 although the figure was unknown. Discussions continued with Chief Executives of the partner bodies, IJB Chief Officers and IJB Chief Finance Officers on the IJB savings programmes for 2025/26. Robust financial plans for the IJBs would require to be in place for 2025/26. The implications of the proposed budget savings on the performance of the acute health system would be assessed over the coming weeks.

The Board discussed the following points:

Discussions had taken place with the Scottish Government on the impact of the IJBs' overspends. £38 million had been allocated in the 2025/26 financial plan as a high level estimate of the contribution required from NHS Grampian, although it was hoped that the contribution to the IJB overspend may not be to that level. The budget for 2025/26 would require a realistic level of anticipated contribution to the IJB overspend to highlight the risk to NHS Grampian. The IJB overspend was reported to the Scottish Government with the non-delegated services overspend, which the Scottish Government considered as one figure. They were aware of the challenges faced and would continue to work with NHS Grampian. 2025-26 will be even more financially challenging for the organisation and in-depth work with stakeholders, patients and communities to ensure services were transformed for sustainability, will be crucial. Work was ongoing to find balance between financial, clinical and staff governance as well as prevention activity and to identify implications through Equality Impact Assessments. The Chief Executive Team were considering the level of credible and deliverable savings.

Following the escalation to Level 3, the anticipated support from the Scottish Government, which was still to be agreed, would involve additional meetings with colleagues from the Scottish Government Finance Directorate. The Interim Chief Executive would attend these meetings with senior colleagues. The Interim Chief Executive had held talks with the Chief Executive of NHS Scotland and the Chief Operating Officer of NHS Scotland and

his team to frame what support would look like. There is a national requirement to fundamentally transform the way different health and care was provided to ensure it was sustainable in the future. The Scottish Government escalation letter stated the requirement for NHS Grampian to develop the three to five year path to sustainability. Work was ongoing through the Strategic Change Board on the strategic route map to transform services.

The Director of Finance emphasised that it was critical to deliver the Financial Plan 2025/26, which would be agreed with the Scottish Government. The risk of the contribution to IJBs overspends was a major concern.

The Board recognised the work being done by staff across the organisation to reduce the overspend, and acknowledged the stress being felt by individuals and by whole teams.

**The Board:**

- **Noted that NHS Grampian had been escalated to Stage 3 of the NHS Scotland Support and Intervention Framework.**
- **Endorsed the actions being taken to deliver a projected revenue overspend for the year of £67.5 million noting that NHS Grampian had a revenue overspend of £49.9 million for the nine months to the end of December 2024.**
- **Endorsed the financial planning approach underway to set the revenue budget for 2025/26 and refresh the Medium Term Financial Framework, noting the potential scale of the financial challenge which faced the Board in future years.**

## **10 Infrastructure Investment: Blair Forensic Unit Improvement Works**

The Director of Infrastructure, Sustainability and Support Services provided the context for the paper. Planning work had progressed during 2024/25 to identify and scope essential remedial works and a revised forecast cost to deliver the programme of works across two phases of £2 million was confirmed to the Asset Management Group on 18 December 2024. This would allow the work to be undertaken without a break in the contract and would reduce the impact on the patients. There would also be a financial gain with the rates achieved through the tender work. The Board's governance arrangements, as set out in the Schedule of Reserved Decisions, required the variation to forecast costs to be approved by the Board .

The Board discussed the following:

Although there was no overall additional increase in the spend, there was a change to the timing of the work being carried out. This was a more efficient way for the contracts awarded to carry out the work. There did require to be a commitment to the second phase of work at an earlier stage.

The remedial works are considered essential and the service was keen for this to be progressed earlier. The Mental Welfare Commission has repeatedly highlighted that the building does not comply with required standards..

**The Board:**

- **Approved an increase in the Infrastructure Investment Plan programme budgetary limits for Remedial works to the Royal Cornhill Blair Unit (Forensic) of £1 million from £1 million to £2 million phased across 2024/25 and 2025/26 in line with the agreed programme of works.**

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

The following approved minutes were noted

### **Committees**

- 11.1 Audit and Risk Committee – 10 September 2024.
- 11.2 Staff Governance Committee – 31 October 2024.
- 11.3 NHS Grampian Charity Committee – 4 October 2024.

### **Forums**

- 11.4 Area Clinical Forum – 6 November 2024.
- 11.5 Grampian Area Partnership Forum – 21 November and 19 December 2024.

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

- 11.6 Aberdeenshire IJB – 9 October 2024
- 11.7 Moray IJB – 28 November 2024.

## **12 Any Other Business**

There was no other business to discuss.

## **13 Date of next meeting**

- Thursday 10 April 2025