Tayside NHS Board

A meeting of Tayside NHS Board will be held on **Thursday 4 May 2017** in the **Board Room**, **Level 10, Ninewells Hospital** at **9:30am.** Apologies/enquiries to Donna Howey, DD 01382 740760, extension 40760 or e-mail donna.howey@nhs.net

AGENDA

Matters on which discussion is expected are included in Part A of the agenda. Part B is for other matters for approval or reporting. At the beginning of the meeting the Chairman will give members the opportunity to identify items in Part B on which they would wish to comment or ask questions.

Members should declare at the beginning of the meeting, or during the meeting if it becomes appropriate to do so, any financial or any other material interest they may have in any matter which is to be discussed by the Board. In cases of doubt, further advice may be obtained from the Board Secretary.

Following approval by the Board, items indicated as reserved business are to be discussed in closed session by the Board and the appropriate officers (at the invitation of the Chair). Reserved business will be considered under the relevant FOISA exemption.

		Lead Officer	Report No
1.	**Apologies**		
2.	**Chairman's Welcome and update**	**Prof J Connell**	**verbal report**
3.	**Chief Executive's Update**	**Ms L McLay**	**verbal report**
4.	**Minutes**		
	Minute of meeting of 23 February 2017		**attached**
	Minute of meeting of 27 March 2017		**attached**
5.	**Action Points Update**	**Ms L McLay**	**verbal report**
6.	**Other matters arising**	**Prof J Connell**	**attached**
7.	**Committee Chairs' Assurance Reports**		
	Audit	**Mr S Hay**	**BOARD36/2017**
	Clinical and Care Governance	**Mrs A Rogers**	**BOARD45/2017**
	Finance and Resources	**Mr D Cross**	**BOARD49/2017**
	Staff Governance	**Mrs J Golden**	**BOARD37/2017**

PART A Matters on which discussion is expected

8.	**Strategic Planning**		
	Draft One Year Operational Delivery Plan /Local Delivery Plan 2017/18	**Ms L McLay**	**verbal report**
	Draft Five Year Transformation Plan	**Ms L McLay**	**verbal report**
9.	**Corporate Financial Report for period ended 28 February 2017**	**Mr S Lyall**	**BOARD47/2017**
10.	**NHS Tayside's Strategic Risk Profile 2017/18**	**Ms M Dunning**	**BOARD54/2017**
11.	**Strategic Risks exceeding risk appetite**		
	Infection management	**Mrs G Costello**	**BOARD43/2017**
	Strategic Financial Plan	**Mr S Lyall**	**BOARD55/2017**
	Medical Workforce	**Mr G Doherty**	**verbal report**
	Workforce Optimisation	**Mr G Doherty**	**verbal report**
	Nursing and Midwifery Workforce	**Mrs G Costello**	**BOARD42/2017**
	Mental Health Services – Sustainability of Safe and Effective Services	**Dr N Prentice/Ms L Hamilton**	**BOARD53/2017**
12.	**The Equality Act 2010: NHS Tayside Mainstreaming Report and NHS Tayside Equality Outcomes 2017-2021**	**Ms M Dunning**	**BOARD52/2017**

PART B Other matters for note, information, reading

13.	**HAI control in Tayside for January and February 2017**	**Mrs G Costello**	**BOARD46/2017**
14.	**Key Metrics Report**	**Ms L Wiggin**	**BOARD38/2017**
15.	**Record of Attendance**	**Ms M Dunning**	**attached**
16.	**Minutes**		
	Staff Governance Committee 13 December 2016		**attached**
	Audit Committee 17 January 2017		**attached**
	Finance and Resources Committee 16 February 2017		**attached**
	Awaiting Committee Approval		
	Clinical and Care Governance Committee 9 February 2017		**attached**
	Audit Committee 9 March 2017		**attached**
	Clinical and Care Governance Committee 9 March 2017		**attached**
	Finance and Resources Committee 16 March 2017		**attached**
	Finance and Resources Committee 27 March 2017		**attached**

RESERVED BUSINESS

17.	**Reserved Minute of meeting of 23 February 2017**	**Prof J Connell**	**attached**
	Reserved Minute of meeting of 16 March 2017	**Prof J Connell**	**attached**

18.	**Reserved action points update**	**Ms McLay**	**attached**
19.	**Committee Chairs' Assurance Reports**		
	Remuneration	**Prof J Connell**	**BOARD41/2017**
	Transformation Programme Board	**Prof J Connell**	**BOARD44/2017**
	Area Clinical Forum	**Dr A Cowie**	**BOARD40/2017**
	Reserved Finance and Resources Committee	**Mr D Cross**	**BOARD50/2017**
	PART A **Matters on which discussion is expected**		
20.	**Strategic Risks exceeding risk appetite**		
	Perth Royal Infirmary Patient Flow and Capacity and Flow	**Ms L Wiggin**	**BOARD48/2017**
	PART B Other matters for note, information, reading		
21.	**Staffing Issue**	**Mr G Doherty**	**BOARD39/2017**
22.	**Governance and Risk Plan for Safe Quality Patient Care – Update Report**	**Mrs G Costello** **Ms L Wiggin** **Mr G Doherty**	**BOARD51/2017**
23.	**Reserved Minutes**		
	Audit Committee 17 January 2017		**attached**
	East of Scotland Research Ethics Service REC 1 20 January 2017		**attached**
	Transformation Programme Board 2 February 2017		**attached**
	Finance and Resources Committee 16 February 2017		**attached**
	East of Scotland Research Ethics Service REC 1 17 February 2017		**attached**
	Transformation Programme Board 7 March 2017		**attached**
	Awaiting Committee Approval		
	Area Clinical Forum 26 January 2017		**attached**
	Clinical and Care Governance Committee 9 February 2017		**attached**
	Audit Committee 9 March 2017		**attached**
	Clinical and Care Governance Committee 9 March 2017		**attached**
	Remuneration Committee 14 March 2017		**attached**
	Finance and Resources Committee 16 March 2017		**attached**
	East of Scotland Research Ethics Service REC 1 17 March 2017		**attached**
24.	**Date of next meeting**		
	Thursday 29 June 2017 at 9:30am in the Board Room, Level 10, Ninewells Hospital		

Professor J Connell
Chair

April 2017

Minute NHS Tayside

TAYSIDE NHS BOARD

Minute of the above meeting held at 9:30am on Thursday 23 February 2017 in the Board Room, Level 10, Ninewells Hospital and Medical School, Dundee

Present

Non Executive Members

Dr A Cowie	Non Executive Member, Tayside NHS Board
Mr D Cross	OBE, Non Executive Member, Tayside NHS Board
Councillor D Doogan	Non Executive Member, Tayside NHS Board (from item 11)
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 (from item 7)
Councillor G Middleton	Non Executive Member, Tayside NHS Board
Dr R Peat	Non Executive Member, Tayside NHS Board
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

Executive Members

Mrs G Costello	Nurse Director
Professor A Russell	Medical Director
Dr D Walker	Director of Public Health, NHS Tayside

Apologies

Professor J Connell	Chairman, Tayside NHS Board
Ms L McLay	Chief Executive
Mrs S Tunstall-James	Non Executive Member, 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
Ms M Dunning	Board Secretary
Mr T Gaskin	Chief Internal Auditor
Miss D Howey	Head of Committee Administration

By Invitation

Mr A Gall	Director of Performance (Interim) (for item 8)
Mrs V Irons	Chief Officer, Angus Health and Social Care Partnership (for item 11)
Dr D Richards	Consultant in Dental Public Health (for item 9)
Ms L Wiggin	Chief Operating Officer (for item11)

Mr S Hay in the Chair

ACTION

1. APOLOGIES

The apologies were as noted above.

2. CHAIRMAN'S WELCOME, INTRODUCTION AND KEY ISSUES

The Chairman welcomed Dr Robert Peat to his first meeting as a Non Executive Member of the Board.

The Board was reminded of the development session after the meeting for Board Members on culture. This followed the lunch in Committee Room 1 with the Patient Safety Team and other members of staff, who were to present on their work.

It was noted that the Director of Finance had an interest in item 30 on the agenda, Property Disposal Land and Buildings, 4 Dudhope Terrace as a member of the Board of the organisation who had submitted an offer. The Director of eHealth would present this paper. The Board agreed that the Director of Finance could stay in the room but would take no part in the discussion of this item.

The Chairman highlighted the new layout of the Board agenda and that items in Part A were for discussion and those in Part B were for noting, information or approval. He advised that Mr Hussain had requested that item 12 under Part B, Health Promoting Health Service monitoring report and feedback, be discussed and the Board agreed to this course of action.

The Chairman noted that items 18 to 21 in Part B required approval and he would seek any further comment on these later in the agenda.

The Board noted the Chairman's introduction

3. CHIEF EXECUTIVE'S UPDATE

The Medical Director in his capacity as Deputy Chief Executive highlighted the importance of the development session on culture to be held later in the afternoon. It was noted that the response rate to iMatter in NHS Tayside had been 67%, this was the highest return rate in NHSScotland and reflected the importance attached to staff engagement.

The continuing challenge in week three of the mental health contingency plan was acknowledged. It was regularly monitored and the Medical Director would give a briefing to the Board later in the agenda.

It was noted that the implementation of the Trakcare system had been delayed. The Trakcare Programme Board was to meet on 8 March 2017 to discuss a revised timetable.

The Director of Human Resources and OD highlighted the importance of the development session that afternoon with Professor Michael West. Professor West was a leading expert in the UK on team working and organisational effectiveness in health. The aim was for the Board to have these sessions and an update on the outcomes would then come back to the Board. He encouraged all Board Members to attend the afternoon development session. The Chairman also stressed the importance of the Board Members completing their iMatter submissions.

4. MINUTE OF PREVIOUS MEETING

Minute of meeting of Tayside NHS Board held on 1 December 2016

The Minute of the meeting of Tayside NHS Board held on 1 December 2016 was approved on the motion of Mrs A Rogers and seconded by Mr H Robertson.

5. Action Points Update

There were no actions to consider.

6. Any other matters arising

There were no other matters arising.

7. COMMITTEES – ASSURANCE REPORTS FROM CHAIRS

Audit Committee

Mr Hay advised the Board of the governance implications of him chairing this Board meeting and providing an assurance update as the Chair of the Audit Committee.

Mr Hay highlighted the following:

- The new Head of Medical Instrumentation had attended the Audit Committee and provided reassurance to the Audit Committee. It was expected that the underlying medical instrumentation issues raised in a previous Internal Audit report would be resolved
- The Medical Director had provided an update on the Mental Health External Review. He had assured the Audit Committee that NHS Tayside had been compliant with the relevant standards at the time
- Two Internal Audit reports that had C grades had been discussed. These related to the Property Management Department and the Child and Adolescent Mental Health Services. There was a need for clarity in respect of property management governance structures, the links between the Property Management Strategy and the implications of the Community Empowerment Act. In respect of the Child and Adolescent Mental Health Services (CAMHS) report, issues had been noted in respect of the forecasting capability and the sustainability of the service. It was also noted that CAMHS services were not extended to those aged under 18 only if they were not at school. There needed to be demand forecasting and

further development in respect of benchmarking against the rest of NHS Scotland. An action plan was in place

- There had been a number of questions raised about payment verification and the minute of the Strategic Risk Management Group minute of 15 August had outlined a concern in respect of the management of health and safety and this needed to be addressed
- The Director of Human Resources and OD advised that with the change in the Chief Executive's management structure; health and safety was now within the remit of the Chief Operating Officer. It was noted that there had been a reconfiguration of the health and safety support structure and the appointment process for a Head of Health and Safety Management was underway. The Health and Safety Strategic Management Group had also been re-established
- In respect of property, Mr D Cross, Chair of the Finance and Resources Committee advised that the Finance and Resources Committee had recognised the need to enhance the governance around property management. A property management update was given to every Finance and Resources Committee meeting and a presentation had recently been given to the Committee on Property Asset Management. He assured the Board that the Finance and Resources Committee was now closely monitoring property management

The Board noted the assurance update in respect of the items discussed at the Audit Committee

Clinical and Care Governance Committee

Mrs Rogers, Chair of the Clinical and Care Governance Committee gave an update. She advised that some changes had been made to the risk ratings and these were noted as :

- Clinical Governance moved from 12 to 16 due to integration governance issues
- Health Protection of Children and Young People had reduced to a 9 as the as the Children and Young People Board was now fully operational

- Mental Health Services had increased from a rating of 16 to 20 as the response to the contingency plan was enacted as well as to the ongoing health and safety review at Murray Royal Hospital

- Maternity Services had also increased from a 12 to a 16 due to the uncertainty in Angus of the retention of community services

- PRI Patient Flow had increased from 16 to 20 due to the increasing level of delayed discharges over the winter period (noted this had now improved)

- Managed/2C Practices had reduced due to the increased recruitment of GP special registrar posts

Councillor K Lynn arrived

Other areas of discussion had been medicines safety, the volunteers' annual report, medical revalidation and the range of the Research Governance Annual Report. There had also been an update in respect of the visits undertaken by National Education Scotland (NES) during 2016 and actions from the national training survey.

It was noted that the most recent meeting of the Clinical and Care Governance Committee (9 February 2017) had not been quorate for the second half of the meeting. It was to be reconvened for discussion of these items.

The Board noted the assurance update in respect of the items discussed at the Clinical and Care Governance Committee

Finance and Resources Committee

Mr Cross, Chair of the Finance and Resources Committee gave an update and highlighted:

- In respect of the Capital Report, the current national contract for telephony services was due to end in November 2017. It was noted that an element of the replacement would need to be funded from capital. A further report was to come to the next meeting of the Finance and Resources Committee
- The implementation of Trakcare had been delayed and as Chair of the Trakcare Programme Board, Mr Cross assured the Board that the go live date would not be agreed until there was a stable position. The Trakcare Programme Board was to meet on 8 March 2017 and a further update would come back to the Finance and Resources Committee
- There had been discussion about the lack of progress with the GP practice in Bridge of Earn. It was felt that there was a need for clarity about the Board's intention around this as well as sites in the Carse of Gowrie. Further work was ongoing and an update report was to come to the Finance and Resources Committee

There was a query raised in respect of Trakcare implementation and whether upgrades to PC hardware were required across the organisation. It was confirmed that an assessment was being done in each area and there was a confidence that the Trakcare requirements would be met.

The Board noted the assurance update in respect of the items discussed at the Finance and Resources Committee

Universities Strategic Liaison Committee

Dr Cowie gave an update on the Universities Strategic Liaison Committee. He highlighted the links with the Academic Health Science Partnership (AHSP) and the anxiety around the lack of surgical robotic training in Tayside and the potential implications for research.

It was noted that a robot for surgery cost in excess of £2 million and had revenue implications of £0.25 million. Though it was for the benefit of a relatively small amount of patients, there were cost implications for using

surgical robot teams elsewhere in Scotland for Tayside patients.

For information, the Medical Director advised that of the four tertiary training centres in Scotland, Tayside was only one without a robot. This posed a risk to our ability to attract surgical trainees and this in turn had an implication for the future use of the training centre.

There was discussion about the funding or sponsorship of a surgical robot. It was noted that work was underway to consider this and substantive proposals would come forward for consideration to the Clinical and Care Governance Committee in the first instance. It was noted that there were complicated legislative and procurement implications associated with this.

The Board noted the assurance update in respect of the items discussed at the Universities Strategic Liaison Committee

PART A Matters on which discussion is expected

8. Corporate Financial Report for period ended 31 December 2016

The Director of Finance presented this report. He advised that the financial position at the end of December 2016 had been reported to the Transformation Programme Board and the Finance and Resources Committee.

It was noted that the forecast outturn had also been discussed at last week's Finance and Resources Committee. At the end of December, there was an overspend of £11.4 million. Chart one in the report tracked financial performance showing a negative variance £1.1 million to budget. It was highlighted that there was a risk in the forecast outturn of up to £2 million on delivering the unbalanced LDP figure (£11.65 million). The tables on page 2 detailed the breakdown of the financial position and the split between the IJBs and the main Board.

In respect of pay, there was an overspend of £2.1 million at the end of December 2016. The Director of Finance gave an overview of the spend on pay throughput the year highlighting that the level of overspend had been contained relative to the prior year. The increased challenge with difficult to recruit to medical posts had an effect on medical agency costs (£3.3 million), however, this was not significant in comparison to other NHS Boards across Scotland.

The Director of Finance addressed a number of other pressures: Delayed discharges continue to be a significant challenge. They equate to 3 wards at an estimate 9 month cost of £3.1 million.

The Scottish Government had allocated £2.5 million of non-recurring funding to address waiting time challenges. A level of winter surge beds had remained since the start of the financial year, which added £0.7 million to the position. Non compliant medical rotas in the training grades had also added to the financial burden. The potential exposure in the current year was up to £1.4 million.

The prescribing position was shown on pages six and seven of the report. It was noted that secondary care costs remained within budget but that

primary care costs were overspent by £5.4 million. Costs continued to grow faster than the Scottish average and NHS Tayside was 9.2% higher than the Scottish average at the end of November 2016.

Work was being done to understand each individual GP practice's position to get a better understanding of why NHS Tayside spend was an outlier.

In respect of overall efficiency savings, the current programme was projected to deliver £44.5 million; £2 million below target. Further work was therefore being done in respect of cost containing measures with the focus on all areas of discretionary spend. It was noted that the 40% recurring savings target was close to being met.

The end of January 2017 results were showing an overspend of £12.3 million. It was noted that there were likely to be a number of challenges at year end and discussion was ongoing with the Scottish Government Health Directorate. The Chief Executive, NHSScotland had advised the Public Audit and Post-Legislative Scrutiny Committee that he would meet with the Chair and Chief Executive of NHS Tayside in March 2017. The level of brokerage required would be discussed at that meeting.

Mr Cross, Chair of the Finance and Resources Committee noted there had been a significant achievement in making £44 million savings, however, it was £2 million short of the target and that was to be £11.7 million overspent.

He noted that it was extremely important that the other £2 million savings was achieved. This was for the reputation of the Board and for the scrutiny that would be applied by the Public Audit and Post-Legislative Scrutiny Committee.

The momentum needed to be maintained into the new financial year. The change in a fairly stable prescribing position to one of variation against the rest of NHS Scotland needed to be investigated.

The Director of Performance (Interim) reported that a Government Efficiency Group had advised that efficiencies could be made in areas such as theatre utilisation, day case surgery pre assessments etc. It had estimated that £44 million of savings could be made in NHS Tayside. He advised that these productive opportunities needed to be tackled collabortivley between the Chief Operating Officer, managers and clinicians. Radical changes were needed in clinical and administrative efficiencies if a sustainable difference was to be made.

There was detailed discussion about the primary care prescribing issue and the productive opportunities. It was highlighted that the health and social care partnership would have responsibility for the primary care prescribing budget in two years time.

It was noted that the productive opportunities would be part of the Local Delivery Plan submission as a quality and cost assessment improvement plan was to be included.

In respect of the potential for £44 million, there was a query on how much of this was high risk as well as the potential for the double counting of savings. It was noted that individual finical managers were cognisant of the possibility

of double counting.

It was felt that it would be helpful if the detail of the £44 million of productive opportunities could be circulated to the Board. The Director of Performance (Interim) advised that he did not have the authority to do this and would discuss this further with the Chief Executive.

In response to a query about the yearend position, the Director of Finance advised that at the end of March 2017, there was an expectation that the brokerage of £20 million would be repaid to the Scottish Government Health Directorate. There would be an overspend of £11.7 million (per the unbalanced LDP). This would equate to the Board owing the Scottish Government Health Directorate £32 million. This position was now unlikely to be met and if the Board did not receive brokerage for 2016/17, there would be an overspend and unbalanced position at year end.

The Chief Executive NHS Scotland had advised at the Public Audit and Post-Legislative Scrutiny Committee that he was to meet with the Chairman and Chief Executive of NHS Tayside in mid March 201. At that point the position of the Scottish Government Health Directorate would be known.

It was noted that it was critical to reduce costs in the last three months of the current financial year and an assurance was sought around this. The Director of Performance (Interim) advised that in addition to detailed specific prescribing initiatives, 30 to 40 housekeeping initiatives had been identified to reduce expenditure in the remaining three months of the year. There had been discussion with budget managers to ensure that spending was constrained to only the most essential matters. There was no certainty about the outcome of these initiatives but they would be monitored over the coming few weeks. An assurance was given that all possible was being done without impacting on patient care.

The impact of waste on budgets was also highlighted and in particular prescribing and pharmacy waste.

The Board:

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

9. Tayside Oral Health Equity Strategy – update

The Director of Public Health gave an introduction to this item. He highlighted the significant progress that had been made across Scotland and that NHS Tayside was performing better that the Scottish average.

Dr Richards was in attendance to answer questions and during discussion the following was highlighted:

- It was noted that one of the principal reasons for children being in hospital was general anaesthesia related to dental extractions. So effective and preventative dental care for children was extremely important. The 30% reduction in general anaesthetic for dental interventions in children over the past 10 years was welcomed

- The targeted element of the Childsmile programme was largely focused in Dundee, however, it was felt that there may be adverse consequences from recent programme changes. It was noted that the basic dental inspection programme for Primary 1 school children runs each year. This allows monitoring of disease levels to ensure appropriate targeting of schools
- The links between diet, nutrition and poor dental health were acknowledged and links between the dietetic service and the dental service were confirmed. It was noted that there was a particular issue with the consumption of sugar. The Dietetic Consultant - Public Health Nutrition worked closely with Dr Richards and collaborated where possible to promote the lower consumption of sugar. There was however a limited amount that the NHS and local authorities could do; this required a national discussion and while the planned sugar tax will be beneficial, its impact on total sugar consumption would be relatively small
- In respect of staff visiting schools, it was noted that dental staff did input to school fayres etc. They provided training highlighting the key diet messages that were of benefit to oral health. There were also national links with the dietetic and Childsmile Groups
- Mr Cross advised that this had been discussed at a national Senior Leadership meeting. It was high on the national agenda and was relevant to all of the public sector and agencies. He highlighted that there needed to be a multi agency approach right across all organisations

The Board:

- **Thanked Dr Richards for his annual update**
- **Noted the considerable progress in the implementation of the Tayside Oral Health Equity Strategy**

10. Board Assurance Framework (BAF)

The Board Secretary presented this report. She highlighted the risk appetite discussion and the proposal that was to go forward to the Audit Committee in March 2017. As a result of this, it was noted that there was a recommendation that risk reporting to the Board be changed.

The Board Secretary asked if the Board was content that the Audit Committee scrutinise the risk appetite proposal. The Board agreed to this course of action. Mrs Rogers highlighted there had been a request at the recent Clinical and Care Governance Committee meeting` for a Board Development Session on risk appetite. The Board Secretary advised that the short life working group's proposal on risk appetite was to be taken in the first instance to the Audit Committee for discussion. She suggested that a Board development session on risk in its totality should be considered. She would take this forward with the Chairman and the Chief Executive for the Board Development Session programme.

In considering the governance arrangements for risk, the Board Secretary advised that the NHS Board and each of the Integrated Joint Boards (IJBs) would need to review their strategic risk profiles to agree which risks would

remain, which risks would be moved to the IJBs and which risks would be shared. The Chief Internal Auditor noted that mechanisms for this needed to be reflected in the Board Assurance Framework. It was noted that this was still being refined across Scotland and all risk processes were currently replicated in the IJBs.

During discussion the following points were noted:

- It was important that the Board had a development session on risk and in particular the wider discussion that included the IJBs. This was critical to the Board's collective understanding of the risk management arrangements
- Any strategic risk that exceeded the risk appetite would require to be reported to every Board meeting
- All strategic risks aligned to Standing Committees and the Board would be reported four times per year and the Board Assurance Framework would come to the Board twice per year

The Board:

- **Considered the Board Assurance Framework including the Strategic Risk Profile (Appendix A) and the individual risk reports from DATIX (Appendix B)**
- **Noted the updates in respect of Managed/2C Practices; Mental Health; Maternity Services; Workforce Optimisation and PRI/Patient Flow strategic risks**
- **Acknowledged the work undertaken by the short life working group in respect of risk appetite**
- **Approved the proposal in respect of the reduction in frequency of reporting the Board Assurance Framework to Tayside NHS Board**
- **Requested that there should be a Board Development session on risk management** — **Board Secretary**

11. Strategic Risks reported to the Board

Waiting times and RTT targets

The Chief Operating Officer spoke to this report. She advised that this risk score remained high despite an improvement in performance against the rest of the NHS Boards in Scotland.

It was noted that there were some services where due to workforce challenges locally, regionally and nationally it had not been feasible to improve performance.

In relation to outpatient waiting times the main areas experiencing delay in appointments were gynaecology, gastroenterology and general surgery. Additional capacity had been sourced from the independent sector in the last quarter funded by the Scottish Government to ensure patients in these services were not disadvantaged. It was noted that the Board had taken this action reluctantly preferring patients to be seen by NHS Tayside or another NHS Board if capacity were available.

The Board noted the report given by the Chief Operating Officer on this strategic risk

Infection management

The Nurse Director advised that this strategic risk remained high at 20. It was subject to six monthly reviews and the last update was undertaken in January 2017 with the next planned update in July 2017.

It was noted that there was robust surveillance work and a pro active infection management workplan and the mitigating actions were outlined.

The Board noted the report given by the Nurse Director on this strategic risk

Health equity

The Director of Public Health spoke to this report. He advised that the risk rating remained high. It was noted that work had been taking place over the past 18 months. The Director of Public Health had a place at the three Tayside Community Planning Partnerships, the three Integrated Joint Boards and the Dundee and Perth and Kinross Fairness Commissions.

The Director of Public Health advised that there was a different feel to partnership pieces of work and programmes. There was general progress with health equity except in acute services.

In response to a query about the objective measurement of achievement in health equity, the Director of Public Health advised that progress could not be measured via routinely available measurable statistics. There were softer measures such as the Director of Public Health's Annual Report. It was noted that co production was a much more prominent part of the approach taken within the various partnerships.

The Board noted the report given by the Director of Public Health on this strategic risk

Councillor Doogan arrived

Capacity and flow

The Medical Director, Operational Unit spoke to this report. He advised that this risk related to Perth Royal Infirmary and the risk scoring had increased on review in October 2016 to an exposure rating of 20.

He outlined the seven agreed measures that were in place to monitor this risk and that these had been endorsed by the Clinical and Care Governance Committee.

Mr Cross noted the well publicised delayed discharges issue at Perth Royal Infirmary. He asked how this could be in relation to the relatively low bed occupancy rates that were recorded. The Medical Director, Operational Unit advised that this measure was not representative as bed occupancy rates were taken as of midnight. Work was being undertaken to produce a more relevant bed occupancy measure.

The Board noted the report given by the Medical Director , Operational Unit on this strategic risk

NHS Tayside estate infrastructure

The Chief Operating Officer gave an update. She advised that this risk remained high due to the age of the estate infrastructure. A report had been submitted to Health Futures Scotland to seek investment, the outcome of which was awaited.

It was noted that an NHS Tayside Masterplan needed to be developed and this was now in progress. It would be reported on to each meeting of the Capital Scrutiny Group and in turn reported to the Finance and Resources Committee.

The Board noted the report given by the Chief Operating Officer on this strategic risk

Development of primary care services

The Chief Officer, Angus Health and Social Care Partnership spoke to this report. She advised that the risk remained high. She outlined a number of mitigating actions in relation to in hours and out of hours primary care services.

It was noted that the Angus Health and Social Care Partnership hosted the responsibility for primary care services in NHS Tayside. This report had been discussed at the meeting of the Angus Integrated Joint Board on 22 February 2017.

It was highlighted that the management of 2c practices and out of hours arrangements were stabilising.

In response to a query about the timescale of the Primary Care Strategy, it was noted that there was potential for a report back in early Autumn to the Board.

The Board noted the report given by the Chief Officer, Angus Health and Social Care Partnership on this strategic risk

The Chair advised that as previously highlighted Part B items were to be taken without discussion unless requested by Board Members. Mr Hussain had asked for the item on the Health Promoting Health Service monitoring report and feedback to be moved into Part A for further discussion. There were no further requests made.

12. Health Promoting Health Service monitoring report and feedback

Mr Hussain advised that as the Board Champion for the Health Promoting Health Service he applauded the Health Promoting Health Service Programme (HPHS). In particular he highlighted the recently opened Advice Centre on the concourse in Ninewells as an example of an opportunity

to provide, support and maximise interventions for local communities. He noted that it was good to see the many examples within this submission as well as the positive feedback that had been received.

Mr Hussain asked two questions in relation to an assurance that HPHS was given sufficient consideration in service re-design or commissioning plans, including changes within community settings. He felt that it would be a missed opportunity if new services or estate were not designed with sufficient regard to HPHS and the opportunity to promote and improve the health of the population.

The other question related to Performance Indicators and assurance on the assessment of the impact of interventions. For example was the use of sickness absence as an appropriate measure for staff well-being. Additionally how could the tackling of inequalities be measured?

The Director of Public Health advised that the culture and distributed leadership of HPHS was not as well embedded in the acute service as it was in the primary and community based services. This was reflected in the Chief Medical Officer's letter to the service in that its focus was specifically on the acute sector.

It was noted that HPHS was embedded in the planning and delivery of services, through the NHS Tayside Clinical Strategy and the work of the Transformation Programme was using HPHS as a template, however this required leadership and all senior officers needed to take an active part.

Some areas of the organisation were in a really strong position, others not so strong. Local successes were due to distributed leadership and collaboration such as the Advice Shop at Ninewells. It was noted that the redevelopment of the Ninewells concourse was to be taken forward as a health promoting environment. The Health Retail Standards came into effect on 1 April 2017 and there was a requirement to meet clear and auditable standards.

It was highlighted that every healthcare contact was a health promoting opportunity and there was still much work to be done. There were some performance indicators available, however a more robust suite of indicators was required.

The Board noted progress in the implementation of CMO(2015) 19 Letter Health Promoting Health Service

PART B Other matters for note, information, reading

13. HAI control in Tayside for November and December 2016

Report BOARD02/2017 was noted.

14. Performance report

Report BOARD03/2017 was noted.

15. Organ and Tissue Donation and Transplantation – A Consultation on Increasing Numbers of Successful Donations

The Board noted that a response will be prepared and circulated to the Board in advance of the consultation closing date of 14 March 2017.

16. North of Scotland Planning Group Annual Report

Report BOARD05/2017 was noted.

17. Scottish Patient Safety Programme in Mental Health Report

Report BOARD10/2017 was noted.

18. Schedule of meetings 2017/18

The Board approved the Schedule of Meetings for the Board and its Committees for 2017/2018.

19. Appointment of new Non Executive Member to Committees

The Board approved the appointment of Dr Robert Peat as a member of the Clinical and Care Governance Committee

20. NHS Tayside Code of Corporate Governance updates

The Board approved the amendments and updates to the Code of Corporate Governance as detailed in appendix 1 and the communications process as detailed in paragraph 16

21. NHS Tayside Annual Report

The Board approved the NHS Tayside Annual Report including the Annual Accounts 2015/16

22. Record of Attendance

The Record of Attendance was noted for information

23. Minutes

The following minutes were noted by the Board:

Staff Governance Committee 27 September 2016

Universities Strategic Liaison Committee 1 November 2016

Clinical and Care Governance Committee 10 November 2016

Finance and Resources Committee 17 November 2016

Awaiting Committee Approval

Finance and Resources Committee 19 January 2017

RESERVED BUSINESS

24. Reserved Minute of meeting of 1 December 2016

The reserved minute of the Board meeting on 1 December 2016 was approved.

25. Reserved action points update

The reserved action points update was noted and discussed.

26. Committee Chairs' Assurance Reports

The following reports were noted and discussed:

Remuneration Committee
Transformation Programme Board
Area Clinical Forum
Finance and Resources Committee

PART A
Matters on which discussion is expected

27. Staffing Issue

The Board noted the reports presented by the Director of Human Resources and OD.

28. NHS Scotland Pharmaceutical 'Specials' Service – Full Business Case Addendum

The Board approved the recommendations.

29. Property Disposal Land and Buildings - 4 Dudhope Terrace, Dundee

The Board approved the recommendations.

30. Property Disposal Land and Buildings – Orleans Clinic

The Board approved the recommendations.

31. Property Disposal Land and Buildings – 14/16 Rosemount Road, Arbroath

The Board approved the recommendations.

32. One Year Plan 2017/18 and Strategic Five Year Plan

The Board noted the verbal update given by the Medical Director

33. Mental Health Improvement Programme : General Adult Psychiatry In Patient Services Update

The Board noted the verbal update given by the Medical Director.

PART B Other matters for note, information, reading

34. Data Breach

The Board noted the report.

35. Reserved Minutes

The following Minutes were noted:

Clinical and Care Governance Committee 10 November 2016
Finance and Resources Committee 17 November 2016
Transformation Programme Board 23 November 2016
East of Scotland Research Ethics Service REC 1 9 December 2016
Transformation Programme Board 21 December 2016

Awaiting Committee Approval

Area Clinical Forum 20 October 2016
Remuneration Committee 13 December 2016
Area Clinical Forum 15 December 2016
Finance and Resources Committee 19 January 2017

36. Date of next meeting

The next meeting of Tayside NHS Board will be held on Thursday 16 March 2017 after the Finance and Resources Committee , Board Room, Kings Cross

Minute NHS Tayside

TAYSIDE NHS BOARD

Minute of the above meeting held at 10:35 am on Monday 27 March 2017 in the Board Room, Kings Cross, Clepington Road, Dundee

Present

Non Executive Members

Professor 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
Dr R Peat	Non Executive Member, Tayside NHS Board
Mr H Robertson	Non Executive Member, Tayside NHS Board
Mrs A Rogers	Non Executive Member, Tayside NHS Board
Mrs S Tunstall-James	Non Executive Member, Tayside NHS Board

Executive Members

Mr L Bedford	Director of Finance
Mrs G Costello	Nurse Director (to item 4)
Ms L McLay	Chief Executive
Professor A Russell	Medical Director
Dr D Walker	Director of Public Health, NHS Tayside

Apologies

Mrs J Alexander	Partnership Representative
Dr A Cowie	Non Executive Member, Tayside NHS Board
Professor M Smith	Non Executive Member, Tayside NHS Board

In Attendance

Dr A Cook	Medical Director, Operational Unit
Mr G Doherty	Director of Human Resources and OD
Ms M Dunning	Board Secretary
Mr T Gaskin	Chief Internal Auditor
Miss D Howey	Head of Committee Administration

Prof J Connell in the Chair

ACTION

1. APOLOGIES

The apologies were as noted above.

2. CHAIRMAN'S WELCOME AND INTRODUCTION

The Chairman welcomed all to the last Board meeting of this financial year. He noted that the Financial Framework 2017/18 – 2021/22 had been discussed in detail at the earlier Finance and Resources Committee.

He advised that he would give a confidential briefing to the Board before discussion of the Financial Framework.

The Chairman advised that this was the last formal Board meeting for the three Non Executive Members, who were the local authority stakeholder members of the Board, due to the local authority elections on 4 May 2017.

On behalf of the Board he thanked them all for their contribution to NHS Tayside as well as the health and social care partnerships. It was noted that local authority nominations to the Board would be made post the election on 4 May 2017.

The Chairman gave a briefing on discussion that had been held with the Director General for Health and Social Care and Chief Executive, NHS Scotland and the Director of Health Finance.

He advised that this was in advance of the Public Audit and Post Legislative Scrutiny Committee meeting on 30 March 2017. It was noted the Chairman, Chief Executive, Medical Director and Director of Finance were to attend this meeting in Edinburgh.

It was noted that the Director General for Health and Social Care and Chief Executive, NHS Scotland had written to the Public Audit and Post Legislative Scrutiny Committee to advise that up to £4 million of brokerage had been authorised for NHS Tayside for 2016/17.

When the Director General for Health and Social Care and Chief Executive, NHS Scotland had attended the Public Audit and Post Legislative Scrutiny Committee in February 2017, there was no concern around NHS Tayside's ability to treat patients in a timely manner and this confidence continued. There had been a short term review of prescribing. This had been done by the Deputy Chief Medical Officer and the formal report was awaited. It was noted that he had endorsed the approach to be taken in respect of the chronic pain pathway, formulary adherence and high prescribing practices.

The Chairman reported that the Director General for Health and Social Care and Chief Executive, NHS Scotland had advised of his intention to provide further support to NHS Tayside. This was in the form of a Chair, Chief Executive and other officers from NHS Boards in Scotland. This was not a loss of confidence in NHS Tayside, but rather that there were chronic and complex issues that needed this additional support.

The Chairman and the Chief Executive were to meet with the Director General for Health and Social Care and Chief Executive, NHS Scotland that afternoon for further detail on the support to be provided.

It was noted that it was likely that the provision of this additional support would be discussed at the Public Audit and Post Legislative Scrutiny

Committee meeting on 30 March 2017. The Chairman and the Board endorsed their support of the NHS Tayside team.

During discussion it was noted that this additional support was welcomed. The amount of work to be undertaken to make the required transformational change, in addition to routine working could not be easily sustained and this support would be helpful and used as effectively as possible.

Recent negative media coverage of anonymous claims about patient safety at Perth Royal Infirmary was discussed. It was noted that patient safety had not been compromised at Perth Royal Infirmary.

The Board noted the Chairman's introduction and briefing

3. NHS TAYSIDE FINANCIAL FRAMEWORK 2017/18-2021/2022

The Director of Finance gave an overview of the discussion that had been held at the earlier Finance and Resources Committee on the NHS Tayside Financial Framework 2017/18 – 2021/22. He highlighted that the Finance and Resources Committee had considered the Framework in detail and the Board was asked in particular to approve the direction outlined in the Financial Framework.

Mr Cross, as Chair of the Finance and Resources Committee highlighted the full discussion at the earlier Committee meeting. He outlined the main points of this discussion including the importance of joined up clinical strategies, that the IJBs were still to meet to finalise their budgets for 2017/18 and that the budget planning cycle would in future come earlier in the financial year to both the Finance and Resources Committee and the Board.

There was detailed discussion around the need for an open and transparent budgeting process; however it was noted that budgetary control was not solely in the gift of the Board to deliver and there were a number of external influencing factors such as the ability to recruit staff the requirement for non contract agency staff and the impact of delayed discharges.

It was noted that the budget was dynamic and had come later to the Board than was preferred, the overhaul of the budgeting process would assist with this next year as would the depth of budgetary planning throughout the organisation.

It was noted that the offer of additional support from the Scottish Government Health and Social Care Directorate was welcomed and would assist with these processes.

The Board:

- **Considered the Financial Framework and the implications thereon**
- **Approved the Financial Framework 2017/18 – 2021-22 subject to the finalisation of the IJB budgets and subject to an assurance that this Framework and budget setting would be**

driven by health service redesign and clinical requirements not the financial requirements and priorities

- **Noted the level and context of cost reduction initiatives that were currently assessed as high risk and that this affect the ability to deliver the required savings to deliver a financial break even position in 2017/18**
- **Noted that discussions would be maintained during 2017/178 with the Scottish Government Health and Social Care Directorate**

4. DRAFT ONE YEAR OPERATIONAL DELIVERY PLAN 2017-18

The Chief Executive spoke to this report. She advised that in addition to the Board submitting the required 2017/18 LDP, NHS Tayside had delivered a detailed one year plan. The plan was a draft plan.

It was confirmed the Public Audit and Post Legislative Scrutiny Committee had requested a level of detail on the 2017/18 Plan.

The Chief Executive outlined each of the sections in the draft Plan highlighting the strong statement about the whole system approach and identifying and optimising all efficiencies across the service plans.

It was confirmed the draft Plan would be submitted to the Scottish Government on 31 March 2017 with a final submission by 30 September 2017.

During discussion the following points were noted:

- Clarification was requested if the draft Plan was for approval or information
- There was a detailed reference on page 34 of the Plan to the option of rationalised community hospital provisions in Perth and Kinross. Concern was expressed that this was included when there had been no public engagement about these proposals. The Chair of the Perth and Kinross IJB highlighted there had been no discussion at the IJB about what was detailed in this section of the plan. The other IJBs had a generic statement attached to this section (consolidation of sites). It was preferred that this statement should be included for the Perth and Kinross IJB.
- It was noted that the Public Audit and Post Legislative Scrutiny Committee would expect a level of detail to be included. If not included it would likely be raised as part of the discussion at the meeting
- It was agreed that the draft Plan should be updated accordingly and if able to do so, be resubmitted, to the Public Audit and Post Legislative Scrutiny Committee

Mrs Costello left the meeting.

- How the draft one year plan related to the preventative agenda and the work of the Public Health Directorate was queried. The Director of Public Health advised that those commitments were embedded

in other parts of the planning processes. He was satisfied that early intervention and health equity were covered
- The need for meaningful staff appraisal and development was highlighted. It was noted that collective leadership was to be discussed at a future Board Development Session. The senior leadership team was also discussing performance management from a staff governance perspective. The People Strategy was also due to be refreshed this year

The Board:

- **Noted the draft One Year Operational Delivery Plan 2017-18**
- **Noted that the draft would be updated to take account of the comments made in respect of the Perth and Kinross IJB information**

5. DRAFT FIVE YEAR TRANSFORMATION PLAN 2017-2022

The Chairman noted that this was a refresh of the five year plan that had been presented to the Board last year. He highlighted that it would be subject to change with the ongoing discussion in respect of regionalisation.

During discussion the following points were noted:

- The draft nature of the Plan was queried, and the timescale for Board approval of the final version. It was noted that the five year plan would always be evolving. It could come back for approval once more detail on regionalisation was known
- It was noted that work was ongoing nationally in relation to the Health and Social Care Delivery Plan. There would be a regional infrastructure and leadership resource in place across Scotland to take regional planning forward

The Board:

- **Noted the draft Five Year Transformation Plan 2017-2022**
- **Agreed that it should come back to the Board for approval and would include further comment on regionalisation**

6. DATE OF NEXT MEETING

The next meeting of Tayside NHS Board will be held on Thursday 4 May 2017 at 9:30am in the Board Room, Kings Cross

Actions Points Update **NHS Tayside**

Tayside NHS Board – 4 May 2017

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Status
1.	23/2/2017	10	Board Assurance Framework	Board Development Session on risk management to be arranged	Board Secretary	To be arranged in year

Item 7

Please note any items relating to Board business are embargoed and should not be made public until after the meeting

BOARD36/2017
Tayside NHS Board
4 May 2017

AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT
AUDIT COMMITTEE OPEN BUSINESS - 9 MARCH 2017

Update on Risks

A. Internal Audit presented two D reports to the Committee:

1. Follow Up of Financial Planning and Management While this report recognised that there had been progress in the Health Board's financial planning and management it highlighted the need for continued improvement. The D grade in part reflected a planned risk score of 25 on the strategic financial plan and significant risks to achievement of the plan's objectives. It highlighted the Trust's need to improve its budget setting processes and to do so urgently (para 12). Much closer alignment between budgetary control, risk management and performance management is required over the next four years and the pace of change needs to accelerate to ensure that the changes required to deliver financial sustainability are achieved. There is a commitment to start this in 2017-18 with an intention to align the budget process with that of the local councils in the 2018-19 year. The committee has concerns over NHS Tayside's budgetary capacity and how responsive it can be to Mr Shobhan Thakore's recommendations in the Realistic Medicine Report.

It is clear that NHS Tayside needs to invest in its budget setting processes (paras 27 and 28) to ensure that budgetary accountability is devolved further down the organisation.

Deferred expenditure remains a challenge for NHS Tayside's budgetary processes and the audit committee has asked the F&R committee to monitor deferred expenditure as recommended by Internal Audit.

2. Assurance Framework

The assurance process overall has a B grade but with regard to the IJBs the grade is D. The reason for this grade is that the BAF does not yet reflect the ownership of individual risks in relation to the IJBs (para 26). Work on these issues is progressing and the committee is expecting resolution within three months.

Horizon Scanning
The Board's budgetary setting processes are a source of strategic weakness and need to be improved significantly. Without the necessary improvement it is unlikely the Board will achieve its strategic financial goals.

Stephen Hay
Audit Committee Chair
April 2017

Please note any items relating to Board business are embargoed and should not be made public until after the meeting

BOARD45/2017
Tayside NHS Board
4 May 2017

COMMITTEE CHAIR'S ASSURANCE REPORT

Clinical and Care Governance Committee - OPEN AND RESERVED BUSINESS

9 February 2017 and 9 March 2017

Performance against workplan

The meeting held on 9 February was inquorate for the last hour and a half. Consequently a further meeting was held on 9 March to ensure that all the work on the 2016/2017 workplan was undertaken.

Update on Risks

The Committee noted that all strategic clinical risks were discussed at the Clinical Quality Forum between 14 November 2016 and 6 February 2017.

15 Delivering Care for Older People

Owner – Gillian Costello	Yellow Risk
No change to the owner	Risk rating 12

16 Clinical Governance

Owner – Andrew Russell	Amber Risk
No change to the owner	Change to the scoring of this risk, now 16

The risk rating had been increased to reflect the ongoing work being done to develop systems to provide assurances between NHS Tayside and the IJBs and development of a mutual understanding of governance.

22 Health Protection of Children and Young People

Owner – Gillian Costello	Yellow Risk
No change to the owner	Risk rating reduced to 9

The change reflected the fact that the Childrens' and Young Peoples' Board was now operational.

395 Mental Health Services

Owner – Andrew Russell	Red Risk
Change to the owner	Increase to the scoring of this risk to 20

The increased risk rating reflected work in progress related to requirements from the Health and Safety Executive, the Mental Health Services Review and the development of a renewed performance review process.

121 Person Centredness

Owner – Gillian Costello
No change to the owner

Yellow Risk

There were no comments relating to this assurance report and no issues to be highlighted to the Committee.

144 Maternity Services

Owner – Gillian Costello
No change to the owner

Amber Risk
Increase to the scoring of this risk to 16

This item was discussed in Reserved Business. There was discussion about the current challenges associated with: Angus and Community Midwifery Units, recruitment of midwives amid concerns about the availability of qualified midwives, and environmental issues. The committee noted concern about lack of progress with addressing these issues since the last CCGC meeting in November 2016.

302 PRI Patient Flow

Owner – Alan Cook
No change to the owner

Red Risk
Increase to the scoring of this risk to 20

The change reflected the continued pressure on the PRI site with recruitment and retention difficulties and ongoing problems as a result of significant numbers of patients experiencing delayed discharges.

414 Managed/2C Practices (CCGC/2016/66)

Owner – Andrew Russell
No change to owner

Amber Risk
Decrease to the scoring of the risk to 16

The committee were informed that a decision would be made as to whether this risk would be removed from the risk register because of the gradual decrease in the rating over time and as a result of the more sustainable situation in these practices.

Delegated Decisions taken by the Committee

The Committee:

- Approved the Clinical and Care Governance Committee meeting dates for 2017/18
- Approved the report - 'Clinical Governance and Risk Update'
- Received its regular report on the Scottish Patient Safety Programme: Mental Health, acknowledged the progress, achievement and challenges in each of the acute adult psychiatry and secure care in-patient units, noted the areas for future development and

acknowledged the challenges associated with data collection.

- Received its regular report on the Scottish Patient Safety Programme: Medicines and Safety and Quality, noted the development and the aims of the Medicines Safety and Quality subgroup, the collaborative work with HIS and NHS Forth Valley and that further development of the electronic patient record would be required.

- Agreed that the Scottish Public Services Ombudsman Annual Report be added to the Committee Workplan for 2017/18.

- Commended the approach and the implementation of Nursing and Midwifery revalidation within NHS Tayside.

- Endorsed and approved the Joint Public Health Protection Plan and priority areas for 2017-2019 and noted that the plan would go to the IJBs and the AHSP for information.

- Approved the Research Governance Annual Report, were assured by the arrangements for research governance and commended the report and the range of activity undertaken.

- Endorsed and supported the safety and flow huddle framework implementation, but raised concern regarding the future sustainability of the resource to support Ninewells Hospital and PRI for the daily safety and flow huddle. They were encouraged by the offer of collaborative working with the University of Dundee and agreed that the continuance and the sustainability of this work was important to the organisation.

- Noted the report - Postgraduate Medical Education Actions and agreed a schedule of reporting to the Committee. It was agreed that regular reporting to the Committee would be beneficial. Medical Education would be added to the workplan for the CCGC for 2017/18. The reporting would be a midyear report in February and an annual report in November. Regular reporting would provide a current state position.

- Noted the feedback from the Scottish Health Council on NHS Tayside's Annual Feedback report – Comments, Concerns and Complaints 2015/16.

- Approved the Massive Haemorrhage Policy

- Approved the Verification of Expected Death Policy

- Noted the Chairs Assurance Report for the Clinical Quality Forum (CQF) Action Notes held on 12 September 2016 and 14 November 2016

- Requested a monthly update on progress in relation to the environmental actions arising from the Health and Safety (HSE) Investigation and Improvement Notice at Murray Royal Hospital.

- Noted the progress in relation to the development of Mental Health Governance arrangements and reporting to the CQF.

- Requested that the Maternity Strategy report should go to the next Tayside NHS Board meeting, having noted the progress of change was slower than anticipated.

Any Other Major Issues to highlight to the Board

Postgraduate Medical Education

The Committee noted that the GMC would visit Scotland during 2017 which would include site visits to all five medical schools. There were a number of training schemes in NHS Tayside that were ranked high in the UK, usually smaller specialities with little or no rotation which presented no problems. Larger specialities with a high volume of patients, patient movement and rotation of trainees were more likely to have red flags.
There was a discussion on 'Promoting Excellence' and the Committee noted the five themes and ten standards. The GMC will measure how NHS Tayside maps against these standards. The Committee noted that the GMC visit requirements and the recommendations are not negotiable. The responsibility lies with NHS Tayside to show that issues have been addressed and that there is evidence to support this.

Perth Royal Infirmary – key measures

The Committee raised concern while there had been a considerable amount of finance and support for PRI, little difference to outcomes was evident. There remained high numbers of patients whose discharge was delayed. The Committee agreed that it would be beneficial to see a breakdown of these cases, in order to gain an understanding of the likely causes of the delays. The Medical Director advised that many of the costs of delayed discharges were fixed. There were, however, knock on costs associated with the loss of theatre time when cases were cancelled and then the subsequent costs when these cases were then completed either in NHS Tayside or in the private sector. The Nurse Director clarified that the shortages in the community related to staff who provided care at home i.e. staff that were recruited by Perth and Kinross Council. There are still ongoing difficulties with recruitment and retention of nursing staff and consequent spending on Bank and Agency staff. Active recruitment is ongoing.

The Committee agreed that early resolution of capacity issues was necessary.

Horizon Scanning

Ms Jane Byrne, Senior Programme Manager, Health Improvement Scotland (HIS) Quality of Care Reviews Jane Byrne gave a presentation. She explained that the purpose of the Quality of Care Review Team was to drive improvements in the care that people receive, assess the quality of services to inform improvement actions and provide an independent assessment to deliver better outcomes and value for money. She discussed the national direction which was to provide sustainable and high quality services for Scotland.

The shared learning approach was welcomed by the committee and that the more collegiate approach has been noted by staff members in NHS Tayside. The Nurse Director reflected on some of the inspection areas and noted that it had been mostly nursing staff that had been interviewed. Ms Byrne advised that recent inspections had featured sessions with Allied Health Professionals (AHP's). She acknowledged the positive shift in culture and added that a more blended approach was being considered to include social work representatives and peers in the review teams.

Alison Rogers
Chair
Clinical and Care Governance Committee

April 2017

Please note any items relating to Board business are embargoed and should not be made public until after the meeting

Item 7

BOARD49 /2017
Tayside NHS Board
4 May 2017

COMMITTEE CHAIR'S ASSURANCE REPORT
FINANCE AND RESOURCES COMMITTEE - OPEN BUSINESS 16, FEBRUARY, 16 MARCH and 27 MARCH, 2017

1. PERFORMANCE AGAINST WORKPLAN

At the meetings held on 16 February and 16 March, 2017, the Committee took the opportunity to review its workplan. It was noted the workplan had been updated to reflect the current and forthcoming reporting arrangements. Members confirmed they were content with the revised reporting arrangements. The Committee considered the Capital and Corporate Financial reports for the periods up to 31 January, 2017. It also received an update on how the Board is responding to its duties under The Public Records (Scotland) Act 2011. The Committee also reviewed the strategic risks allocated to it and agreed, that the financial risks should be kept under scrutiny given the continuing financial challenges facing the Board. In addition to the longer standing strategic risks, the Committee also received an update on the implementation of TrakCare. There were no contract decisions to review at the above meetings. At its meeting on 27 March, the Committee considered the NHS Tayside Financial Framework 2017/18 to2021/22.

The following matters are highlighted for the attention of the Board:-

- The Board's Capital Resource Limit for 2016/17 is £11.060 million, which includes £0.466 million of capital grants. A breakeven position is forecast for the year.

- The revenue position reported as at 31 January, 2017, was an overspend of £12.321 million. While the Committee were pleased to note this reflected a slowing of the rate of overspend they were concerned the current overspend exceeded the submitted unbalanced LDP figure of £11.7 million. It was noted the current forecast was c£13.2 million which, if it transpired, would require further brokerage. Recurring savings were at 38% and projected to achieve the target of 40% by year end. The Committee were advised of proposals to manage the risk associated with committed earmarks and deferred spend over the period of the Financial Framework 2017/18 to 2021/22. Detailed discussion took place on the level of efficiency savings and whether these were, in some cases, too ambitious. It was emphasised that there was the need for confidence when budgets and efficiency savings were set, that those responsible had confidence they could be achieved. Members expressed frustration at the time taken to implement decisions in the organisation and there was a view the organisation was light in strategic planning resources.

2. UPDATE ON RISKS

There are three strategic risks which fall under the scrutiny of the Finance and Resources Committee. There was no movement in the evaluation of these risks since the position was last reported to the Committee. It is important, however, to record and consider the current evaluation of these risks:-

- The first relates to failure to deliver the Strategic Financial Plan and the impact this would have on delivery of national and local plans and the potential to breach the statutory financial obligations of the Board.

- The current score for this risk remains at 25 (very high), which is the same score as the inherent risk. This reflects the current significant financial challenges the Board faces, and the required timescale for returning the Board to financial balance. It was noted the Board was on target to meet its 40% recurring savings target by the year end, and increasing the rate of recurring savings and resolving delayed discharges issues were two of the key requirements to improving the financial position.

- The second strategic risk relates to the reduction in capital resources experienced by the Board, and the impact this has on our ability to deliver the Clinical Strategy and the Property Asset Management Strategy.
  - The current score for this risk has been remains at 16 (high) against an inherent risk score of 20. This score reflects the controls in place and an awareness of the current constraints nationally on capital resources. It was noted that following consideration of the Property Management Internal Audit Report it had been agreed that two new service risks would be added to enhance the management of the overarching strategic risk. The first relates to the organisation's ability to deliver the Property Asset Management Strategy (PAMS), while the second reflects on the accuracy of the PAMS.

- The third strategic risk relates to Information Governance and the impact any failure to comply with legislation and standards would have on the Board's reputation, public trust and potential financial loss.
  - The current score for this risk remains at 12 (high) against an inherent risk score of 25. This reflects the Board's current strength in this area in terms of corporate governance and management arrangements, including adherence to legislation and policies, but recognises there are still critical pieces of work to complete. It is important that the Board retains focus on this important subject and that key roles remain adequately resourced. Plans are in place to reduce the risk score to 9 (medium). The Committee noted work is progressing to meet the requirements of DL (2015)17 Information Governance and Security Improvement Measures 2015-2017.

In recognising there was unlikely to be much change in the evaluation of these risks for some time, the Committee agreed it would receive details of the operational risks that underpin the strategic risk, and that these would be scrutinised periodically to gain assurance that work was continuing to mitigate these risks.

- The Committee received an update on the implementation of TrakCare and noted, at that time a revised implementation date had not been agreed. Subsequent to this update, it has now been confirmed that TOPAS will be replaced over the weekend of 24/25 June, 2017, the Emergency Department will move from Symphony to TrakCare on 27 June, and Maternity will migrate in September 2017.

3. DELEGATED DECISIONS TAKEN BY THE COMMITTEE

No delegated decisions were taken at the meetings on 16 February and 16 March, 2017. At its meeting on 27 March, 2017, the Committee approved the direction outlined in the Financial Framework and recommended adoption by the Board.

4. ANY OTHER MAJOR ISSUES TO HIGHLIGHT TO THE BOARD

- The Committee were advised that a meeting had been held with Perth and Kinross IJB colleagues in March to discuss how best to move forward at Bridge of Earn in the short term, followed by longer term options. Discussions were ongoing in relation to the Kingsway Care Project and a report was to be submitted to a future directors' meeting. The Committee were also advised that an overarching property strategy prepared in conjunction with the three IJBs would be submitted to the Capital Scrutiny Group in April and thereafter to the Finance and Resources Committee.

- The sole item on the agenda for the 27 March meeting was the NHS Tayside Financial Framework 2017/18 to 2021/22. This was also discussed at the Board meeting which followed. The Committee noted the Framework reflected much of the detailed discussions that had taken place during the financial year. Whilst it welcomed the benefit from the change in NRAC funding, the Committee noted there was still a £49.8 million savings target for 2017/18, a projected overspend of £4.0 million, and £5.0 million of the savings were designated as high risk. The Transformation Programme will be key to making these savings and there is much work to be done across the organisation.

5. HORIZON SCANNING

The Committee recognises this is a pivotal period in terms of finance. The level of savings achieved in 2016/17 are acknowledged, however it is important that the Committee's focus turns quickly to the 2017/18 actual and projected position, and also that budget planning for 2018/19 should commence as soon as possible. It is anticipated that as the Transformation Programme Board moves its focus to strategic planning matters that will transform service delivery and enhance patient safety, the Finance and Resources Committee must adopt a robust approach to monitoring progress against financial recovery including holding the Transformation Programme to account.

Mr D Cross
Finance and Resources Committee Chairman
April 2017

Item 7

Please note any items relating to Board business are embargoed and should not be made public until after the meeting

BOARD37/2017
Tayside NHS Board
4 May 2017

COMMITTEE CHAIR'S ASSURANCE REPORT

STAFF GOVERNANCE COMMITTEE – OPEN
14 March 2017

Performance against workplan

Staff Governance Standard

All Staff are Appropriately Trained and Developed
Impressed by breadth of activity being undertaken in relation to this standard and comprehensive report provided to committee.

Later in committee we had a specific item about continual lower performing area 'Valuing People – Development of a Whole System/Personal Development Review (PDR) & Personal Development Planning' something that is in need of significant improvement and evidence of Senior Management commitment.

Safe & Improved Working Environment

Good to see the importance given and steps taken in relation to this standard which had been raised as a point of concern by the committee. We have asked for regular reporting of this item until we can be assured of performance

"Valuing People" – Valuing Staff Experience & Engagement – iMatter as a Vehicle to Underpin and Improvement Culture

IMATTER is now main mechanism to engage staff and evaluate staff responses, good to see high response rates for organisation and Vital Sign to staff in February 2017 highlighting areas of good performance and areas of development across the organisation.

Employability Services Annual Report – Impressed with work done

Spiritual Care – Staff Wellbeing Services Presentation – Great to see work done to support staff that are facing challenges.

Update on Risks

All three risks are red risks, assured by reporting template which outlines actions in place in relation to each of the risks. In relation to Nursing and Midwifery, asked for the Datix assurance content to be incorporated into the main report as part of assurance section.

Medical Workforce Strategic Risk
Workforce Optimisation Strategic Risk
Nursing and Midwifery Workforce Risk

Delegated Decisions taken by the Committee

- Approved new form of Corporate Workforce Dashboard for the Staff Governance Committee and the Finance and Resources Committee
- Approved changes to the Audit of People Management Practice
- Approved recommendations from second phase of People Management Learning Directory, with addition to recommendation reference certification for completion.

Any Other Major Issues to highlight to the Board

IMATTER areas requiring improvement are areas that have been mentioned in past to Board

All Workforce Strategic Risks are at Red Risk for the organisation

Horizon Scanning

Red Workforce Risks affecting the organisation
IMATTER responses, areas for development

Munwar Hussain/Judith Golden
Staff Governance Committee
April 2017

Please note any items relating to Board business are embargoed and should not be made public until after the meeting

Item 9

BOARD47/2017
Tayside NHS Board
4 May 2017

CORPORATE FINANCIAL REPORT FOR PERIOD ENDED 28 FEBRUARY 2017

1. PURPOSE

The purpose of this report is to advise the Board of the financial position of NHS Tayside as at 28 February, 2017.

2. RECOMMENDATION

Board Members are requested to note the current position and support the actions being taken to contain spend.

3. EXECUTIVE SUMMARY

This report is set in the context of the unbalanced 2016/17 Local Delivery Plan (LDP) submitted to Scottish Government Health & Social Care Directorate (SGHSCD) in May 2016.

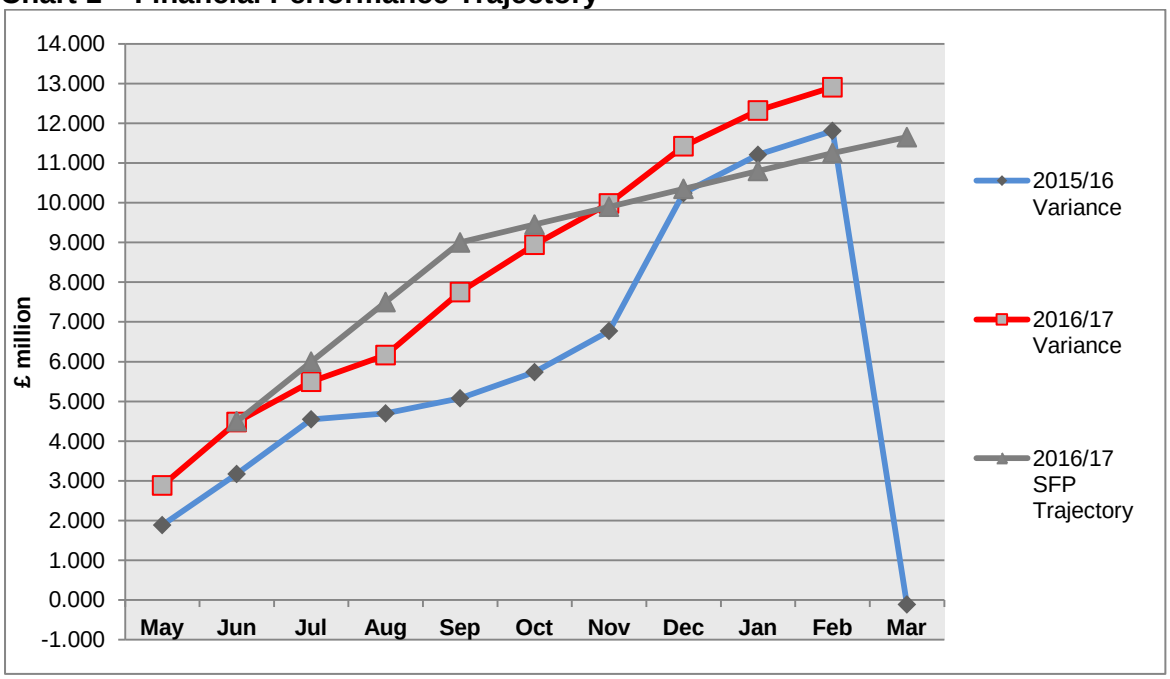
The LDP identified a potential deficit of £11.65 million in 2016/17, recognising both unidentified savings and an element of high risk savings proposals.

3.1 Financial Performance for the period to 28 February, 2017

NHS Tayside is reporting an overspend of £12.906 million for the 11 months to 28 February, 2017, (last month £12.321 million).

Chart 1 below measures performance to date against the unbalanced LDP trajectory and the previous year's position:-

Chart 1 – Financial Performance Trajectory



At this stage, the gap between performance and trajectory is £1.656 million.

A current assessment of the forecast outturn identifies a risk of up to £1.5 million in relation to delivering a position consistent with the LDP deficit. This figure remains unchanged from the previous month's forecast.

Given this level of risk, the Chief Executive and Director of Finance have highlighted to SGHSCD a potential brokerage requirement of £13.2 million for 2016/17. Committee Members approved this approach at the meeting of 16 March, 2017.

Financial results for the last two months demonstrate a slowing down in the rate of overspend, reflecting actions taken to contain spend in the current year. However, a number of risks and challenges remain for 2016/17, all of which will test the assumptions used in assessing the current position and the potential for further efficiency gains.

The Workstream Programme continues to focus on a range of accelerated actions to reduce the gap in the current year.

In addition to the Workstream Programme, all services and departments are engaged in the drive to reduce costs in the final part of the year.

The financial position is summarised below:-

Table 1 - Operating Cost for the period to 28 February, 2017

	Annual Plan	Plan to Date	Actual to Date	Over/ Under(-)
	£000s	£000s	£000s	£000s
Core Operational Unit				
Access Group	71,368	65,306	64,165	-1,141
Medicine Group	120,160	110,463	115,395	4,932
Specialist Services Group	69,778	64,051	66,216	2,165
Surgery and Theatres Group	89,606	82,383	85,851	3,468
Regional Mental Health Services	6,218	5,991	5,840	-151
Tayside Communities	12,709	11,391	11,326	-65
Facilities & Operational Services	74,557	67,985	67,107	-878
OU Committed Earmarks	8,089	5,569	0	-5,569
Total Core Operational Unit	**452,485**	**413,139**	**415,900**	**2,761**
Integrated Joint Boards				
Angus	104,639	94,000	96,112	2,112
Dundee	155,288	137,952	141,529	3,577
Perth & Kinross	124,495	110,198	113,073	2,875
Total Integrated Joint Boards	**384,422**	**342,150**	**350,714**	**8,564**
Board/OU Corporate				
Area Wide Corporate Services	46,818	40,900	40,401	-499
Operational Unit Corporate Services	11,816	14,511	13,975	-536
Other Healthcare Services	21,824	20,035	22,004	1,969
Income	-17,908	-16,166	-15,929	237
Income from Other Boards & NES ACT	-62,915	-57,631	-57,863	-232
Depreciation	21,045	19,842	19,842	0
Profit (-)/Loss on disposal of Assets	-500	-23	-23	0
Board Committed Earmarks	2,797	-3,392	0	3,392
Board Reserves	3,000	2,750	0	-2,750
Total Board Corporate	**25,977**	**20,826**	**22,407**	**1,581**
Net Operating Cost for NHS Tayside	**862,884**	**776,115**	**789,021**	**12,906**

3.2 Key Issues to Note

- The results to January recognise a full 11 months of the £11.65 million gap identified within the unbalanced LDP submission to SGHSCD. This totals £10.679 million, with £5.333 million recognised in the IJBs and the balance of £5.346 million identified in the mainstream accounts.

