

Minute

NHS Tayside

TAYSIDE NHS BOARD

FINANCE AND RESOURCES COMMITTEE - OPEN BUSINESS

Minute of the meeting of Tayside NHS Board Finance and Resources Committee held at 10:15 am on **Thursday 16 February 2017** in the Board Room, Kings Cross, Dundee

Present:

Dr A Cowie, Non Executive Member & Chair of Area Clinical Forum, NHS Tayside

Mr D Cross, OBE, Non Executive Member, Tayside NHS Board

Councillor D Doogan, Non Executive Member, Tayside NHS Board

Cllr K Lynn, Non Executive Member, Tayside NHS Board

Attending – Executive Directors

Mr L Bedford, Director of Finance, NHS Tayside

Mr G Doherty, Director of Human Resources, NHS Tayside

Regular and Other Attendees

Mrs A Dailly, Information Governance Manager, NHS Tayside (for item 7.3)

Mr N Deuchar, Senior Property Manager, NHS Tayside

Mrs J Duncan, Head of Corporate Communications, NHS Tayside

Ms M Dunning, Board Secretary, NHS Tayside

Mr A Gall, Interim Performance Director, NHS Tayside

Mr A Graham, Head of Service – eHealth, NHS Tayside (for item 7.4)

Mrs L Green, Committee Support Officer, NHS Tayside

Mrs L Lyall, Capital Finance Manager, NHS Tayside

Mr S Lyall, Head of Finance, Operational Unit, NHS Tayside

Mr R Marshall, Representative Area Partnership Forum

Ms C Millar, Senior Capital Accountant, NHS Tayside

Mrs L Petrie, Corporate Records and Web Manager, NHS Tayside (for item 6.3)

Apologies

Mr M Anderson, Head of Property, NHS Tayside

Prof J Connell, Chair, Tayside NHS Board

Mrs L Dunion, Non Executive Member, Tayside NHS Board

Mrs J Golden, Non Executive Member, Tayside NHS Board

Ms L McLay, Chief Executive, NHS Tayside

Miss D Robertson, Representative Area Clinical Forum

Mr D Cross in the Chair

1. CHAIRMAN'S WELCOME AND INTRODUCTION

Mr Cross welcomed Mr Niall Deuchar, Senior Project Manager and Ms Casey Millar, Senior Capital Accountant who were in attendance at this meeting. Mr Cross also welcomed journalists from The Evening Telegraph to the meeting.

2. APOLOGIES

The apologies were noted as above.

3. DECLARATION OF INTERESTS

There were no declarations of interests.

ACTION

4. MINUTE OF PREVIOUS MEETING

4.1 Minute of the Finance and Resources Committee Minute – 19 January 2017

The Finance and Resources Committee Minute of the meeting held on 19 January 2017 was approved on the motion of Cllr Ken Lynn and seconded by Cllr Dave Doogan.

4.2 Action Points Update

Mr Bedford spoke to the Action Points Update.

Work Plan 2016/17 – It was noted the Procurement Annual Report would be submitted to the May 2017 Committee meeting and the work plan had been updated to reflect this.

Capital Report for the Period Ended 30 November 2016 – It was noted the option of using the community building within Bridge of Earn as an alternative surgery for the practice was being explored and the Estates Department were working on plans for a conversion with an extension. This was a medium term option until alternative options were explored. It was noted any enhancements made would be of benefit to NHS Tayside upon disposal. It was also noted options were being explored for the Carse of Gowrie.

Cllr Doogan raised concerns regarding the length of time in reaching a resolution and the requirement for further traction moving forward. He noted the importance of retaining confidence within the community that Tayside NHS Board had a clear plan and strategy for GP surgeries in these areas.

Assurance Report on Strategic Financial Plan Risk – It was noted an update to the Committee providing evidence and assurance around the work being progressed through the Transformation Programme Board (TPB) was an Agenda item for this meeting.

