### Present
- **Professor Stephen Logan** Chair
- Mrs Amy Anderson Non-Executive Board Member
- Mrs Rhona Atkinson Non-Executive Board Member
- Professor Amanda Croft Interim Chief Executive
- Mrs Kim Cruttenden Non-Executive Board Member
- Cllr Isobel Davidson Non-Executive Board Member
- Professor Nick Fluck Medical Director
- Mr Alan Gray Director of Finance
- Mrs Luan Grugeon Non-Executive Board Member
- Professor Steve Heys Non-Executive Board Member
- Mrs Christine Lester Non-Executive Board Member/Vice Chair
- Miss Rachael Little Employee Director/Non-Executive Board Member
- Cllr Douglas Lumsden Non-Executive Board Member
- Cllr Shona Morrison Non-Executive Board Member
- Mr Jonathan Passmore Non-Executive Board Member
- Mr Eric Sinclair Non-Executive Board Member
- Mrs Susan Webb Director of Public Health

### By invitation
- Mr Paul Allen Director of Facilities and Estates
- Ms Julie Anderson Finance Manager (Agenda Item 9)
- Mr Paul Bachoo Acute Medical Director
- Mr Sean Coady Head of Primary Care, Prevention and Child Health
- Dr Adam Coldwells Chief Officer, Aberdeenshire Health and Social Care Partnership (Agenda Items 12 & 13)
- Mrs Jillian Evans Head of Health Intelligence (Agenda Item 8)
- Mrs Jane Fletcher Head of Hosted Mental Health & Learning Disability Services (Agenda Item 11)
- Mrs Laura Gray Director of Corporate Communications/Board Secretary
- Mrs Caroline Hiscox Acting Director of Nursing, Midwifery and Allied Health Professions
- Dr Annie Ingram Director of Workforce
- Mr Garry Kidd Assistant Director of Finance (Agenda Item 9)
- Mrs Sheena Lonchay Operational Manager, NHS Grampian Endowment Fund (Agenda Item 9)
- Mr Gary Mortimer Director of Operational Delivery
- Mr Graeme Smith Director of Modernisation/Deputy Chief Executive

### Attending
- Miss Lesley Hall Assistant Board Secretary
- Mrs Alison Wood PA/Minute Taker
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Apologies were received from Dame Anne Begg, Mrs Susan Coull, Cllr Isobel Davidson, Ms Pam Gowans, Dr Lynda Lynch and Ms Sandra Ross.

| 2    | Declarations of Interest |

There were no declarations of interest relating to specific agenda items.

| 3    | Chairman’s Welcome and Introduction |

Professor Logan welcomed everyone to the meeting. As this was Mrs Christine Lester’s last Board meeting, he thanked her for her significant contribution to NHS Grampian over the last eight years. He emphasised Mrs Lester’s dedication and her input to the integration of health and social care, particularly in Moray. He thanked her for her involvement as a member of various committees, for chairing the Engagement and Participation Committee and for the support provided to him in her role as Vice Chair.

Professor Logan welcomed Councillor Shona Morrison, the new representative from Moray Council, and Mrs Kim Cruttenden, Chair of the Area Clinical Forum, to their first formal Board meeting.

Professor Logan congratulated Professor Heys and Aberdeen University on achieving 158th place in the latest Times Higher Education (THE) World University Ranking. The rankings were the definitive listing of the top universities and measured across a broad range of criteria including research, teaching and international outlook.

Professor Logan advised of a variety of the meetings and events he had recently attended including:

- A visit to the Acute Care at Home Team and the Community Geriatric Nursing Team based at the City Hospital with Paul Allen, Director of Facilities and Estates. These services provided full assessment and care to frail elderly people in their homes.
- A visit with other Non-Executives colleagues to the portering and catering teams at ARI who provided an important service without which the hospital could not function.
- Attended “breaking ground” ceremony of the new Sue Ryder building at Deevieview Court. This was a major expansion to the unique facility which offered round-the-clock care to people with a range of neurological conditions, increasing the number of residents from 24 to 44.
- Meetings with Grampian MPs and MSPs in Aberdeen to discuss prescribing, mental health services and waiting times for chronic pain.
- The opening of the Foresterhill Health Centre which housed two GP practices - Elmbank Group Practice and Westburn Medical Group. The centre included a Boots pharmacy and provided a base for staff from
Aberdeen City Health and Social Care Partnership.

