NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session on 2 April 2015 from 10.00am in Main Hall, Curl Aberdeen, Eday Walk, Aberdeen

Present
Professor Stephen Logan Chairman
Mr David Anderson Non-Executive Board Member
Mr Raymond Bisset Non-Executive Board Member
Cllr Stewart Cree Non-Executive Board Member
Cllr Barney Crockett Non-Executive Board Member
Mrs Sharon Duncan Employee Director
Dr Nick Fluck Medical Director
Mr Alan Gray Director of Finance
Mrs Christine Lester Non-Executive Board Member
Dr Lynda Lynch Non-Executive Board Member
Mr Terry Mackie Non-Executive Board Member
Dr Helen Moffat Chair, Area Clinical Forum
Mr Jonathan Passmore Non-Executive Board Member
Cllr Anne Robertson Non-Executive Board Member
Mr Eric Sinclair Non-Executive Board Member
Mr Malcolm Wright Interim Chief Executive

By invitation
Mrs Laura Gray Director of Corporate Communications/Board Secretary
Dr Annie Ingram Director of Workforce
Professor Rosemary Lyness Interim Director of Nursing and Quality
Mr Graeme Smith Director of Modernisation
Mrs Susan Webb Acting Director of Public Health

Attending
Ms Pam Gowans Chief Officer and Lead Manager for Primary Care
Dr Martin McCrone Clinical Lead and Chair of Primary Care Integrated Management Group (PCIMG)
Miss Lesley Hall Assistant Board Secretary
Dr Chris Provan Clinical Lead, Aberdeen City
Mrs Alison Wood PA

Item Subject

1 Apologies

Apologies were received from Mrs Rhona Atkinson and Professor Mike Greaves.

2 Declarations of Interest

There were no declarations of interest relating to specific agenda items.
Item | Subject
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3 | Chairman’s Welcome and Introduction

The Chairman welcomed everyone to the meeting, in particular Professor Rosemary Lyness who had been appointed as Interim Director of Nursing and Quality pending the appointment to the substantive post.

He reported on recent meetings with MPs and MSPs, the General Dental Council Report on the Dental School, Ministerial visits and the opening of the Radiotherapy Service. He thanked the Non-Executives for their helpful input at one to one meetings.

3.1 Appointment of Vice Chair

The Chairman was pleased to report that Mrs Lester had been appointed as Vice-Chair and he looked forward to developing an effective working relationship with her.

4 | Interim Chief Executive’s Report

Mr Wright advised that this was the first of a series of regular reports he would present to the Board to highlight important issues that may not be covered elsewhere in the Board or Committee agendas.

In response to a suggestion about the Intelligent Board work being presented at Board meetings and not just seminars, Mrs Webb advised that the initial aim was to provide Board Members participating in Integrated Joint Boards (IJBs) with an opportunity to discuss Grampian-wide issues in seminars and then to progress the work into Board meetings.

5 | Minutes of Meetings held on 6 February and 5 March 2015

These were approved. The Board Secretary assured Board members that there would be a supplementary action log from this meeting onwards.

6 | Matters Arising

6.1 In response to a query about progress with Inverurie Hospital and Health Centre, the Board was advised that a briefing paper on Infrastructure Investment, including an update on Inverurie, would be presented to the Board in June 2015.

7 | Patient Story

Professor Lyness presented a patient story prepared by the person-centred team that highlighted a patient’s experience in the Emergency Department, in theatre the next day and follow-up with physiotherapy. The story focused on the 5 ‘must dos with me’ from the patient’s perspective. Professor Lyness advised that these stories were fed back to staff and provided opportunities for reflection and learning, sharing good practice and improving services. She planned to work with a small group, including Board members, to develop the process around bringing patient stories to the Board to make these more meaningful and to emphasise the learning from them.
8 Governance Items

8.1 Quality Dashboard

Dr Fluck explained that the Quality Dashboard contained high level metrics regarding safety and included mortality, infection, falls, incidents, real-time feedback and complaints. He suggested it would be helpful to have more narrative around the data to assist interpretation. Mrs Webb advised that the “Intelligent Board” work would help to develop the dashboard to make it more meaningful, by making comparisons with national data and to identify trends and measure against benchmarks. Board members agreed that it would be helpful to have information on outcomes as well as numbers.