Mr Bedford advised that discussions with Mr Cross were underway in relation to possibilities from the benchmarking exercise and action taken as a result of the TPB workstream. It was noted an update would be provided at the May 2017 meeting.

4.3 Work Plan 2016/17

The Committee was asked to note the Work Plan 2016/17.

Mr Bedford advised the Work Plan 2016/17 had been updated to reflect the current and forthcoming reporting arrangements.

5. Matters Arising

There were no matters arising

6. GOVERNANCE ISSUES

6.1 Capital Report for the Period Ended 31 December 2016 (FRC09/2017)

Mrs Lyall advised the Committee of the report detailing the capital position of NHS Tayside for the period ended 31 December 2016 and the forecast position anticipated at year end.

Mrs Lyall referred to Table 1 of the report which compared the current capital forecast for 2016/17 with the Capital Plan which had been approved by Tayside NHS Board in May 2016. The approved Capital Plan had subsequently been included in the Local Delivery Plan (LDP) which was submitted to Scottish Government Health and Social Care Directorate (SGHSCD) in May 2016.

Mrs Lyall advised the confirmed capital funding for 2016/17 from Capital Resource Limit (CRL) was £10.942m, which included £0.466m capital grants. It was noted NHS Tayside was working in partnership with MacMillan Cancer Support on a number of jointly funded capital projects in 2016/17. The donated funding element of £0.592m had been incorporated into the capital programme to highlight the full cost of projects. Table 1 of the report detailed £1.029m for other funding, this consisted of £0.741m, repayable to NHS Tayside at financial close, for

early payment of Stage 1 and Interim Stage 2 design fees for the NHS Scotland Pharmaceutical 'Specials' Service (NHSS PSS) project in line with guidance issued by Scottish Futures Trust in May 2014. Mrs Lyall advised financial close had been achieved on 22 December 2016 and this repayment had been received from hubco. It was noted that a further £0.288m was included under other funding in relation to anticipated transfer from revenue to capital in respect of NHSS PSS sub-debt funding to reverse the capital to revenue transfer that was actioned in 2015/16. The subordinated debt was invested at NHSS PSS financial close.

The December SGHSCD allocation letter had confirmed CRL of £15.162m with further allocations and adjustments anticipated.

It was noted Table 2 of the report highlighted a reconciliation of the CRL at 31 December 2016 with the December allocation letter.

Mrs Lyall advised the anticipated outturn for 2016/17 was a breakeven position and the Capital Scrutiny Group (CSG) would continue to monitor progress to ensure this target was met. The Non Added Value (NAV) revenue element of funding to support the Capital Plan was estimated at £1m for the year. This was a decrease of £1m from the approved capital plan and reflected the anticipated transfer of £1m back to revenue. Annually Managed Expenditure (AME) impairment was currently estimated at £2.017m, comprising of current year completions at £1.835m and assets under construction completions at £0.243m and £0.04m in impairment on disposals and assets held for sale. It was noted a number of properties had been removed from assets held for sale and had resulted in a reversal of impairment of £0.102m

It was noted the May LDP forecasted the disposal of 16 properties with a Net Book Value (NBV) of £2.941m, with a further NBV of £0.003m identified in respect of equipment disposals. The current forecast NBV of £2.003m would be returned to SGHSCD, however, agreement had been reached with SGHSCD to transfer this to revenue in order to assist the overall NHS Tayside revenue position.

Mrs Lyall advised the Committee that during 2016/17 sales had concluded for Dundonnachie House and Sunnyside Royal Hospital. The recommendations to accept the preferred offers for the Murray Royal Hospital (MRH) and Little Cairnie sites had been approved by Tayside NHS Board at its meeting on 25 August 2016 and legal documents were being progressed for both sites, with the sale of MRH expected to conclude by 31 January 2017. It was noted there was risk the sale of Little Cairnie would not be concluded by 31 March 2017 and this had been factored into the revised NBV figure.

