Minute NHS Tayside

TAYSIDE NHS BOARD

Minute of the above meeting held at 9:30am on Thursday 25 August 2016 in the Board Room, Kings Cross, Dundee.

Present

Non Executive Members

Dr A Cowie	Non Executive Member, Tayside NHS Board (to item 12)
Prof J Connell	Chairman, Tayside NHS Board
Mr D Cross	OBE, Non Executive Member, Tayside NHS Board
Councillor D Doogan	Non Executive Member, Tayside NHS Board
Mrs L Dunion	Non Executive Member, Tayside NHS Board
Mrs J Golden	Employee Director, Tayside NHS Board
Mr S Hay	Vice Chair, Tayside NHS Board
Mr M Hussain	Non Executive Member, Tayside NHS Board
Councillor K Lynn	Non Executive Member, Tayside NHS Board
Councillor G Middleton	Non Executive Member, Tayside NHS Board (to item 12)
Mr H Robertson	Non Executive Member, Tayside NHS Board
Mrs A Rogers	Non Executive Member, Tayside NHS Board
Professor M Smith	Non Executive Member, Tayside NHS Board
Mrs S Tunstall-James	Non Executive Member, Tayside NHS Board
Executive Members	
Mrs G Costello	Nurse Director, NHS Tayside
Ms L McLay	Chief Executive, NHS Tayside
Professor A Russell	Medical Director, NHS Tayside
Dr D Walker	Director of Public Health, NHS Tayside
Apologies	
Ms M Dunning	Board Secretary, Tayside NHS Board
In Attendance	
Mrs J Alexander	Partnership Representative
Mr L Bedford	Director of Finance
Dr A Cook	Medical Director, Operational Unit
Mr G Doherty	Director of Human Resources and OD, NHS Tayside
Mr T Gaskin	Chief Internal Auditor
Miss D Howey	Head of Committee Administration, Tayside NHS Board
By Invitation	
Dr M Bisset	Regional Medical Director, North of Scotland Planning Group (for item 5)
Ms L Hamilton	Mental Health Programme Director & Finance Manager (for item 8.2)
Dr K Ozden	Director of Mental Health Services / Associate Nurse Director (for item 8.2)
Dr G Phillips	Lead Infection Control Doctor (for item 9.4)
Dr N Prentice	Associate Medical Director for Mental Health (for item 8.2)
Ms L Wiggin	Chief Operating Officer (for item 9.3)

Professor J Connell in the Chair

ACTION

1. APOLOGIES

The apologies were as noted above.

2. CHAIRMAN'S WELCOME, INTRODUCTION AND KEY ISSUES

The Chairman welcomed all present. He highlighted the new layout of the Board agenda as requested by the Non Executive Board members. This included the for information section on the agenda. It was noted that this section would not be for detailed discussion unless specifically requested by a Board Member.

Other items were:

- The opening of the Dundee Young Persons Unit by Gemma Fay, Scotland's Women's Football Team captain
- The 40th anniversary of the opening of the Day Hospital at Royal Victoria
- The 5 year celebration of the Family Nurse Practitioners services. This had included the Cabinet Secretary for Health and Wellbeing. This service provided excellent support for young mothers
- The positive improvement in Lochee and Brechin general practice services was noted although not yet fully staffed. The Chairman asked the Board to note a letter from Lochee pressure group that had been delivered by hand that morning. He suggested that the pressure group should be asked to be involved in the patient participation group, if possible, and a meeting with the pressure group, could be held with himself and Mr Cross as the Chair of the Dundee Integrated Joint Board if required
- Discussion had been held with the Courier editor to develop a more positive approach to communications and local press coverage. A series of articles was planned to help explain some of the key changes that were planned in the NHS and in Tayside over next few years

The Board noted the Chairman's update

3. CHIEF EXECUTIVE'S UPDATE

The Chief Executive highlighted:

- There had been an unannounced visit Health Improvement Scotland (HIS) Inspection of Older People's Services in Tayside on 7 to 9 June 2016. A positive report had been received on this inspection; with seven areas of good practice highlighted. There were 15 areas for improvement that in the main covered documentation and governance. These were part of an improvement plan that was monitored by the Older Peoples Board and lessons learned would be highlighted across the whole care system
- A meeting had taken place in early August with the Chief Medical Officer and clinicians on progress with the Major Trauma Centres to be established in Scotland. It was noted that a Programme Lead had been appointed and the Board would be kept briefed on progress
- The Chief Executive paid tribute to Mr Alistair Adam, Clinical Services Manager, Critical Care who had taken premature retirement due to significant illness

The Board noted the Chief Executive's update

4. DECLARATION OF INTERESTS

No interests were declared.

The Chairman asked the Board to move item 7.1, Regional Clinical Strategy - The Case for Change next on the agenda and the Board agreed to this course of action.

5. Regional Clinical Strategy - The Case for Change (BOARD87/2016)

Dr M Bisset was in attendance and spoke to this report. He advised that he was the Regional Medical Director for the North of Scotland Planning Group (NoSPG) this strategy was being presented to each of the constituent Boards of NoSPG.