With regard to complaints data, Mrs Gray was confident that the improved performance against targets could be maintained. However, these did not tell anything about the quality of responses, learning for the organisation or how it felt for the complainer. Work was being done to improve these aspects of the process. Whilst doing so, it was important not to lose sight of the targets. Professor Lyness commended the work the Feedback Team had done to improve response times, but confirmed it was necessary to take learning from complaints and to risk stratify them. Mr Wright agreed it was important to meet timescale targets and ensure quality responses.

Dr Fluck stressed the importance of providing Quality Assurance to the Board for effective governance. He advised that he would be working with Mrs Webb, Professor Lyness and Health Intelligence colleagues to develop the process further to provide appropriate information to assist the Board in its assurance role.

The Board noted the Quality Dashboard.

8.2 Performance Report

Mr Gray referred to the Performance Report that summarised the key areas of performance for NHS Grampian including, but not limited to, Health, Efficiency, Access and Treatment (HEAT) targets.

He assured the Board that the Performance Governance Committee (PGC) had considered the report in detail.

The areas highlighted in the report covered the following areas:
- Insulin Pumps
- Dementia Post Diagnostic Support
- Return to New Outpatient Attendance ratio
- Cancer Access standards – 62 day Referral to Treatment standard
- Treatment Time Guarantees (TTG) and 18 weeks Referral to Treatment standard (RTT)
- Access to Psychological Therapies
- A&E 4 hour standard
Mr Gray advised that there was also a standing item in the report regarding the Board’s financial position. This month’s report noted a net revenue overspend. However, this was within the trajectory agreed with the Scottish Government and it was predicted that there would be a break-even position by the end of the financial year and that the Board’s three financial targets would be achieved.

Mr Gray pointed out that NHS Grampian’s performance for the A&E 4 hour standard was above the Scottish average. With reference to improvement actions relating to this standard, Dr Fluck explained the Patient Flow initiative aimed to ensure that patients arrived at the designated ward within 4 hours. The aim was to encourage hospital-wide ownership to ensure patients were moved from the Emergency Department (ED) to identified wards. This would reduce the risk which was previously focused on the ED and ensure care that was best for the patient. To reduce “boarding”, teams would help create capacity to ensure patients were in the right place at the right time. In response to a query from Mrs Duncan, Dr Fluck assured the Board that clinicians would make decisions about the appropriateness of moving patients, based on a risk assessment. Professor Lyness advised that, throughout Scotland, daily huddles were being introduced to deal with bed management involving front line clinicians. This process was being introduced as a test in ARI in May 2015.

Dr Fluck advised that the discharge process was an important stage in the care pathway. There were concerns about long waits for drugs on discharge and the Pharmacy Department’s crucial role in the discharge process was acknowledged. He advised of a number of improvement initiatives being taken forward, including electronic immediate discharge letters (IDL), pre-packed medication and earlier completion of discharge forms.

With reference to the cancer access standards, Mr Gray explained the need for significant investment to increase endoscopy diagnostic capacity and to appoint an additional colorectal consultant, as clinical priorities, to improve performance against the 62 day referral to treatment standard. The Board noted that steps were being taken to recruit a consultant for head and neck cancer. This was challenging as there was a shortage at a national level.

Delayed discharges continued to be a challenge and the report set out the position with the improvement actions identified by the three partnerships and the Mental Health Directorate.

The Board reviewed and noted the performance report for February 2015 and the actions being taken to address those areas where their performance was not in line with agreed trajectories.