Non core CRL of £4.909m had been allocated in 2016/17 in relation to asset additions from the hub investment programme to recognise the value of Assets Under Construction of revenue financed projects. It was noted this addition was in relation to the NHS Scotland Pharmaceuticals 'Specials' Service project.

Mrs Lyall highlighted the gross capital expenditure to 31 December 2016 was reported at £6.681m, comprising CRL of £6.269m and NAV revenue of £0.412m. This was comparable with the gross expenditure of £7.787m for 2015/16. The graph on page 3 of the report detailed the profile of capital spend compared to 2015/16 and the 2016/17 expenditure profile as per the approved LDP Capital Plan allowing for comparison with the actual expenditure.

The gross forecast capital expenditure of £15.566m was detailed within a chart on page 4 of the report with the highest proportion of forecast gross expenditure expected on Medical Equipment at 22.2% and ring-fenced Radiotherapy Equipment Replacement at 18.3%. It was noted EAMS funding at 17.7% had been allocated to tackle infrastructure, statutory compliance and backlog maintenance issues.

The overall budget decrease at 31 December 2016 was £2.376m and the net budget changes across the main expenditure headings were detailed in Table 3 with a detailed breakdown of the budget changes by project included in Appendix 3 of the report.

Mrs Lyall advised that due to other sources of funding becoming available there had been a budget increase in medical equipment. This would be managed within the overall 2016/17 CRL. It was noted other budget increases were in relation to IM&T and the recognition of the requirement for the eHealth Investment Programme in 2016/17.

It was noted NHS Tayside had received funding of £0.798m for Energy Initiative projects in 2016/17 and slippage of £0.234m had been identified in relation to the proposed installation of a biomass boiler in Arbroath. The funding had been returned to SGHSCD through the October Financial Performance Return (FPR) with the assumption this would be returned to NHS Tayside in 2017/18. Mrs Lyall advised a further slippage of £2.019m in the capital programme had been identified during the period ended 31 December 2016 with two of the major areas of slippage noted as Radiotherapy Equipment Replacement Programme, CT Scanner, £0.704m and Radiotherapy Equipment Replacement Programme, PET CT Scanner (including anticipated underspend), £0.252m and Hamo Instrument Washer Replacement, £0.916m. It was noted this slippage had been returned to SGHSCD through the December FPR.

The capital team would continue to monitor slippage in the capital programme to ensure a breakeven position was achieved.

Mrs Lyall advised the report identified a number of continuing issues which had had an impact on the Capital Plan for 2016/17 and would continue to impact in future years.

Mrs Lyall advised the Committee that the current national contract of telephony services was due to end in November 2017 and as a result NHS Tayside was required to replace telephony facilities throughout Tayside. It was noted that supplier presentations had taken place and a report would be submitted to the March 2017 Committee meeting. It was noted confirmation of capital costs had yet to be confirmed, however, an earmark would be made in the draft Five Year Capital Plan 2017/18 – 2021/22 if funding was required.

It was noted that financial close had been achieved in relation to the NHSS PSS project on 22 December 2016 with further information being provided under Item 10.2 on the Agenda. Mrs Lyall advised there had been discussions regarding Bridge of Earn under the Action Points Update, however, noted the Director of eHealth had written to the hubco Chief Executive requesting a formal written response.

Mrs Lyall advised the Committee NHS Tayside had carried out two reviews of the Property Development Strategy with Dundee Health and Social Care Partnership in January 2017. It was noted a third review was scheduled for February 2017 which would inform a joint development plan that would include the Kingsway 2 project, with provision for Psychiatry of Old Age, Medicine for the Elderly and any other identified partnership needs.

It was noted that Donated Asset Additions for 2016/17 were estimated at £2.031m. The increase from previous months was due to a correcting entry to a donated asset currently on the fixed asset register.

