NHS Tayside Annual Report and Accounts 2014-2015

INTRODUCTION

This document contains the information that NHS Tayside is required to formally report each year. It gives a financial overview of NHS Tayside for the period April 2014 to March 2015. The annual accounts were adopted and approved by the full meeting of the Tayside NHS Board on 16 June 2015.

This report is available to download from our website at

http://www.nhstayside.scot.nhs.uk

Alternatively a copy can be obtained by contacting NHS Tayside by any of the methods listed on the back page of this report.

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DIRECTORS' REPORT

The Directors present their report and the audited consolidated financial statements for the year ended 31 March 2015.

1. Naming Convention

Tayside NHS Board is the common name for Tayside Health Board.

2. Principal Activities and Review of the Business and Future Developments

The information that fulfils the requirements of the business review, principal activities and future developments can be found in the Strategic Report, which is incorporated in this report by reference.

3. Date of Issue

These financial statements were approved and authorised for issue by the Board on 16 June 2015.

4. Accounting Convention

The Annual Accounts and Notes have been prepared under the historical cost convention as modified by the revaluation of property, plant and equipment, intangible assets, inventories, available-for-sale financial assets and financial assets and liabilities (including derivative instruments) at fair value through profit and loss.

The statement of the accounting policies which have been adopted is shown at Note 1.

5. Appointment of Auditors

The Public Finance and Accountability (Scotland) Act 2000 places personal responsibility on the Auditor General for Scotland to decide who is to undertake the audit of each health body in Scotland. The Auditor General appointed PricewaterhouseCoopers LLP (PwC) to undertake the audit of Tayside Health Board. The general duties of the auditors of health bodies, including their statutory duties, are set out in the Code of Audit Practice issued by Audit Scotland and approved by the Auditor General.

6. Board Membership

Under the terms of the Scottish Health Plan, the Health Board is a board of governance whose membership will be conditioned by the functions of the Board. Members of Health Boards are selected on the basis of their position or particular expertise which enables them to contribute to the decision making process at a strategic level.

The Health Board has collective responsibility for the performance of the local NHS system as a whole, and reflects the partnership approach, which is essential to improving health and health care. The board members' responsibilities in relation to the accounts are set out in a statement following this report.

The Board membership during the year ended 31 March 2015 and up to the date of signing the financial statements is detailed in the following table:

POSITION	APPOINTEE
Chairperson	Mr A B Watson OBE, DL (to 31/5/2015)
Vice-Chair	Mrs L Dunion (to 31/8/2014) Mr D Cross OBE (from 30/10/2014)
Non Executive Members	
Elected Local Authority Member	Councillor K Lynn
Elected Local Authority Member	Councillor D Doogan
Elected Local Authority Member	Councillor G Middleton
Lay Member	Mrs S Tunstall-James
Lay Member	Mrs L Dunion
Lay Member	Mrs A Rogers
Lay Member	Mr D Cross
Lay Member	Mr M Hussain
Lay Member	Mr M Landsburgh (resigned 12/9/2014)
Lay Member	Mr H Robertson
Lay Member	Mr S Hay
Lay Member	Mrs P Campbell (appointed 1/5/15)
Employee Director	Mrs J Golden
University Member	Professor M Smith
Chair of Area Clinical Forum	Dr A Cowie
CHP Member	Dr D Dorward
Executive members (Appointed for the period that the executive member is in post)	
Chief Executive	Ms L McLay
Director of Finance	Mr I McDonald
Director of Public Health	Dr D Walker
Medical Director	Dr A Russell
Nurse Director	Dr M McGuire

7. Board Members' and Senior Managers' Interests

Details of any interests of board members, senior managers and other senior staff in contracts or potential contracts with the Health Board are required by IAS 24 to declare the relevant interest that may conflict with their management responsibilities.

A full register of interests of board members is updated on a regular basis and is available on the NHS Tayside website at - Your Health Board / Governance / Registering Interests and Hospitality.

Where a board member or senior manager exempts themselves from any decision because of a conflict of interest this is recorded in the minute of the relevant meeting.

Details of transactions between related parties are disclosed in Note 29.

8. Directors' Third Party Indemnity Provisions

There have been no qualifying third party indemnity provisions in place for one or more of the directors during the year ended 31 March 2015.

9. Pension Liabilities

The accounting policy note for pensions is provided in Note 1 to the Accounts and disclosure of the costs is shown within Note 24 and Note 2A.

10. Remuneration for Non Audit Work

Details of any remuneration paid to auditors in respect of any non audit work carried out on behalf of the Board are disclosed in Note 3.

11. Value of Land

Specialised NHS land is stated at its existing use value, other than surplus land which is stated at its open market value. There is no significant difference between the market value and the balance sheet value.

12. Public Services Reform (Scotland) Act 2010

Sections 31 and 32 of the Public Services Reform (Scotland) Act 2010 impose duties on the Scottish Government and listed public bodies to publish information on expenditure and certain other matters as soon as is reasonably practicable after the end of each financial year.

Tayside Health Board fully meets the requirements of the Public Services Reform (Scotland) Act 2010 and details are contained in the Board's website - Your Health Board/ Public Services Reform (Scotland) Act 2010.

13. Payment Policy

The Scottish Government is committed to supporting business during the current economic situation by paying bills more quickly. The intention is to achieve payment of all undisputed invoices within 10 working days, across all public bodies. The target has been communicated to all non-departmental public bodies, who are working towards the accelerated payment target of 10 working days. The tables below show the Board's performance:

	2014-15	**2013-14**
Average credit taken	11 days	12 days

	2014-15		**2013-14**	
Invoices Paid	**Volume**	**Value**	**Volume**	**Value**
Within 30 days	93.2%	93.0%	91.7%	90.8%
Within 10 days	85.0%	80.7%	82.2%	72.2%

14. Corporate Governance

Tayside NHS Board

The NHS Board met on eight occasions during the year. The Scottish Health Plan established that the following standing committees should exist at unified NHS Board level.

Audit Committee, Improvement & Quality Committee, East of Scotland Research Ethics Service, Remuneration Committee, Staff Governance Committee, Discipline (for Primary Care Contractors).

The Board has also set up the following additional committees.

Finance and Resources Committee, Universities Strategic Liaison Committee, Angus CHP Committee, Dundee CHP Committee and Perth & Kinross CHP Committee.

The Chairperson of Tayside Health Board is ex officio a member of all standing committees except the Audit Committee, to which he has a right of attendance. Information regarding the purpose and membership of all standing committees required by the Scottish Health Plan is provided as follows:

Improvement & Quality Committee

The purpose of the Improvement and Quality Committee is to provide Tayside NHS Board with the assurance that the appropriate systems are in place in respect of continuous improvement, clinical governance, risk and safety, Better Health: Better Care, information governance, research governance and educational governance. The Committee met on six occasions during the year.

The membership of the Improvement and Quality Committee during the financial year ended 31 March 2015 has been as follows: Mrs A Rogers **(Chair)**, Dr A Cowie, Mrs L Dunion, Mrs J Golden, Mr S Hay, Dr M McGuire, Councillor G Middleton, Ms L McLay, Dr A Russell, Professor M Smith, Dr D Walker, Mr A Watson OBE DL, Chairman (Ex-Officio Attendance).

East of Scotland Research Ethics Service (EoSRES) REC1

The Committee provides assurance that robust systems are in place to undertake vigorous ethical review of medical research; the dignity, rights, safety and wellbeing of research participants are suitably protected; independent advice on medical research ethics is available to the Tayside NHS Board on request; there is effective communication and collaboration between the Research Ethics Service and researchers, funders, sponsors and participants in medical research; and the interests, needs and safety of researchers are met, facilitated and protected within medical research.

The Committee met on ten occasions during the period 1 April 2014 to 31 March 2015.

The membership of the East of Scotland Research Ethics Service (EoSRES) REC 1 during the year ended 31 March 2015 has been: Dr C Macmillan, Secondary Care Clinician **(Chair)**, Mrs S Forbes, Expert Member **(Vice Chair)**, Dr C Wigderowitz, Secondary Care Clinician **(Alternate Vice Chair)**, Dr L Carson, Professional Member, Mrs S Carson, Pharmacist Member, Dr L Cochrane, Statistician Member (resigned 10/08/2014), Dr G Cormack, Professional Member, Dr G De Paoli, Professional Member (resigned 09/02/2015), Dr G Lyon, Lay Plus Member, Mr J McLeod, Lay Member, Mr D McFarlane, Lay Plus Member, Mrs G McIntyre, Lay Plus Member (resigned 12/06/2014),Dr N Merrylees, GP Member (resigned 12/03/2015), Dr R Rea, Lay Member, Dr A Schloerscheidt, Professional Member, Mr G Shepherd, Lay Plus Member (resigned 18/04/2014), Mrs A Simpson, Lay Member, Dr W Stevenson, Lay Plus Member, Mr J Waldron, Lay Member (resigned 25/01/2015), Mr S Botros, Deputy Pharmacist Member.

Remuneration Committee

The fourth edition of the Staff Governance Standard made clear that each NHS Scotland Board is required to establish a Remuneration Committee, whose main function is to ensure application and implementation of fair and equitable pay systems on behalf of the Board as determined by Ministers and the Scottish Government. The Committee met on five occasions during the year.

The membership of the Remuneration Committee during the year ended 31 March 2015 has been - Mr A Watson OBE DL **(Chair),** Mrs L Dunion, Mrs J Golden, Mr M Hussain, Mrs A Rogers, Mr D Cross, Mrs S Tunstall-James, Mr S Hay.

Staff Governance Committee

The Staff Governance Committee advises Tayside NHS Board on its responsibility, accountability and performance against the NHS Scotland Staff Governance Standard, addressing the issues of policy, targets and organisational effectiveness.

The Committee met on six occasions during the year.

The membership of the Staff Governance Committee during the financial year ended 31 March 2015 has been: - Ms J Alexander, Mr J Boland, Mr D Cross, Mr G Doherty **(Lead Officer**), Mrs L Dunion, Mrs J Golden, Mr M Hussain **(Chair)**, Ms J Jones (from October 2014), Mr I McDonald, Dr M McGuire, Ms L McLay, Mrs A Rogers **(Vice Chair)**, Dr A Russell, Ms C Selkirk (until December 2014) , Mrs V Shand (until June 2014), Professor M Smith, Mrs Sh Tunstall-James, Ms L Wiggin (from December 2014), Mr S Watson OBE DL (Ex Officio Member).

15. Disclosure of Information to Auditors

The Directors who held office at the date of approval of this Directors' Report confirm that, so far as they are each aware, there is no relevant audit information of which the Board's auditors are unaware and each Director has taken all the steps that he/she ought reasonably to have taken as a Director to make himself/herself aware of any relevant audit information and to establish that the Board's auditors are aware of that information.

16. Human Resources

As an employer, the Board has continued to ensure it meets in full its equality duties, welcoming applications for employment from disabled persons, and, through its employment policies and recruitment processes, actively provides an environment that enables all employees to contribute to the work of the Board. This means more than just meeting our legal employment duties but working with our employees to find the most effective ways of increasing productivity and reducing inefficiency.

The Board provides employees with information on matters of concern to them and, by engaging and consulting with its employees and their representatives through our employee relations and communications framework, seeks to ensure their views are taken into account in decisions, as part of the wider delivery of its responsibilities under the Staff Governance Standard.

The Board continues to actively plan and deliver its future workforce needs, both in the short term recognising the challenges of the economic climate, and strategically long term in developing and delivering sustainable workforce solutions as one of the largest employers in the region. Through active support from Scottish Government, the Board has continued its investment programme in the development of Assistant Practitioner roles, the Healthcare Support Worker support role and the Modern Apprentice Programme.

Through the Board's Steps to Better Healthcare programme, the Board continues to drive a challenging savings performance by focussing on minimising supplementary pay costs while protecting our overall investment in staff and ensuring the ongoing provision of the highest quality of safe and effective care.

17. Events after the end of the reporting period

Events after the end of the reporting period disclosed in Note 20 include information on the Board's decision on 23 April 2015 to declare 13 properties surplus to requirements. In addition reference is made to the disposal of the former Ashludie Hospital and Monifieth IT Centre sites.

18. Financial Instruments

Information in respect of the financial risk management objectives and policies of the Board and the exposure of the Board to price risk, credit risk, liquidity risk and cash flow risk is disclosed in Note 27.

19. Presentation of prior year figures

Prior year figures have been restated where appropriate to be consistent with the current year presentation. The significant restatement arising is principally due to the change in the accounting treatment to recognise the Board's respective share of the total liability of claims made against NHS Scotland under the Clinical Negligence and Other Risks Insurance Scheme. Further details are set out in the accounting policies note (section 3) and in Note 17a to the financial statements. A presentational change was made to reclassify closed hospital costs in Note 7 from Note 4.

20. Acknowledgement

Tayside NHS Board wishes to record its thanks to staff throughout NHS Tayside for their hard work and dedication in maintaining a high quality of patient care whilst also helping the Board achieve its financial targets and other service imperatives.

21. Approval

The Accountable Officer authorised these financial statements for issue on 16 June 2015

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16 June 2015

Lesley McLay
Chief Executive
Tayside Health Board

STRATEGIC REPORT

1. Accounts Direction

The Accounts have been prepared under a direction issued by Scottish Ministers which is included as an annex to the financial statements.

2. Principal Activities and Review of the Year

Background

Tayside Health Board was established in April 1974 and is responsible for commissioning health care services for the residents in the geographical local government areas of Angus, Dundee and Perth and Kinross. The population served by Tayside Health Board was 413,800 based upon the 2014 mid-year estimates published by National Records of Scotland. NHS Tayside forms a local health system, with a single governing board responsible for improving the health of the local population and delivering the healthcare it requires. The overall purpose of the Tayside NHS Board is to ensure efficient, effective and accountable governance of the local NHS system and to provide strategic leadership and direction for the system as a whole.

The role of Tayside NHS Board is to:

- Improve and protect the health of the people of Tayside;
- Improve health services;
- Focus clearly on health outcomes and people's experience of their local NHS system;
- Promote integrated health and community planning by working closely with other local organisations; and
- Provide a single focus of accountability for the performance of the local NHS system.

The functions of the Tayside NHS Board comprise:

- Strategy development – to develop a Local Delivery Plan;
- Resource allocation – to address local priorities;
- Implementation of the Local Delivery Plan; and
- Performance management of the local NHS system

Principal Risks

The Board's Corporate Risk Profile contains 19 risks of which six are considered to be high. The table below sets out six high risks with a summary description:

Risk Title	Risk Description
Health & Social Care Partnerships	Failure to develop arrangements to ensure effective establishment of Health and Social Care Partnerships in order to promote high quality services and build community capacity.
Clinical Governance	Failure to deliver reliable, safe and effective care in all health settings, resulting in harm or deterioration to patients.
Waiting Times and Referral to Treatment (RTT) targets	Failure to deliver on the key national targets for waiting times and RTT targets.
Local Delivery Plan	Failure to deliver on the key national targets contained within the Local Delivery Plan (LDP).
Infection Management	Non-adherence to all developed policies, protocols and procedures to support effective prevention and control of infection; Outbreaks of infection; Infection incidents not related to outbreaks; Critical review by external inspection bodies such as HEI/HSE/HPS; Failure to meet HEAT targets; Difficulty in obtaining numbers (%) of staff completing relevant HAI education e.g. Learnpro modules. Pressures around provision of suitable isolation facilities in Level 2 and 3 areas.
Nursing Workforce	As a result of a national shortage and local workforce demographics (Ageing workforce), there is a risk that we will be unable to recruit sufficient numbers of registered nurses which will result in a failure to maintain safe and effective nursing and midwifery staffing levels.

Service Highlights
During 2014-15 NHS Tayside undertook and facilitated a very wide range of activities which included:

Public Health
NHS Tayside's Public Health Directorate continues to lead on implementation of our Health Equity Strategy (Communities in Control) by ensuring, wherever possible, that all programmes are targeted at those most in need and are co-produced with individuals, families and communities. The directorate promotes implementation of the Strategy and other public health priorities through close partnership working with other statutory authorities and the third sector across Tayside, and with local academic departments and national agencies, including NHS Health Scotland. The main focus in 2014/15 was on obesity, substance misuse and health protection.

NHS Tayside's action on obesity is guided by a number of policies. The department is working to improve the nutritional wellbeing of women of child bearing age and children up to three years and also develop adult weight management services.

NHS Tayside is meeting the plan for access to services by people with substance misuse, including alcohol misuse, and is working with Alcohol and Drug Partnerships (ADPs) to support a recovery focused model of care, acknowledging the role of the individual, the family and the community. Alcohol Brief Interventions (ABIs) are being delivered in community pharmacies, under an enhanced service contract, to reach young men from deprived areas who are less likely to engage with primary care. NHS Tayside is working with ADPs to support licensing decisions that restrict availability of alcohol.

The 2014-16 Joint Public Health Protection Plan, produced with local authorities, summarises provisions and priorities for communicable diseases and environmental health. Emergency response plans were updated and exercised, and key roles played in ensuring preparedness for the Commonwealth Games and Ryder Cup, and the Ebola epidemic. Engaging with national networks, lessons learned from Health Protection incidents locally and elsewhere have been captured in core protocols. Multi-disciplinary Tuberculosis meetings commenced under the national Action Plan, and in partnership with south-eastern boards, Scottish Government funding was secured for an internationally validated system of case auditing. Implementation of new and extended immunisation programmes has continued, and an electronic Health Protection recording system was successfully introduced.

Operational Services

Access Directorate
The pressure on Access has been challenging with an exceptional surge in activity in the last quarter of the year. The Directorate has responded with a number of initiatives which are referred to below:

Stracathro Regional Treatment Centre (SRTC): Additional targeted operating theatre capacity at weekends has been providing timely access for Tayside and Fife patients. The initiative was complex involving the organisation of many different disciplines to provide the necessary services, and staff commitment has been exceptional.

Demand Optimisation: This programme is one of the newer workstreams launched in Tayside. Projects have a common theme of collaboration between multidisciplinary teams of users and providers to improve the clinical effectiveness of diagnostics for the benefit of patients and are showing some very positive early outcomes. Successes to date include:

- Issuing of update bulletins on current national guidance together with incorporation into IT systems of test requesting and results review to ensure clinical teams have the latest available information.
- Implementation of a test for early indication of sepsis has reduced antibiotic usage and bed stays in intensive care.

- Streamlining of care pathway for patients with neck lumps and shoulder and groin pain, improving the use and capacity of radiology, which should reduce waiting times for patients.

The collective knowledge, learning and techniques being amassed is extremely valuable and will be applied to new initiatives, creating efficiencies and benefitting patients by improving quality of care and reducing waiting times.

Various events were held to celebrate the centenary year of Dundee Dental Hospital which was established by the first chairman of the hospital board as a memorial to his son, who had been killed in the Great War. The Dental Hospital was established at Park Place in Dundee and remains on this site 100 years on. Approximately 65,000 patients now pass through the doors of the Dental Hospital each year. Various events were held to celebrate the centenary.

Medicine Directorate
The Directorate has developed a number of initiatives to improve clinical pathways leading to improved patient care. A number of the initiatives are highlighted below:

Diabetes My Way is a joint initiative with several Health Boards, hosted by Tayside, that has created a communication hub that diabetes patients from across Scotland can access on-line. The initiative encourages self management by accessing results and information on self care.

The Stroke Service, in December 2014, implemented a testing of the emergency stroke on-call service for the management of patients with suspected stroke whist an inpatient in any clinical specialty within Ninewells and Perth Royal Infirmary. The service is available on a 24/7 basis providing timely specialist stroke advice, assessment and the ongoing clinical management for patients, leading to improved outcomes.

A number of clinical pathways have been reviewed and changed during the year in order to improve patient care. Review of the sleep service pathway has resulted in a change of service model with patients being treated by the right professional based on the individual clinical need of the patient. A test of change in lung cancer pathway has led to the consultant screening diagnostic results and directing patients to the appropriate treatment, creating efficiencies and reducing waiting times. Similarly in the gastroenterology outpatient service, patients are navigated to the right place by the right person, releasing consultant capacity to offer a more responsive rapid access pathway to be seen at clinic if they are unwell. The osteoporosis: service has improved following recruitments that have significantly reduced the waiting time down from 4 to 6 weeks. In addition pathways were reviewed leading to the commencement of nurse led clinics, enhancing the previous outpatient service model, releasing capacity within the Medical Osteoporosis Clinics and reducing the waiting time to 5 weeks for a routine new appointment. A “one stop” clinic was also introduced for high risk osteoporosis patients, reducing the need for multiple hospital attendances.

The new 12 bedded regional Young Peoples inpatient unit, part of the CAMH service, on the current Dudhope site opened on 7 April 2015. This build is a collaboration between Health Boards and Local Authority partners across the North of Scotland hosted by Dundee City Council.

The Perth Community Midwifery Unit was reassessed and retained Baby Friendly (UNICEF) Status and exceeded all requirements set within the new standards.

NHS Tayside formed a new strategic partnership with ARCHIE to raise funds to enhance and improve the quality of experience for children, young people and their families living in Tayside. ARCHIE is a registered charity that works with the NHS in the North of Scotland to enhance young people’s services by helping transform their hospital stay and improve the general health of children and young people. The first project will be to create new paediatric theatre and ward facilities within a purpose built environment adjacent to the current children’s in patient unit.

Surgical Directorate
The Surgical Directorate has made a number of improvements to services.

The Radiotherapy Department has increased accessibility to Intensity Modulated Radiotherapy (IMRT), which is now available to all patients with head and neck cancer, providing improved treatment. A new radiotherapy treatment planning system was also purchased, the first of its kind in the UK, that enables timely production of complex treatment plans and allows flexibility during treatment. The Radiotherapy Department is the first Scottish department to introduce electronic radiotherapy referral, transforming the referral and scheduling process.

The Oncology Support Team has tested a nurse-led service development to improve outcomes and experiences of patients diagnosed with cancer within the acute setting of NHS Tayside. Initial findings suggest that this patient group benefit from the early intervention and co-ordination of their patient journey by a designated Senior Specialist Nurse.

Working with Macmillan Cancer Care, NHS Tayside is addressing a fundamental priority in the future of cancer care; the transformation from a disease-surveillance model of follow-up to a patient-centred model of aftercare which enables people to live healthily with and beyond cancer.

In Ophthalmology, age related macular degeneration is a significant cause of blindness. The Ophthalmology Department introduced a system where patients are fast tracked from primary care and receive prompt commencement of therapy in a one-stop clinic, combining investigation, assessment and treatment in a single visit, transforming the patient experience.

The Photobiology Unit has offered a national service for the highly specialised investigation and treatment of patients with abnormal sunlight sensitivity since 1973. The unit is also actively involved in the introduction of new developments in light-based treatments of national and international importance and has its own laboratory for both patient investigations and cutting edge research. With funding support from a local charity, the phototesting area within the unit was refurbished to a high standard, providing patients, who sometimes need to attend for several hours over 3 or 4 days, with a much more comfortable environment and enhanced their experience.

Mental Health Directorate
The Mental Health Directorate comprises a range of services which cover the specialties of Adult Mental Health, Substance Misuse, Learning Disability and Forensic Secure Care Services.

Adult mental health services have been implementing a wide range of improvements across the service areas. This includes implementation of a revised model of Crisis Resolution and Home Treatment across Tayside which provides urgent assessment, intensive home treatment and early supported hospital discharge for people who have experienced mental health crises. Further work is under way to revise and improve clinical models for the Community Mental Health Service, Acute Admission wards, Rehabilitation and inpatient Intensive Psychiatric Care.

The Steps to Better Healthcare Programme has included a workstream to review and improve models of care and options for improved hospital accommodation for Learning Disability Services. The Learning Disability service has also been hosting a development to provide specialist multidisciplinary expertise for adults with autism.

Tayside Substance Misuse service has undertaken a range of improvements and tests of new ways of working to support their capacity to perform well against the national target to ensure patients are seen within 3 weeks of referral for treatment.

The Forensic Secure Care Service Rohallion Clinic completed the phased implementation of the provision of regional medium secure care with the opening of the final ward. The peer review carried out by the Royal College of Psychiatrists Quality Network for Forensic Mental Health provided an extremely positive report on the quality of the care and services provided at Rohallion.

Community Health Partnerships (CHPs)
NHS Tayside is developing and implementing plans with Local Authority partners for the integration of Health and Social Care as required by the Public Bodies (Joint Working) (Scotland) Bill which came into force on 1 April 2015. Draft Integration Schemes were submitted to Scottish Government at the end of March 2015 in line with requirements. Health Board and Local Authority staff are working collaboratively to establish the scope and budgets for the services to be transferred to the new Integrated Joint Boards (IJBs), to agree the processes for the management of the resources and to develop Partnership Strategic Plans. Chief Officers for two of the Tayside IJBs have been appointed and the third post is being recruited to.

Angus CHP
Angus CHP undertook a number of initiatives during the year, several of which are noted below:

Enhanced Community Support Pilot: The pilot was initiated in Broughty Ferry, Monifieth and Carnoustie areas to manage the peaks in winter activity by developing enhanced community support to enable early intervention, provide a resourced response to escalation of need and facilitate timely discharge back into the community. The outcomes appear to be very successful and are being rolled out to the Arbroath area along with further improvements to the delivery of palliative and older people's care.

Following a pilot that tested integration of the existing two services, one hosted by Angus CHP, the other by Angus Council, OT staff now work seamlessly between hospital and community providing continuity of care for the person, regardless of parent organisation, providing a better service.

Angus local libraries are supporting patient self management through access to books on prescription on what can be done to live well with various health conditions, including cancer and chronic pain. All of these books have been approved by local health practitioners to offer accurate, current help and advice.

The rise in dementia has led to the increased importance of having a Power of Attorney granted to a trusted relative or friend. The campaign in Angus included access to a local solicitor and social work or health care worker experienced in Power of Attorney to offer free advice and discuss any queries people might have.

Angus CHP has also been subject to inspection and has gained national recognition as follows:

Health Improvement Scotland/Care Inspectorate Joint Inspection of Older People's Services: The inspection was undertaken in summer 2014 and reported in March 2015. The report was mostly very positive and highly commended the management and support in several areas including: long-term conditions self-management network; multidisciplinary working; polypharmacy review; "See and Treat" Service; orthopaedic pathway for Angus patients and the Health and Social Care Academy.

Long Term Conditions: The Angus CHP Primary Care Team was awarded the Care for Long Term Illness Award at the 2014 Scottish Health Awards. This was particularly gratifying as their nomination came directly from those living with long term conditions.

Dundee CHP
Dundee CHP has implemented a number of improvements in healthcare of which a number are noted below:

The Tayside Sexual and Reproductive Health Service (TSRHS) service provides highly rated care in Tayside, which was confirmed in the national patient satisfaction survey. The Men Only Tayside (MOT) service, which won several awards in 2013, has continued to meet the standards for Sexual Health Services, providing a targeted, welcoming service for higher risk groups, working together with charitable organisations. The Corner, which provides the Young People's Health, Information and Peer-Led Services, developed the successful "Support U" project, which provides counselling support for vulnerable young people and also delivers enhanced sexual and

reproductive health services, including blood testing for syphilis and HIV and long-acting reversible contraception.

Service redesign of Old Age Psychiatry has allowed a number of new and enhanced services to be provided. A dedicated team has been established to ensure that all people given a diagnosis of dementia have an identified link worker and receive one year post diagnostic support. In addition the Community Mental Health team for Older People provides more intensive support to people in crisis within the community thus preventing unnecessary admission to hospital as well as facilitating early discharge from acute hospital settings.

There are significant future changes to health Visiting Services which require advanced planning and preparation. Dundee CHP has agreed its Health Visiting service workforce trajectory and undertaken recruitment to the required level of Health Visitor Students for the next 2 years. Working with Stirling University plans are in place to train and mentor students for the roles. A new Interim Pathway for Health Visiting Services has been established which sets out the service delivery standards, of which a key aspect is preparing Health Visitors for the role of 'Named Person'. Changes and improvements to NHS Tayside's pre-school immunisation delivery model are also required as part of this agenda and work to explore alternative models is ongoing. There are also planned changes to NHS Tayside's child protection model from 1st April 2015. The new model will see Child Protection Nurse Advisor roles, which provide support and supervision to Health Visitors, move from current management arrangements within CHPs to a new NHS Tayside structure. This change aims to improve capacity, equity and responsiveness in Child Protection Nurse Advisor responsibilities across the whole system.

Perth & Kinross CHP

Perth & Kinross CHP has introduced a number of improvements to services as well as plans for various improvements in care, of which a number of examples are set out below:

Primary Care: GP engagement is crucial to the health and social care integration agenda and partnership working. Invitations to the locality meetings have been extended to the IJB Chief Officer and CHP Lead Officer, Local Authority, Health and Third Sector Managers and staff will be involved as appropriate.

The national Health Visiting Service transformation initiative is well under way in Perth & Kinross. Student health visitors are currently undertaking training, with a further cohort due to commence training in January 2016. Immunisation Team testing is currently ongoing within Perth & Kinross.

Perth & Kinross CHP's Young People's Health Team, in collaboration with Soroptimist International, launched the successful 'Accept & Respect' campaign, targeted at young women within Perth & Kinross. The objective was to provide health and wellbeing support to girls and young women to empower them to reach their full potential.

Following the successful Strathmore Dementia Demonstrator project in 2013 an enhanced community based model for Mental Health services for older people is being implemented in North West Perthshire, embracing the broader health & social care integrated and enhanced care approaches now being implemented within P&K localities. This shifts the balance of care to a community based service.

An Occupational Therapy Integration project is in place to improve outcomes for the Perth & Kinross population by introducing a modernised, integrated, person centred OT service. Some key deliverables include shared assessment processes, single point of contact, integrated continuous professional development and a shared governance structure.

The CHP Community Nursing Teams have worked closely with colleagues across health and local authority to support the development of the Enhanced Community Support Model which has supported people to remain at home and prevent admission to hospital. Integrated Care Approach working has commenced in Perth City, with plans to roll out in the South and North Localities. The Cornhill Macmillan Centre in Perth celebrated the award of the Macmillan Quality Environment Mark. The award is the first of its kind in the UK and recognises and rewards good practice and high standards within the physical environment of a cancer care building. Perth & Kinross CHP Specialist Palliative Care Service has commenced a project to identify and support

patients who would benefit from a palliative approach in the acute wards in Perth Royal Infirmary. The aim of the approach is to enhance the confidence and current clinical skills of the multi-professional teams and ultimately improve the experience of patients, their carers and the multi-professional staff within the acute hospital setting

A comprehensive improvement plan in Prisoner Healthcare has been developed and progressed. The Prisoner Healthcare Intranet site has been developed and populated to ensure staff have access to all relevant information. All aspects of the Prisoner Healthcare environment are being targeted to streamline and improve processes, including medical services, administration processes, complaints procedures and out of hours services.

Information Management & Technology

eHealth continues to be a key component underpinning patient care. The main deliverable that has been achieved this year was agreement of the Board to the eHealth 5 year investment plan which will be a strategic step change in the delivery of eHealth clinical services in Tayside to one with greater emphasis on the utilisation of key nationally procured solutions to meet the rapidly changing information technology requirements of the Board. The first stage of this will see the immediate replacement of two critical clinical services, the patient administration system (PAS) which provides patient tracking functionality and the Community & Mental Health multi-disciplinary (MiDIS) through the introduction of nationally procured commercial product sets which will then become cornerstone products of clinical information delivery for NHS Tayside in the future.

Several new systems were and continue to be implemented including whiteboards and eRostering in wards, along with further clinical information for clinicians being made available through the Clinical Portal. To meet the needs of the Integrated Health & Social Services a system has been procured (Strata) to allow the sharing of Health & Social Services patient information and a successful pilot has taken place with Perth & Kinross Council. A mobile application has been developed in-house to allow Community Staff to access the Community and Mental Health system (MiDIS) while in the patients home or nursing home and has been successfully piloted by over 80 staff.

The information technology infrastructure continues to be upgraded with the major projects surrounding the deployment of Windows 7 (to replace Windows XP) and an application to speed up access to personal computers, along with the planning to move the Ninewells data centre to a managed service with local supplier, Brightsolid.

Information governance commitments have been met ensuring compliance with the National Information Assurance Strategy as well as local requirements.

Operations and Facilities

A new national NHS Pharmaceutical Specials Service production facility is being planned for Ninewells Hospital in Dundee to replace the two facilities currently operating in Glasgow and Dundee. The new facility is expected to be completed in late 2017.

The Board owns a number of older properties that are not fit for the purpose of delivering modern healthcare and are inefficient both clinically and in terms of energy and resource use. These have either been vacated or are due to be vacated. The Board is working collaboratively with Scottish Futures Trust (SFT) to develop the most effective approach to disposal. This involves master planners to produce outline development plans and engaging with the community, Local Authorities and other bodies to ensure that the disposal process is smoothed and shortened as far as possible.

Counter Fraud Services Report

In 2014-15, NHS Scotland Counter Fraud Services performed work to give an indication of the possible level of Family Health Service (FHS) income lost due to incorrect claims by patients for exemption from NHS charges. The level of FHS income not recovered and written off relating to Patient Exemption Checking included in Counter Fraud Reports covering 2014-15 was £12,798 (2013-14 £26,047).

3. Financial Performance and Position

The Scottish Government Health and Social Care Directorates (SGHSCD) set three financial targets at Health Board level on an annual basis. These limits are:

Revenue Resource Limit (RRL) – a resource budget for ongoing operations. The RRL is split between core and non core elements. The non core Revenue Resource Limit includes funding for capital grants, depreciation, impairments, creation of provisions, IFRS PFI expenditure and an additional non-core funding resource limit.

Capital Resource Limit (CRL) – a resource budget for net capital investment. The CRL is also split between core and non core elements. The non core Capital Resource Limit comprises funding related to IFRS PFI schemes.

Cash requirement – a financing requirement to fund the cash consequences of the ongoing operations and net capital investment.

Health boards are expected to contain their net expenditure within these limits and will report on any variation from the limits as set.

The Board Chief Executive is the sole Accountable Officer for NHS Tayside. This statutory status carries responsibility direct to the Scottish Parliament for stewardship of the public funds and resources with which the Accountable Officer is entrusted.

Outturn - Tayside Health Board achieved the financial targets as follows: -

	Financial Target	Limit as set by SGHSCD	Actual Outturn	Variance (Over)/Under
		£'000	£'000	£'000
1	Core Revenue Resource Limit	744,253	744,195	58
	Non Core Revenue Resource Limit	46,194	46,194	0
2	Core Capital Resource Limit	13,871	13,868	3
	Non Core Capital Resource Limit	0	0	0
3	Cash Requirement	812,103	812,103	0

Memorandum for in-year outturn

	£'000
Brought forward surplus from previous financial year	201
Surplus against in-year Revenue Resource Limit	58

The Board received brokerage from SGHSCD of £14.2 million in respect of former healthcare sites that are in the process of being sold or are being prepared for sale and a potential profit share regarding a disposed site pending planning approval. The brokerage is planned to be repaid in 2015/16 from sales proceeds and the profit share. The risk associated with the arrangement is considered to be low due to the progress with the implementation of the disposal strategy, progress on major disposals and the potential profit share.

Efficient Government

The NHS Scotland Efficient Government 3.0% efficiency savings target for NHS Tayside was £19.350 million for 2014-15. Total savings achieved in respect of Efficient Government targets for 2014-15 amounted to £22.006 million, including non-recurring savings of £13.587 million.

Provision for Bad and Doubtful Debts

Total trade and other receivables figure includes a provision for bad and doubtful debts of £0.25 million (2013-14 £0.25 million).

Outstanding Liabilities
The pay accrual of £2.7 million recognises the Board's commitment to future payments in respect of unsocial hours entitlement during periods of annual leave.

Legal Obligations
The Board brought forward a provision for Clinical and Medical Negligence at 1 April 2014 of £41.5 million. Based on information provided by the Central Legal Office (CLO) this has been reduced to £38.7 million at 31 March 2015. The provision for new claims arising during the year and increases to the provision for existing claims totalled £3.7 million. Utilisation of the provision during the year amounted to £3.9 million and unutilised provisions of £2.6 million were reversed.

The Board also provides for its respective share of the total liability of NHS Scotland as advised by the Scottish Government, based on information prepared by NHS Boards and the Central Legal Office, which amounts to £19.9 million.

Based on CLO information, the provision of £0.5 million brought forward in respect of other items including third party liabilities has increased to £0.8 million.

Gross quantifiable contingent liabilities are assessed at £6.5 million (2013-14 £9.0 million). This is partly offset by contingent assets of £5.0 million (2013-14 £8.1 million).

The risk factors applied to the CLO's estimated liability in determining the level of provision and contingent liability are detailed in Note 1, section 17.

The provision for pensions, which relates mainly to injury benefit payments, increased from £7.4 million at 1 April 2014 to £7.9 million at 31 March 2015.

Significant Changes in Non-current Assets
The following lists the most significant capital schemes included within the Capital Resource Limit spend.

Description	**£'000**
Backlog maintenance and statutory compliance	5,387
Child and Adolescent Mental Health unit	5,330
Medical equipment	1,934

Public Finance Initiative/Public Private Partnerships/Non Profit Distributing
The Board has entered into the following contracts, which are on balance sheet under International Accounting Standards.

The Carseview Centre is located on the Ninewells Hospital site in Dundee and provides in-patient facilities for General Adult Psychiatry and Learning Disability. The estimated current capital value of the scheme is £11.8 million. The contract start date was 11 June 2001 and the contract end date will be 11 June 2026, when NHS Tayside may negotiate a further contract or purchase the facility. Following the failure of the previous PFI provider a wholly owned subsidiary of the Johnson Service Group PLC took over the contract on 27 August 2010. On 7 August 2013 we were notified by SGP management that Johnson Service Group PLC (ultimate owner of the Carseview PFI and provider of FM services) had sold SGP Property and Facilities Management Ltd and the SPV to Bell Rock Bidco Ltd. This was part of a significant disposal of all of Johnson Service Group PLC facilities management activities.

The Whitehills Community Care Centre covers Forfar, Kirriemuir and the surrounding area in conjunction with Angus Council and Lippen Care. The estimated current capital value of the scheme is £15.8 million. The contract start date was 21 March 2005 and the contract end date will be 21 March 2030, when NHS Tayside will become the owners of the facility.

The Board reached financial close on the Mental Health Projects on 18 June 2010 with the private sector developer which delivered new facilities in Tayside for General Adult Psychiatry, Psychiatry of Old Age and Low Secure Forensic Psychiatry, together with a Medium Secure Forensic Unit serving the North of Scotland region. The project uses the Non Profit Distributing model of funding. The first phase of the project, the Susan Carnegie Centre at Stracathro Hospital site (current estimated value £15.3 million), was accepted on 2 December 2011. The second phase at the Murray Royal Hospital site in Perth (current estimated value £65.9 million) was handed over on 1 June 2012. The contract end date will be 17 May 2042, when NHS Tayside will become owners of the facility.

NHS Tayside, along with the participating partners in the East Central Territory of Tayside, Fife and Forth Valley (Health Boards, Local Authorities, Police, Ambulance and Fire and Rescue Services) reached financial close with the Amber Blue Consortium (Amber Infrastructure Ltd, Robertson Capital Projects Ltd and Forth Holdings Ltd) on 8 February 2012 to form Hub East Central Scotland Ltd. The company, owned by the public sector partners (30%), Scottish Futures Trust (10%) and the private sector partner (60%), is the procurement vehicle to deliver primary healthcare and community facilities as part of the hub initiative. The company is in the process of procuring a number of capital projects using the Design, Build, Finance, Maintain model, which uses private finance that will be delivered in future years.

4. Performance against Key Non Financial Targets

The Board's performance against key non financial targets is set out in the following tables together with an assessment.

No HEAT targets will continue into 2015/16. The targets below will now become Standards beyond April 2015, with the exception of three targets: people aged 75+ emergency bed days reduction; delayed discharges; and energy efficiency, which will not be retained.