He gave a background history of the establishment of NoSPG and the need for collaborative working to sustain services. It was noted that the status quo was not now sustainable.

Clinical stakeholder events had been held last year as had the annual NoSPG Event in Inverness where there had been agreement to develop a regional clinical strategy.

Dr Bisset highlighted the important documents published earlier in the year that informed the strategy; the National Clinical Strategy and the Chief Medical Officer's Realistic Medicine report. These documents outlined the need to provide care in a more holistic and sustainable way on a national, regional and local basis.

The reasons for change were noted as the changing demographics of the population and workforce recruitment and retention issues across Scotland. It was noted that there were significant pressures in certain specialities.

Resilience was needed in services and there was more opportunity for this and sustaining quality services, if larger NHS Board areas supported and worked more collectively with smaller NHS Board areas.

Dr Bisset advised that a different model of governance was needed as currently some regional services were not working as effectively and efficiently as they could be. Significant change was required to plan and deliver services collectively.

The Chief Executive advised that the paper reflected the collaboration in place across NHS Scotland to sustain quality services. She highlighted the significant enablers to allow this to happen including technology and the importance of one common IT platform was stressed.

It was noted that the NoSPG Chief Executives had each been given leadership portfolios for areas of regional working. Ms McLay was the lead for the cancer portfolio and worked across the clinical communities.

Ms McLay commended the paper and that it provided a good indicator of the need for collaborative working between NHS Boards.

During discussion the following points were highlighted:

- There were other enablers to be considered and these included moving to a mindset to making effective use of all available funding for all parties in the region and ensuring public transport was considered when redesigning services. It was highlighted that it may not be patients that would need to travel, and there were examples of regional services where clinicians travelled to provide their service. There were constraints around

very special surgical procedures, where it may be necessary for the patient to travel, however, aftercare would be provided locally
- With the regionalisation of services, there was an opportunity for discussion on the implications and possible unintended consequences for higher education
- The potential for the reorganisation of NHS Boards and its implications were highlighted. It was noted that an implementation plan for the National Clinical Strategy was expected to be published in September 2016
- This would allow for an open and transparent discussion about the best outcomes for safe and effective patient care whether this was local, regional or nationally provided
- NHS Tayside was also a member of the South East and Tayside (SEAT) regional planning group

The Chairman noted that this had been a useful discussion. There was a move towards more regionalisation and strong communication would be needed with communities on how this would be taken forward.

The Board:

- **Thanked Dr Bisset for attending the Board meeting**
- **Noted the draft Regional Clinical Strategy Case for Change**

6. MINUTE OF PREVIOUS MEETING

6.1 Minute of Meeting of Tayside NHS Board held on 23 June 2016

The Minute of the Meeting of Tayside NHS Board held on 21 June 2016 was approved on the motion of Mrs S Tunstall-James and Mr S Hay.

6.2 Action Points Update

It was noted that the further information in relation to the bullying and harassment cases would come to the Board meeting in October in reserved business. **Director of HR and OD**

The Board noted the Action Points Update

6.3 Any Other Matters Arising

Mrs Tunstall-James queried the timescale for the recruitment of the new Non Executive Board Member. The Chairman advised that that advert was to be in place in the coming week. Interviews were scheduled for late October/early November 2016 and it was expected that the new Non Executive would be in post from 1 January 2017. The Chairman encouraged the Board to draw this vacancy to the attention of potential candidates.

7. COMMITTEES – ASSURANCE REPORTS FROM CHAIRS

7.1 Audit Committee

Mr Hay advised that the last meeting of the Audit Committee on 21 June 2016 had focussed on the Annual Accounts. The Annual Accounts had been discussed in detail at the Board meeting on 23 June 2016.

The Board noted the update from Mr Hay, Chair, Audit Committee

7.2 Clinical and Care Governance Committee

Mrs Rogers advised that the last meeting of the Clinical and Care Governance Committee had been held on 11 August 2016. She highlighted that the Committee had considered their aligned strategic risks and had agreed that the primary care risk should be aligned to the Clinical and Care Governance Committee.

The Annual Report of the NHS Tayside Donation Committee 2015/16 and the Feedback Annual Report 2015/16 had been positively received. The role of volunteers in gathering information had been acknowledged.

Complaints handling was an outlier and the Committee had been advised that the Nurse Director had commissioned work to address this as a matter of urgency.

Positive reports had been received in respect of out of hours provision, public health performance and the unannounced Mental Welfare Commission visit to Rohallion. There had also been discussion on Perth Royal Infirmary and the action plan for Murray Royal Hospital.

The Board noted the update from Mrs Rogers, Chair of the Clinical and Care Governance Committee

7.3 Finance and Resources Committee

Mr Cross advised that the Finance and Resources Committee had last met on 18 August 2016. He highlighted the new style of presentation for the corporate finance report, noting that the financial challenge was now clearly accessible to members. The hot spots, the overspend and the amount of non achievement of savings and what was planned in the Local Delivery Plan were now explicitly stated and could be easily understood.

It was highlighted that there needed to be an acceleration of the workstreams to meet anticipated saving. This had also been discussed at the meeting of yesterday's Transformation Programme Board.