- The meeting of Tayside NHS Board on 27 October, 2016, approved the non recurring release of the £3.0 million Board Contingency on a proportionate basis to recognise the range of cost pressures evident across the system. The sum released to date totals £2.75 million.
- Current year cash savings requirements (CRES) are reflected in the financial position. Progress against the workstream programme is reported to the Transformation Programme Board. At the end of the eleven month period, efficiency savings delivery is £1.0 million behind trajectory.
- The three Integrated Joint Board (IJB) proposals on efficiency savings were considered by each of the governing Boards in June 2016.
- The IJBs have intimated their intention to invoke the Risk Sharing Agreement, particularly in respect of the devolved GP Prescribing budget.

3.3 Subjective Spend Analysis

The analysis of the overspend at 28 February, 2017, of £12.906 million by subjective heading is provided in Table 2 below:-

Table 2 – Subjective Analysis for the period ended 28 February, 2016

	Annual Plan	Plan to Date	Actual to Date	Over/ Under(-)
	£000s	£000s	£000s	£000s
Pay	518,839	482,210	484,862	2,652
Prescribing	137,396	125,209	132,162	6,953
Other Non Pay	171,858	143,834	145,638	1,804
FHS- Unified & Non Discretionary	115,065	103,997	103,517	-480
Resource Transfer & Voluntary Sector	21,446	19,601	19,582	-19
Other Healthcare Services	24,978	22,769	24,235	1,466
Depreciation & Profit/Loss on Asset Disposal	20,545	19,879	19,879	0
Income	-151,026	-139,787	-140,854	-1,067
Service efficiencies yet to be Identified	-1,500	-1,010	0	1,010
Committed Earmarks	2,283	-3,337	0	3,337
Reserves	3,000	2,750	0	-2,750
Total	**862,884**	**776,115**	**789,021**	**12,906**

The three elements of Pay, Prescribing and Other Non-Pay are considered in more detail below.

3.4 Pay Costs and Workforce

The overspend on Pay for the 11 -month period is £2.652 million.

The analysis of pay costs by job family is presented in Table 3 below:-

Table 3 – Pay Costs by Job Family

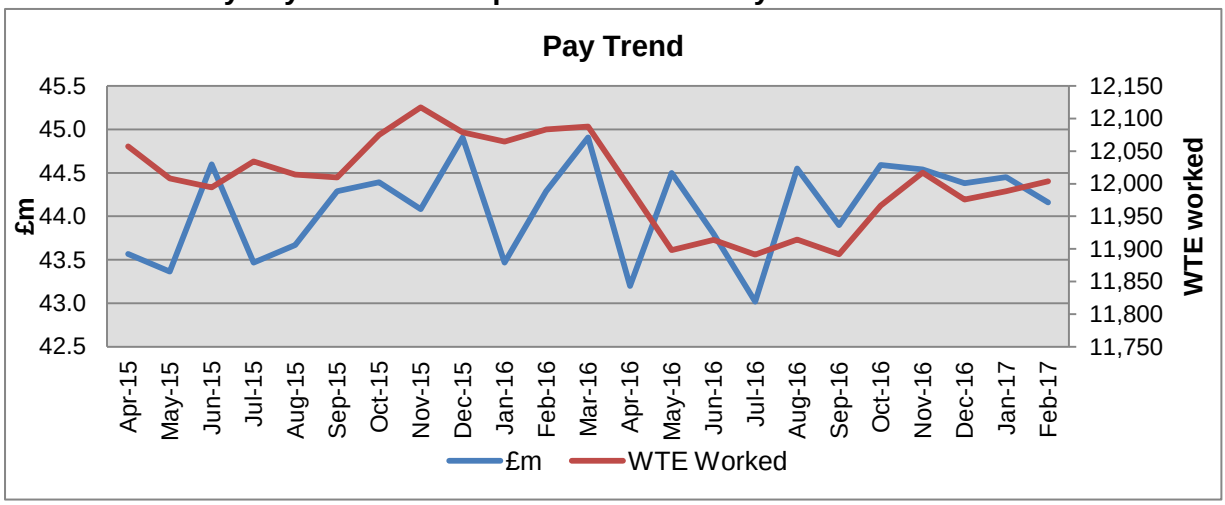
Pay	Annual Plan	Plan to Date	Actual to Date	Over/ Under(-)
	£000s	£000s	£000s	£000s
Medical & Dental	126,539	117,086	118,548	1,462
Nursing	203,163	190,966	195,469	4,503
Health Science Services	21,283	19,390	19,174	-216
Allied Health Professionals	35,707	33,220	32,653	-567
Other Therapeutic	19,447	17,560	17,075	-485
Medical & Dental Support	5,274	5,388	5,113	-275
Administrative Services	63,573	58,379	56,484	-1,895
Senior Managers	6,051	5,562	4,781	-781
Support Services	37,000	34,129	34,073	-56
Personal and Social Care	1,574	1,486	1,492	6
Vacancy Factor	-772	-956	0	956
Total	**518,839**	**482,210**	**484,862**	**2,652**

A number of pay issues were dealt with through the legacy aspect of the NHS Tayside Financial Framework 2016/17. This, together with the implementation of efficiency measures, has contained the level of overspend on pay in comparison with previous years – the current overspend of £2.652 million (0.5%) compares with an overspend of £10.443 million (2.3%) for the same period last financial year.

Monthly Pay Costs and WTE

Chart 2 presents the monthly trend in pay costs and whole time equivalent (WTE) worked from the start of last financial year.

Chart 2 - Monthly Pay Cost Trend April 2015 – February 2017



The downward trend in WTE worked over the last 12 months contributes to the relative improvement in the pay position noted above.

Numbers have fallen by 113 WTE since March 2016, reducing the Boards profile of spend by circa £3.7 million when compared with the same period last financial year.

While the overall trend is downwards, the movement in Chart 2 above confirms an increase in WTE worked figures towards the end of the calendar year. This reflects the engagement of close to 200 Newly Qualified Practitioners (NQPs), intended to manage areas of clinical risk and reduce reliance on supplementary staffing.

Table 4 – Monthly Profile

	£m				WTE Worked		
Staff Group	**Apr-Dec 16**	**Jan-17**	**Feb-17**		**Apr-Dec 16**	**Jan-17**	**Feb-17**
Medical & Dental	95.92	11.01	10.66		1,181.5	1,193.1	1,148.0
Nursing & Midwifery	160.04	17.9	18.02		5,313.4	5,331.2	5,337.8
Healthcare Sciences	15.48	1.74	1.74		490.1	496.0	492.5
Allied Health Professionals	26.71	2.97	3.01		859.9	866.5	873.7
Other Therapeutic	13.93	1.57	1.59		404.2	416.5	424.2
Medical & Dental Support	4.26	0.49	0.49		172.0	179.6	180.1
Admin & Clerical	46.05	5.16	5.19		1,982.1	1,978.3	1,978.6
Senior Managers	3.95	0.49	0.42		71.7	67.9	69.0
Support Services	28.65	2.99	2.9		1,429.7	1,425.4	1,428.0
Personal and Social Care	1.25	0.13	0.14		32.8	30.9	32.4
Total	**396.24**	**44.45**	**44.16**		**11,937.4**	**11,985.4**	**11,964.3**

Supplementary Costs

A comparison of supplementary costs with the previous year is presented in Table 5 on page 5. Supplementary Costs in graphical format are provided at Appendix 1 of the report.

Table 5 – Supplementary Costs

Supplementary Costs	Cumulative April – February		
	2015/16	2016/17	Inc/(Dec)
	£000s	£000s	£000s
Excess Part Time Hours	3,135	2,921	(214)
Overtime	2,835	3,013	178
Bank	4,247	4,907	660
Agency Costs	8,344	8,318	(26)
Total	**18,561**	**19,159**	**598**

In overall terms, costs are up by £598k (3%) from the previous year.

The increase in Bank costs reflects more extensive use of the Nurse Bank, with the aim of reducing premium costs associated with agency and overtime.

Agency costs appear relatively static, but the headline figure masks significant movements in both Nursing and Medical agency costs.

Nursing agency costs are £3.7 million for the period to date, down by £947k (20%) from last financial year, but still reflecting an average of close to 38 WTE engaged at the premium agency rate over the 11 months. Costs reduced significantly in the month of November following the appointment of NQPs – this level of reduced cost has continued through the months to February.

Medical agency costs, at close to £4.0 million, are up by 39% on the previous year. This is predominantly within 'hard to fill' specialty areas.

Other Factors

A number of other factors impact on pay costs. These include:-

- **Delayed Discharges** - the number of bed days lost to delayed discharges in excess of 14 days is 25,538 for the period to February 2017, covering both Integrated Joint Board delegated services and the Core Operational Unit of the Board. This represents 76 beds, the equivalent of three wards.

  At a notional cost of £150 per day, the resource impact in the first 11 months is estimated at £3.8 million.

  In addition to this direct additional cost, delayed discharges also restrict the ability of services to realise efficiencies through bed reconfiguration or the optimal use of available staffing resource.

- **National Performance Targets** - the need to create and/or maintain theatre and ward capacity to meet waiting times guarantees adds to costs. To date, SGHSCD have allocated £3.8 million non-recurring funding for waiting times, which contributes towards a total of £5.8 million additional resource committed (pay and non-pay costs).

- **Surge Beds** - A level of winter surge beds have remained within the system since the start of the financial year due to capacity and flow issues. This has added £0.9 million to the position.

- **Medical Rotas -** The cost of non compliant Medical Training Grade rotas adds £0.9 million to the position to date. A number of further rotas are at risk - the potential exposure in the current year is up to £1.3 million, down from £1.4 million previously.

The Operational Unit Medical Director has established a group involving relevant clinicians and managers and representation from Scottish Government to address the ongoing issue of rota compliance.

Workforce Efficiencies

A range of actions are in place to ensure the effective deployment of staffing resource. Current initiatives include:-

- roll out of eRostering;
- development of standardised shift patterns;
- review of Nurse bank operational arrangements;
- implementation of a direct engagement model for Medical Agency Locums, and
- provision of timeous data for ward areas.

The Workforce and Care Assurance workstream, set up as part of the Board's Transformation Programme, is currently forecasting the over-achievement of efficiency savings targets by up to £1.2 million for the Core Operational Unit, noting that this is dependent on the success of the accelerated initiatives currently in place.

The achievement of savings in 2016/17 reflects the embedding of 'business as usual' activities and the tackling of areas of variation. Looking forward, the scale of efficiency challenge facing the Board dictates the need for wider transformational change through the range of programmes in place as part of the Board's Clinical Strategy.

3.5 Prescribing

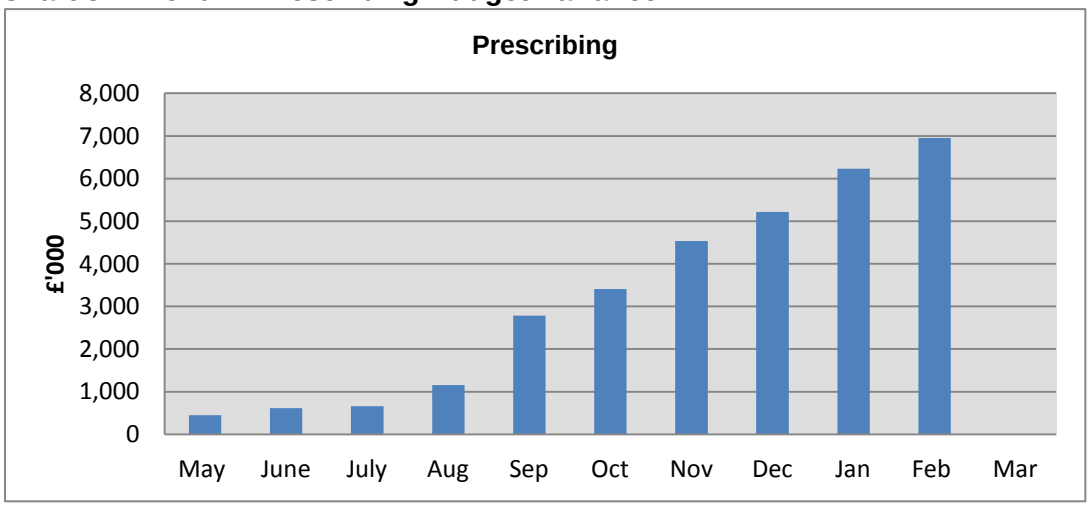
The prescribing overspend for the 11 month period is £6.953 million. Table 6 summarises the position:-

Table 6 – Prescribing Costs

	Annual Plan	Plan to Date	Actual to Date	Over/Under (-)
	£000s	£000s	£000s	£000s
FHS-Angus IJB	20,827	19,011	21,703	2,692
FHS-Dundee IJB	33,200	30,316	32,603	2,287
FHS Perth & Kinross IJB	26,155	23,861	25,926	2,065
Hospital & Community	57,214	52,021	51,930	(91)
Total	**137,396**	**125,209**	**132,162**	**6,953**

Chart 3 plots the trend in budget variance to date:-

Chart 3 – Trend in Prescribing Budget Variance



FHS Prescribing

The FHS Prescribing overspend of £7.044 million reflects growth in items (£1.4 million), an increase in prices (£2.1 million), and a shortfall in delivery of efficiency savings targets.

The NHS Tayside Financial Framework 2016/17 set an efficiency savings target of £4.5 million for FHS Prescribing, consistent with the 5.5% target applied across NHS Tayside, and noting Tayside's variance from Scottish average costs.

The unbalanced LDP submission to SGHSCD in May 2016 subsequently recognised that £2.0 million of the FHS Prescribing efficiency savings target was unlikely to be delivered in the current year.

Against a revised target of £2.5 million, the current efficiency programme identifies initiatives to the value of £1.3 million for 2016/17.

NHS Tayside's variance from Scottish average costs is increasing – cost per weighted patient has increased by 4.7% locally for the nine months to December 2016, compared with a Scotland-wide increase of 2.8% for the same period. This level of growth increases the gap to the Scottish average to 9.6% (last year 7.7%).

Chart 4 – Variation in Cost per Weighted Patient

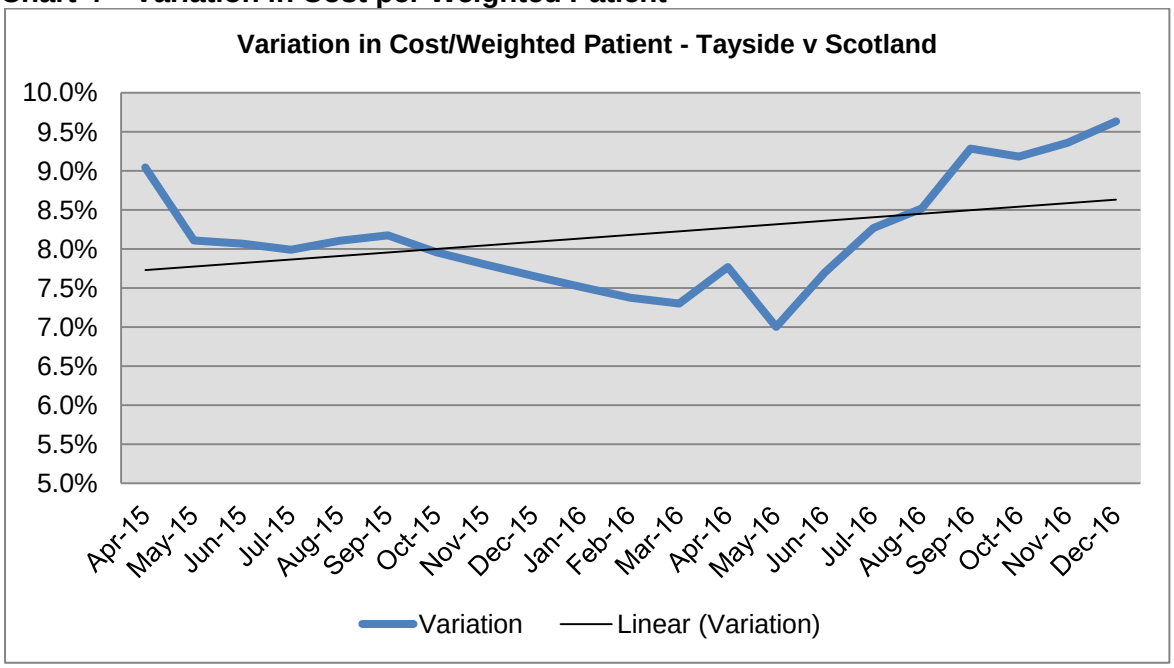


Chart 4 highlights the increase in the gap between Tayside costs and the Scottish average for the period from April 2015. The cost of this variation is close to £7.0 million per annum. This figure is in line with the projected overspend for 2016/17, demonstrating a clear link between the level of variation and budget overspend.

Key stakeholders continue to work collaboratively to tackle variation through the work of the Prescribing Management Group (PMG), supported by local Prescribing Forums within the IJBs. A range of accelerated initiatives are in the process of implementation

Secondary Care Prescribing

Hospital & Community medicine spend is contained within resources available. The current underspend assists the overall prescribing position, although this benefit is at risk on an ongoing basis due to a sustained level of growth in underlying expenditure patterns.

New Medicines Fund

The level of SGHSCD funding to Tayside through the New Medicines Fund is confirmed as being £0.5 million lower than the planning assumption included within NHS Tayside's

Financial Framework 2016/17, noting that this assumption was based on national advice at the time.

Prescribing Efficiencies

A PMG is operational at a Tayside level comprising clinical, financial and managerial input from Clinical Groups and IJBs, and supported by corporate Pharmacy and Finance colleagues. PMG is also supported by prescribing/medicines forums within each of the Partnerships and Secondary Care. Delivery of actions will be supported by a Prescribing Support Network. Recent collaboration with both Ayrshire & Arran and Fife Health Boards will also be extended.

For 2016/17, the focus on variation is reflected in the development of programmes within five key priority areas - quality prescribing visits (initially targeting practices at greatest variance to prescribing spend); projects aimed at specific drugs, rosuvastatin, lidocaine plaster, pregabalin, and review of the drugs formulary.

The full year effect of this programme will benefit the 2017/18 position.

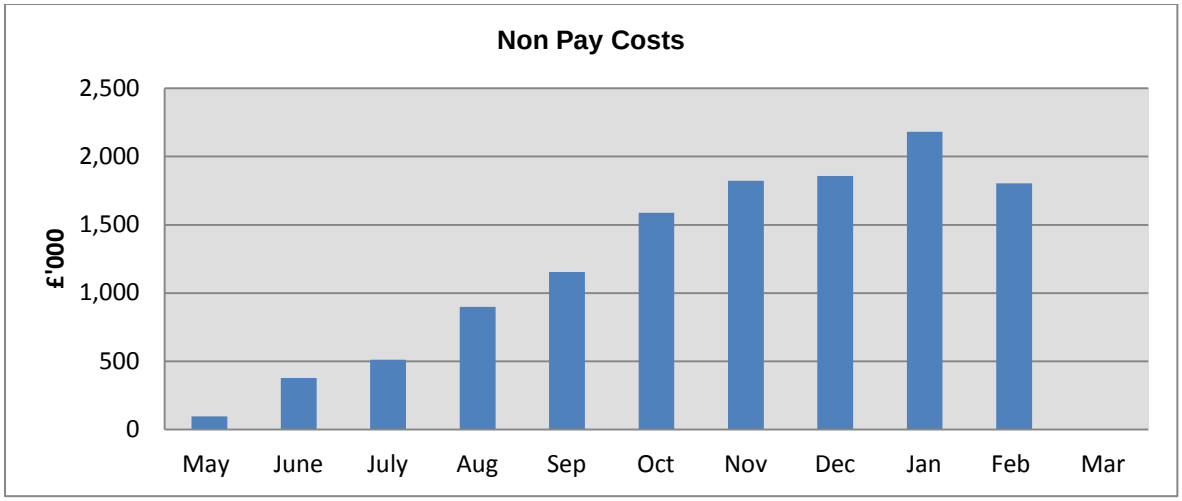
In addition, a number of medicines are expected to come off patent in 2017/18, the most significant of which is Pregabalin. A "windfall" saving of up to £2.4 million is expected in 2017/18, with a full year effect of £4.5 million. These figures are consistent with other Boards' planning assumptions.

3.6 Non Pay Costs

Table 7 – Non Pay Costs

Non Pay	Annual Plan	Plan to Date	Actual to Date	Over/ Under(-)
	£000s	£000s	£000s	£000s
Clinical Supplies	57,720	53,307	55,692	2,385
Energy Costs	10,699	9,203	8,940	-263
Other Supplies & Services	103,439	81,324	81,006	-318
Total	**171,858**	**143,834**	**145,638**	**1,804**

Chart 5



Demand pressures continue to impact on the level of clinical supplies costs. Examples include diagnostic consumables, an increase in acute medical admissions, and rising referrals for cardiac investigation.

The energy position reflects benefits from the national pricing scheme.

The Workstream Programme relating to Procurement ensures that the required standard of products is procured at the most economically advantageous price. This workstream is on track to deliver the 2016/17 efficiency savings target in full.

The focus of the Facilities and Estates workstream will also derive benefit within non pay costs.

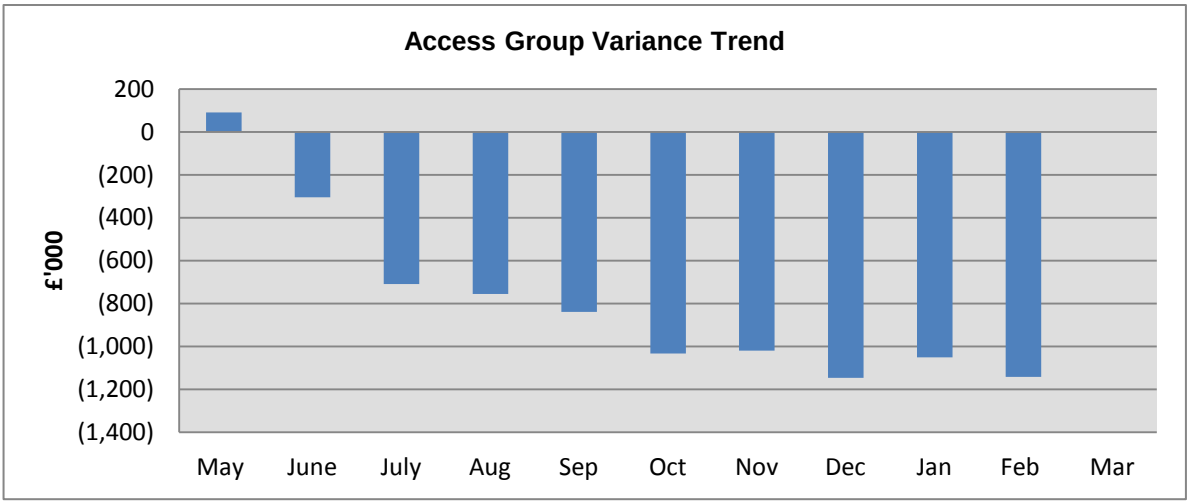
3.6 Group Summary

Access Group

Table 8 – Operating Costs for the period to 28 February, 2017

Service	Annual Budget £m	Budget to 28.02.17 £m	Actual to 28.02.17 £m	Variance £m
Access Management Team	0.484	0.442	0.445	0.003
Diagnostics	40.024	36.721	36.796	0.075
H.A.I.	1.129	1.037	1.020	-0.016
Hosted Services	10.718	9.836	9.683	-0.154
Dental	8.673	7.949	7.093	-0.855
Pharmacy	10.341	9.322	9.127	-0.195
Total	**71.368**	**65.306**	**64.165**	**-1.141**

Chart 6



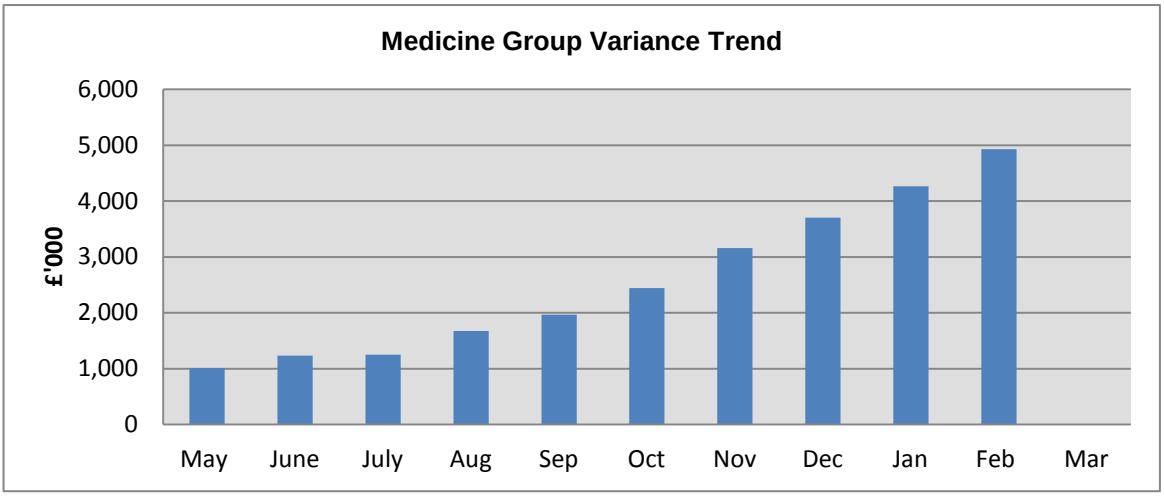
- The position within Access is supported through staff turnover and vacancies.
- Within the position the costs associated with maintaining waiting times during the MRI scanner replacement have been managed.
- Similarly, a new Advanced Nurse Practitioner model within Stracathro Regional Treatment Centre is being managed within existing funding.
- The iFit medical records tracking system has been implemented, where reduced staffing levels have offset the initial procurement costs and savings have now been delivered. The staffing model will now deliver recurring savings as anticipated.

Medicine Group

Table 9 – Operating Costs for the period to 28 February, 2017

Service	Annual Budget £m	Budget to 28.02.17 £m	Actual to 28.02.17 £m	Variance £m
Planned Care	41.133	38.097	41.649	3.551
Urgent Care	31.024	28.471	30.076	1.606
Women & Children Services	47.723	43.659	43.472	-0.187
Medicine Other	0.271	0.236	0.198	-0.038
Total	**120.160**	**110.463**	**115.395**	**4.932**

Chart 7



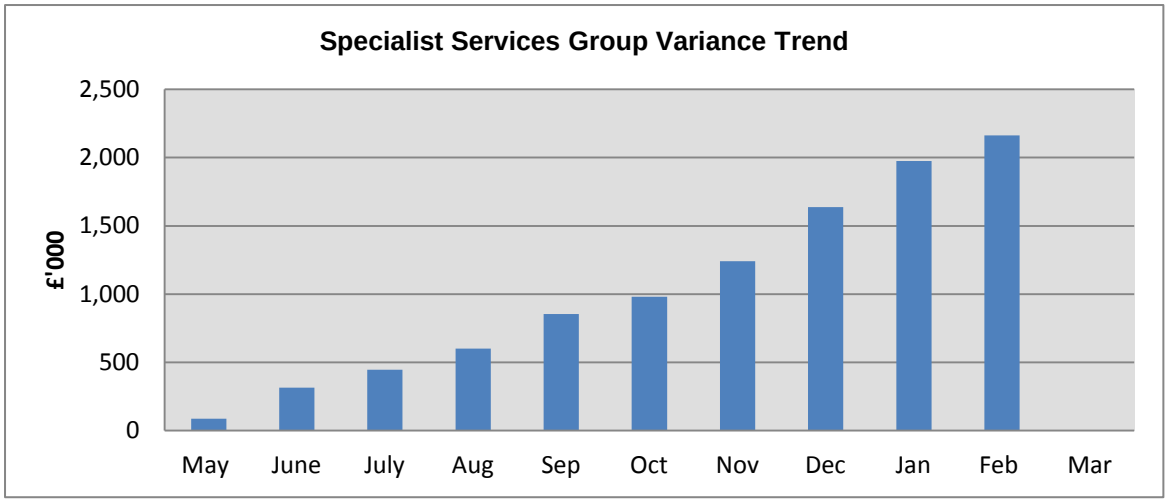
- Since April the service has continued to staff the acute surge beds across the medicine floor, and is reporting an overspend of £0.8 million at the end of February.
- Absence levels overall within the Group for the year to date are identified as 3.98%, although inevitably a small number of individual areas are reporting considerably higher levels. Higher absence, together with vacancies, continues to drive a level of supplementary and agency costs. Agency costs show an increase of £66k in comparison with the same period last year, but remain significant at close to £2.59 million for the 11 month period. This equates to an average of 28 WTE.
- Costs were incurred for a previously breached medical training grade rota. Whilst compliant, the additional costs were maintained until the changeover in August. The additional costs incurred total £0.2 million.
- eRostering has been rolled out across 19 wards with further roll out in the forthcoming months. This will facilitate the provision of more robust data to ensure the effective deployment of the workforce resource.
- Prescribing opportunities have been implemented through the use of biosimilars and continue to contain spend.
- Non pay costs within the Acute Medical Unit are up by £131k to date, reflecting increased patient numbers. Similarly at PRI non pay costs are up by £44k to date, reflecting increased patient numbers.
- Cardiac Services has seen a 30% increase in patient referrals from 2011 to 2015 resulting in an increase in the cath lab consumable spend of £220k to date.

Specialist Services

Table 10 – Operating Costs for the period to 28 February, 2017

Service	Annual Budget £m	Budget to 28.02.17 £m	Actual to 28.02.17 £m	Variance £m
Specialist Services	45.670	41.748	43.196	1.448
Oncology, Haematology & Renal	23.566	21.809	22.519	0.709
Specialist Services Other	0.539	0.494	0.501	0.007
Total	**69.778**	**64.051**	**66.216**	**2.165**

Chart 8



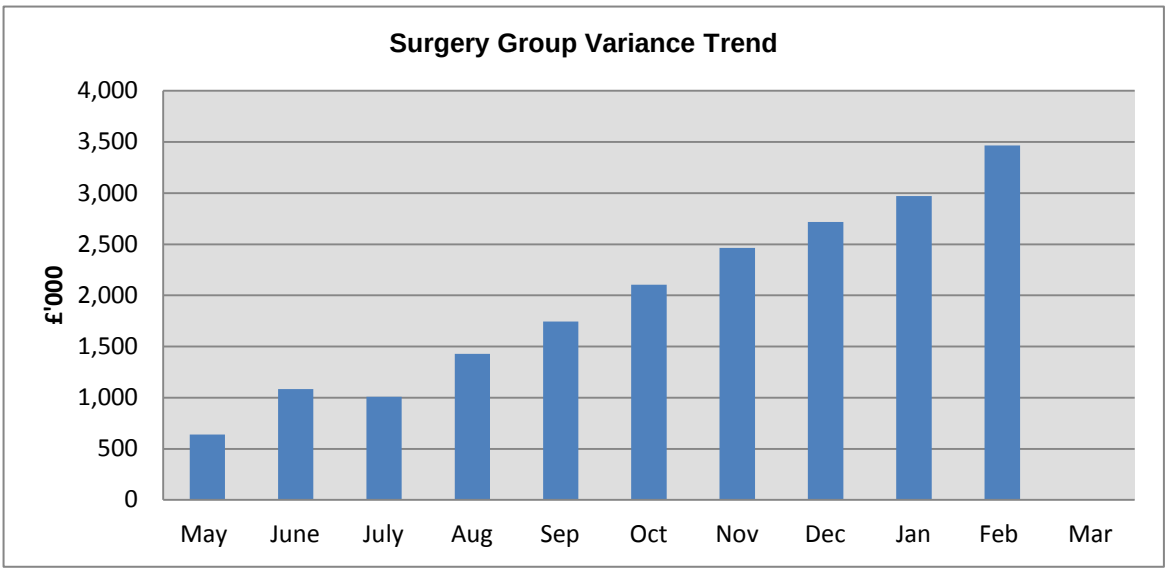
- A proleptic appointment within Ophthalmology contributes to the financial position of the Group.
- The impact of posts previously supported through other funding mechanisms continues.
- Specialist Services wards have now all been rolled out onto the eRostering system.
- Supplementary costs continue at a relatively low level for the Group which, at £726k to date, is £141k below the previous year level.
- Increased patient numbers, particularly within Oncology and Neurology, are adding to prescribing costs.
- The impact of new drug regimes can be significant within this Group and continues to be closely monitored.

Surgery

Table 11 – Operating Costs for the period to 28 February, 2017

Service	Annual Budget £m	Budget to 28.02.17 £m	Actual to 28.02.17 £m	Variance £m
General Surgery	29.111	26.706	28.253	1.548
Orthopaedics	21.906	20.093	19.877	-0.217
Theatres and Critical Care	37.928	34.987	37.375	2.388
Surgery Other	0.658	0.597	0.345	-0.252
Total	**89.606**	**82.383**	**85.851**	**3.468**

Chart 9



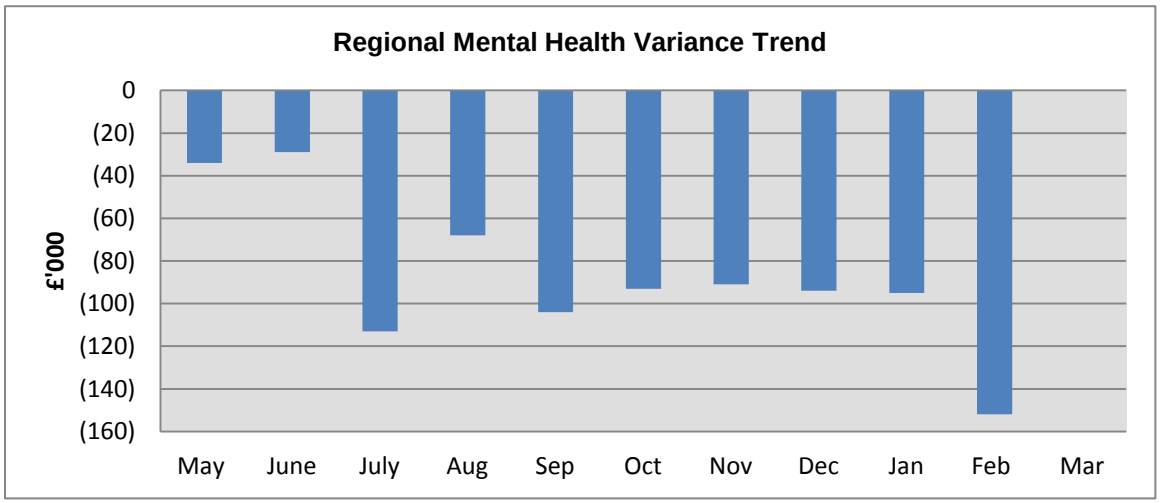
- Non compliant medical training grade rotas contribute to the position shown. Approximately £447k additional cost has been incurred to date.
- Nursing vacancies and absence levels have led to significant supplementary costs. In February the Group has maintained a reduced level of supplementary costs from the recent intake of Newly Qualified Practitioners.
- Supplementary costs are close to £3.2 million, however, this is a £504k reduction from the previous year's level.
- All Orthopaedic and General Surgery wards have been rolled out onto the eRostering system, together with the four Critical Care units.
- Additional costs of £130k since April have been incurred to support the additional acute surge beds.
- A review of the Orthopaedic wards has resulted in redesign, which is currently in the process of implementation.
- Prescribing costs at present are contained within the budgetary limits, with evidence that costs are reducing through the elimination of waste and increased efficiency across the wards.

Regional Mental Health

Table 12 – Operating Costs for the period to 28 February, 2017

Service	Annual Budget £m	Budget to 28.02.17 £m	Actual to 28.02.17 £m	Variance £m
Forensic Services	5.255	4.820	4.263	-0.557
Other Services	1.169	1.364	1.577	0.213
Centrally Managed Budget	-0.209	-0.192	0.000	0.192
Total	**6.218**	**5.991**	**5.840**	**-0.151**

Chart 10



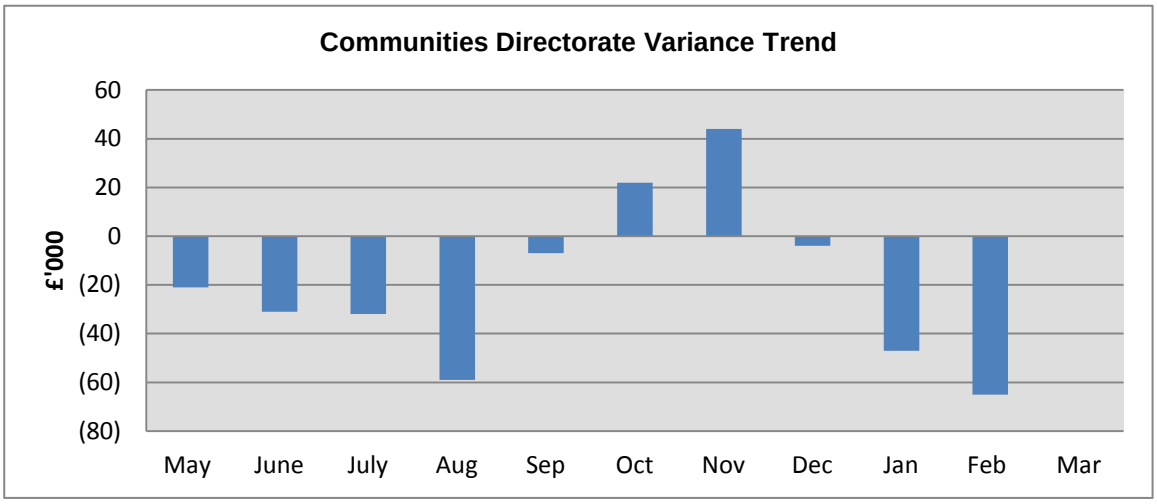
- Agency cover totalling £580k has been incurred in the 11 month period, principally in relation to training grade medical staff and the challenges that have been highlighted in levels of staffing.
- Supplementary costs (excluding Agency) are relatively small for this group at £339k which includes £233k incurred in relation to overtime. The premium impact of overtime equates to £77k.
- Forensic Medium Secure unit continues to benefit from income received in respect of several patients being treated from areas outwith the consortium, however this is deemed non-recurring income.
- Medical Training Grades continue to incur additional costs as a result of a non compliant rota.

Tayside Communities

Table 13 – Operating Costs for the period to 28 February, 2017

Service	Annual Budget £m	Budget to 28.02.17 £m	Actual to 28.02.17 £m	Variance £m
Children & Young People	11.914	11.778	11.431	-0.347
Primary Care	0.017	0.011	-0.105	-0.116
Primary & Community Reserves	0.772	-0.398	0.000	0.398
Total	**12.709**	**11.391**	**11.326**	**-0.065**

Chart 11



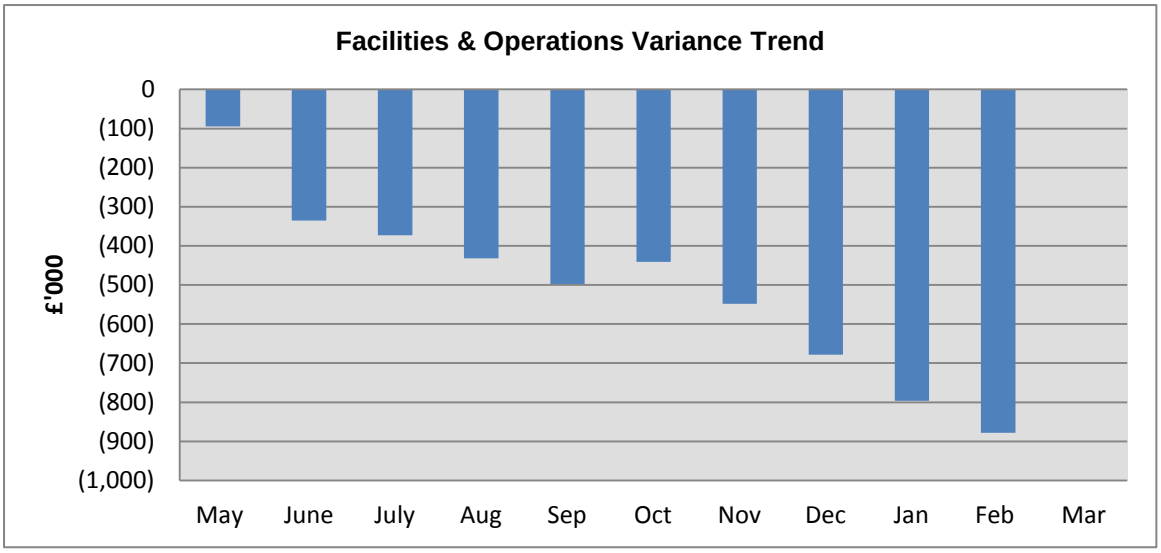
- Supplementary costs are minimal for this area.
- Vaccine costs remain within the identified financial budgetary limit.
- Child and Family Services are underspending due to difficulty in recruiting trained Health Visitors, which has led to the temporary covering of a large element of the savings target on a non-recurring basis.

Facilities & Operations

Table 14 – Operating Costs for the period to 28 February, 2017

Service	Annual Budget £m	Budget to 28.02.17 £m	Actual to 28.02.17 £m	Variance £m
Property	40.134	36.369	35.553	-0.816
Site Support Services	29.708	27.064	27.034	-0.030
Procurement	1.196	1.091	1.069	-0.021
Production Unit	2.426	2.271	2.324	0.053
Tayside Pharmaceuticals	-0.157	-0.264	-0.309	-0.045
General Management	1.251	1.454	1.435	-0.019
Total	**74.557**	**67.985**	**67.107**	**-0.878**

Chart 12



- Energy price negotiations through the National Procurement Framework have seen a significant reduction in the unit price for gas. This equates to approximately a 30% reduction.
- Property services has commissioned an external consultant to review waste and variation within utility charges across Tayside, with an indication that clawback will be obtained of circa £0.5 million, together with a small recurring benefit.
- Central Legal Office costs continue to increase, reflecting the level of activity across the principal areas of contact with the centralised function.
- Agency costs have virtually been eliminated from this Group.
- The premium impact of overtime equates to £210k.

Integrated Joint Boards (IJBs)

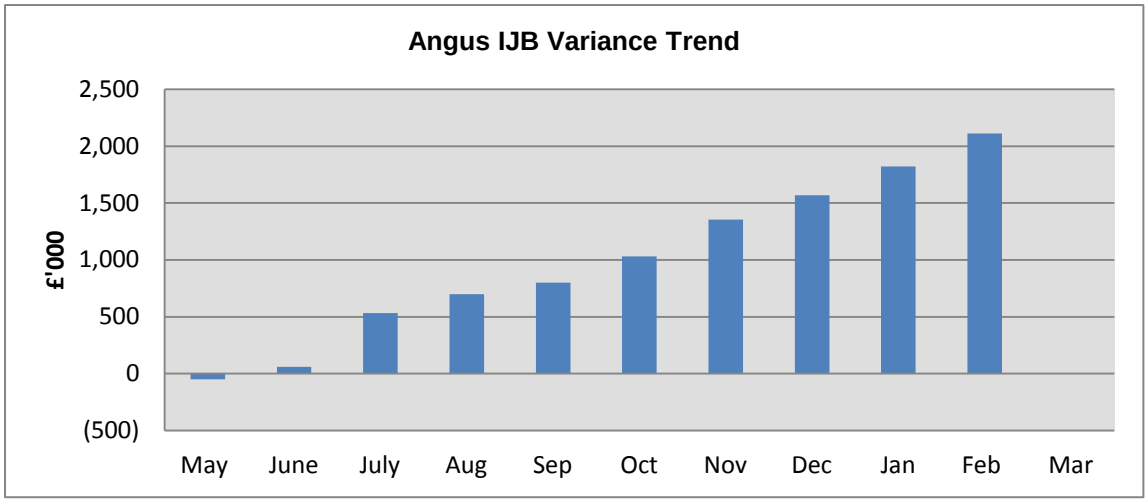
The positions identified for the three IJBs includes the cross charging for Tayside-wide services presently hosted within each of the bodies. A standard split is in place across each of the three bodies. This sees a sharing of any reported over/underspend for each Hosted function.

Angus IJB

Table 15 – Operating Costs for the period to 28 February, 2017

Service	Annual Budget £m	Budget to 28.02.17 £m	Actual to 28.02.17 £m	Variance £m
Core Revenue - Pay & Supplies	50.937	45.257	45.094	-0.163
Core Revenue - FHS Prescribing	20.826	19.011	21.703	2.692
Core Revenue - Hosted Services	5.028	4.590	4.268	-0.322
General Medical Services	16.424	14.702	14.620	-0.082
FHS Cash Ltd & Non Cash Ltd	11.424	10.440	10.426	-0.014
Total	**104.639**	**94.000**	**96.112**	**2.112**

Chart 13



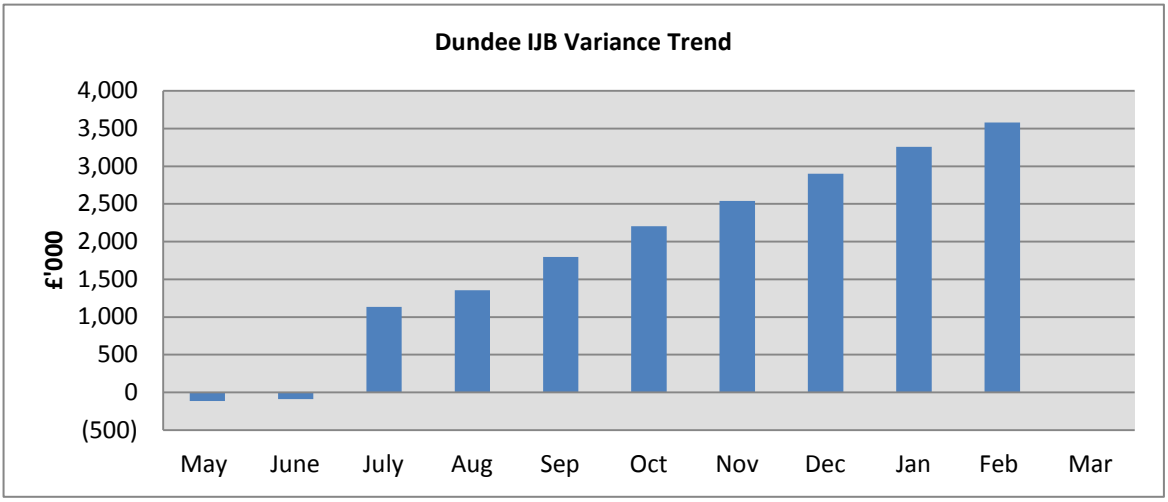
- Angus IJB considered the devolved budget and range of proposed savings measures and work programmes at its meeting on 29 June, 2016.
- A risk around the delivery of the devolved GP Prescribing Budget has been reported.
- PMG has been established at a Tayside level comprising clinical, financial and managerial input from Clinical Groups and IJBs, and supported by corporate Pharmacy and Finance colleagues. PMG will be supported by prescribing/ medicines forums in each of the partnerships/secondary care. Delivery of actions will be supported by a Prescribing Support network.
- Risks are also identified in relation to the Forensic Medical Service, with particular regard to medical staffing, and Out of Hours Service.

Dundee IJB

Table 16 – Operating Costs for the period to 28 February, 2017

Service	Annual Budget £m	Budget to 28.02.17 £m	Actual to 28.02.17 £m	Variance £m
Core Revenue - Pay & Supplies	72.420	62.688	62.793	0.106
Core Revenue - FHS Prescribing	33.200	30.316	32.603	2.287
Core Revenue - Hosted Services	4.947	4.548	5.881	1.333
General Medical Services	24.636	22.054	21.931	-0.123
FHS Cash Ltd & Non Cash Ltd	20.085	18.346	18.322	-0.024
Total	**155.288**	**137.952**	**141.529**	**3.577**

Chart 14



- Dundee IJB considered the devolved budget and range of proposed savings measures and work programmes at its meeting on 28 June, 2016.

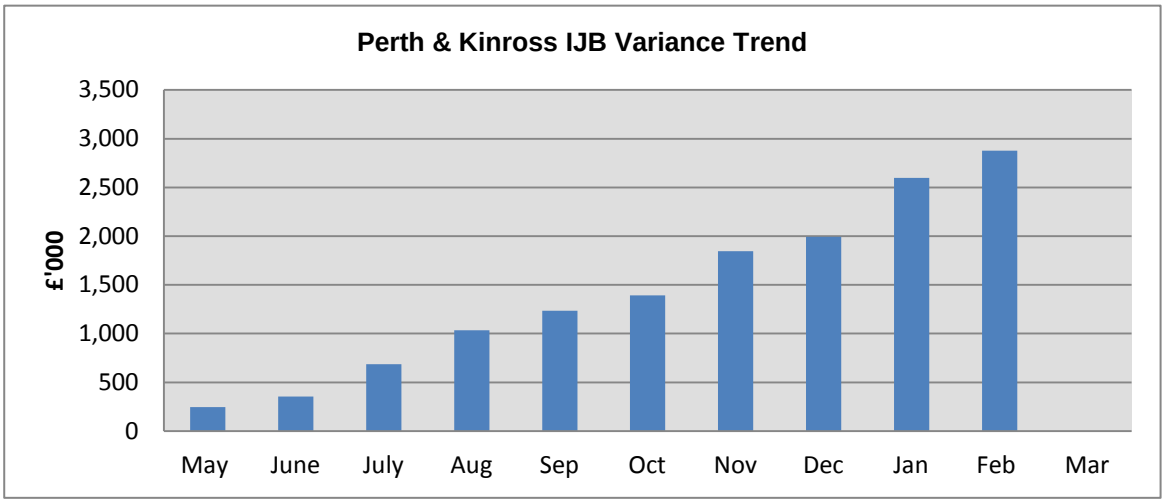
- A risk around the delivery of the devolved GP Prescribing Budget has been reported with the stated intention of invoking the risk sharing agreement.
- The due diligence and transfer of resources for the Medicine for the Elderly budgets in relation to medical staffing has not yet been finalised.
- High supplementary staff costs, particularly in Royal Victoria Hospitals wards, continue to be monitored, with work ongoing to address this, including service review and redesign.

Perth & Kinross IJB

Table 17 – Operating Costs for the period to 28 February, 2017

Service	Annual Budget £m	Budget to 28.02.17 £m	Actual to 28.02.17 £m	Variance £m
Core Revenue - Pay & Supplies	72.765	63.392	65.340	1.948
Core Revenue - FHS Prescribing	26.155	23.861	25.926	2.065
Core Revenue - Hosted Services	-9.975	-9.138	-10.149	-1.011
General Medical Services	22.110	19.792	19.682	-0.110
FHS Cash Ltd & Non Cash Ltd	13.440	12.291	12.275	-0.016
Total	**124.495**	**110.198**	**113.073**	**2.875**

Chart 15



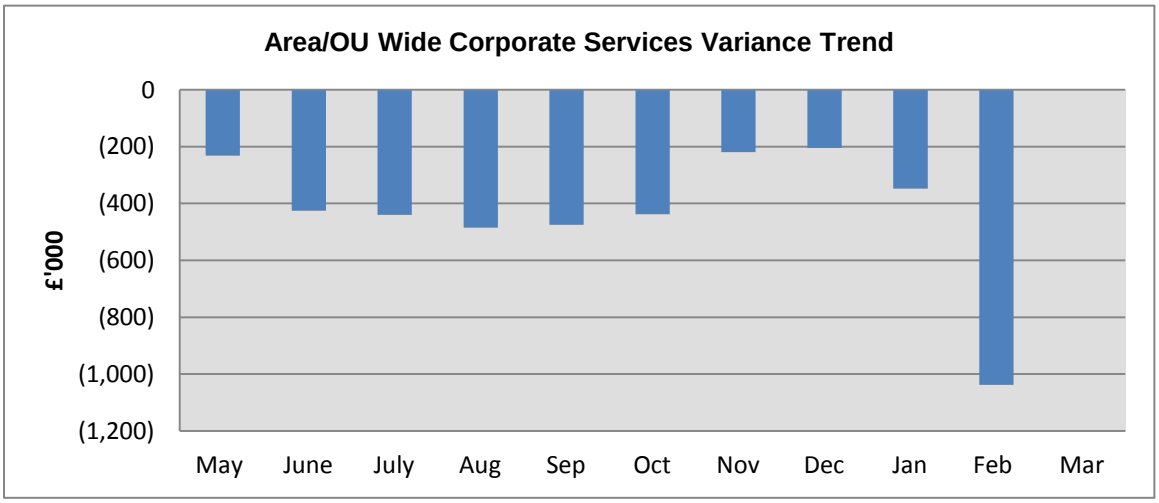
- Perth & Kinross IJB considered the devolved budget and the work undertaken by the Chief Finance Officer and wider partnership team to develop a robust financial recovery plan.
- In a similar vein to the other IJBs, noted the risk around the delivery of the devolved GP Prescribing budget.
- In addition, the IJB noted the significant financial risk which remains to the use of supplementary staffing across a number of directly delegated services and the progress being made to manage this risk in 2016/17 and future years.
- High locum spend in both General Adult Psychiatry and Learning Disability continues recognising recruitment challenges. This is not expected to be resolved in the short term.
- The Mental Health Contingency plan took effect from 1 February, 2017, and increasing cost pressures will show in the final months of the financial year (and likely continue into 2017/18).

Area/OU Wide Corporate Services

Table 18 – Operating Costs for the period to 28 February, 2017

Service	Annual Budget £m	Budget to 28.02.17 £m	Actual to 28.02.17 £m	Variance £m
Public Health/Health Promotion	5.391	4.655	4.568	-0.087
Drug and Alcohol Teams	2.147	1.981	1.981	0.000
Medical Education	0.265	0.243	0.231	-0.012
Finance	8.239	7.525	7.287	-0.238
eHealth	14.600	12.850	13.395	0.545
Human Resources	5.443	4.996	5.005	0.009
Pharmacy	0.345	0.247	0.241	-0.006
Board Corporate	5.715	4.841	4.739	-0.102
Corporate Earmarks	2.004	1.729	1.118	-0.611
Corporate Medical & Nursing	5.692	5.164	4.798	-0.366
Other Corporate	6.124	9.347	9.177	-0.170
North of Scotland Planning Group	2.669	1.835	1.835	0.000
Total	**58.634**	**55.413**	**54.375**	**-1.035**

Chart 16



- WTE Worked has fallen by 24 wte since the start of the financial year.

3.7 Efficiency Savings

In submitting an unbalanced LDP to SGHSCD at the end of May 2016, cognisance was given to the in year delivery of what were regarded as high risk initiatives. The risk recognised both the ability to deliver in the anticipated timescale and the ability to deliver on the monthly anticipated financial efficiency.

Whilst the core workstream programme was initially considered on a NHS Tayside basis, it now recognises the delegation of resources to the IJBs who, in considering the mechanisms to deliver on the overall efficiency devolved, were free to consider any actions that contained spend patterns. The ability to participate in the workstream programme is, however, not excluded and is indeed welcomed.

The current position against the workstream programme is depicted on page 18, together with the position of the IJBs in order to provide a NHS Tayside perspective.

Table 19 – Efficiency Savings

Workstream/Intitiative	Annual Plan	Revised 2016/17 Plan LDP Submission	Plan to Feb (excl IJB)	Achieved to Feb	Unachieved Savings to Feb
	£000s	£000s	£000s	£000s	£000s
Service Redesign	2,000	1,300	195	140	55
Facilities & Estates	2,000	2,000	1,717	1,855	-138
Better Buying & Procurement	1,750	1,750	1,484	1,478	6
Workforce	17,000	14,900	10,128	9,919	209
Realistic Medicine	10,050	7,250	4,080	3,566	514
Operational Efficiencies	1,000	1,000	619	1,408	-789
Repatriation	1,500	1,500	1,313	0	1,313
Alcohol & Drugs	600	300	275	275	0
Corporate	12,000	12,250	11,225	13,979	-2,754
National Initiatives	10,500	0	0	0	0
Asset Disposal Proceeds	0	4,500	1,156	1,038	118
Total Workstreams	**58,400**	**46,750**	**32,192**	**33,658**	**-1,466**
			Plan to Feb IJB	**Achieved to Feb**	**Unachieved Savings to Feb**
Integrated Joint Boards			6,719	4,243	2,476
Total Efficiencies	**58,400**	**46,750**	**38,911**	**37,901**	**1,010**
Shortfall Against Original Plan Per LDP Submission		**11,650**			

A shortfall of £1.010 million is identified against the planned efficiency target to date (last month £4.449 million). The improved position reflects the impact of measures taken across the system to contain spend through workstream initiatives and other efficiency measures, together with the management of allocations and reserves at a corporate level.

The current programme is forecast to deliver £45.25 million in 2016/17, which remains short of the target of £46.75 million identified through the unbalanced LDP, a position which is consistent with the previous month. It is estimated that £23.4 million (52%) of this total will be delivered on a recurring basis.

Table 20 below summarises the forecast position.

Table 20 - Forecast Efficiency Savings Delivery 2016/17

Workstream/Initiative	Recurring	Non Recurring	Total 2016/17
	£'000	£'000	£'000
Service Redesign	0	140	140
Facilities & Estates	1,500	500	2,000
Better Buying & Procurement	1,600	0	1,600
Workforce	10,885	1,515	12,400
Realistic Medicine	4,000	0	4,000
Operational Efficiencies	675	885	1,560
Repatriation	300	0	300
Alcohol & Drugs	0	300	300
Corporate	0	15,250	15,250
National Initiatives	0	0	0
Asset Disposal Proceeds	0	2,100	2,100
Total Workstreams	**18,960**	**20,690**	**39,650**
Integrated Joint Boards	4,400	1,200	5,600
Total Efficiencies	**23,360**	**21,890**	**45,250**

The figures include a range of accelerated initiatives within Workforce, Realistic Medicine, Operational Efficiencies, and Corporate headings. The Board considered the programme in respect of Nursing & Midwifery Staffing and Medicines Management at its meeting on 1 December, 2016.

Given the potential shortfall of £1.5 million, all opportunities to close the gap by year end are being considered.

Consultation with SGHSCD colleagues is ongoing.

The impact of initiatives implemented is not solely on 2016/17. The Financial Framework set out a target of 40% of efficiency savings to be delivered on a recurring basis. The identified recurring savings total of £23.4 million from Table 20 delivers on this 40% target.

The progress of the workstreams is monitored though the Transformation Programme Board.

3.8 Board Committed Earmarks

During the course of any financial year, the Board receives a number of SGHSCD financial allocations which are in addition to the baseline revenue allocation confirmed at the start of the year.

However, there is normally an unavoidable timing difference between the receipt of an SGHSCD allocation and expenditure being incurred, due to the necessary inter-agency consultation and the governance approvals process.

This means that allocations received in 2016/17 may not be expended until the following financial year. This slippage on committed earmarks, also referred to as deferred expenditure, is planned for through the annual budgeting process. The annual budget, therefore, includes two specific elements:-

i. a deferred expenditure target, which is a planned level of slippage on committed earmarks received during the course of the year or on allocations remaining from previous years - the target for 2016/17 is £23.5 million, and

ii. a level of funding to meet, or effectively reinstate funding for, deferred expenditure carried forward from a previous year - funding provided for 2016/17 to meet 2015/16 deferred expenditure is £22.5 million.

Both of these elements are considered in the main through management of Board reserves and allocations.

In closing 2015/16, deferred spend was £3.2 million greater than planned due to late notification of slippage. This creates a financial pressure in 2016/17 that is managed through both a review of deferred spend brought forward and board reserves. The full amount has been identified.

In relation to the deferred spend target of £23.5 million for 2016/17, the main risk to delivery of this target was the re-routing of central partnership funding through IJBs to Local Authorities. These funds would previously have been hosted by NHS Tayside, with inherent delays in the use of funds contributing towards the deferred spend target. Essentially, the Board has lost a degree of flexibility in the management of funds, as a number of high-value allocations are passing straight through to IJBs.

Chief Finance Officers have been actively engaged in discussion to manage the position in the current year. Steps have also been taken to manage Board reserves and earmarks in a robust fashion to meet the target, without compromising the use of funds for intended purposes.

As a result, the deferred spend target is assessed as being deliverable in the current year.

Proposals to manage the risk exposure from next financial year are included within the draft 'Financial Framework 2017/18 - 2021/22' considered by Committee at the March 2017 meeting.

3.9 Forecast Outturn

The unbalanced 2016/17 LDP submitted to SGHSCD in May 2016 identified a potential deficit of £11.65 million in 2016/17. The risk to delivery of this figure is currently £1.5 million.

Committee approved delegated authority for the Chief Executive and Director of Finance to conclude discussion with SGHSCD for brokerage of up to £13.2 million in 2016/17.

3.10 Board Contingency

The financial plan approved by the Board provided a total contingency for 2016/17 of £4.3 million. Of this resource, £1.3 million is set aside to respond to environmental issues, leaving a general contingency of £3.0 million.

At this stage of the year, a £2.75 million proportionate share of the general contingency has been released to offset a range of cost pressures, including the cost of surge beds remaining open; the additional costs of "hard to recruit to" medical posts, and non compliant medical rotas. This reflects the agreement of Tayside NHS Board at its meeting on 27 October, 2016.

3.11 Reconciliation to Approved Financial Plan

A reconciliation of anticipated resources per the approved financial plan to the updated position at 28 February, 2017, is included in Table 21. The variation on anticipated allocations received to date is entirely related to ring fenced earmarks.

Table 21 – Reconciliation of Total Resources as at 28 February, 2017

	Core RRL	Non Core RRL	Non Discretionary	Total Resources
	£'000	**£'000**	**£'000**	**£'000**
Approved Financial Plan	**777,421**	**31,930**	**42,642**	**851,993**
Variations on anticipated allocations	9,632			9,632
Revision to Non-discretionary			-149	-149
Revision to Non Core		1,408		1,408
Total Resources at 28 February, 2017	**787,053**	**33,338**	**42,493**	**862,884**

3.12 Cash Requirement

The cash requirement, which is one of the statutory targets the Board is required to meet, is the financing requirement to fund the cash consequences of the ongoing operations and net capital investment. SGHSCD has not yet set the cash requirement target for NHS Boards.

4. MEASURES FOR IMPROVEMENT

Efficiency improvements are reported in paragraph 3.7. Other measures are noted in the risk assessment attached at Appendix 2, which focuses on Year 1 of the Financial Framework.

5. RESOURCE IMPLICATIONS

Financial
Financial implications are advised throughout this report.

Workforce
Workforce implications are managed at both a strategic and operational level, consistent with the Board's plans.

6. DELEGATION LIMIT

Not applicable.

7. IMPLICATIONS FOR HEALTH

As ever, there is a requirement to balance service demand with resource availability.

8. TIMETABLE FOR IMPLEMENTATION AND LEAD OFFICER

SGHSCD financial monitoring returns for the period to 28 February, 2017, were submitted to SGHSCD on 17 March, 2017.

The lead officer is the Chief Executive in her role as Accountable Officer, with support from Directors, and specifically the Director of Finance.

9. IMPACT ASSESSMENT & INFORMING, ENGAGING & CONSULTING

Board and Integrated Joint Board reports and returns have been used in the compilation of this report. Wider engagement opportunities have been initiated with the clinical fraternity and senior management groups on the Board's financial framework and associated challenges and opportunities.

10. EQUALITY & DIVERSITY IMPACT ASSESSMENT

The equality and diversity impact is considered as part of each business case.

11. PATIENT EXPERIENCE

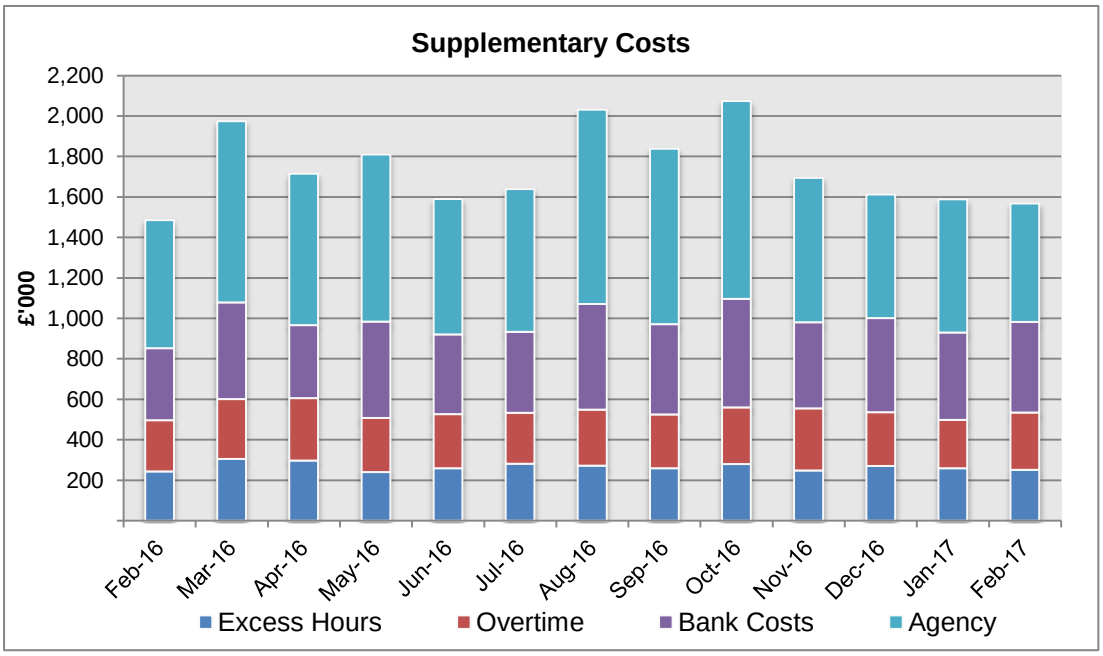
Contributes to the delivery of care and services across a range of environments in NHS Tayside. As part of the engagement programme highlighted above, a wider dialogue with both patients staff and public will be initiated.