Targets To Be Delivered in 2014/15

Target	Target Value	Validated Performance (Information Validated by Information Services Division of NHS Scotland)		Assessment
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015.	80%	92%	*Quarter Ending:* September 2013 (September 2013 is the latest national validation date published in HEAT performance system)	Local data at March 2015 shows a performance of 94% - with the level of performance throughout 2014/15 remaining above 90%.
Increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/15.	25%	21.9%	*Year 2 (combined) Jan 2012 to Dec 2013* (December 2013 is the latest national validation date published in the HEAT performance system)	Quarterly submission of the Detect Cancer Early dataset allows for extraction of staging reports to enable local monitoring of progress against this target. Local data extracted shows the performance position: Two years combined January 2014 to December 2015 First 21 months to September 2014 is 23.1% against a planned performance trajectory of 24% at December 2014.

Target	Target Value	Validated Performance (Information Validated by Information Services Division of NHS Scotland)		Assessment
Deliver agreed cumulative smoking quits (at 12 weeks post quit) within the 40% most-deprived quintiles over the one year ending March 2015.	884	142	*Quarter Ending:* September 2014	Performance at quarter to September 2014 is below the planned trajectory for that period of 415. The widespread use of e-cigarettes is impacting upon the number of people engaging with smoking cessation services. A programme of work is being taken forward to support the specific group of e-cigarette users, and how services can be redesigned to address this group. NHS Scotland Boards are all below their planned performance trajectories at the September 2014 quarter period.
90% of patients referred for Child & Adolescent Mental Health Services (CAMHS) are to start treatment within 18 weeks of referral from December 2014.	90%	52.1%	*Quarter Ending:* December 2014	Planned trajectories were not included within the 2014/15 LDP for NHS Tayside. Ongoing dialogue on performance with this target has been held with the Scottish Government Access Team. Additional staffing and continued implementation of the CAMHS Improvement Plan will allow performance to continue on course to meet the 90% level by July/August 2015.
90% of patients referred for Psychological Therapies are to start treatment within 18 weeks of referral from December 2014.	90%	97.4%	*Quarter Ending:* December 2014	NHS Tayside has surpassed this target.
Eligible patients will commence IVF treatment within 12 months of decision to treat by March 2015.	90%	100%	*Quarter Ending:* December 2014	NHS Tayside set a planned target of 99% by March 2015. A 100% success rate of screening eligible patients at an IVF centre within 12 months of decision to treat has been achieved.
Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population, by at least 12% between 2009/10 and 2014/15.	3,978	4,480	*Month Ending:* October 2014	NHS Tayside set a planned target of 3,978 by March 2015. This is approximately a 20% reduction in the bed day rate from March 2010. Performance at October 2014 is 9.7% away from the planned trajectory for that month. To demonstrate reductions in the emergency bed days rate for over 75s, work to improve the emergency average length of stay (75+) across all three partnership areas, which will include managing more effectively the occupied bed days for delayed discharges within Perth & Kinross, will continue.

Target	Target Value	Validated Performance (Information Validated by Information Services Division of NHS Scotland)		Assessment
No people will wait more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2015 census.	0	16	*Census Point:* January 2015	Performance at the January census shows Tayside missed the planned trajectory for that period by 10 patients. Tayside however remains one of the top three performing Boards for this target. Additional funding was announced in January to tackle delayed discharges within NHS Boards. A Tayside-wide Group has been established to oversee this investment in sustainable solutions that will seek to reduce unscheduled care and demand pressures as well as immediate discharge.
By 2014/15 NHS Boards *staphylococcus aureus* bacteriamia (including MRSA) cases are 0.24 or less per 1,000 acute occupied bed days.	0.24	0.33	*Quarter Ending:* December 2014	This target was not met at the March validated performance position. Monthly reports on performance and improvement actions are presented to NHS Tayside Board.
By 2014/15 NHS Boards rate of *Clostridium difficile* infections in patients aged 15 and over is 0.32 cases or less per 1,000 total occupied bed days.	0.32	0.33	*Quarter Ending:* December 2014	It is anticipated that performance will remain stable to achieve the 0.32 target level at the validated March position.
NHS Scotland to reduce CO2 emissions from hospital sites based on a national average year-on-year reduction of 3% each year, up to and including 2014/15 (measured in tonnes) NHS Scotland to reduce energy consumption from hospital sites based on a national average year-on-year reduction of 1% each year, up to and including 2014/15 (measured in GJ – Gigajoules) *(performance is recorded on an annual basis)*	19,060 542,575	21,225 613,760	*Year Ending:* March 2014 *Year Ending:* March 2014	NHS Tayside's programme of asset rationalisation has resulted in increased activity on the retained sites. It is anticipated that implementation of the Carbon & Energy Fund project covering the three acute sites – Ninewells, PRI and Stracathro – will result in substantial energy and carbon savings for NHS Tayside.
Deliver expected rates of dementia diagnosis, and by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support co-ordinated by a link worker, including the building of a person-centred support plan.			National performance is not yet recorded for this target. However, NHS Boards are now submitting monthly data to National Services Division. The Scottish Diagnosed Dementia Incidence Project will inform planning for this target during 2015/16.	

5. Sickness Absence Data

The average rate of absence in 2014/15 was 4.83% (2013/14 4.64%).

6. Gender Analysis

An analysis of the number of persons of each gender who were directors, senior managers and employees of the Board at 31 March 2015 is set out in the table:

	2015			2014		
Description	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
Directors	8	13	21	9	14	23
Senior Managers	41	25	66	44	27	71
Employees	10,998	2,830	13,828	11,002	2,905	13,907
Totals	**11,047**	**2,868**	**13,915**	**11,055**	**2,946**	**14,001**

7. Social, Community and Human Rights

In accordance with the Equality Act 2010 and regulations, NHS Tayside has a responsibility to promote equality and recognise the diversity of the population that it serves. In the Mainstreaming Report (2013-17) NHS Tayside demonstrated how it aims to mainstream and build equality and diversity and its wider aspects into all of its functions. The report shows how we will meet the three aims of the General Duty; eliminating discrimination, harassment, victimisation and any other prohibited conduct; advancing equality of opportunity; fostering good relations. The development of equality outcomes provides assurance that the NHS Tayside meets the equality and diversity needs of people with the relevant protected characteristics (race, disability, age, sex, sexual orientation, gender reassignment, pregnancy and maternity, marriage and civil partnership, religion or belief), whether they are patients, public, carers or staff.

The NHS Tayside Equality Impact Assessment policy ensures that the impact of equality, human rights and health inequalities is embedded and integrated into the decisions and actions of the Board. The systems of training, education and appraisal of staff also include the requirements of knowledge and understanding of equality, diversity and discrimination.

NHS Tayside has made progress with mainstreaming equality and diversity and NHS Tayside's Equality Outcomes.

8. Sustainability and Environmental Reporting

During the course of 2014/15 the Board updated its Sustainability and Environmental Management Strategy and developed an action plan in line with the Good Corporate Citizenship Model. The actions focused on six main themes; Transport & Travel, Procurement, Facilities Management, Workforce, Buildings and Community Engagement. A number of initiatives and achievements are highlighted:

- During 2014/2015 the Board took part in and promoted Climate Week, Earth Hour, Recycling Week, Zero Waste Scotland Reuse Week and NHS Sustainability Day, involving staff through a variety of communications.

- Waste to landfill continues to reduce and the recycling rate for NHS Tayside is around 52%. The national target is 70% of waste recycled by 2025 which the Board is on target to achieve by the end of 2018.

- NHS Tayside Travel Group contributed to the achievement of a reduction of c2.7% in travel and associated costs through various means such as teleconferencing.

Energy efficiency is a key area for carbon reduction, which is being addressed through various routes: A new biomass boiler was installed at Stracathro Hospital. At Ninewells Hospital light emitting diode (LED) street lighting is being phased in, as well as improved insulation, voltage optimisers and various electrical upgrades. Desktop computer hardware is in the process of being upgraded from Windows XP to Windows 7, which brings much better power management capabilities. In addition planning is in place to renew the main power plant at Ninewells Hospital and to upgrade building management systems and replace all light fittings with LEDs. A number of other initiatives are also planned.

NHS Tayside Property Department and Scottish Futures Trust are working in collaboration to ensure we optimise the available administration space we currently have through the "Smarter Office Initiative". The new Murray Royal Hospital facility has been chosen as the pilot scheme and work is progressing well to share proposals with the organisation.

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Lesley McLay
Chief Executive
Tayside Health Board

16 June 2015

1. REMUNERATION REPORT FOR THE YEAR ENDED 31 MARCH 2015 (CURRENT YEAR)

(Audited information)

Remuneration Table	Gross Salary (Bands of £5,000)	Bonus Payments (Bands of £5,000)	Benefits in Kind £000	Total Earnings in Year (Bands of £5,000)	Pension Benefits £000	Total Remuneration (Bands of £5,000)
Remuneration of:	*** 3**			*** 1**	*** 2**	
Executive Members						
Chief Executive						
Ms L McLay	115-120	0-0	0.0	115-120	79	190-195
Director of Public Health: Dr A D W Walker (* 4)	175-180	0-0	0.0	175-180	0	175-180
Director of Finance: Mr I McDonald	105-110	0-0	0.0	105-110	63	170-175
Medical Director: Dr A Russell	150-155	0-0	0.2	150-155	23	170-175
Nurse Director: Dr M McGuire	95-100	0-0	0.0	95-100	66	160-165
Non Executive Members						
Chair: Mr A B Watson OBE, DL	30-35	0-0	0.0	30-35	0	30-35
Mrs L Dunion (Vice Chair to 31/8/14) (*5)	15-20	0-0	0.0	15-20	0	15-20
Mr D Cross OBE (Vice Chair from 30/10/14) (*5)	15-20	0-0	0.0	15-20	0	15-20
Councillor K Lynn	5-10	0-0	0.0	5-10	0	5-10
Mr D Doogan	5-10	0-0	0.0	5-10	0	5-10
Mrs G Middleton	5-10	0-0	0.0	5-10	0	5-10
Mrs S Tunstall-James	5-10	0-0	0.0	5-10	0	5-10
Mr Hugh Robertson	5-10	0-0	0.0	5-10	0	5-10
Mrs A Rogers (* 5)	15-20	0-0	0.0	15-20	0	15-20
Mr M Hussain	5-10	0-0	0.0	5-10	0	5-10
Mr M Landsburgh (to 12/9/14)	0-5	0-0	0.0	0-5	0	0-5
Mr S Hay	5-10	0-0	0.0	5-10	0	5-10
Mrs J Golden (* 6)	45-50	0-0	0.0	45-50	11	60-65
Professor M Smith	5-10	0-0	0.0	5-10	0	5-10
Dr A Cowie	5-10	0-0	0.0	5-10	0	5-10
Dr D Dorward	5-10	0-0	0.0	5-10	0	5-10
Other Senior Employees						
Ms C Selkirk (to 7/12/14)	70-75	0-0	0.0	70-75	0	70-75
Mr G Doherty (* 7)	95-100	0-0	0.0	95-100	35	130-135
Total			**0.2**		**277**	

* 1. The 'total earnings in year' column shows the remuneration relating to actual earnings payable (including arrears) in 2014-15.

* 2. In accordance with the Financial Reporting Manual (FReM) and the Companies Act, 2013-14 was the first year that publication of the 'pension benefits' was required. This calculation aims to bring public bodies in line with other industries in disclosing an assessed cumulative pension benefit for a standard 20 year period, which is the estimated life span following retirement.

* 3. Salaries exclude employers' superannuation contributions.

* 4. The Director of Public Health's salary includes awards payable under the terms of the national merit awards scheme.

* 5. In accordance with Scottish Government guidance, the Chairs of the three Community Health Partnership Committees are paid additional remuneration.

* 6. The Employee Director's salary includes £41k in respect of non-board duties. CETV information included relates to this employee's substantive post.

* 7. The Director of Human Resources is not an executive member of the Board.

1. REMUNERATION REPORT FOR THE YEAR ENDED 31 MARCH 2015 (CURRENT YEAR)

(Audited information) **Continued**

Pension Values Table	**Total accrued pension at age 60 at 31 March**	**Real increase in pension at age 60**	**Cash Equivalent Transfer Value (CETV) at 31 March 2014**	**Cash Equivalent Transfer Value (CETV) at 31 March 2015**	**Real increase in CETV in year**	**Total accrued lump sum at pensionable age at 31 March 2015**	**Real increase in lump sum at pensionable age**
	(Bands of £5,000)	**(Bands of £5,000)**	**£000**	**£000**	**£000**	**(Bands of £5,000)**	**(Bands of £2,500)**
Remuneration of:							
Executive Members							
Chief Executive							
Ms L McLay	30-35	2.5-5	379	452	73	0	0
Director of Public Health:	0-0	0-0	1346	0	(1346)	180-185	5-7.5
Dr A D W Walker (* 4)							
Medical Director: Dr A Russell	20-25	0-2.5	357	403	46	65-70	5-7.5
Director of Finance: Mr I McDonald	50-55	2.5-5	1074	1181	107	160-165	7.5-10
Nurse Director: Dr M McGuire	60-65	2.5-5	833	916	83	0	0
Non Executive Members							
Chair: Mr A B Watson OBE, DL	0	0	0	0	0	0	0
Mrs L Dunion (Vice Chair to 31/8/14) (*5)	0-0	0-0	0	0	0	0	0
Mr D Cross (Vice Chair from 30/10/14)(*5)	0-0	0-0	0	0	0	0	0
Councillor K Lynn	0-0	0-0	0	0	0	0	0
Mr D Doogan	0-0	0-0	0	0	0	0	0
Mrs G Middleton	0-0	0-0	0	0	0	0	0
Mrs S Tunstall-James	0-0	0-0	0	0	0	0	0
Mr Hugh Robertson	0-0	0-0	0	0	0	0	0
Mrs A Rogers (*5)	0-0	0-0	0	0	0	0	0
Mr M Hussain	0-0	0-0	0	0	0	0	0
Mr M Landsburgh (to 12/9/14)	0-0	0-0	0	0	0	0	0
Mr S Hay	0-0	0-0	0	0	0	0	0
Mrs J Golden (* 6)	10-15	0-2.5	208	225	17	40-45	0-2.5
Professor M Smith	0-0	0-0	0	0	0	0	0
Dr A Cowie	0-0	0-0	0	0	0	0	0
Dr D Dorward	0-0	0-0	0	0	0	0	0
Other Senior Employees							
Ms C Selkirk (to 7/12/14)	0-0	0-0	510	0	(510)	N/A	N/A
Mr G Doherty (* 7)	25-30	0-2.5	456	506	50	80-85	5-7.5
Total			**5163**	**3683**	**(1480)**		

2. REMUNERATION REPORT FOR THE YEAR ENDED 31 MARCH 2014 (PRIOR YEAR)

(Audited information)

Remuneration Table	Gross Salary (Bands of £5,000)	Bonus Payments (Bands of £5,000)	Benefits in Kind £000	Total Earnings in Year (Bands of £5,000)	Pension Benefits £000	Total Remuneration (Bands of £5,000)
Remuneration of:	*** 3**			*** 1**	*** 2**	
Executive Members						
Chief Executive: Mr G Marr retired 1 Dec 13	95-100	0-0	0.0	95-100	0	95-100
Ms L McLay from 13 Dec 13 (* 4)	30-35	0-0	0.0	30-35	56	85-90
Director of Public Health: Dr A D W Walker (* 5)	170-175	0-0	1.7	170-175	32	200-205
Medical Director: Dr A Russell (* 9)	140-145	0-0	0.2	140-145	26	165-170
Director of Finance: Mr I McDonald	100-105	0-0	0.2	100-105	55	155-160
Nurse Director: Dr M McGuire	90-95	0-0	0.0	90-95	63	155-160
Non Executive Members						
Chair: Mr A B Watson OBE, DL	30-35	0-0	0.0	30-35	0	30-35
Mrs A Scott (Vice Chair) (* 6) to 31 Oct 13	5-10	0-0	0.0	5-10	0	5-10
Mrs L Dunion (Vice Chair) (*6) from 24 Oct 13	15-20	0-0	0.0	15-20	0	15-20
Mr D Cross OBE from 1 Oct 13 (*6)	5-10	0-0	0.0	5-10	0	5-10
Councillor K Lynn from 11 Sep 13	0-5	0-0	0.0	0-5	0	0-5
Mr D Doogan	5-10	0-0	0.0	5-10	0	5-10
Mrs G Middleton	5-10	0-0	0.0	5-10	0	5-10
Mr A Ross to 19 Aug 13	0-5	0-0	0.0	0-5	0	0-5
Mrs S Tunstall-James	5-10	0-0	0.0	5-10	0	5-10
Mr Hugh Robertson from 1 Jan 14	0-5	0-0	0.0	0-5	0	0-5
Mrs A Rogers (* 6)	10-15	0-0	0.0	10-15	0	10-15
Mr K A Richmond (* 6) to 30 Sep 13	5-10	0-0	0.0	5-10	0	5-10
Mr M Hussain	5-10	0-0	0.0	5-10	0	5-10
Mr M Landsburgh	5-10	0-0	0.0	5-10	0	5-10
Mr S Hay from 1 May 13	5-10	0-0	0.0	5-10	0	5-10
Mrs J Golden (* 7)	45-50	0-0	0.0	45-50	11	55-60
Professor M Smith	5-10	0-0	0.0	5-10	0	5-10
Dr A Cowie	5-10	0-0	0.0	5-10	0	5-10
Dr D Dorward	5-10	0-0	0.0	5-10	0	5-10
Other Senior Employees						
Ms C Selkirk	95-100	0-0	0.3	95-100	33	130-135
Ms L McLay (* 4)	70-75	0-0	0.0	70-75	0	70-75
Mr G Doherty (* 8)	90-95	0-0	0.0	90-95	35	125-130
Total			**2.4**		**311**	

* 1. The 'total earnings in year' column shows the remuneration relating to actual earnings payable in 2013-14.
* 2. In accordance with the Financial Reporting Manual (FReM) and the Companies Act, 2013-14 is the first year that publication of the 'pension benefits' has been required. This calculation aims to bring public bodies in line with other industries in disclosing an assessed cumulative pension benefit for a standard 20 year period, which is the estimated life span following retirement.
* 3. Salaries exclude employers' superannuation contributions.
* 4. Ms McLay was previously Chief Operating Officer and was appointed Chief Executive with effect from 13 December 2013. Pension Benefit has been recalculated to reflect membership of the 2008 pension scheme.
* 5. The Director of Public Health's salary includes awards payable under the terms of the national merit awards scheme.
* 6. In accordance with Scottish Government guidance, the Chairs of the three Community Health Partnership Committees are paid additional remuneration.
* 7. The Employee Director's salary includes £41k in respect of non-board duties. CETV information included relates to this employee's substantive post.
* 8. The Director of Human Resources is not an executive member of the Board.
* 9. The Medical Director's pension benefit calculation is recalculated for 13/14 for pay received in 2014/15 relating to 2013/14.

Pension Values Table	**Total accrued pension at age 60 at 31 March**	**Real increase in pension at age 60**	**Cash Equivalent Transfer Value (CETV) at 31 March 2013**	**Cash Equivalent Transfer Value (CETV) at 31 March 2014**	**Real increase in CETV in year**	**Total accrued lump sum at pensionable age at 31 March 2015**	**Real increase in lump sum at pensionable age**
	(Bands of £5,000)	**(Bands of £5,000)**	**£000**	**£000**	**£000**	**(Bands of £5,000)**	**(Bands of £2,500)**
Remuneration of:							
Executive Members							
Chief Executive: Mr G Marr retired 1 Dec 13	0.00	0.00	1448	0	(1448)	N/A	N/A
Ms L McLay from 13 Dec 13 (* 4)	20-25	2.5-5	325	379	54	0	0
Director of Public Health: Dr A D W Walker (* 5)	55-60	0-2.5	1256	1346	90	170-175	2.5-5
Medical Director: Dr A Russell (* 9)	15-20	0-2.5	313	357	44	55-60	2.5-5
Director of Finance: Mr I McDonald	50-55	2.5-5	983	1074	91	150-155	5-7.5
Nurse Director: Dr M McGuire	55-60	2.5-5	757	833	76	0	0
Non Executive Members							
Chair: Mr A B Watson OBE, DL	0	0	0	0	0	0	0
Mrs A Scott (Vice Chair) (* 6) to 31 Oct 13	0-0	0-0	0	0	0	0	0
Mrs L Dunion (Vice Chair) (*6) from 24 Oct 13	0-0	0-0	0	0	0	0	0
Mr D Cross from 1 Oct 13 (*6)	0-0	0-0	0	0	0	0	0
Councillor K Lynn from 11 Sep 13	0-0	0-0	0	0	0	0	0
Mr D Doogan	0-0	0-0	0	0	0	0	0
Mrs G Middleton	0-0	0-0	0	0	0	0	0
Mr A Ross to 19 Aug 13	0-0	0-0	0	0	0	0	0
Mrs S Tunstall-James	0-0	0-0	0	0	0	0	0
Mr Hugh Robertson from 1 Jan 14	0-0	0-0	0	0	0	0	0
Mrs A Rogers (*6)	0-0	0-0	0	0	0	0	0
Mr K A Richmond (* 6) to 30 Sep 13	0-0	0-0	0	0	0	0	0
Mr M Hussain	0-0	0-0	0	0	0	0	0
Mr M Landsburgh	0-0	0-0	0	0	0	0	0
Mr S Hay from 1 May 13	0-0	0-0	0	0	0	0	0
Mrs J Golden (* 7)	10-15	0-2.5	193	208	15	35-40	0-2.5
Professor M Smith	0-0	0-0	0	0	0	0	0
Dr A Cowie	0-0	0-0	0	0	0	0	0
Dr D Dorward	0-0	0-0	0	0	0	0	0
Other Senior Employees							
Ms C Selkirk	25-30	0-2.5	460	510	50	80-85	2.5-5
Ms L McLay (* 4)	25-30	0-0	0	0	0	0	0
Mr G Doherty (* 8)	25-30	0-2.5	408	456	48	75-80	2.5-5
Total			**6143**	**5163**	**(980)**		

3. REMUNERATION ARRANGEMENTS

The membership of the Remuneration Committee is reported in Section 14 of the Directors' Report.

The remuneration arrangements and performance appraisal of Executive Directors and Senior Managers is governed by decisions of the NHS Tayside Remuneration Committee. Such decisions have been strictly in accordance with the provision of circulars issued by the Scottish Government Health and Social Care Directorates and are subject to regular audit scrutiny.

Remuneration policy is determined by the Cabinet Secretary for NHS Scotland employers and directed through official circulars. This is regulated through a National Performance Management Committee (NPMC), established to assure Ministers and public on the robustness of the performance management and appraisal processes for Executives across NHSScotland and to ensure that any increases in pay are only made on evidence-based performance, and the National Evaluation Committee which holds responsibility for senior job grading - and is unique in the UK in this respect. In light of wider public sector financial pressure, the effective management of senior salaries remains a key feature, as is the targeted reduction of overall senior management numbers. All decisions made by the Remuneration Committee are consistent with this policy framework.

Performance assessment for this period is still under consideration (due to the cycle of business between Boards and SGHSCD) as any uplifts will not be sanctioned by the National Performance Management Committee or SGHSCD until the performance year has concluded including confirmation of the Annual Accounts - normally June.

Scottish Government annualised amendments to pay arrangements for 2014/15 in the Executive Senior Manager cohort based on performance in the year 2013/14 amended pay ranges in line with other staff groups. No provision has been made for non-consolidated payments. These changes include an increase to maximum and minimum pay points by 1%, and up to 3% progression subject to performance criteria. At the same time pay arrangements for the period 2015/16 based on performance for the year 2014/15 have also been announced mirroring the arrangements described above.

The remainder of the employment package is the same as other members of staff in respect of pension and other entitlements. Executives and senior managers above certain salary levels will pay higher proportionate contributions to the pension scheme. All executives were required to agree to new contracts when the revised pay arrangements were introduced in 2005. This included a standard contract with a 3 month notice period. There are no specific termination payments. These are in line with the Agenda for Change Handbook.

All executives and senior managers are direct employees or seconded from other organisations. There were no payments to third parties for the services of a senior manager. No awards were made to past senior managers.

4. Top to Median Staff Pay Ratio

	2014-15		2013-14
Highest earning director's total remuneration	£177,500		£172,500
Median total remuneration	£28,845		£28,346
Ratio	6.15		6.09

Reporting bodies are required to disclose the relationship between the remuneration of the highest earning director in their organisation and the median remuneration of the organisation's workforce. Employers' superannuation contributions are excluded for the purposes of this calculation.

5. Pension Scheme

Tayside Health Board contributes to a multi-employer defined benefit pension scheme administered by the Scottish Public Pensions Agency (SPPA). The Board's participation in the scheme for the year ended 31 March 2014 was £48.0m out of a total contribution of £640.5m by all participants, which represents a share of 7.5% of the total. The share for the year ended 31 March 2015 is expected to be similar and is expected to be available in November 2015.

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Lesley McLay
Chief Executive
Tayside Health Board

16 June 2015

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE HEALTH BOARD

Under Section 15 of the Public Finance and Accountability (Scotland) Act, 2000, The Principal Accountable Officer (PAO) of the Scottish Government has appointed me as Accountable Officer of Tayside Health Board.

This designation carries with it responsibility for:

- the propriety and regularity of financial transactions under my control;
- for the economical, efficient and effective use of resources placed at the Board's disposal; and
- safeguarding the assets of the Board.

In preparing the Accounts I am required to comply with the requirements of the government's Financial Reporting Manual and in particular to:

- observe the accounts direction issued by the Scottish Ministers including the relevant accounting and disclosure requirements and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the government Financial Reporting Manual have been followed and disclose and explain any material departures; and
- prepare the accounts on a going concern basis.

I am responsible for ensuring proper records are maintained and that the Accounts are prepared under the principles and in the format directed by Scottish Ministers. To the best of my knowledge and belief, I have properly discharged my responsibilities as Accountable Officer as intimated in the Departmental Accountable Officer's letter to me of the 23 January 2014.

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Lesley McLay
Chief Executive
Tayside Health Board

16 June 2015

STATEMENT OF HEALTH BOARD MEMBERS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

Under the National Health Service (Scotland) Act 1978, the Health Board is required to prepare accounts in accordance with the directions of Scottish Ministers which require that those accounts give a true and fair view of the state of affairs of the Health Board as at 31 March 2015 and of its operating costs for the year then ended. In preparing these accounts the Directors are required to:

- Apply on a consistent basis the accounting policies and standards approved for the NHSScotland by Scottish Ministers.
- Make judgements and estimates that are reasonable and prudent.
- State where applicable accounting standards as set out in the Financial Reporting Manual have not been followed where the effect of the departure is material.
- Prepare the accounts on the going concern basis unless it is inappropriate to presume that the Board will continue to operate.

The Health Board members are responsible for ensuring that proper accounting records are maintained which disclose with reasonable accuracy at any time the financial position of the Board and enable them to ensure that the accounts comply with the National Health Service (Scotland) Act 1978 and the requirements of the Scottish Ministers. They are also responsible for safeguarding the assets of the Board and hence taking reasonable steps for the prevention of fraud and other irregularities.

The NHS Board members confirm they have discharged the above responsibilities during the financial year and in preparing the accounts.

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Mr Ian McDonald
Director of Finance
Tayside Health Board

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Mr Douglas Cross OBE
Vice Chairperson
Tayside Health Board

16 June 2015

GOVERNANCE STATEMENT

Scope of Responsibility

As Accountable Officer, I, Lesley McLay, am responsible for maintaining an adequate and effective system of internal control that supports compliance with the organisation's policies and promotes achievement of the organisation's aims and objectives, including those set by Scottish Ministers. Also, I am responsible for safeguarding the public funds and assets assigned to the organisation.

The Chief Executive has been supported in the role as Accountable Officer throughout the year by a multi-disciplinary Executive Team, focused on ensuring the delivery of strategic objectives in a prudent, economical, efficient and effective manner.

NHS Endowment

In accordance with IAS 27 – Consolidated and Separate Financial Statements, the financial statements consolidate the Tayside NHS Board Endowment Fund. This statement includes any relevant disclosure in respect of these Endowment Accounts.

Purpose of Internal Control

The system of internal control is based on an ongoing process designed to identify, prioritise and manage the principal risks facing the organisation. The system aims to evaluate the nature and extent of risks, and manage risks efficiently, effectively and economically.

The system of internal control is designed to manage rather than eliminate the risk of failure to achieve the organisation's aims and objectives. As such, it can only provide reasonable and not absolute assurance.

The process within the organisation accords with guidance from Scottish Ministers in the Scottish Public Finance Manual (SPFM) and supplementary NHS guidance, and has been in place for the year up to the date of approval of the Financial Statements.

The SPFM is issued by Scottish Ministers to provide guidance to the Scottish Government and other relevant bodies on the proper handling and reporting of public funds. The SPFM sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for efficiency, effectiveness and economy, and promotes good practice and high standards of propriety.

Governance Framework

The governance framework that supports the Accountable Officer in the discharge of her responsibilities includes the Standing Committee structure and additional committees established by the Board. The Board and its Standing and other Committees, listed below, have clearly defined and documented roles and responsibilities that are set out in the terms of reference and annual work plans of each committee. The purpose of each committee is as follows:

Audit Committee

The purpose of the Audit Committee is to assist Tayside NHS Board deliver its responsibilities for the conduct of public business and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance that an appropriate system of internal control is in place.

Improvement & Quality Committee

The purpose of the Improvement & Quality Committee is to provide Tayside NHS Board with assurance that the appropriate systems are in place in respect of continuous improvement, clinical governance, risk and safety, 2020 Vision, research governance and educational governance.

As part of the work undertaken by Internal Audit during 2014/15, the Board agreed that the Improvement & Quality Committee should be renamed the Clinical and Care Governance Committee. This takes effect in 2015/16.

Staff Governance Committee
The Committee advises Tayside NHS Board on its responsibility, accountability and performance against the NHSScotland Staff Governance Standard, addressing the issues of policy, targets and organisational effectiveness.

East of Scotland Research Ethics Service (EoSRES) REC1
The Committees provide assurance that a mechanism is in place to undertake the ethical review of medical research; the dignity, rights and wellbeing of the participants of medical research are suitably protected; independent advice on medical research ethics is available to Tayside NHS Board when requested; there is appropriate liaison between the Research Ethics Service and researchers, funders, sponsors and participants in medical research and the interests, needs and safety of researchers are protected within medical research.

Remuneration Committee
The Committee's main function is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board as determined by Ministers and the Scottish Government.

Finance and Resources Committee
The Committee keeps under review the financial position of Tayside NHS Board, to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and provide assurance that these arrangements and those associated with information governance work effectively.

Universities Strategic Liaison Committee
The Committee advises the Board on strategic matters concerning clinical teaching, research, Additional Cost of Teaching funding and facility requirements. The Committee will provide an inclusive forum for strategic dialogue, development and planning between the Universities of Abertay, Dundee and St Andrews, NHS Education for Scotland (NES) and with the NHS in Fife and Tayside.

Angus CHP Committee, Dundee CHP Committee, Perth & Kinross CHP Committee
The purpose of the three CHPs is to drive service improvements locally and to ensure the effective delivery of the functions devolved to the Community Health Partnership as described in the Scheme of Establishment for Community Health Partnerships.

Board of Trustees, Tayside NHS Board Endowment Funds
The purpose of the Board of Trustees is stewardship of the Endowment Funds which are for the advancement of health as set out in the NHS (Scotland) 1978 Act

The committees listed above, with the exception of the Board of Trustees, report to the Board. All committees are chaired by non-executive Board directors, supported by executive management, which ensures formal and informal linkage. The Non Executive members of the Committees have the opportunity to scrutinise and challenge the Board's executive management. The annual reports of the Standing Committees confirm compliance with their annual workplans and the fulfilment of their roles and remits.

The revised Framework for allocating Best Value Characteristics 2014-15 was approved by the Board in June 2014. Individual pro-formas to provide overt assurance on the seven themes of Best Value were completed by each Standing Committee and the Board and included in the Committee's Annual Reports.

Effective communication is achieved by publication of open business minutes on the Board's website, via numerous electronic and other documentation, and through internal publications for staff. The Board's approved communication strategy for the period 2010-2015 is in place and formal and informal consultation is performed. In addition, staff engagement and advice is secured through the Area Partnership Forum and the Area Clinical Forum.

The Board's new Vision and Values and intended outcomes are set out in the Local Delivery Plan, the Strategic Financial Plan and the Workforce Plan, which were approved by the Scottish Government Health and Social Care Directorates. The Steps to Better Healthcare programme is continuing to develop and implement improved healthcare solutions, delivering the Board's objectives of continuous improvement within available resources.

The measurement of the quality of services is through reporting of key performance indicators including waiting times, patient experience and various dashboard reports. Developments are rigorously reviewed through the business case pathway and are subject to prioritisation to ensure best use of resources.

The Board's Code of Corporate Governance sets out how the Board should undertake business including the Scheme of Delegation and Standing Financial Instructions. The Governance Review Group reviews and updates the Code at its meetings during the year and regularly submits amendments to the Audit Committee and the Board for approval. The Audit Committee ensures compliance with the relevant law and regulations through a number of sources including results of reports from external inspection bodies advised by either the Strategic or Operational Risk Management/Health and Safety Group reports, internal audit reports and updates on the National Fraud Initiative, Counter Fraud Services and fraud cases, as well as external audit reports including best value reviews. The Audit Committee self-assessed its compliance with the Audit Committee Handbook as satisfactory.

The risk management system encourages reporting by staff of incidents that are assessed and acted upon where necessary to prevent recurrence. Following publication of The National Approach to Learning from Adverse Events Framework (HIS, 2013) by Healthcare Improvement Scotland, a review and consultation of the NHS Tayside Adverse Event Management Policy was undertaken. The revised Policy was presented to and approved by the Audit Committee on 4 September 2014. A subsequent visit to NHS Tayside by HIS took place on 15 October 2014 to discuss progress achieved. This was jointly led by the Nurse and Midwife and Medical Directors. The Board has a robust complaints investigation procedure in place together with a confidential whistleblowing policy. The Board is progressing the development of anti-bribery programme policies and procedures to comply with the Bribery Act 2010.

The Board members completed the NHSScotland Board Diagnostic Toolkit and the results were reported to the Board during 2014/15.

Development needs for executive directors are assessed through the performance management process, which leads to a personal development plan that is reviewed and updated regularly. New Non Executive Directors are subject to an induction process informing them of their roles and responsibilities. Non Executive Directors are appraised by the Chairman and personal development needs are addressed. In response to general development needs Board development events are run regularly.

The Board promotes good governance in its partnerships with other organisations through Single Outcome Agreements with Local Authorities, agreements with the third sector and with other Boards in regional planning.

As Accountable Officer I conclude that, taking into account the governance framework and the assurances and evidence received from the Board's committees, corporate governance is operating effectively and the Board complies with the Scottish Public Finance Manual.

Review of Adequacy and Effectiveness

As Accountable Officer, I am responsible for reviewing the adequacy and effectiveness of the system of internal control. My review is informed by:

- executive and senior managers who are responsible for developing, implementing and maintaining internal controls across their areas;

- the work of the internal auditors, who submit to the Audit Committee regular reports which include their independent and objective opinion on the effectiveness of risk management, control and governance processes, together with recommendations for improvement;
- comments by the external auditors in their management letters and other reports, and
- information from any external bodies.

The following processes have been applied in maintaining and reviewing the effectiveness of the system of internal control:

- NHS Tayside Board met regularly during 2014/15 to consider its plans and strategic direction, to allocate resources, to review the management of performance and to receive minutes and reports from its Standing Committees.
- The Audit Committee provides assurance that an appropriate system of internal control is in place. The Committee met throughout the year, reviewing the system of internal control and monitoring compliance with the NHS Tayside Code of Corporate Governance. The Committee reviewed its own effectiveness with the Audit Committee Handbook.
- Internal Audit delivered their service on an approved risk-based audit plan and are compliant with Public Sector Internal Audit Standards.
- During 2014/15 Internal Audit undertook a review of the effectiveness of the Committee Structure. No material issues were found to impact on the governance of NHS Tayside but recommendations were made to strengthen structures and processes and these will be implemented during 2015/16.
- External Audit has considered the internal control processes, relevant to their audit, put in place by the Chief Executive as Accountable Officer.
- Work has continued during the year to achieve the HEAT targets set out in the Local Delivery Plan. Reporting mechanisms have been further developed to ensure a culture of continuous improvement continues to be promoted.
- Staff objectives and development plans include where appropriate maintenance and review of internal controls.
- The Board has in place a procedure for identification and communication of legislation, NHS circulars and other guidance documents. The Board maintains a central register of documents circulated to the appropriate staff for information and action and has a follow up mechanism to monitor compliance with regulations and procedures laid down by Scottish Ministers and the Scottish Government Health and Social Care Directorates.
- A performance appraisal system is in place for senior staff with personal objectives and development plans designed to support the Board in the attainment of corporate objectives. Other staff are performance assessed under the Knowledge and Skills Framework.
- The Audit Committee has been apprised of the guidance issued in respect of the financial assurance for the Integrated Joint Boards (IJBs) that will be the vehicles for Health and Social Care Integration, The integration financial assurance processes and timescales for all three IJBs have been reviewed by internal audit and considered and approved by the Shadow IJBs.

Best Value

In accordance with the principles of Best Value, the Board aims to foster a culture of continuous improvement. As part of this the directors and managers are encouraged to review, identify and improve the efficient and effective use of resources. I can confirm that arrangements have been made to secure Best Value as set out in the SPFM and the Best Value Framework.

Risk Assessment

NHSScotland bodies are subject to the requirements of the SPFM and must operate a risk management strategy in accordance with relevant guidance issued by Scottish Ministers. The general principles for a successful risk management strategy are set out in the SPFM.

The Risk Management Strategy aims to maximise the resources available for the benefit of patient care by identifying, recording, reviewing and managing risks that may affect the ability of the Board to achieve its objectives. The key elements of the strategy in NHS Tayside are referred to as follows:

The Scheme of Delegation, as part of the Code of Corporate Governance, sets out how responsibilities are delegated to others to ensure that organisational arrangements are in place to provide awareness and guidance on risk management. A suite of risk management training continued to be made available to staff in a number of formats. Staff development plans and objectives include appreciation of risk and embedding the risk management culture at all levels in the organisation.

During 2014/15 three Board Development Events related to risk management took place on 17 April 2014, 25 September 2014 and 28 January 2015. These covered a range of topics including updates on improvements made to the Board Assurance Framework; progress reports on each of the corporate risks; Risk Appetite, NHS Tayside Risk Management processes and the findings of the review of the Board Assurance Framework.

Risks are aligned to Standing Committees and agreement reached that these are reported at least once per annum. Risks are reviewed and managed through the Strategic Risk Management Group (SRMG), chaired by the former Deputy Chief Executive until her departure and thereafter by the Director of Finance. During 2014/15 the SRMG and Executive Team approved two additions to the Corporate Risk Profile; Health Equity risk and Nursing Workforce risk, which were added in August and November 2014 respectively. The Corporate Risk Profile of the Board now comprises 19 risks. Those identified as high risks are Health and Social Care Partnerships, Clinical Governance, Waiting times and Referral To Treatment targets, Local Delivery Plan, Infection Management and Nursing Workforce.

The Operational Risk/Health and Safety Management Group met regularly under the Chairmanship of the Director of Operations. Minutes of both the Strategic and Operational groups were considered by the Audit Committee, which in addition received mid and year end reports. Risks to information are managed and controlled by the Information Governance Committee which reports to the Finance and Resources Committee of the Board. There are plans to improve data capture and further enhance data quality.

Throughout 2014/15 NHS Tayside has maintained a rigorous approach to Risk Management with the corporate risk profile being presented to NHS Tayside Board in April and December 2014. In addition other key risks were recorded within the electronic risk management software system, DATIX.

More generally, the organisation is committed to a process of continuous development and improvement, developing systems in response to any relevant reviews and developments in best practice. In particular the Board, in the period covering the year to 31 March 2015 and up to the signing of the accounts, has held a programme of development events considering the following topics 20:20 Vision, Risk and further development of the Board Assurance Framework, Committee Effectiveness, Equality and Diversity, e Health and Health and Social Care Integration.

From the development sessions work was undertaken on reviewing the Corporate Risks and the Board Assurance Framework and reinforcing how this underpins the work of the Board's Standing Committees. The work of the Standing Committees will be further enhanced during 2015/16 as result of the review into Committee Effectiveness by Internal Audit and the implementation of the recommendations which have been discussed and agreed for implementation.

The Board considered the proposal to develop a Clinical Strategy and this work is ongoing led by the Medical Director with the strategy coming forward for approval by the Board in December 2015.