- Fraserburgh Hospital Event at which Her Royal Highness, The Princess Royal, unveiled a plaque to commemorate 50 years of the facility. It was the first hospital in the North-east to be built under the National Health Service.
- The official opening by Ms Jeane Freeman, Cabinet Secretary, of the Major Trauma Centre (MTC) which would treat the most seriously injured patients in the North of Scotland. The facility at Aberdeen Royal Infirmary was the first of four major trauma centres to be opened as part of Scotland’s Trauma Network. Professor Logan highlighted that local MSPs had fought strongly to ensure NHS Grampian’s case had been heard.

Appointment of Vice Chairperson

The Chairman advised that in terms of paragraph 4.1 of the Board’s Standing Orders it was necessary for the Board to appoint a Non-Executive Director to be Vice-Chairperson to replace Mrs Lester in this role. Following an internal process, he proposed Mrs Rhona Atkinson as Vice-Chairperson.

The Board confirmed the appointment of Mrs Atkinson as Vice-Chairperson from 1 November 2018.

4 Interim Chief Executive’s Report

Professor Croft referred to the link to the electronic copy of her report. She advised that the digital report continued to be trialled and welcomed feedback on the format and content. She highlighted the following items:

- New Centre of Excellence for Mental Health Services in Grampian.
- Paving the way for Scotland’s new Trauma Network. She commended the video which had specially commissioned for the opening of the new MTC facility and illustrated how patient feedback had informed the process.
- At the inaugural Celebrate Aberdeen Awards, Friends of The Neuro Ward and the ARCHIE Foundation had received the best small charity and large charity awards respectively.
- Dr Gray’s Hospital – Women & Children’s Services
- Investment and reorganisation of inpatient wards at Royal Cornhill Hospital
- Patient feedback through social media

The Chairman advised that the Cabinet Secretary had announced appointments to the Board of two new Non-Executives, Ms Joyce Duncan and Mr Alexander (Sandy) Riddell, commencing on 1 November 2018 for four years.

5 Minute of Meeting held on 7 June 2018

The minute of the meeting held on 7 June 2018 was approved subject to the following amendments.

List of Board Members Present – Professor Steven Heys to be included.

Item 8, Dr Gray’s Hospital Obstetrics and Paediatrics - Page 4, first paragraph, third
sentence to be amended to read: The Alliance would re-align day to day management of Dr Gray’s Hospital through Pam Gowans, giving local ownership to all hospital based services.

6 **Matters Arising**

There were no matters arising from the minute.

7 **Performance Report**

Mr Gray presented the Report and highlighted the following main points:

- **Unscheduled Care** – The 4 hour A & E standard had stabilised and remained ahead of the Scottish average. Work was ongoing to test plans for the winter period.

- **Elective Care** – A significant amount of work was ongoing with discussions on how to increase capacity. Agreement was now in place with NHS Tayside for Grampian clinical staff to operate at Stracathro Hospital, supported by NHS Tayside anaesthetists. The waiting time position was monitored closely and weekly reports produced at specialty level.

- **Cancer** – All pathway plans were being monitored to see if capacity could be increased. Both the 31 and 62 day cancer access standards had improved but the compliance rate was still below the Scotland figures. Twice weekly meetings were being held to discuss all individual patients on a cancer pathway to ensure appropriate escalation. Cancer performance was to be discussed at a future Board seminar.

- **Child and Adolescent Mental Health Services (CAMHS)** – NHS Heath Improvement Scotland (HIS) was due to issue the final report of the review undertaken of the service as part of the support offered to the Board to assist in improving performance and evaluating the CAPA model. A structured process would then be developed to progress actions.

- **Financial position** – The results to August 2018 showed an overspend, mainly due to continued financial pressures around medical staffing. The results excluded the services delegated to the three Integration Joint Boards (IJBs). Mr Gray advised that the Scottish Government had published its Medium Term Health and Social Care Financial Framework. This set out the challenges and allowed for realistic discussions around finances and resources and the potential approach and type of initiatives required to ensure continued delivery of a financially balanced and sustainable Health and Social Care system. It set the context for updating the NHS Grampian five year financial plan.

Board members discussed minor injury units which resulted in fewer Aberdeenshire residents attending A & E and the benefits for both patients and NHS Grampian. A comprehensive review had been carried out in Aberdeenshire which showed that patients felt it was important to receive treatment locally rather than travelling to
Aberdeen.