Mr S Lyall
Head of Finance

Ms L McLay
Chief Executive

Mr L Bedford
Director of Finance

April 2017


Supplementary Costs
£'000
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2,000
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1,600
1,400
1,200
1,000
800
600
400
200
Feb-16
Mar-16
Apr-16
May-16
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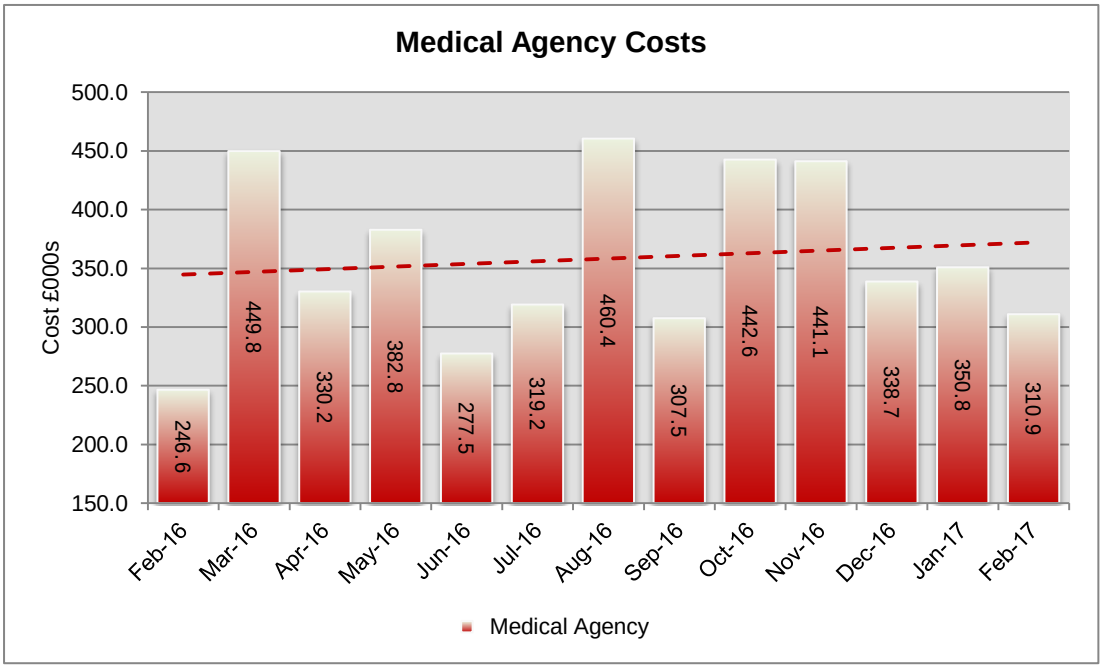
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Excess Hours
Overtime
Bank Costs
Agency


Medical Agency Costs
Cost £000s
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400.0
350.0
300.0
250.0
200.0
150.0
246.6
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382.8
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319.2
460.4
307.5
442.6
441.1
338.7
350.8
310.9
Feb-16
Mar-16
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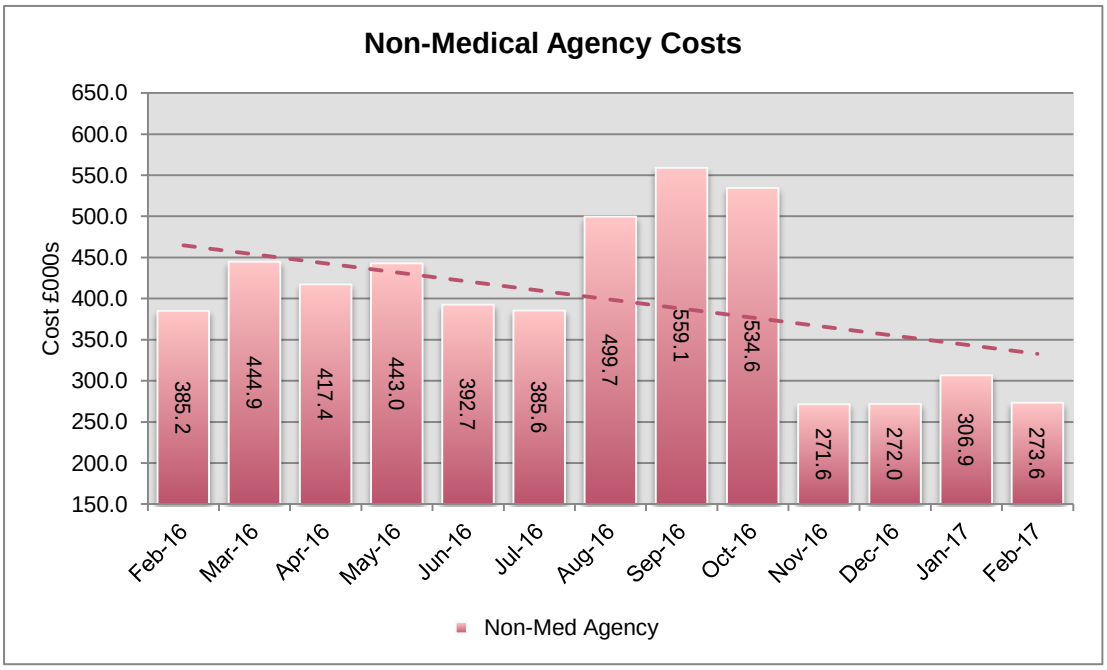
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Medical Agency


Non-Medical Agency Costs
Cost £000s
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400.0
350.0
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443.0
392.7
385.6
499.7
559.1
534.6
271.6
272.0
306.9
273.6
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Non-Med Agency

RISK ASSESSMENT 2016/17 **Appendix 2**

Risks – Revenue	Risk Assessment		Risk Management/Comment
	Likelihood	Impact	
Cost reduction target of £46.75m (net of LDP deficit) for 2016/17 not achieved in full.	High	Up to £1.5m	Strategic Transformation Programme Board (STPB) established to provide a governance and reporting framework for monitoring of the workstream programme and wider cost reduction plans. Accelerated initiatives being considered/adopted/ implemented
Recurring savings achievement falls short of financial plan assumptions.	High	Up to £0.5m	Current Strategic Financial Plan (SFP) assumes 40% recurring savings achievement in 2016/17.
Medicines cost and volume increases higher than planned.	High	**Up to £4.0m**	SFP provides for an uplift of £6.0m for FHS Prescribing; £2.7m for Secondary Care. Efficiency Programme supported through the Realistic Medicine Workstream. Availability of New Medicines Fund from SGHSCD.
Activity growth, patient acuity levels, or service pressures greater than anticipated.	High	Up to £3.0m	Position subject to ongoing review, with implementation of revised efficiency plans where necessary.
Reliance on supplementary staffing continues at current levels.	High	Up to £2.0m	Initiatives to reduce premium rate staffing costs initiated through the Workforce & Care Assurance Workstream. Real-time RAG status reporting developed to ensure effective deployment of overall Nursing resource. Centralised Rostering Bureau. eRostering roll-out.
Delayed Discharges remain within the hospital system, thereby inhibiting bed re-profiling and patient flow, and impacting on TTG targets through cancellation of elective activity.	High	Up to £4.0m	£11m Social Care and Delayed Discharge funding allocated to IJBs.
Profit on disposal of assets – the timing and amount of asset disposal proceeds is unpredictable.	High	**Up to £0.5m**	Framework for delivery supported through workstream programme.
SGHSCD anticipated funding allocations may be less than anticipated through financial plans.	High	Up to £0.5m	Exposure around New Medicines Fund.
Environmental control risk (Mental Health) – cost of property upgrades exceeds contingency.	High	Up to £1.0m	Costs to be incurred in 2017/18.
Funding sources assumed within the 2016/17 efficiency plan not available (Non DEL, NPDO refinancing).	High	Up to £1.0m	DEL Funding confirmed through SGHSCD allocation, and is in line with planning assumptions. Other risks remain.
Costs incurred following approval of new medicines nationally are not contained within the overall prescribing uplift.	High	Up to £0.5m	Position kept under review by the Medicines Management Group following SMC approval of drugs.
Enhancements During Leave – backdated payments may exceed the amount accrued through 2015/16 accounts.	Medium	Up to £0.5m	Ongoing monitoring and review.
Inability to mitigate costs in line with reductions in anticipated central funding allocations, including Outcomes Framework and Alcohol & Drugs funding.	Medium	c£0.2m	Implications recognised within SFP. Current and future commitments subject to review.
Costs for healthcare provided through other NHS Boards higher than planned.	Medium	Up to £0.75m	Additional £0.9m funding allocated through SFP in 2016/17. Patient activity trends closely monitored.
Cost of planned developments higher than anticipated.	Medium	Up to £0.2m	Slippage in implementation often results in a non-recurring saving.
Price inflation may be higher than the planned level of 1.5%.	Medium	Up to £0.2m	The allowance of 1.5% is consistent with provisions made by other NHS Boards.
The source of planned carry forward and deferred expenditure at March 2017 (£23.5m) uncertain at this stage.	Low	Up to £0.5m	Re-routing of funds through IJBs presents risk. Currently assessed as manageable.
Income from other Boards reduces as a result of planned service reconfiguration.	Low	c£0.5m	Early engagement with partner Health Boards to understand implications of service moves.

Archived Risks

Repayment of financial brokerage due from 2015/16 not made.	High	Not quantified	Amount of brokerage from 2015/16 and related profile of repayments to be agreed with SGHSCD Director of Finance.
Loss of income from Special Boards (NSS, NES, NSD).	Medium	Up to £0.5m	Projects funded from this income will require review.
Cost of meeting National Performance Targets exceeds available funding.	High	Up to £2.0m	Profile agreed with Access Support Team.
Pay award settlements higher than anticipated.	Low	Up to £0.5m	Pay Awards for AfCstaff and Medical/Dental paid.
Higher than anticipated numbers of staff remain in the pension scheme following automatic re-enrolment.	Low	Up to £0.5m	No significant impact.
Equal Pay claims exceed anticipated amount.	Low	Up to £0.1m	Accrual recognised within 2015/16 accounts.
Costs associated with Healthcare Infection Standards greater than planned.	Low	£0.2m	Position monitored.

Item 10

Please note any items relating to Board business are embargoed and should not be made public until after the meeting

BOARD54/2017
Tayside NHS Board
4 May 2017

NHS TAYSIDE STRATEGIC RISK PROFILE 2017/18

1. PURPOSE OF THE REPORT

The purpose of this report is to firstly provide an update on risk management and secondly present proposed changes from the Strategic Risk Management Group regarding alterations to NHS Tayside's strategic risks and movement within the Strategic Risk Profile for 2017/18.

2. RECOMMENDATIONS

Tayside NHS Board is asked to:

- Consider this report noting that the Audit Committee is responsible for scrutinising the risk management arrangements, systems and processes and providing assurance on these to Tayside NHS Board.
- Consider and approve the proposed changes in respect of the strategic risks for Tayside NHS Board in 2017/18 and thereby agreeing the strategic risks that will formulate NHS Tayside's Strategic Risk Profile for 2017/18.

3. EXECUTIVE SUMMARY

The Audit Committee is responsible for scrutinising the risk management systems and processes within NHS Tayside. Regular reporting to the Audit Committee is provided by the Board Secretary who is the executive lead for risk management in NHS Tayside and the Risk Manager. The Audit Committee also receives the minutes of the Strategic Risk Management Group the executive group with responsibility for risk management in NHS Tayside.

The Audit Committee will also receive reports from Internal Audit and through its Annual Report to Tayside NHS Board will provide assurance that the risk management arrangements, systems and process are robust and fit for purpose.

The Board Secretary regularly presents to Tayside NHS Board the Board Assurance Framework (BAF) which comprises of NHS Tayside's Strategic Risk Profile and the individual risk reports which come from DATIX our organisation's electronic risk management system. The Strategic Risk Profile is made up of those strategic risks that could impact on the delivery of NHS Tayside's corporate objectives and delivery of its key strategies.

The strategic risks managed within the Datix system are all owned by Directors who are direct reports of the Chief Executive and they set out the controls that have been put in place to reduce or mitigate (manage) the risks and the assurances that have been received which show if the controls are having the desired impact. They also have an action plan, which details mitigating actions to be taken, to further reduce the risks and an assessment of current performance is also provided.

Within NHS Tayside all risks fall into one of three categories either strategic, operational or service level risk.

Strategic Risks are risks which are at the highest level within NHS Tayside and are always owned by a Director. These are agreed by Tayside NHS Board and monitored by the Strategic Risk Management Group and reported by the presentation of the BAF to Tayside NHS Board twice a year with risk assurance reports presented to one of Tayside NHS Board's Standing Committee four times per year.

Operational Risks are the suite of 5 or 6 risks which directly relate to the achievement of all strategic risks. These are identified by the Director who owns the strategic risk and while these are also owned by a Director they will be managed by a nominated member of staff. These must be agreed by the Strategic Risk Management Group and linked to a strategic risk.

All other risks are known as **Service Level Risks** and are owned by a member of staff, who has participated in a risk management workshop and received the Datix Risk Module User Training. These service risks should be identified as part of a group activity and agreed by Directorate Clinical Governance and Risk Groups who will thereafter review these as portfolios of risk.

All activities in NHS Tayside are carried out with a view to achieving an objective for example safe patient care, delivery of an effective service or maintaining a budget and the risk identified should be in relation to failure to meet that objective or opportunities for innovation, change or improvement related to the objective

4. REPORT DETAIL

The Board Assurance Framework (BAF) was last considered by Tayside NHS Board on 23 February 2017. During its consideration by the Board a request for a development event on risk management was agreed and arrangements are being made to incorporate this into the schedule of Board Development Events for 2017/18. In accordance with the approved revised reporting cycle the BAF is scheduled to come to Tayside NHS Board on 29 June 2017 and 22 February 2018.

The Internal Audit Report T12/16 was finalised on 16 December 2016 and presented to the Audit Committee on 9 March 2017. This was graded as Category B and concluded that the Board Assurance Framework had moved forward since its last review, particularly with the introduction of the Risk Assurance Report and Standing Committee Chairs Report. It was noted the BAF would have received an A grading, however, it was found that whilst the information provided was excellent, the format of the Datix report required to be more user friendly. Despite approaches having been made directly to the software supplier modifications to the report are not possible at this time. As an interim measure, colleagues from risk management and internal audit have considered how the report could be streamlined whilst information in relation to potential improvements which will be contained within Datix V15/Cloud IQ at the next upgrade has been requested by the Board Secretary.

The Board Secretary led a short life working group (Risk Manager, Head of Committee Administration along with Internal Audit and Doug Cross, Non Executive Member) to work on the development of the revised Risk Appetite Statement for NHS Tayside. The group reviewed best practice in this area and liaised with other Boards regarding their approach. The revised Risk Appetite Statement was agreed by the Strategic Risk Management Group at its meeting on 2 February and then by the Audit Committee on 9 March 2017 with a recommendation for implementation from 1 April 2017.

This is therefore the first meeting of Tayside NHS Board where the Board will consider individual reports relating to those strategic risks which exceed NHS Tayside's Risk Appetite. The strategic risks that lie out with NHS Tayside's Risk Appetite are those categorised as very high and have a score of 20 or 25. These are shown in NHS Tayside's Strategic Risk Profile 2016/17 **(Appendix A)** and are:

- Infection management
- Strategic Financial Plan
- Medical Workforce
- Workforce Optimisation
- Nursing and Midwifery Workforce
- Mental Health Services – Sustainability of Safe and Effective Services
- Capacity and Flow (Winter Plan)
- PRI/Patient Flow

As part of the monitoring and review of these risks it is a suggestion that Board members may wish to consider:

- Does the risk score 'feel' right?
- Do the current controls match the stated risk
- Will mitigating actions bring risk down to the planned level
- If the mitigating action(s) are fully implemented the outcome would be achieved?
- Does the assurance you receive tell you how controls are performing?
- Do the assurances come from a range of sources (including independent sources)?
- Are we focusing our limited resources on controlling areas of high risk rather than in investing in other areas that are well controlled?

Finally, as part of the cycle of risk management arrangements the Strategic Risk Management Group (SRMG), at its meeting on 26 April 2017, reviewed the NHS Tayside's Strategic Risk Profile. The SRMG received verbal updates on the strategic risk from the risk owners or managers. The SRMG discussed these risks in the context of NHS Tayside's plans, the new relationships with Integrated Joint Boards and emerging issues.

Following the discussion by the SRMG the proposed Strategic Risk Profile for 2017/18 is presented in **Appendix B.** However this will be a developing document as further work is being taken forward by the Board Secretary, Internal Audit and with colleagues in NHS Tayside and the Integrated Joint Boards to describe how in Tayside strategic risks are managed in this new environment and how the required assurances are provided and flow between NHS Tayside, the Integrated Joint Boards and Local Authorities.

The Board is asked to consider the strategic risks proposed to make up NHS Tayside's Strategic Risk Profile for 2017/18 noting the ongoing work and that this document is a dynamic and evolving document which should demonstrate movement throughout the year.

5. CONTRIBUTION TO NHS TAYSIDE'S STRATEGIC AIMS

The functions of Tayside NHS Board include strategic leadership and direction and to ensure efficient, effective and accountable governance of NHS Tayside therefore robust risk management arrangements are essential to allow Tayside NHS Board to achieve its objectives.

6. MEASURES FOR IMPROVEMENT

A series of measures for improvement (key performance indicators) have been developed and agreed for risk management and are detailed in NHS Tayside's Risk Management Strategy

Additionally, performance reviews contain a series of measures for improvement for all areas and are reported on in the Clinical Governance & Risk Management Reports.

7. IMPACT ASSESSMENT & INFORMING, ENGAGING & CONSULTING

All risks influenced by any equity and diversity issue will have an impact assessment undertaken.

When changes are required to the underpinning systems and processes appropriate consultation takes place and this would be reported on and demonstrated as part of the approval process.

8. PATIENT EXPERIENCE

Clinical governance and risk management systems and processes are embedded across NHS Tayside. This ultimately contributes to the patient experience by reviewing adverse events, implementing improvements and minimising risk exposures across all services. There is also a drive to ensure that patients and/or their families are advised when an adverse events occurs during their care and are kept updated on any actions taken to improve the service and reduce the likelihood of the adverse event recurring.

9. RESOURCE IMPLICATIONS

Financial and Workforce
The systems and processes and management arrangements for risk management are contained within current resource.

10. RISK ASSESSMENT

This paper links directly with the Clinical Governance Strategic Risk which encompasses Risk Management systems and process and is recorded within the DATIX system graded as a high which is an amber risk with a score of 16 (4x4).

11. LEGAL IMPLICATION

The Chief Executive, as Accountable Officer, has responsibility for maintaining a sound system of Internal Control and reviewing the effectiveness of the system within their organisation culminating in the preparation of an annual Governance Statement.

12. INFORMATION TECHNOLOGY IMPLICATIONS

There are no IT implications associated with this paper.

13. HEALTH & SAFETY IMPLICATIONS

There are no Health and Safety Implications associated with this paper.

14. HEALTHCARE ASSOCIATED INFECTION (HAI)

There are no HAI issues associated with this paper.

15. DELEGATION LEVEL

Ms Lesley McLay is Chief Executive and Accountable Officer.

Ms Margaret Dunning, Board Secretary, is the Executive Lead for Risk Management.

Mrs Hilary Walker, Risk Manager, is responsible for the implementation of risk management plans and the follow up process.

16. TIMETABLE FOR IMPLEMENTATION

The Lead Officer for risk management in NHS Tayside is the Board Secretary with support from Mrs Hilary Walker, Risk Manager. Work in relation to improvements to the risk management systems and processes are continually being considered and following approval through the correct governance channels are thereafter implemented.

Ms M Dunning
Board Secretary

Ms L McLay
Chief Executive

Mrs H Walker
Risk Manager

27 April 2017

Appendix A

NHS TAYSIDE RISK RATINGS – STRATEGIC RISK PROFILE

	Datix Ref	Risk Title	Lead Director/ Risk Owner	Inherent Risk Exposure	1 Oct 2013- 31 March 2014		1 April 2014 – 31 March 2015		1 April 2015 – 31 March 2016			1 April 2016 – 31 March 2017			Current Risk Trend	Planned Risk Exposure
					Oct 2013	Feb 2014	April 2014	Dec 2014	April 2015	Oct 2015	Feb 2016	June 2016	Oct 2016	Feb 2017		
Tayside NHS Board: Chair – John Connell/Lead Officer – Lesley McLay																
1	26	Waiting Times and RTT Targets	Chief Operating Officer	25 (5x5) Very High	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	25 (5x5) Very High	15 (5x3) High	15 (5x3) High	15 (5x3) High	15 (5x3) High	15 (5x3) High	15 (5x3) High	→	15 (5x3) High
2	14	Infection Management	Medical and Nurse Directors	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	20 (4x5) Very High	20 (4x5) Very High	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	→	16 (4x4) High
3	201	Health Equity	Director of Public Health	25 (5x5) Very High	-	-	-	16 (4x4) High	16 (4x4) High	16 (4x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	→	12 (3x4) High
4	313	Capacity and Flow (Winter Plan)	Chief Operating Officer	25 (5x5) Very High	-	-	-	-	-	-	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	→	20 (5x4) Very High
5	312	NHS Tayside Estate Infrastructure Condition	Chief Operating Officer	20 (5x4) Very High	-	-	-	-	-	-	20 (5x4) Very High	16 (4x4) High	16 (4x4) High	16 (4x4) High	→	6 (2x3) Medium
6	353	Sustainable Primary Care Services	Chief Officer, Angus HSCP	20 (5x4) Very High	-	-	-	-	-	-	12 (4x3) High	12 (4x3) High	12 (4x3) High	9 (3x3) Medium	↓	9 (3x3) Medium
Finance and Resources Committee: Chair – Doug Cross/Lead Officer – Lindsay Bedford																
7	36	Strategic Financial Plan 2015/16 – 2019/20	Director of Finance	25 (5x5) Very High	12 (3x4) High	12 (3x4) High	16 (4x4) High	16 (4x4) High	16 (4x4) High	20 (4x5) Very High	25 (5x5) Very High	25 (5x5) Very High	25 (5x5) Very High	25 (5x5) Very High	→	25 (5x5) Very High
8	37	Impact of Reduction in Capital Resources	Director of Finance	20 (5x4) Very High	16 (4x4) High	16 (4x4) High	12 (3x4) High	12 (3x4) High	16 (4x4) High	16 (4x4) High	20 (5x4) Very High	20 (5x4) Very High	16 (4x4) High	16 (4x4) High	→	16 (4x4) High
9	38	Information Governance Risk	Board Secretary	25 (5x5) Very High	9 (3x3) Medium	9 (3x3) Medium	9 (3x3) Medium	9 (3x3) Medium	12 (4x3) High	12 (4x3) High	12 (4x3) High	12 (4x3) High	12 (4x3) High	12 (4x3) High	→	9 (3x3) Medium

	Datix Ref	Risk Title	Lead Director/ Risk Owner	Inherent Risk Exposure	1 Oct 2013-31 March 2014		1 April 2014-31 March 2015		1 April 2015 – 31 March 2016			1 April 2016 – 31 March 2017			Current Risk Trend	Planned Risk Exposure
					Oct 2013	Feb 2014	April 2014	Dec 2014	April 2015	Oct 2015	Feb 2016	June 2016	Oct 2016	Feb 2017		
10	415	Implementation of Trackcare	Director of e-Health	20 (5x4) Very High	-	-	-	-	-	-	-	-	12 (4x3) High	12 (4x3) High	→	8 (4x2) Medium
Staff Governance Committee: Chair – Munwar Hussain /Lead Officer – George Doherty																
11	95	Medical Workforce	Director of Human Resources	25 (5x5) Very High	9 (3x3) Medium	12 (3x4) High	12 (3x4) High	12 (3x4) High	16 (4x4) High	16 (4x4) High	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	→	9 (3x3) Medium
12	58	Workforce Optimisation	Director of Human Resources	20 (4x5) Very High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	16 (4x4) High	20 (5x4) Very High	↑	9 (3x3) Medium
13	280	Nursing and Midwifery Workforce	Nurse Director	20 (5x4) Very High	-	-	-	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	20 (5x4) Very High	→	16 (4x4) High
Clinical and Care Governance Committee: Chair – Alison Rogers /Lead Officer – Gillian Costello/Andrew Russell																
14	16	Clinical Governance	Medical and Nurse Directors	25 (5x5) Very High	20 (4x5) Very High	20 (4x5) Very High	20 (4x5) Very High	20 (4x5) Very High	15 (3x5) High	15 (3x5) High	15 (3x5) High	12 (3x4) High	12 (3x4) High	16 (4x4) High	↑	9 (3x3) Medium
15	121	Person Centeredness	Medical and Nurse Directors	20 (4x5) Very High	12 (4x3) High	12 (4x3) High	12 (4x3) High	8 (4x2) Medium	16 (4x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	→	9 (3x3) Medium
16	22	Health Protection of Children and Young People	Nurse Director	25 (5x5) Very High	12 (3x4) High	16 (4x4) High (Vulnerable People)	12 (3x4) High	12 (3x4) High	20 (5x4) Very High	20 (5x4) Very High	16 (4x4) High	16 (4x4) High	16 (4x4) High	9 (3x3) Medium	↓	9 (3x3) Medium
17	15	Delivering Care for Older People	Medical and Nurse Directors	16 (4x4) High	-	-	9 (3x3) Medium	9 (3x3) Medium	12 (4x3) High	12 (4x3) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	→	9 (3x3) Medium
18	395	Mental Health Services – Sustainability of Safe and Effective Services	Chief Officer, P&K HSCP	20 (4x5) Very High	-	-	20 (4x5) Very High	12 (3x4) High	12 (3x4) High	12 (3x4) High	16 (4x4) High	16 (4x4) High	16 (4x4) High	20 (5x4) Very High	↑	12 (4x3) High

	Datix Ref	Risk Title	Lead Director/ Risk Owner	Inherent Risk Exposure	1 Oct 2013-31 March 2014		1 April 2014-31 March 2015		1 April 2015 – 31 March 2016			1 April 2016 – 31 March 2017			Current Risk Trend	Planned Risk Exposure
					Oct 2013	Feb 2014	April 2014	Dec 2014	April 2015	Oct 2015	Feb 2016	June 2016	Oct 2016	Feb 2017		
19	144	Maternity Services	Medical and Nurse Directors	20 (4x5) Very High	-	-	20 (4x5) Very High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	16 (4x4) High	↑	9 (3x3) Medium
20	302	PRI/Patient Flow	Medical Director Operational Unit	25 (5x5) Very High	-	-	-	-	-	20 (5x4) Very High	20 (5x4) Very High	16 (4x4) High	16 (4x4) High	20 (5x4) Very High	↑	12 (3x4) High
21	414	Managed/2c Practices	Medical Director	25 (5x5) Very High	-	-	-	-	-	-	-	-	20 (5x4) Very High	16 (4x4) High	↓	12 (3x4) High

NHS TAYSIDE RISK RATINGS – STRATEGIC RISK PROFILE – PROPOSALS FOR 2017/18

Appendix B

	Datix Ref	Risk Title	Lead Director/ Risk Owner	Inherent Risk Exposure	Current Risk Exposure April 2017	Planned Risk Exposure	Proposal for 2017/18
1	26	Waiting Times and RTT Targets	Chief Operating Officer	25 (5x5) Very High	15 (5x3) High	15 (5x3) High	Risk remains on profile
2	14	Infection Management	Medical and Nurse Directors	20 (5x4) Very High	20 (5x4) Very High	16 (4x4) High	Risk remains on profile
3	201	Health Equity	Director of Public Health	25 (5x5) Very High	12 (3x4) High	12 (3x4) High	Risk to be archived
4	313	Capacity and Flow (Winter Plan)	Chief Operating Officer	25 (5x5) Very High	20 (5x4) Very High	20 (5x4) Very High	Risk to be updated to include Risk 302 PRI/Patient Flow
5	312	NHS Tayside Estate Infrastructure Condition	Chief Operating Officer	20 (5x4) Very High	16 (4x4) High	6 (2x3) Medium	Risk remains on profile
6	353	Sustainable Primary Care Services	Chief Officer, Angus HSCP	20 (5x4) Very High	9 (3x3) Medium	9 (3x3) Medium	Risk remains on profile
7	36	Strategic Financial Plan 2015/16 – 2019/20	Director of Finance	25 (5x5) Very High	25 (5x5) Very High	25 (5x5) Very High	Risk remains on profile
8	37	Impact of Reduction in Capital Resources	Director of Finance	20 (5x4) Very High	16 (4x4) High	16 (4x4) High	Risk remains on profile
9	38	Information Governance Risk	Board Secretary	25 (5x5) Very High	12 (4x3) High	9 (3x3) Medium	Risk remains on profile with recommendation to be made to F&R for risk to be archived
10	415	Implementation of Trakcare	Director of e-Health	20 (5x4) Very High	12 (4x3) High	8 (4x2) Medium	Risk remains on profile with a view to being archived following implementation
11	95	Medical Workforce	Director of Human Resources	25 (5x5) Very High	20 (5x4) Very High	9 (3x3) Medium	Risk to be reframed
12	58	Workforce Optimisation	Director of Human Resources	20 (4x5) Very High	20 (5x4) Very High	9 (3x3) Medium	Risk to be reframed
13	280	Nursing and Midwifery Workforce	Nurse Director	20 (5x4) Very High	20 (5x4) Very High	16 (4x4) High	Risk Remains on Profile

14	16	Clinical Governance	Medical and Nurse Directors	25 (5x5) Very High	16 (4x4) High	9 (3x3) Medium	Risk Remains on Profile
15	121	Person Centeredness	Medical and Nurse Directors	20 (4x5) Very High	12 (3x4) High	9 (3x3) Medium	Risk Remains on Profile with a view to being archived within 6 months
16	22	Children, Young People and Families	Nurse Director	25 (5x5) Very High	9 (3x3) Medium	6 (2x3) Medium	Risk Remains on Profile
17	15	Delivering Care for Older People	Medical and Nurse Directors	16 (4x4) High	12 (3x4) High	9 (3x3) Medium	Risk Remains on Profile
18	395	Mental Health Services – Sustainability of Sate and Effective Services	Chief Officer, P&K HSCP	20 (4x5) Very High	20 (5x4) Very High	12 (4x3) High	Risk Remains on Profile
19	144	Maternity Services	Medical and Nurse Directors	20 (4x5) Very High	16 (4x4) High	9 (3x3) Medium	Risk to be reframed
20	302	PRI/Patient Flow	Medical Director, Operational Unit	25 (5x5) Very High	20 (5x4) Very High	12 (3x4) High	Risk to be archived following integration into risk 313
21	414	Managed/2C Practices	Medical Director	25 (5x5) Very High	16 (4x4) High	12 (3x4) High	Risk remains on profile
22	28	Health and Safety	Director of Acute Services	25 (5x5) Very High	16 (4x4) High	8 (2x4) Medium	Risk remains on profile

Please note any items relating to Board business are embargoed and should not be made public until after the meeting

Item 11

BOARD43/2017
Tayside NHS Board
4 May 2017

ASSURANCE REPORT ON INFECTION MANAGEMENT RISK

1. STRATEGIC RISK

The Board Assurance Framework Strategic Risk Profile and individual risk reports from DATIX aims to identify the Strategic Risks that could impact on the delivery of NHS Tayside's objectives. The risk to which this report relates is the Infection Management Risk with the principle objective being to provide care in a safe and clean environment.
Failure to comply with Infection Control national standards, policies, guidance and practice could impact on patient care and service delivery and lead to adverse reputational consequences with the loss of confidence of patients, families and the general public.

2. CURRENT PERFORMANCE

Current performance against this risk is updated as a minimum 6 monthly and is highlighted in the table below:-

Datix Ref	Risk Title	Lead Director	Inherent Risk Exposure	Date of Last Update
14	Infection Management	Nurse Director	20 (5x4) Very High	January 2017

The rationale for the current score reflects the consequence and likelihood which are automatically generated within the Datix system.

3. ASSURANCE

The current controls in place to mitigate this risk are set out in the attached DATIX report. These principally reflect the current mechanisms and actions that are being taken by the Infection Control and Management Team within NHS Tayside. The Infection Control and Management Annual Work Plan for 2017-18 has been aligned to the national Scottish Antimicrobial Resistance and Healthcare Associated Infection (SARHAI) Delivery Plan.

By having infection control as an agenda item at both strategic and operational performance fora as well as the presentation of a detailed HAI Report at each NHS Tayside Board meeting offers a level of assurance of collaborative working coupled with monitoring and surveillance for the management of this strategic risk.

4. CONCLUSION

The Infection Control and Management Team will continue to work collaboratively to promote clinical and non-clinical staff to recognise and understand their key role in being able to provide care in a safe and clean environment.

Mrs D Weir
General Manager
Infection Control and Management

Ms L McLay
Chief Executive

Mrs G Costello
Nurse Director
HAI Executive Lead

April 2017

Please note any items relating to Board business are embargoed and should not be made public until after the meeting

Item 11

NHS Tayside

BOARD55/2017
Tayside NHS Board
4 May 2017

ASSURANCE REPORT ON STRATEGIC FINANCIAL PLAN RISK

1. STRATEGIC RISK

The Board Assurance Framework Strategic Risk Profile and individual risk reports from DATIX aims to identify the Strategic Risks that could impact on the delivery of NHS Tayside's objectives. The risk to which this report relates is the Strategic Financial Plan. This risk recognises that failure to deliver the Strategic Financial Plan would place the delivery of national and local plans in jeopardy and would create the risk of breaching statutory financial obligations of the Board.

2. CURRENT PERFORMANCE

Current performance against this risk is highlighted in the table below:-

Datix Ref	Risk Title	Lead Director	Inherent Risk Exposure	April 2017
36	Strategic Financial Plan	Director of Finance	25 (5x5) Very High	25 (5x5) Very High

The rationale for the current score reflects that NHS Tayside is a Board that has an operating service model that extends beyond its budgeted financial allocation in terms of site reconfiguration, employed workforce resources, operational and facility maintenance costs. Benchmarking data from a wide a variety of sources consistently identifies that, in comparison with specific Boards or in general across Scotland, our spend patterns are in excess of the level of resource we receive. Service redesign and transformation is being implemented that does not just redistribute existing spend, but also reduces the level, recognising the Board's overiding priority remains the commitment to the provision of safe and effective clinical services for people in our care. Information on Productive Opportunities through the national Discovery Tool continue to be investigated.

The Board submitted an unbalanced Local Delivery Plan to Scottish Government Health & Social Care Directorate (SGHSCD) at the end of March 2017 in relation to financial year 2017/18.

A range of Operational Risks support the Strategic Risk and are outlined in the Table below together with the current assessment.

Risk Title	Consequence	Likelihood	Rating	Risk Level
Cost reduction target of £50m for 2017/18 not achieved in full.				
FHS Prescribing – a level of unwarranted variation remains	Major	Almost Certain	20 (4x5)	Very High
Balance of risk associated with sustaining service delivery performance against national targets through maintaining additional on site theatre capacity.	Major	Likely	16 (4x4)	High
Delivery of 72 hour delayed discharge target in order to support the required: Improvement in patient flow	Major	Almost Certain	20 (4x5)	Very High

Reconfiguration of bed base Minimisation of cancelled planned surgery				
Reduction & delivery in unscheduled care admissions in line with strategic plans of Health & Social Care Partnerships leading to reconfiguration of acute beds	Major	Likely	16 (4x4)	High
Target of reducing non contract agency staff by additional 25% from LDP requirement of 25% from 2016/17 baseline	Major	Almost Certain	20 (4x5)	Very High
Target of reducing non contract agency by 25% from 2016/17 baseline & overtime by 25%	Major	Possible	12 (4x3)	Medium
Reduction in training grade rota breaches	Major	Likely	16 (4x4)	Medium
Full implementation of standardised shift patterns across Tayside by September 2017	Major	Possible	12 (4x3)	Medium
Identification and delivery of areas to contain secondary care medicines spend	Moderate	Possible	9 (3x3)	Medium
Implement outcomes of National Burns Review	Moderate	Possible	9 (3x3)	Medium
Engagement with clinical fraternity on identified productive opportunities and securing agreement on redefined patient pathways including reducing average length of stay leading to bed reconfiguration	Major	Likely	16 (4x4)	Medium
Reduction in private sector placements	Major	Possible	12 (4x3)	Medium
Property Disposals	Major	Possible	12 (4x3)	Medium
Financial flexibility	Major	Possible	12 (4x3)	Medium
Medicines cost and volume increases higher than planned	Major	Likely	16 (4x4)	High
Activity growth, patient acuity levels or service pressures greater than anticipated	Major	Likely	16 (4x4)	High
The source of planned carry forward and deferred expenditure at March 2018 (£16.5m) uncertain at this stage	Major	Possible	12 (4x3)	Medium
Inability to mitigate costs in line with reductions in anticipated central funding allocations, including Outcomes Framework and Alcohol & Drugs funding	Moderate	Possible	9 (3x3)	Medium
Costs for healthcare provided through other NHS Boards higher than planned.	Major	Possible	12 (4x3)	Medium

3. ASSURANCE

The current controls in place to manage this risk are set out in the DATIX system. It is clear the range of actions in place, but principally reflect the programme that NHS Tayside is committed to so that the cost profile of the organisation is constrained and radically reprofiled in order that it moves in the medium term to a sustainable financially balanced position.

The figurehead of this approach is the Transformation Programme with its developing governance and reporting model. Whilst initially the individual workstreams will focus on waste, efficiency and productivity measures in driving costs down, the vision and direction of the clinical strategies will seek to optimise the use of resources whilst delivering safe and effective clinical services.

A welcome approach is the joint collaboration of all Boards and Scottish Government through the medium of the Chief Executives group to identify nationally led initiatives that will contribute towards all Boards efficiency targets. Updates are provided through the national Chief Executives and Directors of Finance meetings.

Whilst a level of traction was gained in constraining spend patterns in the last financial year, that pace requires to continue and accelerate in 2017/18. To a significant extent this pattern has been maintained but now requires other elements of the identified programme to gain momentum in addition to identifying other options for consideration.

The availability of concise, robust and timely information, both financial and non financial will be a prerequisite to informing all levels of the organisation of the progress being made, whilst also recognising where targets are not being delivered, the remedial action, or additional initiatives to be identified.

The necessary investment in both time and resource has been identified in order to maintain the momentum on each of the individual workstreams.

In submitting a final LDP in September 2017, regional planning and delivery aspects will be more fully developed. In this interim period, it is expected that Scottish Ministers will review recommendations in Spring 2017 from the National Review of Targets and Indicators for health and social care lead by Sir Harry Burns.

4. CONCLUSION

Given the financial performance against available resources in recent years the level of risk identified against delivery of the Financial Framework understandably remains at Very High. This is reflected in the unbalanced LDP submitted to SGHSCD The traction over the medium term on the individual workstream initiatives, together with the continued momentum seen in last financial year on containing and constraining costs will all make inroads to the significant financial challenge. The developing clinical strategies as they are formulated will undoubtedly be a key aspect in returning the Board in the medium term to a sustainably financially balanced position. The Health and Social Care Delivery Plan continues to promote that services should be organised and delivered at the level where they can provide the best, most effective service for individuals. Regional, and, in some case, national, centres of expertise and planning should develop for some acute services to improve patient care. The focus on regional planning of clinical services will facilitate this.

Mr L Bedford
Director of Finance
May 2017

Ms L McLay
Chief Executive

Please note any items relating to Board business are embargoed and should not be made public until after the meeting

Item 11

BOARD42/2017
Tayside NHS Board
4 May 2017

ASSURANCE REPORT ON NURSING AND MIDWIFERY WORKFORCE RISK

1. STRATEGIC RISK

The Board Assurance Framework Strategic Risk Profile and individual risk reports from DATIX aim to identify the Strategic Risks that could impact on the delivery of NHS Tayside's objectives.

The risk to which this report relates is the Nursing and Midwifery Workforce Risk with the principle objectives being to deliver on priority areas,care standards and to improve patient experience across NHS Tayside services.

The Assurance Framework describes the corporate risk in relation to the potential failure to recruit and retain sufficient numbers of registered nurses and midwives which would result in a failure to maintain safe and effective nursing and midwifery staffing levels impacting on patient and staff experience.

2. CURRENT PERFORMANCE

Current performance against this risk is highlighted in the table below:-

Datix Reference	Risk Title	Lead Director	Inherent Risk Exposure	Date of Last Update
280	Nursing and Midwifery Workforce	Nurse Director	20 (5x4) Very High	April 2017

The rationale for the current score (20 (5 x 4) Very High) reflects the consequence and likelihood which are automatically generated within the Datix system.

3. ASSURANCE

The current controls in place to mitigate this risk are detailed within the electronic DATIX system and have been updated to reflect the current position at April 2017. These principally reflect the current mechanisms and actions that are being taken in Partnership with the Nursing and Midwifery Directorate, Human Resources and Organisational Development Directorate, service Directorates and Health and Social Care Partnerships.

There are seven ongoing action points that are within projected completion dates and two additional actions detailed below in table 1.

Table 1

Action	Update	Due Date
Implement actions detailed within NHS Tayside Attraction and Recruitment Strategy	NHS Tayside Attraction and Recruitment Strategy agreed. Implementation of recommendations being progressed.	September 2017
Process for proactively identifying risk due to vacancies to be agreed and implemented	New action created April 2017	June 2017

Additional steps being undertaken to mitigate risk include:

Application of the NHS Scotland Nursing and Midwifery Planning Tools

The majority of workforce planning exercises for the period 2016/17 have been completed within the agreed time frame to January 2017.

There has been delay in completing the following areas due to competing organisational priorities:

- Community Nursing
- Emergency Departments
- Specialist Services
- Midwifery

With the exception of Specialist Services, the tools required for the other areas were newly released and required support from the national team to analyse and review findings to ensure consistency of application across NHS Scotland.

The programme for application of the NHS Scotland Nursing and Midwifery Planning Tools for 2017/18 will commence.

Effective Roster Practice and Controls

Weekly monitoring meetings, Chaired by the Associate Nurse Director are established and continue.

Analysis of Additional Duty Hours demonstrates a 56% reduction in additional duty hours across the acute Directorates which indicate improvement in rostering effectiveness.

Introduction of use of SafeCare in real time at hospital site patient safety and flow huddle to facilitate the redeployment of staff across wards

All Ninewells Hospital inpatient wards have been supported to use SafeCare. There have been issues with data consistency that are currently being addressed with a plan to use SafeCare data at patient safety and flow huddles in Ninewells Hospital by June 2017.

The position for Perth Royal Infirmary is currently being reviewed.

Nurse Bank and Review, Controls and Monitoring Arrangements

Following the NHS National Service Scotland review of the nurse bank in September 2016, a report with 18 recommendations was received in November 2016.
Eleven of the eighteen recommendations are complete with the remaining seven currently being progressed.

A Senior Nurse appointment for the Nurse Bank has been secured with the appointee commencing post on Monday, 3 April 2017.

Recruitment and Retention

NHS Tayside personnel are proactively attending recruitment fairs, including an event hosted by the University of Dundee (April 2017) with plans to participate in events with RCN Scotland and Glasgow Caledonian University (June 2017).

During March 2017, 400 former Registered Nurses were contacted to explore with them their reason for leaving NHS Tayside and to invite their feedback about future recruitment and retention to and within NHS Tayside. To date 70 responses to the survey monkey tool, 17.5% return has been received and this information is being analysed. Personal contact will be made with former staff who have provided consent for contact to explore with them the potential for further advice about how NHS Tayside can further support recruitment and retention of staff and to facilitate their return to practice if possible.

Accreditation of the Return to Practice Course is progressing as planned during April 2017 with the ability to market this opportunity locally and nationally, with the provision of placements in NHS Tayside increasing the potential for local recruitment and retention of staff.

Site specific activity is being undertaken for the Perth Royal Infirmary site, including focussed recruitment to the Nurse Bank and recruitment of additional Health Care Support Workers to improve staffing establishments as well as ongoing work to recruit experienced and newly qualified staff to substantive posts.

Nursing and midwifery workforce remains as a key priority of the Workforce and Care Assurance Programme that reports to NHS Tayside Transformation Board. This provides internal assurance through monitoring and surveillance of the progress with actions to manage this strategic risk.

External assurance is provided by national monitoring of nursing and midwifery workforce performance through Scottish Executive Nurse Directors forum and MASnet.

4. REPORT DETAIL

Nurses and midwives hold crucial roles in the delivery of safe and effective, person centred care representing the largest staff group employed within the NHS. It is essential that there is a systematic and consistent approach to nursing and midwifery workforce planning across the organisation complemented with a proactive approach to recruitment and retention. As a result of a national shortage and local workforce demographics (maturing workforce), there is a risk that NHS Tayside will be unable to recruit and retain sufficient numbers of registered nurses and midwives that will result in a failure to maintain safe and effective nursing and midwifery staffing levels.

Current performance highlights that the nursing and midwifery workforce situation remains very high risk despite the progress with a number of the mitigating actions.

Supplementary staffing use, staff turnover and predicted absence levels are monitored weekly with Heads of Nursing.

5. CONCLUSION

The Nursing and Midwifery Directorate will continue to work collaboratively with both local Universities to promote NHS Tayside as the employer of choice. Both Nursing and Midwifery and Human Resources and Organisational Development Directorates are working collaboratively to understand the current recruitment and retention challenges and to implement mitigating actions to reduce the level of risk.

6. REPORT SIGN OFF

Mr C Sinclair
Associate Nurse Director

Ms L McLay
Chief Executive

Mrs G Costello
Nurse Director

April 2017

Please note any items relating to Board business are embargoed and should not be made public until after the meeting

Item11

BOARD53/2017
Tayside NHS Board
4 May 2017

STRATEGIC RISK - Mental Health Services – Sustainability of Safe and Effective Services

1. STRATEGIC RISK

395 - Mental Health Services – Sustainability of Safe and Effective Services

2. CURRENT PERFORMANCE

A contingency plan for Medical Workforce shortages was developed and approved by NHS Tayside Board in October 2016 and the Perth & Kinross Integration Joint Board (IJB) early November 2016. Due to junior doctor shortages there was a requirement to move to implementation of the contingency plan in February 2017.

The Mental Health Service Redesign and Transformation Programme Option Review report and consultation plan are progressing and will report to NHS Tayside Board and Health & Social Care Partnership Boards following the extended Purdah period. The R3 Group of the Perth & Kinross Health and Social Care Partnership held its first meeting in October 2016.

The Risk is currently recorded as a red risk in the category of Very High with a score of 20 (5x4) with a planned risk score of 12 (4x3).

3. ASSURANCE

- The operational contingency plan has been approved and was implemented within the short timescale available.
- An Improvement plan is under development to support medical trainees and ensure continued provision of training places by the Deanery.
- R3 group for Mental Health (including General Adult Psychiatry (GAP), Child and Adolescent Psychiatry (CAMHS), Secure Care Forensic, Substance Misuse) & Learning Disability Care & professional Governance Group now established and frameworks being developed to provide assurance around quality and standards of care. Reporting arrangements and relationship to R2 Groups in each Health & Social Care Partnership to be established.
- An RI Group (Tayside Clinical Care and Professional Governance Forum) will also now be established to oversee Clinical Care and Professional Governance. The R3 Group will report to the Clinical Quality Forum for NHS Tayside and into the R1 group.
- The services of Health Improvement Services Scotland have been secured to work with mental health services to provide external resources and support

4. REPORT DETAIL

Contingency Plans – Mulberry Inpatient ward in Angus transfer to Carseview Centre in Dundee and Crisis response team move from Murray Royal Hospital in Perth to Carseview , Dundee

As part of interim arrangements additional senior clinical sessions have been provided in Angus to support the transition from inpatient to community services.

Partnership working in Angus has also provided additional levels of support to improve care and support in challenging times as reported in recent press release from CEO Voluntary Action Angus.

The staffing ratios have been historically higher in Mulberry Ward than in the other general adult psychiatry wards in Tayside due to the fact it had been operating as a standalone unit. Despite co-location and the supports now available on the Carseview site with regard to safety and emergency responses, the original staffing levels remain in place.

A transport plan was developed for staff and this remains in place. In its current form i.e. taxis this is very costly and a decision was taken to advertise for the recruitment of 3 x Band 2 drivers for a period of 6 months to reduce unnecessary costs. The closing date for applications has now passed and it is hopeful that the appointment of 3 Band 2 drivers on fixed term contracts will lead to a reduction in transport costs.

An information leaflet has been prepared for all staff involved in the interim arrangements and information sessions with Managers and Partnership colleagues have now taken place with senior managers and staff to provide leadership and hear any ongoing concerns.

The provision of CRHTT in Perth & Kinross continues to be reviewed and consideration is currently being given to the splitting of the functionality of the team and this is being done within partnership arrangements. As part of ongoing contingency arrangements we are considering that Early Supported Discharge and Intensive Home Treatment will be provided from a locality base 7 days per week between the hours of 0800 hrs and 20.00 hours. The crisis response element would be provided from Dundee.

We continue to review the need for the on-going contingency plan on a regular basis. The next major intake of junior medical staff is scheduled for August 2017 with the expected numbers of allocated doctors being made known to the service in early June 2017. We will, at that point, be in a position to make clear decisions as to whether the contingency plan will be required to remain in place for a further six month period.

Mental Health Service Redesign Transformation Programme.

The Mental Health Service Redesign Transformation Programme has now completed the Option Appraisal Process in line with CEL04 guidance. Two Option Modelling events for General Adult Psychiatry (GAP) and Learning Disability (LD) services were undertaken at the end of September 16 and beginning of December respectively. These additional option modelling events (attended by a range of stakeholders) enabled further discussion and a detailed review of the top four options identified from the initial Option Appraisals events held in June 2016.

The information gathered from all the events has now been scrutinised by the Mental Health Programme Leads to support the identification of a preferred option and the production of an Option Review Report which will be presented to the relevant committees and Boards following the period of Purdah for local and recently announced General election.

The Option Review Report will provide a detailed review of each of the top four options being considered. Each option will be compared for clinical safety and sustainability, workforce availability and financial affordability which will support the identification of a preferred option.

Following advice received from representatives from the Scottish Government, further modelling work is being undertaken to describe the community infrastructures which would be required to support each of the future inpatient service models being considered. This work is being undertaken in partnership with representatives from the three Health and Social care partnerships and will help inform the report and subsequent decision making process. The work will look at ways in which the current community service provision can be remodelled to ensure the most effective and efficient use of current community resources and identify any areas where an investment may be required to support any of the changes to the inpatient models which are being considered.

Consultation materials and a supporting website are also currently being developed with the aim to commence the formal consultation period after the local elections. This work is progressing well and information is being produced in partnership with representatives from each of the local integration board's communication and engagement groups and supported with advice from the Scottish Health Council to produce a detailed consultation plan.

The Consultation plan which will describe the approach to be taken and the methods of engagement, alongside the supporting consultation materials, will be presented to the Boards and Committees following the Purdah period with the Option Review Report to seek approval to proceed to formal consultation on the preferred option for a three month period

During the three month consultation period, all stakeholder views will be gathered and collated to form part of the assessment of the preferred option and production of the final preferred option report.

The final report for approval of a preferred option will be presented back to Tayside NHS Board and the three Integration Joint Boards for a final decision following the consultation period.

If approved, a Full Business Case will be developed following the more detailed design and planning stages.

Community Mental Health Services – Pan Tayside update on preparations for alignment of clinical models and preparations to fit with preferred option

Community Mental Health Services are planned and delivered by the three Health and Social Care Partnerships (HSCP). It is important that the relevant HSCP delivers a model based on the needs of their localities which may differ across Tayside in order to achieve the National Health and Wellbeing Outcomes..

The HSCP are best placed to plan, commission and deliver accessible treatment services that are connected with primary care, third sector and specialist care providers e.g. inpatient services. Community mental health services must meet the objectives of the Tayside Mental Health Clinical Services Strategy to ensure that patient outcomes will be consistent across Tayside. It is likely that each HSCP will achieve them differently as it will be based on local needs and assets. The Scottish Government are expected to release Specialist Mental Health Key Performance Indicators which will help us assure Boards that the HSCP are proving safe and effective care.

Representatives from each of the HSCP and the Mental Health Service Redesign Transformation Programme Team have met and considered the implications for its local populations, community services and wider stakeholders for each of the proposed options.

From a community mental health perspective, any of the options could be chosen and assuming a relatively modest shift of resources, our existing HSCP services should be able to provide a comprehensive quality community service. A process of assessing the costs of proposed changes to community services will be balanced against resources released by redesign.

Learning Disability Services will require more in-depth work to devise a new model for people who currently receive day treatment on the centralised base at Strathmartine. Each of the HSCP are best placed to commission a service model which is local, clinically safe, flexible and responsive to local need and community based. Options include the development of a social enterprise, partnerships between the three HSCPs or one HSCP hosting day treatment. The National Learning Disability Strategy 'The Keys to Life' (2013) provides the basic principles that any new model must be based.

Workforce skill mix – Opportunity to consider new models of service delivery – progress on exploring alternatives to the medical model

The services of Health Improvement Services Scotland have been secured to work with mental health services to provide external resources and support with a proposed focus as follows:

- To develop and implement a plan that results in active and positive engagement of senior medical staff to work to improve mental health services in Tayside
- To produce a plan that outlines how the wards and teams across mental health will be supported to develop the motivation, skills and time to actively engage in the work of improving what is within their control and a transparent process for identifying and escalating wider system barriers that are impacting on their ability to deliver improvement.
- To provide practical advice and support on developing an approach to the development of effective and person centred pathways that enable a consistency of approach where the evidence indicates that this will improve outcomes. Given the different views that exist across Tayside on pathway, process and team structures, the focus of this work will be on real time testing/iterative development

Environmental, Operational and Cultural Improvement programme for HSE interests at MRH – update on work plan with detail of project scope and degree of achievement, current challenges and plans for future action

As a matter of priority the intention is to support the links of the Environmental Programme Meeting Group (EPM) within the reporting structure of the Mental Health Clinical Care & Professional Specialty (R3) Group, who should have a primary oversight of this work, and as a way of moving this agenda forward one of the Wednesday routine EPM meetings will be given over to review support, assurance, governance/operational and clinical input to the EPM group. Head of Inpatient Mental health & Learning Disability Service has requested input from the AMD, the AND and the senior members of clinical staff within mental health services to facilitate these discussions and to provide leadership and ownership of the work plan and prioritisation of works going forward. The EPM reports to Clinical Quality Forum (CQF) and this is the board that requires assurance that it is meeting it's objectives. The Clinical Care and Professional Governance Group (CCPG) can help provide assurance around this process but is not the accountable body.

As a future action and supporting the HSE work going forward, following focused research and a paper being provided to the Mental Health Clinical Care & Professional Specialty (R3) Group the roll out and implementation of the Manchester Tool has been agreed within mental health services and specialties. This is a starting point towards the wider intention to implement the National Patient Safety General Audit Tool - Preventing Suicide: A Toolkit for Mental Health Services.

Training will be provided for staff and the Manchester tool (which is environment specific) and will be implemented by June 2017 across all mental health inpatient specialities.

Financial Sustainability – Update on plans to redress patterns of overspending particularly on locum staf

- The national shortage of senior medical staff continues. NHS Tayside is looking to recruit into a number of Senior Psychiatry roles – with one objective being to reduce reliance and spend on locums. Our challenge is that there are few Psychiatrists actively seeking their next role, therefore we need to find this audience, sell them the opportunity and ensure the application process isn't onerous. Vacant Consultant posts in Dundee, Angus and Pert and Kinross will be advertised again in the very near future.

- We have been working with Medical Staffing HR and have elicited the services of TMP Recruitment Worldwide to create an attraction strategy for NHS Tayside. The intention is to launch a recruitment campaign utilising a number of social media approaches with the intention of targeting and attracting potential candidates into the application process across the UK and overseas.

5. CONCLUSION

A significant amount of work has been undertaken since the last report. The Contingency plans for GAP services have now been fully implemented.

There is an increased level of understanding of the remaining challenges which can be addressed through the work of the MHSRT Programme.

This work will continue to review clinical models of care, availability and skill mix of the workforce required to support these models and to address the identified shortages in the Medical workforce. It will also further shift the balance of care and services towards more community focused models and review current patterns of service delivery.

6. FURTHER ACTION

The elements of this programme and the Mental Health Service Redesign Transformation Programme Board will continue to report progress to the relevant NHS Tayside and Health and Social Care Partnership Boards and Committees**.**

7. REPORT SIGN OFF

Mr R Packham
Chief Officer
Perth & Kinross Health & Social Care Partnership
April 2017

Ms L McLay
Chief Executive

Please note any items relating to Board business are embargoed and should not be made public until after the meeting

Item 12

BOARD52/2017
Tayside NHS Board
4 May 2017

THE EQUALITY ACT 2010: NHS TAYSIDE MAINSTREAMING REPORT AND NHS TAYSIDE EQUALITY OUTCOMES 2017-2021

1. PURPOSE OF THE REPORT

This report has been developed to meet NHS Tayside's legal obligations as set out in the (Specific) Duties (Scotland) Regulations 2012, The Equality Act 2010. This is a report which has been produced for the Equality and Human Rights Commission to give them assurance that NHS Tayside is mainstreaming equality into all of its functions.

The attached report is NHS Tayside Mainstreaming Report and NHS Tayside Equality Outcomes (2017-2021). Tayside NHS Board is required to produce a Mainstreaming report and Equality Outcomes every four years. This report will build on our existing Mainstreaming Report (2013 – 2017) and will show the progress that has been made with Mainstreaming equality, diversity and human rights in NHS Tayside and the progress made in meeting each of the Equality Outcomes.

The mainstreaming report will give NHS Tayside the information required to embed and mainstream equality and human rights into all its functions.

2. RECOMMENDATIONS

It is recommended that Tayside NHS Board:

- Approve NHS Tayside's Mainstreaming Report and NHS Tayside Equality Outcomes (2017-2021).
- Publish the report on NHS Tayside's internet public site and NHS Tayside's Equality, Diversity and Human Rights staffnet page.
- Note that a workforce report on Equal Pay and Gender Pay Gap information will be submitted for approval at the Staff Governance Committee on 15 June 2017.
- Will publish the Gender Pay Gap information and Equal Pay Statement (2017-2021) on NHS Tayside's internet public site by 30 April 2017.
- Will publish workforce profile and employment monitoring information on NHS Tayside's internet public site by 30 April 2017.

3. EXECUTIVE SUMMARY

All Health Boards across Scotland are required to produce and publish a 4 year Mainstreaming Report and Equality Outcomes (2017-2021) in line with The Public Sector Equality Duty (PSED) which was created under section 149 of the Equality Act 2010 and came into force in April 2011. This single equality duty was developed to harmonise existing equality duties for

Race, Disability and Gender and to extend it across all protected characteristics - age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation.

The Public Sector Equality Duty (sometimes referred to as the general duty) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. It also covers marriage and civil partnerships, but only with regard to eliminating unlawful discrimination in employment.

The broad purpose of the equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. If you do not consider how a function can affect different groups in different ways it is unlikely to have the intended effect. This can contribute to greater inequality and poor outcomes.

The general equality duty therefore requires public authorities to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected into the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.

Promoting equality is not one single person's role. It is the responsibility of all who take part in the planning and delivery of services regardless of where they sit in the organisation. Robust and focused equality outcomes will support the delivery of the general duty which will help to drive institutional and cultural change and most importantly make a difference to people's lives.

NHS Tayside has zero tolerance to any form of discrimination and takes an organisational responsibility to ensure that there are policies and processes in place to tackle any level of discrimination in the organisation.

This second Mainstreaming Report and Equality Outcomes report requires board members to make a personal commitment and provide leadership to an equality, diversity and human rights based approach to healthcare. Over time this will lead to measureable changes and practical improvements in the day-to-day life and experience of people irrespective of their origin or background and for those who are affected by our work be they patients, carers, staff or the wider public. The commitment of NHS Tayside staff will help deliver on the equality outcomes and make improvements.

NHS Tayside will provide leadership, support and training to ensure success and achievement on what is set out in this report.

4. REPORT DETAIL

The Equality Act 2010 introduced a Public Sector Equality Duty (PSED) in April 2011 designed to ensure that all public authorities consider the work that they do and how it impacts on:

- the groups they provide services to
- the people they employ
- the partners they have partnership working with
- those who they contract and procure services from.

The Public Sector Equality Duty 2011 is to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.

- Foster good relations between people who share a protected characteristic and those who do not.

Robust and focused equality outcomes will help and support understanding of the fundamental role of equality in improving outcomes for people. The outcomes will contribute to the creation of more effective, efficient services shaped around people and communities.

The Equality Outcomes for 2017-2021 are:

Equality Outcome 1: We will ensure that care is person centred, safe and effective and meets the service needs of people with relevant protected characteristic(s)

The delivery of person centred care (PCC) is a key outcome for NHS Tayside and forms part of the strategic commitment to improving quality. Crucial to this is the recognition that a 'one size does not fit all', and that our person centred approach would need to consider people's characteristic/s that are personal to them such as age, disability, gender reassignment, pregnancy/maternity, race/ethnicity, religion/belief, sex and sexual orientation.

This high level outcome will be supported by the implementation and delivery of the other three NHS Tayside Equality Outcomes below.

Equality Outcome 2: Patient Data Collection, Monitoring Patient Diversity Information and analyse this information to help improve access to services, reduce health inequalities and improve health outcomes for Tayside population, local communities and equality groups.

Equality Outcome 3: Accessible information and inclusive communication

Equality Outcome 4: Workforce diversity data collection and equality of opportunity in employment policy and practice

Who needs to be aware of the General Equality Duty and the Specific Duties

It is important for people throughout NHS Tayside to be aware of the general equality duty so that it is considered in the day to day activities/work where relevant. Examples may include:

- **Board members** – in how they set strategic direction, review performance and ensure good governance of the organisation.
- **Senior managers** – in how they oversee the design, delivery, quality and effectiveness of the organisation's functions.
- **Equality and diversity staff** – in how they raise awareness and build capacity about the general equality duty and specific duties within the organisation and how they support staff to deliver on their responsibilities.
- **Human resources staff** – in how they build equality considerations into employment policies and procedures.
- **Policy makers** – in how they build equality considerations into all stages of the policy making process including review and evaluation.
- **Communications staff** – in how they ensure relevant equality information is available and accessible.
- **Analysts** – in how they support the organisation to understand the effect of its policies and practices on people from equality groups and those with protected characteristics.
- **Frontline staff** – in how they meet the needs of people from equality groups and those with protected characteristics.
- **Procurement and commissioning staff** – in how they build equality considerations into the organisation's relationships with suppliers

Equality Impact Assessment

NHS Tayside has an Equality Impact Assessment Policy in place which will support the mainstreaming of equality, diversity and human rights.

The purpose of this policy is to help NHS Tayside comply with the Public Sector Equality Duty as set out in the Equality Act 2010, and to identify, consider and act on issues of inequality. It will allow NHS Tayside to assess the impact of decisions on protected groups under the Act. It will also allow NHS Tayside to consider the wider human rights and health inequalities impacts on people with a protected characteristic(s).

This policy sets out the impact assessment process and framework that needs to be followed, completed and evidenced when developing policies and carrying out service improvements and redesign. This process will help to identify any issues, barriers or discrimination that people with a protected characteristic/s or equality groups may face when accessing our services or in employment.

Each level of management structure should understand their role and responsibility in completing an Equality Impact Assessment. Those members of staff involved in policy development, service improvement and service redesign should complete the Equality Impact Assessment process. It cannot be completed by one person and it is essential that the process as outlined in the policy is followed. This will ensure that a clear understanding of the specific issues, barriers or discrimination faced by one or more equality groups or people with protected characteristic(s) is addressed.

Responsibilities of Non Executive Board Members

Non Executive Members, in undertaking their governance and scrutiny roles, must take cognisance of the impact that any decisions may have on equality and human rights in line with their statutory obligations.

This policy will ensure that proper scrutiny has been applied to all decisions and to make sure that we have paid ‘due regard’ to equality and human rights. Non executive members are expected to question the robustness of any Equality Impact Assessment and to request further information/investigation is sought or carried out if needed.

Responsibilities of Directors

The Directors of NHS Tayside have a responsibility to ensure that the equality impact assessment process has been completed in line with NHS Tayside Equality Impact Assessment policy.

Responsibilities of Managers

The lead author of the policy and the service lead for the service improvement / redesign is responsible for the Equality Impact Assessment process. The policy group / team has responsibility to complete the equality impact assessment framework/process and have to ensure that the policy checklist and completed equality impact assessment accompany the policy or proposal

5. CONTRIBUTION TO NHS TAYSIDE’S STRATEGIC AIMS

Equality and diversity contributes to the overarching strategic aim of contributing to closing the health inequalities gap within a generation.

There is a widening gap in health between the richest and the poorest. Social class underpins these differences and is a major cause of health inequality. Discrimination as a result of age, disability, gender reassignment, pregnancy/maternity, race/ethnicity, religion/belief, sex and sexual orientation, combined with a person's social class can have a negative effect on health.

Equality is about creating a fairer society where everyone is encouraged to participate and has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference for the benefit of the patient, carer, staff and public.

Our aim is to ensure that service users and staff receive equitable, fair and consistent treatment irrespective of their origin and background. The NHS should be a service for everyone with equity of access and equity of treatment at its core.

Provision of healthcare should be person-centred and individuals should receive adequate information about their health needs and choices available to them.

These principles remain fundamental to the health service but the challenge is how do we ensure that these principles continually and consistently translate into practices that can effectively deliver tailored services to our diverse communities and offer them choice.

Equality underpins our national purpose and economic targets and the promotion of equality helps us to deliver improved outcomes for the people of Scotland by:

- Building services around people and communities.
- More effective work by NHS Tayside through delivering integrated services.
- Focusing on prioritising prevention to tackle inequalities.
- Improved accountability and transparency which will improve performance and lower costs.

The Specific Duties that support these aims are:

- Duty to report progress on mainstreaming the equality duty.
- Duty to publish equality outcomes and report progress.
- Duty to assess and review policies and practices.
- Duty to gather and use employment information.
- Duty to publish gender pay gap information.
- Duty to publish statements on equal pay, etc.
- Duty to consider award criteria and conditions in relation to public procurement.
- Duty to publish in a manner that is accessible, etc.
- Duty to use information on members or board members gathered by the Scottish Ministers.

A duty on the Scottish Ministers:

- Duty of the Scottish Ministers to publish proposals to enable better performance.

6. MEASURES FOR IMPROVEMENT

The Equality and Diversity Steering Group reports to the Clinical and Care Governance Committee and will provide assurance on The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

The Director of Human Resources reports annually on the Specific Duties for employment to The Staff Governance Committee.

The equality outcomes are integrated into NHS Tayside's governance structure for reporting and assurance.

7. IMPACT ASSESSMENT & INFORMING, ENGAGING & CONSULTING

Any measures for improvement that may lead to a service redesign or service improvement will be subject to Equality Impact Assessment.

8. PATIENT EXPERIENCE

Our aim is to deliver services that are person centred, safe and effective and by doing this we are assuring a positive patient experience and meeting quality standards.

When developing measures for improvement for the equality outcomes we need to take into consideration the patient experience particularly for patients with a relevant protected characteristic(s). This will ensure we are delivering person centred care that is equitable, effective and safe and meeting the needs of our diverse communities.

9. RESOURCE IMPLICATIONS

Financial

There are no financial implications from this report.

Workforce

No direct financial implications for workforce.

10. RISK ASSESSMENT

NHS Tayside has one operational risk identified under the Equality Act 2010. This is to ensure the organisation complies with The Equality Act 2010 and its general duty to:

- Eliminate unlawful discrimination.
- To promote equality of opportunity.
- To foster good relations between individuals and groups with the protected characteristic(s); age, Disability, Gender Reassignment, Pregnancy/Maternity, Race/Ethnicity, Religion/Belief, Sex and Sexual Orientation.

Current Rating of Likelihood: Likely

Current Rating of consequences: Major

Actual control level and main control tools: 7

Target control level: 2

Tolerance control level: 2

11. LEGAL IMPLICATION

NHS Tayside has a legal obligation to comply with the Equality Act 2010. Measures for improvement for equality and diversity will allow NHS Tayside to monitor and give assurance that we are meeting these obligations.

12. INFORMATION TECHNOLOGY IMPLICATIONS

There are no IT implications from this report.

13. HEALTH & SAFETY IMPLICATIONS

There are no direct health and safety implications from this report.

14. HEALTHCARE ASSOCIATED INFECTION (HAI)

There are no direct healthcare associated infection implications from this report.