There was also the intention to invite representatives from department areas who were significant "hot spot" areas to the Committee. This would allow the Finance and Resources Committee to see what progress was being made and to understand the pressures that areas were under.

Property and building maintenance had been considered. It was agreed that an update report would be taken to the Committee later in the year in advance of financial planning.

There had been detailed discussion about the NHS Scotland Pharmaceutical 'Specials' Service (NHSS PSS) Full Business Case, which was to be considered later in the Board agenda. Reassurance had been given to the Committee around the net contribution aspect and that this was a positive development for NHS Tayside as well as NHS Scotland.

Enhancements during Leave had also been discussed in detail and there was a proposal to be considered by the Board later in the agenda.

The Chairman highlighted that he was personally pleased on the focus taken on the backlog maintenance of property. He noted that this was a substantial amount across the NHS Scotland estate.

The Board noted the update from Mr D Cross, Chair of the Finance and Resources Committee

7.4 Staff Governance Committee

Mr Hussain highlighted that the last meeting of the Staff Governance Committee had been held on 21 June 2016. He highlighted the improvement in staff sickness levels and that this had been sustained, NHS Tayside had received a Carers Positive Award. This was presented to employers in Scotland who have a work environment where carers were valued and supported. He noted that concern had been expressed about partnership fora arrangements at this meeting of the Staff Governance Committee and a meeting of the local partnership fora chairs had been arranged and Mr Hussain was to be in attendance.

The Board noted the update from Mr M Hussain, Chair of the Staff Governance Committee

8. STRATEGIC ISSUES

8.2 Mental Health Service Redesign Transformation Programme (BOARD91/2016)

Dr K Ozden, Dr N Prentice and Ms L Hamilton were in attendance for this item. Dr Ozden gave the background to the option appraisal process that had taken place since this was last considered by the Board on 10 March 2016.

She advised that there had been two workshops held during June 2016; these had resulted in four potential options for the future configuration of adult mental health and learning disability inpatient services. All options considered looked at acute psychiatric admissions being provided from either a single site or two sites in Tayside. It was noted that the two options that scored highest from the option appraisal workshops, still saw a requirement for adult mental health services being provided from the existing three sites across Tayside, albeit the acute admissions wards were provided from a single site or from two sites. It was highlighted that the difference in scoring between the top four options was marginal and therefore would be included to ensure the scope requested for the production of an Initial Agreement on whether a single site or from two sites for acute adult psychiatric inpatient services were presented to the Board.

It was proposed that the Programme Team would now move to consider these four options in line with workforce models, safety and sustainability through a technical modelling workshop with key clinicians on 29 September 2016. A key issue required from the workshop would be the sustainability of the community models to support any amendments to the inpatient services.

The methodology used for the Option Appraisal Process was outlined. It was noted that this was covered in detail in the attached appendices to the report.

In outlining the recommendations to the Board, Dr Ozden highlighted in particular that the preferred option in all 4 option configurations suggested the potential relocation of low secure forensic learning disability services from Flat 1, Bridgefoot accommodation at the Strathmartine Hospital site to a low secure ward within the Rohallion Unit at Murray Royal Hospital. It was therefore requested whether this part of the Programme could be accelerated.

Outlining the governance and reporting mechanisms, it was noted that it was proposed that the Mental Health Service Redesign Transformation Programme should be reported through Perth & Kinross Transformation Programme and Integrated Joint Board with duplicate reporting and assurance to the NHS Tayside Transformation Board.

Dr Ozden advised that Dr Prentice was in attendance to answer any questions on medical workforce issues. Ms Hamilton could provide further detailed information on the option appraisal methodology and processes.

The Chairman thanked Dr Ozden, Dr Prentice and Ms Hamilton for the detailed and comprehensive approach that had been undertaken. He advised that he would like to consider each of the four recommendations in turn. He asked in the first instance for discussion on the process and if the Board was satisfied with the approach that had been taken as well as the wider engagement of stakeholders.

During discussion the following points were highlighted :

- The approach taken was very encouraging and the principles of this approach should be the way in which this was done in future. It had been an inclusive process both internally and externally
- It was good to have seen a greater level of engagement but there had been a reduction in the number of medical staff able to attend the workshops. This meant that the exercise lost some validity and there needed to be ownership of these proposals by those involved
- It was felt that these proposals were not what were originally requested by the Board as two options still had adult services being provided from three sites and felt there was a risk if the chosen option was not sustainable that the whole exercise would need to be undertaken again
- Engagement with staff side had been undertaken and this was welcomed, however, it would have been good to have seen what the workforce requirements would be

The Chairman asked the Board if overall they were content with the process that had been undertaken. The Board confirmed that they were content.

In respect of the second recommendation, the Option Appraisal report and its suggested progression, the Chairman noted that the process as outlined would slow down the timescale for a decision to be made. There was the potential for this process to take another two years before final completion.

There were three issues for consideration, the workforce impacts of these four proposed options; their sustainability; the clinical and care governance implications and possible risks to patient care; and the financial sustainability of all of these proposed options.