It was noted that the bed base in NHS Grampian was lower than most other Boards and this could affect the delayed discharge figures.

Mr Bachoo advised that there were real increases in performance in cancer due as a result of the management of the pathway processes. Discussions had been held with other health boards to discuss processes for maximum benefit and opportunities for creating capacity by the use of regional centres eg at Stracathro.

With regard to the lower uptake of bowel screening in areas of deprivation, Mrs Webb advised that NHS Grampian had applied for national funding. If successful, a programme will start in the Autumn to encourage uptake of screening in areas of disadvantage. She reported that there was a cross system review of all screening, which would be reported to the Clinical Governance Committee.

Mrs Webb emphasised the importance of tiers 1 and 2 in CAHMS to ensure the right people were seen in the right place and advised that partners were meeting to explore this further. Grampian had been commended for work done around mapping. Data gathered would now be pulled together to ensure consistency and equal access across Grampian.

The Board noted the Performance Report and the actions being taken to address those areas where performance was not in line with plan.

8 Health and Care Quality – progress on achieving the quality ambitions of NHS Grampian

Mrs Webb and Mrs Evans provided an update on the recommendations which had previously been endorsed by the Board in 2017. The new approach proposed for performance, assurance, improvement and risk for the Senior Leadership Team and the Board would create an open culture where quality was defined, embedded and measured at all levels. The report aimed to provide system level insights about changes in the quality of care in NHS Grampian. The report drew on a collection of indicators that would consider quality with a system-wide perspective.

This was the second quality report submitted to the Board in this format and feedback was sought on the format and content from all colleagues.

Based on evidence from high performing organisations the key characteristics to becoming a high quality health system included:

- Ensuring positive experiences of care for patients and staff
- Preventing avoidable deaths
- Removing harm by identifying areas of risk and taking action to avoid unintended physical or emotional harm resulting from or contributed by clinical care
- Uncovering variation to help deliver the same quality of care to every patient.

The four ambitions for quality, agreed by the NHS Grampian Board, were:
• Delivering what matters most
• No preventable deaths
• Continuously seek out and reduce harm
• Achieving the highest reliability for clinical care.

Mrs Evans advised that there were 800 indicators across the system. For the purpose of this report, indicators had been selected where it was felt that a difference could be achieved and outcomes measured.

Quantifiable metrics would be used to gain a sense of what NHS Grampian was doing and to give a view of the health of the population in Grampian. Public Health was influenced by macro economics and healthcare was dependent on the input of others, so partnership working was crucial. The importance of patient and staff experience was emphasised. The Board noted that the digital version of the Director of Public Health Annual Report, which was being finalised, would include embedded videos of people telling their own stories.

Board members welcomed the progress already made and thanked Mrs Webb and Mrs Evans for the work done to date. The Chairman agreed that this agenda item was moving in the right direction. He requested more details about outcomes and examples of indicators that had led to positive change. He agreed that the Quality Report would be presented to Board meetings at regular intervals. Mrs Evans emphasised to the Board that it was an ongoing quest to look for intelligent markers.

The Board:
• Endorsed the new quality assurance processes for the Senior Leadership Team and the Board.
• Noted the progress towards achieving the quality ambitions for the organisation as assessed by a collection of high level indicators.

9 Infrastructure Investment

Mr Gray introduced the Infrastructure Investment paper. He explained that the Asset Management Plan, which had been approved by the Board in June 2017, set out the programme of investment in infrastructure, linked to NHS Grampian’s clinical strategy. It supported the strategic theme of delivering high quality care in the right place through providing safer, effective and sustainable services.

The Board’s infrastructure investment plan for the five years 2018/19 to 2022/23 totalled £316.6 million.

This included:
• Baird and ANCHOR £159.6 million
• Elective Care £52 million
• Cyclotron replacement £2 million
• Child and Adolescent Mental Health Services facility £1 million

Key projects included:
• Inverurie Health and Care Hub and relocation of Foresterhill Health Centre
• Stonehaven Renal Dialysis Unit
• Denburn Health Centre Replacement

Other sources of funding were also available from the sale of assets and charitable donations.