Mrs Lyall advised that in accordance with the Code of Corporate Governance, the exercise of delegated authority for capital items approved by the Chief Executive and the Director of Finance were reported to the Committee, included as Appendix 2 of the report.

It was noted Appendix 1 of the report highlighted the current major risks, of which there had been no major changes.

Mr Cross queried the reason for the additional slippage in December 2016. Mrs Lyall advised this was due to timing issues around the delivery of the Radiotherapy Equipment Replacement Programme, PET/CT Scanner to NHS Tayside and the delivery of the hamo equipment being delayed until March 2017 resulting in the installation and associated works slipping into the next financial year. The Committee noted the importance of early awareness in the event of possible delays and were advised that monthly meetings were held with technical officers, which informed the production of the year end forecast. It was noted the additional slippage had been incorporated into the 2017/18 Capital Plan. Mrs Lyall advised timing issues, in relation to medical equipment expenditure, had also impacted on the gross capital expenditure to 31 December 2016 in comparison to 2015/16.

Mr Cross welcomed the progress around the telephony services contract. He considered progress was time critical and noted a report would be submitted to the March 2017 Committee meeting. Mrs Lyall advised that all potential suppliers had been advised timescales were a key point.

The Committee

- **Noted the content of the report**

Mr Stuart Lyall was in attendance to present the report.

Mr Lyall advised the committee the report was set in the context of the unbalanced Local Delivery Plan (LDP) submitted to Scottish Government Health and Social Care Directorate (SGHSCD) in May 2016, which identified a potential deficit of £11.65m in 2016/17.

The current position showed an overspend of £11.422m for the nine months to 31 December 2016, this was noted as being £9.981m as at November 2016. This was an increase of £1.4m from the previous month.

Mr Lyall advised Chart 1 of the report tracked the performance to date against the LDP trajectory and highlighted the current position was £1.1m behind plan

The Committee noted the current assessment of the forecast outturn identified a risk of c£2m in delivering a position consistent with the LDP deficit and this would be discussed under another item on the Agenda.

Mr Lyall highlighted to the Committee Table 1 of the report which summarised the financial position by service area. It was noted the overspend of £11.422m included £8.738m, consisting of £4.364m recognised in the Integrated Joint Boards (IJBs) and £4.374m identified in the mainstream accounts, relating to the unbalanced LDP position and continued to reflect the phasing of the Board Contingency on a proportionate basis.

It was noted Table 2 of the report presented an analysis of the overspend subjectively with further sections of the report analysing the key variances.

The Committee noted the overspend in Pay for the nine month period to 31 December 2016 was £2.133m, this was significantly lower than the level of overspend reported for the same period last financial year and reflected the actions taken to address legacy issues through the Financial Framework 2016/17 and an overall reduction in costs. It was noted the underlying rate of spend had reduced by £3.4m year on year, this was supported by a reduction of 110 Whole Time Equivalent (WTE) worked from March 2016.

Mr Lyall advised that a comparison of supplementary costs with the previous year was included within Table 5 of the report with supplementary costs in graphical format included in Appendix 1 of the report. It was noted the supplementary costs were marginally higher than the previous year by £378k (2.4%). The increase in Bank costs reflected a more extensive use of the Nurse Bank in order to reduce the premium element of costs associated with agency and overtime.

Agency costs were in line with the previous year, however, there was significant movement within two areas, Nursing and Medical agency costs. It was noted Nursing agency costs had reduced by £747k (19%) from the last financial year. Costs had been reduced by 50% in November 2016 following the appointment of Newly Qualified Practitioners (NQPs) and this position had been sustained in December 2016. Medical agency costs had risen by £1m (41%) on the last financial year, this was principally within "hard to fill" speciality areas.

