NHS GRAMPIAN

Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session
at 10.30 am on 5 April 2018
CLAN House, 120 Westburn Road, Aberdeen

Present
Professor Stephen Logan Chairman
Mrs Amy Anderson Non-Executive Board Member
Mrs Rhona Atkinson Non-Executive Board Member
Dame Anne Begg Non-Executive Board Member
Cllr Frank Brown Non-Executive Board Member
Professor Amanda Croft Director of Nursing, Midwifery and Allied Health Professions/Deputy Chief Executive
Mrs Sharon Duncan Employee Director/Non-Executive Board Member
Professor Nick Fluck Medical Director
Mr Alan Gray Director of Finance
Mrs Luan Grugeon Non-Executive Board Member
Mrs Christine Lester Non-Executive Board Member/Vice-Chair
Dr Lynda Lynch Non-Executive Board Member
Dr Helen Moffat Non-Executive Board Member
Mr Jonathan Passmore Non-Executive Board Member
Mr Eric Sinclair Non-Executive Board Member
Mr Malcolm Wright Chief Executive

By invitation
Dr Colette Backwell Chief Executive, CLAN (Item 7)
Miss Lorraine Cowie Regional Manager, NOSCAN (Item 7)
Mrs Jillian Evans Head of Health Intelligence (Item 12)
Ms Pamela Gowans Chief Officer, Moray Health & Social Care Partnership (Items 9 & 15)
Mrs Laura Gray Director of Corporate Communications/Board Secretary
Miss Lesley Hall Assistant Board Secretary
Dr Rick Herriot Chair, Grampian Cancer Strategy Group (Item 7)
Mr Chris Littlejohn Consultant in Public Health (Item 8)
Mr Gary Mortimer Director of Acute Services
Mr Graeme Smith Director of Modernisation

Attending
Mrs Alison Wood PA/Minute Taker

Item Subject

1 Apologies

Apologies were received from Cllr Isobel Davidson, Professor Steve Heys, Dr Annie Ingram, Cllr Douglas Lumsden and Mrs Susan Webb.

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.

He advised of some of the meetings and events he had recently attended including:

- NHS and Social Care Innovation Network in Edinburgh on a theme of UK Sector Deal for Health and Life Sciences with opportunities to innovate with contributions from the Chief Scientist’s Office, industry and higher education. There had been significant contributions from NHS Grampian staff who presented and led workshops.
- Endowment Committee meeting which had approved funding for a lung cancer research project, a training simulator to develop trainees’ skills in abdominal ultrasound and a nurse reward scheme.
- Formal opening of the Lady Helen Parking Centre by Lady Helen Wood. This was a personal project for Lady Helen and she brought The Wood Foundation on board to provide the funding.
- Launch of the Centre for Women’s Health Research by Her Excellency Dr Sheikha Aisha.
- Civic Reception by the Lord Provost to celebrate Grampian Hospitals Art Trust (GHAT) 30th anniversary and the contributions the Trust makes to patients and staff across Grampian.
- Walkrounds of wards 210, 211 and 215 at Aberdeen Royal Infirmary with Non Executive colleagues.

4 Chief Executive’s Report

Before presenting his report, Mr Wright confirmed that the outline business case for the Baird Family Hospital and ANCHOR Centre at the Foresterhill Campus had been approved by the Scottish Government. He thanked Mr Smith and all staff involved. Work would start on the site in Autumn 2018 with the Full Business Case going to the Scottish Government at that time.

Mr Wright advised that Aberdeenshire Health and Social Care Partnership (HSCP) had formally notified NHS Grampian and Aberdeenshire Council that there would be an overspend against its revenue budget for 2017/18 of £5.175 m. Aberdeenshire HSCP would formally require to provide a recovery plan and financial strategy. Any final settlement together with conditions that would be attached would be formally authorised by the Chairman or Chief Executive on behalf of the Board with a full update to Board members.

He advised that the three Integration Joint Boards (IJBs), Acute Sector and Mental Health faced significant financial challenges.

Work on the North of Scotland Trauma Centre in Aberdeen was ongoing and the network had been allocated £3.3 million annually to enhance major trauma across the whole pathway of care. The Aberdeen Major Trauma Centre (MTC) would be operational by Autumn 2018. The North of Scotland MTC Recruitment Portal had been launched which advertised a variety of job opportunities. A further development was the new Scottish Ambulance Service, ScotSTAR.
Emergency Medical Retrieval Service (EMRS) hub. This would significantly improve the response to major trauma in the North for critically ill and injured patients who required retrieval and transport. It was expected this would be operational during 2019/20.