Mr Kidd and Mrs Lonchay provided a visual presentation of projects that had already been delivered and others planned to be delivered in the next 5 years. The presentation included pictures of the new Inverurie Health and Care Hub and Foresterhill Health Centre, Inverurie and Peterhead Community Maternity Units, Stonehaven Renal Unit and backlog maintenance at ARI. They also showed photographs of the Cyclotron, which was the first of its kind in the world when it was introduced in Aberdeen 20 years ago. However, it now required to be replaced.

The Board had approved the Initial Agreement for the investment in facilities to support the redesign and modernisation of primary and community care services in Aberdeen in February 2018. This included the relocation of services from the Denburn Centre to a purpose built facility in the Northfield/Mastrick area of the city. The Outline Business Case would be presented to the Board for approval in December 2018.

The Board was advised that planning did not stop although funding was not yet in place. Service planning continued so that NHS Grampian was ready to move forward when funds were identified.

Board members were assured that after each project was completed there was a post-project evaluation to establish what had gone well and what could be improved. This would then be used for future planning of projects.

Mr Kidd was asked about the funding of GP practices following the new GP contracts. He advised that this was not clear but the Board would be kept informed once details became available. Opportunities would be explored regarding community ownership models.

The Board approved the following recommendations:

Five Year Infrastructure Investment Programme

• Noted the investment in infrastructure projects planned during the five year period 2018/19 to 2022/23.

Baird Family Hospital and ANCHOR Centre

• Noted the intention to present the Full Business Case to the Board for approval in April 2019.
• Noted the revised scope of enabling work necessary to prepare the sites for construction of the main buildings and the requirement to re-phase the timing of planned expenditure to allow this work to proceed in advance of the main construction contract.
• Delegated authority to the Board Chairman and Interim Chief Executive to agree a target price with the Principal Supply Chain Partner (PSCP) or completion of the enabling works, subject to final planning consents, at a value not to exceed £7.9 million.
• Authorised the Board Chairman and Interim Chief Executive to accelerate planned design activity and commit further design fees costs of £0.5m, in advance of final approval of the main construction contract, in order to maintain momentum on the programme by utilising available capacity within the design team during March and April 2019.
• Noted that the Scottish Government Health Finance Directorate is in agreement with the proposed acceleration of design fees and re-profiling of site preparation works.

Cyclotron

• Noted the requirement and the procurement arrangements being progressed to replace the existing Cyclotron located in Aberdeen
• Delegated authority to the Board Chairman and Interim Chief Executive to appoint a preferred bidder on the recommendation of the Head of Nuclear Medicine Physics and the National Radiotherapy Group and to agree a contract value which together with all associated turnkey and installation/commissioning costs not to exceed £2.6 million.

Health & Transport Action Plan Annual Report

10 Reinstating and Maximising Obstetric Care at Dr Gray’s Hospital

Professor Fluck provided an update to the Board following the previous meeting held in Elgin. A draft plan on Maternity Services Models at Dr Gray’s Hospital (DGH) had been submitted to the Cabinet Secretary on 17 August 2018. Following discussions, a supplementary plan had been requested. Clinical leaders and their teams within NHS Grampian had felt that service redesign was key to the restoration of local services to secure a sustainable future and to ensure a solid platform for service continuity. Discussions had also taken place with the Chief Medical Officer and Chief Nursing Officer. Discussions with the Cabinet Secretary had included a shared desire to increase the choice and opportunity for pregnant women in Moray to receive local antenatal and intrapartum care. It was agreed that, in additional to plans already submitted, a brief revised plan would be prepared which would represent the first phase of re-establishing a Consultant-led Obstetric services at DGH.

Professor Fluck provided Board members with up to date information on deliveries, transfers and feedback received. Experts considered that between 35/40% of mothers would possibly be suitable for midwife care. The numbers achieved so far were lower than this figure. Prior to the changes, 85% of mothers in Moray had births at DGH with 15% at Aberdeen Maternity Hospital (AMH). In August there were 82 deliveries of Moray mothers - 22% (18) had their labour at DGH with 7 then requiring to be transferred out; 6 went to AMH and 1 to Inverness. In September there were 98 deliveries and 34% (33) had their labour at DGH; 6 then required to be transferred out with 1 transferring to AMH and 5 to Inverness. At the time of booking in there was a consultation with a midwife. In a typical month there were 700/900 events for mothers in the Moray region. Just over 70% of these events happened at DGH. This figure was previously around 80%. Services were being maintained as much as possible.