15. DELEGATION LEVEL

The lead officer for this work is the Board Secretary who delegates this work to the Diversity and Inclusion Manager

16. TIMETABLE FOR IMPLEMENTATION

Work will be progressed through the Equality and Diversity Steering Group.

17. REPORT SIGN OFF

Ms M Dunning
Board Secretary

Ms L McLay
Chief Executive

Mrs S Chima
Diversity and Inclusion Manager

April 2017

SUPPORTING DOCUMENTS

NHS Tayside Report on Mainstreaming Equality and NHS Tayside Equality Outcomes (2017-2021)

Mainstreaming Report and Equality Outcomes 2017 – 2021

Contents

1. Foreword

2. Executive Summary

3. Introduction

   3.1 A National Clinical Strategy for Scotland
   3.2 Realising Realistic Medicine
   3.3 Health and Social Care Integration
   3.4 Dundee Health and Social Care Strategic and Commissioning Plan
   3.5 Perth and Kinross Strategic Commissioning Plan
   3.6 Angus Strategic Commissioning Plan
   3.7 Integrated Joint Board Mainstreaming Report and Equality Outcomes (2016 – 2020)
   3.8 British Sign Language (BSL) Act 2015
   3.9 Human Rights Based Approach

4. Background

   4.1 Definition of Equality, Diversity and Human Rights
   4.2 The Equality Act 2010
   4.3 The Public Sector Equality Duty (April 2011)
   4.4 The (Specific Duties) (Scotland) Regulations 2012
   4.5 NHS Tayside Progress with Specific Duties 2013-2017

5. Mainstreaming Equality, Diversity and Human Rights in NHS Tayside

   5.1 Governance and Leadership
   5.2 Policy Context
   5.3 Service Delivery
   5.4 Workforce and Employment Policy and Practice
   5.5 Equality and Diversity Champions
   5.6 Equality and Diversity and Human Rights Staffnet Page
   5.7 Learning and Development

6. Equality Outcomes 2017 – 2021

   6.1 Equality Outcome 1
   6.2 Equality Outcome 2
   6.3 Equality Outcome 3
   6.4 Equality Outcome 4

7. Appendices

1. FOREWORD

Equality and diversity compliance with the Equality Act 2010 Public Sector Equality Duty (PSED) is a corporate responsibility which should be at the top of every Chief Executive's agenda,

To allow Tayside NHS Board to meet these legislative requirements we will build on our current 4 year Mainstreaming Report and our four year NHS Tayside Equality Outcomes (2013-2017).

Equality and fairness are at the heart of the Scottish Government's ambition for a socially just and inclusive Scotland. They are central to its purpose, outcomes and approach to public service reform. The Scottish Government has embedded a long-term outcomes approach across public services geared towards improving well-being and reducing inequality and driven forward by an Economic Strategy which recognises that Scotland's success hinges on advancing equality and reducing the cause and effects of inequality across our communities in Scotland.

There is a critical need to more fully connect and align equality outcomes with the pursuit of wider strategic outcomes. We must foster leadership and cultures which promote equality as a fundamental part of the way that organisations and partnerships work to achieve outcomes, rather than a "bolt on".

In order to achieve this, we must collectively recognise and respond to the most immediate and significant challenges we face - which include Scotland's public health record, our changing demography and the economic environment.

Over the last 4 years NHS Tayside has made significant inroads into mainstreaming equality and managing diversity within our NHS services for patients, public, staff and our local communities, but we are also realistic that fully mainstreaming equality is a long-term improvement journey

Tayside Board like all other NHS Boards across Scotland are on a different journey since publication of the previous Mainstreaming Report (2013-2017). There are now 3 established Health and Social Care Partnerships (HSCP) in Tayside: (Angus HSCP, Dundee HSCP and Perth and Kinross HSCP). These three HSCP's have their own Integrated Joint Boards (IJB) who are also required to produce their individual 4 year Mainstreaming report and 4 year Equality Outcomes. NHS Tayside will work closely with its 3 local HSCPIJB's to ensure that there is not duplication of work and we are working in partnership and aligning our Equality Outcomes to each other so our patients, public and staff have the best care and work experience possible and we improve the health and wellbeing for the people and communities of Tayside.

NHS Tayside has also embarked on a significant Transformation Programme (2016-2021) of its Health Services over the next five years by undertaking a radical programme of service redesign, service improvement and service reform. This programme of transformation will help NHS Tayside achieve its strategic aims and objectives of delivering high quality care which is person-centred, safe and effective. Each of the projects within the Transformation Programmes will be equality impact assessed (EQIA) to identify, consider and act upon issues of inequality at the point of decision making. EQIA will allow NHS Tayside to assess the impact of decisions on protected characteristics and equality groups.

A refreshed five year strategic transformation plan and one year operation plan has been developed by NHS Tayside to set out the vision, values, behaviours, service planning and delivery that will ensure quality, safety and performance to appropriate standards while delivering a sustainable recurring financial balance position over time.

Promoting equality is not one single person's role. It is the responsibility of all who take part in the planning and delivery of services regardless of where they sit in the organisation. Robust and focused Equality Outcomes will support the delivery of the general duty which will help to drive institutional and cultural change and most importantly make a difference to people's lives

NHS Tayside has zero tolerance to any form of discrimination and takes an organisational responsibility to ensure that there are policies and processes in place to tackle any level of discrimination in the organisation.

We give a personal commitment to this second Mainstreaming Report and Equality Outcomes. We believe that over time this will lead to measureable changes and practical improvements in the day-to-day life and experience of people irrespective of their origin or background. We are determined to do this for all who are affected by our work be they patients, carers, staff or the wider public. The commitment of our staff will help us deliver on the outcomes and make improvements. For our part, we will provide leadership, support and training to ensure success.

Professor John Connell
FMedSci FRSE
Chairman

Ms Lesley McLay
Chief Executive

2. EXECUTIVE SUMMARY

Equality and Diversity is integral to meeting Scottish Government's National Outcomes that we have tackled the significant inequalities in Scottish society to allow us to live longer healthier lives.

All NHS Boards across Scotland are required to produce and publish their next 4 year Mainstreaming Report and Equality Outcomes (2017-2021) in line with The Public Sector Equality Duty (PSED) which was created under section 149 of the Equality Act 2010 and came into force in April 2011. This single equality duty was developed to harmonise existing equality duties for Race, Disability and Gender and to extend it across all protected characteristics - age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation.

The Public Sector Equality Duty requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. It also covers marriage and civil partnerships, but only with regard to eliminating unlawful discrimination in employment.

The broad purpose of the equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. If you do not consider how a function can affect different groups in different ways, it is unlikely to have the intended effect. This can contribute to greater inequality and poor outcomes.

The general equality duty therefore requires public authorities to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected in the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.

Compliance with the general equality duty is a legal obligation, but it also makes good business sense. An organisation that is able to provide services to meet the diverse needs of its users should find that it carries out its core business more efficiently and effectively. A workforce that has a supportive working environment is more productive. Many organisations have also found it beneficial to draw on a broader range of talent and to better represent the community that they serve. It should also result in better informed decision-making and policy development. Overall, it can lead to services that are more appropriate to the user, and services that are more effective and cost-effective, this can lead to increased satisfaction with public services. Consideration of equality underpins all of the ambitions of the healthcare quality strategy, person centered, safe and effective.

The Scottish Government expects all public bodies to champion diversity and mainstream equal opportunities in their work. Scottish Ministers particularly welcome under-represented groups having membership on Scotland's public bodies. The Scottish Government's Programme for Government encourages public bodies to set a voluntary commitment for gender balance on their Boards of 50/50 by 2020, with the aim of ensuring that Boards of public bodies are broadly reflective of the wider Scottish population. The Scottish Government has already committed to achieving gender balance on its Board by 2020. Public bodies, including Integrated Joint Boards, are expected to take positive action to support and enable greater diversity in the membership of and appointment to their Board.

3 INTRODUCTION

Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The health of Scotland's population is poorer than many of other European countries, but will improve with national initiatives to support healthier lifestyle choices, to support mental wellbeing as well as addressing socioeconomic, educational, employment and environmental issues that contribute to poorer health and wellbeing. We know that people are living longer which will result in an increasing number of older people. Over the next 10 years the proportion of people over 75 in Scotland's population – who are the highest users of NHS services - will increase by over 25%. By 2033 the number of people over 75 is likely to have increased by almost 60%. There will be a continuing shift in the pattern of disease towards long-term conditions, particularly with growing numbers of older people with multiple conditions, disability and complex needs such as dementia. Over the next 20 years demography alone could increase expenditure on health and social care by over 70%.

3.1 A National Clinical Strategy for Scotland

The national Clinical Strategy sets out the direction for Health and Social Care Services over the next 10-15 years. It envisages a range of reforms so that healthcare across Scotland can become more coherent, comprehensive and sustainable high quality service-one that is fit to tackle the challenges that we face in the future. There is a fundamental change in the respective work of acute and hospital services and primary and community care, and a change in the way that medicine is approached. The strategy aims to:

- Strengthen primary and community care.
- Improve secondary and acute care.
- Focus on realistic medicine.

The strategy is underpinned by the following key principles:

1. Quality must be the primary concern- all developments should seek to ensure that there is enhancement of patient safety, clinical effectiveness and a person centered approach to care.

2. The impact of health inequalities will be minimized by ensuring equitable access to health and social care support, by removing barriers that make people less likely to access care.

3. Continue to provide caring health and social care services that will recognize the central importance of the role of people using services, their carers, and their community in providing support. This allows people and communities to manage their own health better. A system that builds on this rather than give alternatives is likely to improve population health and wellbeing as well as the individual experience and outcome of illness.

4. Services will be based on supporting people rather than their disease pathways, with a solid foundation of integrated health and social care services based on new models of community based provisions

Evidence shows that there are clear barriers to accessing healthcare for those with protected characteristics, the most vulnerable in society and people from equality groups and disadvantaged communities. The clinical strategy allows services to be planned around community based health and social care, and for those communities that are disadvantaged or have poorer health outcomes, including those from equality groups and people with protected characteristics, this will allow them to have better outcomes because of the person centred approach to care. Although there has been extensive engagement on the clinical strategy, further engagement requires to be done with equality groups and people with protected characteristics on how services can be made more accessible and better planned for these vulnerable groups.

3.2 Realising Realistic Medicine

Realistic Medicine puts the person receiving health and care at the centre of decision making and creates a personalised approach to their care.

As our population demographics change, with a growing population that is older and who have more complex care needs, together with continuing health inequalities and growth in the underlying determinants of ill health, the challenges facing the health service are significant and will test the validity and sustainability of our current approach.

Realistic medicine proposes a need to move from a culture of ‘doctor knows best’ to one where health and wellbeing is co-produced with citizens who are supported to better understand their health, their care and to share preferences and decisions that relate to it. This will help tackle unwarranted variation that exists and contributes to potential harmful and wasteful care, and use better the resource that is available

This will be done by building a more personalized approach to care with supported and shared decision making. Clinicians can only practice ‘realistically’ with the full understanding and support of the people we care for and support, those who care for them and the wider public. The Scottish Health Council and the ALLIANCE will be key in achieving these aims. The Scottish Health Council will be taking part in connecting with the public including equality and community groups on realistic medicine. This will be done through work that has already been done by the

Scottish Health Council, such as the DECIDE project which worked with people to develop communication strategies to support informed decisions and practice. The Scottish Health Council will also be working through the 'Our Voice' framework. Our Voice is an initiative involving the Scottish Health Council, the ALLIANCE, Scottish Government, Healthcare Improvement Scotland and CoSLA. And is about developing approaches at individual, local/community and national levels to support improvement and empower people to be equal partners in their care.

The Christie Commission Report says that we should work closely with individuals and communities to understand their needs, maximize talents and resources, support self reliance, and build resilience and it is better to prioritise preventative measures to reduce demand and lessen inequalities. In short The Christie Report says that Public service reform needs to be a priority if we are to build a health service fit for the future.

3.3 Health and Social Care Integration

New legislation in the form of the Public Bodies (Joint working) (Scotland) Act 2014 came into force on 1 April 2014. The Act required Health Boards and Local Authorities to integrate their health and social care functions. This meant that local teams and health professionals across health and social care in Tayside would work together to deliver quality, sustainable care and services resulting in improved outcomes for the people and their families who use these services. All Health Boards and Local Authorities across Scotland must integrate their services for all adults living in their area.

Over the last year, staff in NHS Tayside, Angus Council, Dundee City Council, and Perth & Kinross Council have been making the necessary plans and putting in the essential arrangements for the coordinated delivery of health and social care. This will ensure that those individuals with long-term conditions and disabilities, many of whom are older people, will get the joined-up and seamless support and care that they need to live safely and independently in their own homes for as long as possible. Health and social care integration is about putting people first – services should be focused on individuals and tailored to their individual needs, this means that people with protected characteristics (age, disability, gender reassignment, pregnancy/maternity, religion/belief, race/ethnicity, sex and sexual orientation) must be meaningfully engaged with and involved in developing and planning health and social care services.

The three HSCP in Tayside have used the Body Corporate Model and established three Integrated Joint Boards for Angus, Dundee and Perth and Kinross.

All Public Authorities in Scotland, including Integration Joint Boards, must comply with the Public Sector Equality Duty set out in the Equality Act 2010.
The duty places an obligation on Public Authorities to take action to eradicate discrimination and to pro-actively promote equality of opportunity.
The duty has a two tier structure - a general duty set out in the Equality Act 2010, and specific duties set out in Regulations made by Scottish Ministers.
To better enable public authorities to locate equality data and evidence, the Scottish Government has developed an evidence finder.

The Scottish Government has also produced an evidence toolkit to help authorities source supporting evidence to help with their Scottish specific reporting duties.

There are nine Health and Wellbeing National Outcomes (Appendix 1) which apply to health and social care. Health Boards, Local Authorities and the new integrated authorities should align their Equality Outcomes to these National Outcomes. Over the next four years NHS Tayside will work closely with Integrated Joint Boards to ensure that each boards Equality Outcomes are also aligned to each other.

A Health and Social Care Delivery Plan published in December 2016 will help health and social care system evolve.

3.4 Dundee Health and Social Care Strategic and Commissioning Plan

The plan describes how Dundee will help and support the planning of health and social care services over the next five years. NHS Tayside and Local Authority have a longstanding history of building and planning services in partnership. This plan will build on this partnership to allow integration of services further, e.g. vulnerable and disabled people often need support from more than one service and for their care to be effective it needs to be personalized and well coordinated. Integrated care is essential to address the gaps and weaknesses in one part of the service so that it does not affect other services elsewhere.

This plan has been developed in the local context with professionals, clinicians and the local communities. Co production with people living in local neighborhood's and local communities across the city has been at the heart of this process and there will be future conversations with those who use our services, carers, families and local communities to help improve the health and wellbeing of the population of Dundee. This process will include people with protected characteristics and those from equality groups.

3.5 Perth and Kinross Strategic Commissioning Plan

The Perth and Kinross Strategic plan was widely consulted on from November 2016 to end of January 2017. There were 111 responses and some of the key responses and feedback which relates specifically to equality and diversity included:

- Need more on Black and Minority issues, including health inequalities, access to housing, and more work with gypsy and traveling communities.
- Welcomed the recognition of the third sector but some concerns that third and independent sector contribution not fully recognized (involvement and impact).
- Transport a key issue for many communities.
- Need clarity about meaning of 'engaging with communities' and need to recognize the diversity of opportunities within communities for people- not just traditional health and social care services. More emphasis on community assets and personal resources.

- Suggestions for improvements in technology- for example using text messages for appointments
- Acknowledge role for locality planning but a plea not to ignore those who may not identify with specific localities, e.g. Gypsy and travelling communities.

Perth and Kinross already has many strong, effective, person-centered services and support in place, so they need to build on these to continue to shift the balance of care towards local, community based services, adapting to the specific needs of communities in the different areas of Perth and Kinross. Based on the P&K vision for health and social care, the knowledge and understanding of its population, themes identified from community and stakeholder engagement and lessons learned from local initiatives and elsewhere P&K have identified 5 priority areas:

1. Prevention and early intervention.
2. Person centered health, care and support.
3. Work together with communities.
4. Inequality, unequal health outcomes and healthy living.
5. Making the best use of available facilities, people and resources.

This strategic plan has a clear vision and an aspiration to transform services to meet future needs and challenges. It is about working together, with people, communities, the third and private sectors, to deliver innovative ways of meeting people's needs and enabling them to live healthy lives at home or in a homely setting.

3.6 Angus Strategic Commissioning Plan

Angus HSCP vision for integrated services is to place individuals and communities at the centre of service planning and delivery in order to deliver person centered outcomes.

Angus has identified four key priorities in supported the delivery and planning of integrated services:

- Improving health, wellbeing and independence.
- Supporting care needs at home.
- Integrated and enhanced primary care and community responses.
- Integrated pathways with acute and specialist providers for priorities in care.

3.7 Integrated Joint Board Mainstreaming report and Equality Outcomes (2016-2020)

Each of the three integrated joint boards in Tayside (Angus, Dundee and Perth and Kinross), produced their first mainstreaming report and Equality Outcomes in April 2016. These were published on 30 April 2016. Each integrated joint board has a legal duty to comply with the public sector equality duty and to meet the legislate timeframes for the following specific duties:

- report on mainstreaming the equality duty
- publish equality outcomes and report progress
- assess and review policies and practices
- use information on members or board members gathered by the Scottish Ministers
- consider award criteria and conditions in relation to public procurement
- publish in a manner that is accessible.

The specific following employment duties do not apply to integrated joint boards as they do not directly employ staff, and therefore the host employers, NHS Tayside and the three Local Authorities will be required to meet the requirements of these duties and share the information with the three Integrated Joint Boards, Angus, Dundee and Perth and Kinross:

- gather and use employee information
- publish gender pay gap information
- publish statements on equal pay

3.8 British Sign Language (BSL) Act 2015

The number of people in Scotland whose first or preferred language is BSL is estimated by the Scottish Government to be around 6,000. For this community, the BSL (Scotland) Act 2015 is one of the most important pieces of legislation to have ever passed through the Scottish Parliament. The Bill for this Act of Scottish Parliament on 17 September and received Royal assent on 22 October 2017.

This is “an Act of the Scottish Parliament to promote the use of British Sign Language including by making provision for the preparation and publication of National Action Plans in relation to British Sign Language by requiring certain Authorities to prepare and publish their own British Sign Language Plans in connection with the exercise of their functions: and to provide for the manner in which such plans are to be prepared and for their review and updating.”

A BSL National Advisory Group (BSL NAG) has been set up to develop the National Action Plan. The National Action Plan which will be created by the Scottish Government is due for publication in October 2017 with the draft plan currently in consultation. The NHS Equality and Diversity National Lead Network identified two NHS Scotland representatives on this Group from NHS Ayrshire/Arran and NHS NSS, (one territorial and one Special Board representative). The NHS representatives on BSL NAG report on progress with the Scottish Government BSL National Action Plan to the Equality and Diversity

National Lead Network. All 22 NHS Board Equality Leads are members of the Lead Network.

Next Steps

There is a duty on each Public Authority including NHS Tayside to develop their own three year BSL Action Plans to be published by October 2018 and then reviewed every 3 years thereafter. The Public Authority Plans will be in line with the aims and goals of the BSL Scottish Government National Action Plan but tailored to the services each organisation provides. There are ten ambitions in the Scottish Government's National Action Plan; Ambition 5 is the Scottish Government's long-term ambition for Health, Mental Health and Social Care (see attached appendix 3). There is still ongoing work with the Ambitions, but they probably will not change much from the attached.

Deaf Action has been asked by Scottish Government to organise and deliver training for the listed public bodies under the BSL (Scotland) Act 2015. This training will be delivered over the next couple of months.

Each of the HSCPs will ensure that they have infrastructures in place for implementing See Hear the national sensory impairment strategy.

3.9 Human Rights Based Approach to Healthcare

Human Rights obligations arise from a variety of sources, including international and domestic law.

NHS Boards and other public authorities have legal obligations under the UK Human Rights Act 1998 which requires all public authorities to respect and protect the rights contained in the European Convention on Human Rights (ECHR) on which the Human Rights Act is based. These rights include:

- the right to life
- the right to be free from inhumane and degrading treatment
- the right to liberty
- the right to privacy and family life
- the right to be free from discrimination

Some of these rights not only require public authorities to protect the rights but also to take positive steps to promote them. For example a Health Board would have to ensure that it did not actively end a life, but it did everything in its power to take appropriate steps to protect life i.e. through provision of treatment and care.

Rights protected under the Human Rights Act 1998 can be enforced in UK courts, whereas rights enforced through the ECHR must be enforced in the European Court of Human Rights. Most of the rights in the ECHR are included in the Human Rights Act except article 1 and article 13 which have to be taken the European Court for enforcement.

In Scottish Law not only do the UK Human Rights Act and ECHR apply in Scotland as they do elsewhere in the UK, but the Scotland Act 1998 provides that the Scottish Parliament cannot create law which is incompatible with the ECHR, and neither can Scottish government take any action or inaction which may breach those rights.

The Scotland Act also specifies that the Scottish Parliament must ensure compliance with international obligations. These obligations arise from international human treaties to which the UK is a signatory:

- Universal Declaration on Human Rights
- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights
- UN Convention on the Rights of the Child
- UN Convention against Torture
- International Convention for the Elimination of all forms of Racial Discrimination
- International Convention for the Elimination of all forms of Discrimination against Women
- International Convention on the Rights of Migrant Workers
- International Convention on the Rights of Disabled People

Whilst none of these are directly enforceable in UK courts, we have an obligation to try to implement these rights in practice, e.g. by requiring public bodies to implement the rights. The treaties can be used by courts as guidance on good practice on human rights. Thus the NHS can look to these international treaties for guidance on rights pertinent to health and healthcare; for example, the International Covenant on Economic, Social and Cultural Rights, which states that the right to health is: 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health'. This is underpinned by rights to life, sanitation, shelter, nutrition, hydration and welfare benefits – all of which are pertinent to healthcare.

In addition to legal obligations relating to human rights, good practice, such as the use of a human rights based approach, also exists. A 'human rights based approach' has been used extensively in international human rights practice, particularly in developing countries, as a practical means of implementing human rights obligations. The UN defines a Human Rights Based Approach (HRBA) as having the following characteristics:

Explicit use of human rights and human rights language such as PANEL

- Participation
- Accountability
- Non-discrimination
- Empowerment
- Legality

This is underpinned by the human rights FREDA principles of:

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

The human rights principles are drawn by the UN from the main international human rights treaties and focus on Vulnerable groups.

The health policy context already contributes to the promotion and protection of Human Rights. This is particularly evident in the Patient's Rights Act 2011 and the Participation Standards, and more recently in the Community Empowerment Act. Equality and Diversity, Patient Focus and Public Involvement, Gender Based Violence, Human Trafficking, Female Genital Mutilation and Adult Support and Protection also promote and protect human rights.

Strategic Approach to implementing and delivering on human rights in NHS Tayside

Recommendation 1

Consider the relationship between human rights compliance or a human rights based approach and equality and diversity compliance. Ensure equality and human rights are linked into the requirements of the public sector equality duty as well as the participation standard and the healthcare quality strategy.

Recommendation 2

We use the human rights PANEL principles and FREDA principles to underpin leadership, service delivery, employment policy and practice, community engagement, communication and information sharing.

Recommendation 3

In order to ensure a person centered approach we should use every opportunity to remind ourselves of human rights obligations and the need for embedding the human rights principles into clinical policy and practice in order to deliver person centered care and evidence good practice on human rights based approach to healthcare.

Recommendation 4

Ensure that quality and monitoring frameworks comply with human rights law to assist in implementing good practice to ensure that everyone within NHS Tayside, not just patients have their rights protected and respected.

Recommendation 5

Ensure that human rights are mainstreamed within NHS Tayside's governance and accountability arrangements. All board members and executive directors have sufficient understanding of human rights to hold staff to account.

Recommendation 6

Have appropriate complaints and feedback mechanisms to identify equality and human rights issues and address these appropriately

Recommendation 7

NHS Tayside understands how human rights law, policy and practice works and we are able to identify and manage any risks of non compliance

Recommendation 8

Training and awareness of human rights and how human rights law works in policy and practice

Recommendation 9

Wherever possible working in partnership with the new HSCP's to share knowledge, learning and development opportunities and to develop appropriate guidance, resources and good practice on human rights

Recommendation 10

Empower staff, volunteers, patients, carers, and families so that everyone in the NHS has their rights promoted and protected in relation to health, including: the right to life: to be free from degrading treatment: to a fair decision making process: to privacy and family life: and to be treated fairly: equally, with respect, dignity and autonomy.

Recommendation 11

Ensure that human rights compliance is built into our procurement, commissioning and funding processes from tender drafting to award and monitoring.

Recommendation 12

To continue to meet our obligations under the Equality Act 2010 and the public sector equality duty and that existing good practice is extended to cover promotion of equality on any grounds, particularly through identifying and promoting the rights of vulnerable groups.

4 BACKGROUND

4.1 Definition of Equality, Diversity and Human Rights

The **Equality and Human Rights Commission** defines ‘equality’ as ‘ensuring that every individual has an equal opportunity to make the most of their lives and talents, and believing that no one should have poorer life chances because of where, what or whom they were born, or because of other characteristics. It is recognised that, historically, certain groups of people with particular characteristics have experienced discrimination’.

The **Chartered Institute of Personnel and Development** defines ‘managing diversity’ as ‘valuing everyone as an individual’, recognising that a ‘one-size-fits all' approach to managing people does not achieve fairness and equality of opportunity for everyone, given that people have different personal needs, values and beliefs.

The **Human Rights Commission** defines ‘human rights’ as ‘the basic rights and freedoms to which all humans are entitled. They ensure people can live freely and that they are able to flourish, reach their potential and participate in society. They ensure that people are treated fairly and with dignity and respect. You have human rights simply because you are human and they cannot be taken away.’

4.2 The Equality Act 2010

The Equality Act 2010 has helped to harmonise and streamline equalities legislation to ensure that there is a single approach to addressing inequality and discrimination for: Age, Disability, Gender Reassignment, Pregnancy and Maternity, Marriage / Civil Partnership, Race / Ethnicity, Religion / Belief, Sex and Sexual Orientation.

As set out in the Equality Act (2006) the Equality and Human Rights Commission (“the Commission”) has a statutory remit to protect, enforce and promote equality across nine Protected Characteristics which are set out in The Equality Act 2010.

The following guidance has been set out by The Equality and Human Rights Commission for all Public Authorities on how to implement the legal obligations as set out in The Equality Act 2010.

4.3 The Public Sector Equality Duty (April 2011)

The purpose of the public sector equality duty is to ensure that Public Authorities and those carrying out a public function consider how they can positively contribute to a more equal society through advancing equality and good relations in their day-to-day business, to:

- take effective action on equality
- make the right decisions, first time around
- develop better policies and practices, based on evidence

- be more transparent, accessible and accountable
- deliver improved outcomes for all.

The public sector equality duty requires equality to be considered in all the functions of public authorities, including decision-making, in the design of internal and external policies and in the delivery of services, and for these issues to be kept under review.

The public sector equality duty covers the following protected characteristics: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. The public sector equality duty also covers marriage and civil partnerships, with regard to eliminating unlawful discrimination in employment.

The ban on age discrimination in services and public functions came into effect on 1 October 2012. As the ban does not extend to people under 18 this limits the scope of the duty to have due regard to the need to eliminate 'unlawful discrimination' under the first aim of the duty (although it does not limit the other two aims).

The public sector equality duty as set out in the Equality Act 2010 is referred to as the 'general equality duty'.

The general equality duty requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Within this report we will refer to these three elements as the three 'needs' of the general equality duty and so when we discuss the general equality duty it refers to these three needs. To comply with the general equality duty, a public authority must have due regard to all three of its needs.

The Equality Act explains that the second need (advancing equality of opportunity) involves, in particular, having due regard to the need to:

- Remove or minimise disadvantage suffered by people due to their protected characteristics.
- Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.
- Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

The Equality Act also sets out that:

- Meeting different needs includes (among other things) taking steps to take account of disabled people's disabilities.

- Fostering good relations means tackling prejudice and promoting understanding between people from different groups.
- Meeting the general equality duty may involve treating some people more favourably than others.

Exceptions to the duty

Schedule 18 of the Equality Act sets out limited exceptions to the application of the general equality duty. These relate to certain functions, such as immigration (in relation to race, religion, age and the advancement of equality) and to judicial functions.

A small number of bodies that would otherwise be covered by the duty because they carry out public functions are specifically excluded from being subject to the duty. This includes the Scottish Parliament.

The general duty in relation to age does not apply in relation to education and service provision in schools or in relation to children's homes. The Government has the power to vary the exceptions in Schedule 18.

How the Law is acted out in the responsibilities and legal obligations on NHS Tayside

The following principles are drawn from case law on the public sector equality duty. In order to meet the general duty, NHS Tayside must keep in mind that:

- In the exercise of its functions NHS Tayside must be aware of the general equality duty's requirements. Compliance with the general equality duty involves a conscious approach and state of mind. General regard to the issue of equality is not enough to comply.
- The duty places equality considerations, where they arise, at the centre of policy formulation, side by side with all other pressing circumstances (such as financial constraints), however important these might be.
- The duty is on the decision maker personally in terms of what was known and what was taken into account. A decision maker cannot be assumed to know what was in the minds of his or her officials giving advice on the decision.
- Each need of the duty must be considered. The requirement to have due regard to the need to advance equality of opportunity is a separate obligation, in addition to the need to avoid unlawful discrimination.
- The general equality duty must be complied with before and at the time a particular policy is under consideration, as well as at the time a decision is taken. Any public authority subject to the general equality duty cannot satisfy the general equality duty by justifying a decision after it has been taken.

- It must consciously think about the need to do the things set out in the general equality duty as an integral part of the decision-making process. Having due regard is not a matter of box ticking. The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision. There should be evidence of a structured attempt to focus on the details of equality issues.
- It must have sufficient evidence on which to base consideration of the impact of a policy or decision. It will need to consider whether it has sufficient information about the effects of the policy, or the way a function is being carried out, on the needs set out in the general equality duty.
- It must take responsibility for complying with the general equality duty in relation to all functions to which the general equality duty applies. Responsibility for the general equality duty cannot be delegated to external organisations that are carrying out functions on our behalf.
- It must consciously consider the need to comply with the general equality duty, not only when the policy is developed and decided upon, but also when it is being implemented. The general equality duty is a continuing one, so NHS Tayside may need to review policies or decisions in light of the general equality duty, for example if the make-up of service users changes.
- Although NHS Tayside is not legally required to keep records of its consideration of the needs of the general equality duty in making decisions, it is good practice to do so and it encourages transparency. If NHS Tayside is challenged it will be difficult to demonstrate that we have paid due regard to the needs of the general equality duty if records are not kept.

The general equality duty applies to the exercise of all public functions. The duty applies to all of the decisions made in the course of exercising public functions, not just to policy development and high-level decision-making, To ensure compliance with the duty at all levels of decision-making (including in an individual case), there must be arrangements to integrate it properly into the day- to-day activities of NHS Tayside

Who needs to be aware of the General Equality Duty and the Specific Duties

It is important for people throughout NHS Tayside to be aware of the general equality duty so that it is considered in the day to day activities/work where relevant. Examples may include:

- **Board members** – in how they set strategic direction, review performance and ensure good governance of the organisation.
- **Senior managers** – in how they oversee the design, delivery, quality and effectiveness of the organisation's functions.
- **Equality and diversity staff** – in how they raise awareness and build capacity about the general equality duty and specific duties within the organisation and how they support staff to deliver on their responsibilities.
- **Human resources staff** – in how they build equality considerations into employment policies and procedures.

- **Policy makers** – in how they build equality considerations into all stages of the policy making process including review and evaluation.
- **Communications staff** – in how they ensure relevant equality information is available and accessible.
- **Analysts** – in how they support the organisation to understand the effect of its policies and practices on people from equality groups and those with protected characteristics.
- **Frontline staff** – in how they meet the needs of people from equality groups and those with protected characteristics.
- **Procurement and commissioning staff** – in how they build equality considerations into the organisation's relationships with suppliers.

4.4 The (Specific Duties) (Scotland) Regulations 2012

The specific duties were created by secondary legislation in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. These specific duties came into force on 27 May 2012 and were subsequently amended by:

- The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015.
- The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016.

The purpose of the specific duties in Scotland is to help those Public Authorities listed in the Regulations in their performance of the general equality duty which includes NHS Tayside. The specific duties provide a framework to drive long term, measurable improvement in the mainstreaming of equality across public services.

The Specific Duties in summary

Each listed authority is required to:

- report on mainstreaming the equality duty
- publish equality outcomes and report progress
- assess and review policies and practices
- gather and use employee information
- use information on members or board members gathered by the Scottish Ministers
- publish gender pay gap information (where they have at least 20 employees)
- publish statements on equal pay (where they have at least 20 employees
- consider award criteria and conditions in relation to public procurement
- publish in a manner that is accessible

A number of listed authorities which includes NHS Tayside must also publish the gender composition of its members (or board of management), and report on the steps it has taken, or intends to take towards ensuring diversity in relation to the protected characteristics of those members. The listed authorities subject to this duty are set out in www.equalityhumanrights.com/en/publication-download/public-authorities-scotland-who-covered-specific-duties

Additionally, there is a requirement for a listed authority to consider other matters which may be specified by the Scottish Ministers and a duty for the Scottish Ministers to publish proposals for activity to enable listed authorities to better perform the general equality duty.

Many of the specific duties require information to be reported upon and published on a reporting cycle of either two or four years. As listed authorities have become subject to the specific duties at different times, the cycles on which they report are different.

Listed authorities should, as far as possible, publish information through the public performance reporting system appropriate to that authority. However, most listed authorities still report on their specific duties information separately. For the details of the reporting cycle appropriate to any particular listed authority, please see:

www.equalityhumanrights.com/en/publication-download/public-authorities-scotland-who-covered-specific-duties

Duty to report on mainstreaming the equality duty

NHS Tayside is required to publish a report on the progress it has made to make the general equality duty integral to the exercise of its functions, so as to better perform that duty. These should be published at intervals of not more than two years.

These reports must include (if not published previously): an annual breakdown of the information NHS Tayside has gathered under its duty to gather and use employee information and details of the progress that it has made in using that information to enable better performance of the general equality duty.

Duty to publish Equality Outcomes and report progress

NHS Tayside is required to publish a set of equality outcomes which it considers will enable it to better perform the general equality duty. It must publish a fresh set of equality outcomes within four years of publishing its previous set.

In preparing a set of equality outcomes, NHS Tayside must take reasonable steps to involve people who share a relevant protected characteristic(s) and anyone who appears to represent the interests of those people.

NHS Tayside must also consider relevant evidence relating to people who share a relevant protected characteristic.

If a set of outcomes does not further the needs of the general equality duty in relation to every relevant protected characteristic, it must publish the reasons for this. NHS Tayside must publish a report on the progress made to achieve its' equality outcomes every two years.

Duty to assess and review policies and practice

NHS Tayside is required to assess the impact of applying a proposed new or revised policy or practice, against the needs of the general equality duty, in so far as is needed to meet the general equality duty. In making the assessment, NHS Tayside must consider relevant evidence relating to people who share a protected characteristic(s) (including any evidence received from those people). In developing a policy or practice, we must take into account the results of the assessment of the policy or practice and if NHS Tayside decides to apply the policy or practice in question then we must publish the results of the assessment, within a reasonable time.

NHS Tayside must also make arrangements to review and, where necessary, revise any existing policies or practices.

An authority's consideration of whether or not an assessment of impact is needed cannot be treated as an assessment itself.

Please see EHRC guide *Assessing Impact and the Public Sector Equality Duty* for more information.

Duty to Gather and use employee information

NHS Tayside is required to take steps to gather information on the composition of its employees; as well as annual information on the recruitment, development and retention of employees with respect to the number and relevant protected characteristics of employees.

Importantly, NHS Tayside must use this information to better perform the general equality duty.

Our mainstreaming report must include an annual breakdown of the information gathered. It must also include details of the progress that NHS Tayside has made in gathering and using the information to enable it to better perform the general equality duty.

Mainstreaming reports must be published at intervals of no more than two years.

Duty to use information on the protected characteristics of members

Scottish Ministers are required, from time to time, to gather information on the protected characteristics of the members (or board of management) of listed authorities and will provide the information they gather to that listed authority. Each listed authority must then use the information to better perform their general equality duty.

A "relevant listed authority" in our case Tayside NHS Board must then publish information on the gender composition of its members and demonstrate how it has used, and intends to use the information to ensure diversity in relation to the protected characteristics of those members. This information must be included in the relevant listed authorities' two yearly mainstreaming reports.

A "relevant listed authority" is one which has at least one appointed member.

Information about which listed authorities must meet the publishing part of the duty can be found here:

www.equalityhumanrights.com/en/publication-download/public-authorities-scotland-who-covered-specific-duties

Duty to publish gender pay gap information

NHS Tayside is required to publish information every two years on the percentage difference, among its employees, between men's average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime).

Duty to publish statements on equal pay, etc

NHS Tayside is required to publish a statement on equal pay every four years. The information published must be based on the most recent data available. An equal pay statement must contain the NHS Tayside's policy on equal pay, as well as information on occupational segregation (the concentration of groups in particular grades and in particular occupations).

The first report published in 2013-2017 contained information relating to women and men only. However, the second (2017-2021) and subsequent reports must also contain equal pay information in relation to people who are disabled and people who are not, and people who are members of a minority racial group and people who are not.

Duty to consider award criteria and conditions in relation to public procurement

Where a listed public authority is carrying out a public procurement exercise, it must have due regard to whether its award criteria should include equality considerations which will help it to better perform the equality duty.

Where it proposes to stipulate performance conditions in its procurement agreement, it must have due regard to whether the conditions should include equality considerations which will help it to better perform the equality duty.

Duty to publish in a manner that is accessible, etc

If a Public Authority has existing public performance reporting systems a listed authority is required to use these, as far as practicable, to publish its:

- report on mainstreaming the equality duty
- set of equality outcomes and report on progress made to achieve these outcomes
- gender pay gap information
- statement on equal pay and occupational segregation.

The reports must also be accessible to the public.

Duty of the Scottish Ministers to publish proposals to enable better performance

Scottish Ministers must publish proposals for activity to enable a listed authority to better perform the general equality duty. The first report was published in December 2013 with subsequent reports to be published every four years.

This timing allows Scottish Ministers to take account of the information published by Scottish listed authorities in their mainstreaming reports, equality outcomes, gender pay gap information and statements on equal pay and occupational segregation.

Scottish Ministers were then required to publish a report on progress in relation to this activity by 31 December 2015 and subsequently every four years.
The purpose of the Scottish Ministers‟ Duty is to help create conditions for Public Authorities including the Scottish Government – to improve performance against the general equality duty through specific additional, national or sector level improvement

Activities

In December 2013 the Scottish Ministers published proposals for improvement based on 4 linked areas of improvement over the period 2013-2017

4.5 NHS Tayside Progress with Specific Duties 2013-2017

Currently there are 9 Specific Duties that NHS Tayside is required to comply with and ensure that there are systems and processes in place to progress the implementation of the statutory specific duties.

NHS Tayside Specific Duties Action Plan (2013-2017) set out the actions to meet these legislative requirements and it also identified the systems and processes required to meet the legal obligations (Appendix 2). The NHS Tayside Specific

Duties Action Plan shows the progress that has been made with each specific duty within the legislative timeframe.

Progress with NHS Tayside Specific Duties Action Plan is reported through NHS Tayside internal governance and performance framework for Equality and Diversity. An annual report is submitted and approved at The Clinical and Care Governance Committee.

5 Mainstreaming Equality, Diversity and Human Rights in NHS Tayside

5.1 Governance and Leadership

Tayside NHS Board has delegated the governance for equality, diversity and human rights to the Clinical and Care Governance Committee. The Clinical and Care Governance Committee has the governance responsibility for Equality and Diversity and will require assurance that we have met our legal obligations and responsibilities for all of the current specific statutory duties in line with the timelines identified within the Legislative Framework by April 2017. This will be the first cycle of reporting on the Specific statutory duties, and the second cycle will start with our next four year Mainstreaming Report and Equality Outcomes (2017-2021). The legal requirement is to produce progress reports every 2 years on the specific statutory duties, but NHS Tayside has been producing reports on an annual basis for the Clinical and Care Governance Committee.

The Staff Governance Committee is also given assurance on meeting the legal obligations of the specific employment duties.

The overall purpose of the Clinical and Care Governance Committee is to provide Tayside NHS Board with the assurance that robust governance and management systems and processes are in place and effective throughout NHS Tayside in the following areas:

- Person Centered.
- Safe (Clinical Risk Management).
- Effective (Clinical Performance and Public Health Performance and Evaluation).
- Professional Development and Management.
- Improvement.
- Organ Donation.

The overall purpose of the Staff Governance Committee is to advise 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. This will be demonstrated through the achievement and progress toward the Staff Governance Standard by:

- Scrutiny of performance against individual elements of the Staff Governance Standard.
- Monitor and evaluate workforce strategies and implementation plans.
- Support policy amendment, funding or resource submissions to achieve the Staff
- Governance Standards.
- Monitor pay modernisation processes.
- Data collected during the self assessment audit conducted under the auspices of the Area Partnership Forum.
- Action plans submitted to and approved by the Staff Governance Committee.
- Staff Survey Results.
- Data and information provided in statistical reports.

The Area Partnership Forum, as a strategic body, is responsible for facilitating, monitoring and evaluating the effective operation of partnership working across NHS Tayside, including contractors, and to develop and approve employment policies in accordance with agreed timetable and priorities through the partnership process and for adoption of these policies by the Staff Governance Committee on behalf of NHS Tayside, the employer.

The Equality and Diversity Steering Group has been established to provide assurance to the Clinical and Care Governance Committee on meeting our legal requirements and obligations as set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

The Equality and Diversity Steering Group has the operational leadership and accountability for ensuring that due regard is paid to the General Duty and Statutory Specific Duties are delivered upon to embed and mainstream equality and diversity into the organisation.

The Interpretation and Translation Operational Group and the Public Sector Employment Duties Group are sub groups which are both accountable to the Equality and Diversity Steering Group.

Every member of staff within NHS Tayside will evidence how they have met their individual competencies on Communication and Equality and Diversity.

Work will continue with the Head of Human Resourcing (Planning and Information) and the Head of Leadership and Management Development to ensure Equality and Diversity performance objectives form part of the management and leadership development programme for all senior managers.

Further meetings will take place to progress this work within NHS Tayside, with a timescale for completion by April 2019.

5.2 Policy Context

Policy Development, Review and Control Policy

The Policy Development, Review and Control policy provides clear guidance for the development, implementation and review of NHS Tayside's corporate policies and any supporting guidelines.

The Board Secretary is responsible for policy management in the organisation and is also responsible and accountable for equality, diversity and human rights in NHS Tayside. The Board Secretary has a responsibility to check that all policies have a completed Equality Impact Assessment.

NHS Tayside has a responsibility to ensure that policies do not disadvantage any individual because of their protected characteristic(s). Policies must be equality impact assessed to ensure that there is no discrimination or adverse impact on individuals or groups of people with a protected characteristic(s).

All Human Resources and Workforce policies are developed in partnership with staff side colleagues. Prior to adoption, a policy must be approved by:

- Area Partnership Forum for all human resources policies.
- Clinical Quality Forum for clinical (including infection prevention and control) and nursing and midwifery policies.
- Senior Leadership Team for all other policies.

The Area Partnership Forum, Senior Leadership Team and Clinical Quality Forum are responsible for checking to ensure the policy has been developed in line with the Policy Development, Review and Control Policy and is accompanied by an Equality Impact Assessment.

Equality Impact Assessment Policy

NHS Tayside has an Equality Impact Assessment Policy in place which will support the mainstreaming of equality, diversity and human rights. The Equality Impact Assessment policy has been through NHS Tayside's internal governance processes for approval.

The purpose of this policy is to help NHS Tayside comply with the Public Sector Equality Duty as set out in the Equality Act 2010, and to identify, consider and act on issues of inequality.

It will allow NHS Tayside to assess the impact of decisions on protected groups under the Act. It will also allow NHS Tayside to consider the wider human rights and health inequalities impacts on people with a protected characteristic(s).

This policy sets out the impact assessment process and framework that needs to be followed, completed and evidenced when developing policies and carrying out service improvements and redesign. This process will help to identify any issues, barriers or discrimination that people with a protected characteristic/s or equality groups may face when accessing our services or in employment

Equality and Human Rights legislation protects the rights and position of population groups known to be disadvantaged in mainstream society and provides a better tool for better and more transparent decision making, including financial decisions.

Equality Impact Assessment has to link into current legislation, policies and key priorities in NHS Scotland:

The Equality Act 2010 and the Public Sector Equality Duty

The Healthcare Quality Strategy 2010

The Patients Rights (Scotland) Act 2011

Participation Standards

The Equality Impact Assessment process covers four key areas of impact for equality groups and people with protected characteristic(s).

1. The equality and diversity impact.

2. The human rights impact.

3. The health inequalities impact.

4. The impact assessment of financial decisions.

The process is divided into four key sections and it is mandatory that the equality impact is completed in all cases when developing policies or making service improvements/redesign/change.

It is sometimes difficult to define where equality starts and human rights values begin. It is recommended that once the equality impact has been completed and if equality issues are identified for any of the groups/people then the human rights impact should also be considered.

If the policy or service improvement/redesign/change does not have any impact on the groups/people with protected characteristic(s) then this should be evidenced and a reason given why completing an Equality Impact Assessment is not applicable, for example it could be a purely technical policy which has no direct impact on people.

We have ensured that each level of management structure understands what their role and responsibility is in completing an Equality Impact Assessment.

Those members of staff involved in policy development, service improvement and service redesign should complete the Equality Impact Assessment process. It cannot be completed by one person and it is essential that the process as outlined is followed. This will ensure that a clear understanding of the specific issues, barriers or discrimination faced by one or more equality groups or people with protected characteristic(s) is addressed.

The Diversity and Inclusion Manager has a responsibility to ensure that all Equality Impact Assessments are published.

Non Executive Board Members

As part of their role in relation to governance and scrutiny non executive members will be asked to consider many proposals and along with these proposals they must take into account the impact that any decisions may have on equality and human rights in line with their statutory obligations.

This policy will ensure that proper scrutiny has been applied to all decisions and to make sure that we have paid 'due regard' to equality and human rights. It is the role of non executive members to question the robustness of any Equality Impact Assessment and request further information/investigation is sought or carried out if needed.

Directors

Have a responsibility to ensure that the impact assessment process has been completed in line with NHS Tayside Equality Impact Assessment policy.

Managers

The lead author of the policy and the service lead for the service improvement / redesign is responsible for the Equality Impact Assessment process. The policy group/team has responsibility to complete the equality impact assessment toolkit and have to ensure that the policy checklist and completed equality impact assessment accompany the policy or proposal.

5.3 Service Delivery

There have been a number of improvements related to service delivery which has helped mainstream equality. Examples of such work have been evidenced within this report under progress with Equality Outcomes

5.4 Workforce and Employment policy and practice

Staff Governance focuses on how NHS Scotland staff are managed, and feel they are managed, by one of Scotland's largest employers. It forms part of the governance framework within which NHS Boards must operate.

The Staff Governance Standard Framework is the key policy document to support the legislation which aims to improve how NHS Scotland's diverse workforce is treated at work.

The Staff Governance Standard

- Well informed.
- Appropriately trained and developed.
- Involved in decisions.
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

Work to achieve the Staff Governance Standard is ongoing in NHS Tayside and we must demonstrate that we are striving to both achieve and maintain exemplary employer status. In order to be able to do this, we will be expected to have systems in place to identify areas that require improvement and to develop action plans that will describe how improvements will be made.

NHS Tayside has a lead for each of the Staff Governance Standard and each standard is reported on annually to the Staff Governance Committee. All of the Standards are integral in mainstreaming equality.

Employment policies and practice set precedence for fairness, equity, consistency and transparency for all employees. All employment policies are developed in partnership with the professional bodies and unions through the partnership process.

Equality, diversity and human rights in employment policy and practice is reported on annually through the staff governance standard, 'Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued'.

Embracing Equality, Diversity and Human Rights

This policy sets out NHS Tayside's commitment to the principles, as defined below, of equality, diversity and human rights in employment and sets out the approach to be followed in order to ensure that such principles are consistently met.

This policy has been developed in partnership with local trade union/professional organizations representatives. It reflects the best practice, and meets the minimum standards, set out within the Embracing Equality, Diversity and Human Rights in NHS Scotland Partnership Information Network (PIN) Policy.

Preventing and Dealing with Bullying and Harassment

Organisational culture has a crucial part to play in engendering a working environment in which there is a low risk of bullying/harassment occurring. The values of NHS Tayside are explicitly defined as follows:

We will:

- Put patients first.
- Show compassion, caring and kindness.
- Treat everyone with dignity and respect.
- Take the time to have good, open communications and be accountable for our actions and behaviours.
- Do the best that we can by working as a team to provide excellent treatment and care.

The values become real when translated into behaviours that help us understand what is expected of us and the behaviours we can expect of our colleagues.

Employment of People with a Disability

The Equality Act 2010 strengthened Disability Discrimination Law and the requirements for reasonable adjustments for disabled people to give rights to people who are, have been, or become disabled while in employment, by placing duties on employers to ensure equality of opportunity in the workplace.

NHS Tayside is in the process of developing a Disability and Employment guidance document for Managers.

Religion and Belief Guidance in the Workplace

An NHS Tayside Religion and Belief guidance document has been produced for managers and staff in the workplace. The guidance is in the process of going through NHS Tayside approval at the next Workforce and Governance Group. To produce the document NHS Tayside referred to ACAS guidance and other guidance that had been developed by University of Dundee and other NHS organisations.

Fairness at work and good job performance go hand in hand. Tackling discrimination helps to attract, motivate and retain staff and enhances an organisation's reputation as an employer.

This guide gives NHS Tayside managers and employees practical help in complying with the Equality Act 2010 and in creating a fair working environment in which no one is put at a disadvantage because of religion or belief.

Religion and/or belief is defined as any religious belief provided the religion has a clear structure or belief system. Denominations and or sects within a religion can be considered a protected religion or religious belief. A belief is defined as a philosophical belief.

People without a religion or belief are also entitled to fair treatment in the workplace and are protected from discrimination on the grounds of their non-belief under The Equality Act 2010. The Act offers equal protection on the grounds of religion, belief and non-belief. A political belief is not protected from discrimination.

5.5 Equality and Diversity Champions

NHS Tayside now has **207** trained Equality and Diversity Champions across all three localities.

The Equality and Diversity Champions role is now well embedded into NHS Tayside. Sustainability of the Equality and Diversity Champions is through an annual training programme which builds on current numbers.

The champions are then continuously developed and supported through 10 network meetings throughout the year. Since 2012 all champions have been developed further on key NHS Tayside priorities to allow them the skills and knowledge to signpost appropriately; The following key areas have been covered at the Equality and Diversity Champions network meetings since 2013;

Gender Based Violence

Forced Marriage and Honour based Violence

Interpretation and translation

Welfare Reform

PREVENT training: the UK government's counter terrorism strategy (CONTEST)

5.6 Equality, Diversity and Human Rights Staffnet Page

The Equality, Diversity and Human Rights Staffnet page went live on 6 February 2015. The website has key areas of information which is accessible to all staff.

The information on the Staffnet website covers the following areas:

- The Equality Act 2010.
- Protected Characteristics.
- Human Rights.
- Section 23 Agreement.
- HIMAP.
- Equality and Diversity Champions.
- Interpretation and Translation.

NHS Tayside also has a public equality, diversity and human rights website which mirrors most of the information in our internal Staffnet page. The public website went live in November 2014 and is reviewed and updated regularly to meet the duty to publish Mainstreaming reports, Equality Outcomes, employment information and Equality Impact Assessments

5.7 Learning and Development

Learning and development offers face to face, individual, one to one, group and departmental training if it is required for staff development which has been identified through staff PDP and or e-KSF.

Equality and Diversity Training

Progress with the Equality and Diversity Training plan is reported through the Equality and Diversity Steering Group at each meeting.

The training plan covers activity on completion of Interpretation and Translation LearnPro module and the Equality and Diversity LearnPro module
Statistics for Equality and Diversity Training

From 1 April 2015 to present

- Equality and Diversity one hour face to face awareness sessions as part of corporate induction, numbers attended – 860
- Certificate to Recruit total numbers trained to date since 2015 - 1596

Equality and Diversity and Gender Based Violence LearnPro module

Passes – Specific Module		**Passes – Specific Module**	
List of completions for a specified course		List of completions for a specified course	
Dates:	24/10/12 to present	Dates:	29/08/2013 to present
Location:	NHS Scotland, NHS Tayside	Location:	NHS Scotland, NHS Tayside
Role:	All roles	Role:	All roles
Course:	NHS Tayside: Equality and Diversity – Foundation	Course:	NHS Tayside: Gender Based Violence – Foundation
6766 completed and passed		**4412 completed and passed**	

Corporate Induction

All new starts have access to appropriate induction that covers as a minimum awareness and information on partnership, staff governance, health and safety and equality and diversity.

Two corporate induction programmes were being delivered weekly across NHS Tayside until recently (2016). This year (2017) priority with the implementation of Trakcare has put this on hold until NHS Tayside has Trakcare up and running.

The Equality and Diversity LearnPro module and the Gender Based Violence LearnPro module is completed by new starts at Corporate Induction. As part of this the e-learning training a question and answer feedback session takes place after the LearnPro modules have been completed.

Certificate to Recruit

In accordance with Section 16.1 of NHS Tayside's Recruitment and Selection Policy, recruitment and selection should only be carried out by staff that are appropriately trained or hold NHS Tayside Certificate to Recruit. The Certificate to Recruit is a half day face to face training programme which aims to give participants a greater understanding of the recruitment process with special regard to the Equality Act 2010.

Benchmarking Exercise

A benchmarking exercise was undertaken from the period 1 November 2014 to 29 January 2015 to determine the percentage of selection interviews which had one or more panel members who hold NHS Tayside Certificate to Recruit.

Number of Selection Panels	**Number of Panels with a Member who** **holds a Certificate to Recruit**
518	**65**
Percentage 12.5%	

It should be noted that the above applies to non medical selection interviews only. From this baseline the improvement measure will be to increase the percentage of panels with someone who has a certificate. The interview panels were monitored from 1 July 2016 to 31 December 2016. There was an increase in the percentage of panels with someone who holds a certificate to recruit to 57%.

To enable an increase in panel members having the certificate the following actions will be taken:

- Highlight to all managers the need for one panel member to have a Certificate to Recruit in line with the Recruitment and Selection policy.
- Highlight the training dates and encourage staff with a responsibility for recruitment and selection to complete the training.
- Collect the statistics for the period February 2015 to December 2015 to see if there has been an increase.
- Set a target measure for each year.

The aim is to ensure that appointment panels have a level of skill, knowledge and understanding about recruitment processes with a particular focus on equality, disability discrimination and reasonable adjustments. This will ensure that the selection process is undertaken in a fair, equitable and transparent way.

NHS Tayside
Equality Outcomes
2017-2021

6 Equality Outcomes 2017-2021

Equality outcomes are helping to raise understanding of the fundamental role of equality in improving outcomes for people. This is contributing to the creation of more effective, efficient public services shaped around people and communities.

Listening to the views of staff and patients with protected characteristic(s) should influence how we plan and deliver services. Our aim is to deliver services that are person centred, safe and effective and by doing this we are assuring a positive patient experience and meeting quality standards.
When developing measures for improvement for the equality outcomes we need to take into consideration the patient experience particularly for patients with relevant protected characteristic(s). This will ensure we are delivering person centred care that is equitable, effective and safe and meeting the needs of our diverse communities.

NHS Tayside currently has four equality outcomes (2013-2017). A decision was taken through the Equality and Diversity Steering Group in December 2016 that NHS Tayside will continue to work on meeting the requirements of the current equality outcomes so further progress can be made for each outcome. The learning from NHS Tayside and the Equality and Human Rights Commission Section 23 Agreement (2014-2016) requires to be embedded into meeting the objectives of the current equality outcomes, this will allow NHS Tayside to build an infrastructure with robust systems and processes in place for equality and diversity so NHS Tayside can monitor and show continuous improvement in delivering on meeting the current outcomes.

This section gives an update and summary of the progress that has been made over the last four years (2013-2017) for each Outcome. The Equality Outcomes for the next four years (2017-2021) have been amended and tweaked with minor changes to reflect current NHS National policy and legislative Framework. These Outcomes are not set in stone and can be amended, updated or changed if Tayside Health Board feels that they are not fulfilling their purpose and making an impact or difference to the service users with the relevant protected characteristics and/or equality groups that they are intended for.

6.1 Equality Outcome 1

We will ensure that care is person centred, safe and effective and meets the service needs of people with relevant protected characteristic(s)

The delivery of person centred care (PCC) is a key outcome for NHS Tayside and forms part of the strategic commitment to improving quality. Crucial to this is the recognition that a 'one size does not fit all', and that our person centred approach would need to consider people's characteristic(s) that are personal to them such as Age, Disability, Gender Reassignment, Pregnancy/Maternity, Race/Ethnicity, Religion/Belief, Sex and Sexual Orientation. This high level Outcome 1 will be supported by the implementation and delivery of the other three NHS Tayside Equality Outcomes below and to our local and national drivers.

Equality and diversity is embedded into the person centred domain of NHS Tayside Clinical Governance Assurance Framework. This will allow operational managers and operational leads to assess their service against three performance indicators on equality and diversity. The assessment against person centred equality and diversity domain will be a mandatory requirement for all operational leads so each service will then have a baseline for equality and diversity to assess their services against. There will be a requirement to do the assessment every 6 months.

In 2014 a complaint was submitted to the Equality and Human Rights Commission (The Commission) by a profoundly deaf patient on the non provision of a BSL interpreter during their 7 day stay in an NHS Tayside Hospital.

The Commission upheld this complaint and became the legal representative for this patient. NHS Tayside was required to pay a financial penalty to the patient for disability discrimination. The Commission and Tayside Health Board signed a Section 23 Legal Agreement, this Agreement dated 7 October 2014 was made pursuant to Section 23 of the Equality Act 2006 and was binding on both parties and ended on 6 October 2016 (24 month duration).

The Agreement required NHS Tayside to create an Improvement Plan ("the Improvement Plan") for Interpretation and Translation services describing the steps that it would take to meet the overall aims of the Agreement.

The Improvement Plan included detailed proposals and actions to make long term improvements to ensure that all reasonable steps were taken to make all medical staff, managers and other relevant staff aware of their legal responsibilities under the Equality Act 2010 and their responsibilities in relation to identifying and meeting the reasonable adjustment needs of patients with communication requirements.

This Agreement came to an end on 7 October 2016. During the term of the Agreement NHS Tayside was required to report quarterly to the commission on the improvements made and how we were measuring these improvements. NHS Tayside Senior Management Team provided high-level leadership for this work, approved all reports sent to the Commission and noted lessons learned so they could identify any further steps required to meet the overall aims of this agreement:

The 11 key areas identified for improvement in the Interpretation and Translation Improvement Plan (2014 - 2016) were:

1. Improve systems and processes for assessing a patient's communication needs and for securing Interpretation and Translation Services.
2. Review NHS Tayside's Interpretation and Translation Policy.
3. Increase training and awareness regarding interpretation and translation services for all NHS Tayside staff.
4. Explore alternative arrangements for the provision of interpretation and translation services.
5. Improve electronic systems for identifying patients with additional communication requirements and improve booking systems.
6. Improve NHS Tayside's environment to be more suitable for patients with additional communication needs.
7. Ensure public information and feedback processes are accessible for people with communication needs.
8. Improve NHS Tayside's complaints and incident systems to ensure 'double loop' learning.
9. Improve NHS Tayside's governance, leadership and accountability arrangements for equality and diversity.
10. Carry out a Significant Clinical Event Analysis (SCEA) to identify further organisational improvement.
11. Implement recommendations contained within the 'See Hear' Sensory Impairment Strategy, Scottish Government Health Directorate 2014.

Next Steps

The Quarterly reports have evidenced how continuous progress has been made with actions in all eleven improvement areas. Any outstanding actions that require further work will be monitored and reviewed by NHS Tayside Equality and Diversity Steering Group. Interpretation and Translation Improvement Plan has now been signed off by The Clinical and Care Governance Committee in November 2016 and as mentioned any further actions will be embedded into the Equality and Diversity Steering Group workplan.

6.2 Equality Outcome 2

Patient Data Collection, Monitoring Patient Diversity Information and analyse this information to help improve access to services, reduce health inequalities and improve health outcomes for Tayside population, local communities and equality groups.

NHS Tayside will monitor, collect, record and analyse data which is currently collected for patients on Age, Race/Ethnicity, Sex (Gender), Religion, profoundly deaf service users who require British Sign Language (BSL), and visually impaired and deaf/blind patients to ensure that we are meeting the person centred needs of our patients and service users. This will help NHS Tayside to identify what services people with protected characteristic/s are using and how they are using these services. It will allow us to deliver culturally competent services, identify gaps and trends in healthcare and if there are any health inequalities for disadvantaged communities.

Any discrimination, barriers to healthcare or disadvantage suffered by patients and service users with a protected characteristic/s will be addressed and reasonable adjustments will be made to address any inequality in using and accessing our services, eg catering, communication, transport access to information etc.

Race/Ethnicity is continuing to be collected at above Scottish average and at our bi-annual meeting with Information Services Division (ISD) at NHS National Services Scotland they had no issues around NHS Tayside's ethnicity data collection please see link attached for published report (February 2017).

https://www.isdscotland.org/Health-Topics/Equality-and-Diversity/Publications/2017-02-28/2017-02-28-EDIP-Report.pdf?58405703307

Ethnic Data Collection – Position at September 2016

Ethnicity Data Definitions: Ethnicity Data Definitions were revised following the 2011 Census. These changes were implemented by April 2012.

The "Improving ethnic data collection for equality and diversity monitoring" report is published twice yearly in August and February and provides up to date information on the completeness of ethnicity reporting in hospital discharge and outpatient data. The next report will be published in August 2017.

Local Data Collection:	April 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16
% of SMR01 activity with ethnicity recorded	92%	90%	90%	90%	90%	90%	89%	89%	89%
% of SMR02 activity with ethnicity recorded	98%	99%	97%	96%	96%	98%	97%	97%	95%
% of SMR04 activity with ethnicity recorded	92%	87%	84%	78%	89%	87%	88%	86%	82%
% of SMR00 activity with ethnicity recorded	83%	82%	81%	81%	82%	80%	81%	805	81%

Data Charts: Charts showing the percentage of valid ethnicity codes being recorded for in-patient/day cases by ward are sent to the General Managers on a monthly basis and work is continuing to increase the percentage recorded. Charts showing the percentage of valid ethnicity codes recorded at Out-Patient Reception areas is sent out on a monthly basis to Health Records and Admin Service Managers.

Data Analysis: It is now possible to do some analysis around the data that has been captured, especially for in-patient/day cases. This information is available via the Information Support Team.

Electronic systems for identifying patients with communication requirements

A patient who is identified as requiring Interpretation and Translation Services is highlighted in the electronic and paper records and on NHS Tayside electronic systems, with a record of their required communication need. A National Short-Life Working Group (SLWG) has been established to agree a generic list of additional support information into all SCI-Gateway referrals which would mean that additional needs information would come directly from General Practice systems into Trakcare.

In NHS Tayside a Short Life Working Group is to agree what additional needs require to be recorded on electronic systems in use across Tayside and to engage with Primary Care Services and GPs to provide additional communication information in any referral letters.

Next Steps

NHS Tayside's Whiteboard/WardView System needs to include the option 'Patient Requires Interpreter/BSL Interpretation'. The Whiteboard/WardView Project Team are currently compiling all of the prioritised change requests for this system.

The GP Management System needs to include guidelines for completion of additional requirements as a mandatory field. The guidelines are already on the GP Management System but not as a mandatory field at present.

At a recent Scottish Government meeting, the Head of the Access Support Division and a Health Information Consultant met with the Chief Medical Officer and the Head of eHealth where the principles of the proposal to extend the list of additional needs in GP referrals were agreed. The Scottish Government Head of eHealth has agreed to progress this development with Scottish Health Boards and a further update is awaited.

Within NHS Tayside, the Referral Governance Manager is progressing with the inclusion of the list of additional needs as part of the Dental protocol for the Referral Management System (RMS) and is currently undertaking user acceptance testing of Version R20 of the national Scottish Care Information system, SCI-Gateway.

The local Dental Protocols are failing to pass through validation and discussion is ongoing with Applications Development colleagues to see if this is a local or a national issue. The Laboratory and Radiology Systems (ICE and CRIS) are to be reviewed to include the list of additional requirements. This is under review within the service. Health Records staff are currently using a mobile phone to confirm appointment details in addition to sending the appointment letter for BSL users. NHS Tayside can only provide phone call patient reminders with the current telecommunications provider.

A test pilot is being undertaken with Specialist Services to send text reminders via NHSMail2 (the current email system in use throughout NHS Scotland). This is a manual process. It is unknown at this stage if it will be possible to roll this out further.

NHS Tayside eHealth Department is currently going through the procurement process for a new telecommunications system/provider. It is anticipated this will be configurable to link to the local patient management service, Trakcare, and will automatically send out text reminders.

6.3 Equality Outcome 3

Accessible Information and Inclusive Communication

People with relevant protected characteristic/s who use and access our services and whose first language is not English or have limited understanding of both spoken and written English will have information on healthcare services in an accessible format.

We will provide and publish information that is easy to understand, easy to read, and in plain English for all service users, patients and public.
People with relevant protected characteristic/s whose first language is not English or have limited understanding of English, will have access to effective and inclusive communication which will meet their individual needs. Inclusive communication means we will share information in a way that everyone will understand and enable people to express themselves in the way they find the easiest. Inclusive communication is written information, online information, telephone and face to face information. This will ensure that NHS Tayside is delivering and managing care which is safe and person centered and minimizes or eliminates any risk to the patients and staff.

It will meet their individual needs and will be person centered, safe and effective.

Improve systems and processes for assessing patient's communication requirements and securing Interpretation and Translation Services

A process mapping exercise was completed involving both staff and service users. Information from the mapping helped to inform a review of the Interpretation and Translation (I&T) Policy. The I&T service algorithms were reviewed to highlight to staff how to contact I&T services both in and out of hours and Standard Operating Procedures (SOPs) also developed to ensure that processes to secure an interpreter or translator for both inpatients and outpatients were standardised across NHS Tayside. These were tested with staff prior to full implementation and are appended to the I&T Policy for staff to use.

The I &T Policy is now mandatory for all clinical staff to read and understand, it is now monitored via the policy tracker tool which is in place to help measure:

- the number of relevant staff to whom the policy applies
- the number of staff who have accessed the policy
- the number of staff who have correctly completed the knowledge questions to ensure their understanding of the Policy

Evidence to demonstrate adherence to the I&T Policy is monitored and reviewed through:

- Yellow poster audit
- Healthcare record audit
- Outpatient appointment audit
- Monitoring of risks and issues through Datix (NHS Tayside's Adverse Events Management System) and reported through the Interpretation and Translation Operational Group.