Mr Wright also highlighted a range of issues from his report including details of important meetings and events attended.

Topics highlighted in the report included:
- Value Based Reflective Practice (VBPR).
- Oral Health Improvements.
- North East Partnership Steering Group meeting which brought together colleagues from Local Authorities, Integration Joint Boards and NHS for discussions and to help work as a single system.
- Draft Regional Development Plan would be submitted to the Scottish Government and taken out to Partners. The final plan was scheduled to be submitted by the end of June 2018.

Mr Wright announced the re-launch of the NHS Grampian CONNECT initiative which had been rebranded “Re-Connect”, which aimed to enhance patient care by improving the working relations and interactions between primary and secondary care clinicians.

The Aberdeen City HSCP Heart Awards were acknowledged which recognised the work of colleagues and volunteers across the partnership.

Mr Wright announced that Mrs Judith Proctor, Chief Officer of Aberdeen City HSCP, would be taking up the post of Chief Officer for Edinburgh HSCP and an Interim Chief Officer would be appointed.

5 Minutes of Meetings held on 1 February and 1 March 2018

The minute of the meeting held on 1 February 2018 was approved subject to the following amendment:
Item 9 Patient Story – Supporting Self Management and Prevention - To add the words “The Board acknowledged the importance of Making every Opportunity Count (MeOC).”

The minute of the meeting held on 1 March 2018 was approved subject to the following amendment:

To add Mr Jonathan Passmore to the list of those present and remove his name from the Apologies section.

6 Matters Arising

There were no matters arising from the minute.
Beating Cancer: Ambition and Action in Grampian

Mr Smith introduced the team and provided a brief summary of the cancer strategy.

Dr Rick Herriot, Chair, Grampian Cancer Strategy Group, provided an overview of the strategy. It was projected that cancers diagnosed would increase by 20% over the next 10 years and affected many people in Grampian directly or indirectly. The strategic ambition and direction had been developed with wide, local stakeholder participation using the Scottish Government’s cancer strategy Beating Cancer: Ambition and Action in a Grampian context influencing and shaping local cancer care environment and to improve the experience of cancer patients and their carers. It was to provide high level direction.

With rapid scientific, technological and clinical advances new treatments had helped to improve cancer outcomes. However, there were wide variations in patient experience, quality of life and survival within different care pathways, early detection and treatment options. The strategy looked at the whole system change in relation to pathways of care which involved many professional groups and organisations by providing leadership support to decision making and planning and took into account the increased demand for cancer services and care. It was important to set the balance between prevention and diagnosis and treatment in a financially challenging environment.

The document had taken 12 months to prepare and had been structured with eight important chapters. It provided broad recommendations together with specific actions e.g. prevention advice and symptomatic faecal immunochemical testing (FIT) implementation. Some actions were already in place or would be happening soon. Dr Heriot stressed that the strategy was not just about hospital care but about the whole patient journey. Cancer care involved planned and unscheduled elements as well as self-management. There had been wide consultation and had involved NHS Orkney and NHS Shetland, although these Boards are not classed as cancer centres but as partners.

Specific challenges included capacity and demand, workforce, financial resources and accommodation, targets, standards and quality, system complexity, cross-system working and governance structures. The new ANCHOR Centre was an exciting development which will bring benefits to cancer care in the North of Scotland.

The purpose of the document was to suggest a framework to make the outcomes achievable. It was necessary to look at what could be provided in the local area, in the North of Scotland and nationally.

Ms Lorraine Cowie, Regional Manager, NOSCAN, provided a summary of what was happening regionally. There was a new focus for the future to address a number of challenges which required innovative solutions. The draft Regional Delivery Plan included the ambition to create a single system of cancer care in the North which was patient-focused and placed patients at the centre and was tailored to their individual needs, when possible. The plan looked at leadership and governance, cancer care co-ordination, technology, cancer intelligence, systemic anti-cancer treatment (SACT), patient support, trials and research, quality improvement and the review of small volume services. Multi-disciplinary teams supported delivery across the North with
patient support being key. There was a requirement to work in partnership with Integration Joint Boards, third sector colleagues and other NHS Boards.