Disclosures

Treatment Time Guarantees

In 2014-15 576 patients exceeded the 12 week treatment time guarantee period.

Funding
The Board received brokerage from SGHSCD of £14.2m in respect of former healthcare sites that are in the process of being sold or are being prepared for sale and a potential profit share regarding a disposed site pending planning approval. The brokerage is planned to be repaid in 2015/16 from sales proceeds and the profit share. The risk associated with the arrangement is considered to be low due to the progress with the implementation of the disposal strategy, progress on major disposals and the potential profit share.

There are no instances of actions inconsistent with the proper performance of the Board's functions.

No reportable control weaknesses or issues have arisen, and no significant failures have arisen in the expected standards for good governance, risk management and control.

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Lesley McLay
Chief Executive
Tayside Health Board

16 June 2015

Independent auditor's report to the members of NHS Tayside, the Auditor General for Scotland and the Scottish Parliament

We have audited the financial statements of NHS Tayside and its group for the year ended 31 March 2015 under the National Health Service (Scotland) Act 1978. The financial statements comprise of the Consolidated Statement of Comprehensive Net Expenditure, the Consolidated Balance Sheet, the Consolidated Statement of Cash Flows, the Consolidated Statement of Changes in Taxpayers' Equity and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2014/15 Government Financial Reporting Manual (the 2014/15 FReM).

This report is made solely to the parties to whom it is addressed in accordance with the Public Finance and Accountability (Scotland) Act 2000 and for no other purpose. In accordance with paragraph 125 of the Code of Audit Practice approved by the Auditor General for Scotland, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Respective responsibilities of Accountable Officer and auditor

As explained more fully in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Health Board, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and is also responsible for ensuring the regularity of expenditure and income. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland) as required by the Code of Audit Practice approved by the Auditor General for Scotland. Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors. We are also responsible for giving an opinion on the regularity of expenditure and income in accordance with the Public Finance and Accountability (Scotland) Act 2000.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the board and its group and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Accountable Officer; and the overall presentation of the financial statements. It also involves obtaining evidence about the regularity of expenditure and income. In addition, we read all the financial and non-financial information in the directors' report, strategic report and accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements, irregularities, or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers of the state of the affairs of the board and its group as at 31 March 2015 and of their net operating cost for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2014/15 FReM; and
- have been prepared in accordance with the requirements of the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.

Opinion on regularity

In our opinion in all material respects the expenditure and income in the financial statements were incurred or applied in accordance with any applicable enactments and guidance issued by the Scottish Ministers.

Opinion on other prescribed matters

In our opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers; and
- the information given in the Strategic Report and Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We are required to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit; or
- the Governance Statement does not comply with guidance from the Scottish Ministers; or
- there has been a failure to achieve a prescribed financial objective.

We have nothing to report in respect of these matters.

Kenneth Wilson (for and on behalf of PricewaterhouseCoopers LLP)
141 Bothwell Street
Glasgow
G2 7EQ

16 June 2015

STATEMENT OF CONSOLIDATED COMPREHENSIVE NET EXPENDITURE AND SUMMARY OF RESOURCE OUTTURN FOR THE YEAR ENDED 31 MARCH 2015

	Note	2015	Restated 2014
		£'000	£'000
Clinical services costs			
Hospital and community	4	763,328	743,836
Less: Hospital and community income	8	136,711	137,878
		626,617	605,958
Family health	5	192,515	187,434
Less: Family health income	8	7,048	6,853
		185,467	180,581
Total clinical services costs		**812,084**	**786,539**
Administration costs	6	5,008	4,972
Less: Administration income	8	46	19
		4,962	4,953
Other Non clinical services	7	22,698	26,002
Less: Other operating income	8	5,832	17,331
		16,866	8,671
Net operating costs	33a	**833,912**	**800,163**

OTHER COMPREHENSIVE NET EXPENDITURE

	Note	2015	2014
		£'000	£'000
Net (gain)/loss on revaluation of property plant and equipment		(2,691)	(8,970)
Net (gain) loss on revaluation of available for sale financial assets		(932)	(1,607)
Other Comprehensive Expenditure		(3,623)	(10,577)
Total comprehensive expenditure		**830,289**	**789,586**

Total net operating costs include Tayside NHS Board Endowment Fund net operating costs of £2.6.m. This expenditure was at the discretion of the Trustees of the Endowment Fund and followed the charitable objectives of the Endowment Fund and the expressed wishes of the donors of charitable gifts. The strategy of the Endowment Fund is to benefit patients by purchasing supplementary and complementary equipment and services, which is additional to that which would be provided in the normal course of service delivery. The Endowment Fund also supports pioneering services on a pilot basis and research activity.

The prior year figures have been restated due to a prior year adjustment in respect of the litigation provision and the reclassification of hospital closure costs. (Note 25).

The Notes to the Accounts, numbered 1 to 33, form an integral part of these Accounts.

SUMMARY OF CORE REVENUE RESOURCE OUTTURN	Note	£'000
Net operating costs	SOCNE	**833,912**
Total non core expenditure (see below)		(46,194)
Family Health Service non discretionary allocation		(41,134)
Donated asset income	3, 9	242
Endowment Net Operating Costs		(2,631)
Total core expenditure		**744,195**
Core Revenue Resource Limit		744,253
Saving/(excess) against core Revenue Resource Limit		**58**

SUMMARY OF NON CORE REVENUE RESOURCE OUTTURN	
Capital grants to other bodies	207
Depreciation/amortisation	18,038
Annually Managed Expenditure – Impairments	7,689
Annually Managed Expenditure – Creation of provisions	3,913
Annually Managed Expenditure – Depreciation of donated assets	572
Additional SGHSCD non-core funding	11,904
AME – Pension Valuation	906
IFRS PFI expenditure	2,965
Total non core expenditure	46,194
Non core Revenue Resource Limit	46,194
Saving/(excess) against non core Revenue Resource Limit	0

SUMMARY RESOURCE OUTTURN	Resource	Expenditure	Saving/ (excess)
	£'000	£'000	£'000
Core	744,253	744,195	58
Non core	46,194	46,194	0
Total	**790,447**	**790,389**	**58**

BALANCE SHEET FOR THE YEAR ENDED 31 MARCH 2015

	Note	Consolidated 2015 £'000	Board 2015 £'000	Restated Consolidated 2014 £'000	Restated Board 2014 £'000
Non-current assets					
Property, plant and equipment	11	513,263	512,893	523,784	523,316
Intangible assets	10	423	423	440	440
Financial assets: Available for sale financial assets	14	25,485	1	27,665	1
Trade and other receivables	13	56	56	21	21
Total non-current assets		**539,227**	**513,373**	**551,910**	**523,778**
Current assets					
Inventories	12	7,681	7,667	5,893	5,884
Financial assets: Trade and other receivables	13	61,533	61,508	65,132	65,366
Cash and cash equivalents	15	380	43	202	42
Available for sale financial assets	14	741	741	0	0
Assets classified as held for sale	11c	7,053	7,053	9,954	9,954
Total current assets		**77,388**	**77,012**	**81,181**	**81,246**
Total assets		**616,615**	**590,385**	**633,091**	**605,024**
Current liabilities					
Provisions	17	(54,363)	(54,363)	(59,641)	(59,641)
Financial liabilities: Trade and other payables	16	(75,279)	(75,116)	(72,568)	(72,265)
Total current liabilities		**(126,642)**	**(129,479)**	**(132,209)**	**(131,906)**
Total assets less current liabilities		**486,973**	**460,906**	**500,882**	**473,118**
Non-current liabilities					
Provisions	17	(12,988)	(12,988)	(6,941)	(6,941)
Financial liabilities: Trade and other payables	16	(94,645)	(94,645)	(96,099)	(96,099)
Total non-current liabilities		**(107,633)**	**(107,633)**	**(103,040)**	**(103,040)**
Assets less liabilities		**379,340**	**353,273**	**397,842**	**370,078**
Taxpayers' Equity					
General fund	SOCTE	152,648	152,648	172,028	172,028
Revaluation reserve	SOCTE	200,625	200,625	198,050	198,050
Funds held on Trust		26,067	0	27,764	0
Total taxpayers' equity		**379,340**	**353,273**	**397,842**	**370,078**

The financial statements on pages 38 to 99 were approved by the Board on 16 June 2015

……Ian S McDonald, Director of Finance

……Lesley McLay, Chief Executive

Net funds held on Trust of £26.1m (2014: £27.8m) represent the net assets of the Tayside NHS Board Endowment Fund, a discrete charitable body. The net assets of the Endowment Fund are managed and accounted for in accordance with charitable guidelines, separately from those of the Board, and are used at the discretion of the Trustees for the strategic objectives of the Endowment Fund, which are to benefit patients by purchasing supplementary and complementary equipment and services, which are additional to that which would be provided in the normal course of service delivery. The Endowment Fund also supports pioneering services and research activity.

The prior year figures have been restated due to a prior year adjustment in respect of the litigation provision. (Note 25).

The Notes to the Accounts, numbered 1 to 33, form an integral part of these accounts.

STATEMENT OF CONSOLIDATED CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2015

	Note	2015 £'000	Restated 2014 £'000
Cash flows from operating activities			
Net operating cost	SOCNE	(833,912)	(800,163)
Adjustments for non-cash transactions	3	28,429	33,885
Add back: interest payable recognised in net operating cost	3	9,882	10,005
Increase in trade and other receivables	33C	3,688	(14,598)
Increase in inventories	33C	(1,788)	(484)
Increase in trade and other payables	33C	2,471	837
Increase in provisions	33C	769	3,775
Net cash outflow from operating activities		**(790,461)**	**(766,743)**
Cash flows from investing activities			
Purchase of property, plant and equipment	11a	(14,921)	(14,612)
Purchase of intangible assets	10	(146)	(100)
Investment additions		(3,075)	(2,155)
Proceeds of disposal of property, plant and equipment		2,668	771
Receipts from sale of investments		5,548	7,138
Net cash outflow from investing activities		**(9,926)**	**(8,958)**
Cash flows from financing activities			
Funding	SOCTE	811,785	786,991
Movement in general fund working capital	SOCTE	318	(457)
Cash drawn down		812,103	786,534
Capital element of payments in respect of finance leases and on-balance sheet PFI /PPP/NPD contracts		(1,339)	(1,238)
Interest paid	3	(412)	(492)
Interest element of finance leases and on-balance sheet PFI/PPP/NPD contracts	3	(9,470)	(9,513)
Net financing		**800,882**	**775,291**
Net (decrease)/increase in cash and cash equivalents in the period		**495**	**(410)**
Cash and cash equivalents at the beginning of the period		**(2,880)**	**(2,470)**
Cash and cash equivalents at the end of the period		**(2,385)**	**(2,880)**
Reconciliation of net cash flow to movement in net debt/cash			
Increase/(decrease) in cash in year		495	(410)
Net debt at 1 April	15	(2,880)	(2,470)
Net debt at 31 March	15	**(2,385)**	**(2,880)**

The prior year figures have been restated due to a prior year adjustment in respect of the litigation provision. (Note 25).

The Notes to the Accounts, numbered 1 to 33, form an integral part of these Accounts

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS` EQUITY FOR THE YEAR ENDED 31 MARCH 2015

	Note	General Fund £'000	Revaluation Reserve £'000	Funds held on Trust £'000	Total Reserves £'000
Restated Balance at 1 April 2014	25	**172,028**	**198,050**	**27,764**	**397,842**
Changes in taxpayers' equity for 2014-15					
Net gain/(loss) on revaluation/indexation of property plant and equipment	11	0	2,691	2	2,693
Net gain/(loss) on revaluation of available for sale financial assets		0	0	932	932
Impairment of property, plant and equipment	11	0	(7,828)	0	(7,828)
Revaluation & impairments taken to operating costs	3	0	7,828	0	7,828
Transfers between reserves		116	(116)	0	0
Net operating cost for the year		(831,281)	0	(2,631)	(833,912)
Total recognised income and expense for 2014-15		(831,165)	2,575	(1,697)	(830,287)
Funding:					
Drawn down		812,103	0	0	812,103
Movement in general fund payable		(318)	0	0	(318)
Balance at 31 March 2015	BS	**152,648**	**200,625**	**26,067**	**379,340**

The Notes to the accounts, numbered 1 to 33, form an integral part of these Accounts.

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS` EQUITY – PRIOR YEAR
FOR THE YEAR ENDED 31 MARCH 2014

	Note	General Fund	Revaluation Reserve	Funds held on Trust	Total Reserves
		£'000	£'000	£'000	£'000
Balance at 1 April 2013		202,848	189,121	31,260	423,229
Prior year adjustments for changes in accounting policy and material errors	25	(22,792)			(22,792)
Restated Balance at 1 April 2013		**180,056**	**189,121**	**31,260**	**400,437**
Changes in taxpayers' equity for 2013-14					
Net gain/(loss) on revaluation/indexation of property plant and equipment	11		8,965	5	8,970
Net gain/(loss) on revaluation of available for sale financial assets				1,607	1,607
Impairment of property, plant and equipment	11		(13,675)		(13,675)
Revaluation & impairments taken to operating costs	3		13,675		13,675
Transfers between reserves		36	(36)		0
Net operating cost for the year		(795,055)		(5,108)	(800,163)
Total recognised income and expense for 2013-14		(795,019)	8,929	(3,496)	(789,586)
Funding:					
Drawn down		786,534			786,534
Movement in general fund payable		457			457
Balance at 31 March 2014	BS	**172,028**	**198,050**	**27,764**	**397,842**

The Notes to the accounts, numbered 1 to 33, form an integral part of these Accounts.

TAYSIDE HEALTH BOARD

ACCOUNTING POLICIES

NOTE 1:

1. Authority

In accordance with the accounts direction issued by Scottish Ministers under section 19(4) of the Public Finance and Accountability (Scotland) Act 2000 appended, these Accounts have been prepared in accordance with the Government Financial Reporting Manual (FReM) issued by HM Treasury, which follows International Financial Reporting Standards as adopted by the European Union (IFRSs as adopted by the EU), International Financial Reporting Interpretations Committee (IFRIC) interpretations and the Companies Act 2006 to the extent that they are meaningful and appropriate to the public sector. They have been applied consistently in dealing with items considered material in relation to the accounts.

The preparation of financial statements in conformity with IFRS requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements are disclosed in section 30 below.

(a) Standards, amendments and interpretations effective in 2014-15

There are no new standards, amendments or interpretations effective for the first time in 2014-15.

(b) Standards, amendments and interpretation early adopted in 2014-15

There are no new standards, amendments or interpretations early adopted in 2014-15.

2. Basis of Consolidation

As directed by the Scottish Ministers and in accordance with International Accounting Standard 27, the financial statements consolidate the Tayside NHS Board Endowment Funds. Transactions between the Board and the Tayside NHS Board Endowment Funds are eliminated on consolidation as set out in Note 33 to the financial statements.

Tayside NHS Board Endowment Funds were established by the NHS (Scotland) Act 1978 and are also registered with the Office of the Charity Regulator (OSCR). The accounts of the Endowment Funds are prepared in accordance with the applicable UK accounting standards, the Statement of Recommended Practice – Accounting and Reporting by Charities (SORP 2005) and comply with the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.

3. Retrospective Restatement – Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)

CNORIS is a risk transfer and financing scheme for NHS Scotland. Further details about CNORIS are set out at Note 17a to the accounts.

The change in the accounting treatment in 2014/15 relates to the recognition of the Board's respective share of the total liability of NHS Scotland as advised by the Scottish Government, based on information prepared by NHS Boards and the Central Legal Office. In order to ensure consistency, equivalent adjustments have been made to the position of the prior years as follows:

	31 March 2014	31 March 2013
Provision recognising the Board's liability from participation in CNORIS	£17,173,000	£22,792,000

The additional provision and the movement between financial years is matched by a corresponding adjustment in Annually Managed Expenditure provision and is classified as non-core expenditure.

4. Going Concern

The accounts are prepared on the going concern basis, which provides that the entity will continue in operational existence for the foreseeable future.

5. Accounting Convention

The Accounts are prepared on a historical cost basis, as modified by the revaluation of property, plant and equipment, intangible assets, inventories, available-for-sale financial assets and financial assets and liabilities (including derivative instruments) at fair value.

6. Funding

6.1 Tayside Health Board

Most of the expenditure of the Health Board as Commissioner is met from funds advanced by the Scottish Government within an approved revenue resource limit. Cash drawn down to fund expenditure within this approved revenue resource limit is credited to the general fund.

Brokerage is additional funding advanced to the Board by Scottish Government, but which is repayable in future years. The cash drawn down is credited to the general fund.

All other income receivable by the board that is not classed as funding is recognised in the year in which it is receivable.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Non discretionary funding outwith the RRL is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, dental or ophthalmic services identified by the Scottish Government. Non discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the RRL in the Statement of Resource Outturn.

Funding for the acquisition of capital assets received from the Scottish Government is credited to the general fund when cash is drawn down.

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in the Statement of Comprehensive Net Expenditure except where it results in the creation of a non-current asset such as property, plant and equipment.

6.2 Tayside NHS Board Endowment Funds
Voluntary income from donations, gifts and legacies is recognised when the Endowment Fund is entitled to regard such income as receivable. Investment income is stated gross of taxation recoverable and is also accounted for on an accruals basis.

Expenditure is accounted for on an accruals basis and is recognised once there is a legal or constructive obligation committing the Endowment Fund to the expenditure.

7. Property, Plant and Equipment

The treatment of non-current assets in the financial statements (capitalisation, valuation, depreciation, particulars concerning donated assets) is in accordance with the NHS Capital Accounting Manual.

Title to properties included in the accounts of Tayside Health Board is held by Scottish Ministers.

7.1 Recognition

Property, Plant and Equipment is capitalised where: it is held for use in delivering services or for administrative purposes; it is probable that future economic benefits will flow to, or service potential be provided to, the Board; it is expected to be used for more than one financial year; and the cost of the item can be measured reliably.

All assets falling into the following categories are capitalised:

1) Property, plant and equipment assets which are capable of being used for a period which could exceed one year, and have a cost equal to or greater than £5,000.

2) In cases where a new hospital would face an exceptional write off of items of equipment costing individually less than £5,000, the Board has the option to capitalise initial revenue equipment costs with a standard life of 10 years.

3) Assets of lesser value may be capitalised where they form part of a group of similar assets purchased at approximately the same time and cost over £20,000 in total, or where they are part of the initial costs of equipping a new development and total over £20,000.

7.2 Measurement

Valuation:
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at fair value as follows:

Specialised NHS land, buildings, equipment, installations and fittings are stated at depreciated replacement cost, as a proxy for fair value as specified in the FReM.

Non specialised land and buildings, such as offices, are stated at fair value.

Valuations of all land and buildings assets within Tayside Health Board have been reassessed as at 31 January 2015 by a consortium of independent professional valuers appointed by the Board. The valuers have stated that there will only be a nominal difference in valuation between 31 January 2015 and 31 March 2015. The valuations are carried out in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual insofar as these terms are consistent with the agreed requirements of the Scottish Government.

Non specialised equipment, installations and fittings are valued at fair value. Boards value such assets using the most appropriate valuation methodology available (for example, appropriate indices). A depreciated historical cost basis as a proxy for fair value in respect of such assets which have short useful lives or low values (or both).

Assets under construction are valued at current cost. This is calculated by the expenditure incurred to which an appropriate index is applied to arrive at current value. These are also subject to impairment review.

To meet the underlying objectives established by the Scottish Government the following accepted variations of the RICS Appraisal and Valuation Manual have been required:

Specialised operational assets are valued on a modified replacement cost basis to take account of modern substitute building materials and locality factors only.

Subsequent expenditure:

Subsequent expenditure is capitalised into an asset's carrying value when it is probable the future economic benefits associated with the item will flow to the Board and the cost can be measured reliably. Where subsequent expenditure does not meet these criteria the expenditure is charged to the Statement of Comprehensive Net Expenditure. If part of an asset is replaced, then the part it replaces is de-recognised, regardless of whether or not it has been depreciated separately.

Revaluations and Impairment:

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in the Statement of Comprehensive Net Expenditure, in which case they are recognised as income. Movements on revaluation are considered for individual assets rather than groups or land/buildings together.

Decreases in asset values are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to the Statement of Comprehensive Net Expenditure. Impairments are charged to the Statement of Comprehensive Net Expenditure.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Other Comprehensive Expenditure.

7.3 Depreciation

Items of Property, Plant and Equipment are depreciated to their estimated residual value over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Depreciation is charged on each main class of tangible asset as follows:

1) Freehold land is considered to have an infinite life and is not depreciated.

2) Assets in the course of construction and residual interests in off-balance sheet PFI contract assets are not depreciated until the asset is brought into use or reverts to the Board, respectively.

3) Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification.

4) Buildings, installations and fittings are depreciated on current value over the estimated remaining life of the asset, as advised by the appointed valuer. They are assessed in the context of the maximum useful lives for building elements.

5) Equipment is depreciated over the estimated life of the asset.

6) Property, plant and equipment held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

Depreciation is charged on a straight line basis. The following asset lives have been used:

Asset Category/Component	Useful Life (years)
Structure	25-100
Engineering	25-70
External Plant	25-50
Medical Equipment	3-15
Catering Equipment	5-15
General Equipment	4-15
Furniture	8-12
Fire Prevention Equipment	12-18
Mainframe information technology installations	2-8
Medical furniture	7-15
Telecommunication system	3-8
Vehicles	4-17
Initial Revenue Miscellaneous Equipment	10
Landscaping	15-30
Services	10-31
Surfacing	5-15
Fixed Plant	10-25
Internal upgrade to fabric of building	12-25

8. Intangible Assets

8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Board's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Board and where the cost of the asset can be measured reliably.

Intangible assets that meet the recognition criteria are capitalised when they are capable of being used in a Board's activities for more than one year and they have a cost of at least £5,000.

The main classes of intangible assets recognised are software licences and information technology software.

Internally generated intangible assets:
Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Board intends to complete the asset and sell or use it;
- the Board has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;

- adequate financial, technical and other resources are available to the Board to complete the development and sell or use the asset; and
- the Board can measure reliably the expenses attributable to the asset during development.

Expenditure so deferred is limited to the value of future benefits.

Software:
Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Software licences:
Purchased computer software licences are capitalised as intangible assets where expenditure of at least £5,000 is incurred.

8.2 Measurement

Valuation:
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Where an active (homogeneous) market exists, intangible assets are carried at fair value. Where no active market exists, the intangible asset is revalued, using indices or some suitable model, to the lower of depreciated replacement cost and value in use where the asset is income generating. Where there is no value in use, the intangible asset is valued using depreciated replacement cost. These measures are a proxy for fair value.

Revaluation and impairment:
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in the Statement of Comprehensive Net Expenditure, in which case they are recognised in income.

Decreases in asset values are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to the Statement of Comprehensive Net Expenditure. Impairments are charged to the Statement of Comprehensive Net Expenditure.

Intangible assets held for sale are reclassified to 'non-current assets held for sale' measured at the lower of their carrying amount or 'fair value less costs to sell'.

8.3 Amortisation

Intangible assets are amortised to their estimated residual value over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Amortisation is charged to the Statement of Comprehensive Net Expenditure on each main class of intangible asset as follows:

1) Software. Amortised over their expected useful life

2) Software licences. Amortised over the shorter term of the licence and their useful economic lives.

3) Intangible assets which has been reclassified as 'Held for Sale' ceases to be amortised upon the reclassification.

Amortisation is charged on a straight line basis. The following asset lives have been used:

Asset Category/Component	Useful Life (years)
Software	5
Software Licences	5

9. Non-current Assets Held for Sale

Non-current assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

10. Donated Assets

Non-current assets that are donated or purchased using donated funds are included in the Balance Sheet initially at the current full replacement cost of the asset. The accounting treatment, including the method of valuation, follows the rules in the NHS Capital Accounting Manual.

Properties held for investment by the Tayside NHS Board Endowment Funds are stated at current market value and are revalued annually by professional independent valuers with any resulting surplus or deficit credited or charged to income or expenditure.

11. Sale of Property, Plant and Equipment, Intangible Assets and Non-current Assets Held for Sale

Disposal of non-current assets is accounted for as a reduction to the value of assets equal to the net book value of the assets disposed. When set against any sales proceeds, the resulting gain or loss on disposal will be recorded in the Statement of Comprehensive Net Expenditure. Non-current assets held for sale will include assets transferred from other categories and will reflect any resultant changes in valuation.

12. Leasing

Finance Leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Board, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are initially recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The

implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability Assets held under finance leases are valued at their fair values and are depreciated over the remaining period of the lease in accordance with IFRS.

The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to interest payable in the Statement of Comprehensive Net Expenditure.

Operating Leases
Other leases are regarded as operating leases and the rentals are charged to expenditure on a straight-line basis over the term of the lease.

Leases of Land and Buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease unless title to the land is expected to transfer.

Leasing of Board Assets to Other Bodies
Income received from leasing assets to other bodies is accounted for as it falls due.

13. Impairment of Non-financial Assets

Assets that are subject to depreciation and amortisation are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use. Where an asset is not held for the purpose of generating cash flows, value in use is assumed to equal the cost of replacing the service potential provided by the asset, unless there has been a reduction in service potential. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash-generating units). Non-financial assets that suffer an impairment are reviewed for possible reversal of the impairment. Impairment losses charged to the Statement of Comprehensive Net Expenditure are deducted from future operating costs to the extent that they are identified as being reversed in subsequent revaluations.

14. General Fund Receivables and Payables

Where the Health Board has a positive net cash book balance at the year end, a corresponding creditor is created and the general fund debited with the same amount to indicate that this cash is repayable to the SGHSCD. Where the Health Board has a net overdrawn cash position at the year end, a corresponding debtor is created and the general fund credited with the same amount to indicate that additional cash is to be drawn down from the SGHSCD.

15. Inventories

Inventories are valued at the lower of cost and net realisable value. Taking into account the high turnover of NHS inventories, the use of average purchase price is deemed to represent current cost. Work in progress is valued at the cost of the direct materials plus the conversion costs and other costs incurred to bring the goods up to their present location, condition and degree of completion.

16. Losses and Special Payments

Operating expenditure includes certain losses which would have been made good through insurance cover had the NHS not been bearing its own risks. Had the NHS provided insurance cover, the insurance premiums would have been included as normal revenue expenditure.

17. Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the year in which the service is received from employees. The cost of annual leave and flexible working time entitlement earned but not taken by employees at the end of the year is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following year.

Pension Costs

The Board participates in the NHS Superannuation Scheme for Scotland providing defined benefits based on final pensionable pay, where contributions are credited to the Exchequer and are deemed to be invested in a portfolio of Government Securities. The Board is unable to identify its share of the underlying notional assets and liabilities of the scheme on a consistent and reasonable basis and therefore accounts for the scheme as if it were a defined contribution scheme, as required by IAS 19 'Employee Benefits'. As a result, the amount charged to the Statement of Comprehensive Net Expenditure represents the Board's employer contributions payable to the scheme in respect of the year. The contributions deducted from employees are reflected in the gross salaries charged and are similarly remitted to Exchequer. The pension cost is assessed every four years by the Government Actuary and determines the rate of contributions required. The most recent actuarial valuation is published by the Scottish Public Pensions Agency and is available on their website.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the Statement of Comprehensive Net Expenditure at the time the Board commits itself to the retirement, regardless of the method of payment.

18. Clinical and Medical Negligence Costs

Employing health bodies in Scotland are responsible for meeting medical negligence costs up to a threshold per claim. Costs above this threshold are reimbursed to Boards from a central fund held as part of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) by the Scottish Government.

The Board provides for all claims notified to the NHS Central Legal Office according to the value of the claim and the probability of settlement. Claims assessed as 'Category 3' are deemed most likely and provided for in full, those in 'Category 2' as 50% of the claim and those in 'Category 1' as 10%. The balance of the value of claims not provided for is disclosed as a contingent liability. This procedure is intended to estimate the amount considered to be the liability in respect of any claims outstanding and which will be recoverable from the Clinical Negligence and Other Risks Indemnity Scheme in the event of payment by an individual health body. The corresponding recovery in respect of amounts provided for is recorded as a debtor and that in respect of amounts disclosed as contingent liabilities are disclosed as contingent assets. The Board also provides for its respective share of the total liability of NHS Scotland as advised by the Scottish Government, based on information prepared by NHS Boards and the Central Legal Office.

19. Related Party Transactions

Material related party transactions are disclosed in the Note 29 in line with the requirements of IAS 24. Transactions with other NHS bodies for the commissioning of health care are summarised in Note 4.

20. Value Added Tax

Most of the activities of the Board are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

21. PFI/HUB/NPD Schemes

Transactions financed as revenue transactions through the Private Finance Initiative or alternatives, such as HUB or the Non Profit Distributing Model (NPD) are accounted for in accordance with IFRIC 12, *Service Concession Arrangements,* which sets out how they should be accounted for in the private sector and outlined in the FReM.

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-balance sheet' by the Board. The underlying assets are recognised as Property, Plant and Equipment and Intangible Assets at their fair value. An equivalent liability is recognised in accordance with IAS 17. Where it is not possible to separate the finance element from the service element of unitary payment streams this has been estimated from information provided by the operator and the fair values of the underlying assets. Assets are subsequently revalued in accordance with the treatment specified for their applicable asset categories.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services. The finance cost is calculated using the implicit interest rate for the scheme.

The service charge and the finance cost interest element are charged in the Statement of Comprehensive Net Expenditure.

22. Provisions

The Board provides for legal or constructive obligations that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated cash flows are discounted using the discount rate prescribed by HM Treasury.

23. Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the Board's control) are not recognised as assets, but are disclosed in Note 19 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 19, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

24. Corresponding Amounts

Corresponding amounts are shown for the primary statements and notes to the financial statements. Where the corresponding amounts are not directly comparable with the amount to be shown in respect of the current financial year, IAS 1 'Presentation of Financial Statements', requires that they should be adjusted and the basis for adjustment disclosed in a note to the financial statements.

25. Financial Instruments

Financial Assets

Classification
The Board classifies its financial assets in the following categories: loans and receivables, and available for sale. The classification depends on the purpose for which the financial assets were acquired. Management determines the classification of its financial assets at initial recognition.

(a) Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They are included in current assets, except for maturities greater than 12 months after the balance sheet date. These are classified as non-current assets. Loans and receivables comprise trade and other receivables and cash at bank and in hand in the balance sheet.

(b) Available-for-sale financial assets
Available-for-sale financial assets are non-derivatives that are either designated in this category or not classified in any of the other categories. They are included in non-current assets unless management intends to dispose of the investment within 12 months of the balance sheet date. Available-for-sale financial assets comprise investments.

Recognition and measurement
Financial assets are recognised when the Board becomes party to the contractual provisions of the financial instrument.

Financial assets are de-recognised when the rights to receive cash flows from the asset have expired or have been transferred and the Board has transferred substantially all risks and rewards of ownership.

(a) Loans and receivables
Loans and receivables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less provision for impairment. A provision for impairment of loans and receivables is established when there is objective evidence that the Board will not be able to collect all amounts due according to the original terms of the receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, and default or delinquency in payments (more than 30 days overdue) are considered indicators that the loan and receivable is impaired. The amount of the provision is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate. The carrying amount of the asset is reduced through the use of an allowance account, and the amount of the loss is recognised in the Statement of Comprehensive Net Expenditure. When a loan or receivable is uncollectible, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited in the Statement of Comprehensive Net Expenditure.

(b) Available-for-sale financial assets
Available-for-sale financial assets are initially recognised and subsequently carried at fair value. Changes in the fair value of financial assets classified as available for sale are recognised in equity in other reserves. When financial assets classified as available for sale are sold or impaired, the accumulated fair value adjustments recognised in equity are included in the Statement of Comprehensive Net Expenditure. Dividends on available-for-sale equity instruments are recognised in the Statement of Comprehensive Net Expenditure when the Board's right to receive payments is established.

Investments in equity instruments that do not have a quoted market price in an active market and whose fair value cannot be reliably measured are measured at cost less impairment.

The Board assesses at each balance sheet date whether there is objective evidence that a financial asset or a group of financial assets is impaired. In the case of equity securities classified as available for sale, a significant or prolonged decline in the fair value of the security below its cost is considered as an indicator that the securities are impaired. If any such evidence exists for available-for-sale financial assets, the cumulative loss – measured as the difference between the acquisition cost and the current fair value, less any impairment loss on that financial asset previously recognised in profit or loss – is removed from equity and recognised in the Statement of Comprehensive Net Expenditure. Impairment losses recognised in the Statement of Comprehensive Net Expenditure on equity instruments are not reversed through the income statement.

Financial Liabilities

Classification
The Board classifies its financial liabilities in the category of other financial liabilities. The classification depends on the purpose for which the financial liabilities were issued. Management determines the classification of its financial liabilities at initial recognition.

Other financial liabilities
Other financial liabilities are included in current liabilities, except for maturities greater than 12 months after the balance sheet date. These are classified as non-current liabilities. The Board's other financial liabilities comprise trade and other payables in the balance sheet.

Recognition and measurement
Financial liabilities are recognised when the Board becomes party to the contractual provisions of the financial instrument. A financial liability is removed from the balance sheet when it is extinguished, that is when the obligation is discharged, cancelled or expired.

Other financial liabilities are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method.

26. Segmental Reporting

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision-maker, who is responsible for allocating resources and assessing performance of the operating segments.

Operating segments are unlikely to directly relate to the analysis of expenditure shown in Notes 4 to 7 for Hospital & Community, Family Health and Other Service and Administration Costs, the basis of which relates to Scottish Government funding streams and the classification of which varies depending on Scottish Government reporting requirements.

27. Cash and Cash Equivalents

Cash and cash equivalents includes cash in hand, deposits held at call with banks, cash balances held with the Government Banking Service, balances held in commercial banks and other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the balance sheet. Where the Government Banking Service is using Citibank and Royal Bank of Scotland Group to provide the banking services, funds held in these accounts should not be classed as commercial bank balances.

28. Foreign Exchange

The functional and presentational currencies of the Board are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.
Where the Board has assets or liabilities denominated in a foreign currency at the balance sheet date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;

- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and

- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the balance sheet date) are recognised in income or expenditure in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

29. Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Board has no beneficial interest in them. However, they are disclosed in Note 31 to the accounts in accordance with the requirements of HM Treasury's Financial Reporting Manual.

30. Key Sources of Judgement and Estimation Uncertainty

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The Board makes estimates and assumptions concerning the future. The resulting accounting estimates will, by definition, seldom equal the related actual results. The Board makes judgements in applying accounting policies. The estimates, assumptions and judgements that have a significant risk of a causing material adjustment to the carrying amounts of assets and liabilities within the financial statements within the next financial year are addressed below.

Clinical and Medical Negligence Costs

The Board's accounting policy relating to the provisions for clinical and medical negligence and other claims is described in section 18 above.

Pension Provision

The pension provision is calculated using information received from the Scottish Public Pension Agency (SPPA) relating to former Board employees for whom the Board has an ongoing pension liability. The provision is calculated using information obtained from SPPA and applicable discount rates for future payments are provided by HM Treasury.

Pay Accruals

The holiday pay and flexible working hours accrual is based on an historic analysis of payroll data adjusted for in year movements in staff numbers, pay awards and the amount of leave taken in the year as recorded in the payroll system. The general pay accrual recognises the Board's commitment to future payments in respect of Agenda for Change reviews, public holidays during maternity leave and unsocial hours entitlement during periods of annual leave.

Assessment of Leases

Leases are assessed under IFRS as being operating or finance leases, which determines their accounting treatment. The criteria for assessment are to a certain extent subjective, but a consistent approach has been taken through use of a standard template which sets out the relevant criteria.

Valuation of Estate

The land and buildings held by the Board are revalued annually by independent valuers. Judgements are made about the status of property which affects the valuation methodology.

NOTE 2(a): STAFF NUMBERS AND COSTS

	Executive Board Members £'000	Non Executive Members £'000	Permanent Staff £'000	Inward Secondees £'000	Other Staff £'000	Outward Secondees £'000	2015 Total £'000	2014 Total £'000
STAFF COSTS								
Salaries and wages	653	173	405,417	0	0	0	406,243	391,561
Social security costs	78	8	31,996	0	0	0	32,082	31,578
NHS scheme employers' costs	62	0	49,392	0	0	0	49,454	48,028
Secondees	0	0	0	10,143	0	(9,444)	699	2,384
Agency staff	0	0	0	0	7,064	0	7,064	4,197
TOTAL	**793**	**181**	**486,805**	**10,143**	**7,064**	**(9,444)**	**495,542**	**477,748**
Included in the total staff costs above were costs of staff engaged directly on capital projects, charged to capital expenditure of:							508	543

STAFF NUMBERS
(EMPLOYEES BY WHOLE TIME EQUIVALENT)

	2015 Annual Mean	2014 Annual Mean
Administration	65.7	68.8
Hospital and community services	11,674.8	11,567.3
Non clinical services	99.7	94.0
Other, including recharge trading accounts	6.1	5.7
Inward secondees	161.1	126.3
Agency staff	74.0	60.6
Outward secondees	(218.8)	(219.1)
Board total average staff	**11,862.6**	**11,703.6**
Disabled staff	59.0	54.0
The total number of staff engaged directly on capital projects, included in staff numbers above and charged to capital expenditure was:	13.3	13.7

Staff pension benefits are provided through the NHS Superannuation Scheme for Scotland. Details of the scheme can be found in Note 24.

NOTE 2 (b) HIGHER PAID EMPLOYEES REMUNERATION

			2015 Number	Restated 2014 Number
Other employees whose remuneration fell within the following ranges:				
Clinicians				
£50,000	to	£60,000	248	233
£60,001	to	£70,000	112	120
£70,001	to	£80,000	74	59
£80,001	to	£90,000	67	83
£90,001	to	£100,000	58	59
£100,001	to	£110,000	53	45
£110,001	to	£120,000	48	58
£120,001	to	£130,000	58	42
£130,001	to	£140,000	32	36
£140,001	to	£150,000	29	29
£150,001	to	£160,000	38	33
£160,001	to	£170,000	20	22
£170,001	to	£180,000	7	10
£180,001	to	£190,000	6	5
£190,001	to	£200,000	1	1
£200,001	and	above	2	1
		TOTAL	**853**	**836**
Other				
£50,000	to	£60,000	48	50
£60,001	to	£70,000	23	23
£70,001	to	£80,000	18	17
£80,001	to	£90,000	5	4
£90,001	to	£100,000	3	2
£100,001	to	£110,000	1	2
		TOTAL	**98**	**98**

Note: Clinicians are staff directly providing patient care, including medical, nursing, allied health professions, radiography, scientific, clinical psychology and pharmacy staff.

The corresponding amounts have been restated. The change is presentational and does not impact on the reported outturn for the previous year**.**

NOTE 3. OTHER OPERATING COSTS

	Note	2015 £'000	Restated 2014 £'000
Expenditure Not Paid In Cash			
Depreciation	11	20,836	20,748
Amortisation	10	163	337
Depreciation donated assets	11b	572	488
Impairments on property, plant and equipment charged to SOCNE	11	6,361	13,675
Loss on remeasurement of non-current assets held for sale		1,467	0
Funding of donated assets	SORO	(242)	(1,110)
(Profit)/loss on disposal of property, plant and equipment		(728)	(253)
Total Expenditure Not Paid In Cash	CSF	**28,429**	**33,885**
Interest Payable			
PFI Finance lease charges allocated in the year	23	8,900	8,991
Other finance lease charges allocated in the year		570	522
Provisions – unwinding of discount	17	412	492
Total	**CSF**	**9,882**	**10,005**
Statutory Audit			
External auditor's remuneration and expenses		**251**	**252**

The corresponding amounts have been restated. The change is presentational and does not impact on the reported outturn for the previous year.

NOTE 4. HOSPITAL AND COMMUNITY HEALTH SERVICES

	Note	2015 £'000	Restated 2014 £'000
BY PROVIDER			
Treatment in board area of NHSScotland patients		707,304	687,050
Other NHSScotland bodies		16,696	18,434
Health bodies outside Scotland		691	843
Primary care bodies (out of hours)		5,631	5,688
Private sector		7,324	7,239
Community care			
Resource transfer		20,277	19,414
Other healthcare (including Contributions to Voluntary Bodies and Charities)		4,425	4,338
Total NHSScotland patients		**762,348**	**743,006**
Treatments of UK residents based outside Scotland		980	830
Total hospital & community health service	SOCNE	**763,328**	**743,836**

The corresponding amounts have been restated to include a prior year adjustment for the reclassification of hospital closure costs.