8.3 Workforce Report

Dr Ingram advised that bringing this report to the Board was a new development. She advised that this was an abridged version of the report which had been presented and discussed in detail at the Staff Governance Committee.
She explained that recruitment challenges facing the Board had been highlighted over a significant period. The report showed an improvement, over the last year, in the number of nurses, midwives and doctors employed, although vacancies remained high. During 2014-15 investment had been made, with additional funding in nursing and midwifery (90 whole time equivalent (wte) posts) and consultant posts (17 wte). Nursing vacancies were a concern and the Nursing Resources Group was addressing how to improve the position.

There had been a 15% increase in vacancies in the period April – December 2014, compared to the same period the previous year. Dr Ingram stressed the additional workload this placed on the recruitment team. She advised of the range of recruitment methods being introduced, such as career events, bus advertising, advertising for students and increased use of new media such as Twitter, Facebook and LinkedIn and confirmed that their effectiveness would be evaluated. The challenges of recruiting were recognised, including the cost of living in Aberdeen. The successful recruitment into a number of key vacancies, such as mental health, was noted.

The total number of staff in post at 31 December 2014 was 11794 wte and 14231 headcount. The largest group continued to be nursing and midwifery, accounting for 44% of all staff. The number of nurses and midwives in post increased by 4.7% between 31 December 2013 and 31 December 2014 which was very positive.

There were 17 new consultant posts established in the last year. However, the number of consultant posts vacant for more than six months has increased.

Bank usage had increased compared to the same time last year and nursing and midwifery continued to have the largest bank spend. Spend on nursing and midwifery agency had also increased compared to the same point last year and it was stressed that it would be preferable not to use agency staff.

The annual sickness absence rate had decreased slightly but still remained above the 4% standard. It was noted that NHS Grampian’s performance in managing long-term absence was significantly better than other comparable Boards.

The report noted significant progress with the submission of consultants’ job plans with the rate at 82% in March. Dr Fluck explained that generally there were understandable reasons for non-submission, for example maternity leave or sick leave. Dr Ingram advised that colleagues were actively pursuing those who had not yet submitted job plans.

The analysis of incidents involving staff recorded on Datix and reported to the Occupational Health and Safety Committee highlighted the top five most frequent types of incidents, with abuse etc of staff by patients and/or others the highest at 157. This was an area of concern that had to be addressed and it was noted that the zero tolerance policy would be refreshed.

**The Board noted the Workforce Report.**
8.4 Improvement Programme

Mr Wright thanked Mr Gray for the significant work developing the Improvement Programme, the final copy of which had been circulated. This set out the actions to address the findings from the three reports issued in December 2014:

Mr Gray explained the consultation process and the process for agreeing and finalising the Improvement Programme and the governance and oversight arrangements.

He updated on progress since the last reports to the Board at the meeting and seminar on 5 February and 5 March respectively, covering the following matters:

- **Job Planning** – significant improvements in the submission rate had been reported in the previous workforce item.
- **Acute Sector Management Arrangements** – significant progress had been made with new management arrangements and the establishment of divisional performance review meetings.
- **Area Clinical Forum** – the revised constitution was being presented to the Board for approval and the other advisory committees constitutions would be revised thereafter.
- **Emergency Department staffing** – the middle grade rota was being consistently covered. Suitable candidates were being sought for the current 5 vacant consultant posts.
- **Performance Management** – revised arrangements were anticipated to be in place by May 2015.
- **Royal College of Surgeons (RCS) report** – workstreams had been identified to address the specific recommendations.
- **OPAH Report** – the detailed action plan had been approved.

In response to a query about the lengthy timescale for implementing the recommendations of the RCS report, Dr Fluck explained that there would be a comprehensive review of the working of the department, covering both elective and emergency surgery. This would involve a major reorganisation of a large service. This was combined with a relocation of the department to accommodate backlog maintenance works.