Dr Ozden advised that each of the four proposed options would be worked up and there would be an evidence base for workforce and financial sustainability. It was highlighted that lessons could be learnt from other NHS Board areas where similar models to the option that had scored highest had been introduced. The technical modelling workshop on 29 September 2016 would go through this work in detail. This would include strategic planning representation from the Integrated Joint Boards. This session would work up the workforce, clinical and care governance, sustainability and financial implications of each of the four options. Following this exercise a single preferred option would come back to the Board for consideration and then a further period of consultation undertaken.

It was noted that the 29 September session was a facilitated, technical session for clinicians and other staff. A further session would then be arranged to share this information and engage views with third sector organisations after that.

During discussion of this recommendation the following points were noted:

- It was felt that if there was no third sector organisations representation at the technical modelling workshop on 29 September, this would be seen as decision making behind "closed doors". It was suggested that there should be third sector organisation representation at that session
- It was noted that the guidance issued by the Scottish Health Council was being followed in relation to this technical session. The session would consider the technical aspects of the proposals and the option appraisal process. The information could then be shared with third sector organisations and as many as possible would be encouraged to see this evidence
- An assurance was sought that there would be the data available to be able to demonstrate safety, sustainability and affordability
- Some elements of the requirements of major service change were outwith the control of the NHS Board. It was suggested that there needed to be agility around the processes to ensure there was the minimum of delay for patient safety. It was highlighted that the Medical and Nurse Directors would not support an option that was not safe
- The risk owner was queried and it was noted that the Medical Director/Deputy Chief Executive was the risk owner and the Chief Officer of the Perth and Kinross Integrated Joint Board was the risk manager

The third recommendation in relation to the consideration of the relocation of the low secure forensic learning disability services from Strathmartine Hospital to Rohallion Clinic at Murray Royal Hospital was discussed. It was noted that all four of the proposed options had included this as the preferred option. This would require the acceleration of the engagement processes with patients, families and staff. This would be a separate piece of work and would enable patients to be relocated to much improved facilities. It was reiterated that there had been no disagreement about this in all four of the options and this move would also support mitigation of current staffing risks.

It was noted that there were workforce implications associated with this and these would need to be addressed. There had been a lower level of Learning Disability staff at the workshops and there was a query about how this was reflected in the four options. It was noted that there was a Learning Disabilities workstream and a Learning Disabilities Reference Forum had been held prior to these workshops.

This proposal was agreed in principle but final decisions would be made following the submission of a further report detailing workforce, safety and financial implications. The Chief Executive advised that there would be resources put in place as required to support the production of the required business cases, reports and workforce planning requirements.

The reporting and governance of the Mental Health Service Redesign Transformation Programme was discussed in detail. It was noted that the decision on the one option needed to be jointly owned by the Board and the IJBs following consultation and engagement.

It was considered that there should be endorsement by the Board and all three Integrated Joint Boards of the decision on the preferred option which would then go out for consultation.

The timetable for decision making was highlighted. It was noted that this was outlined on page 23 of the report. The Initial Agreement would come to the Board on 1 December 2016 following consideration by the locality planning strategy groups, Area Partnership Forum, Area Clinical Forum, Angus, Dundee and Perth and Kinross Integrated Joint Boards, the Finance and Resources Committee and

the Capital Scrutiny Group. It was the intention to submit the Initial Agreement to the Scottish Government Capital Investment Group on 13 December 2016. There was detailed discussion on the time required to implement the new model and the continuing exposure to the current significant risks in relation to workforce and junior doctor training. There was a need for a contingency plan to be in place to sustain a safe service.

It was agreed that a detailed contingency plan for mitigating the risk, including a contingency model as well as the financial requirements needed to come to the next meeting of the Board in October 2016.

It was noted that all the models would be predicated on patterns of care in the community. This was not solely about the inpatient provision but the decisions regarding community based services made by the Integrated Joint Boards. It was agreed that the reporting and governance for the Mental Health Service Redesign Transformation Programme should be through all three of the Integrated Joint Boards with duplicate reporting and assurance to the NHS Tayside Transformation Programme Board and Tayside NHS Board.

The Board:

- **Confirmed they were satisfied with the attached report and that the process followed to identify the preferred options for future inpatient service provision, and in particular the wider engagement of stakeholders in the process had been satisfactory**
- **Noted the report on the Option Appraisal attached and approved that the Programme should be progressed in the stages outlined as advised above in relation to financial, patient safety and workforce sustainability**
- **Agreed that third sector organisations representatives should be involved in the end of September 2016 technical modelling workshop**
- **Agreed that after the September technical modelling workshop that the consultation process should involve the Integrated Joint Boards to bring forward a proposal for consideration in December 2016**
- **A contingency plan to sustain current services until the outcome was decided had to be developed and this would need to come to the next Board meeting** — **Director of Mental Health**
- **Gave consideration to the preferred option in all 4 configurations for low secure forensic learning disability services to be relocated from Strathmartine Hospital to the Rohallion Clinic at Murray Royal Hospital, and agreed that this part of the Programme could be accelerated, once a further report regarding implications on workforce and financial implications was produced and approved by the Board in December. It was noted that this would enable engagement and consultation to commence, with earlier progression of improvements for this service and patient group**
- **Considered and agreed that the proposal for reporting and governance for the Mental Health Service Redesign Transformation Programme should be through all three of the Integrated Joint Boards with duplicate reporting and assurance to the NHS Tayside Transformation Programme Board and Tayside NHS Board**

9. GOVERNANCE ISSUES

9.1 NHS Tayside Director of Public Health Annual Report 2015/16 (BOARD80/2016)

The Chairman introduced this item and highlighted that this report and the Dundee

Fairness Commission report would form part of the Board Development Event session to be held on 29 September 2016.