NOTE 5. FAMILY HEALTH SERVICE EXPENDITURE

	Note	Unified Budget £'000	Non-discretionary £'000	2015 Total £'000	2014 Total £'000
Primary medical services		62,461	0	62,461	61,540
Pharmaceutical services		80,866	12,464	93,330	89,706
General dental services		2,459	26,461	28,920	28,310
General ophthalmic services		73	7,731	7,804	7,878
Total	SOCNE	**145,859**	**46,656**	**192,515**	**187,434**

NOTE 6. ADMINISTRATION COSTS

	Note	2015 £'000	2014 £'000
Board members' remuneration	2 (a)	974	981
Administration of board meetings and committees		192	178
Corporate governance and statutory reporting		1,220	1,153
Health planning, commissioning and performance reporting		928	1,020
Treasury management and financial planning		909	854
Public relations		241	217
Other		544	569
Total administration costs	SOCNE	**5,008**	**4,972**

NOTE 7. OTHER NON CLINICAL SERVICES

	2015 £'000	Restated 2014 £'000
Nurse teaching	12	13
Closed Hospital Charges	489	491
Compensation payments – clinical	4,362	6,820
Compensation payments – other	551	145
Pension enhancement & redundancy	209	154
Patients' travel attending hospitals	296	353
Health promotion	3,028	2,898
Public health	2,113	1,997
Public health medicine trainees	175	193
Emergency planning	210	238
Shared services	490	661
Endowment expenditure	4,729	7,632
Other	6,034	4,407
Total other non clinical services SOCNE	**22,698**	**26,002**

Note: Expenditure reported against 'Other' includes the following: - CNORIS contribution £ 3.0m (2014 £1.7m), IC&T infrastructure £0.6m (2014 £0.4m) and Additional cost of teaching £1.6m (2014 £1.6m).

The corresponding amounts have been restated to include a prior year adjustment for litigation expenditure and the reclassification of hospital closure costs.

NOTE 8. OPERATING INCOME

	Note	2015 £'000	2014 £'000
HCH Income			
NHSScotland bodies			
- SGHSCD		610	798
- Boards		108,648	109,184
NHS Non-Scottish bodies		1,274	1,011
Non NHS			
Private patients		225	200
Compensation income		1,031	1,184
Other HCH income		24,923	25,501
Total HCH income	SOCNE	**136,711**	**137,878**
FHS Income			
Unified		1,526	1,465
Non discretionary			
General dental services		5,517	5,383
General ophthalmic services		5	5
Total FHS income	SOCNE	**7,048**	**6,853**
Administration income	SOCNE	**46**	**19**
Other operating Income			
NHSScotland bodies		596	530
SGHSCD		196	120
Contributions in respect of clinical/medical claims		1,422	12,029
Profit on disposal of non-current assets		728	254
Donated asset additions		242	1,111
Shared services		490	662
Endowment Income		2,098	2,524
Other		60	101
Total other operating income	SOCNE	**5,832**	**17,331**
Total income		**149,637**	**162,081**
Of the above, the amount derived from NHSScotland bodies is		**109,282**	**110,734**

NOTE 9. ANALYSIS OF CAPITAL EXPENDITURE

	Note	2015 £'000	2014 £'000
EXPENDITURE			
Acquisition of intangible assets	10	146	100
Acquisition of property, plant and equipment	11	14,921	14,612
Donated asset additions	11b	242	1,110
HUB		741	0
Gross capital expenditure		**16,050**	**15,822**
INCOME			
Net book value of disposal of property, plant and equipment	11a	78	318
Net book value of disposal of Donated Assets		100	0
Value of disposal of non-current assets held for sale	11c	1,862	200
HUB – Repayment of Investment		0	0
Donated asset income	SORO	242	1,111
Capital income		**2,282**	**1,629**
Net capital expenditure		**13,768**	**14,193**

SUMMARY OF CAPITAL RESOURCE OUTTURN

Core capital expenditure included above	13,868	14,193
Core Capital Resource Limit	13,871	14,193
Saving/(excess) against Core Capital Resource Limit	**3**	**0**
Non core capital expenditure included above	0	0
Non core Capital Resource Limit	0	0
Saving/(excess) against Non Core Capital Resource Limit	**0**	**0**
Total Capital expenditure	13,868	14,193
Total Capital Resource Limit	13,871	14,193
Saving/(excess) against Total Capital Resource Limit	**3**	**0**

NOTE 10. INTANGIBLE ASSETS - 2015- CONSOLIDATED AND BOARD

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		Software Licences	Information Technology Software	Total
		£'000	£'000	£'000
Cost or Valuation				
As at 1st April 2014		2,074	321	2,395
Additions		39	107	146
Disposals		(803)	(11)	(814)
At 31 March 2015		**1,310**	**417**	**1,727**
Amortisation				
At 1 April 2014		1,637	318	1,955
Provided during the year		160	3	163
Disposals		(803)	(11)	(814)
At 31 March 2015		**994**	**310**	**1,304**
Net Book Value at 1 April 2014		**437**	**3**	**440**
Net Book Value at 31 March 2015	BS	**316**	**107**	**423**

INTANGIBLE ASSETS – 2014 – CONSOLIDATED AND BOARD

Cost or Valuation				
As at 1 April 2013		1,974	321	2,295
Additions		100	0	100
At 31 March 2014		**2,074**	**321**	**2,395**
Amortisation				
At 1 April 2013		1,344	274	1,618
Provided during the year		293	44	337
At 31 March 2014		**1,637**	**318**	**1,955**
Net Book Value at 1 April 2013		**630**	**47**	**677**
Net Book Value at 31 March 2014		**437**	**3**	**440**

NOTE 11. (a) PROPERTY, PLANT AND EQUIPMENT (Purchased Assets) – CONSOLIDATED AND BOARD

		Land (including under buildings)	Buildings (excluding dwellings)	Dwellings	Transport Equipment	Plant and Machinery	Information Technology	Furniture and Fittings	Assets Under Construction	Total
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation										
at 1 April 2014		20,343	456,890	3,927	3,556	110,623	12,377	1,061	5,267	614,044
Additions		0	10,433	0	105	2,145	839	128	1,271	14,921
Completions		0	1,966	0	0	0	0	0	(1,966)	0
Transfers to non-current assets held for sale		(14)	(225)	(81)	0	0	0	0	0	(320)
Revaluation		14	(6,376)	(151)	0	0	0	0	0	(6,513))
Impairment Charge		0	(4,246)	0	0	0	0	0	(1,062)	(5,308)
Disposals		0	0	0	(220)	(24,251)	(3,946)	(523)	(78)	(29,018))
At 31 March 2015		**20,343**	**458,442**	**3,695**	**3,441**	**88,517**	**9,270**	**666**	**3,432**	**587,806**
Depreciation										
at 1 April 2014		0	14,575	0	2,246	78,216	8,609	870	0	104,516
Provided during the year		0	12,706	191	308	6,367	1,230	34	0	20,836
Transfers (to)/from non-current assets held for sale		0	(1)	(1)	0	0	0	0	0	(2)
Revaluation		0	(9,482)	(190)	0	0	0	0	0	(9,672)
Disposals		0	0	0	(220)	(24,251)	(3,946)	(523)	0	(28,940)
At 31 March 2015		**0**	**17,798**	**0**	**2,334**	**60,332**	**5,893**	**381**	**0**	**86,738**
Net Book Value at 1 April 2014		**20,343**	**442,315**	**3,927**	**1,310**	**32,407**	**3,768**	**191**	**5,267**	**509,528**
Net Book Value at 31 March 2015	**BS**	**20,343**	**440,644**	**3,695**	**1,107**	**28,185**	**3,377**	**285**	**3,432**	**501,068**
Open Market Value of Land in Land and Dwellings included above		**20,343**		**0**						
Asset financing:										
Owned		20,343	323,391	3,695	1,107	28,185	3,377	285	3,432	383,815
Finance leased		0	8,630	0	0	0	0	0	0	8,630
On-balance sheet PFI contracts		0	108,623	0	0	0	0	0	0	108,623
Net Book Value at 31 March 2015		**20,343**	**440,644**	**3,695**	**1,107**	**28,185**	**3,377**	**285**	**3,432**	**501,068**

NOTE 11. (a) PROPERTY, PLANT AND EQUIPMENT (Purchased Assets) – PRIOR YEAR CONSOLIDATED AND BOARD

	Land (including under buildings)	Buildings (excluding dwellings)	Dwellings	Transport Equipment	Plant and Machinery	Information Technology	Furniture and Fittings	Assets Under Construction	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation									
at 1 April 2013	23,301	477,830	3,966	4,122	107,238	11,831	1,096	2,758	632,142
Additions	0	5,327	0	0	5,975	546	23	2,741	14,612
Transfers (to)/from non-current assets held for sale	(2,697)	(24,097)	0	0	0	0	0	0	(26,794)
Revaluation	(261)	(360)	(39)	0	0	0	0	0	(660)
Impairment Charge	0	(1,805)	0	0	0	0	0	0	(1,805)
Disposals	0	(5)	0	(566)	(2,590)	0	(58)	(232)	(3,451)
At 31 March 2014	**20,343**	**456,890**	**3,927**	**3,556**	**110,623**	**12,377**	**1,061**	**5,267**	**614,044**
Depreciation									
at 1 April 2013	0	20,087	0	2,413	74,303	7,478	900	0	105,181
Provided during the year	0	12,585	185	380	6,439	1,131	28	0	20,748
Transfers (to)/from non-current assets held for sale	0	(9,122)	0	0	0	0	0	0	(9,122)
Revaluation	0	(8,973)	(185)	0	0	0	0	0	(9,158)
Disposals	0	(2)	0	(547)	(2,526)	0	(58)	0	(3,133)
At 31 March 2014	**0**	**14,575**	**0**	**2,246**	**78,216**	**8,609**	**870**	**0**	**104,516**
Net Book Value at 1 April 2013	**23,301**	**457,743**	**3,966**	**1,709**	**32,935**	**4,353**	**196**	**2,758**	**526,961**
Net Book Value at 31 March 2014 BS	**20,343**	**442,315**	**3,927**	**1,310**	**32,407**	**3,768**	**191**	**5,267**	**509,528**
Open Market Value of Land in Land and Dwellings included above	**20,343**		**0**						
Asset financing:									
Owned	20,343	327,248	3,927	1,310	32,407	3,768	191	5,267	394,461
Finance leased	0	8,494	0	0	0	0	0	0	8,494
On-balance sheet PFI contracts	0	106,573	0	0	0	0	0	0	106,573
Net Book Value at 31 March 2014	**20,343**	**442,315**	**3,927**	**1,310**	**32,407**	**3,768**	**191**	**5,267**	**509,528**

NOTE 11. (b) PROPERTY, PLANT AND EQUIPMENT (Donated Assets) - CONSOLIDATED

	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Dwellings £'000	Transport Equipment £'000	Plant and Machinery £'000	Information Technology £'000	Furniture and Fittings £'000	Assets Under Construction £'000	Total £'000
Cost or valuation									
At 1 April 2014	17	13,066	133	19	3,252	389	91	0	16,967
Additions	0	0	0	0	175	67	0	0	242
Transfers to non-current assets held for sale	(17)	0	(95)	0	0	0	0	0	(112)
Revaluation	0	(771)	0	0	0	0	0	0	(771)
Impairment Charge	0	(1,015)	(38)	0	0	0	0	0	(1,053)
Disposals	0	(100)	0	0	(449)	0	0	0	(549)
At 31 March 2015	**0**	**11,180**	**0**	**19**	**2,978**	**456**	**91**	**0**	**14,724**
Depreciation									
At 1 April 2014	0	264	0	19	2,333	49	46	0	2,711
Provided during the year	0	303	2	0	177	85	5	0	572
Transfers to non-current assets held for sale	0	0	(2)	0	0	0	0	0	(2)
Revaluation	0	(303)	0	0	0	0	0	0	(303)
Disposals	0	0	0	0	(449)	0	0	0	(449)
At 31 March 2015	**0**	**264**	**0**	**19**	**2,061**	**134**	**51**	**0**	**2,529**
Net Book Value at 1 April 2014	**17**	**12,802**	**133**	**0**	**919**	**340**	**45**	**0**	**14,256**
Net Book Value at 31 March 2015	**0**	**10,916**	**0**	**0**	**917**	**322**	**40**	**0**	**12,195**
Open Market Value of Land in Land and Dwellings included above	**17**		**0**						
Asset financing:									
Owned	0	10,916	0	0	917	322	40	0	12,195
Net Book Value at 31 March 2015	**0**	**10,916**	**0**	**0**	**917**	**322**	**40**	**0**	**12,195**

NOTE 11. (b) PROPERTY, PLANT AND EQUIPMENT (Donated Assets) - BOARD

	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Dwellings £'000	Transport Equipment £'000	Plant and Machinery £'000	Information Technology £'000	Furniture and Fittings £'000	Assets Under Construction £'000	Total £'000
Cost or valuation									
At 1 April 2014	17	12,598	133	19	3,252	389	91	0	16,499
Additions	0	0	0	0	175	67	0	0	242
Transfers (to)/from non-current assets held for sale	(17)	0	(95)	0	0	0	0	0	(112)
Revaluation	0	(773)	0	0	0	0	0	0	(773)
Impairment Charge	0	(1,015)	(38)	0	0	0	0	0	(1,053)
Disposals	0	0	0	0	(449)	0	0	0	(449)
At 31 March 2015	**0**	**10,810**	**0**	**19**	**2,978**	**456**	**91**	**0**	**14,354**
Depreciation									
At 1 April 2014	0	264	0	19	2,333	49	46	0	2,711
Provided during the year	0	302	2	0	177	85	5	0	571
Transfers (to)/from non-current assets held for sale	0	0	(2)	0	0	0	0	0	(2)
Revaluation	0	(302)	0	0	0	0	0	0	(302)
Disposals	0	0	0	0	(449)	0	0	0	(449)
At 31 March 2015	**0**	**264**	**0**	**19**	**2,061**	**134**	**51**	**0**	**2,529**
Net Book Value at 1 April 2014	**17**	**12,334**	**133**	**0**	**919**	**340**	**45**	**0**	**13,788**
Net Book Value at 31 March 2015	**0**	**10,546**	**0**	**0**	**917**	**322**	**40**	**0**	**11,825**
Open Market Value of Land in Land and Dwellings included above	**17**		**0**						
Asset financing:									
Owned	0	10,546	0	0	917	322	40	0	11,825
Net Book Value at 31 March 2015	**0**	**10,546**	**0**	**0**	**917**	**322**	**40**	**0**	**11,825**

NOTE 11. (b) PROPERTY, PLANT AND EQUIPMENT (Donated Assets) – PRIOR YEAR CONSOLIDATED

	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Dwellings £'000	Transport Equipment £'000	Plant and Machinery £'000	Information Technology £'000	Furniture and Fittings £'000	Assets Under Construction £'000	Total £'000
Cost or valuation									
At 1 April 2013	17	13,387	133	19	3,007	38	58	0	16,659
Additions	0	442	0	0	284	351	33	0	1,110
Transfers (to)/from non-current assets held for sale	0	(963)	0	0	0	0	0	0	(963)
Revaluation	0	200	0	0	0	0	0	0	200
Disposals	0	0	0	0	(39)	0	0	0	(39)
At 31 March 2014	**17**	**13,066**	**133**	**19**	**3,252**	**389**	**91**	**0**	**16,967**
Depreciation									
At 1 April 2013	0	242	0	19	2,212	19	42	0	2,534
Provided during the year	0	289	5	0	160	30	4	0	488
Revaluation	0	(267)	(5)	0	0	0	0	0	(272)
Disposals	0	0	0	0	(39)	0	0	0	(39)
At 31 March 2014	**0**	**264**	**0**	**19**	**2,333**	**49**	**46**	**0**	**2,711**
Net Book Value at 1 April 2013	**17**	**13,145**	**133**	**0**	**795**	**19**	**16**	**0**	**14,125**
Net Book Value at 31 March 2014	**17**	**12,802**	**133**	**0**	**919**	**340**	**45**	**0**	**14,256**
Open Market Value of Land in Land and Dwellings included above	**17**		**0**						
Asset financing:									
Owned	17	12,802	133	0	919	340	45	0	14,256
Net Book Value at 31 March 2014	**17**	**12,802**	**133**	**0**	**919**	**340**	**45**	**0**	**14,256**

NOTE 11. (b) PROPERTY, PLANT AND EQUIPMENT (Donated Assets) – PRIOR YEAR BOARD

	Land (including under buildings) £'000	Buildings (excluding dwellings) £'000	Dwellings £'000	Transport Equipment £'000	Plant and Machinery £'000	Information Technology £'000	Furniture and Fittings £'000	Assets Under Construction £'000	Total £'000
Cost or valuation									
At 1 April 2013	17	12,924	133	19	3,007	38	58	0	16,196
Additions	0	442	0	0	284	351	33	0	1,110
Transfers (to)/from non-current assets held for sale	0	(963)	0	0	0	0	0	0	(963)
Revaluation	0	195	0	0	0	0	0	0	195
Disposals	0	0	0	0	(39)	0	0	0	(39)
At 31 March 2014	**17**	**12,598**	**133**	**19**	**3,252**	**389**	**91**	**0**	**16,499**
Depreciation									
At 1 April 2013	0	242	0	19	2,212	19	42	0	2,534
Provided during the year	0	289	5	0	160	30	4	0	488
Revaluation	0	(267)	(5)	0	0	0	0	0	(272)
Disposals	0	0	0	0	(39)	0	0	0	(39)
At 31 March 2014	**0**	**264**	**0**	**19**	**2,333**	**49**	**46**	**0**	**2,711**
Net Book Value at 1 April 2013	**17**	**12,682**	**133**	**0**	**795**	**19**	**16**	**0**	**13,662**
Net Book Value at 31 March 2014	**17**	**12,334**	**133**	**0**	**919**	**340**	**45**	**0**	**13,788**
Open Market Value of Land in Land and Dwellings included above	**17**		**0**						
Asset financing:									
Owned	17	12,334	133	0	919	340	45	0	13,788
Net Book Value at 31 March 2014	**17**	**12,334**	**133**	**0**	**919**	**340**	**45**	**0**	**13,788**

NOTE 11. (c) ASSETS HELD FOR SALE – CONSOLIDATED AND BOARD

The following properties are held for sale following the approval for sale by the Board, as they are surplus to requirements. The completion dates held for the sales are expected to be in the next financial year. The major properties are the former hospitals of Ashludie, Sunnyside, Irvine Memorial and Murray Royal, together with nine smaller properties situated throughout Tayside.

Property, Plant & Equipment			**Restated**
		2015	**2014**
	Note	**£'000**	**£'000**
At 1 April		9,954	3,389
Transfers from property, plant and equipment	11a/b	428	6,765
(Losses)/Gain recognised on remeasurement of non-current assets held for sale		(1,467)	0
Disposals of non-current assets held for sale		(1,862)	(200)
As at 31 March 2015	BS	**7,053**	**9,954**

Note: The directors believe that the carrying value of the assets is supported by their underlying net assets.

The corresponding amounts have been restated. The change is presentational and does not impact on the reported outturn.

NOTE 11. (d) PROPERTY, PLANT AND EQUIPMENT DISCLOSURES

		Consolidated	**Board**	**Consolidated**	**Board**
		2015	**2015**	**2014**	**2014**
	Note	**£'000**	**£'000**	**£'000**	**£'000**
Net book value of tangible non-current assets at 31 March					
Purchased	11a	501,068	501,068	509,528	509,528
Donated	11b	12,195	11,825	14,256	13,788
Total	BS	513,263	512,893	523,784	523,316
Net book value related to land valued at open market value at 31 March		25,629	25,629	28,957	28,957
Net book value related to buildings valued at open market value at 31 March		984	984	1,357	1,357
Total value of assets held under:					
Finance leases		8,630	8,630	8,494	8,494
PFI/PPP/NPD contracts		108,623	108,623	106,573	106,573
		117,253	117,253	115,067	115,067
Total depreciation charged in respect of assets held under:					
Finance leases		264	264	256	256
PFI/PPP/NPD contracts		2,960	2,960	2,877	2,877
		3,224	3,224	3,133	3,133

Land and buildings were fully revalued by a consortium of professional valuers led by GVA James Barr at 31 March 2015 on the basis of fair value (market value or depreciated replacement cost where appropriate). There were no indices applied to other tangible non-current assets at 31 March 2015. The net impact was an increase in value of £2.7m (2014: increase of £8.97m) which was credited (2014:credited) to the revaluation reserve.

NOTE 12. INVENTORIES

	Consolidated 2015 £'000	Board 2015 £'000	Consolidated 2014 £'000	Board 2014 £'000
Raw materials and consumables	7,095	7,081	5,333	5,333
Work in progress	109	109	105	105
Finished goods	477	477	455	446
Total Inventories	7,681	7,667	5,893	5,884

NOTE 13. TRADE AND OTHER RECEIVABLES

	Note	Consolidated 2015 £'000	Board 2015 £'000	Consolidated 2014 £'000	Board 2014 £'000
Receivables due within one year					
NHSScotland					
- SGHSCD		8	8	42	42
- Boards		5,825	5,825	6,698	6,698
Total NHSScotland receivables		5,833	5,833	6,740	6,740
NHS Non-Scottish bodies		591	591	837	837
General fund receivable		2,722	2,722	3,040	3,040
VAT recoverable		1,178	1,178	1,676	1,676
Prepayments		4,518	4,518	3,590	4,988
Accrued income		4,740	4,740	3,065	1,351
Other receivables		2,854	2,829	3,683	4,233
Reimbursement of provisions		38,178	38,178	41,211	41,211
Other public sector bodies		919	919	1,290	1,290
Total receivables due within one year	**BS**	**61,533**	**61,508**	**65,132**	**65,366**
Receivables due after more than one year	**BS**	**56**	**56**	**21**	**21**
TOTAL RECEIVABLES		**61,589**	**61,564**	**65,153**	**65,387**
The total receivables figure above includes a provision for impairments of:		251	251	247	247
Movements on the provision for impairment of receivables are as follows					
At 1 April		247	247	191	191
Provision for impairment		6	6	57	57
Receivables written off during the year as uncollectible		(2)	(2)	(1)	(1)
At 31 March		251	251	247	247
As of 31 March 2014, receivables with a carrying value of £251,468 (2014: £246,765) were fully impaired and provided for. The ageing of these receivables is as follows:					
3 to 6 months past due		112	112	62	62
Over 6 months past due		139	139	185	185
		251	251	247	247

NOTE 13. TRADE AND OTHER RECEIVABLES (continued)

The receivables assessed as individually impaired were a cross section of receivables and it was assessed that not all of the receivables balance may be recovered.

Receivables that are less than three months past their due date are not considered impaired. As at 31 March 2015, receivables of carrying value of £1,784,498 (2014: £3,389,127) were past their due date but not impaired. The ageing of receivables which are past due but not impaired is as follows:

	2015 £'000	2014 £'000
Up to 3 months past due	1,137	2,286
3 to 6 months past due	457	393
Over 6 months past due	191	710
Total	1,785	3,389

The receivables assessed as past due but not impaired were mainly NHSScotland Health Boards, Local Authorities and Universities. There is no history of default from these customers recently.

Concentration of credit risk is limited due to customer base being large and unrelated and includes significant debt by government bodies. Due to this, management believe that there is no future credit risk provision required in excess of the normal provision for doubtful receivables.

The credit quality of receivables that are neither past due nor impaired is assessed by reference to external credit ratings where available. Where no external credit rating is available, historical information about counterparty default rates is used.

Receivables that are neither past due nor impaired are shown by their credit risk below:

	2015 £'000	2014 £'000
Counterparties with external credit ratings		
A	0	0
BB	0	0
BBB	0	0
Counterparties with no external credit rating:		
New customers	0	0
Existing customers with no defaults in the past	1,785	3,389
Existing customers with some defaults in the past	0	0
Total neither past due or impaired	1,785	3,389

The maximum exposure to credit risk is the fair value of each class of receivable. The NHS Board does not hold any collateral as security.

The carrying amount of receivables is denominated in the following currency:

	2015 £'000	2014 £'000
UK Pounds	61,589	65,153

The carrying amount of short term receivables approximates their fair value.

The non-current receivable is due within 4 years (2013-14: 5 years) of the balance sheet date. The fair value of the non-current receivable is £56,000 (2013-14: £21,000). The effective interest rate on the non-current receivable is 2.2%.

NOTE 14. AVAILABLE FOR SALE FINANCIAL ASSETS

	Note	Consolidated 2015 £'000	Board 2015 £'000	Consolidated 2014 £'000	Board 2014 £'000
Government Securities		1,897	0	1,345	0
Other		24,329	742	26,320	1
Total	BS	**26,226**	**742**	**27,665**	**1**
At 1 April		27,665	1	30,639	1
Additions		2,226	741	2,557	0
Disposals		(4,590)	0	(7,138)	0
Impairment recognised in SOCNE		0	0	0	0
Revaluation surplus transferred to equity		925	0	1,607	0
At 31 March		26,226	742	27,665	1
Current		741	741	0	0
Non-current		25,485	1	27,665	1
At 31 March		**26,226**	**742**	**27,665**	**1**
The carrying value includes an impairment provision of		0	0	0	0

Note: Available for sale financial assets in respect of the Board comprise investments in TMRI Limited of £1,000 and in Hub East Central Scotland Ltd of £3 which are both unlisted investments denominated in UK pounds, and an advance of £0.74 million to HUB East Central Scotland Ltd. The carrying value of the investments is cost, as there is no active market for the equity investments. No impairment provision is considered necessary.

NOTE 15. CASH AND CASH EQUIVALENTS

	Note	At 01/04/14 £'000	Cash Flow £'000	At 31/03/15 £'000
Cash at bank and in hand		42	1	43
Endowment Cash		160	177	337
Total cash and cash equivalents – balance sheet	BS	**202**	**178**	**380**
Overdrafts	16	(3,082)	317	(2,765)
Total cash – cash flow statement	CFS	**(2,880)**	**495**	**(2,385)**

CASH AND CASH EQUIVALENTS – PRIOR YEAR

	Note	At 01/04/13 £'000	Cash Flow £'000	At 31/03/14 £'000
Cash at bank and in hand		42	0	42
Endowment Cash		113	47	160
Total cash and cash equivalents – balance sheet	BS	**155**	**47**	**202**
Overdrafts	16	(2,625)	(457)	(3,082)
Total cash – cash flow statement	CFS	**(2,470)**	**(410)**	**(2,880)**

Note: Cash at bank is with major UK banks. The credit risk associated with cash at bank is considered to be low.

NOTE 16. TRADE AND OTHER PAYABLES

	Note	Consolidated 2015 £'000	Board 2015 £'000	Consolidated 2014 £'000	Board 2014 £'000
Payables due in one year					
NHSScotland					
- SGHSCD		76	76	0	0
- Boards		5,397	5,397	5,472	5,472
Total NHSScotland Payables		5,473	5,473	5,472	5,472
NHS Non-Scottish bodies		242	242	339	339
FHS Practitioners		13,923	13,923	13,776	13,776
Trade payables		4,081	3,918	187	117
Accruals		17,356	17,356	22,096	21,873
Deferred Income		0	0	10	0
Net obligations under finance leases		268	268	255	255
Net obligations under PPP/PFI/NPD contracts		1,187	1,187	1,085	1,085
Bank overdrafts	15	2,765	2,765	3,082	3,082
Income tax and social security		9,401	9,401	9,536	9,536
Superannuation		7,025	7,025	6,852	6,852
Holiday pay accrual		1,226	1,226	1,194	1,194
Other public sector bodies		8,978	8,978	6,660	6,660
Other payables		657	657	624	624
Other significant payables (Agenda for Change)		2,697	2,697	1,400	1,400
Total payables due within one year	BS	**75,279**	**75,116**	**72,568**	**72,265**
Payables due after more than one year					
Net obligations under finance leases due within 2 years		284	284	269	269
Net obligations under finance leases due after 2 years but within 5 years		951	951	900	900
Net obligations under finance leases due after 5 years		5,316	5,316	5,650	5,650
Net obligations under PPP/PFI/NPD contracts due within 2 years		1,296	1,296	1,186	1,186
Net obligations under PPP/PFI/NPD contracts due after 2 years but within 5 years		4,657	4,657	4,260	4,260
Net obligations under PPP/PFI/NPD contracts due after 5 years		82,141	82,141	83,834	83,834
Total payables due after more than one year	BS	**94,645**	**94,645**	**96,099**	**96,099**
TOTAL PAYABLES		**169,924**	**169,761**	**168,667**	**168,364**

Borrowings included above comprise:					
Bank overdrafts		2,765	2,765	3,082	3,082
Finance leases	22	6,819	6,819	7,074	7,074
PFI contracts	23	89,281	89,281	90,365	90,365
Total		**98,865**	**98,865**	**100,521**	**100,521**

The carrying amount and fair value of the non-current borrowings are as follows:

Carrying amount					
Finance leases		6,551	6,551	6,819	6,819
PFI contracts		88,094	88,094	89,280	89,280
Total		**94,645**	**94,645**	**96,099**	**96,099**

The carrying amounts of trade and other payables approximate their fair value.

The carrying amount of payables are denominated in the following currency:

UK Pounds	169,924	169,761	168,667	168,364

NOTE 17. PROVISIONS – CONSOLIDATED AND BOARD

	Pensions and similar obligations	Clinical & Medical	Other	Participation in CNORIS	Total
	£'000	£'000	£'000	£'000	£'000
At 1 April 2014	7,434	41,460	515	17,173	66,582
Arising during the year	567	3,701	439	2,734	7,441
Utilised during the year	(506)	(3,909)	(35)	0	(4,450)
Unwinding of discount	412	0	0	0	412
Reversed unutilised	0	(2,553)	(81)	0	(2,634)
At 31 March 2015 BS	**7,907**	**38,699**	**838**	**19,907**	**67,351**

The amounts shown above are stated gross and the amounts of any expected reimbursements are separately disclosed as receivables in Note 13.

Analysis of expected timing of discounted flows to March 2015

	Pensions and similar obligations	Clinical & Medical	Other	Participation in CNORIS	Total
	£'000	£'000	£'000	£'000	£'000
Payable in one year	507	33,111	838	19,907	54,363
Payable between 2 – 5 years	2,026	759	0	0	2,785
Payable between 6 - 10 years	2,532	898	0	0	3,430
Thereafter	2,842	3,931	0	0	6,773
At 31 March 2015	**7,907**	**38,699**	**838**	**19,907**	**67,351**

NOTE 17. PROVISIONS – RESTATED CONSOLIDATED AND BOARD - PRIOR YEAR

	Pensions and similar obligations	Clinical & Medical	Other	Participation in CNORIS	Total
	£'000	£'000	£'000	£'000	£'000
At 1 April 2013	7,163	32,319	533	22,792	62,807
Arising during the year	298	13,041	186	0	13,525
Utilised during the year	(494)	(2,242)	(56)	(5,619)	(8,411)
Unwinding of discount	492	0	0	0	492
Reversed unutilised	(25)	(1,658)	(148)	0	(1,831)
At 31 March 2014 BS	**7,434**	**41,460**	**515**	**17,173**	**66,582**

The amounts shown above are stated gross and the amounts of any expected reimbursements are separately disclosed as receivables in Note 13.

Analysis of expected timing of discounted flows to March 2014

	Pensions and similar obligations	Clinical & Medical	Other	Participation in CNORIS	Total
	£'000	£'000	£'000	£'000	£'000
Payable in one year	493	41,460	515	17,173	59,641
Payable between 2 – 5 years	1,973	0	0	0	1,973
Payable between 6 - 10 years	2,466	0	0	0	2,466
Thereafter	2,502	0	0	0	2,502
At 31 March 2014	**7,434**	**41,460**	**515**	**17,173**	**66,582**

NOTE 17. PROVISIONS – RESTATED CONSOLIDATED AND BOARD 2013

	Pensions and similar obligations £'000	Clinical & Medical £'000	Other £'000	Participation in CNORIS £'000	Total £'000
At 1 April 2012	6,465	28,486	2,284	0	37,235
Arising during the year	1,029	10,814	111	22,792	34,746
Utilised during the year	(484)	(1,247)	(189)	0	(1,920)
Unwinding of discount	189	0	0	0	189
Reversed unutilised	(36)	(5,734)	(1,673)	0	(7,443)
At 31 March 2013 BS	**7,163**	**32,319**	**533**	**22,792**	**62,807**

The amounts shown above are stated gross and the amounts of any expected reimbursements are separately disclosed as receivables in Note 13.

Analysis of expected timing of discounted flows to 31 March 2013

	Pensions and similar obligations £'000	Clinical & Medical £'000	Other £'000	Participation in CNORIS £'000	Total £'000
Payable in one year	486	32,319	533	22,792	56,130
Payable between 2 – 5 years	1,945	0	0	0	1,945
Payable between 6 - 10 years	2,431	0	0	0	2,431
Thereafter	2,301	0	0	0	2,301
At 31 March 2013	**7,163**	**32,319**	**533**	**22,792**	**62,807**

The prior year figures have been restated for the inclusion of the Board's share of the total CNORIS liability of NHSScotland. See note 25.

Pensions and Similar Obligations

The Board meets the additional costs of benefits beyond the normal National Health Service Superannuation Scheme for Scotland benefits in respect of employees who retire early by paying the required amounts annually to National Health Service Superannuation Scheme for Scotland over the period between early departure and normal retirement date. The Board provides for this in full when the early retirement programme becomes binding by establishing a provision for the estimated payments discounted by the Treasury discount rate of 1.3% in real terms. Expenditure is likely to be incurred over a period of up to 33 years.

Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)

See Note 17a

Other Provisions

Other provisions include an amount of £829,000 relating to the CNORIS scheme and £9,000 in respect of the Board's estimated liability arising from equal pay claims.

NOTE 17a. Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)

	Note	2015 £'000	2014 £'000	2013 £'000
Provisions recognising individual claims against the Board at 31 March – Clinical and Medical	17	38,699	41,460	32,319
Provisions recognising individual claims against the Board at 31 March – included in Other	17	829	515	533
Associated CNORIS receivable at 31 March	13	(38178)	(41,211)	(31,896)
Provision recognising the Board's liability from participation in CNORIS at 31 March	17	19,907	17,173	22,792
Net total provision relating to CNORIS at 31 March		21,257	17,937	23,748

The Clinical Negligence and Other Risks Scheme (CNORIS) has been in operation since 2000. Participation in the scheme is mandatory for all NHS boards in Scotland. The scheme allows for risk pooling of legal claims in relation to clinical negligence and other risks and works in a similar manner to an insurance scheme. CNORIS has an agreed threshold of £25,000 and any claims with a value less than this are met directly from within Boards' own budgets. If a claim is settled the Board will be reimbursed by the scheme for the value of the settlement, less the £25,000 excess. NHS Boards contribute to the CNORIS pool each financial year at a pre-agreed contribution rate based on the risks associated with their individual NHS Board. The scheme allows for the risk associated with any large or late in the financial year legal claims to be managed and reduces the level of volatility that individual Boards are exposed to.

When a legal claim is made against the Board, it will assess, based on legal advice from the NHS Central Legal Office, whether a provision or contingent liability for that legal claim is required. Claims assessed as "Category 3" are deemed most likely to succeed and are provided in full; those in "Category 2", deemed less likely, are provided at 50% of the claim and "Category 3", least likely, at 10% of the claim. The balance of the value of claims not provided for is disclosed as a contingent liability (Note 19). If a provision is required then the Board creates an associated receivable recognising reimbursement from the scheme recoverable when the claim settles. For those claims disclosed as contingent liabilities a contingent asset is also established reflecting the recovery from the scheme. The provision and associated receivable are shown in the table above. The receivable is offset against the provision to reflect reimbursement from the scheme.

The provision for other claims relates to non-clinical compensation claims made against the Board. These are accounted for in the same way as Clinical and Medical Negligence claims.

As a result of participation in the scheme, Boards also recognise that they will be required to make contributions to CNORIS in future years. Therefore a second provision that recognises the Board's share of the total CNORIS liability of NHSScotland has been made and this is also reflected in the table above.

Therefore there are two related but distinct provisions required as a result of participation in the scheme. Both of these provisions as well as the associated receivable have been shown in the note above to aid the reader's understanding of CNORIS.

Further information on the scheme can be found at: http://www.clo.scot.nhs.uk/our-services/cnoris.aspx

NOTE 18. MOVEMENT ON WORKING CAPITAL BALANCES - BOARD

	Note	Opening Balances £'000	Closing Balances £'000	2015 Net Movement £'000	2014 Net Movement £'000
INVENTORIES					
Balance sheet	12	5,884	7,667		(480)
Net increase				**(1,783)**	**(480)**
TRADE AND OTHER RECEIVABLES					
Due within one year	13	65,366	61,508		(14,854)
Due after more than one year	13	21	56		
		65,387	61,564		
Less: General Fund receivable included in above	13	(3,040)	(2,722)		457
		62,347	58,842		
Net Decrease/(Increase)				**3,505**	**(14,397)**
TRADE AND OTHER PAYABLES					
Due within one year	16	72,265	75,116		1,021
Due after more than one year	16	96,099	94,645		(1,342)
Less: property, plant & equipment (Capital) included in above					
Less: Bank Overdraft	16	(3,082)	(2,765)		(457)
Less: Lease and PFI/NPD payables included in above	16	(97,439)	(96,100)		1,238
		67,843	70,896		
Net Increase				**3,053**	**460**
PROVISIONS					
Balance Sheet	17	66,582	67,351		3775
Net Increase				**769**	**3,775**
NET MOVEMENT Increase/(Decrease)				**5,544**	**(10,642)**

NOTE 19. CONTINGENT LIABILITIES

The following contingent liabilities have not been provided for in the financial statements:

Nature	2015 Value £'000	2014 Value £'000
Clinical and Medical Compensation Payments: No. of cases – 145	5,861	8,401
Third Party Liability: No. of cases – 72	652	580
Total Contingent Liabilities	**6,513**	**8,981**

CONTINGENT ASSETS

Clinical and medical compensation payments	4,678	7,793
Third party liability	349	355
TOTAL CONTINGENT ASSETS	**5,027**	**8,148**

NOTE 20. EVENTS AFTER THE END OF THE REPORTING PERIOD

On 23 April 2015 the Board declared 13 properties surplus to requirements. As future sales are dependent on market conditions an estimate of the financial impact cannot be made. The former Ashludie Hospital and Monifieth IT Centre sites are in the process of being disposed. Planning permission for this is expected to be considered at Angus Council's Development Standards Committee on 23 June 2015. Further brokerage has been received from Scottish Government in relation to the timing of these disposals. This is a non-adjusting event in relation to the financial statements.

NOTE 21. COMMITMENTS

Capital Commitments The Board has the following capital commitments which have not been included for in the financial statements	2015 Property, plant and equipment £'000	Restated 2014 Property, plant and equipment £'000
Contracted		
Hub Child and Adolescent Mental Health Unit	62	5,195
Provision of isolation capacity, Renal Ward, Ninewells Hospital	0	1,017
Biomass Boiler, Stracathro Hospital	0	977
Radiotherapy equipment replacement programme	2,522	0
Other	693	575
Hub projects – enabling works	423	0
Total	**3,700**	**7,764**
Authorised but not Contracted		
MacMillan Project – Angus	1,310	0
Contribution to Educational Facilities Dundee	0	168
Radiotherapy equipment replacement programme	0	3,250
Maternity Services review infrastructure works	811	0
Other	3,631	1,277
Hub projects, enabling works	0	939
NICU & G,H,I, Infrastructure Works	1,587	0
Neonatal intensive care unit	0	1,784
Infrastructure investment, Blairgowrie Hospital	0	2,156
Interventional radiology rooms Ventilation	363	1,058
Total	**7,702**	**10,632**

The corresponding amounts have been restated. The change is presentational and does not impact on the reported outturn for the previous year**.**

NOTE 22. COMMITMENTS UNDER LEASES

Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods

Obligations under operating leases comprise:	2015 £'000	2014 £'000
Buildings		
Not later than one year	648	680
Later than one year, not later than two years	638	648
Later than two year, not later than five years	540	1,070
Later than five years	454	521
Other		
Not later than one year	123	517
Later than one year, not later than two years	118	436
Later than two years, not later than five years	182	0
Amounts charged to Operating Costs in the year were:		
Hire of equipment (including vehicles)	588	792
Other operating leases	675	588
Total	**1,263**	**1,380**

Finance Leases

Total future minimum lease payments under finance leases are given in the table below for each of the following periods

Obligations under Finance Lease comprise	Note	2015 £'000	2014 £'000
Buildings			
Rentals due within one year	16	824	763
Rentals due between one and two years (inclusive)	16	845	782
Rentals due between two and five years (inclusive)	16	2,663	2,465
Rentals due after five years	16	12,418	12,549
		16,750	16,559
Less interest element		(9,931)	(9,485)
		6,819	**7,074**

This total net obligation under finance leases is analysed in Note 16.