It was noted details of other factors impacting heavily on Pay costs were also highlighted within the report including Delayed Discharges, National Performance Targets and non compliant Medical Training Grade Rotas. Tayside NHS Board was running the equivalent of three wards at a cost of £3.1m to date for those delays greater than 14 days, this cost would significantly increase with the inclusion of the cost of delays outwith the 72 hour target. In relation to National Performance Targets, NHS Tayside had committed £5m additional resource towards meeting the waiting times targets, 50% of this was funded through non-recurring funding allocations from SGHSCD. In relation to non compliant Medical Training Grade Rotas, it was noted the Operational Unit Medical Director had established a group to address this issue with representation from SGHSCD. It was noted this representative had not identified NHS Tayside as an outlier in terms of issues faced and the response to those issues, however, this was an area for concern.

The Committee noted in relation to Workforce Efficiencies that an over-achievement of savings of c£2.5m was forecast by the Core Operational Unit, this was assuming that accelerated initiatives reported to Tayside NHS Board at its meeting in December 2016 were delivered in the final quarter of the year.

The Prescribing overspend position was noted as £5.215m as at December 2016, Secondary Care costs remained within budget, albeit were subject to change and the FHS Prescribing overspend position was £5.425m to date. Mr Lyall advised the Committee that Chart 4 of the report highlights an increase in the gap between NHS Tayside and the Scottish average. It was noted the current gap of 9.2% was an increase from the 8% the previous year. The cost of this variation was c£7m and was in line with the projected overspend for the year and demonstrated a clear link between the level of variation and budget overspend. Mr Lyall reminded the Committee a report submitted to Tayside NHS Board at its meeting in December 2016 had detailed the accelerated actions being implemented through the Prescribing Management Group.

The Committee noted information around group positions, providing a level of detail and highlighting trends, was included within pages 9 to 17 of the report.

10:45 Mrs Lynda Petrie and Mrs Alison Dailly arrived

The Efficiency Savings workstream programme position was detailed within Table 19 of the report and included the position of the IJBs. The current overall efficiency saving position was a shortfall of £4.557m against the plan. The forecast savings delivery for the year was currently assessed as £44.75m and reflected the £5m risk against the unbalanced LDP position. It was noted the target for recurring savings in 2016/17 was 40%. The current position, as detailed in Table 20 of the report, was 38% therefore a further £1m was required to be delivered on a recurring basis to meet the 40% target.

Mr Lyall advised a further risk had been identified in relation to Board Committee Earmarks and the deferred spend target. It was noted this position was being managed with the engagement of the Chief Finance Officers of the IJBs.

Mr Lyall acknowledged the significant challenges remaining for 2016/17, however, noted the Workstream Programme was focussed on a range of accelerated actions, primarily based on workforce costs, prescribing and the management of available corporate resource to reduce the gap within the current year.

Cllr Doogan raised concerns regarding the pace of improvement in relation to prescribing costs and noted that the IJBs were no longer addressing prescribing costs, with these now being managed again by Tayside NHS Board. Cllr Doogan queried whether Tayside NHS Board was best placed to address prescribing costs and how the Board ensured the best impact to the IJBs.

Dr Cowie advised the Committee that it had been agreed by the Prescribing Management Group (PMG) prescribing costs should be managed at Board level with the IJBs providing support at ground level. It was noted the PMG was established to provide overarching support to the IJBs and there was good engagement between the IJBs and secondary care in driving costs through. It was noted each of the IJBs had individual local groups established.

Cllr Doogan queried the PMG position regarding the use of formulary and non-formulary prescribing and whether there would be a standard setting across Tayside NHS Board. Dr Cowie advised that approximately 91% of prescribing was formulary based, however, there was various possibilities regarding the best use of formulary. It was noted there were concerns around the implementation of less controversial soft formulary and the need to use hard formulary in order to achieve cost saving targets.

Mr Cross noted the concerns raised regarding pace of improvement and that both warranted and unwarranted variances were being explored. There was a need to work through these in order to understand the financial position.

Mr Bedford advised that Committee that Mr Paul Gray, Director General Health and Social Care and Chief Executive of NHS Scotland had asked the Deputy Chief Medical Officer to undertake a review of prescribing.