Dr D Walker presented his report. He welcomed the opportunity to discuss his report in more detail at the Development Session on 29 September, highlighting that this would cover arrangements for community planning, health equity and communities in control and the report of the Fairness Commission.

Dr Walker highlighted that this was the third cycle of reporting sections of his annual report to the Board. It was an excellent reflection of the work undertaken by public health staff. This covered work undertaken locally, regionally and nationally and there were excellent relationships in place with partners.

The two other reports mentioned in the foreword to the Director of Public Health Annual Report were A Fair Way to Go and the Chief Medical Officer Annual Report - Realistic Medicine. Dr Walker encouraged all Board Members to read both reports. He highlighted that the A Fair Way to Go report was explicit about the challenge of poverty and deprivation. The Realistic Medicine report set out the future agenda to be faced by the medical profession. Dr Walker gave an example case study of an older man with pneumonia and the different approaches that could have be taken rather than a medical based model approach.

Dr Walker noted that he was looking forward to the Development Session on 29 September for a more detailed and in depth discussion of his report.

The Chairman noted that this was an excellent report. He welcomed the three year rolling report cycle with the focus on reviewing the outcomes from recommendations. He highlighted NHS Tayside as an employer with a duty to its workforce to pay fair wages and to treat staff appropriately and health inequalities would be of focus at the Development Session on 29 September 2016.

During discussion the following points were noted:

- There was a focus on therapeutic nutrition in this annual report as other areas of nutrition had been covered in previous annual reports
- In relation to children's oral health, there were a number of different programmes that covered fluoride varnishing, supervised tooth brushing as well as the Childsmile programme
- In relation to access to talking therapies against the prescribing of anti depressants for mental health, it was felt that there was an over reliance on medication rather than lifestyle approaches such as talking therapies
- The feedback on progress from previous Director of Public Health Annual Reports made was welcomed
- The reporting mechanisms for the Health Equity Governance Board were queried. It was suggested that this should be via the Clinical and Care Governance Committee and the Chief Executive and the Director of Public Health would discuss this outwith the Board meeting
- The use of free mobile phone apps to assist with physical inactivity was highlighted and discussed. The use of these apps in a semi competitive way was encouraged
- The difference between drug related hospital stays and alcohol related stays (400% higher) as described in table 3 of page 30 of the report was noted as was the public acceptance of the misuse of alcohol against the misuse of drugs. There was an ambivalence about alcohol and an underestimation of the impact that alcohol had on health and well being
- Dr Walker advised that he was the Chair of the Tayside Alcohol and Drug Partnership. They sought advice on a range of initiatives for both alcohol and drugs. There was a Drug Deaths Group established and the soon to be published annual drugs death report would show there had been 48 drug related deaths in Tayside in 2015/16. It was noted that this was a

relatively stable figure. A drugs initiative in Glasgow was highlighted whereby there was supervision of users taking heroin. This was still under discussion as due to legal and political issues. The NHS Scotland Directors of Public Health had expressed their support for this proposal

- The accessibility and style of the annual report was acknowledged. It was highlighted that there was a need to consider self stigma as this was a major issue associated with health inequalities. It was suggested that this could be covered in the Board Development Session on 29 September 2016
- There were also opportunities to engage with the University of Dundee in a structured way about health and well being inequalities. Professor Smith and Dr Walker would discuss this outwith the Board meeting

The Board:

- **Noted and welcomed the Director of Public Health Annual Report 2015/16 and agreed to its recommendations being considered by the local NHS and other stakeholders**
- **Noted that this Annual Report was to be a topic at the Board Development Event on 29 September 2016**

9.2 Corporate Financial Report for Period Ended 30 June 2016 (BOARD92/2016)

The Director of Finance spoke to this report. He advised of the build of a new corporate finance reporting structure; recognising that this was in its early formative stages. He noted that it was not the intention to replicate this detail in future reports to the Board, but thought it would be helpful to give a feel for how corporate reporting was developing and to bring to the Board's attention, what had been reported at the Finance and Resources Committee the previous week.

It was noted that the reporting of the Integrated Joint Board position would also evolve over the forthcoming months. This would recognise the change of status for this delegated resource as approved by the Board in March as part of the Financial Framework.

In terms of key points, it was noted that the Quarter 1 position was an overspend of £4.480 million as against a position of £2.884 million at May 2016. This was an increase on the deficit of £1.596 million in the month. Based on this and in relation to the unbalanced Local Delivery Plan position submitted to the Scottish Government at the end of May, a deterioration of close to £1 million was anticipated each month. This position was demonstrated by the Core Operational function in Table 1 and subjectively in Table 2 on page 2 of the report.