NOTE 23. COMMITMENTS UNDER PFI/NPD CONTRACTS – On Balance Sheet

The Carseview Centre is located on the Ninewells Hospital site in Dundee and provides in-patient facilities for Adult Psychiatry and Learning Disability. The contract start date was 11 June 2001 and the end date will be 11 June 2026, when NHS Tayside may negotiate a further contract or purchase the facility.

Whitehills Community Resource Centre covers Forfar, Kirriemuir and the surrounding area in conjunction with the Council and Lippen Care. The contract start date was 21 March 2005 and the end date will be 21 March 2030, when NHS Tayside will become owners of the facility.

The Susan Carnegie Clinic (Mental Health NPDO Phase 1) is located on the Stracathro Hospital site by Brechin and provides in-patient facilities and a day hospital for both General Adult Psychiatry and Psychiatry of Old Age. The contract start date was 2 December 2011 and the end date will be 17 May 2042, when NHS Tayside will become owners of the facility.

The Mental Health NPDO Phase 2 is located on the Murray Royal Hospital site in Perth and provides inpatient, day patient and outpatient facilities for NHS Tayside's General Adult Psychiatry, Psychiatry of Old Age and Low Secure Forensic services, as well as a regional inpatient unit providing Medium Secure Forensic services for patients from the North of Scotland Health Boards. The contract start date was 1 June 2012 and the end date will be 17 May 2042, when NHS Tayside will become owners of the property.

NOTE 23. COMMITMENTS UNDER PFI/NPD CONTRACTS – On Balance Sheet (continued)

Under IFRIC 12 the asset is treated as an asset of the Board and included in the Board's accounts as a non-current asset. The liability to pay for the property is in substance a finance lease obligation. Contractual payments therefore comprise two elements; imputed finance lease charges and service charges. The imputed finance lease obligation is as follows:

Total obligations under on-balance sheet PFI/PPP/NPD contracts for the following periods comprise:

	Carseview	Whitehills	Mental Health NPDO Phase 1	Mental Health NPDO Phase 2	Total 2015	Total 2014
Gross Minimum Lease Payments	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Rentals due within 1 year	1,258	1,753	1,593	6,676	11,280	11,208
Due within 1 to 2 years	1,289	1,797	1,633	6,843	11,562	11,488
Due within 2 to 5 years	4,064	5,664	5,148	21,573	36,449	36,217
Due after 5 years	10,740	22,218	52,027	231,024	316,009	334,746
Total	**17,351**	**31,432**	**60,401**	**266,116**	**375,300**	**393,659**
Less Interest Element						
Rentals due within 1 year	(881)	(1,510)	(1,471)	(6,231)	(10,093)	(10,123)
Due within 1 to 2 years	(887)	(1,527)	(1,499)	(6,353)	(10,266)	(10,302)
Due within 2 to 5 years	(2,681)	(4,659)	(4,662)	(19,790)	(31,792)	(31,957)
Due after 5 years	(6,190)	(15,247)	(38,562)	(173,869)	(233,868)	(250,912)
Total	**(10,639)**	**(22,943)**	**(46,194)**	**(206,243)**	**(286,019)**	**(303,294)**
Present value of minimum lease payments						
Rentals due within 1 year	377	243	122	445	1,187	1,085
Due within 1 to 2 years	402	270	134	490	1,296	1,186
Due within 2 to 5 years	1,383	1,005	486	1,783	4,657	4,260
Due after 5 years	4,550	6,971	13,465	57,155	82,141	83,834
Total	**6,712**	**8,489**	**14,207**	**59,873**	**89,281**	**90,365**

Amounts charged to the Statement of Comprehensive Net Expenditure in respect of on balance sheet PFI/NPD transactions, comprise:

	Total 2015	Total 2014
Present Value of Minimum Lease Payments	**£'000**	**£'000**
Service charges	2,937	2,881
Interest charges	8,900	8,991
Other charges	1,223	1,031
Total	13,060	12,903

NOTE 24. PENSION COSTS

The NHS Board participates in the National Health Service Superannuation Scheme for Scotland, which is a notional defined benefit scheme where contributions are credited to the Exchequer and the balance in the account is deemed to be invested in a portfolio of Government securities. The pension cost is assessed every five years by the Government Actuary; details of the most recent actuarial valuation can be found in the separate statement of the Scottish Public Pensions Agency (SPPA).

The National Health Service Superannuation Scheme for Scotland is a multi-employer scheme where the share of the assets and liabilities applicable to each employer is not identified. The NHS Board will therefore account for its pension costs on a defined contribution basis as permitted by IAS 19.

For the current year, normal employer contributions of £49.5m were payable to the SPPA (2013-14: £48.0m) at the rate of 13.5% (2013-14: 13.5%) of total pensionable salaries. In addition, during the year the Board incurred no additional costs (£2013-14: £80,000) arising from the early retirement of staff. The most recent actuarial valuation discloses a balance of £1.4 billion to be met by future contributions from employing authorities.

Provisions amounting to £4.2m are included in the Balance Sheet and reflect the difference between the amounts charged to the Operating Cost Statement and the amounts paid directly.

Changes to the scheme were implemented from 1 April 2008. Existing staff, and those joining the scheme up to 31 March 2008, will keep the benefits of the existing scheme but will be given the choice to transfer to the new scheme.

Existing scheme:
The scheme provides benefits on a “final salary” basis at a normal retirement age of 60. Annual benefits are normally based on 1/80th of the best of the last three years pensionable pay for each year of service. In addition, a lump sum equivalent to three years’ pension is payable on retirement. Members pay tiered contribution rates ranging from 5% to 8.5% of pensionable earnings. Pensions are increased in line with the Consumer Price Index.

On death, pensions are payable to the surviving spouse at a rate of half the member’s pension. On death in service, the scheme pays a lump-sum benefit of twice pensionable pay and also provides a service enhancement on computing the spouse’s pension. The enhancement depends on length of service and cannot exceed 10 years. Child allowances are payable according to the number of dependent children and whether there is a surviving parent who will get a scheme widow/widower’s pension. Medical retirement is possible in the event of serious ill health. In this case, pensions are brought into payment immediately where the member has more than 2 years service. Where service exceeds 5 years, the pension is calculated using specially enhanced service, with a maximum enhancement of 10 years.

Members aged 50 or above may take voluntary early retirement and receive a reduced pension. Alternatively, if the employer agrees to this the member will be able to retire on the full pension and lump sum which they have earned

NOTE 24. PENSION COSTS (continued)

Arrangements from 2008:
The scheme provides benefits on a "final salary" basis at a normal retirement age of 65. Pension will have an accrual rate of 1/60th and be calculated on the basis of the average of the best consecutive three years pensionable pay in the ten years before retirement. There is an option to exchange part of Pension benefits for a cash lump sum at retirement, up to 25% of overall Pension Value. Members pay tiered contribution rates ranging from 5% to 8.5% of pensionable earnings. Pensions and allowances are index linked to protect their value.

Members aged 55 or above may take voluntary early retirement and receive a reduced pension. Alternatively, if the employer agrees to this the member will be able to retire on the full pension and lump sum which they have earned.

	2015 £'000	2014 £'000
Pension cost charge for the year	49,454	48,028
Additional costs arising from early retirement	0	80
Provisions included in the Balance Sheet	4,183	4,138

Note 25 EXCEPTIONAL ITEMS AND PRIOR ADJUSTMENTS

Prior year adjustments which have been recognised in these Accounts are:
A retrospective restatement has been recognised in these accounts arising from the changes in accounting treatment for CNORIS as explained in Notes 1 and 17a. The retrospective restatement is as follows:

		Dr £'000	Cr £'000
Adjustment 1	**Creation of Prior Year opening provision NHS Tayside's share of the total liability of NHS Scotland**		
	Opening General Fund as at 1 April 2013	22,792	
	Opening provision as at 1 April 2013		22,792
Adjustment 2	**Movement in provision in Prior Year**		
	Reduction in Provision in year	5,619	
	Note 7 – operating costs – reduction in provision in year		5,619

Adjustment to opening balances
The opening General Fund balance for 2013-14 has been reduced by £22,792,000. This amount represents the Board's share of the total liability of NHSScotland as at 31 March 2013 as advised by the Scottish Government, based on information prepared by NHS Boards and the NHS Central Legal Office.

		Dr £'000	Cr £'000
Adjustment 3	**Reclassification of hospital closure costs**		
	Note 7 Reclassification of expense from Note 4	491	
	Note 4 Reduction of expense due to reclassification		491

NOTE 26a RESTATED SOCNE

	Note	2014	Adjustment 2	Adjustment 3	2014
		£'000	£'000	£'000	£'000
Clinical services costs		744,327	0	(491)	743,836
Hospital and community		137,878	0	0	137,878
Less: Hospital and community income		606,449	0	(491)	605,958
Family health		187,434	0	0	187,434
Less: Family health income		6,853	0	0	6,853
		180,581	**0**	**0**	**180,581**
Total clinical services costs		**787,030**	**0**	**(491)**	**786,539**
Administration costs	6	4,972	0	0	4,972
Less: Administration income	8	19	0	0	19
		4,953	**0**	**0**	**4,953**
Other Non clinical services	7	31,130	(5,619)	491	26,002
Less: Other operating income	8	17,331	0	0	17,331
		13,799	**(5619)**	**491**	**8,671**
Net operating costs		**805,782**	**(5,619)**	**0**	**800,163**

NOTE 26b RESTATED CONSOLIDATED BALANCE SHEET

	Note	2014	Adjustment 1	Adjustment 2	2014
		£'000	£'000	£'000	£'000
Non-current assets					
Property, plant and equipment		523,784	0	0	523,784
Intangible assets	10	440	0	0	440
Financial assets: Available for sale financial assets	14	27,665	0	0	27,665
Trade and other receivables	13	21	0	0	21
Total non-current assets		551,910	0	0	551,910
Current assets					
Inventories	12	5,893	0	0	5,893
Financial assets: Trade and other receivables	16	65,132	0	0	65,132
Cash and cash equivalents	15	202	0	0	202
Assets classified as held for sale	11c	9,954	0	0	9,954
Total current assets		81,181	0	0	81,181
Total assets		**633,091**	**0**	**0**	**633,091**
Current liabilities					
Provisions	17	(42,468)	(22,792)	5,619	(59,641)
Financial liabilities: Trade and other payables	16	(72,568)	0	0	(72,568)
Total current liabilities		**(115,036)**	**(22,792)**	**5,619**	**(132,209)**

Total assets less current liabilities		**518,055**	**(22,792)**	**5,619**	**500,882**
Non-current liabilities					
Provisions	17	(6,941)	0	0	(6,941)
Financial liabilities: Trade and other payables	16	(96,099)	0	0	(96,099)
Total non-current liabilities		**(103,040)**	**0**	**0**	**(103,040)**
Assets less liabilities		**415,015**	**(22,792)**	**5,619**	**397,842**
Taxpayers' Equity					
General fund		189,201	(22,792)	5,619	172,028
Revaluation reserve		198,050	0	0	198,050
Other reserve		27,764	0	0	27,764
Total taxpayers' equity		**415,015**	**(22,792)**	**5,619**	**397,842**

26c RESTATED CASH FLOW STATEMENT

	2014	Adjustment 2	2014
	£'000	£,000	£'000
Cash flows from operating activities			
Net operating cost	(805,782)	5,619	(800,163)
Adjustments for non-cash transactions	33,885	0	33,885
Add back: interest payable recognised in net operating cost	10,005	0	10,005
Investment Income	0	0	0
Increase in trade and other receivables	(14,598)	0	(14,598)
Increase in inventories	(484)	0	(484)
Increase in trade and other payables	837	0	837
Increase in provisions	9,394	(5,619)	3,775
Net cash outflow from operating activities	**(766,743)**	**0**	**(766,743)**
Cash flows from investing activities			
Purchase of property, plant and equipment	(14,612)	0	(14,612)
Purchase of intangible assets	(100)	0	(100)
Investment Additions	(2,155)	0	(2,155)
Proceeds of disposal of property, plant and equipment	771	0	771
Receipts from sale of investments	7,138	0	7,138
Net cash outflow from investing activities	**(8,958)**	**0**	**(8,958)**
Cash flows from financing activities			
Funding	786,991	0	786,991
Movement in general fund working capital	(457)	0	(457)
Cash drawn down	786,534	0	786,534
Capital element of payments in respect of finance leases and on-balance sheet PFI /PPP/NPD contracts	(1,238)	0	(1,238)
Interest paid	(492)	0	(492)
Interest element of finance leases and on-balance sheet PFI/PPP/NPD contracts	(9,513)	0	(9,513)
Net financing	**775,291**	**0**	**775,291**
Net decrease in cash and cash equivalents in the period	**(410)**	**0**	**(410)**
Cash and cash equivalents at the beginning of the period	**(2,470)**	**0**	**(2,470)**

Cash and cash equivalents at the end of the period	**(2,880)**	**0**	**(2,880)**
Reconciliation of net cash flow to movement in net debt/cash			
Decrease in cash in year	(410)	0	(410)
Net debt at 1 April	(2,470)	0	(2,470)
Net debt at 31 March	**(2,880)**	**0**	**(2,880)**

NOTE 27. FINANCIAL INSTRUMENTS

A FINANCIAL INSTRUMENTS BY CATEGORY

Financial Assets

CONSOLIDATED

AT 31 MARCH 2015	**Note**	**Loans and Receivables £'000**	**Available for Sale £'000**	**Total £'000**
Assets per balance sheet				
Investments	14	0	26,226	26,226
Trade and other receivables excluding prepayments, reimbursements of provisions and VAT recoverable	13	9,104	0	9,104
Cash and cash equivalents	15	380	0	380
Total		**9,484**	**26,226**	**35,710**

BOARD

AT 31 MARCH 2015	**Note**	**Loans and Receivables £'000**	**Available for Sale £'000**	**Total £'000**
Assets per balance sheet				
Investments	14	0	742	742
Trade and other receivables excluding prepayments, reimbursements of provisions and VAT recoverable	13	9,079	0	9,079
Cash and cash equivalents	15	43	0	43
Total		**9,122**	**742**	**9,864**

NOTE 27. FINANCIAL INSTRUMENTS (continued)

CONSOLIDATED (Prior Year)

AT 31 MARCH 2014	Note	Loans and Receivables £'000	Available for Sale £'000	Total £'000
Assets per balance sheet				
Investments	14	0	27,665	27,665
Trade and other receivables excluding prepayments, reimbursements of provisions and VAT recoverable	13	8,875	0	8,875
Cash and cash equivalents	15	202	0	202
Total		**9,077**	**27,665**	**36,742**

BOARD (Prior Year)

AT 31 MARCH 2014	Note	Loans and Receivables £'000	Available for Sale £'000	Total £'000
Assets per balance sheet				
Investments	14	0	1	1
Trade and other receivables excluding prepayments, reimbursements of provisions and VAT recoverable	13	7,711	0	7,711
Cash and cash equivalents	15	42	0	42
Total		**7,753**	**1**	**7,754**

NOTE 27. FINANCIAL INSTRUMENTS (Continued)

Financial Liabilities

CONSOLIDATED

AT 31 MARCH 2015 Liabilities per balance sheet	Note	Other Financial Liabilities £'000	Total £'000
Finance lease liabilities	16	6,819	6,819
PFI/NPD Liabilities	16	89,281	89,281
Trade and payables, excluding statutory liabilities (VAT and income tax and social security) deferred income and superannuation	16	51,925	51,925
Total		**148,025**	**148,025**

BOARD

AT 31 MARCH 2015 Liabilities per balance sheet	Note	Other Financial Liabilities £'000	Total £'000
Finance lease liabilities	16	6,819	6,819
PFI/NPD Liabilities	16	89,281	89,281
Trade and payables, excluding statutory liabilities (VAT and income tax and social security) deferred income and superannuation	16	51,762	51,762
Total		**147,862**	**147,862**

CONSOLIDATED (PRIOR YEAR)

AT 31 MARCH 2014 Liabilities per balance sheet	Note	Other Financial Liabilities £'000	Total £'000
Finance lease liabilities	16	7,074	7,074
PFI/NPD Liabilities	16	90,365	90,365
Trade and payables, excluding statutory liabilities (VAT and income tax and social security) deferred income and superannuation	16	49,358	49,358
Total		**146,797**	**146,797**

BOARD

AT 31 MARCH 2014 Liabilities per balance sheet	Note	Other Financial Liabilities £'000	Total £'000
Finance lease liabilities	16	7,074	7,074
PFI/NPD Liabilities	16	90,365	90,365
Trade and payables, excluding statutory liabilities (VAT and income tax and social security) deferred income and superannuation	16	49,065	49,065
Total		**146,504**	**146,504**

Note: The corresponding amounts have been restated. The change is presentational and does not impact on the outturn reported for the previous year.

B FINANCIAL RISK FACTORS

Exposure to Risk

The Board's activities expose it to a variety of financial risks.

Credit risk – the possibility that other parties might fail to pay amounts due.
Liquidity risk – the possibility that the NHS Board might not have funds available to meet its commitments to make payments.
Market risk – the possibility that financial loss might arise as a result of changes in such measurements as interest rates, stock market movements or foreign exchange rates.

Because of the largely non-trading nature of its activities and the way in which government departments are financed, the Board is not exposed to the degree of financial risk faced by business entities.

a) Credit Risk

Credit risk arises from cash and cash equivalents, deposits with banks and other institutions, as well as credit exposures to customers, including outstanding receivables and committed transactions.

For banks and other institutions, only independently rated parties with a minimum rating of 'A' are accepted.

Customers are assessed, taking into account their financial position, past experience and other factors, with individual credit limits being set in accordance with internal ratings in accordance with parameters set by the Board.

The utilisation of credit limits is regularly monitored. No credit limits were exceeded during the reporting period and no losses are expected from non-performance by any counterparties in relation to deposits.

NOTE 27. FINANCIAL INSTRUMENTS (continued)

b) Liquidity Risk

The Scottish Parliament makes provision for the use of resources by the NHS Board for revenue and capital purposes in a Budget Act for each financial year. Resources and accruing resources may be used only for the purposes specified and up to the amounts specified in the Budget Act. The Act also specifies an overall cash authorisation to operate for the financial year. The Board is not therefore exposed to significant liquidity risks.

The Tayside NHS Board Endowment Fund is required to remain in credit and is therefore not exposed to liquidity risk.

The table below analyses the financial liabilities into relevant maturity groupings based on the remaining period at the balance sheet to contractual maturity date. The amounts disclosed in the table are the contractual undiscounted cash flows. Balances due within 12 months equal their carrying balances as the impact of discounting is not significant.

	Less than 1 year	Between 1 and 2 years	Between 2 and 5 years	Over 5 years
AT 31 MARCH 2015	**£'000**	**£'000**	**£'000**	**£'000**
PFI/NPD liabilities	14,239	14,239	42,718	260,380
Finance lease liabilities	1,165	1,165	3,495	13,187
Total	**15,404**	**15,404**	**46,213**	**273,567**
AT 31 MARCH 2014	**£'000**	**£'000**	**£'000**	**£'000**
PFI/NPD liabilities	14,145	14,145	42,436	273,008
Finance lease liabilities	1,080	1,080	3,239	13,222
Trade and other payables excluding statutory liabilities	49,358	0	0	0
Total	**64,583**	**15,225**	**45,675**	**286,230**

c) Market Risk

The Board has no powers to borrow or invest surplus funds. Financial assets and liabilities are generated by day-to-day operational activities and are not held to manage the risks facing the Board in undertaking its activities. The Tayside NHS Board Endowment Fund invests in marketable securities, which are exposed to market risk.

i) Cash Flow and Fair Value Interest Rate Risk

The Board has no significant interest bearing assets or liabilities and as such income and expenditure cash flows are substantially independent of changes in market interest rates. The Tayside NHS Board Endowment Fund holds investments in interest bearing securities, which bear inherent interest rate risk.

ii) Foreign Currency Risk

The Board is not exposed to foreign exchange risks. The Tayside NHS Board Endowment Fund holds foreign investments, which bear inherent foreign currency risk.

NOTE 27. FINANCIAL INSTRUMENTS (continued)

iii) **Price Risk**

The Board is not exposed to equity security price risk. The Tayside NHS Board Endowment Fund holds investments in marketable securities, which are exposed to market risk.

C FAIR VALUE ESTIMATION

The fair value of financial instruments that are not traded in an active market is determined using valuation techniques. Valuation is at transaction price.

The carrying value less impairment provision of trade receivables and payables are assumed to approximate their fair value.

The fair value of financial liabilities for disclosure purposes is estimated by discounting the future contractual cash flows at the current HM Treasury interest rate that is available for similar financial instruments.

NOTE 28. DERIVATIVE FINANCIAL INSTRUMENTS

The Board does not hold any derivative financial instruments.

NOTE 29. RELATED PARTY TRANSACTIONS

The Board has various material transactions with other government departments, other central government bodies, NHS Bodies and Local Authorities. Most of these transactions have been with HM Revenue and Customs.

Tayside NHS Board Endowment Funds are managed by trustees who are also directors of the Board. Total income, expenditure and outstanding balances of the Endowment Funds are as follows:

	2015 £'000	2014 £'000
Income	2,098	2,524
Expenditure	4,725	7,632
Trade and other receivables at 31 March	165	348
Trade and other payables at 31 March	303	885

Dr D Dorward is a non executive director of the Board and also a general practitioner within Westgate Health Centre. During the year the Board entered into the following material transactions with Westgate Health Centre.

	2015 £'000	2014 £'000
Expenditure	1,391	1,443
Trade and other payables at 31 March	57	65

Dr A Cowie is a non executive Director of the Board and is also a General Practitioner within Hawkhill Medical Practice. During the year the Board entered into the following material transactions with Hawkhill Medical Practice:

	2015 £'000	2014 £'000
Expenditure	1,389	1,465
Trade and other payables at 31 March	46	60

NOTE 29. RELATED PARTY TRANSACTIONS (continued)

Taycare Ltd is the Non Profit Distributing Organisation (NPDO) that provides and maintains the Mental Health facilities at Stracathro and Murray Royal. The NPDO requires a stakeholder director who is a director of Tayside Health Board. This post is filled by the Director of Finance. Payments made in the year in respect of the unitary charge for the NPD and non-recurring payments in relation to variations were:

	2015 £'000	2014 £'000
Expenditure	12,648	11,821

NOTE 30. SEGMENT INFORMATION

Segmental information as required under IFRS has been reported for each strategic objective.

		2015	Restated 2014
		£'000	£'000
Access Directorate		73,654	63,629
Medicine Directorate		123,031	115,335
Specialist Services Group		65,429	64,725
Surgeries & Theatres Group		93,222	94,767
Angus Community Health Partnership		83,157	82,501
Dundee Community Health Partnership		126,909	129,285
Perth & Kinross Community Health Partnership		102,585	101,101
Mental Health Learning Disabilities Group		47,082	45,299
Other Operational Unit Services		77,277	62,979
Board Headquarter Services		38,935	35,434
Endowment Fund		2,631	5,108
Net Operating Cost	SOCNE	**833,912**	**800,163**

The corresponding amounts have been restated. The amounts have been restated to reflect a prior period adjustment for the Board's share of the NHS Scotland CNORIS scheme – Note 25 refers. The segmental analysis headings have been changed to reflect internal reporting arrangements.

NOTE 31. THIRD PARTY ASSETS

Third party assets managed by the Board consist of balances on patients' private funds accounts. These are not departmental assets and are not included in the accounts. The assets held at the reporting period date to which it was practical to ascribe monetary values comprised monetary assets, such as bank balances and monies on deposit, and listed securities. They are set out in the table below.

	2014 £'000	Gross Inflows £'000	Gross Outflows £'000	2015 £'000
Monetary amounts such as bank balances and monies on deposit	542	503	(468)	577

NOTE 32. EXIT PACKAGES

Exit package cost band	Total number of exit packages by cost band	
	2015	2014
<£10,000	3	4
£10,000 - £25,000	0	1
£25,000 - £50,000	1	0
£50,000 - £100,000	0	1
£100,000 - £150,000	1	0
Total number of exit packages by type	**5**	**6**
Total resource cost (£'000)	**£176**	**£109**

There were no compulsory redundancies in either 2013-14 or 2014-15. All the exit packages were classified as other departures agreed.

NOTE 33A. CONSOLIDATED STATEMENT OF COMPREHENSIVE NET EXPENDITURE

	Board 2015	Endowment 2015	Group 2015	Group 2014
	£'000	£'000	£'000	£'000
Clinical services costs				
Hospital and community	763,328		763,328	743,836
Less: Hospital and community income	136,711		136,711	137,878
	626,617		627,617	605,958
Family health	192,515		192,515	187,434
Less: Family health income	7,048		7,048	6,853
	185,467		185,467	180,581
Total clinical services costs	**812,084**		**812,084**	**786,539**
Administration costs	5,008		5,008	4,972
Less: Administration income	46		46	19
	4,962		4,962	4,953
Other Non clinical services	17,969	4,729	22,698	26,002
Less: Other operating income	3,734	2,098	5,832	17,331
	14,235	2,631	16,866	8,671
Net operating costs	**831,281**	**2,631**	**833,912**	**800,163**

NOTE 33B. CONSOLIDATED GROUP BALANCE SHEET

	Board 2015 £'000	Endowment 2015 £'000	Intra Group Adjustment 2015 £'000	Group 2015 £'000	Group 2014 £'000
Non-current assets					
Property, plant and equipment	512,893	370		513,263	523,784
Intangible assets	423			423	440
Financial assets: Available for sale financial assets	1	25,484		25,485	27,665
Trade and other receivables	56			56	21
Total non-current assets	**513,373**	**25,854**		**539,227**	**551,910**
Current assets					
Inventories	7,667	14		7,681	5,893
Financial assets: Trade and other receivables	61,508	165	(140)	61,533	65,132
Cash and cash equivalents	43	337		380	202
Available for sale	741			741	
Assets classified as held for sale	7,053			7,053	9,954
Total current assets	**77,012**	**516**	**(140)**	**77,388**	**81,181**
Total assets	**590,385**	**26,370**	**(140)**	**616,615**	**633,091**
Current liabilities					
Provisions	(54,363)			(54,363)	(59,641)
Financial liabilities: Trade and other payables	(75,116)	(303)	140	(75,279)	(72,568)
Total current liabilities	**(129,479)**	**(303)**	**140**	**(129,642)**	**(132,209)**
Total assets less current liabilities	**460,906**	**26,067**		**486,973**	**500,882**
Non-current liabilities					
Provisions	(12,988)			(12,988)	(6,941)
Financial liabilities: Trade and other payables	(94,645)			(94,645)	(96,099)
Total non-current liabilities	**(107,633)**	**0**		**(107,633)**	**(103,040)**
Assets less liabilities	**353,273**	**26,067**		**379,340**	**397,842**
Taxpayers Equity					
General fund	152,648			152,648	172,028
Revaluation reserve	200,625			200,625	198,050
Funds held on Trust		26,067		26,067	27,764
Total taxpayers' equity	**353,273**	**26,067**	**0**	**379,340**	**397,842**

NOTE 33C. CONSOLIDATED STATEMENT OF CASH FLOWS

	Board 2015 £'000	Endowment 2015 £'000	Group 2015 £'000	Board 2014 £'000	Endowment 2014 £'000	Group 2014 £'000
Cash flows from operating activities						
Net operating cost	(831,281)	(2,631)	(833,912)	(795,055)	(5,108)	(800,163)
Adjustments for non-cash transactions	28,429	0	28,429	33,885	0	33,885
Add back: interest payable recognised in net operating cost	9,882	0	9,882	10,005	0	10,005
Decrease/(Increase) in trade and other receivables	3,505	183	3,688	(14,397)	(201)	(14,598)
Increase in inventories	(1,783)	(5)	(1,788)	(480)	(4)	(484)
Increase/(Decrease) in trade and other payables	3,053	(582)	2,471	460	377	837
Increase in provisions	769	0	769	3,775	0	3,775
Net cash outflow from operating activities	**(787,426)**	**(3,035)**	**(790,641)**	**(761,807)**	**(4,936)**	**(766,743)**
Cash flows from investing activities						
Purchase of property, plant and equipment	(14,921)	0	(14,921)	(14,612)	0	(14,612)
Purchase of intangible assets	(146)	0	(146)	(100)	0	(100)
Investment Additions	(741)	(2,334)	(3,075)	0	(2,155)	(2,155)
Proceeds of disposal of property, plant and equipment	2,668	0	2,668	771	0	771
Receipts from sale of investments	0	5,548	5,548	0	7,138	7,138
Net cash outflow from investing activities	**(13,140)**	**3,214**	**(9,926)**	**(13,941)**	**4,983**	**(8,958)**
Cash flows from financing activities						
Funding	811,785	0	811,785	786,991	0	786,991
Movement in general fund working capital	318	0	318	(457)	0	(457)
Cash drawn down	812,103	0	812,103	786,534	0	786,534
Capital element of payments in respect of finance leases and on-balance sheet PFI/PPP/NPD contracts	(1,339)	0	(1,339)	(1,238)	0	(1,238)
Interest paid	(412)	0	(412)	(492)	0	(492)
Interest element of finance leases and on-balance sheet PFI/PPP/NPD contracts	(9,470)	0	(9,470)	(9,513)	0	(9,513)
Net financing	**800,882**	**0**	**800,882**	**775,291**	**0**	**775,291**
Net increase/(decrease) in cash and cash equivalents in the period	316	179	495	(457)	47	(410)
Cash and cash equivalents at the beginning of the period	(3,040)	160	(2,880)	(2,583)	113	(2,470)

Cash and cash equivalents at the end of the period	**(2,724)**	**339**	**(2,385)**	**(3,040)**	**160**	**(2,880)**
Reconciliation of net cash flow to movement in net debt/cash						
Increase/(decrease) in cash in year	316	179	495	(457)	47	(410)
Net (debt)/cash at 1 April	(3,040)	160	(2,880)	(2,583)	113	(2,470)
Net (debt)/cash at 31 March	**(2,724)**	**339**	**(2,385)**	**(3,040)**	**160**	**(2,880)**

Tayside Health Board

DIRECTION BY THE SCOTTISH MINISTERS

1. The Scottish Ministers, in pursuance of sections 86(1), (1B) and (3) of the National Health Services (Scotland) Act 1978, hereby give the following direction.

2. The statement of accounts for the financial year ended 31 March 2006, and subsequent years, shall comply with the accounting principles and disclosure requirements of the edition of the Government Financial Reporting Manual (FReM) which is in force for the year for which the statement of accounts are prepared.

3. Subject to the foregoing requirements, the accounts shall also comply with any accounts format, disclosure and accounting requirements issued by the Scottish Ministers from time to time.

4. The accounts shall be prepared so as to give a true and fair view of the income and expenditure and cash flows for the financial year, and of the state of affairs as at the end of the financial year.

5. This direction shall be reproduced as an appendix to the statement of accounts. The direction given on 30 December 2002 is hereby revoked.

Signed by the authority of the Scottish Ministers

Dated: 10/02/06

ANNUAL

REVIEW

Minister for Sport, Health Improvement and Mental Health
Jamie Hepburn MSP

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The Scottish Government
Riaghaltas na h-Alba

LEGACY 2014
XX COMMONWEALTH GAMES SCOTLAND

Professor John Connell
Chair
NHS Tayside
Ninewells Hospital and Medical School
DUNDEE
DD1 9SY

23rd November 2015

Dear Professor Connell,

NHS TAYSIDE: 2014/15 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review held in the Gannochy Lecture Theatre at Ninewells Hospital on Tuesday 28 July 2015.

2. I would like to record my thanks to your Vice Chair, Doug Cross, and everyone who was involved in the preparations for the Annual Review Programme, and also to those who attended the various meetings. This was my first experience of a Ministerial Annual Review and I found it a very informative day. I hope everyone who took part also found it worthwhile.

3. I began by meeting with members of the Area Clinical Forum (ACF) and Area Partnership Forum (APF) and was grateful to them for taking the time out of their busy schedules to share their views with me. It is clear from our discussions that, while the Board has faced challenges in local relationships this year, both Forums play a key role in the Board's ability to deliver high quality healthcare for the people of Tayside now and in the future.

Meeting with the Area Clinical Forum (ACF)

4. I had a very useful discussion with the Area Clinical Forum. I was reassured that NHS Tayside continues to actively support the Forum and that work is progressing to ensure that it continues to make a meaningful contribution to the Board's work; that the group has effective links to the senior management team; and that, in general, effective management and communication is appropriately prioritised. It is clear that the Forum has a determined focus on clinical engagement and its role in improving services and clinical practice within the Board. Members of the Forum highlighted the importance of working across boundaries to ensure patient safety. Our discussions also covered workforce recruitment and retention issues as well as the need to make best use of existing staff in terms of both skills and efficiency. (See Annex B for further detail)

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Meeting with the Area Partnership Forum (APF)

5. I had a wide-ranging and informative discussion with the Area Partnership Forum. I was interested to hear of the significant work that has been done to date in refreshing the Board's partnership structures and would encourage you to maintain your efforts to roll out and embed these new arrangements, ensuring that they take full account of developing health and social care partnership structures . Forum members also highlighted the importance of improving communication. We went on to discuss progress with recent workforce issues; the roll out of iMatter; the developing clinical strategy and the importance of monitoring policy implementation. (See Annex C for more detail)

Patients' Meeting

6. I would like to extend my sincere thanks to the patients who took the time to come and meet with me. I very much value the opportunity to meet with patients and patient groups and firmly believe that listening and responding to their feedback is a vital part of improving health services. I greatly appreciate the openness and willingness of the people present to share their experiences and took note of the specific issues raised. These included the development of Communication Passports; the promotion of organ donation and transport difficulties for patients receiving dialysis; the importance of peer support for young people with diabetes; and the support needed to ensure Carers are able to continue their vital contribution to the health service. (See Annex D for more detail)

Annual Review Meeting - Format

7. Ministers have listened to feedback from members of the public at Annual Reviews in recent years who called for a more focussed public discussion of the key issues, ahead of the opportunity to ask questions. As such, Ministerial Reviews are now undertaken in two sessions – the first, in public, with the Minister setting the scene and context for the discussion before the Board Chair delivers a short presentation on the key successes and challenges facing the local system. This is then followed by the opportunity for attendees to ask questions of the Minister and Health Board.

8. The second session is held in private between the Minister and the full Health Board. This is a more detailed discussion of local performance in delivering the six Quality Outcomes and offers Ministers the opportunity to reflect on the experience of the day whilst also testing how Board Non-Executives are able to hold the Executive Team to account. This letter provides a detailed summary of the discussion and resulting action points.

9. As in previous years, all Boards are expected to submit a written report to Ministers on their performance over the past year and their plans for the forthcoming year. I note that the self-assessment paper prepared by NHS Tayside for the Review gives a detailed account of the specific progress the Board has made in a number of areas and that it is available to members of the public on the NHS Tayside website. I have highlighted some of these key areas of challenge and success below.

Annual Review – Public Session

10. I opened the public session of the Review by welcoming attendees, introducing the Board's senior management team and encouraging the audience to take the opportunity to hold the Board to account for their performance over the previous year. The Vice

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Chair's introduction presented a helpful summary of the progress NHS Tayside has made against the action points identified at the last Annual Review and also summarised the reports produced by the Area Clinical Forum and Area Partnership Forum, highlighting the key role these bodies have in the Board's governance and decision-making processes.

11. The Board's Chief Executive, Lesley McLay, then took the audience through the achievements and challenges of the last year. Her presentation reiterated the Board's clear focus on patient safety, effective governance and performance management; and on the delivery of significant improvements in local health outcomes, alongside the provision of high quality, safe and sustainable healthcare services.

Question and Answer Sessions

12. During the Review, questions were taken from members of the audience on topics including the Board's estates strategy; the importance of green space in the provision of Mental Health facilities and waiting times for access to drug and alcohol services. There was also some discussion regarding the Board's preparedness for winter pressures and the involvement of key stakeholders in the development of the Clinical Strategy. I am grateful to you and your team for your efforts in responding to the issues raised, and to the audience members for their attendance, enthusiasm and considered questions.

Health Improvement and Reducing Inequalities

13. NHS Tayside is to be commended for its performance in delivering 119% of its target for alcohol brief interventions during the period 2008 to 2015. Performance on smoking cessation was less successful with 241 successful 12 week quits recorded against a target of 565 between April 2014 to December 2015. One month quit rates in NHS Tayside are also below the Scottish average – 25.1% against the Scottish rate of 30.9%. I would encourage you to put into place appropriate actions to enable significant improvement going forward.

14. Over the last ten years, the number of deaths from stroke in Scotland has reduced by 41%. Building on this success, Boards were asked to include in their Local Delivery Plans for 2014/15 their plans for implementing a 'bundle' of four activities to improve stroke care. NHS Tayside's trajectory was to deliver the appropriate elements of the bundle to 75% of people admitted with stroke, by March 2015. The Board achieved delivery in 66% of cases and I understand you are working closely with the Stroke Improvement Team to increase that compliance rate, with a review of progress due to be carried out later this year.

15. Looking at other clinical priorities, NHS Tayside's Managed Clinical Network for diabetes has led the way in supporting high standard clinical care for several years. The Board has been particularly successful in increasing access to insulin pumps, having been one of the first Boards to meet the Scottish Government's insulin pump commitments. In relation to chronic pain, Pain Association Scotland's (PAS) monthly groups are now available across Tayside and are being actively promoted, in partnership with PAS; and a learning disability and epilepsy joint specialist nurse clinic has been established, with positive outcomes for patients.

Clinical Governance, Patient Safety and Infection Control

16. Rigorous clinical governance and robust risk management are fundamental activities for any NHS Board, whilst the quality of care and patient safety are of paramount concern. I am aware that there has been a lot of time and effort invested in tackling infection control. The Board came very close to the target for *Clostridium difficile* (C.diff) with a rate of 0.33 cases per 1,000 total occupied bed days, against a target of 0.32. The target for *staphylococcus aureus bacteraemia* (SAB) infections was not delivered by March 2015. NHS Tayside, similar to other NHS boards has found it challenging to secure reductions in cases of MSSA, a subset of SABs, and the higher proportion of these cases negatively affects total SAB performance. I would be grateful if you could keep officials informed of your on-going efforts to address this matters.

17. I was pleased to learn that under the NHSScotland National Cleaning Compliance Report for 2014/15, NHS Tayside showed Green compliance in both its domestic and estates services. Please pass on my thanks to staff for the hard work and determination they have shown to ensure that high standards have been maintained across the estate.

18. Healthcare Improvement Scotland (HIS) carried out an unannounced inspection of care for Older Persons in Acute Hospitals (OPAH) in Perth Royal Infirmary in July 2014. This resulted in 14 areas for improvement being identified. I am aware that the Board has drawn up an action plan to deal with the issues identified and would find it of great benefit if you could keep me up to date with how your work is progressing.

19. A clinical strategy has been developed by the NHS Tayside Older Person's Clinical Board. This strategy is informing how to deliver high quality healthcare to older people and people with dementia across Tayside for the next 5 years. At the centre of this strategy is the commitment to deliver safe, and effective, person-centred care, based around the needs of the local population being delivered as close to home as possible. I look forward to seeing the improved outcomes expected to result from the implementation of this strategy.

20. The Vale of Leven Hospital Inquiry resulted in 65 recommendations for action by health boards and the Implementation Group set up in February 2015, and chaired by the Scottish Government's Chief Nursing Officer Fiona McQueen, is in the process of producing a national action plan. Your self assessment indicates that that good progress is being made including the establishment of joint decision making arrangements between Infection Control Teams. I would be grateful if you could also clarify with officials how you are taking forward recommendation 24, relating to tissue viability.