Mrs Gray advised that feedback received was being monitored. Since the changes
occurred there had been 12 pieces of feedback routed through the NHS Grampian Feedback Team; 5 were general, 5 were complaints and 2 were concerns. 7 of these had come through their MSPs/MP whilst 5 had been received direct from patients. 11 of the cases had been closed.

The Board discussed some of the issues including travel which would be of particular concern during the winter period. There had been research carried out around the Highlands and Islands transport scheme and also with Dumfries and Galloway. Work was ongoing with partners in Scottish Ambulance Services and at Raigmore Hospital in Inverness.

Professor Fluck advised that colleagues were working on what could be delivered prior to the commencement of the winter period. It was important for all mothers to have had an initial consultation where the options available could be explained and understood. Communication was extremely important for both mothers and their families. The first point of contact would continue to be the community midwife. It was important that there was continued dialogue to ensure accurate information was being provided.

The Public Involvement Team was working with women who had had deliveries so that their experiences could be captured. This would help with continuously learning and improving experiences for others.

The Board would continue to receive updates as the situation developed.

The Board:
- Noted the update in relation to the service changes affecting obstetric services at Dr Gray’s Hospital
- Noted the actions agreed with the Cabinet Secretary in relation to the submission of a further brief plan to maximise the choices for pregnant women in Moray.

11 Mental Health and Learning Disability Services (MHLDS)

Mr Gray and Mrs Jane Fletcher, Head of Hosted Mental Health & Learning Disability Services, updated the Board on the current nurse staffing position at Royal Cornhill Hospital. Services at Royal Cornhill Hospital had experienced a persistent inability to source, recruit and retain an appropriate registered nursing workforce to meet the requirements of the population group within Grampian. This shortfall presented a significant risk to safe service delivery. In response to this a number of actions were being taken forward. The Senior Leadership Team had supported a recommendation from the Mental Health and Learning Disability Management Team to reconfigure the inpatient beds and move from the current 6 ward model to 5 acute medical wards. This was in addition to the decision to temporarily close the Lochhead dementia assessment day hospital. This would allow current staff to be used more effectively and to maintain a safe working environment for both patients and staff. This had changed the current operating capacity from 139 beds to 124 beds resulting in the bed occupancy rate being increased from the average rate of 88% over the last financial year. Staffing levels were expected to improve in the coming months as twenty one graduate nurses took up posts and assumed full duties following induction.
The Cabinet Secretary had requested an Action Plan to set out how the Board would propose to engage with staff, patient and carers in developing a sustainable plan for MHLDS across NHS Grampian. A draft plan had been submitted to the Chief Nursing Officer and Chief Medical Officer. Models of care for the long term to determine how services should be organised in the future to meet the needs of patients would involve the staff, partners and the public.

The Board acknowledged the opportunities presented by integration and the need to involve Integration Joint Boards and partners in a cross-system strategic review of mental health services.

The Board:

- Noted the current position regarding nurse staffing levels within Royal Cornhill Hospital; and
- Reviewed the actions that had been taken and were planned to be taken in response to staffing levels.

12 Integration Joint Boards - Annual Reports 2017-18

Dr Coldwells, Chief Officer, Aberdeenshire, reported on highlights from the Integration Joint Boards’ (IJBs) Annual Reports. There was a requirement for each IJB to produce and publish online an annual performance report. The reports demonstrated the significant areas of progress and considerable challenges over the year.

The highlights from the three reports included:

Aberdeen City

- Sandra Ross had been welcomed as the new Chief Officer and both Judith Proctor as outgoing Chief Officer and Sally Shaw as Interim Chief Officer were thanked.
- Continued progress in tackling whole-system challenges of emergency admissions and delayed discharges.
- Implementation of pilots and projects, including: INCA (Integrated Neighbourhood Care Aberdeen); a West Unscheduled Care service; Primary Care Psychological Therapies service (across the city); Alcohol Hub Test of Change; Link Work Practitioners; the Golden Games Festival; Interim Housing pilot project; and Acute Care @ Home.

Aberdeenshire

- Continued evolution of locality organisational structure and integrated health and social care teams to deliver joined-up, person centred care to communities.
- Continued progress against both local indicators and national core integration indicators, with good performance compared nationally.
- Implementation of pilots and projects (including, but not limited to): the review of Minor Injury Units; the Virtual Community Ward Model; development of Local Carer Strategies; Participatory Budgeting; development of a Workforce Plan; Health Visiting Service; Wellbeing Festival; and Inclusive Day Services projects.