It was noted that the Financial Framework approved by the Board in March 2016 sought to resolve a number of legacy issues. These were reflected in the base budgets that the operational and strategic functions received at the commencement of the year, however, it was noted that the efficiency savings challenge, both in the present year, and in the medium term were well recognised by all.

In reporting the position at Quarter 1 , the Director of Finance advised that the Board contingency remained undistributed.

It was noted that the Integrated Joint Boards had each considered proposals on efficiency savings at their meetings in June 2016. All three Integrated Joint Boards had intimated their intention to invoke the risk sharing agreement in respect of the devolved GP Prescribing budget and the risk around its delivery.

In summary terms, the position at the end of quarter 1 was a £4.480 million overspend covering a £2.9 million unbalanced Local Delivery Plan, £1.2 million shortfall on efficiencies and circa £0.4million net cost pressures.

It was noted that subjectively, pay was showing an overspend of £1.4 million and the position by job family was reported in Table 3 of the report. Chart 1 showed both the monthly spend profile and also the trend in Whole Time Equivalent (WTE) worked. Fluctuations in the spend profile each month were mainly anticipated recognising the payroll timetable for both weekly paid staff and also enhancements and was shown in Table 4 of the report.

It was noted that the WTE staff level had fallen by 173 since March 2016. It was also highlighted that supplementary costs had fallen by £351,000 since the same period in the last financial year. Whilst this was not as high as perhaps had been anticipated, the impact of the reduced WTE was having an overall financial benefit. The graphs on supplementary costs were shown in Appendix 2 on the final page of the report.

The Director of Finance highlighted that pressures remained within a number of non-compliant medical rotas. Whilst a few of these were now compliant, the costs remained until the training grade changeover in August 2016. The costs burden would then lessen assuming continued compliance. It was noted that the cost pressure to date was £0.3 million.

It was noted that winter surge beds on the Ninewells site remained open with no identified funding source. This reflected the continued patient flow. The surge beds at Perth Royal Infirmary had closed in June 2016. There was a cost pressure of £0.34 million identified to date associated with these surge beds.

In relation to prescribing, the table and chart on Page 4 of the report outlined the position. It was noted that secondary care medicines continued to support the position overall, with the well documented challenge with FHS prescribing costs already evident. There was a shortfall brought forward from 2015/16 of circa £0.2 million. The three Integrated Joint Boards had already indicated through their own governance processes, the challenge of remaining within the identified financial limits. It was noted that the Prescribing Management Group continued to work collaboratively.

The one off benefits on energy were showing in the early months however the budgeted resource has reduced recognising the national prices negotiated in particular for gas. It was noted that clinical supplies continued to be impacted by demand pressures.

The Individual Group positions were provided in Section 3.7 of the report with the intention of bringing a greater level of understanding on each aspect of the organisation. This was both in terms of trends and also particular areas of traction in containing costs and also where pressures were evident. The aim was to enhance this in future months to the Finance and Resources Committee to recognise forecast outturn positions. It was not the intention to go through this information on a Group by Group basis, but the aim was to provide information at this level, that was both helpful and informative. It was noted that as the supporting organisational structure underneath the Chief Operating Officer was agreed and implemented, there may need to be changes to the reporting Group structure.

Information on the Integrated Joint Boards was also reported, although at this stage, it did not reflect the internal cross charging for hosted services between each of the three bodies. This would be in place for July and was based on an agreed split. Each of the Integrated Joint Boards held governance meetings prior to the end of June 2016. All three Boards noted the risk around delivery of the

devolved GP Prescribing budget with challenges around the Forensic Medical Service and also the locum spend position in both General Adult Psychiatry and Learning Disability. This was due to the recruitment difficulties and these were not expected to be resolved in the short term.

Table 19 on page 13 of the report gave the current status of efficiency savings. It was noted that these had been discussed in detail at the Transformation Programme Board. The efficiency savings reflected an unbalanced Local Delivery Plan of £11.65 million. It was noted that the shortfalls to date were against three headings - Workforce, Operational Savings and within the Integrated Joint Boards. Work was ongoing with the Integrated Joint Boards to see how their plans aligned with the Transformation Programme.

It was highlighted that through information available from the rostering system and the Safecare System; opportunities have been identified to manage time out more effectively. It was anticipated that this would have a direct correlation to reducing supplementary costs in future months. The availability of this information and analysis from the electronic system was now beginning to drive a greater understanding of current practice. The shortfall against prescribing was a component that had already been identified as had the challenges within the Integrated Joint Boards on supplementary costs.

An assessment on the delivery of savings on a recurring basis would be included in future reports to the Finance and Resources Committee. This would include the assessment of what could be delivered in 2016/17 and this would be assessed as part of the forecast outturn. The Board contingency had not been distributed at this stage and a proposal for its use would come forward to the Finance and Resources Committee.

The Chairman thanked Mr Bedford for his report and noted that it was now much more accessible. The Chief Executive noted that the objective was to bring the financial situation into balance in this financial year. It was unlikely that this would happen and detailed plans had to be put in place for the last six months of the financial year. She highlighted that the programme of transformation work had been shared with the other two NHS Boards who also had submitted unbalanced Local Delivery Plans. The biggest issue was the pace and delivery of efficiencies and savings. The focus in the coming weeks would be the delivery model that was needed to tackle the scale and volume and to accelerate what was required. The potential for regional and joint transformation work was also acknowledged.