Improving Access, including Waiting Times Performance

21. I would like, first of all, to take the opportunity to congratulate NHS Tayside on regularly achieving performance above 98% against the 4-hour Emergency Care standard. Can you please pass on my thanks to your staff whose dedication and hard work have enabled the Board to achieve this level of compliance. As you will be aware Catherine Calderwood, the Chief Medical Officer (CMO), visited the Ninewells Emergency Department and General Surgery Unit in June 2015. I was pleased to note that the outcome of her visit was to confirm that the models of care which the Board has adopted for the operation of these areas are robust, safe and clinically appropriate - with a focus on outcomes rather than targets.

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22. In relation to waiting times for scheduled care, I was disappointed to note the deterioration in NHS Tayside's position during 2014/15. In particular, delivery of the 12 week Treatment Time Guarantee (TTG) has dipped since December 2014, with factors including high levels of cancelled operations as a consequence of emergency pressures and higher levels of patients in delay, impacting on the effective flow of patients through the hospital. Similarly, the Board is also reporting an increasing number of people waiting over 12 weeks for an outpatient appointment or waiting longer than 6 weeks for key diagnostic tests, most notably colonoscopy and CT.

23. Recovery trajectories are now in place to address all aspects of this backlog and dialogue continues around solutions for assuring long term sustainability. The Scottish Government Access Team will continue to work closely with NHS Tayside staff and senior management to establish effective whole systems balance that ensures elective work is not displaced, especially over the coming winter period.

24. NHS Tayside has sustained its performance over the year against the 31-day cancer access standard, delivering above the 95% standard for the whole of 2014/15. However, delivery of the 62-day cancer access standard has been less consistent, with rates falling below 95% for the first and last quarter of 14/15. I am aware you have faced particular challenges around the colorectal and urology pathways. You are working hard to recover performance and officials will continue their weekly monitoring of progress for the time being.

25. I noted with pleasure the Board's achievement of the 18 week target for access to Phychological Therapies at the end of 2014/15, delivering 92.7% - well above the Scottish average. Performance in relation to Child and Adolescent Mental Health Services (CAMHS) was significantly weaker, at 34.7% for the quarter to end March 2015, partly due to the focus on reducing the number of people with very long waits. However, performance is expected to improve as this backlog reduces and I look forward to seeing the resulting improvements reflected in future figures. To date, your improvement efforts have included the recruitment of additional staff to ensure the service is fully equipped to respond to demand, as well as improved monitoring and reporting of performance.

26. NHS Tayside has engaged with the Person-Centred Health and Care Collaborative since its inception and has made good progress with implementing aspects of person centred care, primarily through your Improving Care Experience Programme. This has included a number of initiatives such as the routine use of patient feedback in quality improvement activity, testing the use of volunteers to conduct telephone patient experience surveys and patient interviews and training staff in the use of health behaviour change techniques.

The Integration of Health and Social Care

27. I welcome the commitment of the Board and its Local Authority partners to the effective implementation of integrated health and social care partnership arrangements and note that all three Chief Officers are now in post, the three Integrations Schemes have been approved and work is continuing on their respective Strategic Commissioning Plans. The Board has continued to perform well over the last year in relation to delayed discharge, assisted by the collaborative approach taken with Local Authority partners.

28. The Board recognises Primary Care and Community Servicers provide both a vital initial and ongoing point of contact with healthcare services for the people of Tayside. The appointment earlier this year of a Director of Community Services and Primary Care to

work in partnership with your Director of Acute Services and with the Chief Officers, is a positive step in the delivery of holistic and person-centred health and care services.

The Best Use of Resources, including Workforce Planning and Financial Management, as well as Service Redesign

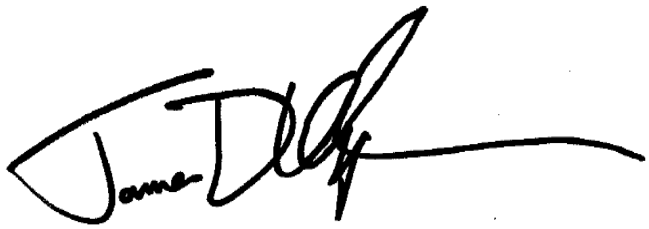
29. Effective attendance management is critical - not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. At 4.84% for the year to March 2015, NHS Tayside's sickness absence rate remained above the 4% standard but for the second year running, is below the average rate for Scotland. I recognise the efforts the Board is making to support its staff through a number of initiatives such as the successful launch in October 2014 of your online tool to help deal with stress, "Live Positive", and would encourage you to continue to focus on maximising attendances.

30. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. The Board was able to meet its financial targets for 2014/15, with the support of £15 million brokerage from the Scottish Government. Financial challenges during the year were exacerbated by delays with property disposals which you assured me are receiving focused attention to achieve completion. Repayment, along with the shortfall in recurring efficiency savings, will add to the challenge of financial breakeven in this and future years and officials will continue to stay close to your management team as plans to resolve the situation continue to develop.

31. Clearly overall economic conditions mean that public sector budgets will continue to be tight whilst demand for health services will continue to grow. Nonetheless, you confirmed that the Board continues to actively monitor progress with all local efficiency programmes and, whilst the position is highly challenging, NHS Tayside remains fully committed to meeting its financial responsibilities in 2015/16 and beyond.

Conclusion

32. My thanks to you and your team for hosting the Review in the Gannochy Lecture Theatre, and for responding so positively to the issues raised. The Review process has assured me that you are well aware of the challenging agenda facing the Board and that, while there is much to do, all parties are focused on making progress across a number of fronts. I have included a list of the main action points from the Review in the attached Annex A.



JAMIE HEPBURN

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ANNEX A

NHS TAYSIDE: 2014/15 ANNUAL REVIEW

MAIN ACTION POINTS

The Board must:

- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection, with particular emphasis on MSSA.
- Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including an effective response to the findings of Healthcare Environment Inspectorate and Older People in Acute Hospitals inspections.
- Maintain emphasis on the delivery of all access targets and standards; in particular the Treatment Time Guarantee for inpatients and day cases, the 12 week outpatient standard and the 62 day cancer access standard.
- Sustain existing progress and continue to improve performance against the staff sickness absence standard.
- Continue to work with planning partners on the integration agenda.
- Maintain focus on improving progress towards the 18 week target for access to Child and Adolescent Mental Health Services.
- Continue work on the achievement of in-year and recurring financial balance, and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme.

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ANNEX B

NHS TAYSIDE: 2014/15 ANNUAL REVIEW

Meeting With Area Clinical Forum (ACF)

The main points covered during discussion with NHS Tayside's Area Clinical Forum were as follows:

- While the Executive Team is supportive of clinical engagement, it remains a challenge to provide reliable, representative and timely clinical advice to the Board, with staff availability a key factor. Increased direct clinical demands result in reduced participation in much of the Professional Advisory Structure.

- The ACF welcomed the opportunity to contribute to the draft Clinical Services Strategy.

- Recruitment and retention of staff were discussed at some length, noting that the increasingly specialist nature of consultant and Allied Health Professional (AHP) training can contribute to difficulties in filling some posts. Reductions in the number of nurses being trained locally is also seen as a factor, with the active promotion of Return to Work options seen as a helpful response. The aging workforce increases the importance of robust and timely succession planning.

- The Board's approach to Winter planning with a clear appetite on the part of clinicians to ensure good preparation and learning from experience and established good practice.

- ACF members offered a number of examples of 'working smarter' initiatives taken forward by NHS Tayside staff including work done by Pharmacy and EHealth teams in access to the Clinical Portal and Out of Hours medication.

- The significant input of management time required to take forward the development of the structures and processes required to deliver Health and Social Care Integration.

- The importance of Ninewells role as a major teaching hospital, the benfitis of its relationship with the University and the need to maximise the potential opportunities and benefits offered by collaboration .

- The meeting ended with a reassurance of the importance of the ACF as an independent voice with a key role in supportive challenge and recognition that NHS Tayside has a track record of excellence and needs to be ambitious for the future.

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ANNEX C

NHS TAYSIDE: 2014/15 ANNUAL REVIEW

Meeting with the Area Partnership Forum (APF)

The main points covered during discussion with NHS Tayside's Area Partnership Forum were as follows:

- The central role of the APF in the promotion of NHS Tayside's Values and Behaviours Agenda and the importance of this in informing the engagement agenda.

- There was significant discussion of staff experience feedback, noting NHS Tayside's achievement of the highest national percentage increase in overall response rates in the 2014 National Staff Survey and the Board's role as an early implementer of the national *iMatter* programme.

- The recent redesign of partnership arrangements including significant work to develop a revised Local Partnership Fora structure to ensure that staff in all parts of the organisation have the opportunity to engage in matters of importance. Good quality and timely communication was highlighted as an important factor in ensuring these structures work effectively. It was noted that was absolutely vital that all partners work to embed these structures as swiftly as possible and provide the necessary support to ensure they are able to make an effective contribution to key activities such as strategic planning and service development.

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ANNEX D

NHS TAYSIDE: 2014/15 ANNUAL REVIEW

The main points covered during discussion with the NHS Tayside patients group were as follows:

- Communication passports
- Organ donor opt-out system and promotion of organ donation
- Transport to dialysis sessions
- Insulin pump therapy for diabetes patients and the importance of peer support
- Access to short respite breaks for carers and importance of cos=nsistent approach across Scotland
- Need for national support for Carers for people with learning difficulties
- Availability of appropriate resources to care for older people
- Integration to take account of people's whole needs
- Early intervention and preventative support and impact on reducing the need for care at a later stage.

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ANNUAL

FEEDBACK

REPORT

NHS Tayside's Annual Feedback Report 2014 – 2015

ort on the learning, action improvements made or ed in response to feedback, mments, concerns and laints about NHS Tayside healthcare services

Executive Summary

Feedback about the experiences of our patients, carers, family members and the public is an important gauge of the service we provide. Feedback can be used as a measure of the quality of our service and allows patients to be more involved in their own care and contribute to improving care.

NHS Tayside's Vision and Values are focused on ensuring "Everyone has the best care experience possible" and aims to ensure we "always listen to patients, their families and carers". In striving to "be the best at getting better" there is an acknowledgement that feedback from patients, carers and the public is paramount.

In 2014/15, NHS Tayside have placed a strong focus on not only encouraging feedback, but engaging patients and the public in designing the promotional materials we have developed to inform people about how they can give feedback and in the development of new methods we plan to introduce for obtaining feedback.

We also took the opportunity in 2014/15 to develop a feedback workplan, aimed at describing our key areas of focus for development and improvement in relation to feedback. Our workplan identifies three high level priorities and was developed giving consideration to feedback we received through various routes from patients, the public, staff and other organisations such as the Scottish Public Services Ombudsman (SPSO). The high level priorities for the next few years (October 2014 – March 2017) are:

1. Identification and implementation of accessible feedback mechanisms, that are 'advertised' increasing awareness of the availability and use of these mechanisms
2. Undertake and act on a whole systems review of the complaints procedure, ensuring the implementation of quality assurance mechanisms and objectivity of investigations, and implementation of all key elements of 'Can I Help You? and
3. Building capability (through strong leadership, role modelling and professional supervision) in frontline staff to optimise patient and carers experiences and to react appropriately when individuals raise dissatisfaction or make suggestions

This report summaries how NHS Tayside, encourage and gather feedback, encourage and handle complaints, how we are developing a culture that supports encouragement of and learning from feedback and provides examples of some of the improvements we have made as a result of feedback received. It also demonstrates some of the early progress we have made in delivering the priorities identified within our feedback workplan.

Contents

Introduction

The Patient Rights (Scotland) Act 2011 introduced a right to give feedback, comments, concerns and complaints about NHS healthcare and services. In NHS Tayside feedback encompasses comments, concerns, complaints and compliments. NHS Tayside has local processes and procedures in place for encouraging feedback to improve patient care and promote learning and improvement. NHS Tayside also utilises services such as Patient Advice and Support Service (PASS), advocacy and alternative dispute resolution services.

This report[1] describes the opportunities and mechanisms we have in place within NHS Tayside to encourage and gather feedback. It also provides a summary of the issues raised, the learning and the actions and improvements made, or proposed, in response to the feedback we received between 1 April 2014 and 31 March 2015

This report covers our own services and those provided by our health service providers (e.g. GPs, dentists, opticians, community pharmacists and ophthalmic medical practitioners).

NHS Tayside values and welcomes any comments or suggestions for improving the services we provide and wants to hear about anything patients, carers and families liked or disliked about the service or care given. We want to know if there is or might be a better way of providing services or care and want to hear people's ideas. There are many ways in which patients and their families can 'get involved' to help shape and improve local health services. This includes participating online.

Patients, carers and families can provide comments and feedback to the person involved in their care or people can visit: www.yournhstayside.scot.nhs.uk for all the latest consultations, discussions and to give feedback about NHS Tayside Services. People can also contact us by phone on 0800 783 6110 or in writing to: NHS Tayside, Freepost SCO6181, Dundee DD3 8ZR. NHS Tayside also has a Facebook page: www.facebook.com/NHSTayside and a Twitter page: www.twitter.com/NHSTayside. People can also provide feedback on NHS Tayside services via Patient Opinion www.patientopinion.org.uk

If people wish to make a complaint they can visit: http://www.nhstayside.scot.nhs.uk/YourRights/InformationCommentsConcernsandComplaints/PROD_208080/index.htm for further advice on how to do this. They may also find the Your health, your rights factsheet: Feedback and complaints helpful. This gives information on the support available to help them make their views known.

[1]This report can be made available in other languages and formats on request

Section 1 - Encouraging and gathering feedback

This section aims to describe the methods NHS Tayside uses to encourage and gather feedback from patients, carers, relatives and the general public, about their experience of the services we offer. Within this section of the report we will also demonstrate how we have met our public sector equality duty and engaged with patients and carers who may find it difficult in communicating feedback, how we publicise the methods of providing feedback available and what support is available to those who wish to provide feedback.

1.1 How NHS Tayside encourages your feedback

NHS Tayside recognises the importance of offering a diverse range of methods to patients, carers and families for the provision of feedback. As a result, NHS Tayside has developed, over several years, different opportunities for people to provide feedback, both at the time care is being given as well as afterwards. These methods have been shared in previous annual feedback reports produced by NHS Tayside, and include methods such as:

- Daily conversations – Healthcare staff interactions with patients, relatives and carers which provide opportunities for obtaining feedback
- Questionnaires in the format of 'How Are We Doing?'
- Approved or validated patient experience surveys for doctors, specialist nurses and allied health professionals (AHPs) which support their appraisal and revalidation are in place
- Patient engagement forums
- Comments Cards/Suggestion Boxes
- Specific forums to gain feedback from patients and carers who cannot communicate in the spoken language of English, who are hard of hearing and/or have other sensory impairment(s) which may cause barriers to communication

Some more detailed examples of how services across NHS Tayside are collecting and using feedback are provided below:

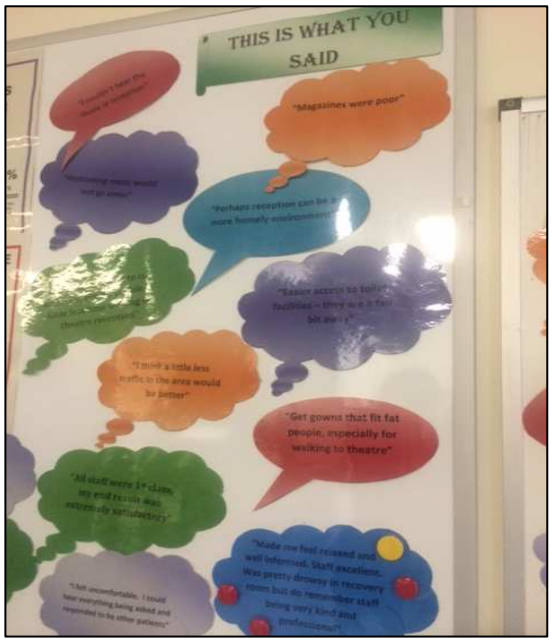
Example One: Improvement Tree Model of Patient Feedback

The Stracathro Regional Treatment Centre Outpatients Department were keen to capture patient feedback and decided to adapt NHS Grampian's Improvement Tree model. Initial tests of this have been successful and it is now regularly used to capture feedback. Placed around the tree are posters which give guidance on the purpose of the improvement tree and requests that people share their views about our service.

The comments are checked at the end of every day to check for any issues/concerns and the feedback is shared with staff at daily safety briefings. For example, a patient commented that the alcohol gel needed to be replaced and then this was acted upon by the next day. The feedback is also discussed regularly at the Clinical Governance meetings.

In the last six weeks there have been eighteen comments and the 'You said we did' board is updated every 4 – 6 weeks. Poor signage on the Stracathro Hospital site has been a recurring theme and is now being addressed by Site Management. The Improvement Tree is also being utilised in other parts of NHS Tayside to capture feedback such as the Neo Natal Unit and ward 42 at Ninewells Hospital.

Example Two: Paper Survey



The Main Theatre Suite in Ninewells Hospital uses a paper survey to capture patients' experience of being in theatre. Patients are provided with the survey and will complete once they are back on the ward and return in the envelope provided. Patients are asked to give feedback on their experience from walking to theatre, waiting in reception and being in theatre recovery. The comments are reviewed regularly by the Senior Charge Nurse and the feedback is used to help make coming into theatre a better experience for patients. Positive comments, areas of concerns and suggestions are shared with staff once a month at safety briefings. The 'You said, we did' boards within the reception area are also updated regularly.

One recent suggestion that is being acted on is to make the reception area seem more homely instead of clinical, so artwork has been purchased and is waiting to be displayed.

"This is a good way to understand how patients are feeling during their Theatre experience and lets you see what you are doing right and what could be better. "
Senior Charge Nurse, Main Theatre Suite

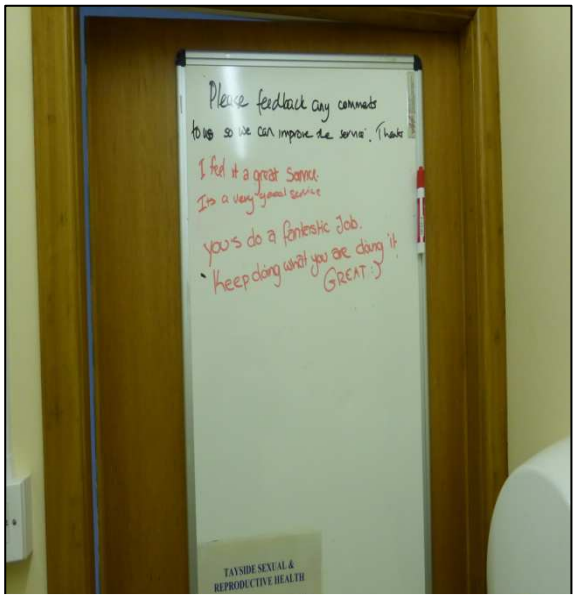
Example Three: Online Survey via iPad

"Men Only Tayside" is a sexual health service that is delivered in partnership with the Terrence Higgins Trust, aimed at supporting men who have sex with men.

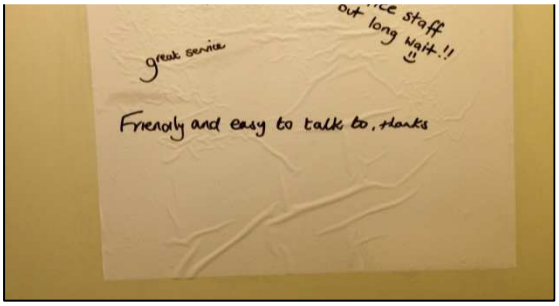
Patients can give feedback on their experience following their appointment by using an iPad which has a link to a survey monkey questionnaire and patients are supported by a "Men Only Tayside" staff member/volunteer. This service has achieved 100% patient satisfaction rating from its service user feedback.

Example Four: Feedback Boards

Tayside Sexual Health and Reproductive service has long championed patient involvement, with regular service user involvement in changes to service provision and utilising innovative ways to seek feedback such as comments boards in toilets.



Service users attending the Sexual and Reproductive Health Drop in Clinic at Drumhar Health Centre, have the opportunity to provide feedback using the white boards on the back of the door in the patient toilets when giving urine samples. A pen is provided and service users are encouraged to share positive or negative feedback.



The idea came about after staff wanted to ensure young people felt comfortable about providing feedback and needed to find somewhere in the clinic where young people were on their own to give feedback.

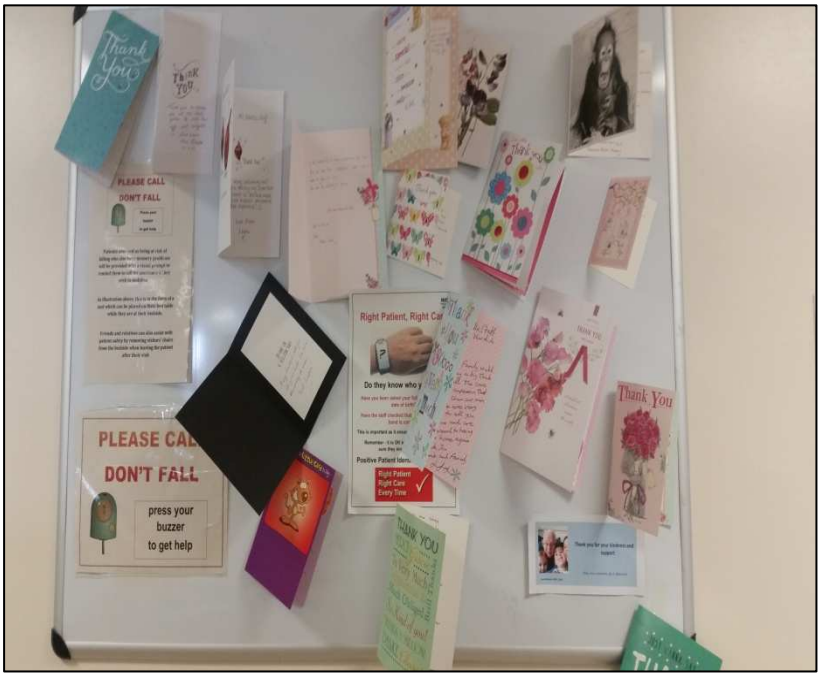
On average they receive about 5 comments a week. The comments are documented weekly and reviewed by the Management Team to identify areas for improvement.

The majority of feedback is positive with comments such as ‘Staff friendly, easy to talk to,’ being a regular theme.

This method is used in conjunction with other feedback methods such as the “How Are We Doing?” survey and has now been implemented at the Sexual Health Drop in Clinic in Dundee.

Compliments

Clinical areas continue to receive compliments in a variety of ways such as cards, chocolates, letters etc. Some services display the thank you cards and letters they receive.



Formal compliments are recorded centrally and during 2014/15, 297 compliments were recorded in comparison to 257 in 2013/14. Figure 1 below compares the number of compliments received per month between April 2013 and March 2015. Compliments covered a variety of topics but the majority related to Attitude and Behaviour, Clinical Treatment and Communication. Table 1 shows the number of compliments received per directorate during 2014/15.

Figure 1 – the number of compliments received each month.

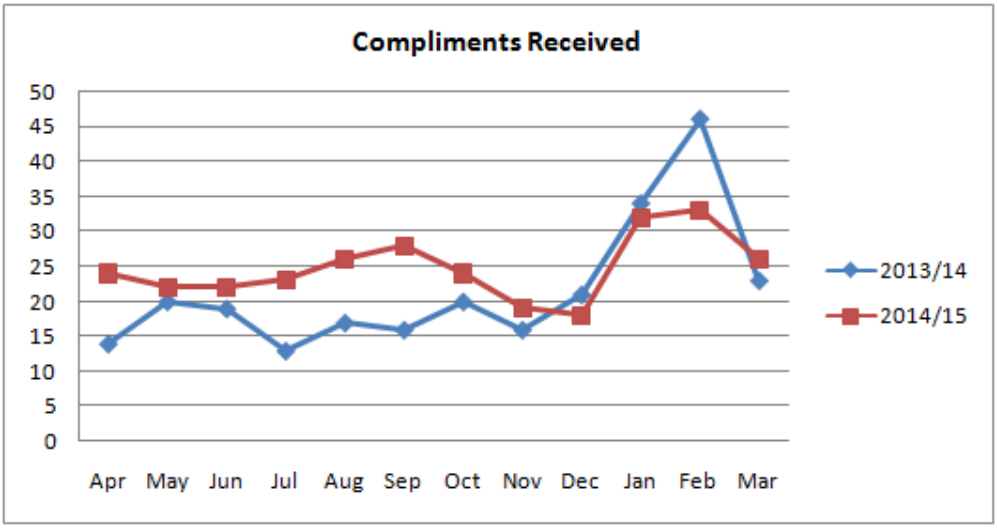


Table 1 – Number of compliments received between 1 April 2014 and 31 March 2015 by directorate

Directorate	Compliments Received
Medicine Directorate	105
Surgical Directorate	83
Access Directorate	43
Specialist Services & Specialist Surgery	41
Dundee CHP	8
Angus CHP	7
Perth & Kinross CHP	5
Operations Directorate	4
Chief Executive's Department	1

1.2 Promoting Opportunities to Give Feedback and New Approaches to Gathering Your Feedback

NHS Tayside is aware that offering methods for people to give feedback is not enough and that we need to ensure that patients, carers and families are informed of the different methods available and feel encouraged to provide feedback on their experience of our services.

We reported last year that we were developing promotional materials to help inform patients, carers, relatives and the public about the range of methods that they can use to give feedback on their care experience.

We agreed to develop and test an A4 poster design in collaboration with patients, members of the public and staff and this was piloted in three areas over a four week period using improvement methodology. Walk rounds were carried out with the Head of Nursing/Senior Charge Nurse half way through the test period to gather feedback from patients and staff in relation to the poster campaign.

Questions included:

- Have patients seen the poster? Are they in the right place?
- Does it encourage patients to give feedback? Does it convey the right message?
- What do patients think of the wording/presentation

Summary of the feedback received:

- Poster campaign positively received by staff and patients
- Differing opinion from patients and staff on whether posters should be 'personalised' or have one generic picture for all areas.
- A view that wording needed to be changed to ensure it was more positive and encourages patients/families to share their experiences – the good and the bad
- Additional promotional materials would be required, such as pocket cards, to ensure patients have something they can take away with them as a reminder of how to provide feedback
- The size of posters needed to be considered alongside the area of placement to ensure visibility

- The current poster is accessible to approximately 90% of the patient cohort who access our services, however not yet all patients i.e. low literacy, those whose first language is not English, etc. There is an option to add commentary in different languages to the poster advising that the poster relates to obtaining feedback however this is yet to be tested with relevant patient groups.

A focus group was also held with Public Partners in February 2015 to share the work undertaken in development of the promotional materials. They were asked to comment on the poster, and consider if it would encourage them to give feedback and if the presentation/wording was suited to the intended purpose.

Our Public Partners felt the approach was positive however thought that some changes to the presentation of the poster would ensure the message was clearer and were pleased to note that development of pocket cards had also been completed ensuring there was material for people to take away with them. Members also highlighted the need to include reference to the Patient Advice and Support Service (PASS) within the promotional materials.

As a result of the feedback from patients, staff and members of the public, we have now finalised the poster design. The A3 poster will be rolled out throughout 2015/16.
A communications plan will be developed to help raise awareness of the 'Your Feedback makes a difference' campaign to staff, patients and the public.

The pocket card design is currently being finalised and additional channels will be considered to help advertise the key messages of the promotional campaign such as: TV screens in outpatient areas, Social Media and NHS Tayside's revamped corporate website.

It is intended that pocket cards can be given to patients at the end of their appointment, on admission/discharge or during a home visit.

1.3 New Approaches to Gathering Your Feedback

Validated Feedback Tools – Inpatient Services

Last year we told you that NHS Tayside recognised the need for a strategic, robust and independent approach to capturing patients' experiences of hospital care and were developing and testing a new approach for inpatients. The new approach uses two methods and will be carried out by volunteers:

Method 1: Patient experience telephone survey conducted up to two weeks post discharge

- Validated survey tool – PPE15[2] has been chosen by NHS Tayside and includes an overall rating of the care experience
- Three telephone surveys per month

Method 2: 'Real-time' in depth semi structured interviews during admission

- The focus of these interviews is informed by other patient experience data such as the survey results (above), patient complaints, comments and incidents
- Two interviews per ward per month

Tests have been completed to understand the feasibility and resource implications for implementing this approach on a wider scale and we reported on some of the learning that we gathered in last year's report.

The results of the tests were positive and it has been agreed that this approach should be developed for implementation across appropriate inpatient facilities.

Significant work is still required to establish this as a service provided by volunteers and to support sustainable implementation.

[2] PPE15 is a shortened version of the Picker patient experience survey and consists of 15 questions

Currently we are working with two volunteers who are also medical students to help us test and understand what training and support volunteers need to undertake this role. This includes the development of a volunteer resource pack and training material. We are also testing the use of Datix/Qlikview to analyse and report on the data in a timely way for sharing with Clinical Teams. We will also be seeking feedback from patients that have taken part in a telephone survey to understand what they think of this new approach.

Mobile Phone Application

In 2014/15 we commenced the launch in maternity services of a mobile phone application (app) that could be used to capture patient feedback. The app could be downloaded to a patient, carer or relatives own mobile phone and either by selecting a ward or scanning a barcode, the individual could provide feedback on their outpatient appointment or inpatient stay. Unfortunately the launch of the app has not been successful to date due to the lack of local wi-fi to enable people to download the app whilst they were present within maternity services and families do not seem to engage with the concept if they have to go online once they are home. As a result, the use of the app is currently on hold whilst NHS Tayside works towards the introduction of wi-fi across patient areas for the general public. When this is available this project will be revisited.

1.3 National Sources of Feedback

Scottish Radiotherapy Patient Experience Survey

The first Scottish Radiotherapy Survey 2014 took place in 2014 with over 1,400 patients responding about their experience of undergoing radiotherapy treatment in Scotland during the period of 11 February 2014 to 4 July 2014.

The survey asks about people's experiences of: consent, information received before radiotherapy treatment, website information, radiotherapy treatment, information given about support, information following treatment and overall radiotherapy care. The survey was handed out by staff to patients who had undergone their final radiotherapy treatment at all five Scottish radiotherapy centres.

NHS Tayside's Radiotherapy Centre results were on the whole positive, with no

areas lower that the Scottish average and some areas above Scottish average. However the results did identify areas for improvement and staff are now working on improving the consent process and developing a department website.

A copy of the national and local survey results and questionnaire can be obtained at: http://www.gov.scot/Publications/2014/11/3229/downloads

The Inpatient Patient Experience Survey

The Inpatient Patient Experience Survey (previously referred to as Better Together) is part of the Scottish Care Experience Survey, a national programme to find out what patients think about their healthcare services in Scotland. The 4th Inpatient Survey was sent in January 2014 to a random sample of people aged 16 years or older who had an overnight hospital stay between April and September 2013. The survey, which is conducted by post, covers six specific areas of inpatient experience: admission to hospital; the hospital and ward; care and treatment; hospital staff; arrangements for leaving hospital; and care and support services after leaving hospital.

1.5. Staff: your most recent hospital stay

Question	Number of responses	Response: Very positive	Response: Positive	Response: Neutral	Response: Negative	% Positive 2014	Change from 2012	Difference from Scotland 2014	Trend 2010 - 2011	Trend 2011 - 2012	Trend 2012 - 2014
49. Overall rating of all staff patients came into contact with.	1,039	58%	34%		6%	92	+3	+1	↓	↑	↑
41a. Doctors knew enough about patients' condition and treatment.	972	49%	44%			93	+5 $	+3 $	↓	→	↑
41b. Doctors discussed patients' condition and treatment with them in a way they could understand.[C]	963	49%	43%			92	+4 $	+2	→	↑	↑
41c. Doctors did not talk in front of patients as if they were not there.[P]	896	35%	47%	10%	9%	81	0	+1	-	↑	→
41d. Doctors listened to patients if they had any questions or concerns.	927	39%	51%		6%	90	+2	0	↑	↓	↑
41e. Doctors washed/cleaned their hands at appropriate times.	908	40%	50%		8%	90	+3	-1	→	↑	↑
41f. Patients had confidence and trust in the doctors treating them.[N]	987	52%	40%		6%	92	-	+1	-	-	-
42a. Nurses knew enough about patients' condition and treatment.	1,009	41%	48%		8%	89	+9 $	+2	↓	↓	↑
42b. Nurses discussed patients' condition and treatment with them in a way they could understand.[C]	970	41%	47%		7%	88	+9 $	+4 $	↓	↓	↑
42c. Nurses did not talk in front of patients as if they were not there.[P]	926	35%	49%	9%	6%	85	+2	+2	-	↑	↑
42d. Nurses listened to patients if they had any questions or concerns.	988	39%	52%		6%	91	+4 $	+1	↓	↓	↑

1,074 NHS Tayside patients (49%) returned feedback on their experiences. The survey relates to previous inpatients across 13 hospital sites in Tayside.

NHS Tayside as a whole performed very well, 91% of patients rated their care and treatment as excellent or good, a statistically significant positive difference compared with the Scottish average of 89%. Results for Tayside for the last survey in 2012 were 87%.

Compared to this year's results for Scotland, NHS Tayside patients were significantly more likely to report a positive experience in many areas and there were no areas in NHS Tayside where patients were significantly less likely to report a positive experience. Locally, the results from this survey compliment other sources of feedback about NHS Tayside services. The results are not real-time and apply to the period April 2013 and September 2013; however they are statistically robust to enable comparisons with other Boards and over time.

The top five responses in NHS Tayside (5 questions with highest percent positive score)

1. Patients understood how and when to take their medicines
2. Hand wash gels were available for patients and visitors to use
3. Patients understood what their medicines were for
4. In A&E patients had enough privacy when being examined or treated
5. Information received before attending hospital helped patients to understand what would happen

The bottom five responses in NHS Tayside (5 questions with highest percent negative score)

1. Patients saw/received information on how to provide feedback or complain about the care they received
2. Patients were satisfied with how these clinical errors were dealt with
3. A member of staff discussed any clinical errors with patients
4. Patients knew which nurse was in charge of the ward
5. Patients were not bothered by noise at night from other patients

As described above, NHS Tayside has made developments in respect of advertising how patients, carers and families can give feedback since that time, with posters being tested, greater use of Patient Opinion and improving access of 'Give Feedback' on NHS Tayside's internet home page. The importance of involving patients in clinical errors and risks has been highlighted in the revision of the Adverse Event Management Policy, and associated road shows, which again, have been introduced since the survey period. There is a rolling programme for displaying photographs of staff on wards and 'who is in charge'. Noise at night is a continuing challenge; whilst the percentage figure is an improvement since the last survey, a new plan is required regards this.

A copy of the national and local survey results and questionnaire can be obtained at: http://www.careexperience.scot.nhs.uk/index.html

Scottish Maternity Care Survey 2013

In last year's report we provided details of the result of the first Scottish Maternity Survey which took place in summer 2013. The survey was sent to 325 women who gave birth in Ninewells Hospital in February or March 2013. In total, 155 women returned feedback on their experiences of care, a response rate of 48%.

The results showed that NHS Tayside performed comparably to the rest of Scotland and particularly performed well in relation to ante natal care which was reported to be 4% (statistically significant) above the national average. The survey also identified areas for improvement and the service has been using this feedback as one of a number of national drivers to improve the service it offers to the population of NHS Tayside. Over the past 12 months the service has continued to build on the improved numbers of skin to skin after birth and has introduced a 'snuggle bundle' which was launched in April 2015 to promote skin to skin and all the benefits that accompany this. They have also been baby friendly reaccredited in Angus, Perth and Ninewells.

Maternity staff are using Quality Circles to learn from complaints, and are involving all staff in the delivery and dissemination of this work.

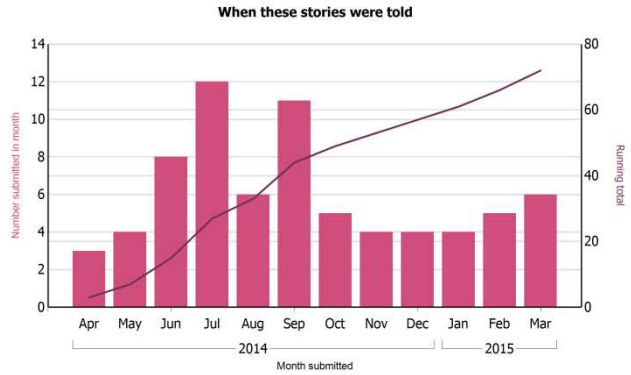
They are also actively using patient stories to understand what women want from the service and how to achieve this.

In 2014/15 they surveyed women on what they would like from visiting hours and this resulted in an excellent piece of work around visiting in the labour suite to meet the needs of patients aligned to the feedback they provided.

Patient Opinion is an independent organisation which was founded in 2005 and offers a platform for the public to provide feedback to health services. Members of the public can visit the Patient Opinion website (https://www.patientopinion.org.uk/) where they can share a story about their experience of the health care they, a relative or friend received. These stories are then shared with NHS Tayside who will respond to the feedback, and utilise it to support learning and improvements across our services.

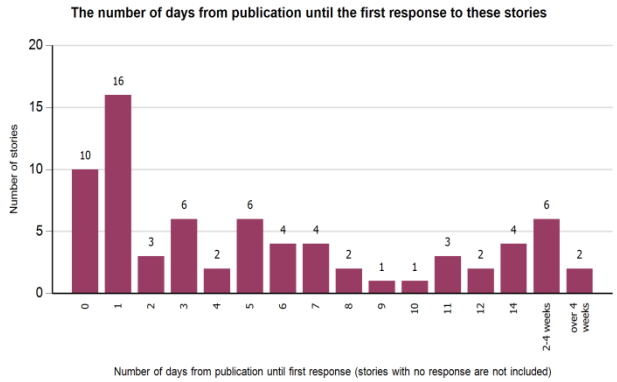
During 2014/15 seventy two (72) stories were posted on Patient Opinion regarding NHS Tayside services, compared to thirty one (31) in 2013/14. As at 13 April 2015, responses had been provided to all 72 stories posted, and 71% received a response within a week of the story being published.

Figure 2 – The number of stories published each month



Source: Patient Opinion, Stories in Summary Tayside 2014-15

Figure 3 – The number of days it took for a response to be provided to each story



Source: Patient Opinion, Responses and Story Progress

The feedback NHS Tayside receives through Patient Opinion offers us an opportunity to share positive experiences with staff, as well as supporting us to identify areas for improvements. Below is an example of a story posted and the response provided by NHS Tayside, including details of the action taken following receipt of this feedback.

About: Ninewells Hospital / Acute Medical Unit (AMU)

Posted by Poppy09 (as a relative), 5 months ago

My grandmother was admitted to the acute medical admissions ward at Ninewells hospital Dundee. I visited her one day last week and again the following two days. I was surprised that in the week the Vale of Leven report came out there was no antibacterial hand gel available on the entrance to the ward or at the entrance to the ward bays. So none at all

Response from Nicola Irvine, Consultant and Clinical lead for Acute Medicine, AMU, Acute Medical Unit, Ninewells Hospital, NHS Tayside on 02/12/2014

Dear Poppy09
Many thanks for taking the time to feedback to us on this important matter. I'm sorry you were unable to find any alcohol hand gel on your visit to our unit. This is normally stored in bright green bottles beside the side of the door at the entrance to each side of the unit (East & West) rather than the main visitor entrance at the visitor waiting area. In comparison with other areas in the hospital this is not very clearly signposted and we will place signs to remind visitors of its location when entering and also to encourage people to approach staff on the unit if there is no readily available facility for hand cleaning as we agree this is vitally important for visitors, staff & patients. Our domestic staff check these supplies daily when they clean and are normally very diligent in making sure it is always available. I will remind of their important role in this matter.

Within the unit each Bay has an alcohol gel and soap/moisturizer above the sink at the end of the bay. This is also above the sink in each side room and is available for patients, staff & visitors to use. Although the appearance of our alcohol gel is very familiar to staff, once again, this is not very clearly marked for patients or visitors and we will address this at the same time to be sure there is always a clear availability of this on the unit.