With reference to the organisational development (OD) plan, Mr Smith advised there was a significant need for a comprehensive organisational approach to OD rather than targeting specific departments. It was noted that the Scottish Government had provided funding for OD but this was mainly tied into the iMatter project. Mr Wright stated that it was essential that the OD plan was developed and that it would come to the Board through the Staff Governance Committee after it had been developed by Executive Team colleagues.

Mr Wright gave assurance that the actions that had been allocated to the former Director of Nursing and Chief Operating Officer, who had now retired, would be reallocated to Executive Team colleagues who were reviewing their
responsibilities and portfolios.

The Board:

1. noted progress in respect of the implementation of the recommendations highlighted in the three reports issued on 2 December 2014.
2. approved the NHS Grampian Improvement Programme following completion of the consultation process.


Dr Fluck explained the positive progress made in NHS Grampian since the first HEI report on ARI in 2009. It had been recognised that improvement work was needed and many issues had been addressed in the past five years.

In this most recent report, overall the inspectors found evidence that NHS Grampian was working towards compliance with Healthcare Associated Infection standards to protect patients, staff and visitors from the risk of acquiring an infection. In particular, the cleanliness in the wards and departments inspected was good and the standard of cleanliness of patient equipment was good.

Senior Charge nurses and staff on the wards that had been inspected demonstrated a clear understanding of their roles and responsibilities for the prevention and control of infection and the role they played in achieving and promoting this.

The inspectors found evidence of the new environmental audit process being implemented across ARI. They also saw an audit plan detailing when all remaining wards and departments would receive training in the new audit process.

Generally, it was a positive report, although it recognised there was still work to be done around sustainability of improvements.

Professor Lyness commended the Board on such a positive report and advised that she was impressed by the feedback she had got from staff. Dr Fluck reported that the Exemplar Ward Programme and having Senior Charge Nurses in charge of the healthcare environment were examples of ways to improve the safety of the environment. Other ways of developing staff included OD and the Patient Safety Programme.

Mr Wright commended staff on the tremendous effort to make improvements and Mrs Duncan suggested a positive global message be sent out. It was agreed that forthcoming Face to Face sessions would be an opportunity to thank staff.

The Board noted:
1. the positive progress made by staff within Aberdeen Royal Infirmary in working to meet the HAI standard and address requirements made during previous inspections.
2. that progress to meet the recommendations made in this report will be monitored by the Acute Sector Healthcare Environment Group and the Infection Control Committee.

8.6 Healthcare Associated Infection Report

Dr Fluck explained that the report was in the required format for the Government and suggested it would be more helpful to have analysis of the data from the clinical lead. He advised that the Board’s position in reducing Clostridium difficile infections (CDI) and Staphylococcus aureus bacteraemias (SAB) was not deteriorating and that NHS Grampian’s results compared well with other Boards. He explained that all cases were looked at systematically by the Infection Prevention and Control Team.

The Chairman concluded that it was important to have a report with understandable information. Dr Fluck agreed that the information required to be presented better as this was one of the most important performance metrics.

The Board noted the Report.

8.7 2013/14 Annual Review Letter

Mr Wright reported that Annual Review and associated meetings on 12 January 2015 had gone well. This was reflected in the follow-up letter from the Cabinet Secretary which included 6 action points which were all being taken forward.

The Chairman thanked colleagues involved in the preparation for the day and also those who attended the various meetings.


8.8 Area Clinical Forum Constitution

Mr Smith advised that the ACF constitution had been reviewed and revised as part of a process that started at a joint meeting of advisory committees in December 2014 and in which Board members had been involved. He highlighted the key changes which related to arrangements for voting for chair and vice chair of the ACF, the appointment of a vice-chair, invitation of Integrated Joint Board and lay member representation, and confirmation that the chair of the ACF was the single channel of advice from the advisory structure to the Board.

Mr Smith advised that a review of the constitutions of the other advisory committees would take place over the next six months, using the ACF constitution as a guide.
The Board approved the revised constitution of the Area Clinical Forum.