11:00 Mr Alistair Graham arrived

Mr Lyall advised in response to a query regarding delayed discharge and the interaction between NHS Tayside and the IJBs that funding had been allocated to the IJBs from SG in support of delayed discharge. A relatively minor change had been noted, however, there was the need moving forward for formal agreement of action plans with each of the IJBs.

Mr Cross thanked Mr Lyall for the report, highlighted the £44.75m in savings was a significant achievement and noted there were a number of initiatives ongoing in the remaining months of the financial year to contain spend.

The Committee

- **Noted the current position and supported the actions being taken to contain spend**

6.3 The Public Records (Scotland) Act 2011 (FRC11/2017)

Mrs Lynda Petrie, Corporate Records and Web Manager was in attendance to present the report.

Mrs Petrie advised that NHS Tayside was required under The Public Records (Scotland) Act 2011 to manage its corporate records efficiently. It was noted all public bodies in Scotland were required to submit a formal records management plan (RMP) to the Keeper of the Records of Scotland (the Keeper) for their agreement every five years. Mrs Petrie advised following an invitation to submit, NHS Tayside had submitted its first RMP and supporting documents to the Keeper on 6 May 2016.

Mrs Petrie advised The Public Records (Scotland) Act 2011 required all public authorities to prepare and implement a RMP detailing arrangements for the management of its records. It was noted following submission of NHS Tayside's RMP the assessment report had been examined and was endorsed by the Keeper as proof of compliance under Section 1 of the Public Records (Scotland) Act 2011 and confirmed formal agreement by the Keeper of the RMP submitted by NHS Tayside. It was noted the keeper had commended some of the practices in place within NHS Tayside.

The Committee noted an Improvement and Action Plan had been prepared in line with the Keepers assessment report and had been scrutinised by the Corporate Records Compliance Group (CRCG). It was noted the CRCG would review and oversee the improvement and action plan to address areas for improvement identified by the Keepers Assessment Team and NHS Tayside would liaise with the office of the Keeper to ensure full engagement with the Progress Update Assessment Process being implemented by the Keepers Assessment Team

The Committee noted the following appendices to the report:

- Appendix 1 – Copy of NHS Tayside's Records Management Plan
- Appendix 2 – Keepers Assessment Report
- Appendix 3 – Keepers Agreement Letter
- Appendix 4 – Improvement Plan

Mr Cross thanked Mrs Petrie for the report and noted there were a significant number of areas where NHS Tayside was compliant and there was satisfaction an improvement plan was in place to address any areas of recommendation in the Keepers assessment report. It was noted the assessment report for NHS Tayside was published on the National Records of Scotland website and that NHS Tayside had proactively published their plan, and associated documents on their own website.

11:10 Members of press from The Evening Telegraph left the meeting Ms Margaret Dunning arrived

Dr Cowie noted the report was very comprehensive and queried if there were any areas proving challenging or of needing further support. Mrs Petrie advised there were challenges in relation to the appropriate retention and destruction of records. It was noted communication and education was required in this area and Mrs Petrie was working with the Communications Team to draw up a communications plan to support this. It was noted that a Scotland wide review would be undertaken and NHS Tayside Records Retention Policy would be updated upon completion of the review.

Dr Cowie raised concerns, from a clinician point of view, regarding the destruction of records, in particular health records. Ms Dunning advised that Mrs Petrie and the Information Governance worked closely with Health Records Group to ensure clear destruction procedures were in place.

Ms Dunning informed the Committee that a vast number of records were currently stored within the NHS Tayside estate. It was noted a review of the storage of these records was required, particularly due to the reducing of the estate, to free up space both physically and electronically and to manage associated cost pressures.

Mr Doherty noted that legislation required records to be retained for different periods of time, dependant on what the record was. It was noted NHS Tayside retained most records for five years as good practice, however, there was the requirement to retain records relating to the environment for 25 years and queried the capacity for this within a reducing estate.