I hope this has helped to address your concern raised and once again, thank you for taking the time to feed back for the benefit of our ongoing improvement.

Response from Nicola Irvine, Consultant and Clinical lead for Acute Medicine, AMU, Acute Medical Unit, Ninewells Hospital, NHS Tayside on 22/05/2015

A month after this was posted we took delivery of new eye-catching posters with clear explanations of the hand gel bottles & where to find them for all visitors to see. These have been placed in several areas as you enter at eye level and next to the gel to highlight the bottles as you enter either side of the unit. These posters also encourage visitors to speak to staff if they find an empty bottle so that we can quickly address this to keep our ward clean and patients safe.

Thank you again for your valuable feedback which has raised awareness of an issue we weren't previously aware of and led to a change for the better

This story and others about NHS Tayside services can be found at https://www.patientopinion.org.uk/

1.5 Local online feedback mechanisms

Your NHS Tayside website (www.yournhstayside.scot.nhs.uk)

Your NHS Tayside is a website used to engage and involve patients, carers, families and the general public in shaping and improving services. People can get involved online by completing surveys, taking part in a quick poll, joining in a conversation to share and debate views with others on a particular topic and give feedback on NHS Tayside services.

Consultations zone

Details of live and closed consultations and how people can give us their views can be found at: http://www.yournhstayside.scot.nhs.uk/consultations.aspx

In the year from April 2014 to March 2015 there have been 6 online consultations:

- Your views wanted on a new website for NHS Tayside
- 'Legal Highs': what is your experience of these?
- HIV Service – How did we do?
- Cash 4 Communities – rebranding
- Food & Drink Consultation
- Technology Enabled Care

The HIV Service – How did we do? Consultation is ongoing. The purpose of this consultation is to find out the views and opinions of the department's service users.

The results are checked regularly by the Public Involvement Team to identify what improvements are needed and are acted upon as the website development and functionality continues to evolve.

Give Feedback zone

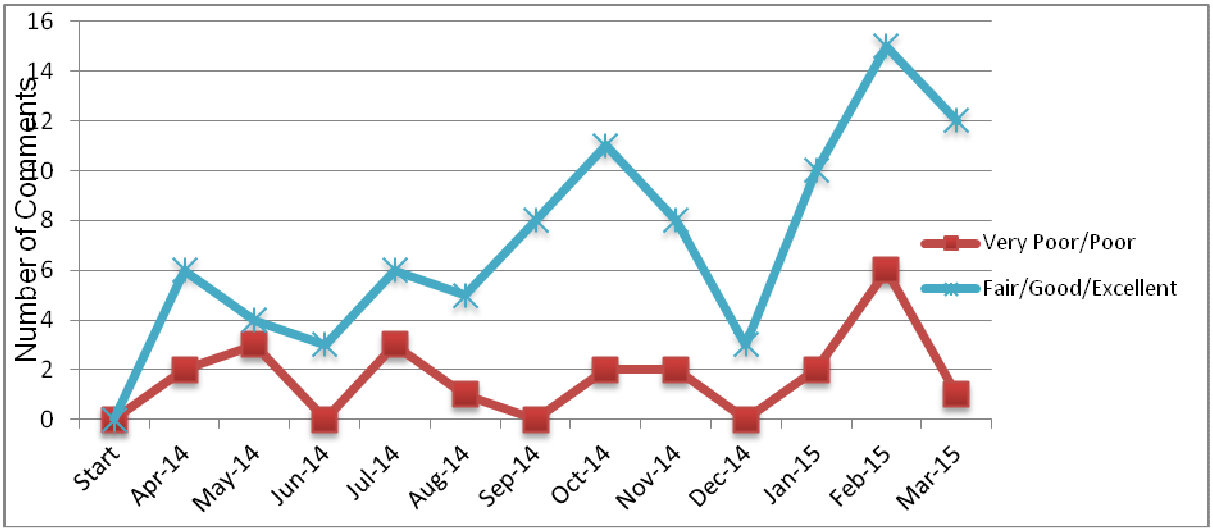
The 'Feedback' section of our website invites people to tell us what we do well and how we can get better. The section describes how NHS Tayside is committed to delivering safe person-centred care; that feedback is important to us as it helps us to have a greater understanding of people's needs and expectations and allows us to make changes and improvements. People can provide feedback through our website at: http://www.yournhstayside.scot.nhs.uk/give-feedback.aspx.

The feedback section goes on to describe that “Your suggestions, comments and concerns about your experiences using the service are really appreciated - it's your health service and we do take note of your concerns and suggestions and act on them. Positive feedback is also welcomed and appreciated by the people delivering services.”

In the year from April 2014 to March 2015 there have been 113 episodes of feedback submitted via this website. The chart below shows the number of comments received by NHS Tayside per month.

Feedback activity on the Your NHS Tayside website April 2014 to March 2015

Figure 4



The blue markers described the experience as being Fair/Good/Excellent, whilst the red markers described the experience as Very Poor/Poor.

Have Your Say

We also use the Your NHS Tayside to gather views on topical issues through quick on-line polls. For example we are currently asking for views on whether people are aware of the NHS Tayside Community Innovation Fund (which was previously called Cash4Communities In total, to date there has been 4 votes, with 1 out of 4 (25%) being aware of the fund.

During the year we have also used this facility to capture views on:
Are you aware of the Charter of Patient Rights and Responsibilities?

In total, 124 people have participated in the above quick poll. The results of which are shown below:

Are you aware of the Charter of Patient Rights and Responsibilities?

Yes: 51% No: 49%

In light of these results, NHS Tayside will take steps to raise patient and public awareness of the Charter.

Facebook and Twitter

NHS Tayside launched our Facebook and Twitter sites in July 2010 as an alternative way for communicating with staff, patients, carers and members of the public.

NHS Tayside's Facebook page: www.facebook.com/NHSTayside currently has 3980 followers, an increase of 1477 in 2013/14, with a possible onward reach of 300,000 plus followers. The weekly reach averages 3057 people peaking at 8276 with the bulk of our followers coming from the 25 to 54 year old bracket. 80% of our followers are female with 35% of them being aged 35 plus.

NHS Tayside's Twitter page: www.twitter.com/NHSTayside currently has 5952 followers, an increase on 1190 followers in 2012/13, with many of them regularly 'retweeting' our posts or commenting on them. An average of 50 plus mentions/interactions are received per week.

Feedback received via Facebook and Twitter is sent to the relevant service and the Feedback Team for recording, and taking action and responding to as required.

1.6 How Feedback is obtained from equality groups

NHS Tayside recognises the need to ensure feedback mechanisms are fully inclusive ensuring that all patient groups and population groups have an opportunity to give feedback. This can mean the need to adapt current feedback methods or establish new ones based on discussions with patients, carers and families about the best way to meet their needs. Procedures remain in place to ensure that surveys can be made accessible to non English speaking patients either through the use of language line who will provide telephone interpretation or by identifying a relative/carer who can support the patient.

Throughout this report there are examples of ways in which we obtain feedback from equality groups, for example:

- The feedback boards used within Tayside Sexual Health and Reproductive service (see page 7), provide a mechanism for young people to provide feedback regarding the services they are receiving
- The Online Survey via iPad (page 7) used within Men Only Tayside
- The Maternity Care Survey and quality circle work within the Labour Suite (page 16)

In addition to these examples, NHS Tayside engages with equality groups to obtain feedback in the following ways:

On a quarterly basis feedback is obtained from people who use our interpreting services. A questionnaire is administered by the interpreter to the patient who has used the service in order to obtain feedback for improvement. The results are discussed at a regular meeting that drives the identified improvements forward. Some of the improvements made as a result of the feedback have included the recruitment and training of more language interpreters and the facility to book follow on appointments with the interpreter at the appointment rather than go through the booking system. In addition an out of hours facility to access interpreters has been established to extend the service availability.
NHS Tayside has links in place with organisations such as VisionPK (Perth & Kinross society for the visually impaired) and Tayside Deaf Hub and Tayside Deaf Action who meet with members of the visually impaired and deaf communities across Tayside and provide feedback to NHS Tayside on patients, carers and families' experience of our services. VisionPK have been able to support NHS Tayside in the development of the feedback poster mentioned in section 1.2, to ensure that they are accessible for people with a visual impairment.

NHS Tayside has established mechanisms with Penumbra, a mental health charity who work with patients in Angus, in order for them to provide feedback on behalf of their clients on the services they receive from NHS Tayside. This provides an alternative route for patients to provide feedback and also provides them with support throughout the process.

Our Child & Adolescent Mental Health Services (CAMHs) have questionnaires in place which enable the child or their parent/carer/guardian to provide feedback on the service they are receiving. You Said We Did is also used which allows the service to share with its patients the feedback they've received and the actions taken as a result.

The Promoting A More Inclusive Society (PAMIS) group that was referred to within our last annual report, continues to successfully offer an environment where group members (family members and carers of people with profound and multiple learning difficulties) can share feedback about their care experiences and promote learning and sharing of good practice. During 2014/15, one PAMIS member (Kate) was able to share with us the positive care experience she had when her daughter (Laura) had an admission to Ninewells Hospital. Kate described how what was a very worrying and anxious time for both herself and Laura resulted in a positive experience due to the effective engagement of NHS Tayside staff in using Laura's communication passport (more details regarding the communication passport and its purpose are provided below). Kate shared with us the positive approach taken by staff in using Laura's communication passport in order to build a rapport with Laura enabling her to interact with them. Kate was pleased to see that the passport was shared with the multiple professionals involved in Laura's admission, including the staff on the ward and theatre staff. One of the key benefits from this positive experience was that Kate described feeling more relaxed and confident about any future admissions Laura may require. Since receiving this feedback, Laura and Kate's experience and details about the Communication Passport have been shared with the Community Learning Disability Nursing Teams and the Senior Charge Nurse for the Learning Disability admission ward at Carseview to encourage them to work with families to develop passports for the people they work with.

What is the Communication Passport, and what is it purpose?

Personal Communication Passports were invented by Sally Millar in 1991 with the aim of creating 'a practical and person-centred way of supporting children, young people and adults who cannot easily speak for themselves'.

Laura's family enhanced the initial idea of the communication passport, making it more personalised. The Communication Passport is about building up a comprehensive conceptual framework; one that allows the reader to piece together the rationale behind all of the care decisions needed for giving Laura quality care. It does this with explicit and practical examples of what they may encounter when working with Laura.

The outcome for Laura is the Passport gives her a voice. It allows a two way conversation between her and her carer by giving the carer the necessary tools to understand how to best support Laura. All her carers to date have said how much more confident they feel since using her Passport, and how this has improved the quality of their relationship.

1.7 NHS Tayside Public Partners Network

NHS Tayside Public Partners is a network made up of patient groups, members of the public, carers and voluntary organisations that work in partnership with NHS Tayside. The network is open to individuals or groups who have an interest in health and health related issues. Public Partners participate in a range of activities that are instigated by NHS Tayside.

Members have the opportunity to challenge proposals, contribute to decision making and act as a sounding board for NHS Tayside by giving their views in the development of strategies and policies and in the redesign of services. During the period of the report the network has contributed to a range of issues including:

Discussion groups led by NHS Officers to gather views and opinions on the following topics:

- Patient/Public perspective regarding the process of receiving results after Radiology examination
- NHS Tayside Public Partners guidance on their future activities
- Implementation of the NHS Tayside Introduction and Management of Point of Care Schemes Policy
- New/Improved NHS Tayside Website
- Shaping Surgical Services
- Enhancement of Patient Waiting Area Level 6, Ninewells Hospital
- Community Pharmacy - Chronic Medication Service - patient feedback & evaluation
- Management of Violence and Aggression Policy review
- Public Partner Update (discussions took place with regards to a Public Partner Newsletter/Induction Pack/Enquiry Template being created)
- Integration of Health & Social Care
- NHS Tayside Public Partner Induction Pack
- New/Improved NHS Tayside Website User Experience

- Launch of Public Awareness Campaign about the importance of Power of Attorney (POA)
- Draft Standards for Care of Older People in Hospital
- Dundee Health & Social Care Integration Scheme
- Nuclear Medicine Patient Literature
- Listening and Learning from Feedback and Patient Advice and Support Services – PASS
- Environmental and Sustainable Development

Overall the feedback received has been very positive regarding the above activities.

Examples of some of the Lead Officers comments are shared below:

'Our meeting with Public Partners has ensured that we did not focus solely on the "delivery" of care, but that we saw the patient's perspective in the work we are planning. It also helped us to confirm that what staff told us was important matched up with what matters to patients'

'An opportunity has been afforded to raise the profile to Public Partners of this policy relating to an important area of diagnostic testing that may grow in significance. The agreed way forward means that the group are aware of the context of the policy and that will enable POCTAC to bring relevant issues back to the group as required and also make the group aware that there is a route to follow should they have a particular/question issues that might be of interest or concern'

'The group actively contributed to the discussion and had clear insight into the service. The individual knowledge of the NHS and the systems in place, guarantees, and individual experience made this session extremely beneficial. As a group, this group of partners complimented each other well in knowledge of different parts of the service, experiences and views'

'Feedback from Public Partners on the day suggested the Focus Group was well received. The Public Partners were genuinely interested in the various topics and the questions they asked were very relevant.'

Examples of some of the Public Partners comments are shared below:

‘Good size room, good mix of attendees with mixed views, Draft document was available in good time prior to event, Good information on event from the Public Involvement Team, so participants knew what was required at the focus group. Well organised event good interaction with Project Officers and attendees”

‘The topics were interesting and an opportunity for us as members of the public to learn more, and make

‘I felt that there was a good range of comm ents which raised varying concerns about the whole progress’

‘Good room and mix of participants. Good chairmanship of group, all participants had a chance to ask questions. The lead officer gave a very good presentation of where NHS Tayside is with regards to the topic and answered in a very professional manner and a very relaxed way which I think made all the participants feel part of the process’

‘A good meeting to interact with the website staff who'd listened to what we all had to say, gave us all the opportunity to participate in the development and content of the website’

‘The literature was very informative and the discussion interesting. To me it all worked very well and I would not change a thing’

‘Much of the success of a meeting depends on the preparation by all participants. The three staff who represented the department regarding the Leaflets were generous with their knowledge and information and welcomed some of the suggestions from those present – a productive exchange’

‘I thought that everything went well and were given time to speak, we were listened to, everyone gave a good contribution and had different things to speak about’

‘Technical details were described in understandable language. A good insight into the interactions of different interest groups and their contributions to environmental challenges’

‘I thought it worked well because we were able to discuss the policy. I was delighted that the lead officer took on board all that was said then intimated he would review the policy’

NHS Tayside Public Partners attended the following discussion/information sharing events, where lead NHS Tayside Officers wished to seek their input and opinion on the following topics:

- It's your NHS Event – 30 April 2014

Health & Social Care Integration –

- Background to the introduction and implementation of the Act and what it will mean in practice for the people of Tayside
- Question and Answer Session

Infection Control Insight –

- General Infection Control Update/New Organisms/World Health Hand Hygiene Day/Infection Control Team Update
- Question and Answer Session
- Catheter Associated Urinary Tract Infection (CAUTI) Presentation
- Cleanliness Champions Presentation
- Question and Answer Session

Laboratory Insight -

- Laboratory Presentation
- Laboratory Walkround
- Questions and Answers Session

NHS Tayside Event – National Volunteering Week – 5 June 2014

- Raise awareness about volunteering roles to staff in NHS Tayside
- Launch the Volunteering in NHS Scotland Handbook
- Presentation of iiV awards by Chairman
- Scottish Health Council – Help us develop proposals for a 'stronger voice'
- Institute Healthcare Improvement Student Conference – 'Working to Improve Healthcare'
- New/Improved NHS Tayside Website Launch
- NHS Tayside Quality Awards
- It's your NHS Event – 8 November 2014

Online Involvement in patient leaflet and poster developments to ensure they are patient and public friendly and include:

- Comment on Local Adverse Event Review leaflet
- Comment on Endoscopy Procedure leaflet
- Comment on Ear Irrigation Patient Information leaflet
- Comment on Inflammatory Bowel Service – Virtual Clinic leaflet

As a result of these various activities, the following 'Added Value' comments were received:

- **Power of Attorney (POA) Focus Group** - One of the Public Partners who attended the Power of Attorney Focus Group is a producer for 'Dundee Tape Newspaper for the Blind'. He offered to promote the POA press release in the December 2014 issue. The lead officer accepted this offer, as this resulted in the Organisation reaching out to the visually impaired community

- **Community Pharmacy – Chronic Medication Service – Patient Feedback and Evaluation Focus Group – '**Excellent opportunity to help develop services and to help produce appropriate evaluation questionnaires in relation to these services. This opportunity has also given a bigger insight into what the public understand about the pharmacy profession as a whole'

- **Health & Social Care Integration Focus Group** – 'Views from Public Partners reported to Executive Directors and informed the consultation paper submitted to the Scottish Government in August 2014'

- **New/Improved NHS Tayside Website Focus Group** – 'Views from Public Partners will be used to inform the content plan for the new website. Public Partners also expressed a willingness to participate in essential user testing of the website once the website is at a stage where this can be undertaken.

Overall, we have found engaging with Public Partners to be a positive experience as it has confirmed we were planning along the right lines, and it was good to have these ideas confirmed. They also added some extra ideas we had not considered'

- **Patient/Public Perspective on Nuclear Medicine Patient Literature Focus Group –** 'Having the engagement with the Public Partners allowed questions to be asked that hadn't been thought about and the questions they asked were very relevant. They allowed us to see things from different perspective and what should be included that was important not only from our point of view with regards to legislation but from the public's view on practical issues such as car parking and the whole impression of 'radiation' and the word nuclear'

- **Shaping Surgical Services Focus Group –** 'Our meeting with Public Partners has ensured that we did not focus solely on the "delivery" of care, but that we saw the patient's perspective in the work we are planning. It also helped us to confirm that what staff told us was important matched up with what matters to patients'

The key learning for us from involving patients and the public has been:

- to ensure participants are given full and detailed background information to the subject to allow them to make informed judgements and contributions
- supporting participants by feeding back what has happened with their contributions, thus encouraging them to participate in future activities to capture patient/public participation/engagement and outcomes by using various tools and systems
- continually evaluating systems and processes which are used when engaging with patients/the public, to identify gaps and improve on the service provided
- the sharing of Public Involvement good practice examples will help to encourage learning across the organisation and ways to involve people

Improvements as a result of the comments from these various activities have included:

- NHS Tayside Public Partner Induction Pack – Public Partner guide booklet developed to help and support the role of the Public Partner
- Nuclear Medicine Patient Literature Focus Group – as a result of feedback and questions raised at the meeting, the service are planning to develop a 'Frequently Asked Questions' section on their Nuclear Medicine Service webpage within the NHS Tayside Website

1.8 What support is available to people who wish to give feedback or complain?

Anyone wishing to speak to someone for advice or help with giving feedback or making a complaint is given details about the independent Patient Advice and Support Service (PASS) which is available through the local Citizen's Advice Bureau. Contact details for PASS are provided in leaflets and through the NHS Tayside website; this information is also included in the new posters and pocket cards referred to above. A leaflet providing complainants with details of who PASS are, the service they offer and how to contact them is included with all complaint acknowledgement letters. In addition, members of the Complaints and Feedback Team speaking with complainants are able to signpost them to the appropriate PASS Adviser.

Senior charge nurses/charge nurses through the Leading Better Care programme are introduced to complaints and early resolution. This equips nursing teams to be confident to seek feedback from patients and their families through engaging at the earliest opportunity with those who wish to give feedback or complain. Nursing and medical staff are signposted to the LearnPro modules on NHS Tayside Customer Care and the NES Complaints and Feedback and encouraged to undertake these and ensure their staff access these (see section 3.2 for more information). This training includes information on the role of PASS.

A presentation was given to Public Partners to raise awareness of PASS and their role in supporting members of the public to provide feedback on their healthcare. This presentation was well received, with the Public Partners keen to share details of this service more widely. Specific suggestions for increasing awareness and accessibility to PASS are being considered.

New staff within the Complaints and Feedback Team undertake training on the role of PASS as part of their induction and attend a presentation to understand their role in supporting members of the public to provide feedback or make a complaint.

Section 2 – Encouraging and Handling Complaints

This section aims to demonstrate how NHS Tayside responds to complaints, the improvements that have been made in responding in a timely manner to complainants and the links being made between the management of serious and adverse incidents and complaints.

2.1 Complaint numbers and response times

Complaints are forms of feedback that offer us valuable information about the experience of our patients and carers. NHS Tayside aims to learn from this feedback and utilise it to inform improvements in the care and services we provide.

NHS Tayside has seen an increase in the number of complaints received this year from 1474 in 2013/14 to 1698 in 2014/15. It has been noted that the main area of increase continues to be in prisoner healthcare complaints. In 2013/14 NHS Tayside received 485 complaints from prisoner healthcare, however this has risen to 696 in 2014/15, an increase of 211 complaints which equates to an additional 18 per month. This means that the increase in complaints across the rest of our Acute Care and Community Health Partnerships was just 13 for the year, the equivalent of an additional 1 complaint per month.

The number of complaints relating to prisoner healthcare continues to challenge the service to respond within the agreed timescales. Regular meetings with Perth & Kinross CHP, who have responsibility for prisoner healthcare in both Perth Prison and Castle Huntly, and NHS Tayside Complaints & Feedback Team provide an opportunity to review the process for handling complaints, with ongoing training provided to staff to support them in meeting with patients in an attempt to resolve less complex complaints, investigation skills and responding to complainants.

A mapping event has been arranged to further improve systems and processes to ensure that prisoners are able to access the complaints process appropriately, in line with current legislation.

During 2014/15, the Complaints and Feedback Team received and responded to 2518 enquiries, concerns and complaints. This figure relates to Acute Care and Community Health Partnerships and shows an increase of 290 compared to the 2013/14 figure of 2228.

The number of complaints received during 2014/15 (1698) equates to 0.13% (0.07% excluding prisoner healthcare) of all patient care episodes for the same period and compares to 0.11% (0.07% excluding prisoner healthcare) in 2013/14.

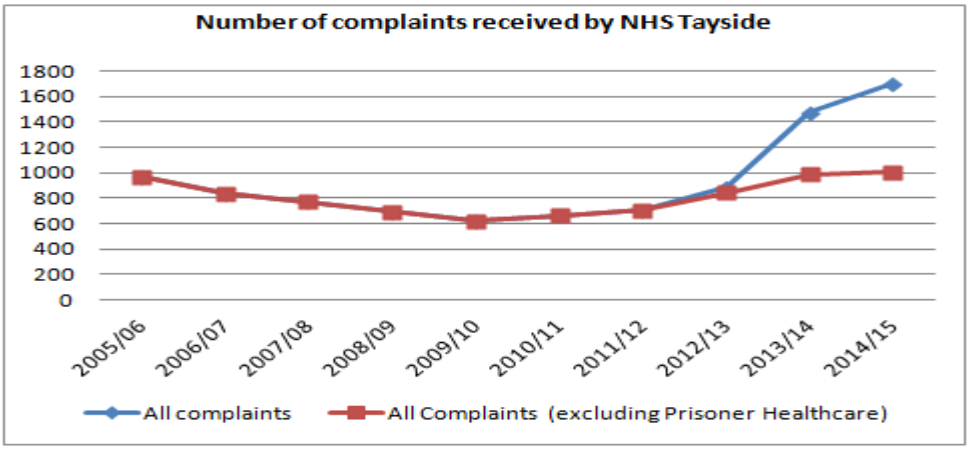
Table 2 below shows data in relation to complaints, concerns and enquiries received in 2014/15 compared to the numbers received in 2013/14. The number of complaints minus prisoner complaints is shown in brackets.

Table 2 – Volumes and types of feedback received in 2014/15 compared to 2013/14

Type of Feedback	**2014/15**	**2013/14**
Complaints	1698 (1002)	1474 (989)
Complaints not resolved following initial response or where complainants have accepted an offer to meet to discuss/clarify further concerns (episode 2)	160	179
Concerns	300	227
Enquiries	360	348
Total	**2518**	**2228**

Figure 5 below shows the number of complaints received by NHS Tayside annually since 2002/03. The blue line demonstrates all complaints received, whilst the red line excludes complaints from prisoner healthcare. It should be noted that the data reflects the numbers and not nature and complexity of complaints.

Figure 5 - Number of annual complaints received by NHS Tayside from 2005/06 to 2014/14



Scottish Public Services Ombudsman (SPSO)

The SPSO is the final stage for complaints about a number of public services, including the National Health Services. SPSO will look into complaints referred to them that have already been through the formal complaints procedure of the organisation concerned. In 2014/15, 38 complaint cases from NHS Tayside were referred to the SPSO, compared to 23 cases in 2013/14.

SPSO have recently made a number of recommendations to NHS Tayside specifically in relation to the handling of complaints.

This has included the following:

- Guidance on the power of apology to be shared with all staff – http://www.spso.org.uk/leaflets-and-guidance. In particular, apologies should identify and acknowledge what mistake has been made, as well as the impact on the person being apologised to
- Complainants to be informed if response to complaint will exceed the 20 working day timeframe and provided with a reason for the delay, an updated timeframe for response and the option to approach the SPSO
- A deputy to be appointed where staff involved in a complaint will be absent in order to avoid unnecessary delays in response

- Need for objectivity in the complaints process - where additional medical opinion is required, this is obtained in a formal statement from the clinician; Internal case reviews to have objective clinical assessment of the available evidence
- Meetings with complainants to be formally noted and complainants to be provided with notes of all meetings with Board staff conducted under the complaints procedure
- Any commitments made to contact a complainant following the resolution of the complaint (for example, to advise when outcomes or agreed actions are completed) are followed up

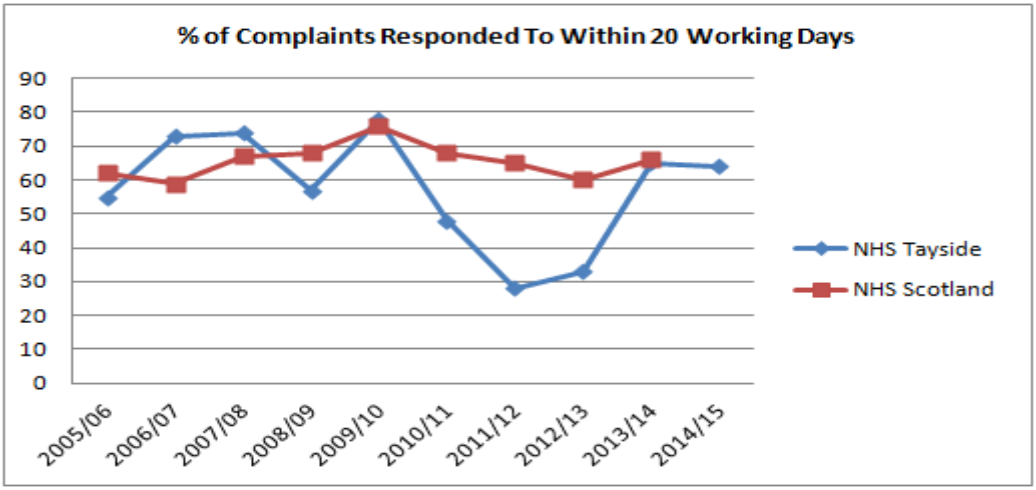
In response to these recommendations, the Complaints and Feedback Team has reviewed ways of working to enable a more timely and satisfactory outcome for complainants and will continue to work with services to improve systems and processes. These recommendations will also support the review of the complaints handling process being undertaken currently.

Response times

Whilst complaint numbers have continued to increase and face-to-face meetings with complainants remain a key focus to enable resolution of complaints, NHS Tayside is aware of the need to continue to try to improve response times to complaints. In 2013/14 98% of all complaints received were acknowledged within 3 days, this performance has been maintained during 2014/15. The percentage of complaints being responded to within 20 working days has fallen slightly with 64% achieving a response within 20 working days in 2014/15, compared to 65% in 2013/14.

Figure 6 below shows the percentage of complaints responded to within 20 working days by NHS Tayside, compared with the whole of Scotland, over the past 9 years. It should be noted the NHS Scotland position for 2014/15 is not yet available for comparison. This would demonstrate noted improvements over the past 2 years within NHS Tayside, however timely response to complaints does remain a challenge whilst trying to ensure robust, high quality investigations and responses to the concerns an individual has raised. We are aware from our engagement session held with public partners in February 2015 that timeliness, communication and quality of response are important factors to the public when their complaint is being handled, therefore NHS Tayside will continue to focus on improving these areas of our complaints handling process throughout 2015/16.

Figure 6 – Percentage of Complaints responded to within 20 working days

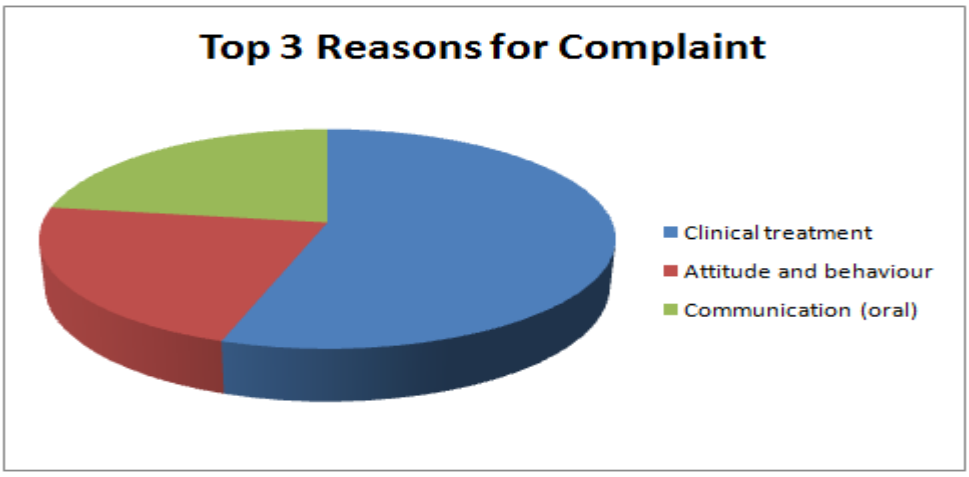


2.2 Themes identified from complaints

The top three themes raised consistently in complaints are shown below in figure 7. Further review of these themes demonstrates the following consistent sub-themes from complaints; Lack of clear explanation; Unacceptable time to wait for an appointment; Disagreement with Treatment Plan/Care; Staff attitude; and Problems with Medication.

NHS Tayside has responded to these consistent themes through a number of education and training programmes, details of which are available in section 3. NHS Tayside also shares learning from complaints, encouraging staff to reflect on practice and behaviours as well as consider service improvements that could be made in their areas.

Figure 7 – Themes from Complaints received in 2014/15



2.3 Complaints Handling Approach

We are continuing to work with staff to manage complaints more effectively, encouraging personal contact with complainants as soon as complaints are received and facilitating face-to-face meetings to ensure we fully understand the issues that require to be investigated to resolve concerns and produce better quality responses. In 2014/15, 138 complainants had a face to face meeting with our staff to discuss and address their concerns this is consistent with the number of meetings that were held during 2013/14 (138).

NHS Tayside aims to resolve complaints at the earliest opportunity, to the service user's satisfaction. Wherever possible, early resolution of concerns at local level is encouraged, with ownership of complaints delegated to the service and improvements managed through professional management and leadership structures. Further work is required to develop robust systems to enable early resolution of complaints and the robust recording of this. The outcome of the ongoing review of the NHS Complaints Procedure in conjunction with the Complaints Standards Authority will inform this work.

During 2014/15, 363 complaints were closed with 3 working days of receipt (the majority of which were within Prisoner Healthcare) with a further 151 closed within 5 working days. This represents 30% of the total complaints received. In addition, 300 concerns have been recorded during the same period, of which 158 were closed within 3 days of receipt and a further 41 within 5 working days.

Early resolution of complaints may also include alternative resolution methods (i.e. mediation or conciliation). During 2014/15 no cases were referred to the mediation service.

The Complaints and Feedback Team continues to facilitate awareness raising sessions to ensure staff are trained and supported in managing feedback and complaints, to date this has included sessions to enhance staff awareness and understanding of the power of apology. These sessions are supplemented by e-learning modules in Customer Care and the Feedback and Complaints and Investigation Skills modules developed by NES (NHS Education Scotland). Further face-to-face training is provided using the Complaints Investigation Skills programme developed by SPSO (Scottish Public Services Ombudsman).

Steps have been taken to provide assurance to the Board about the complaint handling process, engaging the Chairman and Chair of the Improvement & Quality Committee (I&Q) in a quality assurance process. The review focuses on adherence to key aspects of the complaint handling process, including timeliness, informing complainants of their rights, communicating effectively with complainants, providing a robust response and evidence of learning from the event. This information, alongside that obtained from monthly quality assurance audits introduced in 2014/15 and undertaken by the Nurse Director and Medical Director, will inform amendments to the NHS Tayside complaints procedure, enabling its evolution in a proactive and responsive manner.

In response to the challenges in meeting the national standard of 20 working days for response to complaints, work to review the categorisation of complaints to identify complexity has been undertaken. Whilst nationally, it is acknowledged that complex complaints may take up to 40 days to respond to, there is no definition of what constitutes a complex complaint. Agreement and approval to locally identified criteria for a complex complaint has been obtained in principle and, through the addition of a further code, it will be possible to identify within Datix whether a complaint is complex or non-complex. This work will enable identification and reporting on the volume of complex complaints being received and response times for such complaints.

Whilst NHS Tayside's complaints procedure does align effectively to the identified good principles of complaints handling and many of the recommendations from recent reviews into complaints handling, we recognise that there is still room for improvement and consistency in our delivery of a high quality complaint handling service.

As a result a full review of the complaints handling procedure within NHS Tayside has been commissioned by the Nurse and Midwife Director. This will be undertaken in line with current directives (CEL 8 (2012) - Guidance on handling comments, concerns, feedback and complaints) and the ongoing work being undertaken by the Complaints Standards Authority. We will ensure as part of this review we reinforce the standards we except to be delivered when handling complaints, including factors such as communication and meetings with complainants, transparency in the respect of the timeframes within which we will be able to respond and objectivity in our investigation of and responses to complaints.

Complainant's satisfaction

In recognising the need to measure complainants' satisfaction with the process for handling complaints and feedback, in 2014/15 NHS Tayside undertook a pilot within Prisoner Healthcare Services of a simple satisfaction survey. Ten responses were received to the survey and the areas focused upon within the survey and the results received are detailed below:

- How satisfied patients were with information on how to complain (80% very satisfied or satisfied)
- How satisfied patients were with the way they were treated by the staff handling their complaint (100% very satisfied or satisfied)
- How satisfied patients were within the time taken to deal with the complaint (80% very satisfied or satisfied)
- If patients were kept up to date with the progress of their complaint (80% said they were kept up to date)
- If patients were given clear and easy to understand information (80% said information was clear and easy to understand)
- If patients were told who to contact if they had any queries or were unhappy with the decision (80% said they knew who to contact)
- If patients got the outcome they wanted from their complaint (80% said they received the outcome they wanted)
- How satisfied patients were that they were given a clear explanation of the reasons for the decision/outcome of their complaint (90% very satisfied or satisfied)

The feedback to the survey has been positive to date, however the number of responses is relatively low. During 2015/16 we will work to expand the survey to other area of our services to inform further learning and improvement of our complaints handling process.

2.4 Linking the management of complaints with serious and adverse events

The Datix system is an electronic system to manage complaints and incorporates data on risks and adverse events. In the management of complaints, adverse event reviews will be used as part of the investigation process to inform our response, actions to be taken and learning.

NHS Tayside considers complex complaints to be serious adverse events and as such must be managed in the same way. The Adverse Event Management Policy is applied to relevant complaints, ensuring that Local Adverse Event Review (LAER) and Significant Clinical Event Analysis (SCEA) methodologies are applied to enable local and organisational learning. In addition, communications with the patient/family/carer are vitally important to ensure they are kept informed of the process and receive direct and accurate responses.

Patients, families and carers are provided with the opportunity to contribute to the SCEA. They are contacted in advance by a member of the Clinical Governance and Risk Management Team or appropriate clinician/manager to determine any concerns they would wish raised at the SCEA. Where patients, families and carers have indicated they wish to receive feedback following a SCEA, this will be done through a meeting with the SCEA lead supported by the appropriate service manager or known clinician. The SCEA report will be discussed and a copy passed to the patient, family and carer.

All SCEA reports are anonymised and the final report will be sent to relevant Directorate/CHP Clinical Governance and Risk Committees. The identified leads and relevant committees will be responsible for ensuring the follow up, completion, feedback of action points and regular update reports to the Directorate/CHP Performance Review.

Organisational learning from the feedback from SCEA is a crucial component of reducing harm and improving safety. This learning is shared across the wider organisation through communications such as the "Getting It Right" Newsletter. In addition the use of one page summaries of SCEA reports highlighting both good practice and areas of learning are distributed to all Clinical Governance fora. It is expected that the issues raised and the learning from the SCEA will be used to benchmark against other services. A new SCEA summary template has been tested and is currently being introduced.

2.5 Independent contractor complaints – GPs, Dentists, Opticians and Pharmacists

CEL8 – Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints about NHS Health Care Services set out the requirement for NHS Boards to gather and report on information on health service providers within their area from April 2012. Mechanisms were put in place and information obtained for the period 1 April 2014 to 31 March 2015 are provided in table 4 below.

Independent contractors consist of GPs, Dentists, Opticians and community Pharmacists. As a requirement under the Patient Rights Act (Scotland) they are themselves responsible for managing and responding to feedback, including complaints, about their services. The majority of Dentists, Opticians and Community Pharmacists across NHS Tayside are currently at an early stage of introduction of methods to effectively support complaints and feedback. Complainants are encouraged to seek resolution with the contractor, and have access to the Scottish Public Services Ombudsman where they feel this has not been achieved.

GPs each have their own complaints procedure which is clearly visible within their practice leaflet or advertised within their premises. They also have a range of mechanisms that support the sharing of learning from complaints and feedback:

- Local “Minding the Gap” work which encourages sharing of Significant Events Analysis and Incidents, particularly where there is wider system learning
- Learning opportunities during Protected Learning Time
- Scottish Public Services Ombudsman reports are shared and attendance at organisation wide Significant Clinical Event Analysis reviews is encouraged

In 2014/15 there has been the successful pilot of Datix (complaints and incident management system) and a roll out across all GP practices has commenced, with a view to moving to dentistry, pharmacy an optometry thereafter. This system will help ensure reliable processes, and monitor responses to complaints as well as enable the sharing of learning.

Table 3 - Complaints Received by Independent Contractors between 1st April 2014 and 31st March 2015

Type of Independent Contractor	**GP**	**Dental**	**Pharmacy**	**Opticians**	**Totals**
No. of Complaints received	481	64	73	215	**833**
No. of Complaints Responded to within 20 working days	463	50	65	202	**780**
	96%	**78%**	**89%**	**94%**	**94%**
No. of Complaints where mediation was used	11	4	6	2	23
	2%	6%	8%	1%	3%
No. of Complaints Still Open	29	2	6	6	43
	6%	3%	8%	3%	5%
Main Issues	**GP**	**Dental**	**Pharmacy**	**Opticians**	**Totals**
Access/Appointment System	84	6.5	4	10	**104.5**
Advice/Treatment Provided	132	25.5	0	14	**171.5**
Communication	56	22	3	14	**95**
Prescribing/Dispensing Issues	58	0	54	170	**282**
Staff Comments/Attitude	67	3	4	2	**76**
Charges	6	15.5	0	1	**22.5**
Other	64	1.5	8	7	**80.5**

Section 3 – The culture, including staff training and development

This section describes how NHS Tayside is developing a culture that values all forms of feedback, and supports its staff to use this information to learn from and improve the patient experience.

The need to build capacity in frontline staff, through strong clinical leadership, role modelling and professional supervision is recognised in order to optimise patient and carers experiences and to react appropriately when individuals raise dissatisfaction or make suggestions. It is recognised that, until this becomes the culture and behaviour of all staff it will be difficult to fully implement all the changes required to ensure our approach to feedback and complaints is truly person centred. As a result, this section describes some of the national and local work and training NHS Tayside is taking forward and has available to support a culture that encourages feedback and responds openly to concerns.

3.1 Developing NHS Tayside's culture through our Vision and Values

NHS Scotland's "Everyone Matters: 2020 Workforce Vision" sets out some key priorities for implementation, one of them being "iMatter".