8.9 Standing Financial Instructions and Schedule of Reserved Decisions

The covering paper explained the purpose of these two documents which formed key component of NHS Grampian’s overall governance arrangements. Mr Gray explained that the changes specified in the paper had been considered in detail by the Audit Committee which recommended the revised documents for approval. A “track change” version of the documents was made available to Board members.

The Board approved the revised Standing Financial Instruction and the Schedule of Reserved Decisions.

8.10 Committee Reports

1 Audit Committee Meeting

Mr Anderson advised that the key issues considered by the Committee had been Operational Audit Plan, Delayed Discharge, Complaints Handling Arrangements, Scotland’s Public Finances – Supplement for Non-Executive Directors (NHS) and Audit Committee Development Sessions. He advised that Chief Officers were attending the next committee meeting to provide full briefing on progress with implementing actions from the Internal Audit on Delayed Discharges. He advised that actions arising from the committee’s development session included improvement of induction of non-executives and greater co-ordination of work programmes of committees and the Board.

The Board noted the report.

2 Clinical Governance Committee

The key issues that had been discussed at the Committee’s meeting on 30 January 2015 had included workforce, which was a recurring theme throughout this meeting, and recruitment and staffing challenges in a number of specialties. The waiting list for dental paediatric anaesthetic had been identified as an issue of concern.

Mrs Webb advised that a Dental Healthfit event would be taking place to which Board members would be invited and that this would report to the Clinical Governance Committee.

The Board noted the report.

3 Endowment Committee Report

Mr Bisset advised that the key issues from the Endowment Committee meeting held on 9 February 2015 were investment performance, funding
requests and publicity. He reported that the Committee wished to encourage the strategic use of endowment funds.

The Board noted the report.

4 Patient Focus and Public Involvement (PFPI) Committee Report

Mrs Lester reported that the Committee had received a presentation on the new hospital developments at its meeting on 11 February. It had also considered the workforce monitoring report which highlighted a generally aging workforce, with particular reference to GPs. The Feedback Service had been commended for their efforts which had resulted in considerable improvements with regard to the performance of complaints response times.

The Board noted the report.

5 Performance Governance Committee Report

Professor Logan advised that issues discussed at the Committee meeting on 10 March 2015 had been covered elsewhere in this meeting and included the Financial Position and Performance Update. It had noted that the Strategic Risk Register would be reviewed.

The Board noted the report.

6 Spiritual Care Committee

In the Committee chair’s absence, Mrs Gray advised that key issues from the Committee Meeting on 24 February 2015 included the Annual Report on the work of Healthcare Chaplains, Community Chaplaincy Listening, which was being offered in a number of GP practices and the Aberdeen Health Village, and access to information for chaplains.

The Committee noted the report.

7 Staff Governance Committee Report

Mr Mackie advised that the key issues from the meeting on 4 March 2015 included the review of the constitution and membership, which would be brought to a future Board meeting. Other items discussed included Recruitment 2020 and the impact of a range of recruitment initiatives. The national staff survey had also been discussed and it was noted that this had shown some deterioration regarding staff experiencing emotional/verbal abuse from patients/service users or other members of the public. He explained that this was a particular issue for car parking staff and it was necessary to adopt a zero tolerance approach, as discussed earlier, as this was not acceptable. Other issues discussed had been health and safety, attendance management, staff turnover, performance of HR Service Centre and Safe and Effective Nursing and Midwifery Workforce. It had been noted that the work of the Nursing Resources Utilisation Group would be continued
by a revised Nursing Resources Group, which would be a sub-committee of the Staff Governance Committee.

The Board noted the report.

8 Grampian Area Partnership Forum

Mrs Duncan pointed out the key items discussed at the meetings on 18 February and 18 March 2015 which had included the Cabinet Secretary’s very positive visit on 16 February. Concerns had been raised by staff about health and social care integration and Mr Bisset stressed the need to ensure staff affected were kept updated and involved. He asked that Board members, particularly those on IJBs, be informed about any relevant issues. Dr Ingram confirmed that all staff affected had been written to and acknowledged that staff needed to be given reassurance about the change process around integration. Other topics discussed by GAPF had been Recruitment and Retention Premia and Board Priorities.