Dr Colette Backwell, Chief Executive, CLAN, provided the third sector perspective. She emphasised that there were 14 local cancer charities. However, many people including professionals were unaware of the services provided. It was also important to avoid duplication. She emphasised opportunities to work in partnership, to plan as a group and align to the NHS locally and nationally. She presented a demonstration of the website to be launched in the next couple of months as a single resource signpost to the range of services available. There had been challenges in bringing information together from the diverse group of charities. There were opportunities to work together on common goals. It was agreed that the cancer charities provided value and enriched the experience for patients and their families.

It was emphasised that the document was to build on the national vision to transform cancer services in Scotland to world-class outcomes for people living with cancer. The challenges involved an increasingly older population and there were significant impacts on health inequalities from social and economic factors. With the rising demands for cancer services there was a requirement to make difficult decisions, be innovative and provide fresh thinking on service provision.

The ambitions and actions in the strategy were designed to extend services to meet the requirements of the population of Grampian on a local, regional and national level. The ambitions and actions would involve improving and transforming services in prevention, early detection and diagnosis, treatment, research and quality improvement. It was essential to ensure that there were adequate, well trained, skilled and motivated staff.

It was agreed that an action plan required to be pulled together. The scale of the challenge was not to be underestimated with levels of referrals increasing, cost pressures on drugs and staffing issues. It was important to consider how the third sector could give input to the strategy to address the regional dimension.

Dr Herriot advised of a new focus for NOSCAN and the challenges of developing high quality equitable care. The North Cancer Alliance was an emerging structure in which clinicians were actively involved.

He advised of work with IJBs and the third sector to find innovative ways to deliver treatment and improve access to clinical trials and research.

Dr Moffat highlighted that the Area Clinical Forum (ACF) colleagues welcomed the high level document and were keen to know about actions and implementation. She also pointed out that many clinical and social care staff, not just doctors and nurses, worked in services without ‘cancer’ in the title but were involved in a patient’s cancer journey.

In response to comments from Board members Mr Smith agreed that it was necessary to develop a consolidated plan linked to the strategy and to bring this back to Board in 6 months. Ms Cowie explained the challenges of delivering services locally whilst ensuring patient safety.

Mr Wright commended those involved in the preparation of the strategy. He concluded that the scale of implementing it should not be underestimated, with referrals rising,
cost-pressures with drugs and recruitment challenges. The support from the third sector and facilitating the different organisations to work well together was very important.

It was suggested that the strategy be presented to the three IJBs and Mr Smith agreed to do so.

The Chairman thanked Dr Herriot and Ms Cowie for their leadership in moving the cancer strategy forward.

The Board approved the strategy set out in Beating Cancer: Ambition and Action in Grampian which had been prepared by the Grampian Cancer Strategy Group.

8 Supporting Self-management Transformation Programme Board: Implementing the House of Care

Mr Chris Littlejohn, Consultant in Public Health Medicine, attended to provide a progress report on the Self-Management transformation programme. There was recognition that no single organisation could support people’s health on its own. People required a broad mix of opportunities for involvement and participation to support them to remain active, independent and as healthy and well as possible.

The House of Care was a model for person-centred care planning in primary care, developed in partnership with Alliance Scotland and the Scottish Government. It had been adopted by a number of NHS Boards. It involved redesigned systems to deliver person-centred care as opposed to system driven care based on single disease clinics and services. It helped people to adopt lifestyle changes which reduced risk factors and to live well despite conditions. It was also important for staff to work in a different way. It empowered patients with chronic disease and multi-morbidity to be equal partners in their care and supported patient autonomy in maintaining and improving health.

Mr Littlejohn was asked who would have the conversation with the patient and he advised in most cases it would be the practice nurse model that was used. However, different General Practices may work in a different manner. It was confirmed that the Transformation Programme Board had patient representatives who were assisted by the Public Involvement Team.

The model had been well received as a number of General Practices had already made a move to work towards person-centred care. They were also now receiving IT support and patient information documentation support.

It was anticipated that the House of Care would improve the use of community assets with increased coordination across the health, social care and third sector. It was important that everyone was clear on the role of statutory services.

It was agreed it was important to invest support for carers to help with the reduction in re-admittance to hospitals and appointments with GPs.

It was agreed to reflect outwith the meeting whether Board Seminar, IJBs or the North
of Scotland Steering Group were the most appropriate forums for further discussions.