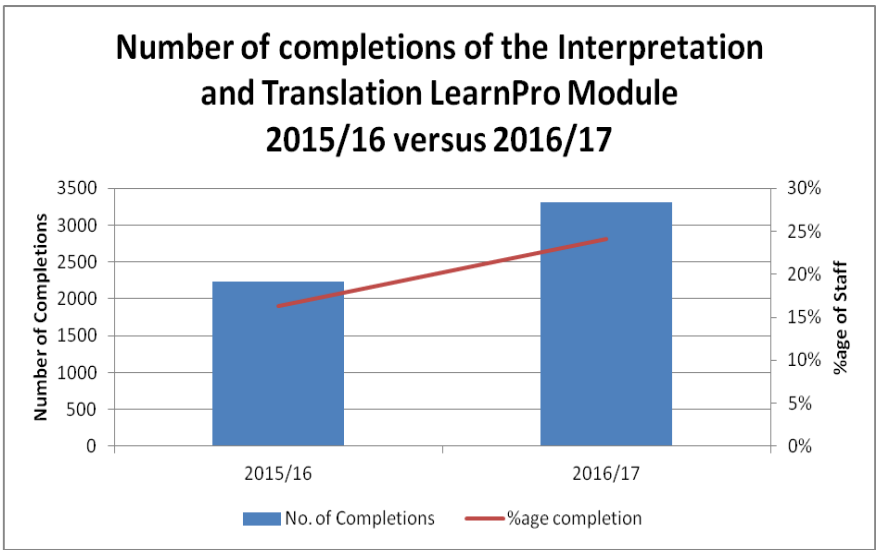
Learning is through internal organisational communications such as Vital Signs notices.

With regard to securing an interpreter there are challenges in meeting all requests for a BSL interpreter first time. This is due to a national shortage of interpreters, and requests are often short notice due to the nature of clinical care and treatment. NHS Tayside is closely monitoring all occasions when an interpreter cannot be secured and liaising with clinical areas to negotiate alternative times suitable for the patient, the clinician and the interpreter. The online video relay interpreting service contactSCOTLAND is being used in NHS Tayside and we welcome Scottish Government's extension of its use being made available to all public bodies, and profoundly deaf people directly.

Increase training and awareness regarding Interpretation and Translation Services for all NHS Tayside staff

The Interpretation and Translation LearnPro module is now available for all staff to complete. All GP practices have been informed of the LearnPro and are encouraged to complete it. The module contains a section on Discrimination Law and our legal responsibilities with regard to making reasonable adjustments for profoundly deaf patients and their carer's, and in some circumstances where family and friends who have Power of Attorney or legal guardianship of a patient. It highlights the roles and responsibilities for all staff along with their accountability and responsibilities to ensure that I&T services are provided at point of need.

The current figures from 18 April 2016 to 18 April 2017, show that 3307 staff have completed the Interpretation and Translation learn pro module to date.



Next Steps

Exploring alternative arrangements for the provision of Interpretation and Translation Services by completing an Options Appraisal Process.

The Interpretation and Translation Services contract went through a tendering and procurement process in 2013 and the face-to-face contract for Interpretation and Translation Services was awarded to Dundee Translation and Interpreting Services (DTIS), Dundee City Council. This contract expires in October 2017.

Over the last 3 years the cost of the I&T contract has been escalating at an exponential rate and with an increase in service dissatisfaction and staff finding the process difficult to follow when booking an interpreter it was decided by Finance, Procurement and Board Secretary as the Equality and Diversity lead to do a review of how best to move forward with a new contract which could help deliver and manage an I&T service that was fit for the future, diverse, safe, patient focused and person centred. The Diversity and Inclusion Manager has been asked to Project Lead this work and A Short Life Working Group has been established so work around an I&T options appraisal process can be progressed quickly due to the short timelines before the DTIS contract comes to an end.

Improve NHS Tayside's environment to be more suitable for patients with additional communication needs

A review and mapping of signage was undertaken of Ninewell's Hospital with input from services users and staff. This work was to help support and inform the necessary improvements aligned to Dementia Design/ward prototype project.

It was agreed through the Section 23 Agreement I&T improvement plan to incorporate environmental improvements for patients with communication requirements within the Ninewells Concourse Review (The Wayfinding Project). This involved service user engagement and consultation and the initial Pilot scheme was completed at the end of March 2016. Colour coded Wayfinding Zones were created with simplified numbering and/or lettering on areas of wall and easier to read signage incorporating graphics. Feedback and analysis is awaited following this initial 'test of change' and further comments and suggestions will be considered prior to rolling out the Wayfinding Project to the next stage.

NHS Tayside did a review of induction loop systems for deaf/hard of hearing people and, if required, a bid for funding will be put forward. The Estates Manager met with the Vision and Hearing Support Officer and Hearing Therapy Manager in August 2016 to discuss the provision of induction loops in reception areas and clinics. The outcome from this meeting was that a fixed loop was the preferred solution in a reception counter situation and a portable loop was a good solution for use in consulting rooms and similar areas. Arrangements are being progressed for a volunteer from the Tayside Deaf Hub to visit Ninewells Hospital to test the loops installed at the main reception and the Outpatient Clinics at Area 3/3A. Following the test, plans will be developed to service, repair or replace faulty systems. Staff training in the use of the loop systems will be delivered and a maintenance plan agreed.

Ensure public information and feedback processes are accessible for people who have communication needs/requirements.

It is important to ensure that NHS Tayside has good feedback mechanisms in place for its diverse communities and population. NHS Tayside will learn from the services that it provides and from service users (through users groups) to ensure it continues to develop ways to communicate effectively with all patients who have communication requirements. Improvement work will continue to support:

- The patient feedback questionnaire (to capture deaf people's experience of using NHS Tayside services) and
- Further patient information leaflets required to be available in BSL. The Deaf and Health Action Group will agree on prioritising those selected.

Health and Deaf Action Group

An NHS Tayside Health and Deaf Action Group was formed because profoundly deaf people were not happy with the BSL interpretation services that were being provided for them by NHS Tayside. This is a collaboration and partnership working between NHS Tayside, BSL service users and community groups who support profoundly deaf people in trying to make services better for BSL patients, carers, family and relatives. The BSL service users will let NHS Tayside know what is working well, what is not working well and what needs to be changed, but also work with NHS Tayside to resolve issues and problems.

Improve NHS Tayside's complaints and incident systems to ensure 'double loop' Learning'

The Complaints and Feedback Team have updated the Standard Operating Procedure to ensure that any complaints/ issues/concerns relating to access to Interpretation and Translation Services are highlighted promptly to NHS Tayside's Equality and Diversity Lead and Interpretation and Translation Lead. Consistent coding of complaints that relate to any protected characteristics that may be a potential breach of The Equality Act 2010 is being introduced and robust processes are in place for recording complaints centrally on Datix, which also enables complaints relating to the same individual to be linked.
'Double loop' learning across the organisation will reduce the risks of failures in the future and is being taken forward by the Directors and Senior Leadership Team..

6.4 Equality Outcome 4

Workforce Diversity Data Collection and Equality of Opportunity in Employment Policy and Practice

NHS Tayside will develop a clear understanding of our local population breakdown and will have collected workforce data on the protected characteristics on 90% of our employees by 2018, rising to 100% by 2019. By 2020 we will have taken appropriate measures, including positive action so that our workforce across all grades and occupations broadly reflects the population from which we recruit.

We will do further analysis on this workforce data and identify any gaps or trends to eliminate any discrimination, disadvantage or barriers for employees with a protected characteristic/s by ensuring that our systems and processes on recruitment and selection, equal pay, training and development, disciplinary and grievances, career development and progression are equal, fair and transparent for our workforce.

Our future workforce planning and resourcing will take into account the local labour market and potential talent from within the protected characteristic/s to ensure that we are meeting our corporate social responsibility by encouraging applications from our local communities who can engage better with the people they personally associate and live with, in their communities.

NHS Tayside is committed to adhering to good practice in relation to equality across the workforce. This not only ensures that NHS Tayside employs and develops the best people for delivering care but also has a workforce which recognises, and is responsive to, the diverse patient population which it serves.

In order to progress Equality Outcome 4 an NHS Tayside Public Sector Employment Duties Group has been established to oversee actions across this area. A Work plan has been developed and progress reports are made to the Staff Governance Committee.

Actions in relation to the employment specific duties include monitoring and reporting on protected characteristic employee data. NHS Tayside is expected to use this data to demonstrate that we are actively identifying gaps and to develop actions which address them.

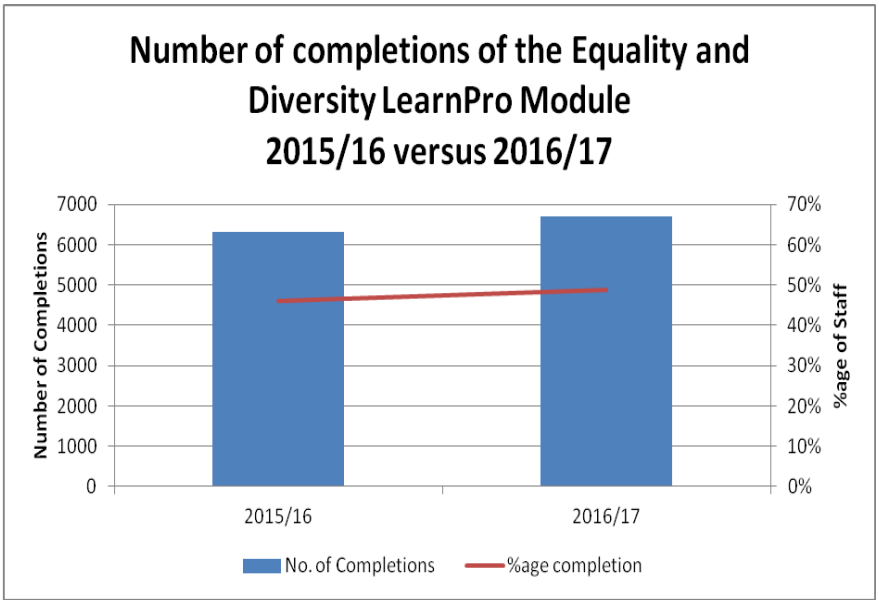
As part of its commitment to improvement in this area the Staff Governance Committee has asked NHS Tayside to develop measures which can be aligned to the public sector equality duty.

Three improvement areas have been identified.

In order to ensure that NHS Tayside does not unintentionally unlawfully discriminate in the recruitment process the certificate to recruit was developed which promotes good practice in all aspects of recruitment and selection. NHS Tayside has committed to increase the percentage of panels which have a panel member with either the certificate or equivalent competencies. Currently 57% of non-medical appointments meet this standard and NHS Tayside would seek to increase this percentage during 20017/18.

Ensuring that all staff have a basic knowledge and understanding of equality and diversity will assist in developing a workforce which is responsive to patients, carers and relatives and to ensure that we work in a culturally sensitive and competent NHS. Equality is a core dimension In e-KSF the current uptake of the LearnPro module does not fully reflect the size of the workforce. NHS Tayside would seek to increase the percentage uptake of LearnPro.

The current figures from 18 April 2016 to 18 April 2017, show 6766 staff have completed the Equality and Diversity learn pro module date.



Gathering employee data in relation to protected characteristics is a key part of the equality duties as it will allow organisations to identify gaps and develop appropriate action plans. NHS Tayside is fortunate in having a high percentage return rate when staff are asked to complete returns on protected characteristic data. However within the data the level of “unknowns” and “declined “varies considerably between characteristics with high levels of data in relation to ethnicity and age and lower levels in relation to sexual orientation and disability. The reasons for this are multi-factorial, however, having as complete a data set as possible is essential in order to inform how NHS Tayside recruits, develops and manages staff. The Staff Governance Committee have agreed that work should be undertaken to promote the fullest recording of data that is possible and therefore further actions will be taken this year to promote data recording and seek to decrease the level of unknowns within the current data set and in particular for protected characteristics such as disability and sexual orientation.

Ethnic Workforce Profile 2017

Job Application Equal Opportunity Analysis (2017)

Positive Action: Joint Working Group for employment

NHS Tayside is currently working in collaboration and partnership with community organizations who engage and represent equality groups and protected characteristic/s to share their views about NHS Tayside as an employer of choice. This joint working group has been set up to link with the third sector interface to look at ways in which we can make recruitment and selection processes easier to access and understand. This will allow a diverse range of applicants for jobs. This group meets 3 times in the year and it has given us some valuable feedback on the current NHS Scotland application form. The group will also discuss and give us feedback on how we recruit, how we are responsive to the needs of particular characteristics, and how we can engage with certain communities on a more ongoing basis.

It is recognised that for some managers the issues arising from some protected characteristics require sensitive handling. Work is being undertaken to provide additional guidance for managers which gives them a better understanding of the needs and issues associated with certain protected characteristics. The first of the guidance documents on religion and belief has been developed.

The Embracing Equality and Diversity and Human Rights Policy will describe the organisational commitment to supporting best practice across a number of employment areas.

The actions detailed above support not only NHS Tayside’s commitment to developing a positive approach to diversity but are also in compliance with its own Vision, Values and Aims which seek to treat everyone with dignity and respect.

The equality duties extend across all aspects of service delivery. Some of the drivers for change are legislative both as a consequence of The Equality Act and the public sector duties. However as an organisation which aims to provide care to the whole population this also requires being aware of the needs of protected characteristics, and how this can affect how care is provided, and the perceptions of those who receive care, as well as their relatives and carers. Ensuring that we recruit the right staff and that they appropriately trained will be part of a range of approaches to achieving change.

Duty to publish Gender Pay Gap Information

The duty to publish information on the percentage difference among its employees between men's average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime) by 30 April 2017.

A workforce report will be submitted for information to NHS Tayside Area Partnership Forum on 24 May 2017 and to The Staff Governance Committee on 13 June 2017 for approval. The workforce report will contain information on how NHS Tayside has met the requirements of the Specific Statutory Employment Duty on Equal Pay and the duty to publish Gender Pay Gap information.

Table 1

Gender Pay Gap Tables(April 2017)

Equal Pay Statement

Equal Pay Statement (April 2017)

Appendix 1

Health and Wellbeing National Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer.

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

People who use health and social care services have positive experiences of those services, and have their dignity respected.

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Health and social care services contribute to reducing health inequalities.

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

People who use health and social care services are safe from harm.

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Resources are used effectively and efficiently

5. The Scottish Government's long-term ambition for Health, Mental Health and Social Care

5.1 People whose first or preferred language is BSL will have access to the information and services they need to live active, healthy lives, and to make informed choices at every step of their lives

In the first National Plan in partnership with people whose first or preferred language is BSL, we will:

Ensure that information on national health screening and immunisation programmes is routinely translated into BSL and is readily available and easy to access.

Explore the potential for shared, high quality BSL / English interpreting and translation services across health boards.

Improve access to, and the availability of, professionally approved health information in BSL by ensuring that it is located in a central place online (NHS Inform).

Develop and roll out BSL awareness training for NHS staff across Scotland ensuring that it is readily accessible at the point of need and tailored to a health setting.

Consider ways to improve individual patient health records so that a person's records clearly indicate when a patient's first or preferred language is BSL.

Ensure that information about people's rights to directing their own social care and support (Self-directed Support) is available in BSL.

Ensure that a national source of mental health information, advice and support is developed for BSL users.

Expect Health and Social Care Partnerships to ensure that their services are accessible to BSL users.

Appendix 3

NHS TAYSIDE STATUTORY SPECIFIC DUTIES ACTION PLAN APRIL 2013 - 2017

Implementation Status	
Action completed	✓
Action on course for completion	☺
Progress made	⌛
Little or no progress achieved	✘
Change to action originally planned	⇧
Further information required	ⓘ

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on 27 May 2012

The Equality Duty is the general duty of a listed authority to have in the exercise of its functions, due regard to the needs mentioned in section 149(1) of the Act (the General Duty)

The Public Sector Equality Duty will apply to people with a protected characteristic

- Age
- Disability
- Gender Reassignment
- Pregnancy & Maternity
- Race
- Religion / Belief
- Sex
- Sexual Orientation

The General Duty will have due regard to

- **Eliminate** discrimination, harassment, victimisation or any other prohibited conduct

- **Advance** equality of opportunity by

  - Removing / minimising disadvantage

  - Meeting the needs of particular groups that are different from the needs of others

  - Encouraging participation in public life

- **Foster** good relations

The Outcomes defined in this Action Plan are in line with the Statutory Specific Duties (Scotland) Regulations 2012.

Duty	Action	Outcome	Lead	Timeline	Progress	Status
1. Report progress on mainstreaming the Equality Duty	A Mainstreaming report is produced to show progress of this duty To develop an equality and diversity operational delivery driver diagram to show measures for improvement	All Clinical / Patient services will assess and manage patient's experiences of inequality and discrimination in line with the priorities for service development. Operational service delivery plans will clearly demonstrate how they promote equality and eliminate discrimination by addressing any disadvantage or adverse impact for people with a protected characteristic	Equality and Diversity Steering Group: Diversity and Inclusion Manager Equality and Diversity Steering Group	30 April 2013 30 April 2015	An NHS Tayside Mainstreaming report (2013 - 2017) has been approved by NHS Tayside Board An Equality and Diversity Driver Diagram was developed in 2012.	✓ ⇧

2. Publish Equality Outcomes	To engage and involve people with relevant protected characteristics in identifying equality outcomes for NHS Tayside To report progress with Equality Outcomes	This will help better perform the public sector equality duty by involving, engaging and consulting people with relevant protected characteristics to help identify equality outcomes	Equality and Diversity Steering Group Diversity and Inclusion Manager Diversity and Inclusion Manager	30 April 2013 30 April 2015	4 Equality Outcomes for service delivery and workforce have been identified and approved by NHS Tayside Board NHS Tayside Mainstreaming Equality and Progress with our Equality Outcomes 2015 report has been approved by Tayside NHS Board. It was published on the Equality, Diversity and Human Rights Staffnet Page and also on the public website, Your Rights by 23 April 2015	✓ ✓

3. Impact assess and review policies and practices	To develop an Equality Impact Assessment Policy. To impact assess new or revised policies, practices and service improvement To publish the finding of the equality impact assessment	Quality assurance and governance process in place to support Equality Impact Assessment Policy development and service improvement planning will take account of any inequalities and barriers that may inadvertently impact on the protected characteristics and equality groups. The Committee / Forum where the policy is being approved will ensure that the policy has a completed EQIA before approval. NHS Tayside Board will be assured that we are meeting our legal duty	Diversity and Inclusion Manager CHP and Clinical Service Leads / Managers HR/Policy Leads Chair of the Committee/Forum NHS Tayside Board	30 April 2014 30 April 2014	An Equality Impact Assessment Policy has been approved by Finance and Resource Committee A system and process is in place to monitor, review and revise policies and identify those that need to be equality impact assessed NHS Tayside report template has a section which asks for an EQIA to be completed, and an approval checklist to be completed by the Committee / Forum All EQIA's require to be published	✓ ✓ ✓ ☺
4. Gather and use	Collect and analyse the workforce profile	Will improve the availability of employment information	Head of Human Resources	30 April 2015	Work is progressing on the	

employment information	data for protected characteristics.	on a disaggregated basis			employment specific duties through the Public Sector Equalities Group. An Annual Measures for Improvement report is keeping the Staff Governance Committee appraised of progress.	✓
	Measure progress in equality of opportunity through monitoring – Recruitment and Selection Training and Development Career Progression Disciplinary and Grievance	This will help NHST to address any barriers or disadvantages for people with a protected characteristics. Will help improve access to employment by considering positive action. Will identify those who benefit and do not suffer as a result of application of process Will improve the diversity of our workforce	Head of HR Resourcing Head of Knowledge and Skills Diversity and Inclusion Manager	30 April 2015	Employment monitoring data for recruitment and selection is available and published on NHST website. This is done on an annual basis, so is an annual continuous action The Glasgow Independent Living Initiative will support someone with a disability for a management	✓ ✓

					trainee graduate programme. This is a 2 year placement programme. NHS Tayside has identified one student to work with us over the next 2 years	
5. Publish the gender pay gap information	Carry out an equal pay audit. Publish equal pay data and information at regular intervals for men's and women's average hourly pay (excluding overtime) Publish data every 2 years	Will help to identify any cases of unequal pay for men and women	Head of HR-Resourcing (Planning and Information)	30 April 2013 30 April 2015 30 April 2017	Workforce Planning has started collecting the required information and data for equal pay and gender pay gap This has been published and completed. A report went to NHS Tayside Board on 23 April 2015. Next set of data will be published by 30 April 2017.	✓ ✓

6. Publish statements on equal pay etc	Review and revise the existing Equal Pay Statement in line with guidance from Scottish Government Workforce Directorate. Review statement every 4 years.	Will help us to work towards achieving equal pay Will specify our policy on equal pay and occupational segregation between – women and men, disabled and non disabled and ethnic minority and non ethnic minority	Head of HR-Resourcing (Planning and Information)	30 April 2013 30 April 2017	Statement has been reviewed and revised in line with legislation and published Work on this will commence after we publish our data for April 2015. The next statement (2017 – 2021 will be reviewed and revised to include not just men and women but disabled, non-disabled, ethnic minority and non ethnic minority people/staff	✓ ✓

7. Consider award criteria and conditions in relation to public procurement	Any new supplier of services to state and show evidence that they have equality embedded into their policies and practices and if they do not, it is a condition of their contract that they must introduce equality into their policy and practice.	Our suppliers of goods, services and facilities promote equality and meet the requirements of the equality duty.	Head of Procurement	30 April 2013	National procurement system in place for all boards	✓
		Tenders unable to demonstrate a positive approach to promoting equality will be unsuccessful.		30 April 2017	NHS Tayside is reviewing its procurement process to update the conditions required for our contractors, and suppliers in meeting the Public Sector Equality Duty	☺
		Using public procurement in apprenticeships or traineeships to Improve equality of opportunity by offering to people from under represented groups as part of the contract	HR Lead-Workforce Planning Services HR Lead Employment Services Diversity and	30 April 2017	Work on this has commenced with HR Leads: Workforce Planning Services and Employment Service	☺

		conditions.	Inclusion Manager			
8. Publish in a manner that is accessible etc	Information is available in different formats e.g. different languages, Braille, large print and BSL Interpretation and translation services are in place to meet the communication requirements of Profoundly Deaf, Deaf Blind and users of other Languages	Public will be able to access and understand information in a meaningful way Communication needs of all patients are met. Health Information is made available in an accessible manner	Head of Corporate Communications Clinical Governance Lead Clinical Governance and Risk Management Team Leander	30 Apr 2015 April 2015	A general statement on all communication goes out to the public stating that information is available in different languages and formats. Interpretation and Translation Services provide information in various formats and languages. Work continues on The Section 23 Legal Agreement and NHS Tayside's Interpretation and Translation Improvement Plan.	✓ ✓
9. Scottish Ministers to publish	Ensure performance management frameworks are in	NHS Tayside will meet and comply with its general equality duty and statutory	NHS Tayside Equality and Diversity	30 April 2017	Scottish Ministers proposals published on 13	

proposals to enable better performance of The Public Sector Equality Duty	place to meet the Equality Duty and The Scottish Ministers proposals.	specific duties	Steering Group NHS Tayside Board Secretary Diversity and Inclusion Manager		December 2013 and NHS Tayside will ensure they comply with the proposals An operational risk has been identified for non compliance of the Public Sector Equality Duty on the risk register Datix.	✓

Links Reference

NHS Tayside Transformation Programme
http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_261394

Realising Realistic Medicine
https://beta.gov.scot/news/realising-realistic-medicine/

SHC Our Voice Framework
www.ourvoice.scot

Roles, Responsibilities and Membership of the Integrated Joint Board
https://www.south-ayrshire.gov.uk/health-social-care-partnership/documents/government%20guidance%20for%20ijb%20members.pdf

Health and Social Care Delivery Plan
http://www.gov.scot/Publications/2016/12/4275/downloads

Dundee Commissioning Plan
https://www.dundeecity.gov.uk/sites/default/files/publications/DHSCP%20Strategic%20Plan.pdf

Perth and Kinross Commissioning Plan
http://www.pkc.gov.uk/media/35478/Strategic-Commissioning-Plan/pdf/Strategic_Commissioning_Plan

Angus Commissioning Plan
http://www.angus.gov.uk/downloads/file/2153/health_and_social_care_partnership_strategic_plan_2016-19

Equality and Human Rights Commission: Public Authorities in Scotland
Who is Covered by the Specific Duties?
www.equalityhumanrights.com/en/publication-download/public-authorities-scotland-who-covered-specific-duties

EHRC Guide Employee Information and the Public Sector Equality Duty
https://www.equalityhumanrights.com/en/publication-download/employee-information-and-public-sector-equality-duty-guide-public-authorities

EHRC Specific Duties
www.equalityhumanrights.com/en/publication-download/public-authorities-scotland-who-covered-specific-duties

Published Report NHS Tayside's Ethnicity Data
https://www.isdscotland.org/Health-Topics/Equality-and-Diversity/Publications/2017-02-28/2017-02-28-EDIP-Report.pdf?58405703307

Please note any items relating to Board business are embargoed and should not be made public until after the meeting

Item 13

BOARD46/2017
Tayside NHS Board
4 May 2017

HEALTHCARE ASSOCIATED INFECTION (HAI) CONTROL IN TAYSIDE FOR JANUARY AND FEBRUARY 2017

1. SITUATION AND BACKGROUND

Infections contracted while receiving healthcare are a significant cause of ill health. Members of the public reasonably expect that all practicable measures are being taken to reduce the opportunity for acquiring an infection as a result of their treatment and care.

HAI is a priority patient safety issue for both the SGHD and NHS Tayside, being one of the most important events that can adversely impact on patients when they receive care

Dr Gabby Phillips is the Lead Doctor Infection Control and Dawn Weir is the General Manager Infection Control. They are the lead officers for the HAI Strategy and annual programme of work.

Dr Busi Mooka is the lead for antimicrobial prescribing.

Attached to this report is the summary position for January and February 2017.

2. ASSESSMENT

To provide an update on progress with Healthcare Associated Infection (HAI) in Tayside using the standard reporting template as mandated by the Scottish Government Health Directorate (SGHD).

NHS Tayside

i.) is currently above the HEAT target for SABs.
ii.) is currently achieving the CDI HEAT target

3. RECOMMENDATIONS

For information

4. REPORT SIGN OFF

Ms Lesley McLay, Chief Executive

Dr G Phillips
Lead Infection Control Doctor

Ms L McLay
Chief Executive

Dr B Mooka
Consultant Physician, Infection Unit/Lead Clinician for the AMT

March 2017

Healthcare Associated Infection Reporting Template (HAIRT)

Section 1– Board Wide Issues

This section of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual hospitals, please refer to the 'Healthcare Associated Infection Report Cards' in Section 2.

A report card summarising Board wide statistics can be found at the end of section 1

Key Healthcare Associated Infection Headlines for January and February 2017

- CDI rate is on target
- NHS Tayside is in line with the 3 antibiotic prescribing targets that support the CDI HEAT target, compliance with the target for surgical prophylaxis is showing a high level of reliability.
- SAB rate is above target:

Staphylococcus aureus (including MRSA)

Staphylococcus aureus is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

Staphylococcus aureus : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA:http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:

http://www.hps.scot.nhs.uk/haiic/sshaip/publicationsdetail.aspx?id=30248

Clostridium difficile

Clostridium difficile is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx

NHS Boards carry out surveillance of *Clostridium difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridium difficile* infections can be found at:

http://www.hps.scot.nhs.uk/haiic/sshaip/ssdetail.aspx?id=277

Hand Hygiene (HH)

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

http://www.washyourhandsofthem.com/

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non compliance. The hand hygiene compliance score for the Board can be found at the end of section 1. Information on national hand hygiene monitoring can be found at:

http://www.hps.scot.nhs.uk/haiic/ic/nationalhandhygienecampaign.aspx

Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%.The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

http://www.hfs.scot.nhs.uk/online-services/publications/hai/

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

http://www.nhshealthquality.org/nhsqis/6710.140.1366.html

Outbreaks

This section should give details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none have taken place. Where there has been an outbreak then for most organisms as a minimum this section should state when it was declared, number of patients affected, number of deaths (if any), actions being taken to bring the outbreak under control and whether this was reported to the Scottish Government. For outbreaks of norovirus a more general outline of the outbreak may be more appropriate.

Nil to report

Other HAI Related Activity - See Appendices as below		Page(s)
Appendix 1	MRSA	9
Appendix 2	Vancomycin-resistant Enterococcus (VRE)	10
Appendix 3	SAB Data	10
Appendix 4	CDI Data	11
Appendix 5	ESBLs and other multi-drug resistant Gram-negative bacteria	11
Appendix 6	Antimicrobial Prescribing data	12-14
Appendix 7	Surgical Site Infection (SSI) data	15
Appendix 8	Hot Topics / Horizon Scanning	15
Appendix 9	HAI and Medical Certificate of Death	16
Appendix 10	Status of HEI Action Plans	17
Appendix 11	Glossary	18

Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections *(*also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from outwith hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers
Clostridium difficile infections (CDI) and *Staphylococcus aureus* bacteraemia *(SAB)* cases are presented for each hospital, broken down by month. Staphylococcus aureus bacteraemia (SAB) cases are further broken down into Meticillin Sensitive Staphylococcus aureus (MSSA) and Meticillin Resistant Staphylococcus aureus (MRSA). More information on these organisms can be found on the NHS24 website:

Clostridium difficile: **http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139&sectionID=1**

Staphylococcus aureus: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252&sectionID=1

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

Targets
There are national targets associated with reductions in C.*difficile* and SABs. More information on these can be found on the Scotland Performs website:

http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance

Understanding the Report Cards – Hand Hygiene Compliance
Monthly audits are carried out by nursing teams in a wide range of clinical settings across NHS Tayside. The compliance figure from this date onwards represents the score derived from measuring the combined compliance of opportunity and technique. This means that we start from a new baseline.

Understanding the Report Cards – Cleaning Compliance
Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:
http://www.hfs.scot.nhs.uk/online-services/publications/hai/

Understanding the Report Cards – *'Out of Hospital Infections'*
Clostridium difficile infections and *Staphylococcus aureus (*including MRSA*) bacteraemia* cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes and. The final Report Card report in this section covers '*Out of Hospital Infections*' and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital.

NHS TAYSIDE BOARD REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
MRSA	0	1	0	1	0	0	0	0	0	2	0	0
MSSA	13	11	5	12	12	14	10	8	10	18	6	11
Total SABs	13	12	5	13	12	14	10	8	10	20	6	11

Within the natural variation parameters

Clostridium difficile infection monthly case numbers

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Ages 15-64	4	1	5	6	2	3	5	5	4	2	1	3
Ages 65 plus	7	7	9	8	11	7	4	6	6	0	5	5
Total CDI	11	8	14	14	13	10	9	11	10	2	6	8

Within natural variation parameters

See Appendix 3 for related SAB information and Appendix 4 for CDI information

Hand Hygiene (HH) Monitoring Compliance (%)

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Medical	92	89	94	92	98	92	86	91	96	92	95	93
Nurse	97	97	98	98	96	98	97	98	99	96	99	98
AHP	98	94	96	88	99	94	91	94	99	99	95	97
Ancillary	84	87	95	90	88	91	92	94	90	99	88	95
Combined	93	92	96	92	95	94	92	94	99	97	94	95

Support from the Infection control team is provided to those areas where results are suboptimal. The figure now reflects the combined opportunity and technique score. Variation is noted as different sites are audited on each occasion.

Cleaning Compliance (%)

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Board Total	94	94	95	94	94	95	95	94	95	95	95	95

Estates Monitoring Compliance (%)

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Board Total	97	95	96	96	95	95	96	94	96	97	95	95

NHS TAYSIDE

NINEWELLS HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
MRSA	0	0	0	1	0	0	0	0	0	2	0	0
MSSA	4	1	2	2	4	5	1	2	4	4	4	1
Total SABs*	4	1	2	3	4	5	1	2	4	6	4	1

Clostridium difficile infection monthly case numbers

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Ages 15-64	2	1	2	2	1	1	2	2	4	0	0	0
Ages 65 plus	3	1	3	4	5	2	3	3	2	0	2	4
Total CDI*	5	2	5	6	6	3	5	5	6	0	2	4

Cleaning Compliance (%)

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
NWs Total	94	93	93	94	94	94	94	93	94	95	94	94

Estates Monitoring Compliance (%)

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
NWs Total	94	93	93	93	92	93	93	93	94	94	93	94

PERTH ROYAL INFIRMARY REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	1	0	0	0	3	0	1	0	1	1	0	0
Total SABs*	1	0	0	0	3	0	1	0	1	1	0	0

Clostridium difficile infection monthly case numbers

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Ages 15-64	0	0	0	0	0	0	0	1	0	0	0	0
Ages 65 plus	0	1	1	1	0	0	0	0	0	0	1	0
Total CDI*	0	1	1	1	0	0	0	1	0	0	1	0

Cleaning Compliance (%)

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
PRI Total	89	96	95	92	94	96	94	No data	95	97	95	97

Estates Monitoring Compliance (%)

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
PRI Total	97	100	99	100	99	100	99	No data	100	100	100	100

* See Appendix 3 for related SAB information and Appendix 4 for CDI information.

NHS TAYSIDE
ROYAL VICTORIA HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	1	0	0	0	0	0	0	0	0	0	0
Total SABs*	0	1	0	0	0	0	0	0	0	0	0	0

Clostridium difficile infection monthly case numbers

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	1	0	0	0	0	0	0	0	1	0	0	0
Total CDI*	1	0	0	0	0	0	0	0	1	0	0	0

Cleaning Compliance (%)

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
RVH Total	95	96	97	96	95	96	97	97	96	95	92	95

Estates Monitoring Compliance (%)

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
RVH Total	99	100	98	100	99	100	98	97	99	98	95	99

STRACATHRO HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	1	0	0	0	0	0	0	0	0	0	0
Total SABs*	0	1	0	0	0	0	0	0	0	0	0	0

Clostridium difficile infection monthly case numbers

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	0	0	0	0	0	0	0	0	0
Total CDI*	0	0	0	0	0	0	0	0	0	0	0	0

Cleaning Compliance (%)

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
SXH Total	95	92	91	94	93	98	96	97	94	97	96	95

Estates Monitoring Compliance (%)

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
SXH Total	99	98	98	99	97	96	98	98	97	98	99	97

* See Appendix 3 for related SAB information and Appendix 4 for CDI information.

NHS TAYSIDE COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card include:

- Strathmartine Hospital
- Dudhope Young Persons Unit
- Arbroath Infirmary
- Aberfeldy Community Hospital
- Blairgowrie Community Hospital
- Murray Royal Hospital
- St Margarets Hospital, Auchterarder
- Brechin Infirmary
- Montrose Royal Infirmary
- Crieff Community Hospital
- Carseview Centre
- Whitehills Health & Community Care Centre
- Pitlochry Community Hospital

***Staphylococcus aureus* bacteraemia monthly case numbers**

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0
Total SABs	0	0	0	0	0	0	0	0	0	0	0	0

***Clostridium difficile* infection monthly case numbers**

	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	2	0	0	0	0	1	0	1	0
Total CDI	0	0	0	2	0	0	0	0	1	0	1	0

See Appendix 3 for related SAB information and Appendix 4 for CDI information

NHS OUT OF HOSPITAL REPORT CARD

***Staphylococcus aureus* bacteraemia monthly case numbers**

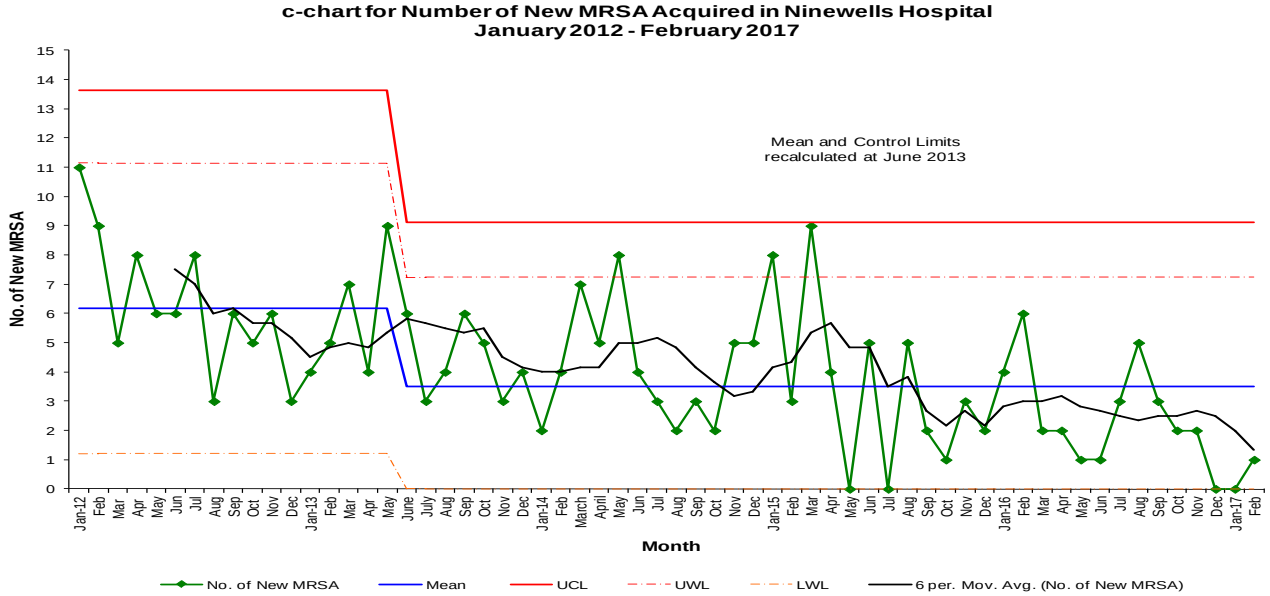
	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
MRSA	0	1	0	0	0	0	0	0	0	0	0	0
MSSA	8	8	3	10	5	9	7	6	5	12	2	10
Total SABS	8	9	3	10	5	9	7	6	5	12	2	10

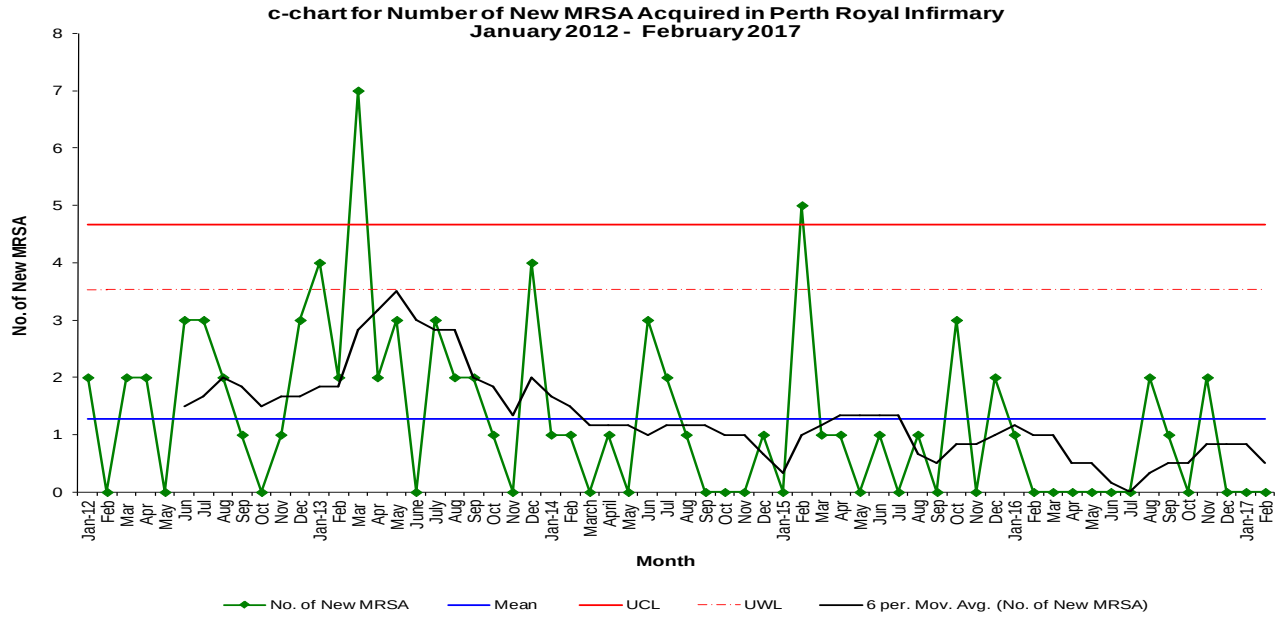
***Clostridium difficile* infection monthly case numbers**

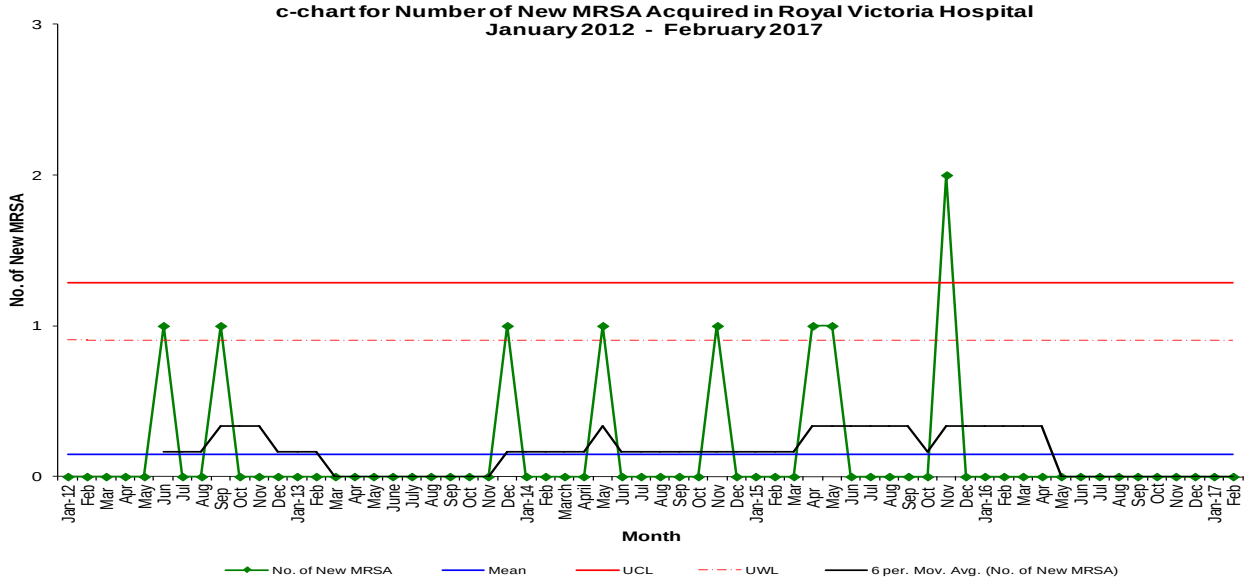
	Mar 2016	Apr 2016	May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Ages 15-64	2	0	3	2	1	1	3	2	0	2	1	3
Ages 65 plus	2	4	4	1	3	5	1	3	2	0	1	1
Total CDI	4	4	7	3	4	6	4	5	2	2	2	4

MRSA **Appendix 1**

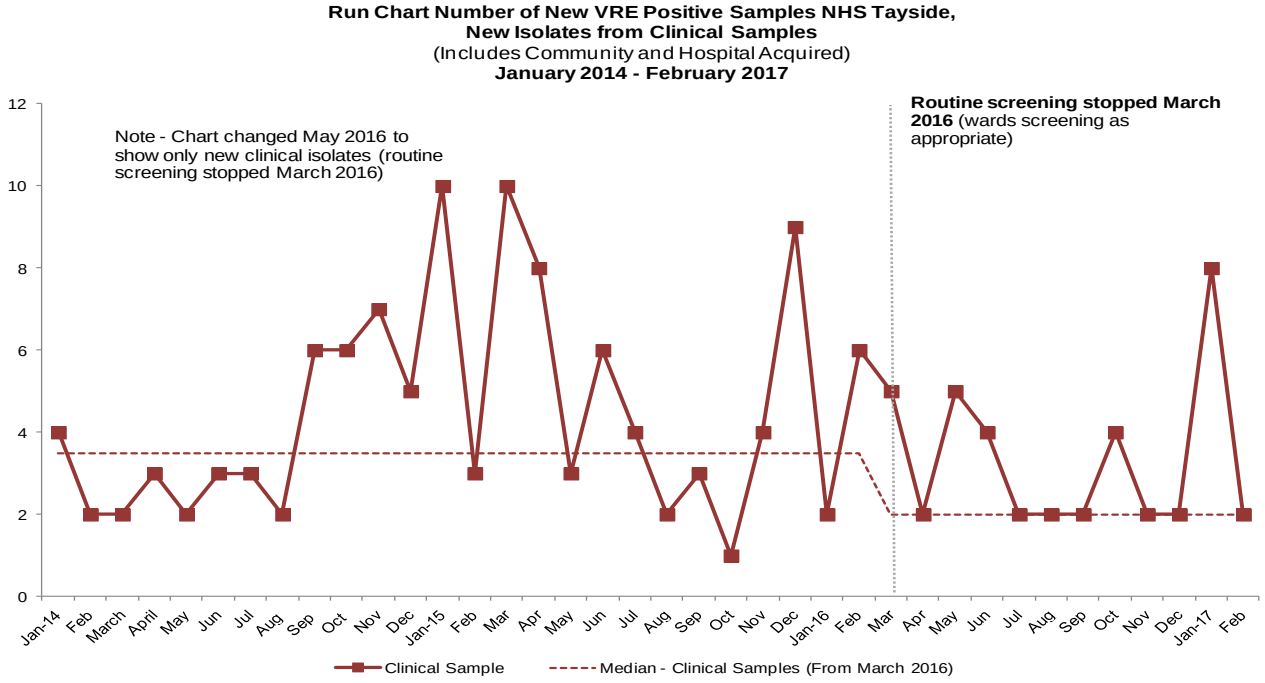
No outbreaks were reported.





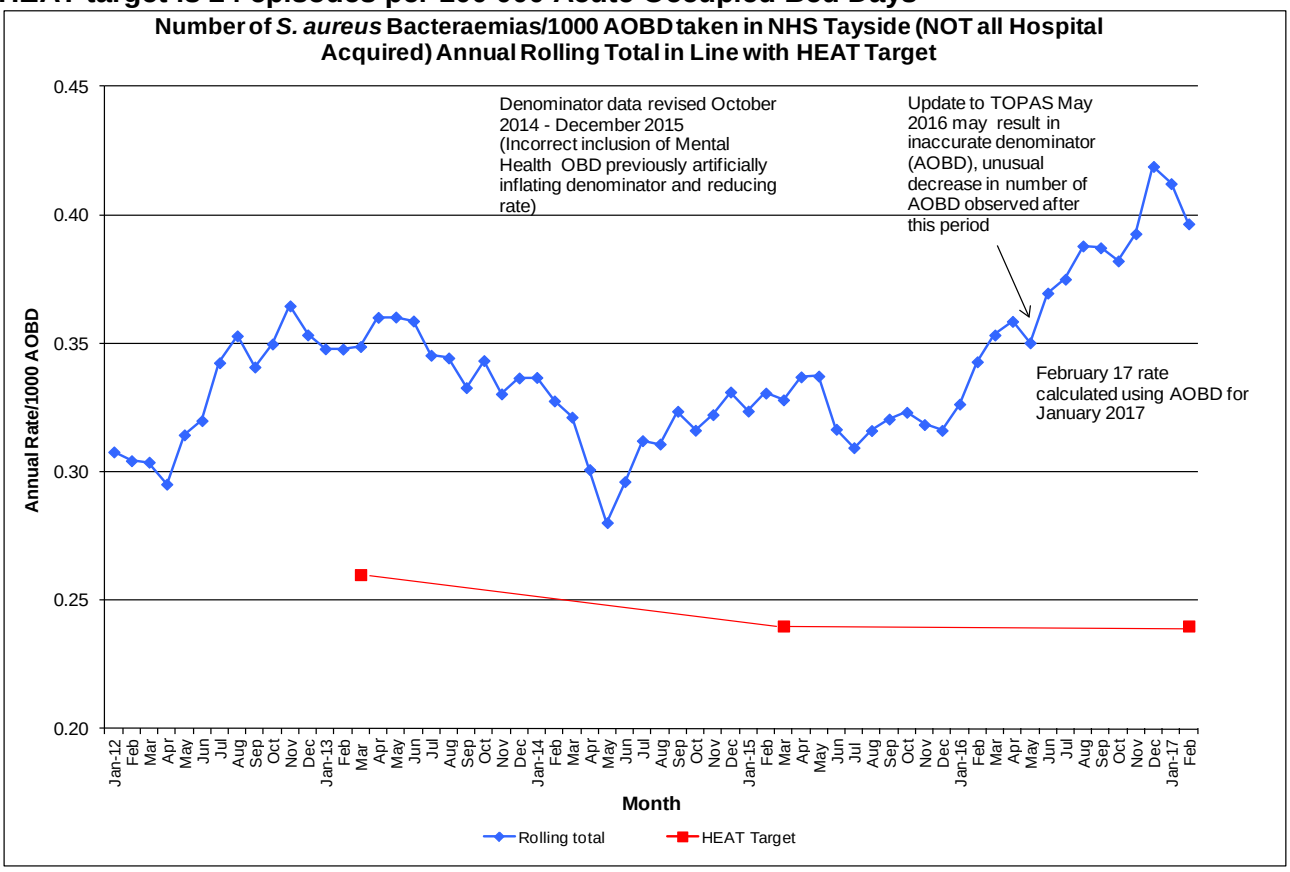


Vancomycin-resistant Enterococcus (VRE) Appendix 2

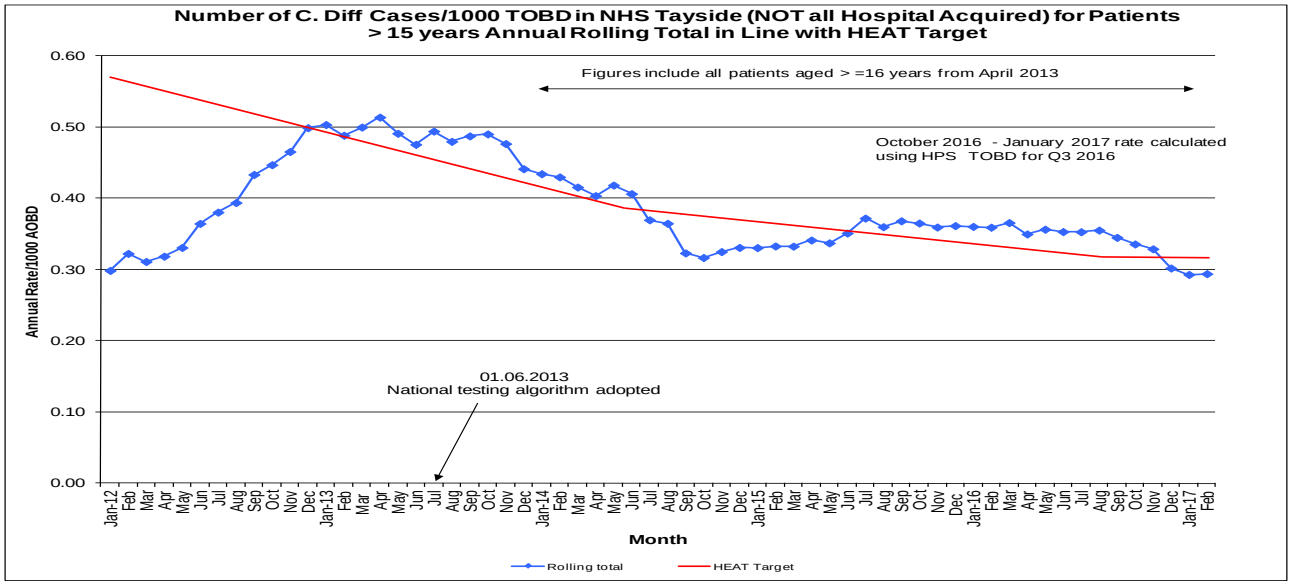


Staph aureus bacteraemias (SABs) Appendix 3

HEAT target is 24 episodes per 100 000 Acute Occupied Bed Days

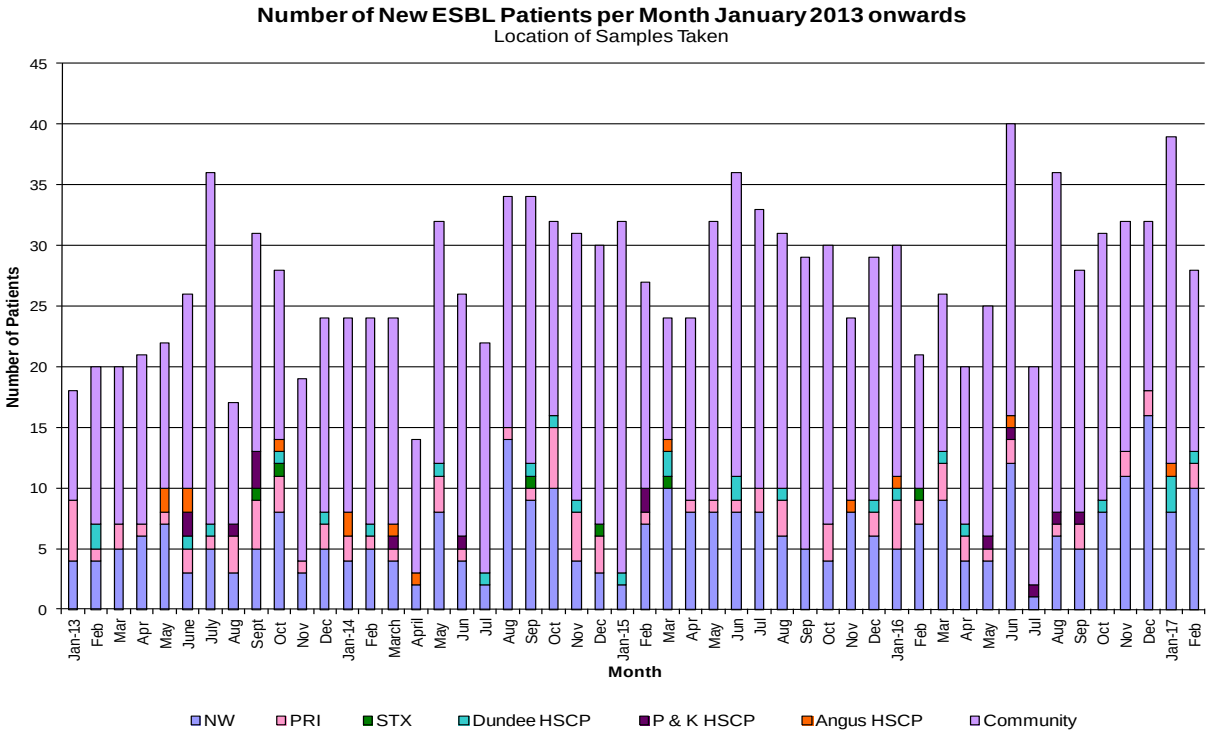


C.difficile Infection (CDI) HEAT target is 32 over the age of 15 years per 100 000 Occupied Bed Days. **Appendix 4**



CDI rate is stable with no outbreaks but just above the target.

ESBLs and other multi-drug resistant Gram-negative bacteria **Appendix 5**



No significant change or triggers breached in any single ward, though there continues to be small numbers of new cases detected. Allocating place of acquisition is difficult, as there is a mixture of hospital and community acquired cases. The place of detection is not necessarily the place of acquisition.

Carbapenemase Producing Enterobacteriaceae (CPE)

NHS Tayside is progressing with the requirement to screen for CPE in line with National recommendations and in addition has locally enhanced surveillance. Screening is included in the Clinical Risk Assessment documentation and education and awareness raising continues. These can arise in the community as well as in hospital settings. No new cases identified in the months covered by this report. New screening guidelines were issued by HPS and NHS Tayside is complying with these with a local enhancement.

Antimicrobial Prescribing Section **Appendix 6**

Secondary Care Audit Process

For 2016/17 the Scottish Antimicrobial Prescribing Group (SAPG) national antimicrobial prescribing indicator requires data to be collected to provide the following information for two downstream wards on each site (Ninewells Wards 6 and 8 and PRI Wards 1 and 6):

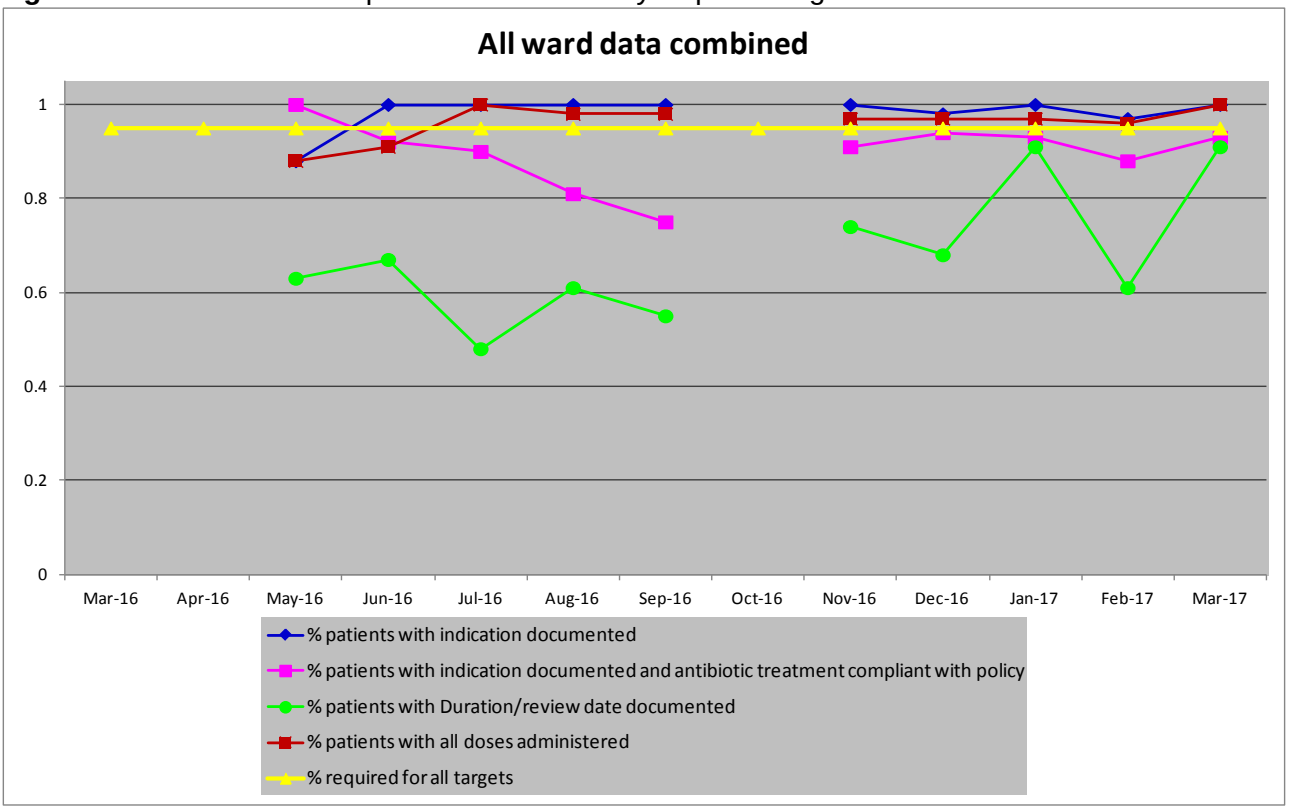
- missed doses of antibiotics
- duration/review date of antibiotic documented
- indication documented in notes
- antibiotic compliance with local guidance.

To ensure continuity and quality of monthly data for national and local submission, the data collection and reporting process has been updated. The Antimicrobial Pharmacist and Nurse collect monthly data and will continue to do so until all clinical teams can be engaged in this process. The Antimicrobial Management Team (AMT) provide support around all areas of this data collection and review results monthly to identify any issues of concern which are fed back to the clinical teams for education and improvement.

The required target for each element detailed above is 95% compliance. Figure 1 shows the NHS Tayside data to December 2016.

The AMT are awaiting confirmation of 2017/18 national antimicrobial prescribing indicators.

Figure 1: Combined % Compliance with nationally required target



No data collected in October due to national Point Prevalence Survey data collection.

Compliance with antibiotic guidance within NHS Tayside is reported quarterly to clinical teams in selected wards. Other areas are auditing antimicrobial prescribing according to local needs. The AMT continue to provide support and guidance around all aspects of antimicrobial prescribing within NHS Tayside. SAPG and the NHS Scotland HAI Standards require that AMTs are confident that the levels of antibiotic compliance are maintained.

The inappropriate and excessive use of prescribing carbapenem antibiotics (e.g. meropenem) has been recognised nationally as a serious threat to our ability to treat multi-resistant pathogens. To address this ward based pharmacy staff identify patients prescribed meropenem and alert the antibiotic pharmacy team of these patients. Patients prescribed meropenem are then reviewed by microbiologists or the infectious diseases medical staff to ensure use is appropriate. Meropenem use is reviewed at each AMG meeting.

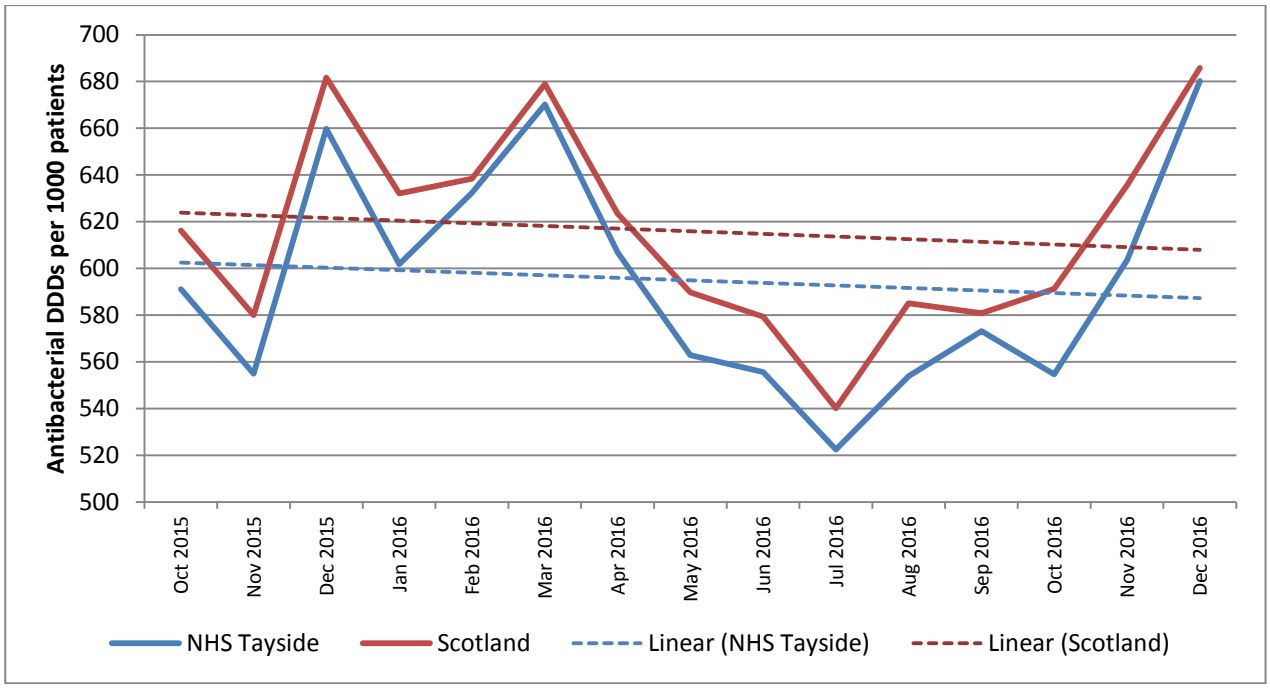
Primary Care

The primary care National Therapeutic Indicators (NTI) has not been set for 2016-17, but is likely to continue to include an indicator for overall use of antibiotics. The aim of reducing total antibiotic prescribing is likely to prove to be challenging and practices have been signposted to supporting resources such as audit templates and educational packages as well as individual support from AMG members. Figure 2 outlines the spread of antibiotic prescribing in general practice within NHS Tayside based on the targets set for the 2015-16 NQI.

Whilst the '4-C' antibiotic groups which have the highest risk of contributing to CDI are no longer formally measured as a HEAT target, it remains a priority to monitor and follow up outlying prescribing patterns of these agents in primary care. Overall however the level of prescribing of these antibiotics remains low, relative to overall antibiotic prescribing, see Figure 3.

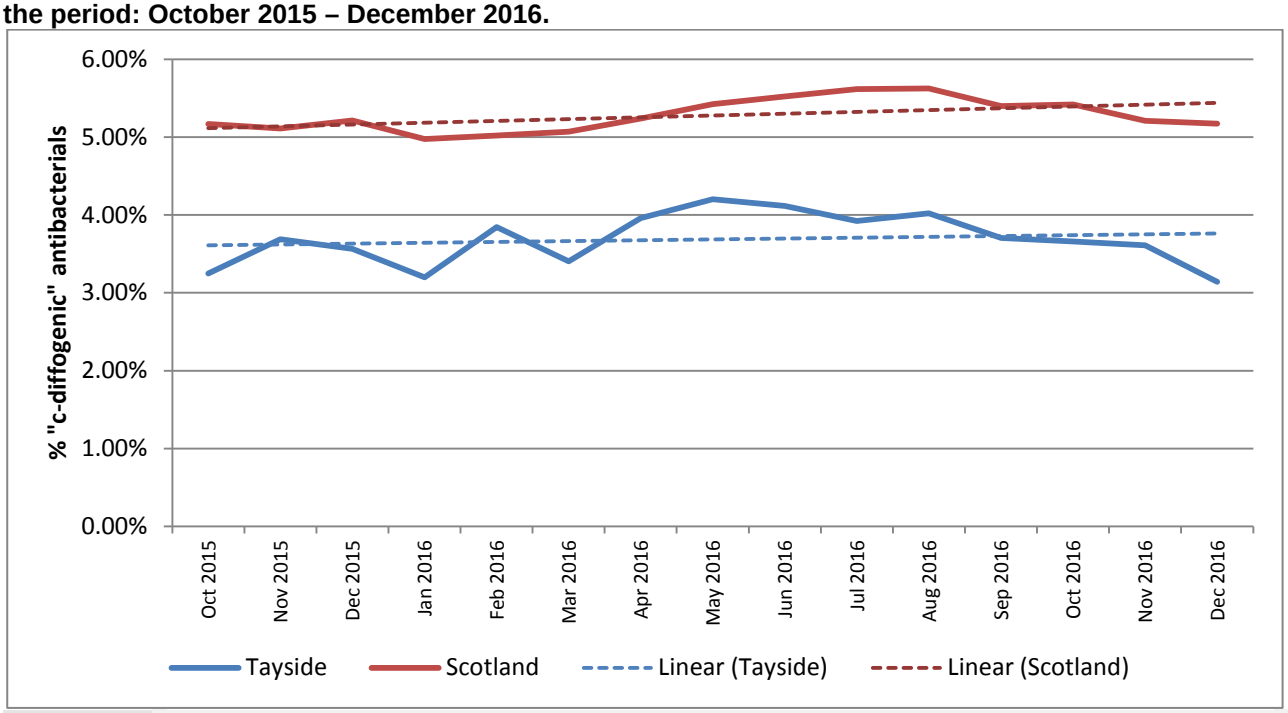
Excellent progress has been maintained in reducing the overall use of antibiotics and specifically those that carry a higher risk of *C difficile* infection for NHS Tayside as a whole. However, there continues to be significant variation in antibiotic prescribing between general practices within NHS Tayside. The National Quality Indicator for overall use of antibiotics will continue to be challenging due to the target being re-set from baseline data in 2016.