The Committee noted the report.

9 Area Clinical Forum Committee Report

Dr Moffat advised that the key issues from the forum meeting on 18 March 2015 had included the review of the constitution as approved under item 8.8 above. They had also discussed the NHS Grampian Improvement Programme, the impact of waiting time targets and integration. She highlighted the ACF’s concerns about unintended consequences and the need for staff to consider improving practice as well as being mindful of targets.

The Board noted the report.

9 Strategic Items

9.1 The Development of General Practice in Grampian

Mr Smith advised that the paper presented was an introduction to raise the profile of general practice and primary care in Grampian. Future Board seminars would go into issues in more detail.

Ms Pam Gowans, Chief Officer for Moray and Primary Care Management Lead, advised that the paper gave an overview of the challenges and opportunities facing primary care including workforce and infrastructure. She stressed the important role primary care played in service provision and the interdependencies between primary care and secondary care and the significant impact these had on each other.

Dr Martin McCrone, GP in Banchory, Clinical Lead and Chair of the Primary Care Integrated Management Group (PCIMG) explained that the 2020 vision had an emphasis on the population being serviced. Most contacts patients had
with the NHS began and ended in primary care and the services were well valued by patients. He reported there was a high performing primary care sector in Grampian with advanced services in community based facilities. Although there had been significant successes with improving management of chronic disease and primary and secondary prevention, there were major challenges because of population changes, increased multiple morbidities, and increasing complexity of care.

An area of concern was acute sector admissions and he advised that many acute cases were managed in the community and that a small percentage change in primary care could lead to a significant change in the acute sector. The more that could be done in primary care to maximise care at home, the better.

He explained the challenges to general practices around the new GP contract, workforce challenges including the increase in part time GPs and the aging GP workforce. He advised of the key role that that Advanced Nurse Practitioners and Physicians Associates had in many practices.

He advised that matrix teams were very important and he referred to successful models of care in place such as the Eye Healthcare Network, clusters and other groupings.

Dr Chris Provan, GP in Aberdeen and Clinical Lead for Aberdeen City, explained there were new models for care being introduced across the system as part of Modernising General Practice, with 6 practices in the city looking at different ways of working, engaging with communities to find out what they want. He gave examples of exercise classes for older patients which offered an opportunity to keep fit as well as social involvement, and community programmes for dementia patients helping to support them and their carers. Different and joined up ways of working with colleagues in geriatric services prevented hospital admissions. There was more anticipatory care planning and discussions on a multi-disciplinary team basis. Relationships were being built with local authority colleagues as part of integration of health and social care. He emphasised the reliance on IT and the need for significant investment to continue to improve these systems to allow rapid access to diagnostics, and ways of working differently to recognise people’s increasing awareness and use of technology in their daily lives.

Dr McCrone advised that the new GP contract that would have an impact on the way GPs provide services in the community. Earlier in 2015, a number of Board members had attended an informative meeting with Scottish Government Primary Care Directorate colleagues to consider the future of general practice and the development of the new GP contract which will be implemented in 2017. Under “Prescription for Excellence”, changes would be made to the Pharmacy contract too. These changes to contracts aimed to provide improved access to clinical care and advice.

Ms Gowans assured the Board that there was coherence in the work being done in primary care, but did not wish to minimise the challenges faced around
capacity, infrastructure, the digital era, the self-help agenda and communication. There was a need for organisational back-up for the provision of primary care and the links between IJBs and GPs required further exploration.

In response to a request from Mrs Lester for a list of issues, Mrs Gowans advised that future seminars would provide an opportunity to discuss these and to drill down into some in more detail, and to understand the complexity of the GP contract. She advised that NHS Grampian was fortunate to have been involved in the national contract negotiations.