Ms Dunning provided assurance that there was the capacity within the team to ensure good record management and communication throughout the organisation. It was noted various options were currently being explored in order to manage physical and electronic storage.

11:20 Dr Baxter Millar Arrived

The Committee noted a network of co-ordinators was being refreshed, all Directors had been asked to identify a Strategic and Operational Records Management Co-ordinator and meetings would be arranged to reinforce responsibilities.

The Committee

- **Noted the content of the report**
- **Noted agreement to the plan had been received**
- **Noted the assessment report from the Keeper of the Records of Scotland had been received**

7. ASSURANCE – Strategic Risks Aligned to the Finance and Resources Committee

7.1 Assurance Report on Strategic Financial Plan Risk (FRC12/2017)

Mr Bedford advised this report had been prepared in line with the agreed reporting arrangements to Committees in support of the Board Assurance Framework in relation to the Strategic Risks on the register and identified the current risk profile and the current controls in place. It was noted there were only minor changes to report from January 2017.

Mr Bedford advised the Committee, in relation to the Operational Risk reflecting on the delivery of savings and reported on under Item 6.2, that the Financial Framework had indicated that the delivery of 40% recurring savings was required in 2016/17, if not to impact the assumptions going forward into 2017/18. It was noted delivery remained varied, however, the 40% delivery of recurring savings was assessed as being achieved. It was the assumption that the level of recurring savings would increase with a straight 50/50 indicated in the planning assumptions for 2017/18. It was noted a higher level of recurring savings in year would reduce the burden going forward.

Mr Bedford highlighted the risk in relation to Delayed Discharges in the hospital system. It was noted a total of 94 beds, recognising both complex and non complex patients, per day had been classified as being occupied by Delayed Discharged for the 10 month period to January 2017. Mr Bedford advised that if the target of 72 hours following assessment was achieved the level of Delayed Discharges in the hospital setting would be reduced.

The Committee noted there were multiple financial implications on the health vote of Delayed Discharges, recognising the inhibitors to patient flow, cancellation and rebooking of elective capacity and challenges within workforce.

The Committee noted going forward into 2017/18, the requirement for firm agreements with Health and Social Care Partnerships (HSCPs) on the delivery of the 72 hour target. It was noted this would also alleviate budget pressures for both beds with the Core Operational Unit and those under delegated responsibility of the Integrated Joint Boards (IJBs).

Mr Cross reminded the Committee the Operational Risks had been included within the report presented to the Committee at its meeting in January 2017 and encouraged Members to review the Operational Risks and highlight any queries or concerns.

The Committee

- **Noted the content of the report**

7.2 Assurance Report on Reduction in Capital Risk (FRC13/2017)

Mr Bedford advised the Committee that following the submission of the Property Management Internal Audit Report to the January 2017 meeting it had been agreed that two new Service Risks would be added to enhance the management of the overarching Strategic Risk.

The Committee noted the first Service Risk was in relation to the organisations ability to deliver the Property Asset Management Strategy (PAMS) with the second reflecting on the accuracy of the PAMS.

Mr Bedford advised it was intended the 2017 PAMS would detail governance and reporting lines and would be submitted to the Committee prior to submission to Scottish Government (SG) in June 2017. This also reflected the recent revision of the Committee's Terms of Reference.

The Committee

- **Noted the content of the report**

7.3 Assurance Report on Information Governance Risk (FRC18/2017)

Mrs Dailly was in attendance to present the report.

Mrs Dailly advised that following submission of the Information Security Policy Maturity Assessment to the Committee at its November 2016 meeting the Information Security Policy Framework Improvement and Action Plan had been developed and presented to the January 2017 Information Governance Committee meeting.

It was noted actions had been delegated to individuals within Information Governance, eHealth and Human Resources and monthly progress review meetings would be undertaken.

The Committee noted that work was progressing to meet the requirements of DL (2015)17 Information Governance and Security Improvement Measures 2015-2017.