Figure 2: NHS Tayside and Scotland: - Antibiotic DDDs per 1000 patients during the period: - October 2015 – December 2016



✍ It is encouraging to see the sustained downward trend.

Figure 3: NHS Tayside and Scotland: - 'C-diffogenic' antibacterials as a % of all antibacterials during the period: October 2015 – December 2016.



✍	The sustained low level in 'c-diffogenic' antibiotic prescribing has been very encouraging. The very slight upward trend is likely to be due to a reduction in overall antibiotic use and a relatively steady use of '4-C' preparations; but will continue to be monitored.

Surgical Site Infection Surveillance (SSI) **Appendix 7**

Surveillance continues as per National requirements. No local exceptions to report for SSI this report. Local surveillance figures including 30 day post discharge figures where appropriate.

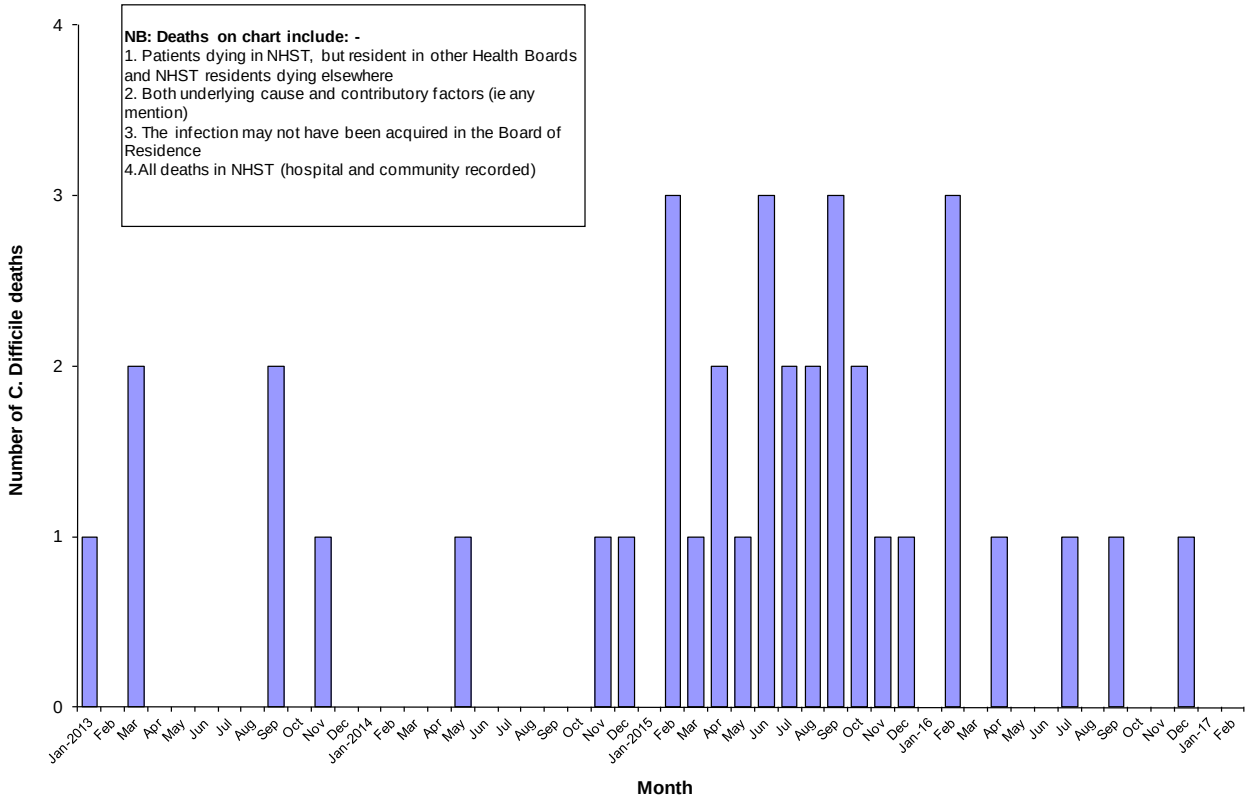
NOF = neck of femur Hip = Total hip replacement Knee = total knee replacement

Month	C section no. (% infection)	NOF no. (% infection)	Hip no. (% infection)	Knee no. (% infection)	Colorectal no. (% infection)
Jan 15	87 (2)	43 (2)	64 (6)	35 (3)	22 (18)
Feb	84 (2)	34 (0)	53 (6)	35 (0)	23 (4)
Mar	117 (3)	29 (0)	70 (4)	39 (3)	24 (25)
Apr	103 (4)	49 (0)	52 (0)	38 (0)	18 (11)
May	112 (2)	44 (0)	51 (2)	37 (0)	13 (15)
June	140 (3)	25 (0)	61 (3)	44 (2)	28 (14)
July	122 (2)	52 (0)	60 (0)	32 (3)	17 (6)
Aug	116 (4)	46 (2)	61 (0)	45 (0)	29 (10)
Sept	109 (3)	46 (4)	61 (0)	50 (0)	34 (21)
Oct	103 (6)	41 (0)	62 (3)	47 (0)	14 (7)
Nov	81 (1)	49 (0)	70 (0)	38 (0)	27 (0)
Dec	89 (7)	55 (0)	58 (0)	45 (0)	19 (21)
Jan 16	91 (3)	48 (2)	68 (0)	34 (0)	26 (15)
Feb	84 (2)	36 (0)	88 (2)	51 (0)	18 (33)
March	92 (3)	42 (0)	64 (0)	46 (0)	19 (21)
Apr	73 (5)	48 (0)	66 (2)	38 (0)	21 (10)
May	120 (5)	43 (0)	75 (1)	49 (0)	25 (12)
June	107 (7)	48 (0)	77 (6)	46 (0)	32 (6)
July	122 (3)	42 (2)	57 (0)	38 (0)	20 (0)
August	111 (2)	47 (0)	67 (1)	44 (0)	20 (15)
Sept.	110 (1)	42 (5)	63 (0)	34 (0)	22 (0)
Oct	87 (2)	38 (0)	47 (2)	40 (0)	20 (0)
Nov	94 (1)	56 (2)	68 (3)	47 (0)	27 (7)
Dec	101 (2)	59 (0)	66 (2)	31 (0)	23 (9)
Jan 2017	87 (0)	66 (0)	69 (0)	37 (0)	22 (0)
Feb					

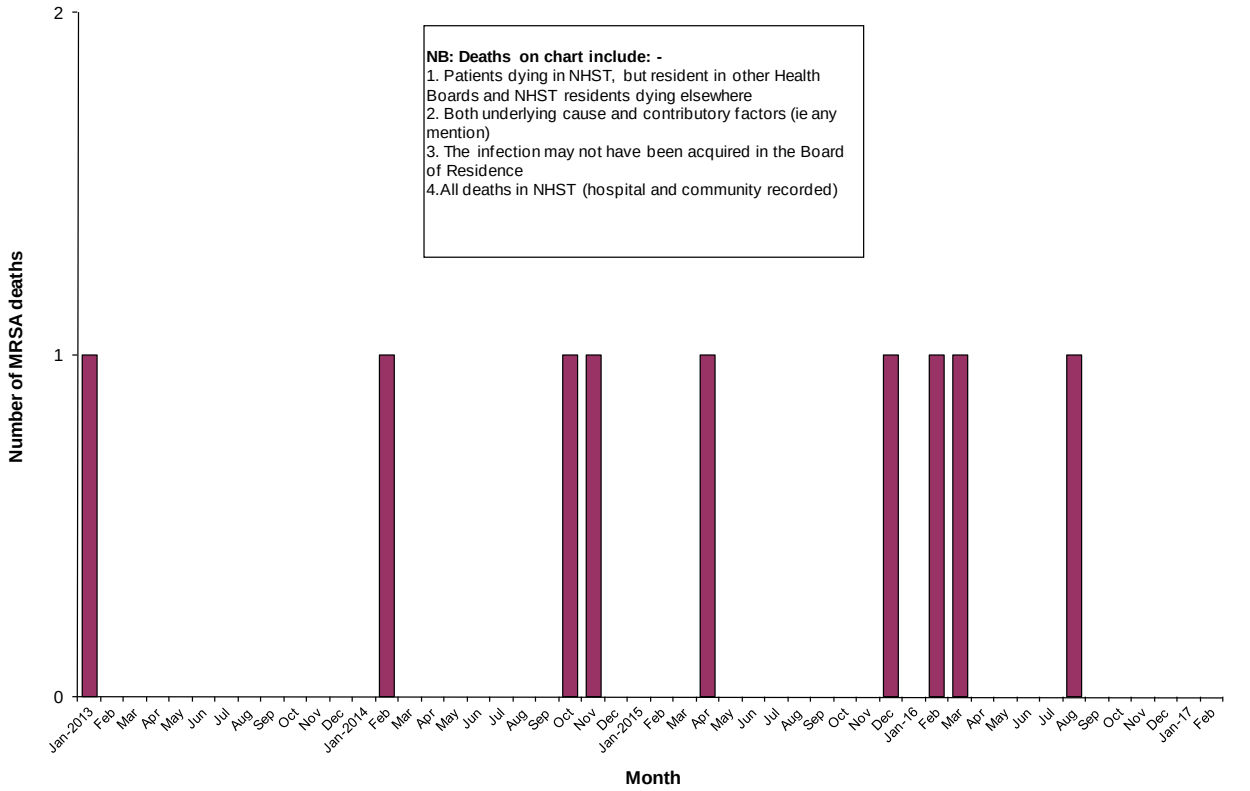
Hot Topics/ Horizon Scanning **Appendix 8**

- Single room provision: limited single rooms entered as a risk for the organisation.
- Increase in negative pressure rooms required in level 2/3 areas: entered as a risk for the organisation in relation to the ability to deliver care for patients with possible or confirmed MERS-CoV or Avian influenza.
- Multi-resistant gram-negative bacteria for which antibiotic treatment is severely restricted. We are seeing a small increase in the number of these bacteria being identified in the laboratory. Staff awareness on the need to screen for these in high risk groups is increasing.
- New surgical site surveillance work streams are due to come on stream in 2017. NHS Tayside already collects some data on large bowel surgery (see SSI section). Vascular procedures will start surveillance in due course. There are minor changes to some of the other work streams which will be implemented where appropriate

Number of HAI Deaths (for *C. difficile*) Recorded on any line on the MCCD for NHS Tayside per Month, January 2013 - February 2017



Number of HAI Deaths (for MRSA) Recorded on any line on the MCCD for NHS Tayside per Month January 2013 - February 2017



HEI Inspections **Appendix 10**

Update – March 2017

Previous Inspections to NHS Tayside by HEI:-

Announced

- Whitehills Health and Community Care Centre (Complete)
- Arbroath Infirmary – March 2016 (Complete)
- Stracathro Hospital – May 2012 (Complete)
- Perth Royal Infirmary - May 2010 (Complete)
- Ninewells Hospital - November 2009 (Complete)

Unannounced

- Ninewells Hospital – January 2016
- Perth Royal Infirmary – November 2015 (Complete)
- Stracathro – July 2015 (Complete)
- Ninewells Hospital – March 2014 (Complete)
- Perth Royal Infirmary – December 2013 (Complete)
- Stracathro – April 2013 (Complete)
- Ninewells Hospital – October 2012 (Complete)
- Perth Royal Infirmary – February 2012 (Complete)
- Ninewells Hospital – November 2011 (Complete)
- Stracathro Hospital – May 2011 (Complete)
- Ninewells Hospital – April 2011 (Complete)
- Ninewells Hospital – November 2010 (Complete)

Whitehills Health and Community Care Centre

An announced inspection took place to Whitehills Health and Community Care Centre on 27th and 28th September 2016. This is the second inspection to a community facility within NHS Tayside and resulted in 2 requirements. One requirement was related to providing a lockable facility for clinical waste awaiting uplift and the second requirement related to the local estates team complying with the process to sign off works on completion. The final report and improvement action plan were published on Wednesday 7th December 2016 with the 16 week follow-up improvement action plan returned Wednesday 5th April 2017.

Ninewells Hospital, January 2016

An unannounced inspection took place to Ninewells Hospital on 12th and 13th January 2016 resulting in one requirement in relation to compliance with Health Protection Scotland (HPS) guidance on the use of personal protective equipment. It is welcome to note that NHS Tayside was commended on significant improvement since the last inspection in March 2014. The 16 week follow-up improvement action plan was submitted May 2016 with the one outstanding requirement being the subject of continued discussion at a national level. A national SLWG has been established with representation from NHS Tayside included. The outcome of the SLWG is awaited and it is anticipated that this will assist NHS Tayside to achieve full compliance.

Glossary **Appendix 11**

AOBD – Acute Occupied Bed Days

'Alert' organisms- The microbiology department supply the clinical groups with daily reports of alert organisms that are likely to cause outbreaks of infection and /or are multi –drug resistant.

Antimicrobials- An antimicrobial is a substance that kills or inhibits the growth of microbes such as bacteria (antibacterial activity), fungi (antifungal activity), viruses (antiviral activity), or parasites (anti-parasitic activity).

Bacteraemia- Bacteraemia is the presence of bacteria in the blood. It is the principal means by which local infections spread to distant organs.

Carbapenemase Producing Enterobacteriaceae (CPE). Coliforms (bowel bacteria) producing enzymes that break down a wide range of antibiotics. National guidelines for screening and isolation. Found mainly outwith Scotland at this time in certain parts of the UK but is more common in Asia, Southern Europe and other parts of the world. Considered to have the potential to be one of the most significant threats to public health

C difficile- *Clostridium difficile* is a species of bacteria called *Clostridium, which* are anaerobic spore-forming rods. It causes a range of symptoms from diarrhoea through to a severe inflammation of the large bowel pseudomembranous colitis. Although part of the normal gut flora in about 5% of the adult population, infection can occur after normal gut flora is altered by the use of antibiotics. Treatment is by stopping antibiotics and commencing specific anti-clostridial antibiotics, e.g. metronidazole. CDI is short for *Clostridium difficile* Infection.

Cohorting. The grouping together of patients with the same infection/symptoms to reduce risk of spread to unaffected individuals: so for instance there may be a bay of patients with symptoms of diarrhoea and a separate bay where patients are not symptomatic. It can be done by bay (or rarely by ward). It would be started when the capacity to care for such affected patients exceeds the number of single rooms. It preferably should include dedicated facilities for positive (affected) or negative (not affected) cohort patients and may or may not be managed with cohort nursing staff.

DDD. Defined daily dose. The DDD is the assumed average maintenance dose per day for a drug used in its main indication in adults.

ESBLs. Extended spectrum beta-lactamase enzyme producers. These are bacteria like *E coli* which cause a range of infections such as urinary tract infections or blood poisoning and have acquired the ability to produce the ESBL enzymes. This means these germs are able to destroy all antibiotics in the penicillin and cephalosporin classes. Often these bacteria are resistant to other types of antibiotic and this leaves a very restricted choice for treatment and often the patient needs intravenous treatment. Mostly seen in community settings at the moment.

HEAT- HEAT targets are a core set of Ministerial objectives, targets and measures for the NHS. HEAT targets are set for a 3-year period and progress towards them is measured through the Local Delivery Plan process.

MRSA - Meticillin-resistant *Staphylococcus aureus*, (MRSA) is a specific strain of the *Staphylococcus aureus* bacterium that has developed antibiotic resistance, first to penicillin since 1947, and later to meticillin and related anti-staphylococcal drugs (such as flucloxacillin). Popularly termed a "superbug", it was first discovered in Britain in 1961 and is now widespread throughout the UK. There are still antibiotics left that can deal with this infection. More often than not it colonises (i.e. lives as part of the normal flora of the individual) rather than infects, but if the normal defence systems are breached for instance following an operation or if a line is put into a vein, infection can result.

Norovirus - A group of related viruses, including Norwalk and Norwalk-like viruses that can cause stomach pain, diarrhoea, and vomiting in humans.

PVL - Panton Valentine Leucocidin. A potent toxin (poison) produced by staphylococci (MRSA and MSSA) which attacks white blood cells. Most frequently seen in community isolates and often in children. It can cause a range of effects from simple but recurrent abscess through to a serious infection like pneumonia.

Quinolone antibiotics- The quinolones are a family of broad-spectrum antibiotics.

Surgical prophylaxis- Surgical prophylaxis is the use of antibiotics usually a single dose at the time of the operation to prevent infections at the surgical site.

Vancomycin resistant enterococci. Enterococci are a normal part of human bowel flora. They rarely cause infection and if they do tend to be UTIs. Can cause bacteraemia in at risk patients. The ‘ALERT’ antibiotic sensitivity pattern (vancomycin resistance) is readily traceable. These usually colonise rather than infect. Other antibiotic choices are available if treatment is required.

Item 14

Please note any items relating to Board business are embargoed and should not be made public until after the meeting

BOARD38/2017
Tayside NHS Board
4 May 2017

TAYSIDE NHS BOARD KEY METRICS REPORT

Ms L Wiggin
Chief Operating Officer

Ms L McLay
Chief Executive

Dr A Cook
Medical Director – Operational Unit

April 2017

NHS Tayside

Key Metrics Report
to February 2017

Lorna Wiggin
Chief Operating Officer
NHS Tayside

Alan Cook
Operational Medical Director
NHS Tayside

Lesley McLay
Chief Executive
NHS Tayside

CONTENTS

	Page
1. Access	3 - 11
2. Efficiency	12 - 20
3. Patient Safety	21 - 24
4. Data Quality	25 - 26
5. Feedback and Complaints	27 - 28
6. Unscheduled Care Measurement	29 - 31

Waiting Times Definitions — Key Metrics Update, as at end February 2016

Measure	Definition	Data Source	Data Validation	Time Period Reported
Treatment Time Guarantee (TTG)/ Stage of Treatment (SOT)	*Inpatient/Daycases (Treatment Time Guarantee):* Treated and waited more than the 84 days - Measures the number of inpatient/daycase patients who were treated and had waited over 84 days from the clock start date to the date of admission. Waiting > 84 days TTG target as at month end - Measures the number of patients on the inpatient/daycase waiting list waiting over 84 days from the clock start date to the census date (month end) (Removals by patient or Hospital from the waiting list are not included) *Outpatients:* Measures the number of patients on the Outpatient waiting list waiting over 12 weeks from the clock start date to the census date (month end), (including cases with unavailability) as at the month end. Percentage of New Outpatients waiting < 12 weeks as at month end (includes unavailable patients) as at the month end. Number of New Outpatient waiting over 16 weeks as at the month end (includes unavailable patients). *Diagnostics:* Measures the number of patients waiting over 6 weeks for one of 8 key diagnostic tests from the clock start date to the census date (month end). Diagnostic tests include; upper endoscopy, lower endoscopy, Cystoscopy, colonoscopy, MRI, CT, non-obstetric ultrasound, barium studies. Rankings are displayed to compare our performance with that of the 10 other territorial boards (namely, Ayrshire & Arran, Boarders, Dumfries & Galloway, Fife, Forth Valley, Glasgow & GC, Grampian, Highland, Lanarkshire and Lothian). The rankling scale is from 1st – 11th with 1st representing the best performance	TOPAS	TTG Validated data available on 5th of month for previous month's data. SOT & Diagnostics available on 18th of month for previous month's data.	February 2017
Unavail-ability	Measures the number of patients on the new outpatient or Inpatient/Daycase waiting list who have a clock start date that has been adjusted by period(s) of unavailability i.e. where the patient is deemed unavailable for treatment for medical of social reasons. The Scottish Average provided as a benchmark is based on the % of patients unavailable for 30th June 2014 for NHS Scotland (data source - ISD).	TOPAS	Validated data available on 18th of month for previous month's data.	February 2017
A&E	Measures the % of patients discharged / admitted / transferred within 4 hours of their arrival at A&E, excluding planned return and recall patients. Rankings are based on the same criteria as described above for TTG/SOT.	Symphony	Validated data is available on the 15th of each month for the previous month data.	February 2017
18 Week Referral to Treatment	Measures the % performance and % completeness for admitted, non admitted and combined (admitted & non admitted) pathways. *Performance* measures the % of patients seen within 18 weeks from referral to treatment. *Completeness* measures the % of patients with a linked pathway, the whole pathway can be measured from date of receipt of referral to treatment date. The Scottish Average provided as a benchmark is based on the performance across Scotland as published by ISD.	Aridhia UPT	Validated data is available on the 20th of each month for the previous month's data.	February 2017
Cancer Waiting Times	*31 Day Target* - Measures the time from the date of decision to treat until the date of first treatment for 9 major cancer groups. The information includes 31 day performance for all referrals. *62 Day Target* - Measures the time from the date of receipt of initial referral into secondary care until the date of first treatment for 9 major cancer groups. The information includes 62 day performance for all patients referred urgently with a suspicion of cancer and for screened positive patients. *Cancer Groups*: Colorectal, Breast, Haematology, Head & Neck, Lung, Skin, Upper GI, Urology, Gynaecology. Rankings are displayed to compare our performance with that of the 10 other territorial boards. This ranking is based upon performance across Scotland as published by ISD. # The board are advised that whilst cancer waiting times figures are validated on a monthly basis, a final quarterly validation is undertaken approximately one month following quarter end which can result in some minor variations to the reported position. Figures included are the final validated figures for quarter 1 2015/16.	eCase	The submission date is the 20th of the month. The validated report is signed off by AMD or GM (Access) on or around, the 19th of each month.	February 2017

NHS Tayside

Improved performance ↑	Same performance ↔	Worse performance ↓

Waiting Times

		Dec-16	Jan-17	**Feb-17**	Target	Actual vs. Trajectory	Ranking	Performance	On Track
Treatment Time Guarantee / Stage of Treatment	Inpatient/Daycase patients treated and waited more than the 84 days TTG target	386	397	**424**	0	N/A	7th	↓	X
	Inpatient/Daycase patients waiting > 84 days TTG target as at month end	1124	1186	**1276**	0	**-82**	8th	↓	X
	New Outpatients waiting > 12 weeks target as at month end	4888	4557	**3984**	0	**-721**	5th	↑	X
	% of New Outpatients waiting < 12 weeks as at month end	74.6%	75.7%	**78.3%**	95%	N/A	5th	↑	X
	Number of New Outpatients waiting > 16 weeks as at month end	3019	2688	**2383**	0	N/A	5th	↑	X
	Diagnostics–8 key tests waiting > 6 weeks target as at month end	325	394	**191**	0	**+111**	5th	↑	X

		Dec-16	Jan-17	**Feb-17**	Target	Scottish Ave	Performance	On Track
Unavailability	% total IP / DC unavailability	11.0%	8.8%	**8.6%**	-	10.7%	↑	✓
	of total % medical	2.1%	2.0%	**2.1%**	-	2.6%	↓	✓
	of total % patient advised	8.4%	5.9%	**5.9%**	-	7.1%	↔	✓
	of total % of patient requested	0.6%	1.0%	**0.5%**	-	1.0%	↑	✓
	% total OP unavailability	1.56%	1.42%	**1.67%**	-	2.12%	↓	✓
	of total % medical	0.08%	0.07%	**0.06%**	-	0.24%	↑	✓
	of total % patient advised	1.45%	1.32%	**1.58%**	-	1.66%	↓	✓
	of total % of patient requested	0.03%	0.03%	**0.03%**	-	0.22%	↔	✓

		Dec-16	Jan-17	**Feb-17**	Target	Variance from LDP	Ranking	Performance	On Track
A&E	A&E patients seen within 4 hour target	97.1%	97.7%	**98.2%**	95%	**+0.2%**	1st	↑	✓

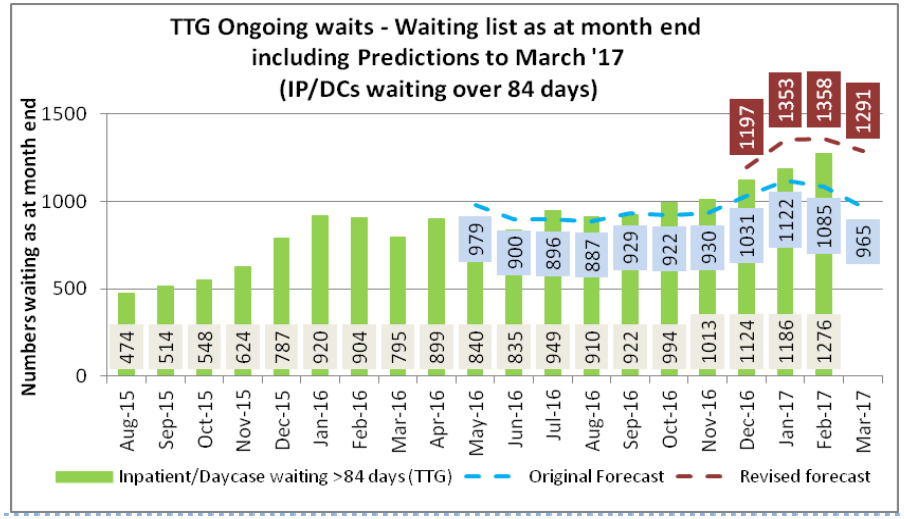
		Dec-16	Jan-17	**Feb-17**	Target	Ranking	Performance	On Track
18 wks RTT combined (including Audiology)	% of patients seen within 18 weeks – combined performance	84.2%	83.1%	**84.4%**	90%	6th	↑	X
	% of admitted patients seen within 18 weeks	51.7%	51.1%	**53.4%**	90%	9th	↑	X
	% of non admitted patients seen within 18 weeks	86.8%	85.7%	**87.1%**	90%	7th	↑	X
	% of patients linked to original referral combined completeness	99.7%	99.6%	**99.6%**	90%	3rd	↔	✓
	% of admitted patients linked to original referral	96.0%	94.6%	**95.5%**	90%	9th	↑	✓
	% of non admitted patients linked to original referral	100%	100%	**100%**	90%	1st =	↔	✓
	% of patients with 18 week RTT outcome codes completed	98.6%	98.5%	**98.8%**	90%	3rd #	↑	✓

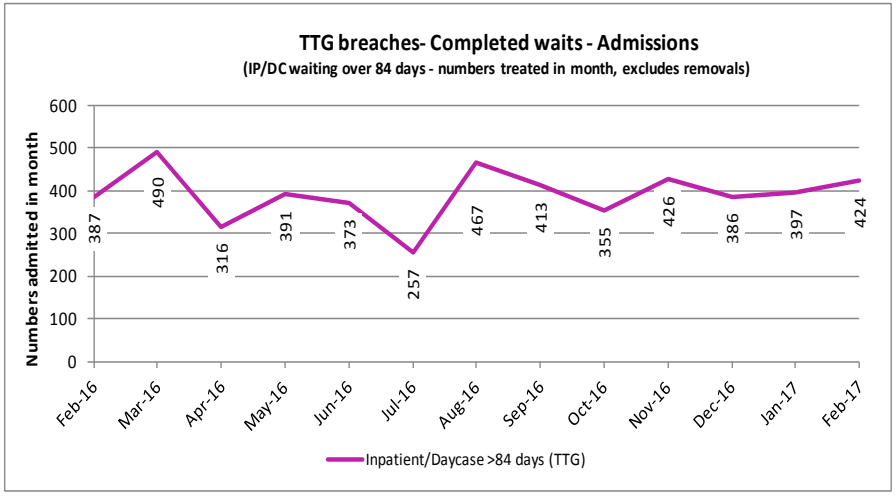
		Dec-16	Jan-17	**Feb-17**	Target	Ranking	Performance	On Track
Cancer Waiting Times	31-day target	93.3%	91.0%	**93.7%**	95%	11th	↑	X
	62-day target	87.5%	89.5%	**87.3%**	95%	6th	↓	X

Rankings and Scottish average for Unavailability – Please note these apply to the October -December'16 (3rd quarter) position across Scotland, excluding Island Boards. National data is released quarterly; the March 2017 position will be available late May 2017.

18 weeks RTT – the 3rd quarter 2016/17 position is embargoed until late May 2017 therefore the 2nd quarter position has been provided. # Only 10 mainland boards provided data.

Inpatient/Daycase TTG – Ongoing Waits and Completed Waits





Ongoing waits

At the end of February 2017, **1276** patients had been waiting over 12 weeks for admission compared to 1186 at the end of January 2017. The 1276 patients are in the following specialities; 419 Urology; 389 Orthopaedics; 277 General Surgery (ex Vascular); 46 Gynaecology (includes 19 patients for mesh procedures); 42 Vascular Surgery; 36 Plastic Surgery; 27 Ophthalmology; 19 Cardiology; 10 ENT Surgery; 4 Paediatric Surgery; 3 Paediatric Dentistry; 2 OMFS; 1 Community Dental Practice and 1 Neurology.

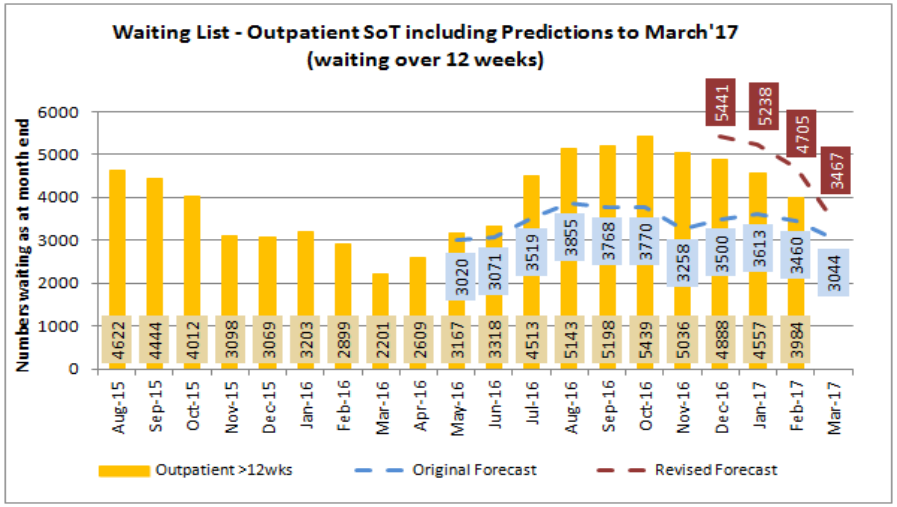
Current performance in respect of ongoing waits (1276 at the end of February 2017) places us ahead of the revised trajectory (1358), which was updated in December to take account of unplanned sickness absence which has impacted upon elective capacity.

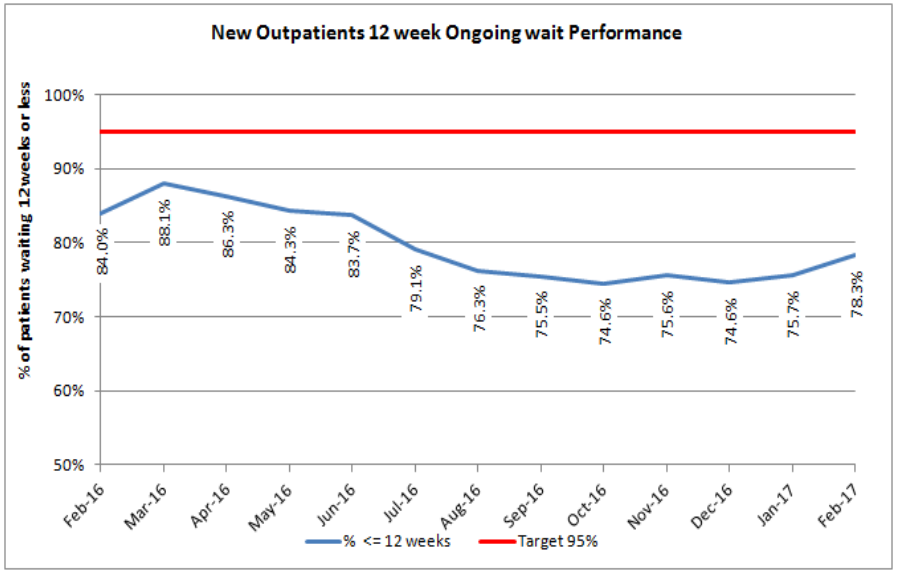
Completed waits

In February 2017 the number of TTG breaches admitted increased to **424** from 397 in January 2017. Of the 424 breaches, 136 occurred within Orthopaedics; 63 in Ophthalmology; 60 Urology; 58 General Surgery; 26 Gynaecology; 23 Plastic Surgery; 19 ENT Surgery; 14 Cardiology; 10 Vascular Surgery; 6 Paediatric Surgery; 4 neurosurgery; 2 OMFS; 2 Paediatric Dentistry and 1 Community Dental Practice.

Current performance in respect of ongoing waits (1276 at the end of February) places us ahead of the revised trajectory (1358) by 82 cases. Whilst Orthopaedics and General Surgery have the large volumes of patients waiting over 84 days and continue to remain a challenge, these specialities are currently within their performance trajectories for the year with implementation of recovery actions having the impact anticipated. However, Urology are currently outwith their trajectory (actual 419, revised trajectory 343) and now are the speciality with the greatest volume of patients waiting greater than 12 weeks. The service has two Consultants due to commence in April 2017 which will support improved service capacity.

New Outpatients waiting over 12 weeks target as at month end





12 week breaches (inc unavailable patients)

The position at the end of February 2017 shows a reduction compared to January 2017 of 573 patients with **3984 (53 unavailable), January 4557 (102 unavailable).**

Current performance in respect of ongoing waits over 12 weeks (3984 at the end of February) places performance ahead of the revised trajectory (4705) by 721. Specialities are now on plan to deliver their revised trajectory however some risks remains regarding the ability to secure the level of independent sector support required.

The five specialities with the greatest number of patients waiting over 12 weeks were Gynaecology 868; General Surgery 439; Vascular Surgery 407; Urology 387 and Dermatology 310. Gynaecology, Gastroenterology and Dermatology all have secured additional capacity through the independent sector to reduce their current queues, whilst General Surgery are planning to deliver additional activity in house. Vascular Surgery have recruited to a technician post within the vascular laboratory as well as filling a consultant vacancy which will support a reduction in the queue during the final quarter of 2016/17. As reported above, Urology have successful recuited to two Consultant posts, with staff due to commence in April 2017.

Three specialties showed a marked improvement in February 2017 compared to end of January 2017 position. Gastroenterology patients waiting reduced by 215 cases to 179 at the end of February 2017, Dermatology reduced by 172 to 310 waiting and Respiratory Medicine reduced by 41 to 55 patients waiting at the end of February 2017.

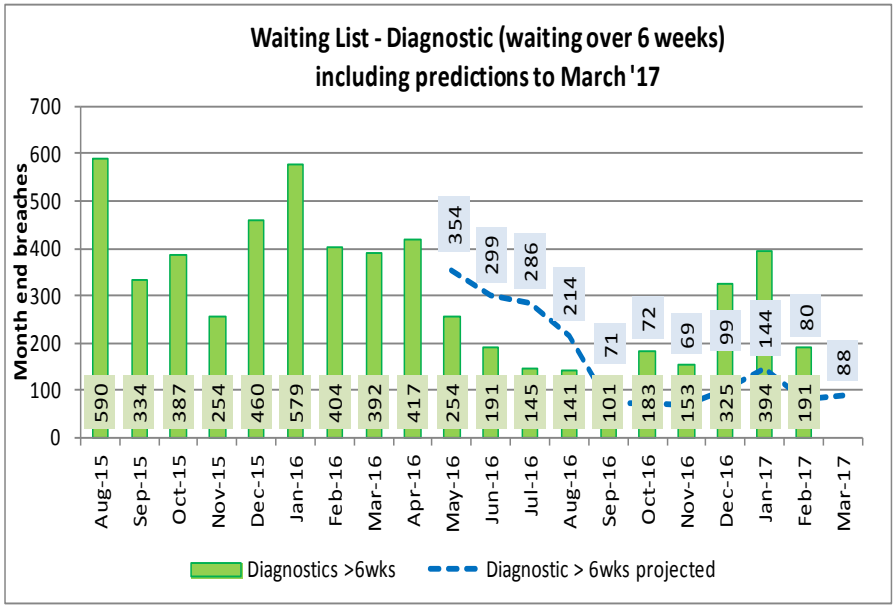
As part of the Local Delivery Plan, NHS Tayside monitors on the percentage of patients waiting over 12 weeks for an outpatient appointment, with an expectation that performance will be no lower than 95%. At the end of February 2017 the performance had improved slightly to 78.3%.

16 week breaches (inc unavailable patients)

From 1st April 2015 the Scottish Government expects all boards to measure outpatients waiting over 16 weeks, with an expectation that no patients will wait over 16 weeks for a new outpatient appointment.

The total number waiting over 16 weeks at the end of February 2017 was **2383** a decrease of 305 compared to the end of January 2017 (2688). This represents 87.0% of patients at the end of February 2017 having waited for 16 weeks or less to be seen.

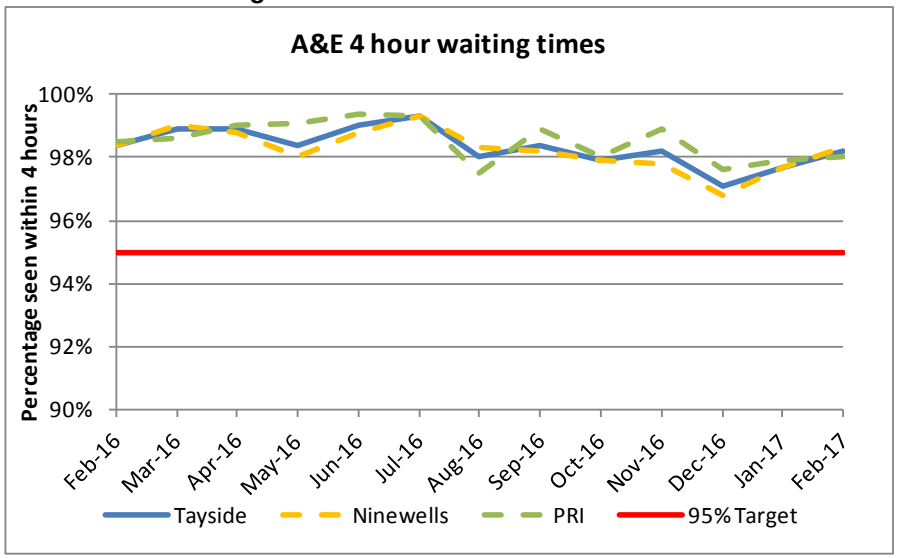
Diagnostic tests waiting over 6 weeks target as at month end



The number waiting over 6 weeks for Diagnostic Tests at the end of February **2017** was **191** comprising the following breaches: - **114** MRI**; 45** Colonoscopy; **10** Upper Endoscopy; **10** lower endoscopy (other than colonoscopy) and **12** Cystoscopy.

The February 2017 position (191) represents a reduction on the January 2017 position (394) of 203 breaches with the majority of patients waiting being for MRI and Colonoscopy. Current overall Diagnostic tests performance is behind trajectory (80) by 111 cases.

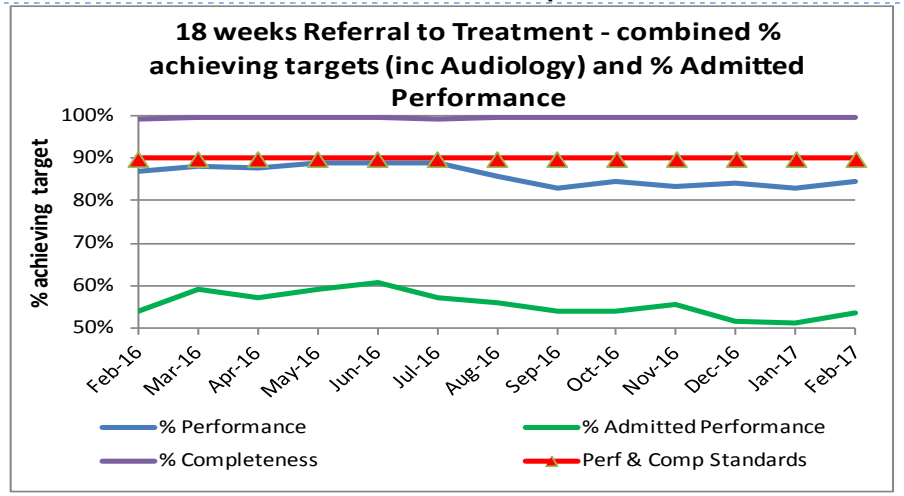
A&E 4 hour 95% target



Tayside continued to meet the 95% national target in February 2017. Both Ninewells and PRI reached the 98% Local Unscheduled Care Action Plan (LUCAP) target in February with an overall attainment of 98.2%. NHS Tayside's performance continues to be the best of all territorial boards.

The action plan for 2016/17 is to continue to attain both the national 95% standard as well as the 98% local unscheduled care action plan target.

18 weeks Referral to Treatment Combined performance

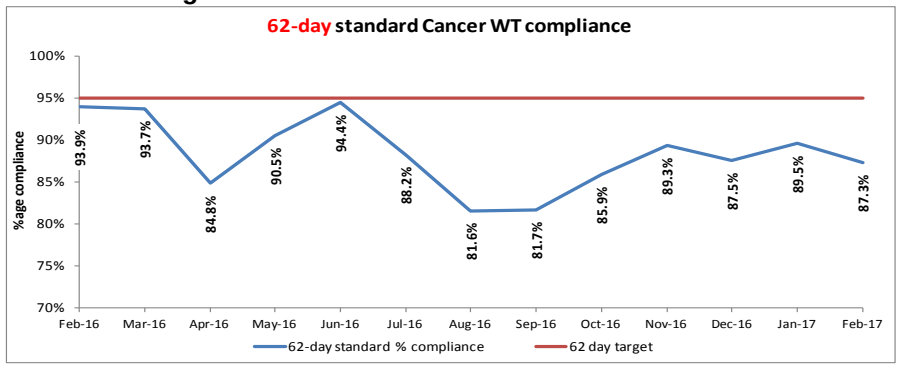


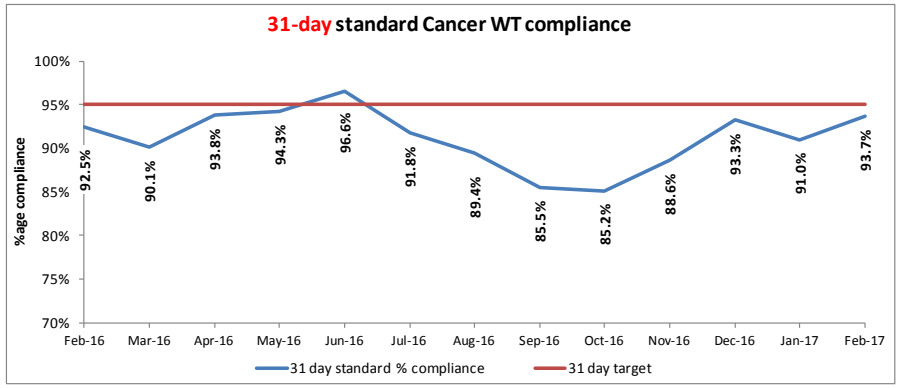
The 18 weeks referral to treatment combined performance continues to be below the 90% standard, and is impacted by the current waits for outpatients and TTG described above. The **February 2017** position improved with **84.4%** compared to January 2017 (83.1%).

The main area of challenge is our admitted pathway, which showed a slight improvement in February 2017 to 53.4% from 51.1% in January 2017. Of the specialties with completed pathways in February 2017, Gastroenterology, Community Dental Practice, OMFS and Medical Paediatrics achieved the admitted pathway standard; however these are all specialities with low volumes requiring inpatient treatment. There were 13 specialities with completed activity that did not achieve the admitted pathway standard in February 2017. These 13 include the specialities that currently have recovery plans in place for TTG.

The non-admitted pathway did not achieve the 90% standard in February 2017 with **87.1%** attained compared to 85.7% in January 2017.

Cancer Waiting Times





The 62 day performance was 87.3% in February 2017 compared to 89.5% in January 2017. The sites not delivering the 62 day standard in February 2017 were Urology (4); Colorectal (2); Breast (1); Head and Neck (1) and Gynaecology (1).

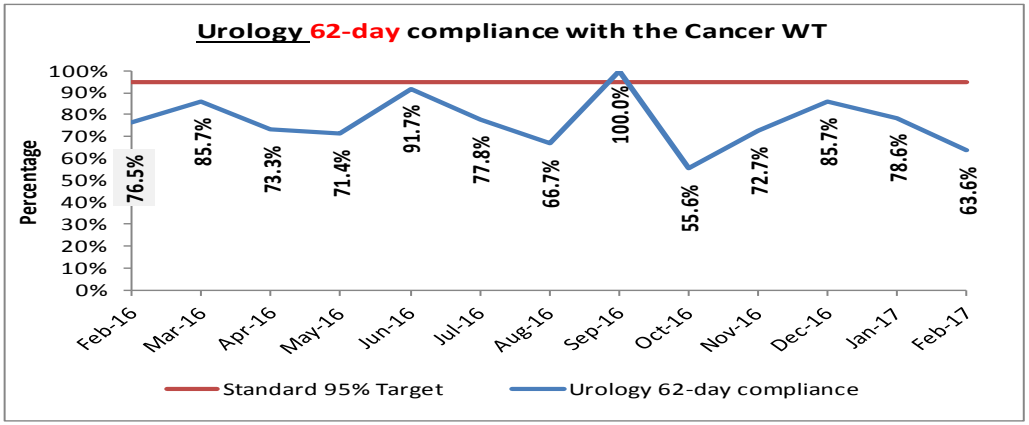
The 31 day performance was 93.7% in February 2017, showing an improvement on January 2017 (91.0%). The sites not delivering the 31 day standard in February 2017 was Urology (9 breaches). There was also 1 Breast case which breached but the site did not breach the 95% standard.

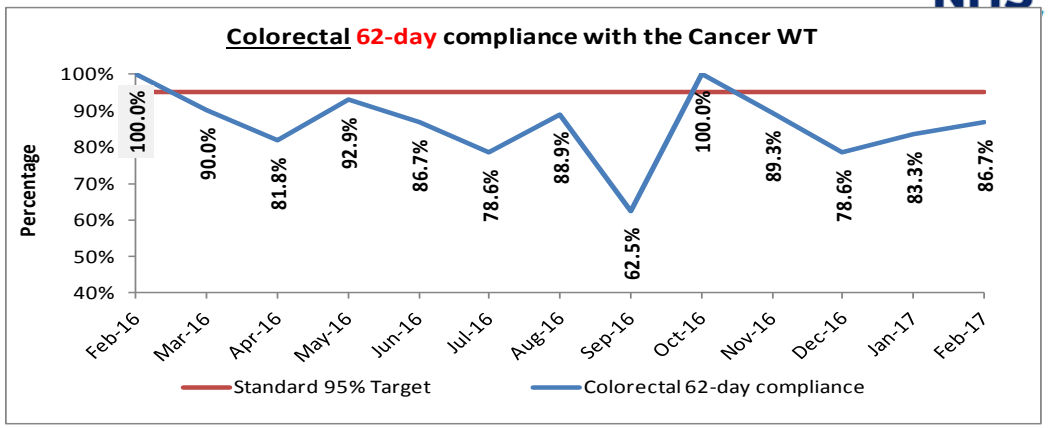
The Urology pathway, specifically prostate, continues to present the greatest challenge in supporting achievement of the 31 and 62 day standards. Performance across all other tumour sites for the 31 day waiting time standard was above the 95% threshold. The Urology service successfully appointed to two consultant vacancies, however these individuals do not have a prostate specialism and therefore there will remain a single-handed consultant for the delivery of laparoscopic prostatectomy which is the greatest contributory factor to our 31 day performance.

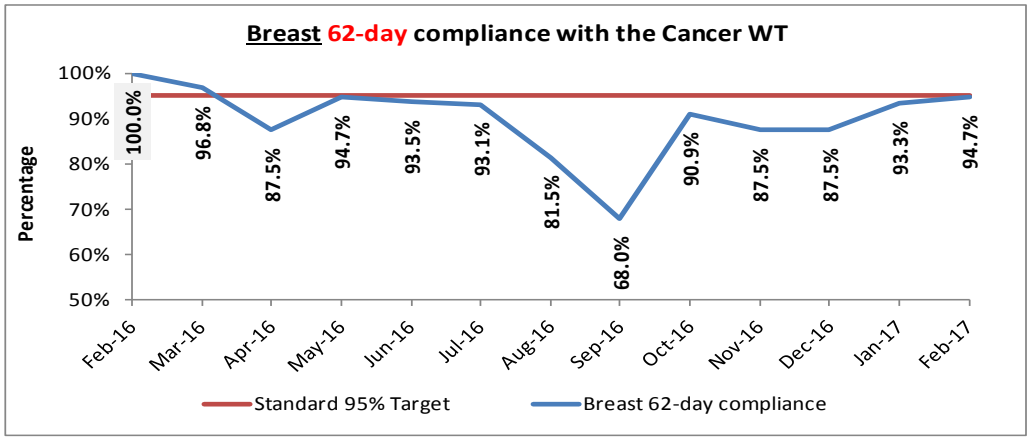
In respect of 62 day performance, the breaches for Colorectal, Gynaecology and Head & Neck were all due to delays at the start of the patients' pathways, and have been shared with the services to support learning and improvement. A Cancer Pathway Forum will be established in early 2017-18 to provide a dedicated forum to support cross-directorate review of cancer pathways alongside review of the cancer waiting times performance. The forum will have responsibility for:

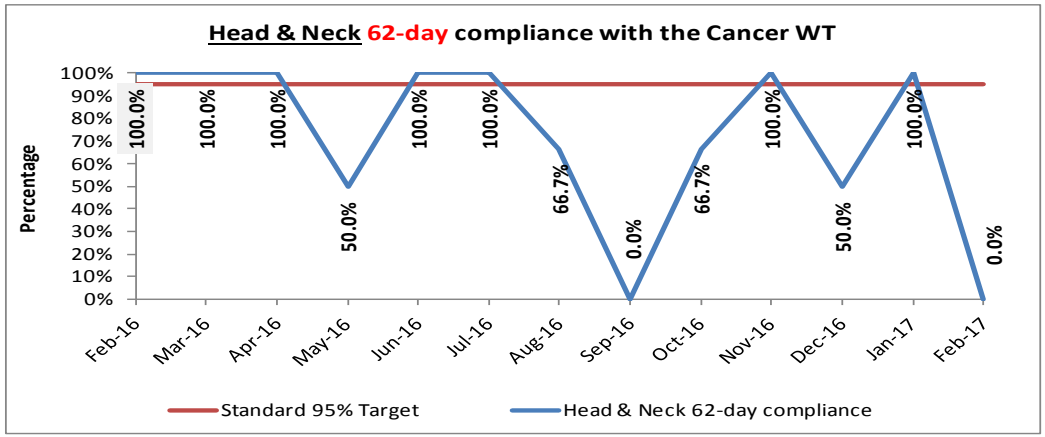
- Reviewing patient pathways to ensure they are timely and effective, understanding recurring areas of delay and working collaboratively to remove any identified barriers; and
- Reviewing cancer demand across all tumour sites that are subject to the national 62 and 31 day waiting time standards.

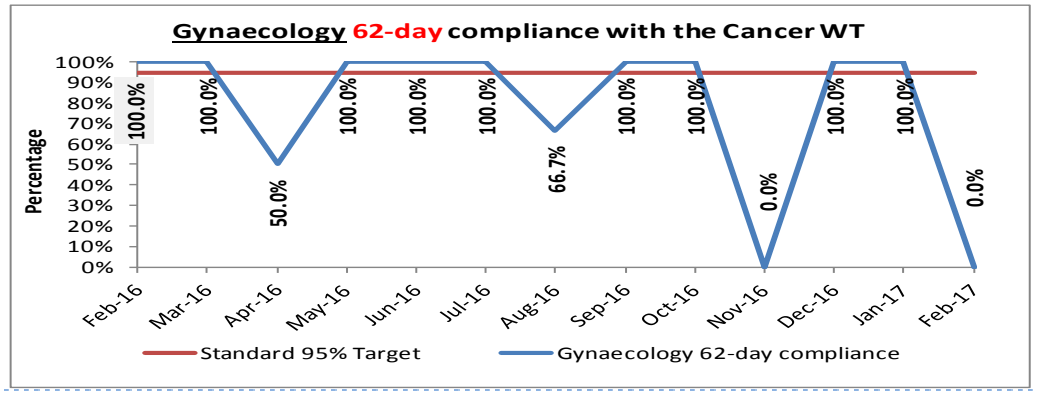
The Cancer Pathway Forum will focus on the Breast, Prostate and Colorectal pathways in the first instance, and will support the development of improvement plans.


Urology 62-day compliance with the Cancer WT
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
76.5%
85.7%
73.3%
71.4%
91.7%
77.8%
66.7%
100.0%
55.6%
72.7%
85.7%
78.6%
63.6%
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Standard 95% Target
Urology 62-day compliance


Colorectal 62-day compliance with the Cancer WT
Percentage
100%
90%
80%
70%
60%
50%
40%
100.0%
90.0%
81.8%
92.9%
86.7%
78.6%
88.9%
62.5%
100.0%
89.3%
78.6%
83.3%
86.7%
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Standard 95% Target
Colorectal 62-day compliance


Breast 62-day compliance with the Cancer WT
Percentage
100%
90%
80%
70%
60%
50%
100.0%
96.8%
87.5%
94.7%
93.5%
93.1%
81.5%
68.0%
90.9%
87.5%
87.5%
93.3%
94.7%
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Standard 95% Target
Breast 62-day compliance


Head & Neck 62-day compliance with the Cancer WT
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100.0%
100.0%
100.0%
50.0%
100.0%
100.0%
66.7%
0.0%
66.7%
100.0%
50.0%
100.0%
0.0%
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Standard 95% Target
Head & Neck 62-day compliance


Gynaecology 62-day compliance with the Cancer WT
Percentage
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100.0%
100.0%
50.0%
100.0%
100.0%
100.0%
66.7%
100.0%
100.0%
0.0%
100.0%
100.0%
0.0%
Feb-16
Mar-16
Apr-16
May-16
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Jul-16
Aug-16
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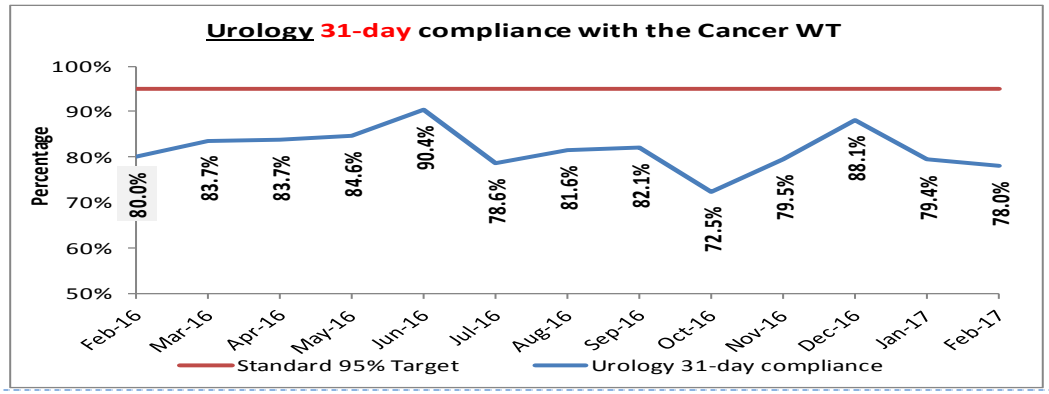
Jan-17
Feb-17
Standard 95% Target
Gynaecology 62-day compliance


Urology 31-day compliance with the Cancer WT
Percentage
100%
90%
80%
70%
60%
50%
80.0%
83.7%
83.7%
84.6%
90.4%
78.6%
81.6%
82.1%
72.5%
79.5%
88.1%
79.4%
78.0%
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Standard 95% Target
Urology 31-day compliance

ACCESS — Key Metrics Update, as at end February 2017

Waiting Times (continued)

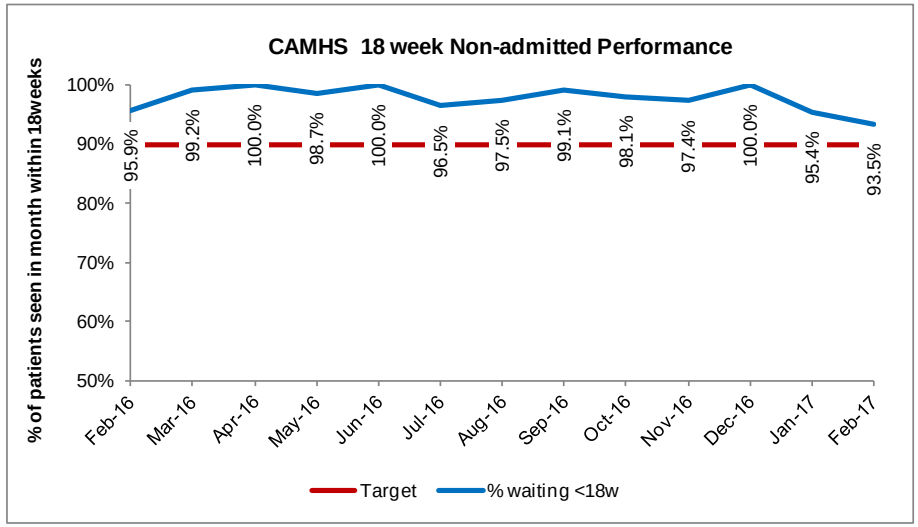
Measure	Definition	Data Source	Data Validation	Time Period Reported
Mental Health	*Child and Adolescent Mental Health:* Measures the % of patients treated in the month within 18 weeks from referral to treatment. The HEAT target set by Scottish Government was to achieve 90% compliance with 18 week RTT by the end of December 2014. *Psychological Therapies:* Measures the % of patients treated in the month within 18 weeks from referral to treatment.	TOPAS	Validated data is available on the 25th of each month for the previous month data.	February 2017
	Drug & Alcohol Services: Measures the % of clients treated within 3 weeks of referral.	Drug & Alcohol Database	Validated data is available on a quarterly basis.	December 2016
IVF Treatment	Measures the number of eligible patients commencing IVF treatment within 12 months. The clock start is the date that tertiary care agree the patient should have treatment. The clock stop is the date of the screening appointment. This is an emerging target set by Scottish Government to be achieved by March 2016.	TOPAS	Validated data is available on the 20th of each month for the previous month data.	February 2017

Improved performance ↑	Same performance ↔	Worse performance ↓

		Dec-16	*Jan-17*	***Feb-17***	*Target*	*Ranking*	*Performance*	*On Track*
Mental Health	CAMHS patients treated within 18 weeks from referral to treatment	100%	95.4%	**93.5%**	90%	4th	↓	✓
	Psychological Therapy patients treated within 18 weeks from referral to treatment	83.8%	75.1%	**74.9%**	90%	4th	↓	X
		Oct-16	*Nov-16*	***Dec-16***	*Target*			
	Drug and Alcohol clients treated within 3 weeks from referral to treatment	97.6%	96.4%	**99.5%**	90%	5th	↑	✓
		Dec-16	*Jan-17*	***Feb-17***	*Target*		*Performance*	*On Track*
IVF	% of patients seen within 12 months from agreement to treat to screening	100%	100%	**100%**	100%	1st =	↔	✓

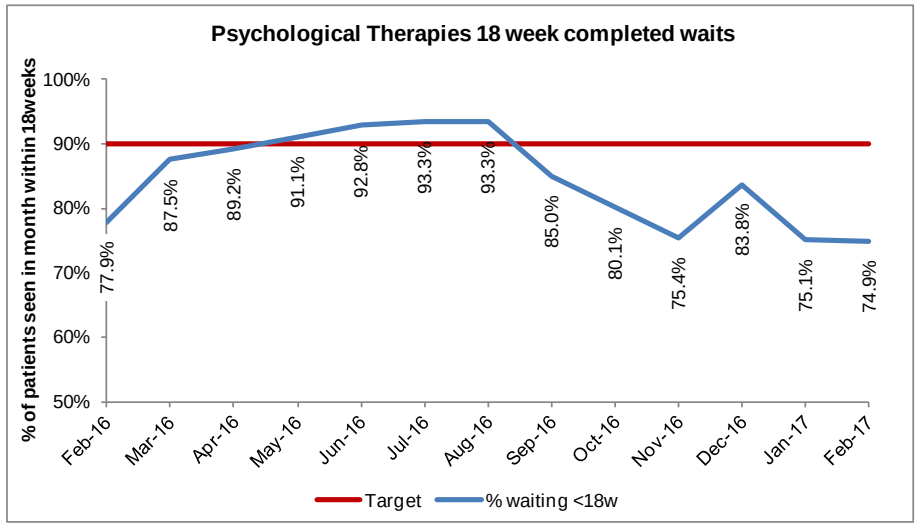
Rankings and Scottish average for Unavailability – Please note these apply to the October – December 2016 (3rd quarter) position across Scotland, excluding Island Boards. National data is only released quarterly; the March 2017 position will be available late May 2017.

CAMHS



The 18 week performance standard was met in February 2017 with 93.5% being attained. The target has been met since December 2015.

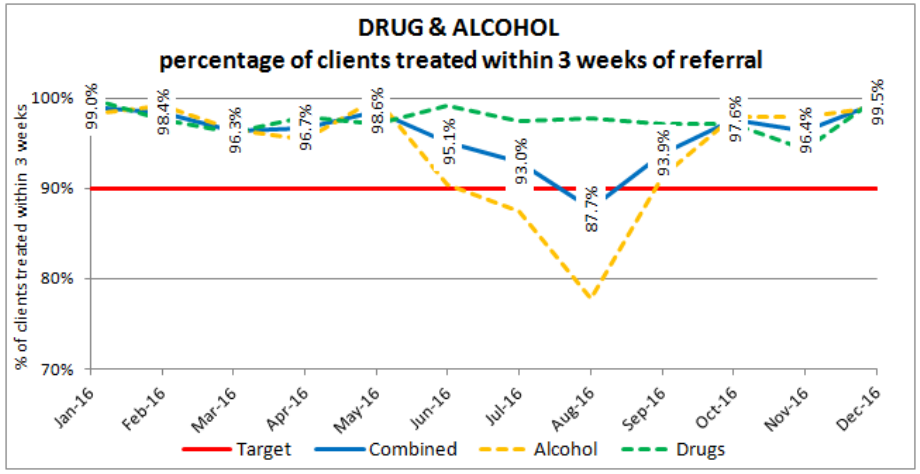
Psychological Therapies



The Psychological Therapy 18 week referral to treatment performance was not achieved in February 2017 with 74.9%. This shows a further decline in attainment from the January 2017 position of 75.1%.

As reported within the last report to the Board, the decline in performance experienced already continues to be due to the reduction in service capacity due to maternity leave and career breaks in Clinical Health Psychology and capacity issues within Older Adult Psychology and Perth tier 3 Clinical Psychology General Adult Psychiatry service. Improvements are not anticipated until vacancies have been appointed too and staff return from maternity leave.

Drug and Alcohol



The HEAT standard is monitored on quarterly performance. This was a combined Drug and Alcohol performance of **97.7%** for the quarter to December 2016 (an improvement on the previous quarter, 91.4%) with the standard being achieved.

A decline was noted for the alcohol pathway in the previous 2 quarters of 2016/17 due to staffing shortages within Dundee alcohol service. These issues were resolved with overall performance in quarter 3 2016/17 of **98.2%** (Dundee 97.4%).

The Drug service achieved **97.1%** in quarter 3 2016/17, a slight decline from 97.5% in the previous quarter.

This measure is updated quarterly with the next update being available early May 2017.

IVF

Since the introduction of a standard for IVF, NHS Tayside have consistently achieved 100% of patients seen within 12 months from agreement to treat to screening, with waiting times typically 9 months.

In June 2016 it was announced by Scottish Government that a change in the eligibility would be introduced. This would see guidance that had prevented couples where one partner had a biological child from being eligible, change so couples in this situation would now be eligible for fertility treatment. This change was implemented on the 1st September 2016. Further changes to the number of cycles couples are eligible for (currently two) are also being debated with a recommendation from the National Infertility Group to introduce a maximum of three cycles. Due to NHS Tayside's current positive performance with waits under the 12 month standard, we intend to actively monitor the impact of the revised guidance over the next 6 months to determine if any further action is required to ensure the waiting time continues to be met.