The Chairman acknowledged the vital part that primary care played in management of the population’s health. The Board recognised the challenges faced and that the 2020 vision was key to the future delivery of healthcare.

The Board:

1. Noted the summary of issues contained in the paper as the background to the further work in future seminars
2. Endorsed the actions being taken forward to deal with the workforce and infrastructure challenges
3. Agreed to support the work underway to transform the approach to primary care in the future.

9.2 Health Improvement – Supporting Patient Self-Care and Self-Management

Mrs Webb presented the paper and accompanying framework document, explaining that self-care and self-management were key components for transforming health services to benefit service users, their families and the wider economy. She explained definitions of self-care and self-management included ‘a portfolio of techniques and tools to help patients choose healthier behaviours’ and the aim was to do things with, not to, patients. Some elements reduced hospital admissions and there was evidence that self-management could improve quality of life, clinical outcomes and health service use. The framework sets out the tools and provided examples of good practice in Grampian.

With regard to reference to carers in the documentation, Mrs Gray explained that the Carers Information Strategy was an important piece of work being taken forward with Scottish Government funding with a number of innovative projects and models of good practice having been reported to the Patient Focus and Public Involvement Committee.

Cllr Robertson suggested there was an opportunity to present to councillors in the three local authorities and for them to become involved in and be advocates for this very important agenda for the future of health and social care.

Dr Moffat emphasised the constraints on GPs and the importance of the whole primary care team being involved in promoting self-care and self-management.

The Board:

1. in line with Healthfit 2020, reaffirmed its commitment to support
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14 | patients and carers to self-care and self-manage their health as part of routine healthcare.
2. | Noted the work to date to develop the evidence-based Grampian Framework for Self-Care and Self-Management available to patients and carers across all Grampian healthcare services.
3. | Agreed to play a leadership role in promoting the Framework for Self-Care and Self-Management to the three Integrated Joint Boards
4. | Agreed to receive an update in six months on progress.

10 | Items for Decision

10.1 | Women’s Hospital and Cancer Centre Update

Mr Smith advised that paper gave an update to provide assurance to the Board on progress with the project. He reported that provisional names for the two new facilities had been identified after a short-listing process of suggested names that had been considered by a naming panel. Certain checks needed to be made before the names could be finally agreed and endorsed by the Board.

Mr Smith advised that the project structure was in place which was being overseen by a Project Board. A number of key officers were in post and clinical leads appointed. The recruitment process for technical, financial and legal advisors was well underway and the specification was being developed to inform the reference design and the Outline Business Case (OBC). He gave a brief overview of the project timeline which included bringing the Initial Agreement to the Board for consideration on 4 June 2015 and the OBC towards the end of the year.

The paper also referred to public and staff involvement and fund-raising.

Cllr Robertson, as chair of the Nursing Resources Group (NRG), stressed the importance of linking the new developments with workforce. Mr Smith responded that the Project Board will identify workforce issues and use the NRG to assist the process. It was vital to ensure the workforce was fit for purpose and to use learning from the development of the Emergency Care Centre.

**The Board noted the project progress that was summarised in the paper.**

11 | Items for Noting

There were no items for noting.

12 | Approved Minutes

The following minutes were noted:

Audit Committee – 9 December 2014
Endowment Committee – 25 November 2014
Performance Governance Committee – 13 January 2015
Spiritual Care – 28 November 2014
13 Any Other Competent Business

Caring Behaviours Assurance System (CBAS)

Cllr Robertson advised that she and Dr Moffat had attended a recent CBAS meeting which had been both worthwhile and inspirational. She encouraged her Board colleagues to attend future events. Dr Moffat agreed that it had highlighted how sometimes simple things could make vast improvements to a service.

14 Date of Next Meeting

Board Seminar – Thursday 7 May 2015
Board Meeting – Thursday 4 June 2015

Signed .......................................................... Date ..................................................

Chairman