The Board:
- Endorsed the progress made by the transformation programme to implement House of Care across primary care in Grampian;
- Noted that discussions were also to take place at a regional level to further progress the agenda.

9 Implementation of the 2018 General Medical Services (GMS) Contract in Grampian

Ms Pam Gowans, Chief Officer, Moray HSCP, provided the background and progress on the implementation of the 2018 General Medical Services (GMS) Contract in Grampian. In January 2018, the 2018 General Medical Services Contract was voted through by General Practitioners (GPs) across Scotland and came into effect on 1 April 2018.

NHS Grampian was accountable for delivery of the contractual arrangements. The Memorandum of Understanding (MoU) set out principles, responsibilities, resources and governance arrangements. The statutory role of Integration Joint Boards (IJBs) was in the planning and commissioning of Primary Care including service redesign. The MoU provided reassurance that partners were committed to working collaboratively and positively to deliver real change in local health and care systems to address workload issues and risks for GPs and to ensure effective multi-disciplinary team working for the benefit of the patients.

To implement the new contract, full engagement would be required of all IJBs, NHS Grampian, GP Sub-Committee and Local Medical Committee (LMC). £250 million of new funds would be invested to support General Practice with discussions ongoing regarding the details. The new arrangements for remuneration were aligned to demographics and deprivation. It was also said to reflect rurality. However, the general observation of rural general practice in the North was that that was not the case. There was currently no detriment although it was believed that the differential between urban and rural income would impact on the ability of rural practices to attract and be attractive in the future.

NHS Grampian’s Head of Property and Asset Development was involved in a national groups for asset management of the infrastructure for Primary Care. Dr Ingram was the Regional Lead for Workforce in the North of Scotland and was involved in national workforce discussions.

Ms Gowans advised that work was ongoing with the practices on the transition. An oversight group was being pulled together with Short Life Working Groups to discuss the relevant topics. The first topic to be dealt with would be rural practices. The 17C practices were fully engaged in the process and were keen to work with the Health and Social Care Partnerships.

It was felt that the key information had been set out in the paper including the MoU. The first version of the Primary Care Improvement Plan was required by 1 July 2018. The Health and Social Care Partnerships would identify how additional funds were implemented in line with the contract framework. It would outline how the services
would be introduced before the end of the transition period at March 2021 to establish an effective multi-disciplinary team model at practice and cluster level. There would be collaboration with local GPs and key care partners and should be developed with GP Subcommittee as the formally agreed advisors on general medical service matters. Any specific contractual elements would require to be agreed with the Local Medical Committee (LMC). The IJBs would give clear direction to NHS Grampian on its function to secure the primary care services. The IJBs would be accountable for the delivery and to monitor the progress of the local Plan and they required to work collaboratively in relation to effective and efficient use of resources. No formal sign off by NHS Grampian Board would be required. Board members were advised that there would be an opportunity for further discussion of the impact of the contract at the Board Seminar in May.

The Board:

- Noted the responsibilities of NHS Grampian in the new General Medical Services (GMS) contract 1 April 2018 as set out in the Memorandum of Understanding (MoU) (Appendix 1 of the paper);
- Approved the delegation of authority to the Chief Officer responsible for the delivery of the contract to progress with implementation collaboratively across the 3 Health and Social Care Partnerships;
- Noted the risks associated with the contract implementation in particular the rural concerns raised to date.

10 Annual Operation Plan

Mr Gray advised that the Local Delivery Plan (LDP) which had previously come to the Board had now been replaced with the Annual Operational Plan. The draft plan, which had been approved by the Performance Governance Committee, had been submitted to the Scottish Government in March 2018. It was a working document and was aligned to the strategic plans of the Integration Joint Boards (IJBs).

The Plan covered:

- Forecast trajectories for inpatient and outpatient elective waiting times
- Plans being developed by Integrated Authorities to reduce delayed discharges, waits in community hospitals, avoidable admissions and inappropriately long stays in hospital
- Financial balance in 2018/19
- Performance against the unscheduled care 4 hour access target.

Discussions had been held with Scottish Government colleagues and work was currently ongoing.

The Board noted that the draft Annual Operational Plan had been submitted to the Scottish Government in early March 2018 and was currently subject to discussion with them prior to finalisation.