Efficiency Definitions — Key Metrics Update, as at end February 2017

Improved performance ↑	Same performance ↔	Worse performance ↓

Efficiency

Measure	Definition	Data Source	Data Validation	Time Period Reported
Same day surgery	Measures performance against BADS procedures as defined by the British Association of Day Surgeons. 'Day Surgery' includes Outpatient procedures, Day Cases and Inpatients with a length of stay of zero.	TOPAS	Validated data is available 6 weeks after the month end to allow for clinical coding to be completed.	January 2017
Pre-operative Patient stay	Measures the pre-operative stay for inpatients who are admitted for a planned procedure for **surgical specialties** only (number of days of elective pre-operative bed days / number of elective procedures for surgical specialties). Medical specialties and emergency activity excluded.	TOPAS		January 2017
Elective length of stay Acute service	Measures the average length of stay for planned admissions within acute specialties across the 3 main acute hospital locations (number of elective occupied bed days for acute specialties in 3 main acute hospital locations / number of elective episodes admitted in same period).	TOPAS	Validated data is available 6 weeks after the month end to allow for clinical coding to be completed.	January 2017
Emergency length of stay Acute service	Measures the average length of stay for emergency admissions within acute specialties across the 3 main acute hospital locations (number of emergency occupied bed days for acute specialties in 3 main acute locations / number of emergency episodes admitted in same period).	TOPAS		January 2017
Delayed Discharges	Measures the total number of patients delayed at the census date (15th of every month). The measure excludes patients with a complex reason for delay and patients awaiting commissioning / reprovisioning of services. Complex reasons are, for example, patients awaiting placement in a high level needs specialist facility or where adults lack capacity under adults with incapacity legislation etc.	EDISON	Validated data is provided as at 15th of every month and submitted by 25th of every month.	February 2017
Readmission rates	Measures the number of patients re-admitted as an emergency within 7 and 28 days of their discharge as a rate per 1000 admissions. There are separate measures for Surgical and Medical re-admissions and the information is standardised by age, sex and deprivation (SIMD 2009). The data presented is produced by the Information Services Division (ISD) and shows NHS Tayside's performance compared to the rest of Scotland	ISD, Hospital Scorecard	Data submitted to ISD is validated through clinical coding.	Quarter 2 2016/17 (Apr 16 – Jun 16)
Outpatient activity	*New: Return ratio (1:)* Measures the return attendances in proportion to new attendances for all acute consultant-led activity. *Did Not Attend Rate* Measures the number of patients who do not attend for their acute consultant-led outpatient consultation.	TOPAS/ Qlikview	Validated data is available 6 weeks after the month end to allow for clinical coding to be completed.	January 2017

NHS Tayside

EFFICIENCY TARGETS — Key Metrics Update, as at end February 2017

Improved performance ↑	Same performance ↔	Worse performance ↓

Same Day Surgery	*Nov-16*	*Dec-16*	***Jan-17***	*Benchmark**	*Performance*	*On Track*
Same Day Surgery Rate	84.6%	82.4%	**82.7%**	87.0%	↑	x
Pre-operative Patient Stays	0.32	0.22	**0.19**	0.21	↑	✓

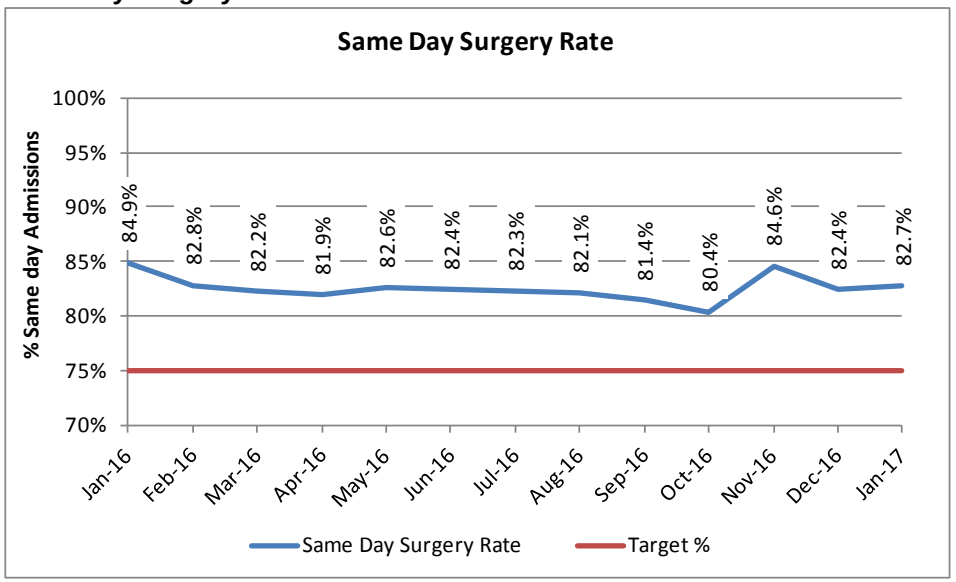
Patient Flow	*Nov-16*	*Dec-16*	***Jan-17***	*Benchmark**	*Performance*	*On Track*
Elective Average Length of Stay in Days – Acute Services	2.5	2.7	**2.5**	2.9	↑	n/a
Emergency Average Length of Stay in Days – Acute Services	3.8	3.6	**3.9**	4.4	↓	n/a

	Dec-16	*Jan-17*	***Feb-17***	*Target*	*Performance*	*On Track*
Delayed Discharges as at census date (last Thursday of the month)	67	92	**91**	0	↑	x

	Qtr 4 2015-16	*Qtr 1 2016-17*	***Qtr 2 2016-17***	*Benchmark*	*Performance*	*On Track*
Re-admission Rate - Tayside **Medicine 7 day**	61.3	64.01	**59.66**	53.42	↑	x
Re-admission Rate - Tayside **Surgery 7 day**	20.7	21.25	**26.83**	25.34	↓	x
Re-admission Rate - Tayside **Medicine 28 day**	135.8	139.23	**132.58**	116.45	↑	x
Re-admission Rate - Tayside **Surgery 28 day**	43.8	44.50	**49.49**	45.55	↓	x
Outpatient Activity	*Nov-16*	*Dec-16*	***Jan-17***	*Benchmark**	*Performance*	*On Track*
Outpatient Acute Services - New : Review Ratio	2.1	2.0	**2.1**	1.9	↓	n/a
New Outpatient Acute Services Did Not Attend Rate	9.2% #	9.4%	**9.7%**	9.1%	↓	n/a

**Benchmarking obtained from NSS Discovery January 2017 position, Scottish average.* # Figure amended since previous report due to updated outcome codes

Same day Surgery rate



Same day surgery remains above target, achieving 82.7% in January 2017. All 3 acute sites have achieved the 75% target since August 2015, however we are aware from national benchmarking data that our performance varies from that of our peers and over the most recent 3 month period (November 2016 – January 2017), our performance ranking remained the same at 10th (previous 3 month period 10th) when compared with the performance of all mainland boards and Golden Jubilee National Hospital (12 boards).

This measure has been identified as one of the key areas for improvement in 2017/18 and a commitment made through the one year operational plan to address the specialities that demonstrate performance outwith national peer comparisons.

Delayed Discharges

Looking at the numbers, a split of the delays by local authority has been provided as well as an indication of the total number of bed days lost as a result of patient delays both within an Acute and Community Inpatient setting. This information continues to demonstrate that the highest volume of delays is experienced in Perth & Kinross (55 as at February 2017 census point) with Dundee City reduced to similar volumes to Angus (18 and 10 respectively as at census point in February 2017). From 1 April 2015, the national target is that no patients are delayed longer than 14 days (see further details on page 17).

In January 2015, the Cabinet Secretary for Health and Well-being announced additional new funding to tackle delayed discharges amounting to £100M spread over three years with the first tranche of £30m available from 1 April 2015. The Tayside partnerships' share of this first year funding will be £2.4m to support the work. Plans are progressing to invest in sustainable solutions that will seek to reduce unscheduled care and demand pressures as well as immediate discharge. The intention will be to move towards normalisation of discharge and working towards a standard of all patients being discharged back home (or equivalent) when medically fit and within 72 hours. Each Partnership has been asked to provide a Delayed Discharge Action Plan that identifies the priorities for action, the associated investment strategy and the trajectory for prospective improvement in the numbers of patients delayed and the lengths of delays. The Scottish Government are now moving from quarterly to monthly publication of the national delayed discharge performance data which will further challenge partnerships to demonstrate improvement underpinned by the investment.

The position for the 14 day target had shown continuing improvement in December 2016 but decline in January 2017 and remained static in February 2017. The 72 hour ambition had remained relatively consistent over the last 7 month period with the exception of January 2017 when the position declined (full monthly figures). There continues to be significant numbers of patients delayed within our hospitals presenting a continued loss of productivity and capacity and flow. Above all, this can result in poorer outcomes for those patients delayed and impacts on the overall quality of care provided. A Tayside wide Winter Planning Performance Group has been established to oversee and monitor the delivery and performance of the winter plan including delayed discharges. Fast track escalation is also agreed to mitigate any emerging risks.

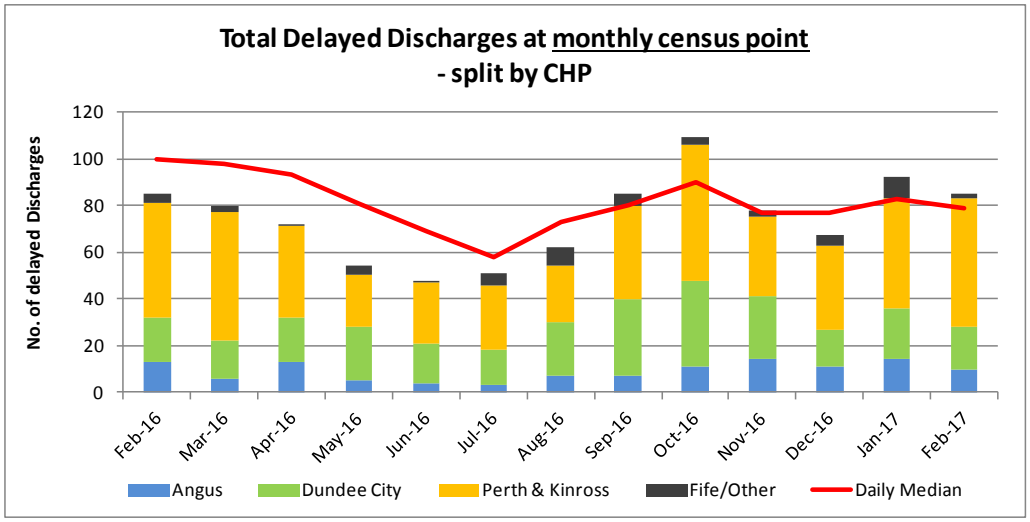
A significant programme of work has been initiated in Perth and Kinross (P&K) following the diagnostic visit by Brian Slater in January 2016. Comprehensive analysis of the patient pathway through acute care has demonstrated a number of factors impacting upon flow. Rather than considering the pressure of winter months alone, attention is now focused upon the whole system. A rapid improvement event revealed a number of areas for change and implementation of the recommendations is in progress. The combination of multi-disciplinary and multi agency daily safety huddles and board rounds on each ward have improved attention to the daily challenges of flow in clinical care. A weekly performance and resources meeting is held every Wednesday. This provides opportunity for each locality across Perth and Kinross to examine patients delayed in Perth Royal Infirmary (PRI), Murray Royal Hospital and community hospitals and those living in community awaiting home care, residential care and other forms of support in discharge. Demand outstrips supply of home care (shortages of home care staff across private providers) Guardianship processes can cause significant delay but Perth and Kinross Council (PKC) has now introduced a scheme to accelerate the application process where private arrangements exceed 21 days. Further developments are planned including greater focus on assessment to admit and discharge to assess models. These initiatives will focus around a hub in PRI. Eventually, localities will undertake daily reviews for each patient in hospital or awaiting support in the community.

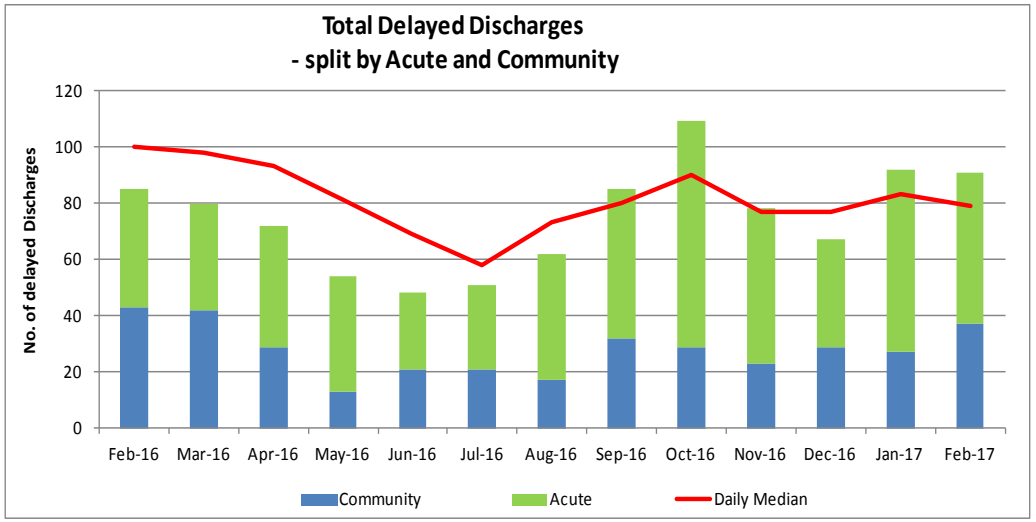
There is evidence in P&K of population need such that demand will continue to outstrip current resources and the HSCP team are working with the PRI General Manager to understand the trend data and communicate this back to NHS Tayside and PKC.

Dundee is making good progress in reducing time spent delayed in hospital for all patients where the standard maximum delay applies. This is reflective of a number of initiatives which have taken place within Dundee over the last two years. In particular, Care at Home, Occupational Therapy, Nursing Services and Mental Health Officer services have increased capacity to respond quickly to patients by streamlining of processes and provision of additional resource through discharge monies. In addition to this, Dundee has continued to increase availability of step down facilities through investment and upgrading of resources.

However, we recognise that there is further work required to enable Patients who have a complexity of circumstances to be discharged and Patients who require 24 hour care to be discharged when they are ready. At the same time, within Dundee, we recognise that these priorities must also be seen alongside reducing emergency admissions and readmissions to hospital and a focus on enabling people to live independently at home or a homely setting. Due to this an improvement plan has been established to continue our focus on making the strategic and operational shifts required to respond to these priorities and with that ensuring that Citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

Delayed Discharges at Monthly Census point (excluding complex cases) and total bed days lost due to delayed discharges each month





The graphs above demonstrates the number of patients delayed at census point by locality, and also shows the median number of patients who's discharge is delayed each day. This demonstrates that the daily median number of delays is lower in January and February than that experienced on our census date (15th of each month up to June 2016, last Thursday of each month from July 2016 onwards). The second graph demonstrates the total number of bed days lost to delayed discharges each month. The Daily Median number of Delayed Discharges was less than or the same as the overall Census position in January and February 2017.

Number of delayed Discharge patients by Site (Source:- Edison)	Oct-16			Nov-16			Dec-16			Jan-17			Feb-17		
	Census date	Actual Median	Maximum	Census date	Actual Median	Maximum	Census date	Actual Median	Maximum	Census date	Actual Median	Maximum	Census date	Actual Median	Maximum
Perth Royal Infirmary	33	28	33	15	13	23	9	12	25	23	18	29	21	17	26
Royal Victoria Hospital	28	24	31	20	21	30	12	11	17	17	17	21	17	16	17
Ninewells Hospital	17	14	17	14	8	17	13	16	22	23	18	14	15	11	16
Murray Royal Hospital	6	4	5	8	5	8	8	8	10	12	8	13	14	10	12
Crieff Community Hospital	8	4	9	4	4	10	2	2	6	1	3	6	4	4	6
Stracathro Hospital	1	1	1	3	4	4	6	5	6	1	3	4	2	2	5
Pitlochry Community Hospital	2	1	3	1	2	3	3	1	3	4	3	4	4	3	5
Whitehills Health and Comunity Hospital	2	1	3	3	3	6	2	4	8	6	5	7	2	2	4
Blairgowrie Community Hospital	2	1	5	0	2	4	6	5	5	1	2	6	2	2	4
St Margaret's Hospital	2	4	6	3	2	4	1	0	4	0	0	1	3	3	4
Montrose Royal Infirmary	1	1	3	1	1	2	2	3	3	3	3	4	1	1	3
Bluebell Intermediate Care Unit	0	0	0	0	0	0	0	0	2	0	0	0	2	1	3
Carseview Centre	0	0	0	0	0	0	0	0	0	0	0	2	3	3	3
Kingsway Care Centre	5	6	8	2	3	5	2	2	3	0	1	2	0	0	2
Arbroath Infirmary	1	1	3	3	5	10	0	0	4	0	0	3	0	0	1
Strathmartine Hospital	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total (All locations)	**109**			**78**			**67**			**92**			**91**		

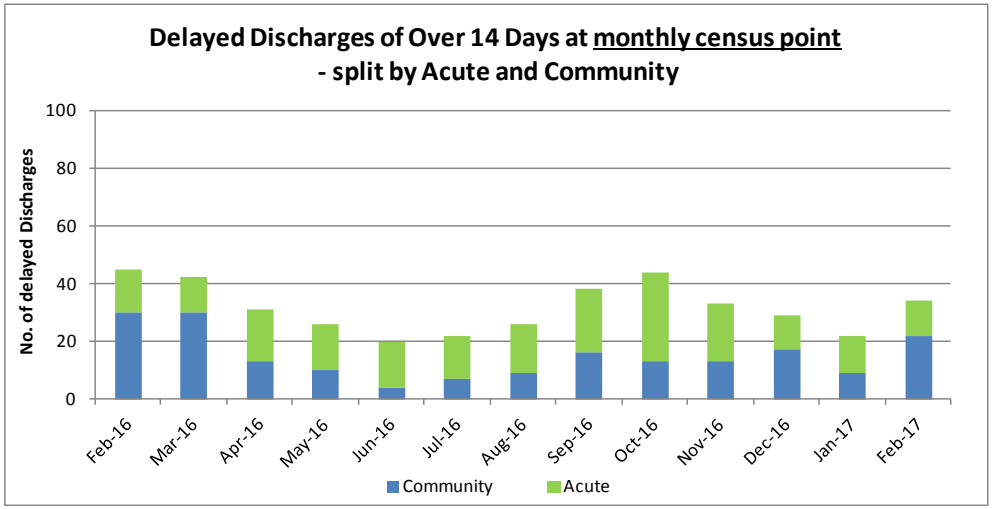
The table provides a breakdown by location of the patients delayed at census point for the 5 months to February 2017. In addition, the table shows the median daily number of patients delayed at each location in the month. This demonstrates that at census point the number of patients delayed is frequently lower than that experienced the rest of the month. In addition it can be noted the maximum number of patients delayed on one site on any one day in February 2017 was 26 patients in Perth Royal Infirmary.

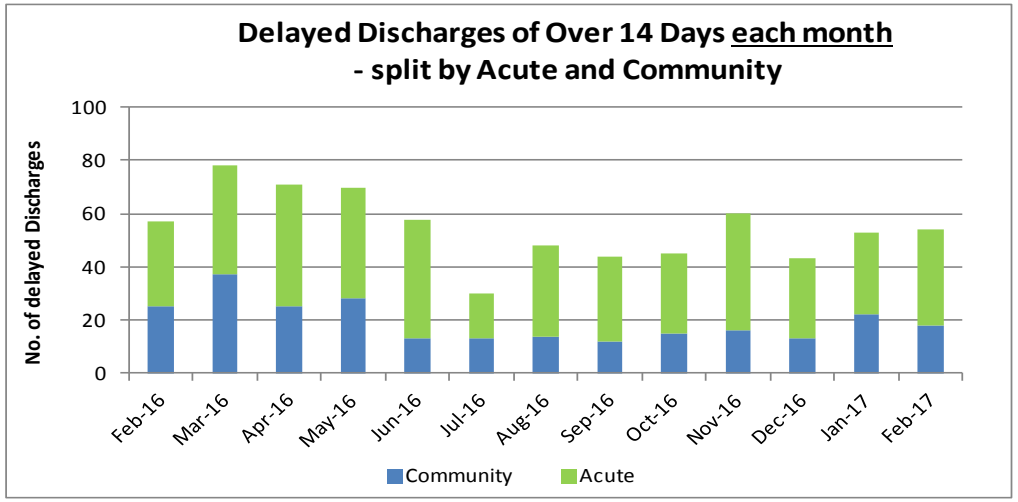
The measure excludes patients with a complex reason for delay and patients awaiting commissioning / reprovisioning of services. From July'16 Interim Care facility patients are also excluded.

Delayed Discharges

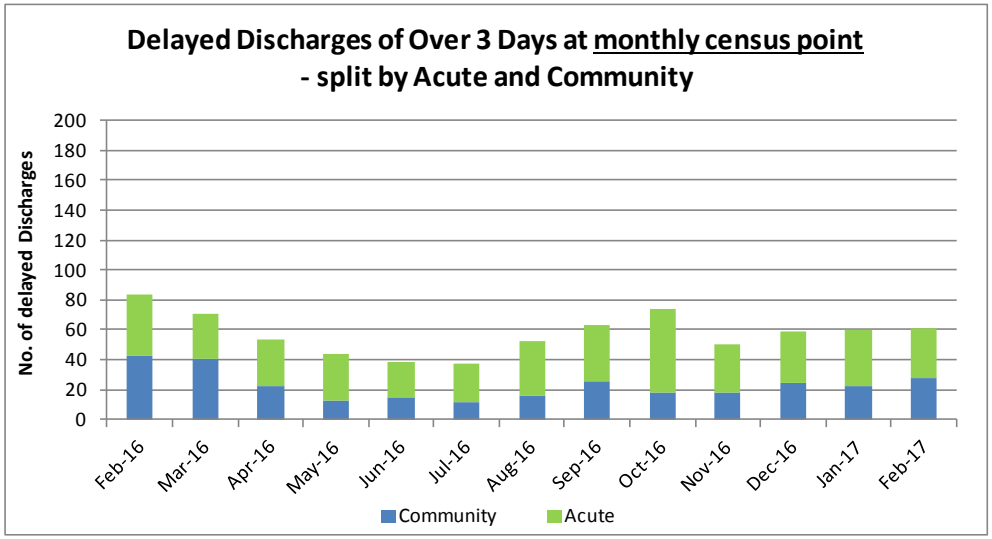
Scottish Government announced in October 2011, that from April 2015 no patient should wait more than 2 weeks from when they are clinically ready for discharge until they are discharged. This again is measured at the census date, and the first graph below shows the number of patients delayed at the census date who had been delayed for over 14 days. Whilst NHS Tayside is aware that national measurement is based upon a census date, we are keen to understand the position for all delayed patients, not just those delayed on the census date. The second graph below therefore shows the number of patients who were delayed for over 14 days at any time in the month. As stated above, the intention is to progressively move beyond this target towards a 72 hour discharge and to move from "assess to discharge" towards "discharge to assess" and to specifically seek to eliminate delays in acute settings.

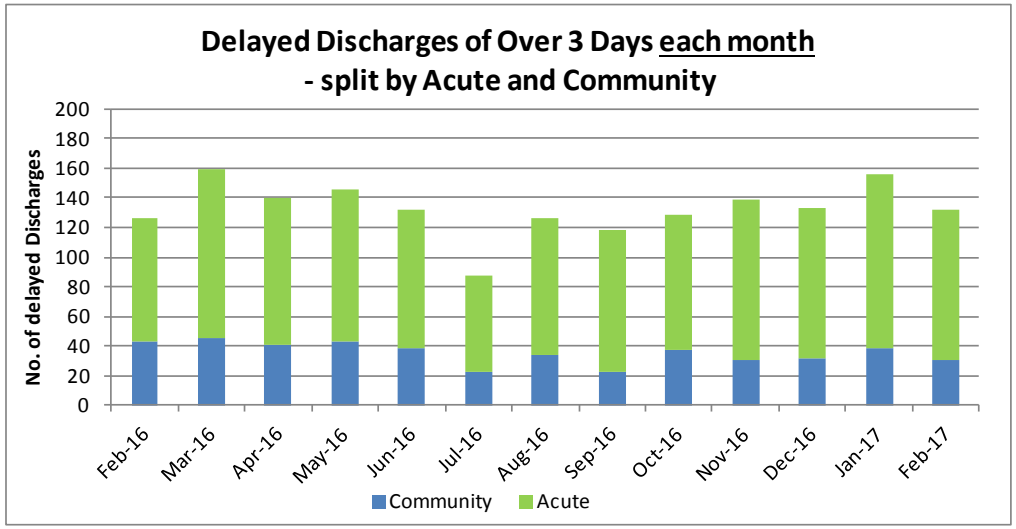
No non-complex cases will be delayed for greater than 14 days from April 2015 Graphs





No non-complex cases will be delayed for greater than 3 days

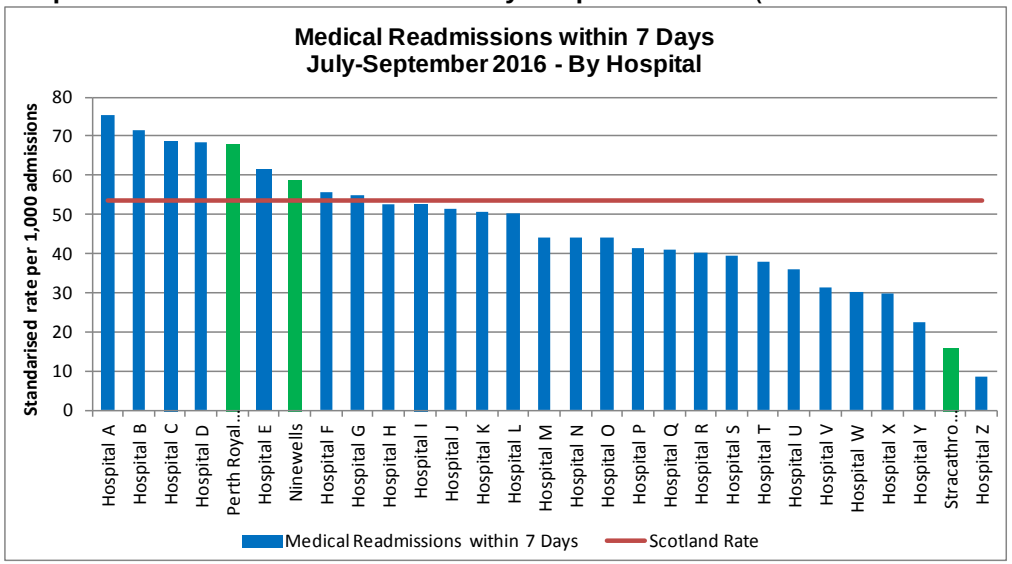


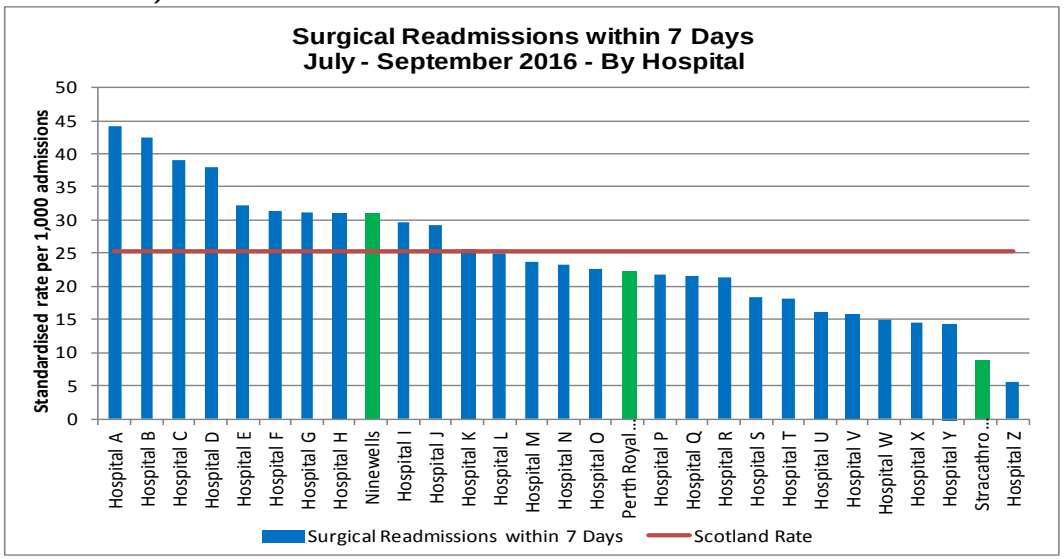


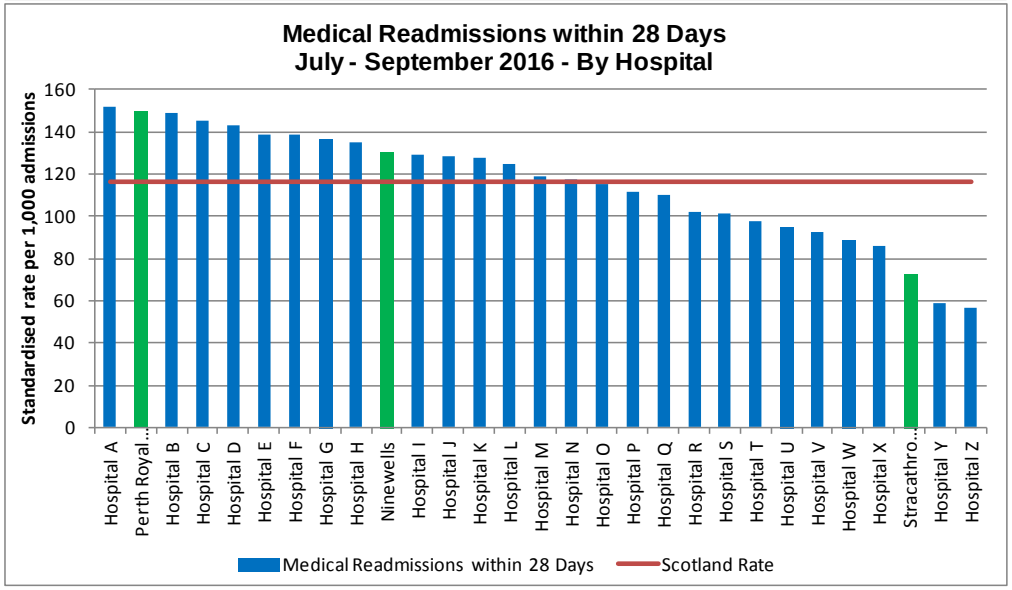
Readmissions

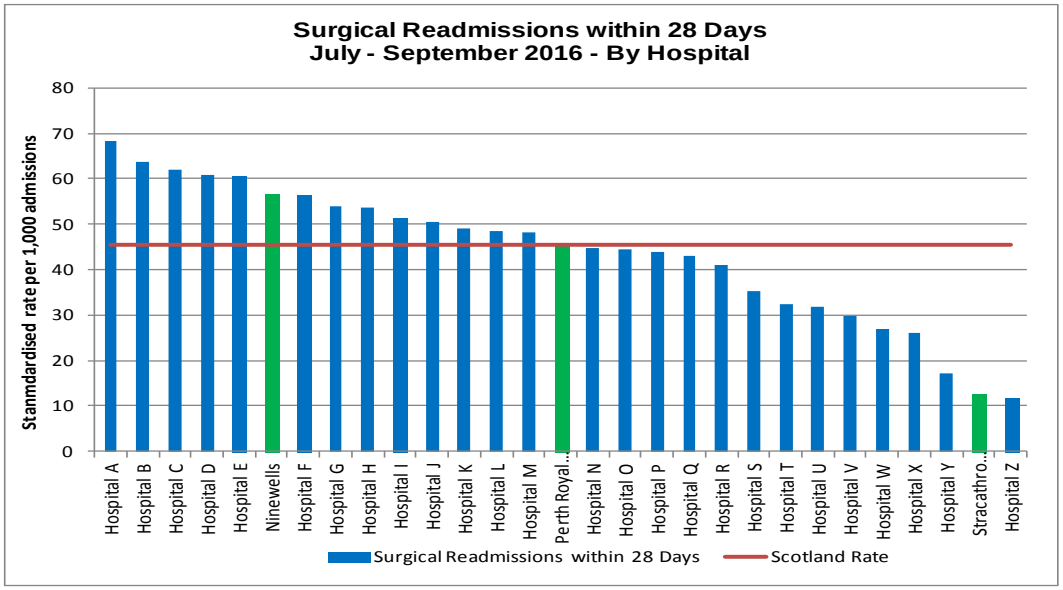
Every quarter Information Service Division (ISD) release a Hospital Scorecard which provides benchmark information in respect of key hospital based measures, including readmissions. This information enables comparison of our performance with that of other Boards and Hospitals. The latest information released by ISD covers the period 1st July – 30th September 2016 and shows that overall NHS Tayside's Medical and Surgical Readmission Rates continue to be higher than the overall Scotland position.

Hospital Level Readmission Rates – July - September 2016 *(Data source ISD Hospital Scorecard)*

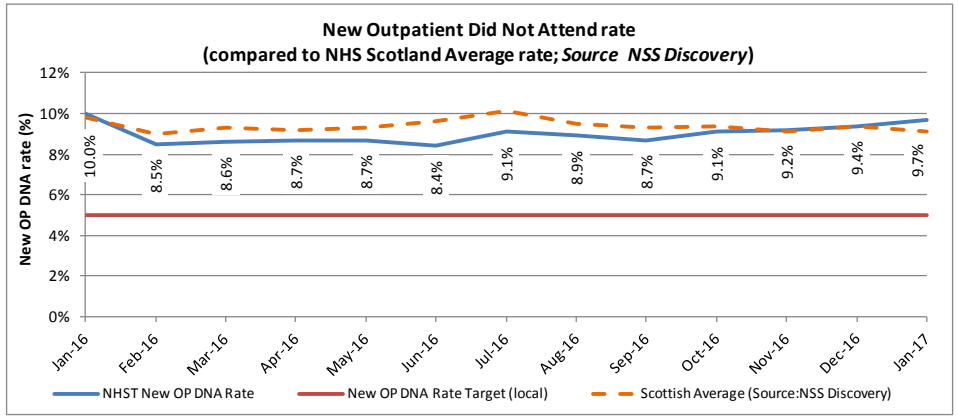








New Outpatient Did Not Attend rate



NHS Tayside's new outpatient DNA rates have been consistently higher than the 5% local target. It is noted that NHS Tayside's DNA rate rose above the Scottish Average in January 2017 for the first time since January 2016. Over the past three years, January has been the month within which the highest rate of DNAs has been experienced in NHS Tayside. Whilst the position in January 2017 (9.7%) is higher than in previous months, it shows improvement when compared to the January 2016 (10.0%) and January 2015 (10.6%) rates.

Patient Safety Definitions **Key Metrics Update, as at end February 2017**

Measure	Definition	Data Source	Data Validation	Time Period Reported
Mortality Rates	The HSMR value for Scotland for the baseline year is 1. This allows quarterly hospital values to be compared to the baseline year for Scotland. If an HSMR value is less than 1 this means the number of deaths within 30 days for a hospital is less than predicted. If an HSMR value is greater than 1 this means the number of deaths within 30 days for a hospital is more than predicted. However, if the number of deaths is more than predicted (HSMR is more than 1) this does not necessarily mean that these were avoidable deaths (i.e. that they should not have happened at all), or that they were unexpected, or attributable to failings in the quality of care.	ISD	This rate is calculated by ISD Scotland and published on a quarterly basis.	July-September 2016
Clinical Quality Indicators	*Pressure Ulcer Incidents* Measures the number of pressure ulcers (reported by grade 2, 3 and 4) that developed within NHS Tayside hospital settings (Perth Royal Infirmary, Aberfeldy Community Hospital, Pitlochry Community Hospital, Blairgowrie Community Hospital, St Margarets Community Hospital, Crieff Community Hospital, Ninewells, Royal Victoria Hospital, Arbroath Infirmary, Montrose Infirmary, Whitehills, Stracathro, Carseview, Murray Royal, Kingsway Care Centre and Strathmartine Hospital). Measures are reported through Datix and are categorised as avoidable or unavoidable. A rate per 1000 bed days for avoidable and unavoidable pressure ulcers is also presented. *Fall Incidents/Patients* Measures the number of falls incidents reported through Datix. *Fall with Harm* Measures, of the falls incidents and patients affected reported, how many resulted in harm. *Nutritional Care* Measures the number of incidents reported within Datix of unintentional weight loss of either 5-10% of or greater than 10%.	Datix	Adverse Events are verified by a trained verifier and reviewed through clinical governance fora.	February 2017

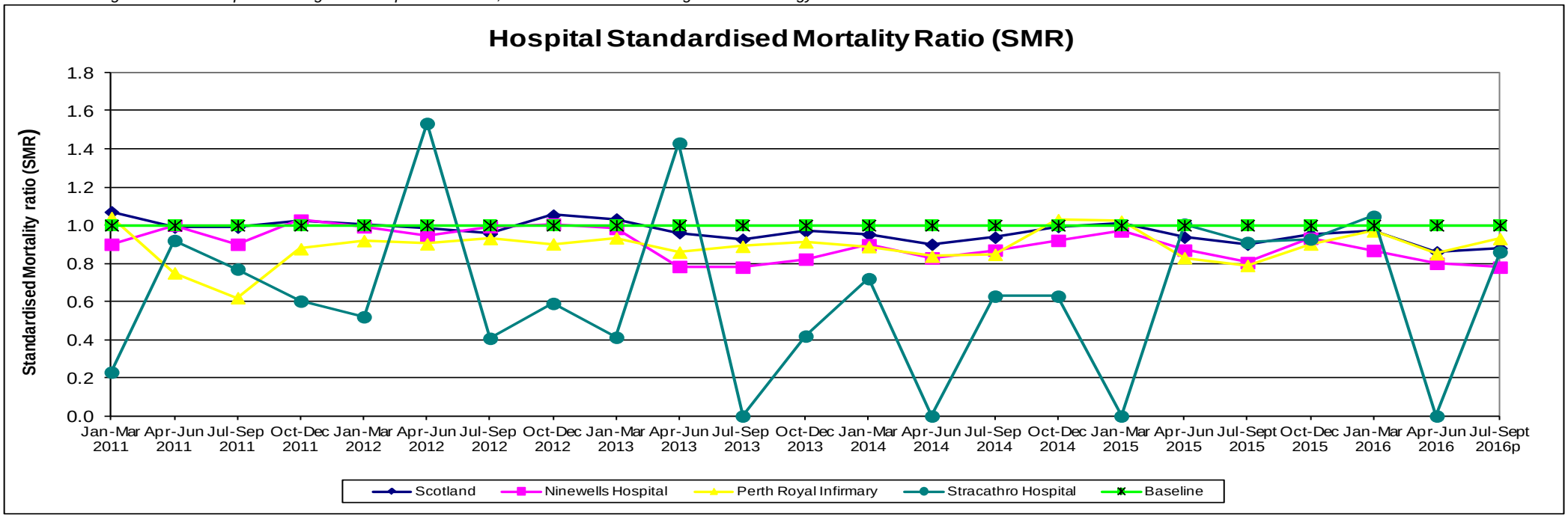
Hospital Standardised Mortality Rate

Improved performance ↑	Same performance ↔	Worse performance ↓

This rate is calculated by ISD Scotland and published on a quarterly basis

	Jan-Mar 2016p	*Apr-Jun 2016*	***Jul-Sept 2016p***	*Baseline*	*Performance*	*On Track*
Ninewells Hospital	0.87	0.80 *	**0.78**	1.00	↑	✓
Perth Royal Infirmary	0.98	0.85 *	**0.93**	1.00	↓	✓
Stracathro Hospital	1.05	0.0	**0.86**	1.00	↓	✓
Scotland Total	0.97	0.86	**0.88**	1.00	↓	✓

** Denotes change to ISD HSMR published figures from previous issue, see notes below on change in methodology.*



*** There are a number of factors which influence** HSMR values these include:

- Random variation: number of observed deaths particularly in smaller hospitals.
- Data quality: variations in completeness and accuracy of recording of data from patient records, particularly misattribution and coding of main diagnosis.
- Palliative care provision: the level of palliative care and terminal care support services in the community for the local population.

Analysis Mortality – The latest release of HSMR reports on progress towards the new aim to reduce hospital mortality by a further 10% by December 2018. This is measured from the end of a new baseline period – Jan'11 to Dec'13 to the latest quarter therefore all figure previously reported have changed due to this. It should also be noted that the methodology for calculating HSMR has been updated and as such the latest release is not comparable to any previous releases of HSMR data.
The HSMR for Scotland has decreased by **8.6%** between January to March 2014 (first quarter after new baseline) and July to September 2016. Ninewells is reporting an overall reduction (10.2%) in HSMR from the revised baseline whereas PRI (+3.1%) and Stracathro (+10.1%) are reporting an overall increase with Tayside as a whole showing an overall reduction (5.2%) . Stracathro is a small hospital with very few observed deaths and as a result demonstrate wide variation in their mortality rate.

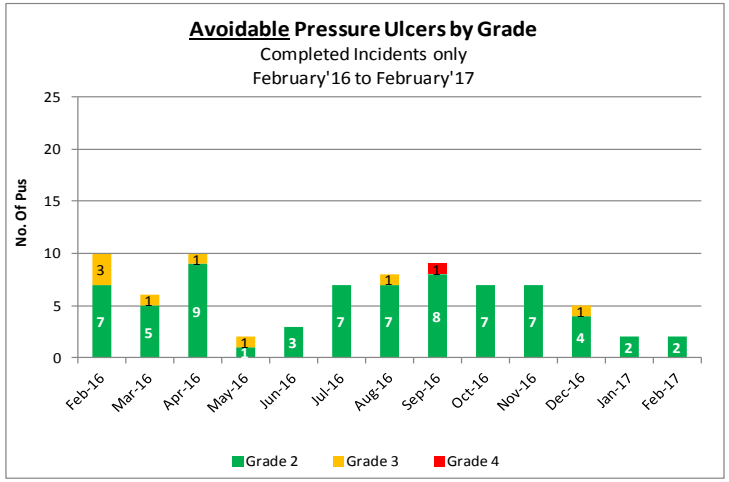
PATIENT SAFETY — Key Metrics Update, as at end February 2017

Increasing Numbers ↑	Same Numbers ↔	Decreasing Numbers ↓

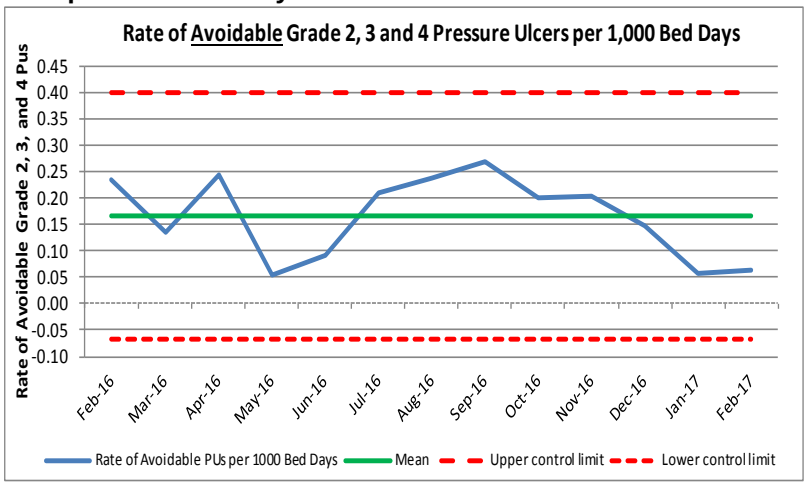
Clinical Quality Indicators (all Directorates)		Dec-16	Jan-17	Feb-17	Trend
Avoidable Pressure Ulcers	Numbers	5 #	2	2	↔
	Rate per 1000 Bed Days	0.15 #	0.06	0.06	↔
Unavoidable Pressure Ulcers	Numbers	10 #	12	5	↓
	Rate per 1000 Bed Days	0.30 #	0.34	0.16	↓
Patient Falls Incidents		312 #	308	234	↓
Patient Falls with Harm		83	101	66	↓
Nutritional Care – Incidents of Unintentional Weight Loss		2	0	0	↔

 # Figure amended since previous report due to incomplete cases changing status to completed

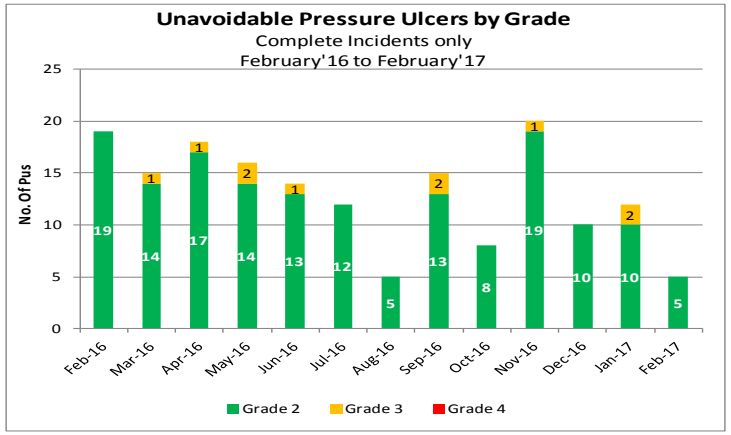
Number of Avoidable Pressure Ulcers



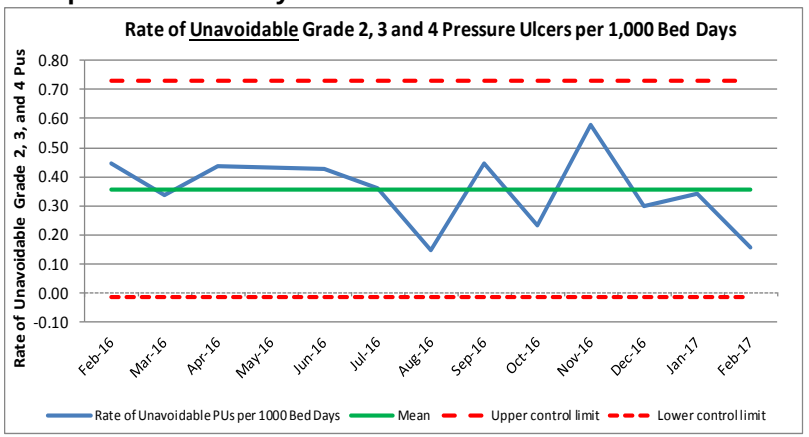
Rate per 1000 Bed Days of Avoidable Pressure Ulcers



Number of Unavoidable Pressure Ulcers



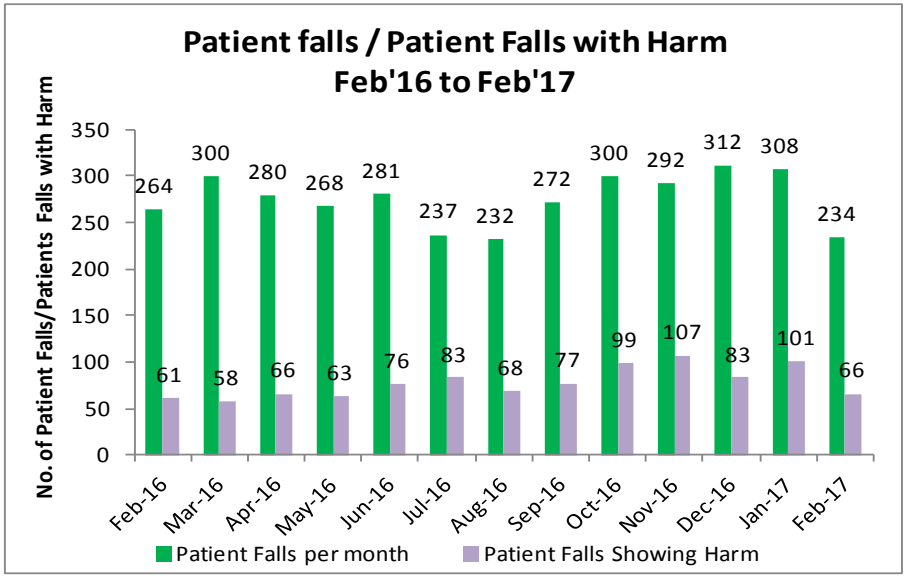
Rate per 1000 Bed Days of Unavoidable Pressure Ulcers



The information presented in respect of avoidable pressure ulcers demonstrates that in the 13 months to February 2017 there was 1 grade 4 (serious) pressure ulcer categorised as avoidable.
The rate of avoidable pressure ulcers is consistently below 0.30 per 1000 bed days and remains within the upper and lower control limits.
In the latest 3 months (Dec'16-Feb'17 there was only 1 reported avoidable grade 3 (moderate) and 8 grade 2 (minor). Overall, there has been a reduction in the number of grade 3 avoidable pressure ulcers. The data presents that there has not been any change in avoidable pressure ulcers being reported.
The information presented in respect of unavoidable pressure ulcers demonstrates that in the 13 months to February 2017 there have been no grade 4 pressure ulcers deemed as unavoidable. The rate of unavoidable pressure ulcers is consistently below 0.60 per 1000 bed days and remains within the upper and lower control limits.
The latest 3 months to February 2017 saw a reduction in Grade 2 pressure ulcers (from 40 in the previous 3 months to 25) and a reduction in Grade 3 (from 3 to 2 in the latest 3 months).

All healthcare acquired grade 3 and 4 pressure ulcers are reviewed by the practice development nurse and opportunities for learning and reviewing practice are shared with the clinical team. All of the grade 2 pressure ulcers are reviewed by the clinical teams for learning and improvement and sharing of any learning takes place through the clinical governance performance reviews. By looking at all of the Datix incidents the practice development nurses can understand the profile of pressure ulcer development, identify areas of high incidence, and carry out focussed work within the teams. This process facilitates understanding of the educational needs of the nursing teams, and also identifies areas where new products or interventions are required.

Falls/Falls with Harm - Incidents



Falls improvement work continues with a range of initiatives and development of a spread plan to support the sharing of learning and influence practice across all services. This will be progressed further through future Directorate Performance Review meetings.

The data reported in February 2017, compared with this time last year, may potentially indicate that the reduction in falls and falls with harm is a seasonal pattern. Ongoing monitoring will determine if the reduction in 'Falls with Harm' is a reflection in a decrease in 'All falls' reporting or whether this can be attributed to specific actions.

Nutritional Care

Incidents of Unintentional Weight Loss – these are also reviewed regularly through the Directorate Performance Reviews and local clinical governance groups. There were no new incidents of unintentional weight loss reported in January and February 2017.

Data Quality Definitions **Key Metrics Update, as at end February 2017**

Measure	Definition	Data Source	Data Validation	Time Period Reported
Coding within 6 weeks of month end	Healthcare data for individual patients is collected as a series of Scottish Morbidity Records (SMR). The national target for SMR timeliness/completeness is that 95% of SMR's to be submitted to ISD within 6 weeks of month end to which the data relates. Clinical coding staff translate details in discharge summaries into codes (diagnostic information into ICD10, operations/procedures into OPCS4, 5) for SMR's. Once coding is complete the record is validated and is extracted on a weekly basis to ISD. Data is provided for SMR01 – Acute Inpatient and Day cases, SMR02 Maternity and SMR04 Mental Health	TOPAS	Once coding is complete (6 weeks) the record is validated and is extracted on a weekly basis to ISD.	January 2017
Ethnicity Recording	There is no national target set for collection of ethnicity, but it is mandatory to ask and record patients' ethnicity on TOPAS. NHS Tayside has set a local target of 95% for the % of SMR01 activity with ethnicity recorded. Data is provided for SMR00 – Outpatients and SMR01 – Acute Inpatient and Day case activity. Records where '98' = refused/not provided or '99' = not known are recorded are excluded from the calculation.	TOPAS	Validated data is available 6 weeks after the month end to allow for clinical coding to be completed.	January 2017

DATA QUALITY — Key Metrics Update, as at end February 2017

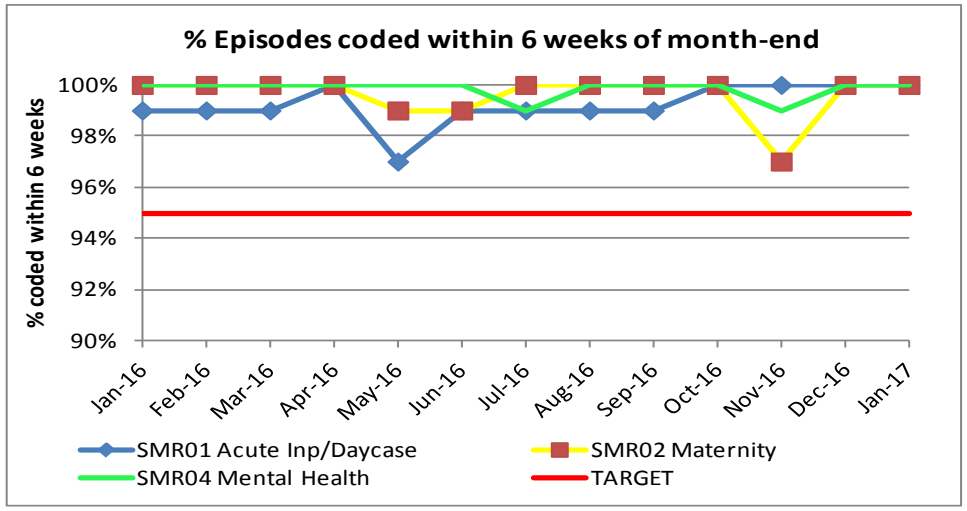
Improved performance ↑	Same performance ↔	Worse performance ↓

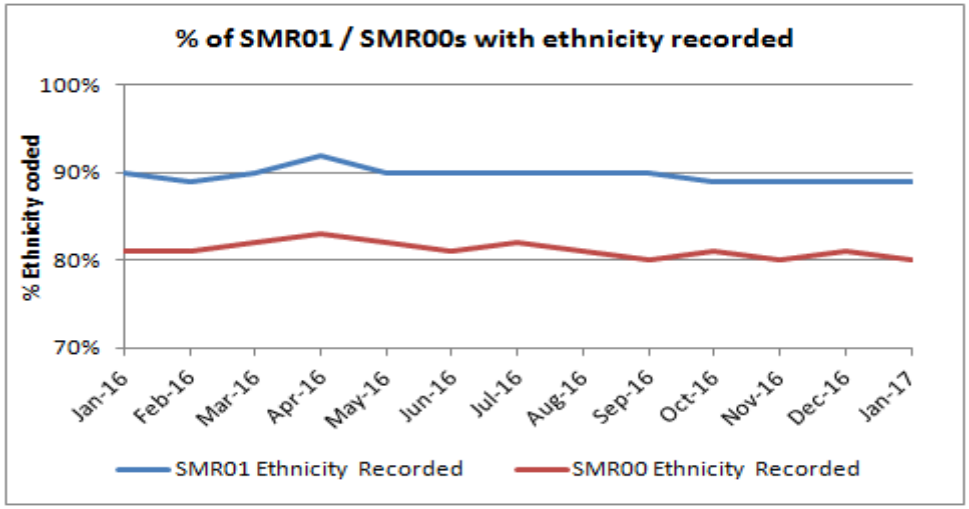
Coding within 6 weeks of month-end

	Nov-16	*Dec-16*	***Jan-17***	*Target*	*Performance*	*On Track*
% of Acute Inpatient/Daycase Episodes (SMR01) coded < 6 weeks of month-end	100%	100%	**100%**	95%	↔	✓
% of Maternity Episodes (SMR02) coded < 6 weeks of month-end	97%	100%	**100%**	95%	↔	✓
% of Mental Health Episodes (SMR04) coded < 6 weeks of month-end	99%	100%	**100%**	95%	↔	✓

Ethnicity recording

	Nov-16	*Dec-16*	***Jan-17***	*Target*	*Ranking*	*Performance*	*On Track*
% of SMR01 Activity with Ethnicity Recorded	89%	89%	**89%**	95%	**2nd**	↔	x
% of SMR00 Activity with Ethnicity Recorded	80%	81%	**80%**	95%	**3rd**	↓	x





Analysis

Clinical Coding

SMR data is expected to be received by ISD 6 weeks (42 days) following the end of the month of discharge / clinic date. ISD set a completeness target of 95% for Boards as there is an appreciation that there are valid reasons why information is not available within the timescales to produce good quality clinical coding. The high level of performance attained continues for both SMR01 and SMR04 into January 2017, the national target being 95%. The previously noted decline in SMR02 coding has been resolved providing assurance of timely provision of case records at all times including public holiday periods.

Ethnicity

It was previously noted that the reduction in recording of ethnicity was due to the new methodology for recording ethnicity implemented in November 2015. The slight decline in attainment noted in October 2016 continues into 2017. SMR00 levels remain static around 80-81%. The latest six monthly ethnicity publication shows a drop in Tayside's position for SMR00 from 2nd to 3rd place. For SMR01, Tayside's ranking remains 2nd.

Rankings - Please note these apply to the September'16 position across Scotland, excluding Island Boards, no updated publication is currently available.

Feedback and Complaints	Key Metrics Update, as at end February 2017

Measure	Definition	Data Source	Data Validation	Time Period Reported
Complaints Responded to within 20 days	Measures the percentage of all complaints closed in the reporting months that were closed within 20 working days of being opened.	Datix / Qlikview	Complaints information is validated on a quarterly basis for submission to ISD	January 2017
Complaints Acknowledged within 3 days	Measures the percentage of all complaints received in the reporting months that were acknowledged within 3 working days of receipt.	Datix / Qlikview	Complaints information is validated on a quarterly basis for submission to ISD	January 2017
Feedback Received	The total number of complaints, compliments, concerns and enquiries received each month	Datix / Qlikview	Complaints information is validated on a quarterly basis for submission to ISD	February 2017
Complaints Rate per 1,000 Activity	Measures the volume of complaints received calculated as a rate per 1,000 of total activity undertaken within NHS Tayside. The total activity figures include Outpatients appointments, Inpatient / Daycase stays and Day patient attendances including Mental Health and AHP activity.	Datix / TOPAS/ Qlikview	Complaints information is validated on a quarterly basis for submission to ISD	February 2017

Improved performance	↑	Same performance	↔	Worse performance	↓
Increasing Numbers	↑	Same Numbers	↔	Decreasing Numbers	↓

Feedback and Complaints	*Nov-16*	*Dec-16*	***Jan-17***	*Target*	*Performance*	*On Track*
Complaints Responded to within 20 working days	56% #	51%	**68%**	68%	↑	✓
Complaints Acknowledged within 3 working days	99%	99%	**98%**	80%	↓	✓
	Dec-16	*Jan-17*	***Feb-17***	*Target*	*Trend*	*On Track*
Number of all types of feedback received	179 #	229	**202**	-	↓	n/a
Number of complaints received	118 #	151	**143**	-	↓	n/a

The board are advised that whilst figures are validated on a monthly basis, a final quarterly validation is undertaken approximately one month following quarter end which can result in some minor variations to the reported position

Figure 1 – % of complaints responded to within 20 working days

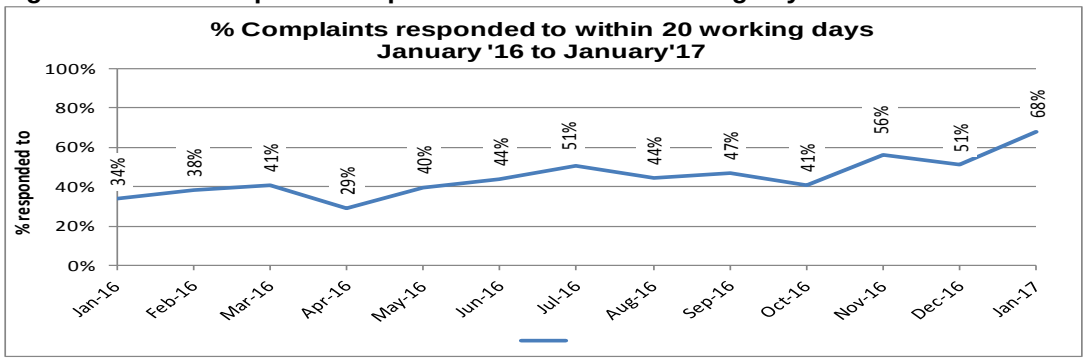
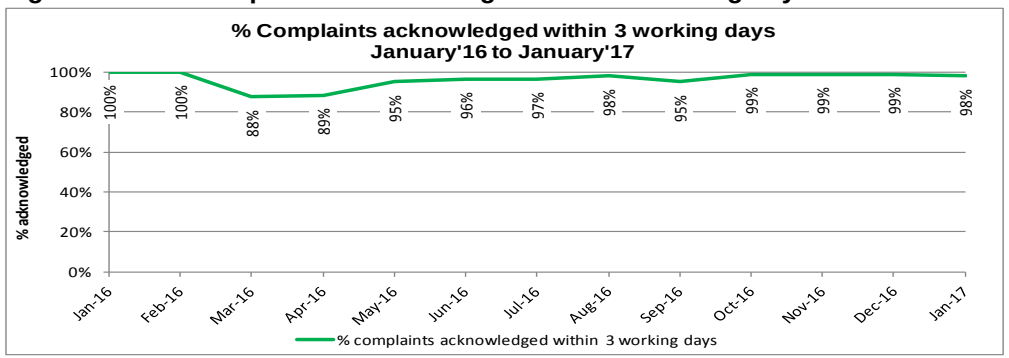


Figure 1 demonstrates NHS Tayside's timeliness of complaint responses. The 2015/16 NHS Complaints Statistics, Scotland, demonstrated that nationally, 68.5% of complaints were responded to within 20 days. For the most recent reportable month of January 2017, NHS Tayside achievement the national target of 68%.

Figure 2 - % of complaints acknowledged within 3 working days



Acknowledging complaints within 3 days remained well above 80% target in January 2017, achieving 98%.

Figure 3 – All Feedback Received (Complaints, Compliments, Concerns & Enquiries

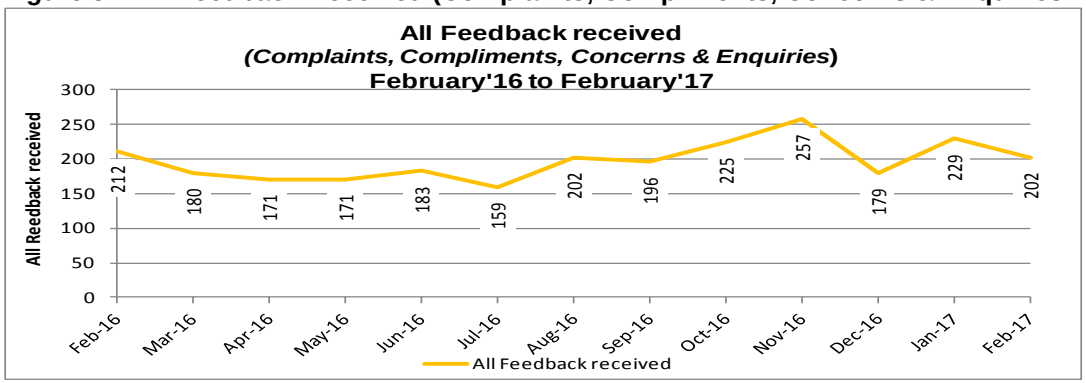
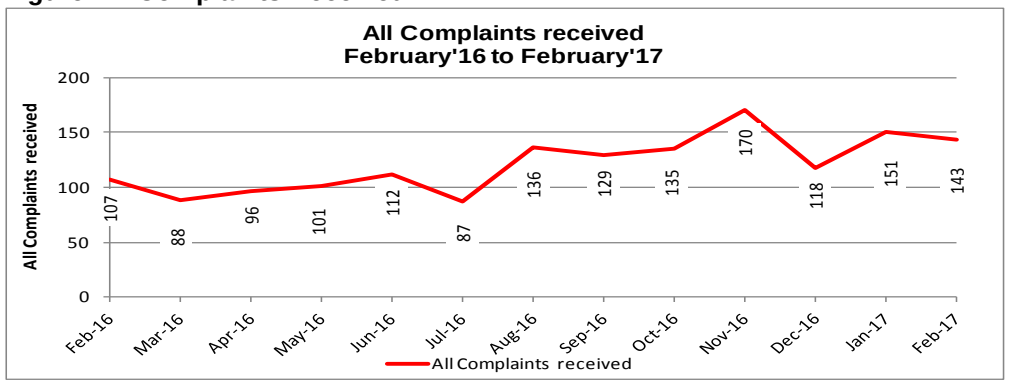


Figure 4 – Complaints Received



There has been a decrease in the number of complaints received over February 2017 (figure 4) at 143 complaints compared to 151 received in January 2017. The volume of complaints received from the Prison Services fell from 60 in January 2017 to 56 in February 2017. 56 of the 59 Perth & Kinross CHP complaints received in February 2017 were from the Prison Service. The Executive Nurse Director and Chief Operating Officer have commissioned a refresh of the complaints handling process in NHS Tayside. This has led to the development of a 90 day plan which will support NHS Tayside improve the way we respond to feedback and complaints, and will also ensure we meet the requirements of the new NHS Complaints Procedure which came into effect on 1 April 2017.

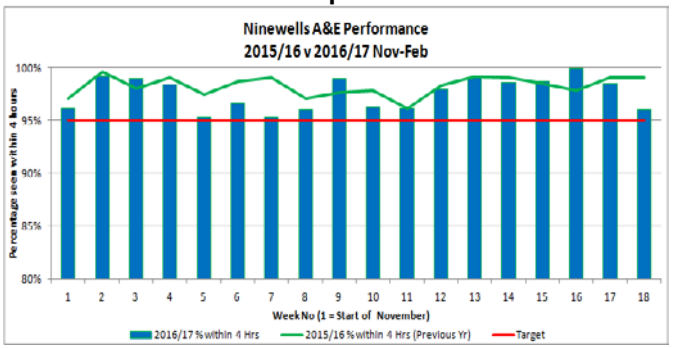
Unscheduled Care Measures	Key Metrics Update, as at end February 2017

Measure	Definition	Data Source	Data Validation	Time Period Reported
A&E Attendances & 4 Hour Attainment	Number. of A&E Unplanned Attendances Number of A&E Unplanned Attendances seen within 4 Hours	Symphony	Validated data is available 2 days after the end of each week	Week ending 26th February 2017
Unscheduled Admissions/Discharges	Number of Unscheduled Admissions & Discharges Discharged from Ninewells or PRI and from Specialty Medical or Surgical only	TOPAS via Business Objects	Validated data is available 6 weeks after the month end to allow for clinical coding to be completed.	Week ending 26th February 2017
Unscheduled Admissions; Actual vs. Predicted	Number of Actual Unscheduled Admissions (SW) compared with the predicted number of Unscheduled Admissions (SW)	System Watch (SW)	Nationally produced and validated data	Week ending 26th February 2017
Patients awaiting an available bed in a ward	No. of patients awaiting an appropriate bed in a ward Both Ninewells or PRI and Medical or Surgical	Ward Staff in Ninewells and PRI	Local validation daily by ward staff	Week ending 26th February 2017
Length of Stay	Average of full Length of Stay of Discharges for patients who had an unscheduled admissions only Discharged from Ninewells or PRI and from a Surgical or Medical Specialty only	TOPAS via Business Objects	Validated data is available 6 weeks after the month end to allow for clinical coding to be completed.	Week ending 26th February 2017
Elective cancellations due to Bed Pressures	Number of patients booked as an Elective Inpatient or Daycase cancelled at short notice due to bed pressures Both Ninewells or PRI and Medical or Surgical	Services (normally Waiting List Co-ordinators)	Local validation weekly by each directorate	Week ending 26th February 2017

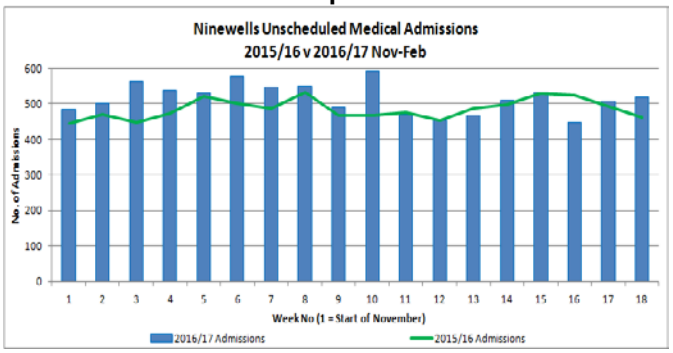
NINEWELLS			*Week ending*					*Week ending*		
Measures			*12/02/2017*	*19/02/2017*	*26/02/2017*	**Measures**		*12/02/2017*	*19/02/2017*	*26/02/2017*
A&E Attendances			805	947	879	Medical– Average Length of Stay (Unscheduled)		4.8	3.7	3.7
A&E 4 Hour Attainment		**Graph (A)**	99.9%	98.5%	96.0%	Surgical–Average Length of Stay (Unscheduled)		6.1	6.0	4.9
Unscheduled Medical Admissions/Discharges		**(B)**	448/425	508/467	518/458	Patients awaiting an available bed in a ward	Medical & Surgical	1	17	28
Unscheduled Surgical Admissions/Discharges		**(C)**	264/267	255/293	243/248					
SystemWatch Unscheduled Admissions actual/predicted	Medical	**(D)**	381/403	410/401	421/400	Elective Cancellations – due to bed pressures	Medical **(F)**	0	1	0
	Surgical	**(E)**	226/211	227/212	204/218		Surgical **(F)**	0	5	0

The range of measures in place for monitoring capacity and flow at Ninewells are summarised in the table above and a comparison with the same period during 2015/16 is provided for some of these measures within the graphs below. The information demonstrates that A&E performance remains above standard and cancellations due to bed pressures increased has remained significantly lower than last year.