Moray

- Delivery of successful community-based activity programmes, including: Boogie in the Bar; Be Active Life Long (BALL) groups; Singing Exercise and Tea (SET)
Groups; Men’s Sheds; Health & Wellbeing Vintage Tea Parties.

- Development of housing-based models of care across several different settings working with older people and younger adults with specific conditions.
- Notable progress in the outcomes of wellbeing such as reducing emergency bed days; increasing numbers of anticipatory care plans; and increasing number of clients receiving more than 10 hours of care.

The Board acknowledged the achievements of the three IJBs and commended the Chief Officers for the quality of collaboration among NHS Grampian, the Local Authorities, IJBs and other partners.

The Board noted that the three Integration Joint Boards (IJBs) for Aberdeen City, Aberdeenshire and Moray had published their Annual Performance Reports for 2017-18.

13 Integration Joint Boards – Regular Update Report and Approved Minutes

Dr Coldwells presented the report from the three Chief Officers highlighting key matters from recent IJB meetings.

The latest approved minutes of the Aberdeen City, Aberdeenshire and Moray Integration Joint Boards had been circulated to provide information on the activities and breadth of work undertaken.

Dr Coldwells advised that if there was particular information the Board would like to be aware of to highlight this to the Chief Officers. He acknowledged that some members of the NHS Grampian Board were also IJB Board members.

The Board commended the IJBs for the progress being made with integration.

The Board noted the report and the latest approved minutes of the meetings of the Aberdeenshire and Moray Integration Joint Boards.

14 Committee and Forum Reports

The following reports were presented to the Board for noting, with chairs highlighting important specific points by exception.

14.1 Clinical Governance Committee

14.2 Endowment Committee

The Board was advised that there was likely to be a change in legislation which would affect governance, details for which were awaited.

14.3 Engagement and Participation Committee

Mrs Anderson highlighted the new patient admission record which was two-sided document to replace the previous 18 page admission document.
14.4 Performance Governance Committee

Items had been covered earlier in the meeting.

14.5 Staff Governance Committee

Mr Sinclair highlighted the presentation on the delivery of the eRostering programme. The Committee had expressed concern about progress with the relocation of Kessock Clinic. Dr Ingram advised that steps were being taken to resolve what was a complex situation.

14.6 Area Clinical Forum

Mrs Cruttenden highlighted concerns around the recruitment process. Dr Ingram advised that NHS Grampian was the lead employer for all doctors and dentists in training and this had a significant impact on workload for the Occupational Health Service (OHS). She assured the Board that changes in practice were being considered to improve the recruitment process. With regard to the reflections of the ACF functioning, effectiveness and engagement, Mrs Webb advised that there had been a helpful discussion at the ACF about how this could be improved.

14.7 Grampian Area Partnership Forum

Miss Little highlighted that concerns had been expressed by a number of Trade Unions about the North of Scotland Memorandum of Understanding (MOU) previously agreed by the Board to delegate authority to the Chief Executives to allow for the development of services involving regional working. The Chairman acknowledged these concerns and the Board noted that work was being taken forward on a nation basis to resolve the matter.

The Board noted the above Committee reports.

15 Approved Minutes

15.1 Clinical Governance Committee – 18 May 2018
15.2 Endowment Committee – 8 June 2018
15.3 Engagement and Participation Committee – 16 May 2018
15.4 Performance Governance Committee – 3 May 2018
15.5 Staff Governance Committee – 23 May 2018
15.6 Area Clinical Forum – 18 July 2018
15.7 Grampian Area Partnership Forum – 19 July and 23 August 2018

The minutes were noted.
16 Any Other Competent Business

Infected Blood Inquiry

Dr Fluck advised that the Infected Blood Inquiry had begun its investigation and that NHS Grampian would participate in the national enquiry, as requested. He wished to make Board members aware that all Scottish Boards were participating and that the Central Legal Office was representing the Boards.

17 Date of Next Meeting

Board Meeting on Thursday 6 December 2018 at CLAN House, Westburn Road, Aberdeen.

(Please note that an additional Board Meeting was organised for Thursday 1 November 2018 at the Park Café, Hazlehead Park, Aberdeen)

Signed ……………………………………………………………………… Dated ………………………………

Chairman