11 Infrastructure Investment Update

Mr Gray provided an update on the investments made in the infrastructure programme
during 2017/18. £53.3 million had been invested in infrastructure improvements.

The paper set out the key projects delivered during the year included:

- Inverurie Health and Care Hub and relocation of Foresterhill Health Centre
- Peterhead Hospital Community Maternity Unit and Acute Ward Improvements
- Stonehaven Renal Dialysis Unit
- Ellon Health Centre – additional land purchase

In Acute Services:

- Backlog Maintenance Phase 2 Block Aberdeen Royal Infirmary (ARI)
- Phase 1 – Relocation of the Eye Out Patient Department

Mental Health and Learning Disabilities:

- Royal Cornhill Hospital Ligature Reduction

Supporting infrastructure:

- Carbon Energy Fund
- Multi-Storey Car Park at Foresterhill
- ARI Main Concourse improvements
- Essential Equipment and Backlog Maintenance.

It was noted that infrastructure investment was wide-ranging and was not restricted to major projects.

The Board:

- Noted the investments made in the infrastructure programme during 2017/18;
- Endorsed the purchase of land adjacent to Ellon Health Centre, from Aberdeenshire Council, in order to enable future development of primary care services.

12 Quality Report

Mrs Evans presented the Quality Report to the Board.

She highlighted work done on engaging clinical teams in quality measurement. The goal was to have ‘frontline to the Board’ quality metrics that allowed Board assurance and for frontline staff to target areas using their own pre-defined quality measures. The ‘frontline’ metrics would relate to and contribute towards the overarching quality ambitions. To maximise acceptance and buy-in the development process was broad-based and consultative involving patients, clinical and non-clinical staff.

The frequency and content of Board quality reports was being updated and reviewed by the Clinical Governance Committee. They looked at the initial suite of high level indicators approved ‘sentinel markers’ of quality of care.
A detailed report on stillbirths as a system-wide indicator of quality had been scrutinised by the Clinical Governance Committee in February 2018 under the theme of ‘Preventable Deaths’, which was one of four quality of care ambitions for NHS Grampian. The report enhanced understanding of the factors that influenced preventable death and helped to stimulate debate on where improvements in quality of care may be possible.

Board members discussed the report and reflected on discussions with patients, continuity of care and performance levels at other Boards. It was agreed that this was a journey which would take time. However, it was moving in the right direction with front line staff empowered to make changes and share cultural change. Processes and support were in place but there was a requirement to support people through education.

The next system-wide quality indicator was on readmissions to hospital.

The Clinical Governance Committee agreed the process for scrutiny and review of in-depth quality reports as part of Board governance arrangements.

The Board:

- Noted the progress of engaging clinical teams as part of systematic and co-ordinated programme in defining and monitoring quality;
- Acknowledged the rationale in using stillbirths as an indicator of whole system effectiveness in preventing avoidable deaths;
- Endorsed the recommendations of the Clinical Governance Committee to continue work in understanding service related quality factors impacting on stillbirths, and in making improvements in service level data collection, particularly in population risk factors;
- Recommended the development of service level quality indicators in the Maternity Services Action Plan and consideration of patient reported outcomes.

13 Performance Report

Mr Gray provided an update on Performance as set out in the Report, and the actions that had been taken to address those areas not in line with the plan.

He highlighted the main points in the report which included:

- Normal levels of activity were being seen at hospitals following the winter pressures. There had been a variation in the delayed discharges in the Health and Social Care Partnerships with a positive reduction overall.

- Elective Care – Additional planned capacity had been delayed but was due to commence in the next quarter. Mr Mortimer advised that it was anticipated that the end of year reporting figures to Scottish Government would be consistent with the modelling advised.

- Cancer – 80.4% of patients in Grampian started treatment within the target of 62 days. 87.1% was recorded across the whole of Scotland. 87.3% of patients in Grampian started treatment within the 31 days target. Twice
weekly meetings were held to discuss all individual patients on a cancer pathway to allow appropriate escalation and to highlight any indications of performance issues. Service specific performance improvement plans were in place addressing particular bottleneck areas identified by the pathways. Managed Clinical Network and primary care colleagues were to address any performance or process issues.

- Child and Adolescent Mental Health Services (CAMHS) - NHS Health Improvement Scotland was to undertake a review of the CAHMS service during April and May 2018 as part of the support to the Board to assist in improving performance and evaluating the Choice and Partnership Approach (CAPA) model used by NHS Grampian. The Board welcomed the review. There had been constructive discussions on the progress with CAMHS with the Minister for Mental Health.