During discussion the following points were highlighted:

- There was now greater clarity on the financial situation and what was now needed was the delivery of change. There needed to be an acceleration of the delivery of pace and prioritisation. The actions/options that would be required should these plans not be delivered also had to be articulated
- There was a need to ensure that the message was getting across the whole of the organisation that improved efficiency was not optional and had to be delivered. It was noted that the medical community had an understanding and desire to make this work, but, there was a challenge in relation to service provision decisions that were being delayed due to external factors
- The clinical community also had a focus on patient safety and ensuring that workforce models reflected patient safety. Workforce and care assurance systems were continually risk assessed. Staff were committed to change but this had to be safe for patients and staff

The Board:

- **Noted the current position and supported the actions being taken by management to contain spend**
- **Noted that scrutiny of financial performance would continue to be undertaken by the Finance and Resources Committee and the Transformation Programme Board**

9.3 Tayside NHS Board Performance Report to June 2016 (BOARD93/2016)

Ms L Wiggin and Dr A Cook were in attendance and spoke to the Performance Report to June 2016.

Ms Wiggin gave an overview update and advised on the position as at June 2016. Points of note were the improving NHS Tayside performance position of note were:

- Accident and Emergency 4 hour waits highest performance in Scotland
- Child and Adolescent Mental Health Services 18 week performance of 100% with the standard now met for 7 consecutive months
- Psychological therapies 18 week performance was back on track
- Drug and alcohol, cancer 31 days and IVF continuing to demonstrate positive performance
- An improving position in diagnostics with NHS Tayside 3rd out of all the NHS Boards in Scotland.

There were challenges with:

- Treatment Time Guarantees (TTG), however, position improving against the other Scottish Boards with performance ahead of the trajectory submitted to the Board at the June 2016 meeting
- New outpatients performance when compared to other Boards, NHS Tayside was ranked 6 out of 11 Boards, with 1 being best performance
- Diagnostic 8 key tests improving performance ranked third against other NHs Scotland Boards
- Static performance with 18 weeks target
- Cancer 62 day performance continues to be a challenge. The two main issues were colorectal where the service had a single handed consultant and breast where there were issues related to the national IT system that had resulted in greater than normal numbers of referrals that impacted on screening and treatment

It was noted although same day surgery rates had been met there was still room for improvement with the Ninewells site performing less well than the Perth Royal Infirmary site.

In relation to the average length of stay, there were now huddles three times per day on the Ninewells and Perth Royal Infirmary sites to support how patients were flowing through the system. A day of care audit was also to be undertaken on 1 September 2016, similar to the one undertaken at Perth Royal Infirmary. This would inform improvements that could be made across patients' pathways in support of reducing length of stay.

There was still a high volume of delayed discharges in Perth and Kinross and although it was acknowledged that this was an improving position; it was too early to understand if this was sustainable.

Dr Cook advised on readmission rates and he highlighted an improving position at Perth Royal Infirmary. He outlined the work that had been undertaken looking at national comparators and readmissions. The differences in some sub specialities were noted. Consideration was being given to a model for managing patients when discharged as well as a sub specialities model of support.

It was noted that the Hospital Standardised Mortality Rate (HSMR) remained above the required Scottish average and rates of pressure ulcers and falls were broadly static.

During discussion the following points were highlighted:

- The improvements in Child and Adolescent Mental Health Services and psychological therapies was encouraging
- The Scottish Government Health and Social Care Directorate was to review the requirement for these national targets and one of the key issues was re admission rates
- The reasons for the variance in the 31 and 62 day cancer waiting times were discussed in detail. It was noted that the national cancer team was involved. It was unlikely that the cancer targets would stabilise. NHS Tayside, following a national request, was also supporting NHS Fife in relation to radiology
- No difference appeared to being made in relation to falls performance and this should be addressed. It was noted that while a sustained improvement had not been shown, the comparative position was different. Improvements had been introduced and changes had been made in the management of patients who had falls. At each directorate performance review, each fall was considered as was the required system wide changes
- The complaints information was of concern and there appeared to be no downward trend and no sustained improvement either. The system was being urgently reviewed by the Nurse Director and the Chief Operating Officer

The Board:

- **Noted the Performance Report to June 2016**

9.4 HAI Control in Tayside for May and June 2016 (BOARD82/2016)

Dr G Phillips was in attendance and spoke to this report. She advised that there had been an outbreak of norovirus in one ward with a high attack rate and a rather more prolonged course than normally seen in the May to June 2016 period.

In relation to *Staph aureus* bacteraemias, it was noted that there had appeared to be an upward trend, however, an in-year change in denominator of acute occupied bed days appeared to be elevating the rate with the total number relatively stable (these include community acquired infections).

Clostridium difficile was above target but was relatively stable and hospital acquired infection had reduced in the last six months.

During discussion it was noted that other NHS Boards had norovirus outbreaks but not as extended as had been seen in Tayside.