During the period 2014/15 NHS Tayside has been at the forefront of taking forward the "iMatter" initiative, which is a tool designed with staff in NHS Scotland to help individuals, teams and Health Boards understand and improve staff experience and aims to embed a culture that actively encourages and welcomes employee feedback.

Evidence shows that the better the experience of staff at work, the better the experience of patients and their families. By focussing on staff experience at work, iMatter will help to have a positive impact on patient experience too.

Teams are asked to complete a short online or paper questionnaire and provide information on their experience of working for NHS Tayside.

Numerous awareness sessions and managers development workshops have been held during the last 12 months.

NHS Tayside Board has responded to this national initiative with tremendous enthusiasm and commitment. With the first cohort of teams demonstrating an 87% return rate on completion of the questionnaire. This bodes well for the next phase of implementation.

With robust action plans now being developed by Team Leaders and staff, this will enable joint ownership and provide opportunities for staff to be more open and confident in relation to giving and receiving feedback with a "research based" framework/toolkit which the "iMatter" model provides.

3.2 Training and education

In conjunction with current staff/team training plans, there are key strategic areas of training that continue to be identified and taken forward, to facilitate the "feedback" agenda. Training and development programmes to support staff in responding appropriately to feedback, concerns and early resolution continues, and some particular examples worthy of highlighting during this year include:

LearnPro modules "Involving Patients & Carers and the Public eLearning Module

NHS Tayside has a duty to involve people in designing, developing and delivering health care services they provide for them.

The Public Involvement Team have designed a beginner's guide to involving Patients, Carers and the Public for staff who have a role in improving how services are delivered and to do it in partnership with service users.

The aim of the module is to raise awareness of the need to involve people when considering a service change or improvement and covers:

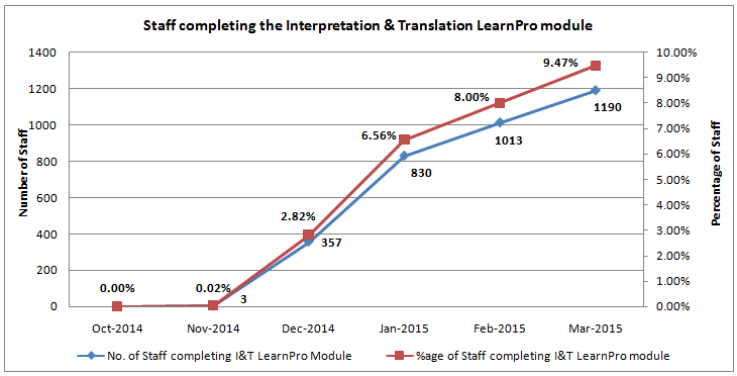
- **why** you need to ensure you involve people
- Understanding your responsibilities to ensure that your service area involves people
- Understanding **when** to involve people and know what appropriate action to take
- **how** to involve people and where to find additional advice

LearnPro Module: Interpretation & Translation

As part of NHS Tayside's Section 23 Agreement between the "Equality & Human Rights Commission" and Tayside Health Board (October 2014) a number of areas of improvements continue to be implemented, training being one of them.

A new LearnPro model on "Interpretation and Translation" was developed in partnership with users groups and members of the public, and includes information on staff's legal duties, roles and responsibilities and additional communication needs. The uptake of this module continues to increase steadily on a monthly basis. Activity run charts in relation to the update of the LearnPro modules are monitored on a quarterly basis. An example is provided below.

Figure 8



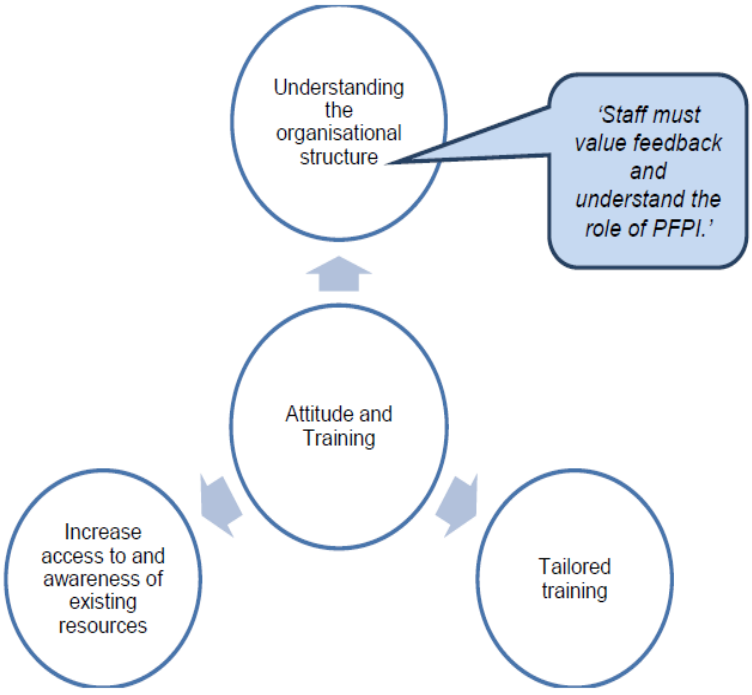
Supporting Disabled People to Provide Feedback

Following a number of consultation events facilitated by colleagues in NES, a summary report was produced in October 2014. It highlighted a number of areas of good practice and the ongoing need to raise awareness about supporting disabled people to provide feedback.

During all our Corporate Induction programmes in NHS Tayside we signpost all new employees to the training materials that are available nationally and locally. The following resource links are all highlighted at Induction and during any other relevant learning and development programmes:

The NES Patient Rights (Scotland) Act 2011 'Patient Feedback, Comments, Concerns and Complaints leaflet' details the following sources of good practice:

- Can I help you? Learning from comments, concerns and complaints Scottish Executive Health Department, April 2012 www.knowledge.scot.nhs.uk
- Information on the Patient and Advice Support Service (PASS) is available at
- www.cas.org.uk/Projects/patientadvice
- Staff Governance Standard www.staffgovernance.scot.nhs.uk
- www.bettertogetherscotland.com
- Patient Rights (Scotland) Act 2011 sections 14-16 (patient feedback, comments, concerns or complaints) www.scotland.gov.uk/topics/health/patientrightsbill
- Making a complaint about the NHS www.hris.org.uk/index.aspx?o=1025
- The Knowledge Network www.knowledge.scot.nhs.uk
- TeachBack methodology to support health professionals check a patient's understanding of the information they have given to the patient www.nchealthliteracy.org/toolkit/tool5.pdf
- Better Together allows people to share their experiences of NHS services online



Sage and Thyme ® Communication Skills Programme

The highly successful “Sage & Thyme” training programmes that were introduced last year continue to be delivered. This is an evidenced based approach programme to enable practitioners to engage with patients / service users / carers who are in distress, and it provides a framework for practitioners to engage with, identify concerns, support the person to manage their distress and bring the conversation to a conclusion. The courses are being very positively evaluated with staff reporting increased willingness and confidence to support people who are in distress. 520 staff have attended programmes during 2014/15.

Following the continued success of the Sage & Thyme Communication Skills Programmes during 2014/15 NHS Tayside has committed to a further 17 courses to support staff and teams from across all localities in undertaking this programme.

Carers Awareness Training

Within NHS Tayside there continues to be an active Carers Training Group which meets on a quarterly basis to ensure the involvement and consultation of carers in the planning and development of training programmes and to progress, oversee and monitor the effectiveness of the implementation of NHS Tayside’s training plans.

The NHS Tayside Carer Information Strategy was developed and agreed in partnership with carers, NHS Tayside and the three local authorities in Tayside. The strategy was an important step forward in getting all partners to work together with carers, and aims to: identify as many carers as possible; provide relevant information and advice; develop training and support to raise awareness amongst all NHS staff of carers as partners; and work with carers to agree their needs for training in terms of their role as a carer.

Child & Family Communication Programme

A bespoke communication course has been developed by NHS Tayside. The course was designed to equip staff to communicate more effectively and sensitively with children and families with complex additional support needs, particularly when sharing difficult news or helping a family after they have received difficult news.

NHS Tayside commissioned a review of services for children and families with complex additional support needs, in response to national policy direction outlined in: Getting it Right for Every Child (GIRFEC); ACT's palliative care pathway; and work from the Children with Exceptional Needs (CEN) Managed Clinical Network.

Engagement with parents of children with complex additional support needs was central to the review. Their views were sought through a mix of survey questionnaires, telephone interviews and discussions with a Parent Advisory Group. One of the key priorities that emerged from the feedback from parents was the need for good communication and interaction styles that were family centred, collaborative and sensitive to the child and family needs, especially around sharing difficult news, or receiving a new diagnosis. Parents also highlighted that they needed ongoing support to come to terms with and understand the difficult news.

Priority was given to developing communication skills training for NHS staff within the children's complex needs service, incorporating the key principles as set out within *Getting the Right Start (2003).*

The courses are delivered by two trainers - a lead trainer, and a trainer with expertise in delivering 'difficult news'. However, a more innovative aspect has also been built into the course, where parents are also involved in providing input. For example, they talk through the experiences of their journey with their child in relation to receiving both 'good' and 'difficult' news. In addition, parents from Parent to Parent – a local parents' organisation that provides support to families with children with additional support needs – get involved in role playing scenarios, providing realistic feedback on communicating difficult news in safe settings.

Courses were initially targeted at practitioners from a wide range of professions within multi-disciplinary team across NHS Tayside. More recently courses have been offered to partners in other organisations and agencies, for example, social work and education colleagues and voluntary sector partners, as a way of encouraging better multi-agency working. Courses are currently run four times a year. Between 2011 and 2015, almost 300 participants have taken part. This includes NHS, local authority officers (including teachers) and staff from voluntary organisations. The course has now been found to be relevant to all children's service practitioners, and not just those who work with children with complex additional support needs.

Feedback gathered from participants has shown that they have found the course helpful and relevant to their work. Many felt more confident in using motivational interviewing to communicate with children and their families, particularly in relation to delivering difficult news. An evaluation of the programme showed that there was a statistically significant positive shift in confidence to engage in conversations. Participants felt that the course provided a safe and supportive learning environment.

"We now have more people skilled up to communicate effectively and sensitively with children and their parents."

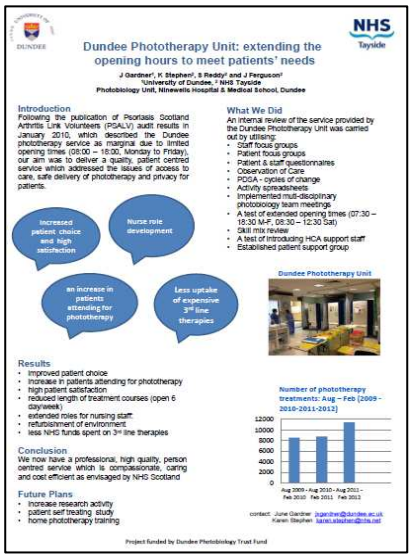
A copy of NHS Tayside's Map of Training Programmes Available to Support the Patients, Families, Carers "Feedback" Agenda is attached at Appendix 1, and details the range of courses, including the key content, available to our staff.

Section 4 – Improvements to Services

Through the report we have explained how we collect feedback and complaints, how we are encouraging feedback and the support we are providing to our staff to enable them to use and learn from this information. We have already provided some examples of learning and improvements as a result of feedback and complaints received from patients, carers and families, however this section aims to provide more examples of the actions we have taken throughout 2014/15.

4.1 Learning and improvements resulting from complaints

Photo-diagnostics


Dundee Phototherapy Unit: extending the opening hours to meet patients' needs

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Introduction
Following the publication of Psoriasis Scotland Arthritis Link Volunteers (PSALV) audit results in January 2010, which described the Dundee phototherapy service as marginal due to limited opening times (08:00 – 16:00, Monday to Friday), our aim was to deliver a quality, patient centred service which addressed the issues of access to care, safe delivery of phototherapy and privacy for patients.

Increased patient choice and high satisfaction
Nurse role development
an increase in patients attending for phototherapy
Less uptake of expensive 3rd line therapies

What We Did
An internal review of the service provided by the Dundee Phototherapy Unit was carried out by utilising:
- Staff focus groups
- Patient focus groups
- Patient & staff questionnaires
- Observation of Care
- PDSA - cycles of change
- Activity spreadsheets
- Implemented multi-disciplinary phototoxicology team meetings
- A test of extended opening times (07:30 – 18:30 M-F, 08:30 – 12:30 Sat)
- Skill mix review
- A test of introducing HCA support staff
- Established patient support group

Dundee Phototherapy Unit

Results
- improved patient choice
- increase in patients attending for phototherapy
- high patient satisfaction
- reduced length of treatment courses (open 6 day/week)
- extended roles for nursing staff
- refurbishment of environment
- less NHS funds spent on 3rd line therapies

Number of phototherapy treatments: Aug – Feb [2009 - 2010-2011-2012]

Conclusion
We now have a professional, high quality, person centred service which is compassionate, caring and cost efficient as envisaged by NHS Scotland

Future Plans
- increase research activity
- patient self treating study
- home phototherapy training

Project funded by Dundee Photobiology Trust Fund

The specialist nursing role within the photo-diagnostic service was developed to help address issues raised by patients in the local satisfaction questionnaire, which highlighted low patient satisfaction rates relating to nursing staff input and information provided at the final consultation.

With the introduction of this role, patients now have specialist nursing input from Day 1 to final assessment, allowing education provided to be tailored to meet their individual needs (photoprotection, vitamin D advice etc). This role also enables important advice given by the clinicians at the final assessment to be reinforced.

In addition, a patient treatment summary sheet was developed in September 2014 to further reinforce advice given, such as diagnosis, management, and follow-up. This sheet also includes the nurse specialists contact details as it was felt to be important for this group of patients to have a point of contact.

Other service improvements made for patients include:

- Vitamin D food sources (information leaflet)
- Accommodation guide (for out of town patients)
- Children's certificate/stickers

Improvements in Clinical Radiology – Ultrasound

Following feedback from patients who have used the Clinical Radiology ultrasound service in NHS Tayside, patients are no longer asked to change prior to examination as some patients felt more uncomfortable sitting awaiting scans in gowns. Having trialled this revised approach for some time this has been introduced on all sites. Further patient feedback has been taken and the patient information leaflets have been amended to reflect the need for patients to wear loose fitting clothes so that they feel more at ease during examinations.
In addition a Standard Operating Procedure (SOP) has been introduced for all professional and assistant staff that offers guidance for any examination where part of the patient's body is exposed. This procedure document for "Intimate Examinations" has been written to provide clear guidance for radiology staff and takes into account Intimate Personal Care and Chaperoning Policy from NHS Tayside, Society of Radiographers and Royal College of Radiologists and on how patients' dignity should be optimised throughout any diagnostic or therapeutic examination.

Anonymised examples of formal patient feedback are used as case studies throughout to demonstrate to staff how some small aspects of patient contact may go wrong in the patient journey and how this can impact on how the patient feels especially if that patient needs to re-attend the department.

All new staff to radiology receive a pack and have one-to-one training to ensure that all front facing staff understand the impact of a poor contact and what this means to the patient. Since this has been introduced we have noted a reduction in negative patient feedback.

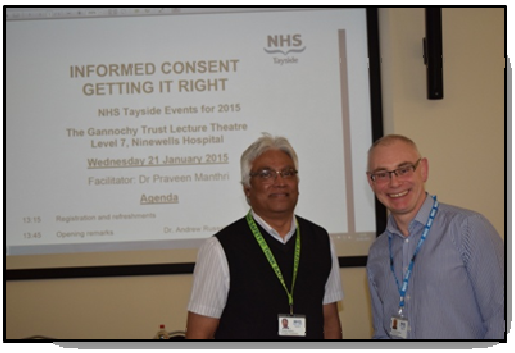
Informed Consent

The subject of consent has featured in a number of complaints into NHS Tayside and also is the subject of a number of Scottish Public Services Ombudsman reports in Tayside and in other Boards. One such case in Tayside had the recommendation:

Consider how to raise awareness amongst medical and nursing staff of the need to:

- Objectively assess cognitive function
- Assess and document capacity to consent
- Clearly document the existence of proxy decision makers such as a power of attorney

- Document the inclusion of the power of attorney in decision making processes more explicitly than occurred in this case.



As a result of this recommendation NHS Tayside has arranged three formal informed consent sessions. The first two were held on 21st January 2015 (with 160 staff attendees) and 20th March 2015 (with 186 staff attendees). A third session is scheduled for 20th May 2015. These sessions have evaluated well and have been informative for medical, nursing and AHP staff. The sessions are being linked to a formal policy review.

Physiotherapy Services, Ninewells and Perth Royal Infirmary (P&K CHP)

A patient who was referred to the Physiotherapy service felt that the appointment booking process was not made clear to them. The service operates a Patient Focused Booking system, whereby patients are invited to phone to arrange an appointment date and time which suits them. The patient felt that it was not made clear to them that they would not receive a prearranged appointment.

As a result of this:

- All Nursing and Physiotherapy staff at Ninewells & PRI will inform patients of the appointing process for physiotherapy outpatients in future
- Written information for patients is being created regarding the appointing process for physiotherapy process.

Sexual Health Service (Dundee CHP)

A complaint was received into Sexual and Reproductive Health that a prospective patient had attended the walk-in service to discover that the clinic was closed for a staff meeting on that particular morning. The service recognised that we could do more to inform the public about any disruption to services and we implemented a number of small service improvements to address this.

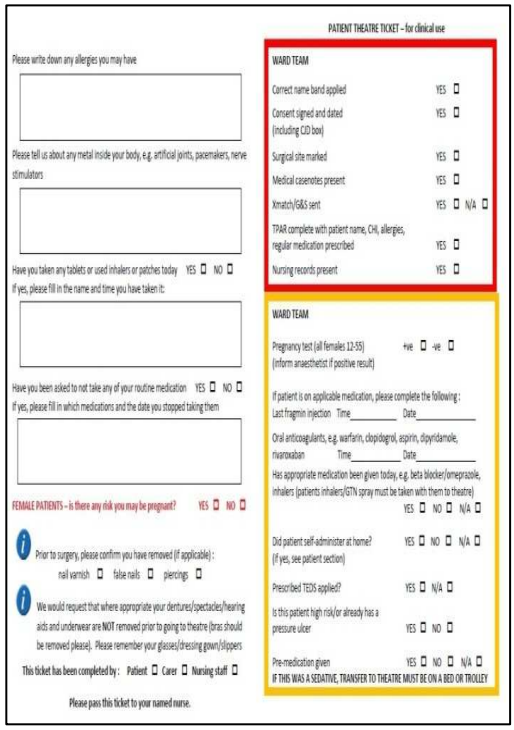
- Any clinic closures will be advertised on the Sexual Health Tayside website in advance, aiming for a minimum of two weeks in advance
- That signs will be in place locally alerting service users to planned closures at least two weeks in advance
- To minimise waste, patients should be able to access the department and complete their paperwork before clinical staff are available

4.2 Learning and Improvements resulting from Feedback

Theatre Improvements

Patient Theatre Ticket

The Patient Theatre Ticket was developed in response to feedback the anaesthetic team received from patients wanting to have greater involvement in the safety processes required for a safe trip to theatre. The ticket provides the opportunity for patients to confirm key pieces of information, such as, their allergies, medications they have taken, artificial joints and metal work they are aware of. It also improves the patients ability to ask any questions they may have on the day of surgery, and provides an explanation on fasting to empower patients to keep drinking for as long as possible before their surgery. The ticket was launched during NHS Tayside Theatre Safety Week and has been welcomed by patients across all surgical specialties.



PATIENT THEATRE TICKET – for clinical use

Please write down any allergies you may have

Please tell us about any metal inside your body, e.g. artificial joints, pacemakers, nerve stimulators

Have you taken any tablets or used inhalers or patches today YES ☐ NO ☐
If yes, please fill in the name and time you have taken it:

Have you been asked to not take any of your routine medication YES ☐ NO ☐
If yes, please fill in which medications and the date you stopped taking them

FEMALE PATIENTS – is there any risk you may be pregnant? YES ☐ NO ☐

Prior to surgery, please confirm you have removed (if applicable) :
nail varnish ☐ false nails ☐ piercings ☐

We would request that where appropriate your dentures/spectacles/hearing aids and underwear are NOT removed prior to going to theatre (bras should be removed please). Please remember your glasses/dressing gown/slippers

This ticket has been completed by : Patient ☐ Carer ☐ Nursing staff ☐

Please pass this ticket to your named nurse.

WARD TEAM

Correct name band applied	YES ☐
Consent signed and dated (including CJD box)	YES ☐
Surgical site marked	YES ☐
Medical casenotes present	YES ☐
Xmatch/G&S sent	YES ☐ N/A ☐
TPAR complete with patient name, CHI, allergies, regular medication prescribed	YES ☐
Nursing records present	YES ☐

WARD TEAM

Pregnancy test (all females 12-55) (inform anaesthetist if positive result)	+ve ☐ -ve ☐
If patient is on applicable medication, please complete the following : Last fragmin injection Time_____ Date_____	
Oral anticoagulants, e.g. warfarin, clopidogrel, aspirin, dipyridamole, rivaroxaban Time_____ Date_____	
Has appropriate medication been given today, e.g. beta blocker/omeprazole, inhalers (patients inhalers/GTN spray must be taken with them to theatre)	YES ☐ NO ☐ N/A ☐
Did patient self-administer at home? (if yes, see patient section)	YES ☐ NO ☐ N/A ☐
Prescribed TED5 applied?	YES ☐ N/A ☐
Is this patient high risk/or already has a pressure ulcer	YES ☐ NO ☐
Pre-medication given	YES ☐ NO ☐ N/A ☐

IF THIS WAS A SEDATIVE, TRANSFER TO THEATRE MUST BE ON A BED OR TROLLEY

The new Tayside WHO Surgical Safety Checklist

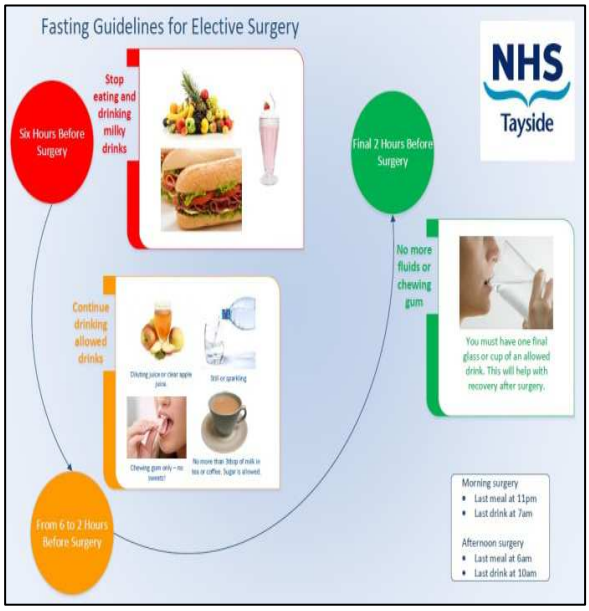
Patients have commented on the repetitive nature of questions asked before the start of their anaesthetic and the many benefits they gain when there are clear instructions allowing them to eat and drink as soon as possible in the post-operative period. We have revised the WHO Sign in checklist to streamline the process of performing all necessary safety checks prior to the start of the anaesthetic.


NHS Tayside WHO Surgical Safety Checklist

This was launched during NHS Tayside Theatre Safety Week by providing information for patients to support the Sign In process, making patients pivotal to that key safety check.

Patients have responded positively with greater understanding and re-assurance with the Sign in. The new Sign Out was also launched during the safety week, making it standard practice for the anaesthetic and surgical team to make a post-operative plan together at the end of the operation. Patients have benefited from greater clarity allowing earlier food and drink and clearer instructions to aid communication with the ward staff.

New Pre-operative Fasting Instructions



We have responded to patient feedback that prolonged periods of fasting cause significant discomfort in the pre-operative period. The anaesthetic department has revised the guidelines with a greater emphasis placed on ensuring patients can keep drinking for as long as possible whilst maintaining safety. The guidelines are now presented and explained in the "Your trip to theatre" leaflet and have been simplified to aid understanding and encourage patients to keep hydrated to enhance their recovery after surgery.

Tayside Healthcare Arts Trust (THAT) – Improvements in Participatory Arts in Health.

THAT in partnership with NHS Tayside delivers creative engagement programmes for Long Term Condition Groups in the community across Tayside. These programmes are designed to use the arts to enhance quality of life, to promote social inclusion, to empower the individual and make a significant contribution to their well being. Evaluation of participant experience and feedback is central to our improvement philosophy and constantly influences our forward planning.

ST/ART Project Lead Artist Elspeth Mackenzie with a PRI Stroke Unit Participant

THAT's ST/ART Project has recently applied improvements to its Creative Engagement Intervention and applied it to the delivery of its Visual Art programmes for Stroke at both Perth and Stracathro Stroke Units between January 2015 and March 2015. The improvement to the Intervention model has come from the results of the recently completed ACES Study (Art as Creative Engagement for Stroke), a Chief Scientists Office funded research study run by THAT in conjunction with NHS Tayside and the University of Dundee. Feedback from the study in the form of qualitative interviews with participants and data recordings of benefits have helped refine the intervention design and delivery protocol providing further benefits for a whole new group of stroke survivors.

ST/ART Project Lead Artist Jude Gove with a Stracathro Stroke Unit Participant

Lochee Parish Church Community Café, The Drop Inn

The Lochee community café works with partners including Dundee City Council, volunteers from the local church and drugs and alcohol agencies to provide health information, a free

healthy lunch, information about local services and a listening ear to all community members in the Lochee area. The café has been running for three years and aims to reduce social isolation, improve community health and empower the community to make positive changes to their health.

Engaging with our clients and as a result of their comments and feedback the café now opens two days a week, has increased the menu on offer, provided a play area with toys and activities so that parents with children can attend and encouraged their wellbeing by providing head massage free of charge.

Comments about the café from clients range from:

- "It helps me to have somewhere to go that is friendly, safe and has nice food. It is a real lifeline to me."
- "Good to get out and meet new people."
- "Food and friendship is excellent."
- "Loads of information available about my benefits-it's a great help."
- "The recovery group after the café really helps."
- "Became interested in the gardening group through the café."

The Drop Inn involves local people in its development, encouraging them to be involved with volunteering, to share ideas and create new initiatives within their community with the excellent support of DHLI and our partner agencies.

Improvement in Angus Community Health Partnership (CHP)

Across Angus community services improvements have been made in various services as a result of feedback and complaints, examples include the following:

- Angus Physiotherapy Department made immediate arrangements to purchase a bell for the reception desk so that patients can alert staff on their arrival following patient feedback. The sign on display in the waiting room has been reworded to request patients to take a seat after ringing the bell. Office not permanently manned as staff may be treating patients.
- The physiotherapy written information provided to patients has been reviewed in order to avoid unnecessary discomfort.
- As a result of concerns raised in a recent complaint, Angus Macmillan nurses have now been asked to explain their role following patients admission to hospital fully to ensure patients and their families are aware of how to contact the Macmillan Service if they wish to discuss any aspects of care or have concerns.
- It was acknowledged following a complaint that the environment was not conducive to allowing privacy for palliative care patients within Little Cairnie Community Hospital. This meant that staff and visitors are visible unless the screens were around the bed. NHS Tayside is aware of the challenges relating to this environment and the ward/hospital has now been declared non-operational.
- Tayside Psychology Services are evaluating the use of text messages to alert patients of forthcoming appointments following suggestions from patients.
- A revised Hand Injury protocol had been put in place ensuring that future patients will be reviewed the day after any injury, even if a broken bone is not suspected. In addition, training has been delivered to all MIIU staff on the management of hand injuries.
- Consent Form reviewed both in relation to the delivery of the Flu Programme and the use of the Consent Form.

Enhancing Patient Information

Having an Endoscopy procedure can be an anxious time for patients with concerns ranging from worries about discomfort, pain and embarrassment to what their potential diagnosis might be. Currently patients are provided with information booklets which describe in detail all aspects of the procedure including preparation, the procedure itself and afterwards. The patient information booklet is sent out to patients before they come in for their procedure.

The Ninewells Endoscopy Unit developed an anxiety questionnaire in order to identify the levels of anxiety patients felt prior to their Endoscopy procedure. On collation of the questionnaire responses a short video was produced to complement the information that is provided to patients in the information booklet.

The video included a tour of the unit by showing a patient, played by an actor, visiting the Unit for a procedure. The video demonstrated the facilities, equipment and introduced the role of staff members. Information videos have been shown to be beneficial in other areas such as pre-anaesthesia, by reducing anxiety and increasing patient satisfaction.

A group of 50 patients were asked to record their anxiety levels before they underwent their endoscopy procedure. The patients were then given the opportunity to watch the video and then re assess their anxiety levels. The video had a significant effect on reducing patient anxiety before the procedure and patient anxiety levels were reduced by 24%. This suggested the video help to alleviate patient anxiety.

This video is now available to view on the Endoscopy website and can be viewed by patients before they come into hospital for their endoscopy procedure. It is hoped to introduce subtitles to this video and incorporate British Sign Language.

Improvements to patient information for Oncology Patients

A patient information guide was devised following feedback from oncology patients highlighting the lack of local specific information relating to the process of referral and ongoing care and management of a patient undergoing day case chemotherapy.
This project was undertaken by the Macmillan Chemotherapy Advanced Nurse Practitioners, with input from nursing, pharmacy and medical colleagues. The guide was also reviewed by patients and carers.

Patients receive this information guide at the oncology clinic or pre assessment visit and it appears to provide accurate, relevant information that complements the Macmillan resources on specific cancer types and treatments.

An additional guide has also been devised for patients undergoing inpatient chemotherapy, this has just been finalised and will be available in the near future.

Ophthalmology Patient Leaflets

New patient leaflets have been created in Ward 25, Ninewells Hospital. As part of patient reviews, the service listened to patients experiences after surgery to their first eye, so when they returned for second eye surgery they could provide ideas and comments about the information leaflets for example additional information on aftercare following eye surgery, about driving, new glasses, returning to work etc. The service also asked Nursing and

Medical staff to pass on patient feedback from their post operative clinic visits to inform the changes to the leaflets.

One of the consultants provided a template for the leaflet for patients to record when they instil their eye drops to help as a reminder because they use them for 4 weeks. Returning patients have commented how useful this was and this is now going to be added to other eye care leaflets.

Section 5 – Accountability and Governance

NHS Tayside values the opportunity to learn from patients and carer experience and recognises the importance to paying attention to feedback and complaints at all levels as part of our clinical governance system. As described within last year's report, NHS Tayside has a clear governance and accountability framework in place for the management, monitoring and assurance associated with feedback and complaints. This framework is described within NHS Tayside's Clinical Governance Strategy 2013 and documents the responsibilities from patient, ward/department to board. Feedback and complaints are reported through the Person Centred domain of the Clinical Governance Strategy.

At Ward / Department Level – Person-centred care is everyone's business and every member of staff in every ward or department must always put patients and their families at the heart of everything they do. The first NHS Tayside Value is Putting Patients First states clearly that "Everything we do is for you, our patients." Ward staff act on local feedback to improve patient experience every day and will engage with the public involvement team for patient and public help when redesigning and improving services.

Staff are encouraged to recognise the importance of getting feedback from people and supporting them to become more involved in their health and healthcare.

At Directorate, Community Health Partnership (CHP) or Community Level - Each Directorate and CHP via their safety, governance and risk group monitor adverse events, complaints, improvement and learning. Directorates and CHPs review and monitor local feedback to identify any consistent themes which may highlight areas for improvement and opportunities to share good practice and learning. This information is also discussed at Directorate and CHP performance reviews where the Clinical Governance Review Team (Medical Director Operational Unit, Associate Nurse Director and Head of Clinical Governance) seek assurance regarding systems and process for responding too and learning from feedback and complaints. Examples of learning and improvements are also sought and shared through these groups. Line managers have a particular role to play in developing a positive culture regarding the encouragement of feedback in all areas which allow specific improvement programmes aimed at improving patient care.

At Executive Level (Management) - The Nurse Director is the Executive Lead for Person-Centred care and provides clinical leadership. The Nurse Director and Medical Director hold a weekly Clinical Governance Assurance Meeting which acts as the mechanism for receipt of assurance from the Clinical Governance Review Team in respect of Directorate and CHP performance in relation to Clinical Governance, including feedback and complaints. This meeting is also used to understand areas that Directorates and CHPs are focusing on improving and any issues they are facing in relation to feedback and complaints. This group reports through to the Clinical and Care Governance committee who receive a bi-monthly report from the Clinical Governance Assurance Meeting as well as a paper on all SPSO reports published in relation to NHS Tayside service. NHS Tayside's Senior Management Team Meeting receive monthly reports on all complaints received, detailing key themes.

At Board Level (Governance) – Within NHS Tayside, person centred care is a key strategic priority with a broad definition that includes family, carers and staff. The ambition of NHS Tayside's Clinical Governance Strategy is that "every day every one of us delivers, sees and experiences standards of care that we would want for our own loved ones. This can only happen by putting the patient at the centre of everything we do, working as a team and making sure we have the information and data we need to deliver excellent treatment".

Creating the right conditions for staff to provide safe, effective person-centred care is vital, therefore NHS Tayside has developed in partnership with staff, patients, carers and the public the Vision, Aim, Values and Behaviours to express what they believe to be the best environment to deliver person-centred, safe and effective clinical care. In order to achieve this staff, patients, carers and the public should also be confident that their feedback is being listened to and see how this is impacting on their own care and the care of others.'

Formal feedback is reported to NHS Tayside Board through bi-monthly performance data which details the number of complaints received, response times to complaints and the themes arising from complaints. As described in Section 2, the Chairman and Non-Executive Director/Chair of the Improvement and Quality Committee also undertake a bi-monthly review of complaints referred to SPSO, providing an opportunity for learning and improvements to our complaints handling process to be identified.

Within NHS Tayside, there is also a Feedback Workstream that is responsible for providing governance for all patient feedback related work across NHS Tayside. During 2014/15 this workstream developed a revised workplan to cover the next two years and identified the following high level priorities:

1. Identification and implementation of accessible feedback mechanisms, that are 'advertised' increasing awareness of the availability and use of these mechanisms

2. Undertake and act on a whole systems review of the complaints procedure, ensuring the implementation of quality assurance mechanisms and objectivity of investigations, and implementation of all key elements of 'Can I Help You?

3. Building capability (through strong leadership, role modelling and professional supervision) in frontline staff to optimise patient and carers experiences and to react appropriately when individuals raise dissatisfaction or make suggestions.

Our workplan was also presented to the Participation Workstream, which has a remit to promote a culture of patient, carer and public involvement and clearly recognise that the needs of patients and families are core to decision making and all improvement activity.

NHS Tayside's focus during 2015/16 is therefore on evaluating and improving our feedback, comments, concerns and complaints mechanism by;

- Raising public awareness of how to provide feedback
- Ensuring feedback mechanisms are accessible to our diverse population
- Implementing the use of validated tools for gathering feedback through the use of volunteers
- Developing our systems to support timely provision of information to both the public and staff on actions or improvements made in response to feedback received
- Improving and gaining assurance regarding the quality of our complaints handling
- Agreeing and implementing standards for complaint handling that ensure objectivity and transparency of the process and outcome
- Development of a culture that values all forms of feedback, including the empowerment of all staff to resolve things early - with apologies given freely and action taken where things go wrong - and a strong leadership focus on complaints handling and governance arrangements

Appendix 1

NHS TAYSIDE

MAP OF TRAINING PROGRAMMES AVAILABLE TO SUPPORT THE PATIENTS, FAMILIES, CARERS "FEEDBACK" AGENDA

TRAINING PROVIDER	PROGRAMME	DURATION OF TRAINING	STYLE OF DELIVERY	TARGET STAFF GROUP	KEY CONTENT
Programmes Available via NES, examples:	• Person Centredness Care Programme	20 minutes per module x 6 modules	e-Learning Modules Self Directed Learning	All staff	Person Centred Care Diversity/Equality Promoting Recovery
	• "Can I Help You?" training modules on how to deal with feedback, complaints, comments and concerns	25 minutes per module x 5 modules	e-Learning Modules	All staff	Valuing Feedback and Encouraging Feedback Culture NHS Complaints Procedure
Scottish Public Services Ombudsman (SPSO)*	• Complaints Investigation Skills Programme	1 day	Face to Face	Staff Managers Team Leaders Complaints Officers	Overview of experience of complaining and investigation process and key skills required
Patient Advice and Support Service (PASS) (available via Citizens Advice Bureau (CAB))	• Advice and training available from PASS in relation to providing feedback	Flexible	Face to Face	Individual with an identified need	Citizens Advice Bureau

Programmes Available within NHS Tayside:	• Leadership/Management Development Programmes – • Introduction to Team Leader • Situational Leadership Programme	5 days 2 days	Face to Face Face to Face	Staff new to leadership or management Managers	Workforce Service Improvement Assertiveness Customer Care Health & Safety Role of Team Leader In motivation and culture change
	• Improvement Programmes: • Measures for Improvement	½ day + 2 hours	Face to Face e-Learning Modules	All Staff	Understanding Different Types of Improvement Data/Run Charts
	• Releasing Time to Care	2 day Introductory Programme 14 Week Programme	Interactive Face to Face	Identified Nursing Staff	
	• Awareness Sessions e.g. Patients Rights (Scotland Act 2011) Focus on "The Right To Give Feedback"	Fact sheets to read	e-Learning NES	All Staff	Quality Care & Treatment Patient Focus Communication
	• NHS Tayside's Vision/Values Culture Workshops	2 hour workshops	Face to Face	All Staff	Understanding Values & Behaviours Positive Impact on Teams/Teamworking

Programmes Available within NHS Tayside:	• Investigation Skills Training Programme*	1 Day	Face to Face	Specific Identified Staff	Overview of complaints investigation process and key skills required
	• Courageous Conversations	2½ hours	Face to Face	Managers/Supervisors	Different Approaches to Application of Model
	• 7 Habits	3 days + 1 follow up day	Face to Face	Supervisors/Line Managers	Exploring Behaviours Management Techniques
	• Conflict Resolution	1½ days	Face to Face	Managers	Listening Skills Effective Resolution Skills
	• LearnPro Modules on related topics include: • Diversity & Equality • Caring For Someone With Learning Disabilities • Customer Care	 40 minutes 40 minutes 40 minutes	 e-Learning Module e-Learning Module e-Learning Module	 All Staff Groups All Staff with identified training need All Staff Groups	 Diversity & Equality Legislation Communication Skills
	• Corporate Induction: Highlighting new staff's role in responding to feedback. Feedback Response Checklist	1 day	Face to Face	All New Employees	Communication Skills Highlighting Feedback Response Checklist
	• Organisational Learning From Feedback Following Significant Clinical Events Analysis (SCEAS)	2 hours (varies)	Direct Conversation/ Discussion	Identified staff relevant to the event	Dependent on Significant Event

Programmes Available within NHS Tayside:	• "SAGE & THYME" Communication Skills Programme	½ day	Face to Face	All Staff	Listening Skills Effective Communication Skills
	• Involving Patients, Carers and the Public	40 minutes	eLearning Module	All Staff Working with Patients, Carers, Public	Importance of raising awareness of involvement
	• Deaf Awareness Training Programmes	2 hour sessions	Face to Face	All Staff with Identified Training Need	Raising Awareness regarding individual needs of people with hearing difficulties
	• Interpretation & Translation Programme	40 minutes	eLearning Module	All Staff	Overview of legislation Information and details about accessing interpretation and translation services

FORMAL

ASSESSMENTS

AND

INSPECTIONS

Reports -visits can be accessed from the Health Improvement Scotland website –

Healthcare Environment Inspectorate

External accreditation bodies who audit services within secondary care in NHS Tayside:-

BSI (British Standards Institution)
http://www.bsi-global.com/en/

Amtac Certification Services Ltd
http://www.quality-register.co.uk/bodies/body83.htm

Public Sector Procurement Reform Board
http://openscotland.gov.uk/Topics/Government/Procurement/about/Review/reform-board

QNIC (Quality Network for Inpatient Child and Adolescent Mental Health Services)
http://www.rcpsych.ac.uk/researchtrainingunit/centreforqualityimprovmenet/qnic/aspx

Mental Welfare Commission for Scotland
http://www.mwcscot.org.uk/mwc_home/home.asp