- Financial position – A breakeven position was expected for the end of the financial year. NHS Grampian was expected to achieve its three statutory financial targets.

The performance report had also been discussed in detail at the Performance Governance Committee. It was requested that waiting times be shown in future Performance Reports.

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

14 Standing Financial Instructions, Schedule of Reserved Decision and Standing Orders

The revised changes to the Schedule of Reserved Decisions and Standing Financial Instructions had been considered in full by the Audit Committee on 20 March 2018 and were recommended for approval. Mrs Atkinson, Chair of the Audit Committee, confirmed this to the Board.

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

15 Integration Joint Boards – Update Report and Approved Minutes

Ms Gowans, Chief Officer for Moray HSCP, attended this meeting to present the report from the three Integration Joint Boards’ Chief Officers. The latest approved minutes of the Aberdeen City, Aberdeenshire and Moray Integration Joint Boards were circulated to the Board members to provide a flavour of the activities and breadth of work undertaken.

Mrs Lester, who was a member of the Moray IJB, advised that she had attended a meeting of the Aberdeen City IJB and felt it was beneficial to see how the other IJBs worked. She recommended this to colleagues. Mr Passmore had attended a Moray IJB meeting.

The positive progress was noted at HMP Grampian. This facility was shortly to have a
joint inspection.

The Health and Social Care Partnerships were working with Local Authorities and NHS Grampian on a range of challenges. The Board commended the IJBs for the work they were doing.

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

16 Committee and Forum Reports

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

16.1 Audit Committee

Mrs Atkinson highlighted the External Review of Internal Audit Arrangements which proved an independent assessment of internal audit functions every five years. A positive report was received and the committee felt it was very helpful. It helped to strengthen links between the internal audit programme and the current risk management arrangements.

16.2 Clinical Governance Committee

Dr Lynch advised the report was self-explanatory.

16.3 Endowment Committee

Dame Anne advised that a comprehensive report had been provided. She highlighted that a complaints procedure specifically for the Endowment Fund had been approved.

16.4 Engagement and Participation Committee

Mrs Lester highlighted the feedback and learning from Scottish Public Service Ombudsman (SPSO) findings. It was agreed that the new format of the Committee and its membership was working well.

16.5 Performance Governance Committee

Professor Logan highlighted the significance of social media with coverage and reach far exceeding traditional means of communication.

16.6 Spiritual Care Committee

Mrs Atkinson highlighted the update on Values Based Reflective Practice (VBRP)

16.7 Staff Governance Committee

Mr Sinclair highlighted the draft report from the General Medical Council visit in October 2017 had now been received and corresponded with the initial positive feedback.
16.8 Area Clinical Forum

Dr Moffat advised that members of the Area Clinical Forum (ACF) joined the Senior Leadership Team for a meeting to discuss how the structures and functions of the ACF and professional committees might develop to ensure the effective provision of multi-professional clinical advice in the changing landscape of the Grampian healthcare system. Constructive discussions took place and a wide range of issues were highlighted. An action plan will be developed based on the points raised.

16.9 Grampian Area Partnership Forum

Mrs Duncan advised that the election for the position of staff side chair was delayed until at least early May while the national election process was adopted within NHS Grampian.

17 Approved Minutes

The Board noted the following approved minutes

17.1 Audit Committee – 12 December 2017
17.2 Clinical Governance Committee – 17 November 2017
17.3 Endowment Committee – 10 January 2018
17.4 Engagement and Participation Committee – 14 June 2017
17.5 Performance Governance Committee – 18 January 2018
17.6 Spiritual Care Committee – 9 November 2017
17.7 Staff Governance Committee – 11 December 2017
17.8 Area Clinical Forum – 17 January 2018
17.9 Grampian Area Partnership Forum – 14 December 2017

18 Any Other Competent Business

None.

19 Dates of Next Meetings

Board Seminar on Thursday 3 May 2018 at Park Café, Hazlehead, Aberdeen. (The venue was subsequently changed to the Suttie Centre, Foresterhill, Aberdeen.)

Board Meeting on Thursday 7 June 2018 at CLAN House, Westburn Road, Aberdeen.

Signed .......................................................... Date .................................
Chairman