The Board:

- **Noted the HAI Control report in Tayside for May and June 2016**

9.5 Integration/IJBs Update

The Chairman noted what had been achieved since the formal inception of the Integrated Joint Boards on 1 April 2016. He paid tribute to all those who had

worked hard to achieve this in Angus, Dundee and Perth and Kinross. He noted that this would be a standing item on the Board agenda.

The Chief Executive acknowledged the pace of change from 1 April 2016 and the transition to the devolved services (with the exception of the mental health service). There had been a huge amount of work and collaboration to get to this stage.

It was noted that the performance framework was currently being considered. It was important that this framework demonstrated key performance indicators and governance. There needed to be one core data set and any variation reporting should be reported through the Board's standing committees as a lead officer responsibility. It was noted that the intention was to bring a report to the October Board meeting on progress with developing this governance and reporting framework.

The Medical Director advised that the areas of the mental health risk retained by NHS Tayside would be managed and reported on as part of the group too.

The Board:

- **Noted the verbal update given by the Chief Executive**

10. FOR INFORMATION

10.1 A Fair Way to Go – Report of the Dundee Fairness Commission (BOARD81/2016)

The report was noted for information and would be a topic at the Board Development Event on 29 September 2016.

10.2 Draft Area Clinical Forum Annual Report 2015/16 (BOARD83/2016)

The draft Annual Report 2015/16 was noted for information.

10.3 People Matter Strategic Framework (BOARD84/2016)

The Board noted the People Matter Strategic Framework that had been considered in detail by the Staff Governance Committee.

10.4 Scottish Patient Safety Programme in Primary Care Update (BOARD85/2016)

The Board noted this update report.

10.5 Minutes of Meetings of Standing Committees

Approved as a Correct Record

10.5.1 Finance and Resources Committee – 12 May 2016

This Minute was noted.

10.5.2 Clinical and Care Governance Committee – 12 May 2016

This Minute was noted.

11. Record of Attendance

The Record of Attendance was noted for information.

For Governance reasons, it was proposed that the following items be taken in reserved business. The Board agreed to take Item 13 Strategy for Internationalising Healthcare Delivery as the first item in reserved business and then break for lunch.

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 33(1)

12. Strategy for Internationalising Healthcare Delivery (BOARD86/2016)

The Board endorsed Report BOARD86/2016.

13. MINUTES

In accordance with the Freedom of Information (Scotland) Act 2002 Exemptions as listed

13.1 Minute of Reserved Business of Tayside NHS Board held on 23 June 2016

The Minute of the Reserved Business of Tayside NHS Board held on 23 June 2016 was approved.

13.2 Reserved Action Points Update

The Reserved Action Points Update was noted.

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 30

14. COMMITTEES – ASSURANCE REPORTS FROM CHAIRS

14.1 Remuneration Committee (BOARD89/2016)

The Board noted the update given by the Chairman.

14.2 Transformation Programme Board (BOARD88/2016)

The Board noted the update given by the Chairman.

14.3 Area Clinical Forum

The Chairman advised that Dr Cowie had left to attend another meeting.

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 27(1)

15. Financial Presentation

The Board noted the financial presentation given by the Director of Finance.

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 33(1)

16. NHS Scotland Pharmaceutical 'Specials' Service (NHSS PSS) Full Business Case (BOARD90/2016)

The Board approved the recommendations in Report BOARD90/2016.

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 30

17. Staffing Issue (BOARD94/2016)

The Board noted the update.

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 33(1)

18. Property Disposal – Land and Buildings Murray Royal Hospital (BOARD95/2016)

The Board approved the recommendations in Report BOARD95/2016.

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 33(1)

19.. Property Disposal – Land and Buildings Little Cairnie Hospital (BOARD96/2016)

The Board approved the recommendations in Report BOARD96/2016.

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 30

20. Enhancements During Leave (BOARD97/2016)

The Board discussed and agreed the recommendations made by the Finance and Resources Committee.

21. For Information

Minutes of Meetings of Standing Committees

Approved as a correct record

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 33(1)

21.1 Reserved Business Finance and Resources Committee – 12 May 2016

The Minute was noted.

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 30

21.2 Reserved Business Clinical and Care Governance Committee – 12 May 2016

The Minute was noted.

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 30

21.3 Transformation Programme Board – 18 May 2016

The Minute was noted.

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 30

21.4 Area Clinical Forum – 26 May 2016

The Minute was noted.

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 27(2)

21.5 East of Scotland Research Ethics Service REC 1 – 17 June 2016

The Minute was noted.

Awaiting Committee Approval

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 30

21.6 Remuneration Committee – 21 June 2016

The Minute was noted.

In accordance with the Freedom of Information (Scotland) Act 2002 Exemption 27(2)

21.7 East of Scotland Research Ethics Service REC 1 – 15 July 2016

The Minute was noted.

22. Date of Next Meeting

The next meeting of Tayside NHS Board will be held on Thursday 27 October 2016 at 9:30am in the Board Room, Kings Cross

The Chairman advised that it was hoped that the October Board meeting could be held out with Dundee and that there was potential for this to be arranged in Perth Royal Infirmary.