Mrs Dailly advised the Committee that at a previous meeting there was the suggestion that the risk exposure be higher based on ongoing issues with the FairWarning Tool. It was noted there was no indication that the risk exposure should be reconsidered at that time and the risk exposure would be reviewed upon completion of the work required to meeting the requirements of DL (2015)17 Information Governance and Security Improvement Measures 2015-2017.

The Committee noted a report would be submitted to the Workforce and Governance Forum (WAG) in May 2017 regarding the implementation of the FairWarning Privacy Breach Detection Tool and the impact to employees, followed by a report to the Area Partnership Forum (APF) and the Clinical Quality Forum (CQF). It was noted awareness of the FairWarning Tool would be included as part of the induction process for all new employees.

Mr Doherty raised concerns regarding the names of individuals, who were no longer employed within NHS Tayside being listed within the DATIX report as having responsibility for mitigating actions. Ms Dunning advised the list contained within the report was an historical audit trail and noted the names of the risk manager/owner were accurate. Ms Dunning agreed to explore the option of listing the responsibility by designation rather than individual name within the DATIX report provide an update to the Committee.

The Committee

- **Noted the content of the report**
- **Noted Ms Dunning would explore the option of listing responsibility by designation within DATIX report**

7.4 Assurance Report on Implementation of TrakCare (FRC17/2017)

Mr Alistair Graham was in attendance to present the report.

Mr Graham advised the Committee following the provision of monitoring and safety check reports submitted to the TrakCare Programme Board, it had been agreed to postpone the Go Live date scheduled for February 2017. It was noted there had been issues around data

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migration and the validation of the system had identified a number of areas where the configuration of the system did not meet NHS Tayside requirements.

It was noted the project team were in a re-planning phase with work ongoing looking at lessons learnt, the current risk profile and resources required to establish a suitable revised Go Live date.

Mr Graham advised the Committee that the re-scheduling of the Go Live date did not impact significantly on the risk profile, and offered the capacity and opportunity to reduce the risk exposure.

The Committee noted the Adoption Stage continued to be progressed and re-planned and provided the opportunity for additional training and table top exercises.

Mr Cross informed the Committee, as Chair of the TrakCare Programme Board, TrakCare would only be implemented when a safe environment was established. It was noted there were significant issues with the system to be implemented, this was not a mature system and a significant amount of additional work was required to ensure the system was fit for purpose.

Mr Cross advised the Committee the TrakCare Programme Board had requested a report around lessons learnt be submitted and gave clear instructions proper research was undertaken when sourcing an achievable date. It was noted a lot of work was ongoing and it was anticipated a date would be confirmed at the next TrakCare Programme Board with a report being submitted to a future Committee meeting.

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Dr Cowie queried if there were any risks to NHS Tayside as a result of the delay and if clerical staff were required to enter data multiple times. Mr Graham advised that the longer the delay the more effort was required to maintain two running systems, resulting in some risks regarding quality, however, plans were in place to manage emerging risks. It was noted there was the requirement for double entry as two systems would be running and each should mirror the other.

It was noted there was additional cost to extend the use of TOPAS and this cost would be contained within the eHealth budget.

The Committee

- **Noted the content of the report**
- **Noted a report would be submitted to a future Committee meeting**

8. ITEMS FOR INFORMATION

8.1 Record of Attendance

The Committee

- **Noted the Attendance Record**

DATE OF NEXT MEETING

The next meeting of the Finance and Resources Committee will take place on Thursday 16 March 2017 at 9:30am in the Board Room, Kings Cross Hospital, Dundee

Subject to any amendments recorded in the Minute of the subsequent meeting of the Committee, the foregoing Minute is a correct record of the business proceedings of the meeting of Tayside NHS Board Finance and Resources Committee held on 16 February 2017, and approved by the Committee at its meeting held on 16 March 2017.

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CHAIR

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DATE