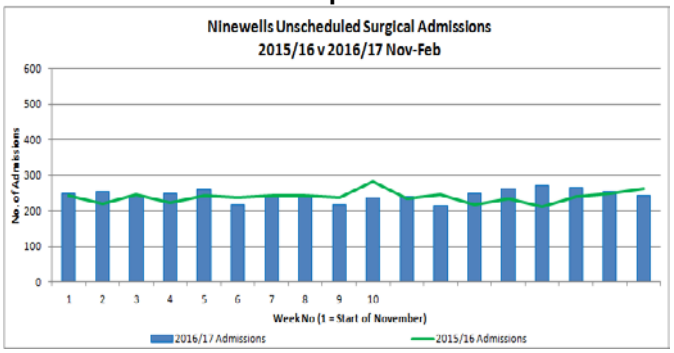
Graph A



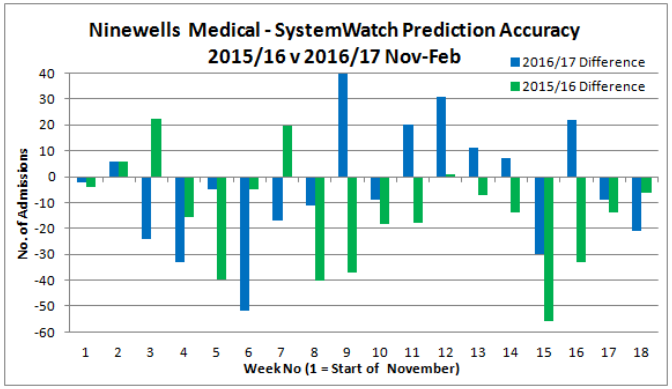
Graph B



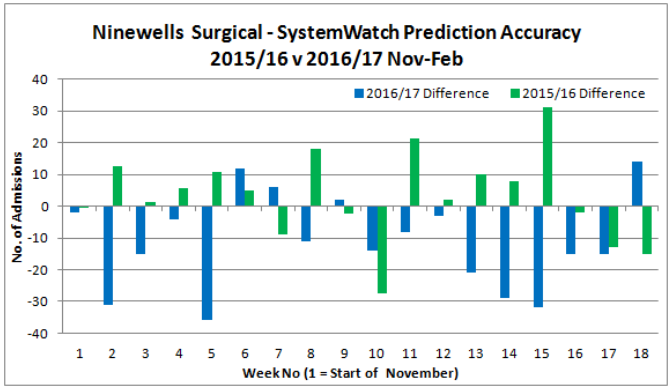
Graph C



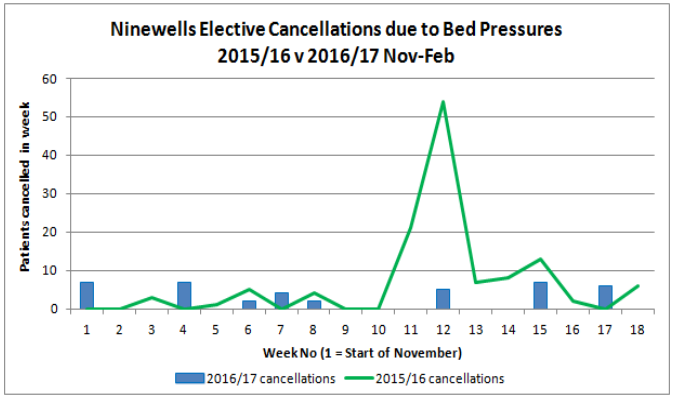
Graph D



Graph E



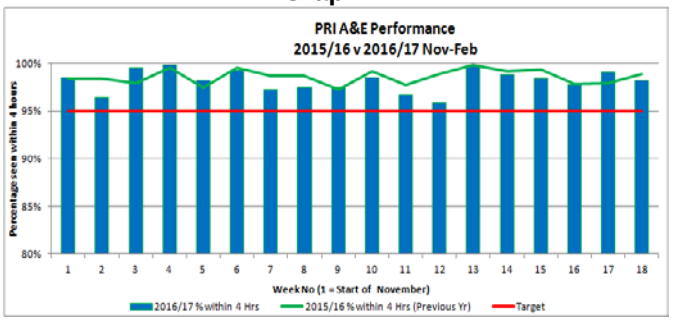
Graph F



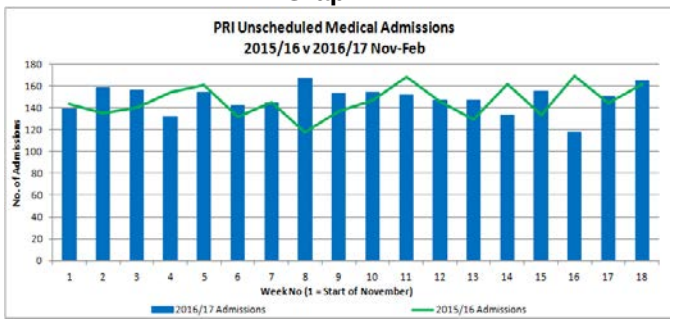
PRI			Week ending					Week ending		
Measures			*12/02/2017*	*19/02/2017*	*26/02/2017*	**Measures**		*12/02/2017*	*19/02/2017*	*26/02/2017*
A&E Attendances			436	430	438	Medical– Average Length of Stay (Unscheduled)		9.6	6.1	6.6
A&E 4 Hour Attainment		**Graph (A)**	97.7%	99.1%	98.2%	Surgical–Average Length of Stay (Unscheduled)		3.7	5.7	3.7
Unscheduled Medical Admissions/Discharges		**(B)**	118/134	150/133	165/154	Patients awaiting an available bed in a ward	Medical	2	23	13
Unscheduled Surgical Admissions/Discharges		**(C)**	51/54	32/40	41/32		Surgical	0	0	0
SystemWatch Unscheduled Admissions actual/predicted	Medical	**(D)**	117/139	139/137	158/139	Elective Cancellations - due to bed pressures	Medical **(F)**	0	0	0
	Surgical	**(E)**	48/41	33/41	41/41		Surgical **(F)**	7	11	0

The range of measures in place for monitoring capacity and flow at Perth Royal Infirmary are summarised in the table above and a comparison with the same period during 2015/16 is provided for some of these measures within the graphs below. As with Ninewells, the information demonstrates that A&E performance remains above standard. The number of cancellations due to bed pressures, which had been lower than previous years, has shown an increase during February.

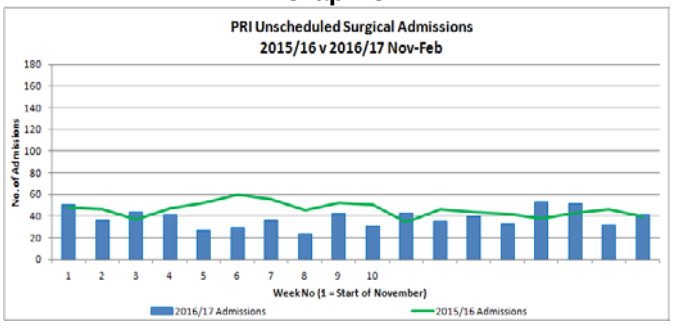
Graph A



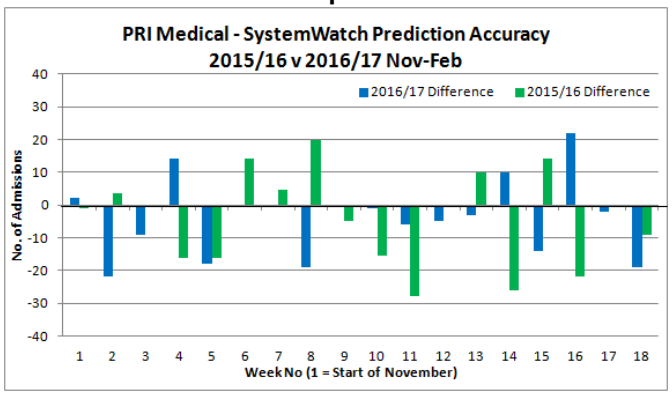
Graph B



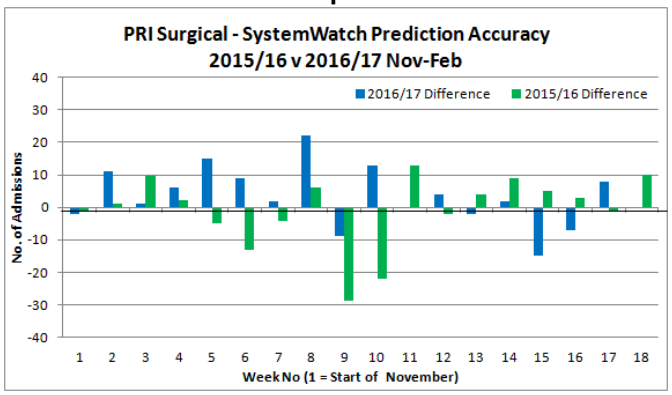
Graph C



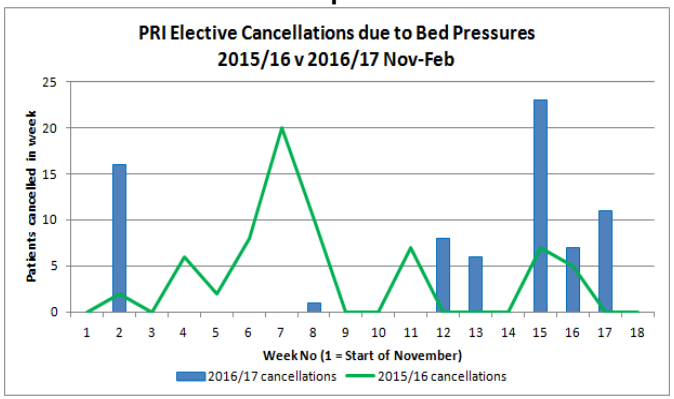
Graph D



Graph E



Graph F



Attendance Record **NHS Tayside**

Item 15

Tayside NHS Board 1 April 2016– 31 March 2017

Name	Designation	21 April 2016	12 May 2016	26 May 2016	23 June 2016	25 Aug 2016	27 Sep 2016	27 Oct 2016	1 Dec 2016	23 Feb 2017
Member										
Prof J Connell	Chairman	Present	Present	Present	Present	Present	Present	Present	Present	Apologies
Mrs G Costello	Nurse Director	Present	Apologies	Present	Present	Present	Apologies	Present	Present	Present
Dr A Cowie	Non Executive Member	Present	Present	Present	Present	Present	Apologies	Apologies	Present	Present
Mr D Cross	Non Executive Member	Present	Present	Present	Present	Present	Present	Present	Present	Present
Councillor D Doogan	Non Executive Member	Present	Apologies	Apologies	Present	Present	Present	Present	Present	Present
Mrs L Dunion	Non Executive Member	Present	Present	Present	Present	Present	Apologies	Present	Present	Present
Mrs J Golden	Non Executive Member	Present	Present	Present	Present	Present	Present	Present	Present	Present
Mr S Hay	Non Executive Member	Present	Present	Present	Present	Present	Apologies	Present	Present	Present
Mr M Hussain	Non Executive Member	Present	Present	Present	Present	Present	Present	Apologies	Present	Present
Councillor K Lynn	Non Executive Member	Apologies	Apologies	Present	Present	Present	Present	Present	Present	Present
Councillor G Middleton	Non Executive Member	Present	Present	Present	Present	Present	Apologies	Apologies	Present	Present
Ms L McLay	Chief Executive	Present	Present	Present	Present	Present	Apologies	Present	Present	Apologies
Dr R Peat	Non Executive Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Present
Mr H Robertson	Non Executive Member	Present	Present	Present	Present	Present	Apologies	Present	Present	Present

Tayside NHS Board 1 April 2016– 31 March 2017

Mrs A Rogers	Non Executive Member	Present	Present	Present	Present	Present	Present	Present	Present	Present
Prof A Russell	Executive Member	Present	Present	Present	Present	Present	Apologies	Present	Present	Present
Prof M Smith	Non Executive Member	Present	Apologies	Present	Present	Present	Apologies	Present	Apologies	Present
Mrs S Tunstall-James	Non Executive Member	Present	Present	Present	Present	Present	Present	Present	Present	Apologies
Dr D Walker	Executive Member	Apologies	Apologies	Apologies	Present	Present	Apologies	Present	Apologies	Present
Attendees										
Mrs J Alexander	Partnership Representative	Present	Apologies	Present	Apologies	Present	Apologies	Apologies	Present	Present
Mr L Bedford	Director of Finance	Present	Present	Present	Present	Present	Present	Present	Present	Present
Dr A Cook	Medical Director – Operational Services	Present	Apologies	Apologies	Apologies	Present	Apologies	Present	Present	Present
Mr G Doherty	Director of Human Resources	Present	Present	Present	Present	Present	Present	Present	Present	Present
Ms M Dunning	Board Secretary	Present	Present	Present	Present	Apologies	Present	Present	Present	Present
Mr T Gaskin	Chief Internal Auditor	Present	Apologies	Apologies	Apologies	Present	Apologies	Present	Present	Present

Attendance Record **NHS Tayside**

Tayside NHS Board 1 April 2016– 31 March 2017

Name	Designation	16 March 2017	27 March 2017
Member			
Mr L Bedford	Director of Finance	Present	Present
Prof J Connell	Chairman	Present	Present
Mrs G Costello	Nurse Director	Present	Present
Dr A Cowie	Non Executive Member	Apologies	Apologies
Mr D Cross	Non Executive Member	Present	Present
Councillor D Doogan	Non Executive Member	Present	Present
Mrs L Dunion	Non Executive Member	Apologies	Present
Mrs J Golden	Non Executive Member	Present	Present
Mr S Hay	Non Executive Member	Apologies	Present
Mr M Hussain	Non Executive Member	Present	Present
Councillor K Lynn	Non Executive Member	Present	Present
Councillor G Middleton	Non Executive Member	Present	Present
Ms L McLay	Chief Executive	Present	Present
Dr R Peat	Non Executive Member	Present	Present
Mr H Robertson	Non Executive Member	Present	Present
Mrs A Rogers	Non Executive Member	Present	Present
Prof A Russell	Executive Member	Present	Present
Prof M Smith	Non Executive Member	Present	Apologies
Mrs S Tunstall- James	Non Executive Member	Present	Present
Dr D Walker	Executive Member	Present	Present
Attendees			
Mrs J Alexander	Partnership Representative	Present	Apologies
Dr A Cook	Medical Director – Operational Services	Apologies	Present
Mr G Doherty	Director of Human Resources	Present	Present
Ms M Dunning	Board Secretary	Present	Present
Mr T Gaskin	Chief Internal Auditor	Present	Present

Item 16

STAFF GOVERNANCE COMMITTEE

Minute of the above meeting held at 2:00 pm on **Tuesday 13 December 2016** in the Board Room, Kings Cross, Hospital.

Present
Ms Jenny Alexander, Co-Chair Workforce and Governance Committee, NHS Tayside
Mr George Doherty, Director of Human Resources & Organisational Development, NHS Tayside
Mrs Judith Golden, Employee Director, Tayside NHS Board
Mr Munwar Hussain, Non Executive Member, Tayside NHS Board
Mrs Alison Rogers, Non Executive Member, Tayside NHS Board
Mrs Sheila Tunstall-James, Non Executive Member, Tayside NHS Board

Apologies
Professor John Connell, Chairman, Tayside NHS Board
Dr Andrew Cowie, Area Clinical Forum Chair, NHS Tayside
Ms Margaret Dunning, Board Secretary, NHS Tayside
Mr Raymond Marshall, Staff Side Representative, NHS Tayside
Ms Lesley McLay, Chief Executive, NHS Tayside
Mr Hugh Robertson, Non Executive Member, Tayside NHS Board
Professor Margaret Smith, Non Executive Member, Tayside NHS Board

In Attendance
Mrs Gayle Culross, Communications Manager, NHS Tayside (Item 7.3)
Mrs Gaynyr Dickson, Communications Manager, NHS Tayside (item 6.1 and Item 7.3)
Ms Jenni Jones, Associate Director - Development, NHS Tayside
Mrs Pat Millar, Head of Knowledge and Skills, NHS Tayside (Item 9.4)
Mrs Jennifer Mudie, Associate Director of HR – Resourcing, NHS Tayside
Mr Christopher Smith, Head of Human Resources, NHS Tayside

Mr Munwar Hussain in the Chair

ACTION

1. Chairman's Welcome and Introduction

Mr Hussain welcomed all to the meeting especially Mrs Millar, Mrs Culross and Mrs Dickson who were presenting reports.

2. Apologies

The apologies were as noted above.

3. Minute of Previous Meeting

3.1 Minute of Meeting held on 27 September 2016

The Staff Governance Committee Minute of the meeting held on 21 June 2016 was approved on the motion of Mrs Alison Rogers and seconded by Mrs Judith Golden subject to the following amendments:-

Page 21 – Item 9.1 Workforce Information Quarter 1 – 5th Paragraph should read:- "Mrs Rogers//..."
Item 9.2 - Promoting Attendance at Work – 2nd bullet point – last sentence should read:- "Mr Smith advised that work was being carried out to combat stress."

3.2 Committee Chair's Assurance Report – Staff Governance Committee Minute – 21 June 2016

Mr Hussain advised that this report had been presented and noted by Tayside NHS Board

The Staff Governance Committee:-

- **Noted the Committee Chair's Assurance Report 27 September 2016.**

3.3 Action Points Update

Item 7.4 – Taking Root: Our Collaborative Leadership Commitment:- Mr Doherty and Mrs Jones advised that this area was contained within work being progressed through Developing Our Culture and an update would be provided to the March 2017 meeting.

The Staff Governance Committee:-

- **Noted the Action Points Update.**

4. Matters Arising

In relation to Item 3.3 of the of the Action Points Update from the meeting held September 2016 regarding Safe & Improved Working Environment it was highlighted that Mrs Wiggin had developed a short life working group to move matters forward.

5. Declaration of Interests

There were no declarations of interest.

6 Presentations

6.1 STAR Awards (SGC/2016/63)

Mrs Rogers gave a verbal update, she updated the Committee on the following:-

- The Awards were on track for rollout in January 2017 for nominations.
- A Short Life Working Group had been brought together and would be meeting next week.

The following was highlighted by Mrs Dickson:-

- A request was being made to the Committee for the approval to hire an outside venue to host the 2017 NHS Tayside STAR Awards.
- Currently work was being undertaken in looking for sponsorship to host the event from the Venue. Costings for the use of an outside Venue were available to anyone requesting these. Audio and visual equipment was included within the pricing for an external venue.
- That it would be a cost benefit to the Organisation to use an outside venue rather than remain within NHS Tayside Grounds.
- The date being looked at was 18 May 2017 between 12 noon and 5 pm.
- Further funding would have to be secured as currently donations were in the region of £1,700 however it was thought that around £5,000 was

required in total.

- Endowments support would be sought to fund the Event. If funds were not received then the STAR Awards would not go forward.
- The Quality Awards held previously were funded through Endowments.
- A request for funding could also be made to the Tayside Health Fund.

The Staff Governance:-

- **Approved requests for funding being made to Endowments and Tayside Health Fund.**
- **Approved with the use of funding to hold the Celebration Event externally to NHS Tayside due to the cost savings identified.**

7. Staff Governance Standards

7.1 Involved in Decisions which Affect Them (SGC/2016/60)

Mrs Golden spoke advised the Committee that Mr Alan Small who had co-written the report was due to retire from the Organisation and wished to thank him for his dedication and support throughout the years.

It was noted:-

- Work was underway to refresh the work of the Area Partnership Forum.
- The Local Partnership Forums were each at different stages of development.
- The development of a Local Partnership framework was at different stage of development across each of the 3 Health and Social Care partnerships.
- The role out of iMatter for NHS staff would form a core agenda item for Local Partnership Fora.
- The Local Fora would provide an annual report to the Area Partnership Forum regarding local progress against the Staff Governance Standard.
- Partnership Walk Rounds were being carried out in Angus Health and Social Care Partnership. It was felt that this was good practice and should be brought to the attention of the other Local Partnership For a.

The Staff Governance Committee:-

- **Noted the content of the report.**
- **Agreed an update would be provided to the June 2017 meeting.** **JG/GD**

7.2 Safe & Improved Working Environment/Health & Safety Annual Report

Mr Doherty highlighted that a review of Health & Safety was currently underway with a report being published in January 2017. A report would therefore be provided to the March 2017 Staff Governance Committee. **LW**

7.3 Well Informed (SGC/2016/62)

Mrs Gayle Culross and Mrs Gaynyr Dickson were in attendance and the following was discussed:-

- There were concerns in relation to the responses around Senior Management visibility. Mr Doherty advised that all Health Boards across Scotland had the same issues and that nationally work was ongoing

around the format of the questions contained within iMatter to clarify the definition 'Senior Management' and what meaningful engagement looked like. It was agreed that an update on Senior Management Visibility would be provided to the March 2017 meeting
- Valuing Your NHS covered "Staff Involvement" and was pro-active in taking measures forward
- Areas that did not have PCs and use of suggestion boxes would be placed around specific areas.
- Spectra was moving to quarterly issues from 2017 and would provide detailed updates to Staff.

The Staff Governance Committee:-

- **Noted the Corporate Communications Department work plan for 2015 – 2016 (check the dates).**
- **Noted the Facts and Figures update for 2016 – 2017.**
- **Noted the Value Your NHS campaign overview.**
- **Agreed an update on Senior Management Visibility throughout the Organisation would be provided to the March 2017 meeting.** **MD/GD/GC**

8. Governance Risks

8.1 Medical Workforce – Strategic Risk (SGC/2016/64)

Mrs Mudie provided an update on the following:-

- This strategic risk has been reworded to take into account the breadth of risks relating to the Medical Workforce.
- The previous version referred in the main to the anticipated changes in the training of Junior Doctors and its impact on the profile of the career grade doctors.
- This risk also related to the impact of the national shortage of GPs. Although GPs are in the main independent contractors, the development of the Health and Social Care Partnerships workforce plans required closer working relationships with the Primary Care and Voluntary Sectors.

Discussion centred on the following:-

- The participation in Physician Associate training was continuing with those who have completed training being employed. A further update on this work would be provided in 2017 by the Chief Operating Officer.
- Dr John Davidson had been invited to the Clinical Care Governance Committee to discuss concerns in relation to Junior Doctor training numbers. The Clinical Care Governance Committee was also looking at the Junior Doctors survey and at the impact on patient safety in relation to falling numbers of Junior Doctors in training.
- It was also noted that these concerns would become part of the Staff Experience information.
- Mrs Mudie, Mr Hussain, Mr Doherty and Mrs Rogers would meet out with the Committee to discuss how to meaningfully link the different aspects of this risk that was currently being considered by the Clinical Governance Committee, the Finance and Resources Committee and the Staff Governance Committee to avoid unnecessary duplication.

The Staff Governance Committee noted the following actions that were in place to mitigate the Risk:-

- **New Deal monitoring for each rota was being undertaken twice per year, with support to Lead Clinicians, managers and doctors in training in relation to the understanding, management and individual responsibilities to comply with the regulations, eg monitoring guidelines for each rota for each Trainee, pre monitoring talks to all trainees, non compliance rotas reported to Rotamaster and an identified consultant.**
- **Local Workforce Plans are developed by General Managers and Lead Clinicians to redesign models of service delivery to reduce the reliance on doctors in training.**
- **Public consultation in relation to the Shaping Surgical Services and the Review of Mental Health Services provision is being planned.**
- **The Corporate Workforce Plan and Projections will inform Scottish Government in relation to training numbers etc.**
- **Intelligence gained through participation at the North of Scotland Medical Workforce Planning Group and the opportunity to influence it.**
- **Adjustments to consultant on-call rota are made to ensure adequate senior clinician decision making is available when the more senior ST grades are unfilled.**
- **Employing Specialty Doctors and Locums, with and without training numbers, to minimise gaps in service delivery, as well as Agency Doctors.**
- **Piloting the introduction of Physicians Associates to gauge impact on rostering compliance.**
- **Engagement in social media network advertising to target the passive market.**
- **Introduction of advanced practitioner roles to support Primary Care**
- **Agreed Mrs Mudie, Mr Hussain, Mr Doherty and Mrs Rogers would meet out with the Committee to discuss Junior Doctor numbers.**

8.2 Workforce Optimisation (SGC/2016/65)

Mrs Mudie advised there had been a change in the risk profile in relation to the deployment of staff. She had raised the risk factor in Section 2 of the report. Section 3 of the report provided assurances that would help mitigate concerns around the issues of shift patterns at present.

The Staff Governance Committee noted the following:-

- **Directors and Chief Officers should plan for design of future service delivery taking into account Health and Social Care Partnerships, the opportunities provided by succession planning information and a national/regional Clinical Strategy and the Clinical Strategy of NHS Tayside. Local Workforce Plans to become "live" documents that are required to be reported upon and discussed at the Local Partnership Fora.**
- **The Local Workforce Plans to inform the Staffing Projections for NHS Tayside and the Corporate Workforce Plan. Directorate Performance and Scrutiny Groups lead by the Chief Operating Officer and the Chief Officers of the Health and Social Care Partnerships, which include operational staff management and staff governance issues.**

- **The governance of the NHS Tayside Redeployment Register and procedure to be implemented in partnership with staff side.**
- **Workforce Information is to be provided to support line managers plan and manage the workforce.**
- **Finance reports identifying staffing costs to be shared in management meetings, Area Partnership Forum and NHS Tayside Board.**
- **Maintenance of an active Nurse Bank with appropriately skilled Bank Nurses.**
- **Provide regular workforce information reports to Scottish Government to inform national planning, particularly in respect of national training numbers.**
- **Implementation of an Attraction and Recruitment Strategy for NHS Tayside.**
- **Analysis of the results from the On-line Exit Questionnaire Survey along with learning from individual interviews.**
- **Management of Attendance at Work and staff wellbeing.**
- **Prospective recruitment to minimise supplementary costs as directed by appropriate budget holder or Executive Lead.**
- **Effective management of fixed term contracts.**
- **Review of shift lengths and patterns for nursing staff.**

8.3 Corporate Risks – Board Assurance Framework Nursing and Midwifery Workforce (SGC/2016/66)

The Staff Governance Committee were pleased to see the report. Mr Doherty agreed that he would speak with the Nurse Director on the future reporting format.

The Staff Governance Committee:-

- **Noted the Corporate Risk September 2016.**
- **Noted the Corporate Risk December 2016.**

9. Monitoring Reports

9.1 Workforce Information Quarter 2 – 2016 – 2017 (SGC/2016/67)

- **Future Assurance Reporting**

The paper detailed the comparison of the whole-time equivalent numbers as at September 2011 and September 2016.

She provided a monthly breakdown of staff for nursing, midwifery and administrative staff within the report. In the 2016/17 staffing projections a projected decrease in administrative staff had been forecast. It was noted as at the midpoint of the financial year that this forecast had not been realised.

There were concerns regarding turnover in relation to Medical and Dental and AHP staff. This was influenced in part by the ageing demograph with some staff able to draw down their pensions from the age of 55.

The Exit Interview process was being utilised to see why staff were leaving the Organisation.

Mrs Mudie further highlighted the use of EURIS which is a European recruitment service. The EURIS portal is open at all times to encourage enquiries. To-date

success in attracting candidates has been limited . The Attraction and Recruitment strategy which contains 37 actions is being implemented by Directorates and Health and Social Care Partnerships. In addition for certain medical specialities, such as Psychiatry, third party recruitment agencies who have international links have been engaged.

In 2016 NHS Tayside used the Corporate Workforce Plan to meet the 5% target of staff employed between the ages of 18 – 24. Work was ongoing in this area. There would be an aprentiship levy in future and a report would be provided on this in due course.

Employability programmes continue to support individuals to be work ready or provide a stepping stone into further education. Foundation apprenticeships for school leavers was being developed for implementation in School Year 2017/18 and there was continued support for work experience for school and further education students.

Mrs Golden noted that in Appendix 1B of the report, a 225.4 reduction was projected. Mrs Golden queried if this was due to a vacancy factor as there were constantly challenges around nursing and midwifery staffing levels which had a higher turnover of staff. Mr Doherty referred to the national shortage of nursing and midwifery staff and advised a lot of work was being carried out in relation to the recruitment strategy. Work was being undertaken on improving and exploiting the use of social media, where a positive input about the Organisations reputation and staff experience would help to engage new staff. Junior Doctors were utilising areas such as social media to inform others of the best areas across Scotland to work. Patients also use these mediums to inform the public of their personal experiences.

The Staff Governance Committee:-

- **Noted the content of the report.**
- **Agreed the new form of reporting would provide assurance to the Committee on Workforce Strategies.**
- **Agreed a report on apprenticeship levies would be provided when guidance was available from Scottish Government and its implications assessed.**

9.2 Promoting Attendance Quarter 2 2016 – 2017 (SGC/2016/68)

Mr Smith advised that the attendance figures now included the NHS component of the Health and Social Care Partnerships. Work had been undertaken to communicate to managers about the Fir for Work initiative. This work had been well received. It was noted that areas of high absence included learning disabilities, Midwidery and Support Services.
The committee noted some of the work being undertaken to promote attendance within the higher absence areas. It noted the role which Local Partnership Fora would have in ensuring appropriate implementation of Board policies.

Mrs Golden noted concerns in relation to the percentage of staf who were absence due to “stress anxiety and depression”. Work was being undertaken to develop a positive culture which would promote wellbeing and, in turn, reduce absence.

Mrs Tunstill-Jones asked if a national category was being developed to distinguish home and work related stress. The committee was informed that the Board had to comply with national categories which did not make the distinction.

Concerns were raised as to why Return to Work interviews were not being routinely undertaken in all areas. Data of this nature should be captured. It was noted that local management may not be recording data appropriately. It was also unknown whether other policies were being utilised effectively. Mr Smith agreed to provide an update to the next meeting.

Mr Hussain highlighted that NHS Tayside was below the NHSScotland average in relation to promoting attendance at work rates. The Committee however required assurances that work was being carried out to mitigate issues in Midwifery and Support Services. it was agreed that action plans from Midwifery and Learning Disabilities would be brought to the next committee. Mr Smith would discuss this issue with Mrs Wiggin. . **CS**

The Staff Governance Committee:-

- **Noted the contents of the report.**
- **Agreed updates would be provided to the Staff Governance Committee in March 2017.**
- **Agreed discussions would be undertaken within Learning Disabilities and Midwifery and Support Services to look at improving the culture and improving staff attendance.** **CS**

9.3. Recruitment Activity (SGC/2016/69)

Mrs Mudie advised that work was being undertaken with the University of Dundee around the recruitment of newly qualified Nurses. She further highlighted there had been issues in funding of the Medical Training Fellows.

During Quarter 1 and 2 it was noted that staff could be brought into the Organisation from external sources. A significant number of appointments had been made. The report highlighted a drop in Mental Health Staff along with non medical staff.

There were dedicated staff working on recruitment for the Organisation under extremely trying circumstances.

The Staff Governance Committee:-

- **Noted the content of this report.**

9.4 Valuing People – Valuing Personal Development Plans (PDPs) Development of a Whole System/Personal Development Review (PDR) & Personal Development Plan (PDP) Improvement Plan for 2016/17 – Update (SGC/2016/70)

Mrs Jones advised the report provided an update of ongoing work in relation to PDPs. e-Knowledge Skills Framework was the only system the Organisation had available to monitor progress. Currently IT Training was on hold due to the implementation of TrackCare.

The Medical Director was working and committed to revalidation however it had been noted that e-KSF was cumbersome.

The Committee noted that while Mrs Millar routinely reported the update of e-KSF throughout the Organisation, when performance review was the Chief Officers and relevant Directors.

E-KSF would in future be connected to iMatter however the Committee was not assured this was taking place and whether staff felt valued for their work. Forth Valley had an uptake of 81% for eKSF, and the Committee asked Lead Officers to link with the Board for lessons learned. Key Performance Indicators would be used within each directorate. Mrs Millar advised she was providing an update to Tayside NHS Board on eKSF in 2017 with an improvement plan to increase the use of eKSF.

Mr Hussain agreed an update and action plan should be presented to the Board to know the risks currently involved for the Organisation. Ownership should be taken on by each Directorate and consideration had to be given to the IJB Chief Officers who would also have to report on these areas.

The Staff Governance Committee:-

- **Noted the content of the report.**
- **Agreed to review an action plan for improvement at its March 2017 Meeting.** **PM/Chief Officers**

9.5 Valuing People – Valuing Staff Experience & Engagement – iMatter as a Vehicle to Underpin an Improvement Culture (SGC/2016/71)

Mrs Jones advised that iMatter would be fully implemented across the Organisation in 2017. Staff within the Acute and Corporate Directorates had participated in at least 1 iMatter cycle. IMatter would be connecting with PDPs and eKSF. All staff had to be made aware of the importance of participating in iMatter. Perth & Kinross were currently receiving help with implementation of iMatter.

The Scottish Government had confirmed that iMatter will replace the National Staff Survey from 2017.

A system would have to be created to ensure the Organisation was monitoring trends and acting on these. iMatter data would be used by the Scottish Government for monitoring purposes and provide an early indication of issues in relation to staff engagement at a Board level. The Local Partnership Foras would provide an important part of the dialogue along with the Area Partnership Forum supporting the promotion of iMatter. Data would be reported through to the Staff Governance Committee.

Queries were raised as to whether Management was confident that iMatter was being embedded within the Organisation and whether staff would be able to see improvements for them. Supportive actions were being put in place and staff would be able to work with iMatter effectively.
The Committee wished to celebrate the work carried out in relation to Support Services and the provision of paper copies of the iMatter programme for those unable to utilise PCs. The process was currently in early engagement however signs were good that the process being used was working well.

The Staff Governance Committee:-

- **Noted the contents of the Report.**
- **Noted the comparison with the national reports.**
- **Noted the emerging arrangements for receiving progress reports through Local Partnership Forums.**
- **Celebrated the work achieved to date.**

9.6 Non-Executive Whistleblowing Champion April to September 2016 Report (SGC/2016/72)

Mrs Rogers advised the report was a 6 monthly update on issues raised through Policy and not media. Processes were being developed and more regular liaison was being undertaken with Counter Fraud Services.

Staff knowledge of the Policy had increased with a Vital Signs being issued when the Whistleblowing Officer had been appointed. Promotion of the Policy was paramount and to raise staff awareness of the Policy prioirity. Further communications work would be undertaken to ensure staff were aware of the National Alert Line.

The Staff Governance Committee:-

- **Noted the content of the report.**
- **Agreed discussions between Mrs Rogers and Mrs Dickson would take place to promote the Policy and National Alert Line.** **AR/GD**

9.7. Staff Governance Terms of Reference (SGC/2016/73)

An amended version of the Terms of Reference were circulated to the Committee.

After discussion with Internal Audit the remit of the Staff Governance Committee was being amended to refocus the objective of the Committee and amends its emphasis to the following:-

> "The Committee is responsible for reviewing those aspects of Best Value Work Plan which are delegated to it from Tayside NHS Board. The Committee will put in place arrangements which will provide assurances to the Chief Executive as Accountable Officer, that NHS Tayside has systems and processes in place to secure the best value for these delegated areas. The assurance to the Chief Executive should be included as an explicit statement in the Committee's Annual Report."

The Committee highlighted the following:-

- There were to be 6 Non-Executives including the Employee Director.
- The Employee Director would become the Co-Chair of the Staff Governance Committee.
- The Staff Side Co-Chair of the Area Partnership Forum, Staff Side Secretary and the Chair of the Workforce & Governance Forum would become members of the Committee.
- The primary responsibility of the Committee will be to assure the Board around the structure of the workforce in the coming years. The Committee will also look at the overall staff environment and culture as it moves forward.
- There were concerns around Section 3.2 and the fact that the Committee could be quorate with only 3 Non-Executive members present. It was agreed that Mrs Rogers would discuss this directly with the Board Secretary and Tayside NHS Board at its next meeting.
- Further concerns were raised in relation to the attendance role of the Director of HR & OD. It was felt that he should be a member rather than an attendee and should have full voting rights

The Staff Governance Committee:-

- **Agreed that discussion would take place between Mrs Rogers and the Board Secretary to discuss membership and quoracy of meetings.** **AR**
- **The addition of the words Clinical Care Governance Committee would be inserted into Section 5.1 after the Finance & Resources Committee.**
- **Agreed the Terms of Reference subject to the above discussion and amendment being made.**

9.8 Occupational Health Appoints DNA Report

Mr Smith highlighted the work which had been undertaken by the Occupational Health Department to minimise DNAs. The Committee noted the recommendations within the report.The Staff Governance Committee:-

- **Noted the content of the Report**
- **Agreed an update would be provided to the September 2017 meeting** **CS/PL**

10. Annual Reports/Work Plans/Plans

There were no items for discussion.

***11. *For Noting* - If Items Required Discussion Please Raise with the Chair**

11.1 Area Partnership Forum Board Report 21 September 2016 (SGC/2016/75)

The Staff Governance Committee:-

- **Noted the Area Partnership Forum Board Report 21 September 2016.**

11.2 Staff Governance Standard Monitoring Framework (SGC/2016/76)

- **Staff Governance Standard Action Plan 2015 – 2017**

Mr Courtney provided an addendum to Action 3.5 of the Staff Governance Standard Action Plan which was circulated at the meeting.

The Staff Governance Committee:-

- **Noted the Staff Governance Standard Monitoring Framework.**
- **Noted the Staff Governance Standard Action Plan 2015 – 2017.**

11.3 Public Sector Equality Group Work Plan (SGC/2016/78)

The Staff Governance Committee:-

- **Noted the Public Sector Equality Group Work Plan.**

11.4 Update on NHS Tayside Scheme for Medical Appraisal and Revalidation (Secondary Care) SGC/2016/79

The Staff Governance Committee:-

- **Noted the Update on NHS Tayside Scheme for Medical Appraisal and Revalidation (Secondary Care).**

11.5 NHS Tayside Annual GP Appraisal Report 2015/16 (SGC/2016/80)

The Staff Governance Committee:-

- **Noted the NHS Tayside Annual GP Appraisal Report 2015/16.**

12. Items for Adoption

12.1 HR Policies (SGC/2016/81)

- **Skills Register Redeployment Policy**
- **Fixed Term Contract Policy**
- **Induction and Orientation Policy**

The Staff Governance Committee endorsed the:-

- **Skills Register Redeployment Policy.**
- **Fixed Term Contract Policy.**
- **Induction and Orientation Policy.**

13. Items for Information

13.1 Area Partnership Forum Minute 21 September 2016

The Staff Governance Committee:-

- **Noted the Area Partnership Forum Minute 21 September 2016.**

13.2 Joint Negotiating Committee Minutes 24 August 2016

The Staff Governance Committee:-

- **Noted the Joint Negotiating Committee Minutes 24 August 2016.**

13.3 Workforce & Governance Forum Minutes 7 September 2016

The Staff Governance Committee:-

- **Noted the Workforce & Governance Forum Minutes 7 September 2016.**

13.4 Everyone Matters Implementation Plan 2017 – 2018 (SGC/2016/82)

The Staff Governance Committee:-

- **Noted Everyone Matters Implementation Plan 2017 – 2018.**

13.5 Record of Attendance

The Staff Governance Committee:-

- **Noted the Record of Attendance for information.**

14. Any Other Competent Business

There was no other competent business

15. Date and time of the next meeting

The next meeting of the Staff Governance Committee will take place on Tuesday 14 March 2017 at 2pm in the Board Room, Kings Cross.

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 the Staff Governance Committee held on Tuesday 13 December 2016 and was approved by the Committee at its meeting held on Tuesday 14 March 2016.

…… ……..

Chair Date

Minute NHS Tayside

TAYSIDE NHS BOARD
AUDIT COMMITTEE - OPEN BUSINESS

Minute of the meeting of Tayside NHS Board Audit Committee held at 9.30 a.m. on **Thursday 17 January 2017** in the Committee Room 1, Level 10, Ninewells Hospital, Dundee

Present:
Mr D Cross, OBE, Non Executive Member, Tayside NHS Board
Ms L Dunion, Non Executive Member, Tayside NHS Board
Mr S Hay, Non Executive member, Tayside NHS Board (Chair)
Councillor G Middleton, Non Executive Member, Tayside NHS Board

Chair, Chief Executives and Senior Officers
Mr L Bedford, Director of Finance, NHS Tayside
Mr R MacKinnon, Associate Director of Finance - Financial Services & Governance/FLO, NHS Tayside

External Auditors
Mr B Crosbie, Senior Audit Manager, Audit Scotland

Internal Audit – FTF Audit and Management Services
Mr T Gaskin, Chief Internal Auditor, FTF Audit and Management Services
Mrs J Lyall, Acting Regional Audit Manager, FTF Audit and Management Services

Other Attendees
Mr M Anderson, Head of Property, NHS Tayside (for item 6.2)
Mr D Colley, Finance Governance Accountant, NHS Tayside
Ms M Dunning, Board Secretary, NHS Tayside
Mrs F Gibson, Head of Financial Services, NHS Tayside
Mrs L Green, Committee Support Officer, NHS Tayside
Miss D Howey, Head of Committee Administration, NHS Tayside (for item 10)
Mrs L Lyall, Capital Finance Manager, NHS Tayside (for item 6.2)
Ms A Machan, Senior Auditor, Audit Scotland
Mr R Marshall, Representative of Area Partnership Forum
Ms G McClure, Quality and Services Manager, Primary Care, NHS Tayside (for item 9)
Mr J Ngoie, Head of Instrumentation and Clinical Engineering, NHS Tayside (for item 5.3)
Mr M Valentine, Property Asset Manager, NHS Tayside (for item 6.2)
Ms L Wiggin, Chief Operating Officer, NHS Tayside (for item 6.3)

Apologies
Prof J Connell, Chair, Tayside NHS Board
Mr G Doherty, Director of Human Resources & Organisational Development, NHS Tayside
Councillor D Doogan, Non Executive Member, Tayside NHS Board
Mrs J Golden, Non Executive Member, Tayside NHS Board
Mr M Hussain, Non Executive Member, Tayside NHS Board
Ms L McLay, Chief Executive, NHS Tayside
Ms F Mitchell-Knight, Assistant Director, Audit Scotland
Mrs H Walker, Risk Manager, NHS Tayside

Mr S Hay in the Chair

1. WELCOME | **ACTION**

Mr Hay welcomed all to the meeting. It was noted this meeting was not being recorded

2. APOLOGIES

The apologies were noted as above.

3. DECLARATION OF INTERESTS

There were no declarations of interests.

4. MINUTE OF PREVIOUS MEETING

4.1 Minute of the Audit Committee Minute – 21 June 2016

The Audit Committee Minute of the meeting held on 21 June 2016 was approved on the motion of Mr Doug Cross and seconded by Cllr Glennis Middleton upon her arrival at 10:40am.

4.2 Minute of the Audit Committee Minute – 1 September 2016

The Audit Committee Minute of the meeting held on 1 September 2016 was approved on the motion of Mrs Linda Dunion and seconded by Mr Doug Cross.

4.3 Action Points Update

Mr Bedford spoke to the Action Points Update.

External Review of all Mental Health Sites – Mr Bedford advised that an update was included as an appendix to the Action Points Update and invited Mr Mark Anderson to speak to this update.

Mr Anderson re-iterated that following receipt of the Health and Safety Executive (HSE) Improvement Notice there was the requirement to produce a time bound action plan to mitigate and control the known ligature points in the ward environment of Murray Royal Hospital (MRH). It was noted following the attendance of two HSE investigators to MRH on 7 January 2017 there was satisfaction that NHS Tayside had complied with the Improvement Notice.

Mr Anderson advised that whilst progress had been made, work continued to progress with weekly meetings and the development of a matrix system. It was noted the HSE had raised their own concerns regarding the existing bedroom windows. Mr Anderson advised a decision was imminent around the best solution in the replacement or modification of bedroom windows, bedroom doors and en-suite doors with a report being submitted to the Finance and Resources Committee in due course. It was noted HSE were well informed around the decision making process.

Mrs Dunion sought clarification regarding the statement, included within the Appendix to the Action Points Update, from the NHS Scotland Principal Architect. Mrs Dunion requested for the purposes of the Minute there was clarity around the last sentence of this statement. Mr Anderson advised that the Principal Architect had confirmed that in relation to the MRH facility, the developer and architect had provided what had been requested by NHS Tayside. Mr Anderson commented that the statement referred to by Mrs Dunion confirmed that the provision of a Mental Health Facility such as MRH required consideration not only to the safe environment but also the therapeutic needs of the patient and all had been delivered in line with guidance that was in place at that time. It was noted there was no off the shelf solution for a service of this nature and that NHS Tayside must anticipate that further risks would emerge over time which must be recognised and addressed accordingly.

9:40am Cllr Glennis Middleton arrived

The Committee discussed the need for assurance that standards would be maintained/transferred across all Mental Health sites, for example, the Carseview site. Mr Anderson advised that whilst lessons had been learned from MRH and experiences must be considered across all sites there was the need to recognise differing clinical needs and therefore clinically led risk assessments must be carried out to ensure the most appropriate measures were put in place at all times.

Ms Wiggin advised the Committee Risk Assessments were vital taking into account the areas and instructions.

Mr Cross queried who the accountable officer now was in place of Dr Karen Ozden. Ms Wiggin advised Rob Packham, Chief Officer was the accountable Officer for the services delegated and hosted through the Perth & Kinross IJB and that she was the accountable officer for Child and Adolescent Mental Health Service (CAMHS) and the regional service provided at MRH. It was

noted Professor Andrew Russell was the risk owner.

Mr Hay queried the expected timeline for reporting, in relation to Finance, to the Finance and Resources Committee. Mr Anderson advised the development of timelines and a project plan where underway and would be submitted to Finance and Resources Committee in the near future.

The Committee requested a further update at its meeting in May 2017. **MA**

Work Plan 2016/17 – It was noted this was an Agenda item at this meeting.

Interim Evaluation of Internal Control Framework 2015/16 Audit No T08/16 – It was noted this was an Agenda item at this meeting.

Recording Equipment – It was noted a draft protocol had been developed and was being discussed in partnership with Staff Side. Legal advice was that there must be approval from all parties prior to the recording of meetings.

Progress on Internal Audit Report T21/14 Medical Instrumentation and Devices – It was noted this was an item on the Agenda and Mr Jean Ngoie, newly appointed to the post of Head of Instrumentation and Clinical Engineering, would provide a verbal update to the Committee.

4.4 Work Plan 2016/17

Mr Bedford advised the Committee the Work Plan 2016/17 had been updated to included items submitted to the Committee at its meeting on 1 September 2016.

It was noted there was an additional Audit Committee meeting scheduled for Tuesday 21 February 2017. This meeting would focus on the Internal Audit Interim Review 2016/17 and Internal Audit reports T12/17 Assurance Framework, T13/17 Strategic Planning and T22/17 Follow Up of Financial Planning and Management.

The Committee

- **Noted the Work Plan 2016/17**

4.5 Matters Arising

There were no matters arising.

The Committee agreed Item 6.2 would be taken next on the Agenda

6.2 Internal Audit T28A/16 – Property Management Report (AUDIT01/2017)

Mr Mark Anderson, Mr Mark Valentine and Mrs Louise Lyall were in attendance for this report.

Mr Anderson advised the Committee that Property Asset Management and the focus on property disposal was critical to NHS Tayside and wished to thank Internal Audit colleagues for their help and support.

Mr Anderson advised he was pleased with the progression of issues raised within the Interim Audit Review 2015/16 and noted work was in progress, lessons had been learned and was confident future audits would reflect this.

Mr Anderson advised an asset team was now in place, and with the addition of a support officer due to be in post early February 2017, an effective resource was now there, to ensure the delivery of outstanding actions and provide more robust assurance moving forward. This was re-iterated by Mr Valentine and Mrs Lyall with the anticipation that relationships within the team and finance colleagues would be strengthened as a result.

Mr Hay sought clarification around the linkages between the Property and Asset Management Strategy (PAMS) and the Clinical Services Strategic Framework and its supporting strategies. Mr Anderson advised it was crucial both these strategies supported the other and the development of site Master plans were essential to inform Scottish Government of the intention for a site, such as Ninewells and the PAMS should capture those strategic intentions clearly to support services and looking to the future development of services and as a result sites.

10:00am Ms Gail McClure arrived

Mr Gaskin advised that the Internal Audit Report having been given a category C grade, recognised work was progressing positively. It was noted many of the issues highlighted with the report were historic and positive progression was evident. A further review would be carried out in the next financial year.

Mr Cross advised that the Finance and Resources Committee had not provided the correct level of scrutiny to Property Management and had therefore updated its work plan to receive regular updates and the invitation to Mr Anderson to present critical risk issues to the Finance and Resources Committee.

Mr Hay noted the progress made was encouraging however, queried the adequacy of resources and the management of data quality issues. Mr Anderson confirmed there were adequate resources and improvements had been made around data quality, in particular, housekeeping issues to ensure greater governance.

Mr Bedford advised the Committee that two new service level risks were to be developed on the organisation's ability to deliver the PAMS and the accuracy of the PAMS. The Capital Finance Manager would be the Risk Owner and the Property and Asset Manager would be the Risk Manager. These service risks would enhance the management of the Reduction in Capital Strategic Risk, and updates on performance would be reported to the Committee.

The Committee

- **Noted the Internal Audit T28A/16 – Property Management Report update**

The Committee agreed Item 5.3 would be taken next on the Agenda

5.3 Medical Equipment and Devices T21/14 – Head of Instrumentation Update

Mr Hay advised the Committee that Mr Jean Ngoie was in attendance to provide a verbal update to this item. Mr Hay requested introductions from around the table be provided for Mr Ngoie.

Mr Ngoie advised he had been appointed as Head of Instrumentation and Clinical Engineering, taking up post in September 2016 and had reviewed the outstanding actions contained within Internal Audit Report T21/14. Mr Ngoie provided an update to the following actions points

Action Point 5b – A report was to be submitted to the Medical Equipment Management Group (MEMG) advising of the current position of all actions points within the action plan of T21/14. It was noted the MEMG was under the leadership of Dr Gavin Main, Consultant Radiologist/Associate Medical Director and a review of the structure of the group would be carried out to ensure compliance with CEL 43.

Action Point 14 – This action noted that Nurses in charge of ward areas were required to carry out checks on equipment under their control as per protocols. Mr Ngoie advised that there had now been a change to this practice in that Medical Physics were now responsible for carrying out these checks. It was noted a SOP had been implemented as of 16 January 2017.

Action Point 17b – This action was in relation to the renewal of contracts. Mr Ngoie advised the Committee that this practice had been enhanced with a further SOP implemented. It was noted that a meeting with stakeholders reviewing performance, satisfaction of users and reduction in contracts was required to take place 4 weeks prior to the renewal date.

Mr Gaskin welcomed the change in practice, of Medical Physics now carrying out checks of equipment in ward areas.

Ms Wiggin advised the Committee the leadership by Mr Ngoie since being appointed to post had been of great benefit to NHS Tayside.

Mr Hay raised a query in relation to procurement and ensuring value for money. Mr Ngoie advised he was working closely with the Procurement Department to ensure all contract terms met with NHS Tayside's, once this was clear reviewing options to ensure value for money was explored.

Mr Cross welcomed the introduction of meetings with stakeholders however, queried if issues arose would the 4 week timescale be sufficient. Mr Ngoie advised that a contract officer was in place reviewing contracts on an ongoing basis, if a problem were to arise or a user noted issues this would be managed immediately.

Mr Hay noted issues around tracking. Mr Ngoie confirmed that whilst new software had been acquired there had been delays regarding the implementation. The scheduled date of implementation was 27 March 2017 and would provide a more robust database. It was noted following a query from Mr Hay regarding the implementation of RFID that work was ongoing with the company 6M to conduct a needs assessment for asset tracking. This would allow for better tracking and management of medical equipment

Mr Hay thanked Mr Ngoie the update provided.

The Committee

- **Noted the verbal update regarding Internal Audit T21/14 – Medical Instrumentation and Devices Report**

10:15am Mr Ngoie left the meeting

The Committee agreed Item 6.3 would be taken next on the Agenda

6.3 Internal Audit T36A/16 – Child and Adolescent Mental Health Service (CAMHS) Report (AUDIT02/2017)

Ms Wiggin was in attendance to present this report.

Ms Wiggin advised the Committee that a significant amount of work had been undertaken at the request of Tayside NHS Board following the audit being carried out. It was noted that although a number of challenges remained around workforce planning the 18 week referral to treatment (RTT) target had been achieved. Ms Wiggin advised work was ongoing to recruit to vacant posts and alternative models of care were actively being reviewed.

The Committee noted specific work had been undertaken to address concerns raised by Tayside NHS Board in relation to demand forecasting. It was noted Tayside NHS Board had requested a review of lessons to be learned, in particular with the calculation of demand trajectory planning. It was noted the original trajectory did not identify “soon” referrals and “Did Not Attend” (DNA). Ms Wiggin advised significant work had been undertaken with additional work ongoing around the Demand, Capacity, Activity and Queue (DCAQ) forecasting system.

The Committee noted that challenges remained and this continued to be a work in progress, however, there was assurance a full improvement plan was in place.

Ms Wiggin noted that the audit report had been beneficial and would welcome a further audit at a later date.

Mr Hay sought clarification regarding the information provided in the table included within para. 29 of the report. There was assurance that better data was available moving forward. It was noted that services provided differed across Health Boards and there was the need to determine how and who NHS Tayside benchmarked with.

Mr Cross queried whether it had been a conscious decision by NHS Tayside not to include those under the age of 18 years not in education. Ms Wiggin advised that NHS Tayside had taken that decision, given capacity that it would not extend its admission criteria at this time. It was noted that the inclusion of those under the age of 18 years, not in education, was now a requirement and NHS Tayside was required to be compliant, however, clarification regarding timelines expectations was required and a report would be submitted to Tayside NHS Board further in the year.

The Committee noted the improvements made and were assured that there were adequate forecasting tools currently in place which would be enhanced following the implementation of TrakCare.

The Committee

- **Noted the content of the report**

The Committee agreed Item 9 would be taken next on the Agenda

9. Payment Verification: Family Health Service (FHS) Contractors (AUDIT05/2017)

Ms Gail McClure was in attendance for this item.

Ms McClure advised the Committee the report had been prepared and submitted following the same format as a continuation of the report to the September 2016 Committee meeting. The purpose of the report was to provide assurance to the Committee that payment verification (PV) was in place.

It was noted that the report contained summaries relating to each of the four areas, General Dental, Ophthalmic, Pharmaceutical and Medical Services with no specific areas to be highlighted. Ms McClure advised current arrangements in place for PV would continue including arrangements for General Medical Services would continue until details of the new contract had been received.

Mr Hay thanked Ms McClure for a model report and advised the Committee was asked to note the report.

10:30am Ms McClure left the meeting and Ms Margaret Dunning and Miss Donna Howey arrived

The Committee

- **Noted the content of the report**

The meeting resumed from Item 5.1 on the Agenda

5.1 Audit Follow Up (AFU) – Mid Cycle Update Report (AUDIT09/2017)

Mr Bedford advised the Committee that the report provided a mid cycle update on Audit Follow Up and reviewed high risk action points and Audits with a D status. It was noted there were a number of audits highlighted within Appendix 1 of the report with relevant commentary.

T21/14 Medical Equipment and Devices – It was noted one key appointment was to the Head of Instrumentation and Clinical Engineering to which Mr Jean Ngoie was now in post and was of significant benefit to NHS Tayside. Mr Ngoie would provide a verbal update to the Committee regarding the Medical Equipment and Devices audit under Item 5.3 of the Agenda.

Mr Bedford advised an update on the Interim Review of Internal Control Framework from last year would be provided under Item 5.2 of the Agenda.

CFE2/16 Endowment Fund from MMG Archbold – It was noted a redirection of resources to allow for further dedicated time for Endowments was being reviewed.

CFE3/17 Annual Report from PwC – It was noted regular discussions with Scottish Government (SG) continued and the Transformation Programme Board (TPB) was also in place. Mr Bedford highlighted that the pace of deriving efficiency remained a challenge and two reports had been submitted to Tayside NHS Board at its meeting in December 2016 around Medicines Management and Nursing Workforce.

CFE4/17 National Fraud Initiative from Audit Scotland – It was noted an update would be provide under Item 14.1 of the Agenda.

The Committee

- **Noted the further progress made during the period from June 2016 to December 2016**

5.2 Interim Evaluation of Internal Control Framework 2015/16 Audit Report No. T08/16 (AUDIT11/2017)

Mr Bedford advised the Committee that this report provided an update in relation to the implementation of the Audit Recommendations as a consequence of Internal Audit Report T08/16 Interim Evaluation of Internal Control Framework. It was noted the report had broad range of assessments which were considered in detail by the Committee and on their recommendation by Tayside NHS Board. The significance of the report and the actions/recommendations arising from it were recognised by Tayside NHS Board and Senior Officers.

It was noted that text highlighted in bold within Appendix 1 of this report reflected revised information from that presented to the Committee at its meeting in September 2016. Mr Bedford advised however, in relation to recommendation 6, a meeting convened by the Chair, had taken place with attendance from each of the three Health and Social Care Partnerships (HSCP) and Tayside NHS Board to consider issues highlighted in relation to governance and shared understanding of the position following the incorporation of the Integrated Joint Boards (IJBs). It was noted that due to being unable to attend, the Chief Internal Auditor had provided a briefing to assist with discussions. Mr Bedford highlighted this was a difficult area and work was ongoing.

Mr Hay advised in relation to a query from Mr Cross that there was not a common view amongst the Chief Officers. Ms Dunning advised that a further meeting with the Chief Internal Auditor would be arranged prior to the next full meeting with Chief Officers.

Mr Bedford advised that both the Staff Governance and Finance and Resources Committee had reviewed their Terms of Reference and Remits which had been agreed at their respective December and November 2016 meetings. It was noted joint reporting work had also been commissioned between the two Committees. This progress would be incorporated into the Interim Evaluation of Internal Control Framework which would be considered at the February 2017 Committee meeting whilst also recognising the significant challenges faced in moving NHS Tayside in the medium term to a financially stable position.

The Committee

- **Noted the current position**

6.1 Internal Audit Progress Report (AUDIT08/2017)

Mrs Lyall advised the Committee the report provided an update around the 2015/16 and 2016/17 internal audit plans.

It was noted work was ongoing on the completion of T19/16 Clinical Governance – Mortality Reviews from the 2015/16 plan and progress was as expected on the 2016/17 plan.

Mrs Lyall advised the Committee that section 3.1 of the report highlighted audit products which had been issued since the Committee meeting in September 2016 with a summary of each audit report included within Appendix 1 of the report. Mrs Lyall highlighted that T17/16 Transformation Programme Board Governance Arrangements was a positive report and advised the Committee that as part of the 2016/17 plan, Internal Audit would review the outputs and monitoring arrangements of specific workstreams.

Mrs Lyall informed the Committee that Internal Audit reports T12/17 Assurance Framework, T13/17 Strategic Planning and T22/17 Follow Up of Financial Planning and Management and T08/17 Interim Review 2016/17 would be submitted to the additional Committee meeting in February 2017.

The Committee noted that the final grade for audit report T28A/16 Property Management was a C grade.

The Committee

- **Noted the progress on the 2015/16 and 2016/17 internal audit plans**

7. EXTERNAL AUDIT

7.1 NHS Tayside Annual Audit Plan 2016/17 (AUDIT03/2017)

Mr Bruce Crosbie was in attendance for this item.

Mr Crosbie wished to thank the Committee for the opportunity to present the Annual Audit Plan (AAP), this the first of the five year appointment and also the Director of Finance and his team for assistance provided in completion of the plan.

It was noted Audit Scotland (AS) operate in accordance with the Code of Audit Practice (CoAP) which was revised from 2016/17 and enhanced wider scope audit and transparency of audit work. The CoAP required a risk based approach to be taken and work had been ongoing since October 2016 in assessing risks to NHS Tayside which impacted on audit work.

Mr Crosbie advised the Committee that Exhibit 1 of the AAP highlighted the risks which had been identified and categorised those into those that impacted on the financial statements and those that addressed the wider dimension audit.

The first three of the risks detailed within Exhibit 1 were financial risks in relation to the risk of fraud. These were standard across audited bodies and not specific to NHS Tayside and in line with Auditing Standards (ISA 240) and the CoAP. The remaining financial risks were in relation to the use of estimation and judgements in preparing the accounts and the potential for management bias, Enhancement During Leave (EDL) and the Consolidation of Integrated Joint Boards (IJBs), which reflected the requirement for timeous submission to NHS Tayside for the preparation of Governance Statements.

The wider dimension risks referred to difficulties faced by Tayside NHS Board regarding financial sustainability, challenges in achieving financial balance, various workforce management arrangements, including the use of supplementary staff and senior management appraisals.

It was noted Audit Scotland intended to undertake ICT overview work in order to gain a greater understanding of eHealth within NHS Tayside.

Mr Crosbie advised reporting arrangements were included within page 8 of the AAP with Exhibit 2 setting out target dates for the delivery of agreed outputs, including Audit Scotland's Annual Report on the Audit. It was noted all Audit Scotland reports were available publicly through the Audit Scotland website.

It was noted that the audit fee for 2016/17 was £201,652, this was a 21.4% reduction of the fee for 2015/16 of £256,667. The scope and timing of work on the financial statements, including AS materiality assessment was detailed within Exhibit 3 of the AAP with the agreed financial statements timetable included at Exhibit 4.

Mr Crosbie informed the Committee that AS placed reliance on Internal Audit (IA) where possible and had conducted an assessment of FTF which concluded FTF generally operated in accordance with Public Sector Internal Audit Standards (PSIAS). It was noted that two areas had been identified, in relation to financial statement work, where reliance on IA reviews was planned with a number of other reports being assessed in respect of wider dimension audit responsibilities.

It was noted that AS audit was based on four audit dimensions the framed the wider scope of public sector audit requirements. This was shown in Exhibit 5 of the AAP.

Mr Hay asked why extra work was required in relation to EDL. Mr Crosbie advised that EDL had been highlighted as a specific risk and work would be undertaken in line with the AAP.

The Committee

- **Noted the Audit Scotland NHS Tayside Annual Audit Plan 2016/17**

7.2 Audit Scotland Statutory Fees 2016/17 (AUDIT07/2017)

Mr Bedford advised the Committee this report was for noting and provided background to Item 7.1 NHS Tayside Annual Audit Plan 2016/17.

The Committee

- **Noted the Audit Scotland Statutory Fee for 2016/17**

8. RISK MANAGEMENT

8.1 Risk Management Mid Year Report (AUDIT04/2017)

Ms Margaret Dunning was in attendance to present the report on behalf of Mrs Hilary Walker, Risk Manager.

Ms Dunning advised the Committee the Risk Management Mid Year Report had been endorsed by the Strategic Risk and Management Group (SRMG) at its meeting in November 2016 and was presented to the Committee for approval.

The purpose of the report was to demonstrate the adequate and effective arrangements in place for risk management and covered the period 1 April to 30 September 2016.

Ms Dunning advised the Committee the Strategic Risk profile was under continual review and the use of horizon scanning was actively encouraged. It was noted the continual review process had resulted in the addition of two new risks and the archiving of one. The total number of Strategic Risks was noted as being 21.

It was noted the approval of incorporating Operational Risks as part of Strategic Risk Reports presented to the relevant Standing Committees had been approved by SRMG in August 2016 following the suggestion by Mr Doug Cross, Chair of Finance and Resources Committee.

The Committee noted a Datix Risk Group with a multidisciplinary membership and inclusive of representation from front line staff had been re-convened. The Minutes of the Group would be reported to through the organisation accordingly.

Ms Dunning highlighted the work undertaken in relation to Adverse Event Management. It was noted improvements had been made to ensure accurate reporting, a review of Local Adverse Event Review (LAER) timescales completed and the development of a process and flowchart for sharing LAER reports. These changes would be incorporated into the revised AEM Policy to be submitted to Directors meeting in February 2017 and the Committee in March 2017.

Mrs Dunion queried whether the one page learning summaries, noted within the report, which had been requested by Health Improvement Scotland (HIS) had been circulated for information to the Clinical and Care Governance Committee and the Integrated Joint Boards (IJBs) in order to share the learning. Ms Dunning advised she was unaware of these being shared however, agreed this would be beneficial. Ms Dunning agreed to raise this with Ms Walker to provide assurance of where these were shared or look to extend the sharing of these. **MD**

Mr Cross noted the work undertaken over the last twelve months and highlighted that receiving assurance was critical. It was noted if risk appetite came through the Standing Committees this would aid in focusing on key issues.

The Committee

- **Reviewed and approved the report attached in Appendix 1**
- **Agreed Ms Dunning would seek assurance around the scope of the sharing of learning**

10. UPDATES TO THE NHS TAYSIDE CODE OF CORPORATE GOVERNANCE (AUDIT13/2017)

Ms Margaret Dunning and Miss Donna Howey were in attendance for this item.

Ms Dunning advised the Committee was asked to scrutinise the amendments and recommend approval of these by Tayside NHS Board at its meeting on 23 February 2017. It was noted there had been a change in the routine reporting of the updates, at the request of Non Executive Members, with tracked changes now being included within Appendix 1 of the report.

Ms Dunning advised of the following additional updates to the Code of Corporate Governance:

- Section A – How the Business is Organised – 33. Records Management - second paragraph, “intranet” to read “Staffnet”
- Section A - How the Business is Organised – Purpose and Remits, i) Staff Governance Committee – Add to in attendance – Associate Director of Human Resources – Resourcing
- Section E – Reservation of Powers and Delegation of Authority – References to the Director of Finance – Financial Services and Governance, Fraud Liaison Officer to be amended to Associate Director of Finance with the exception of a few areas to highlighted in the report to Tayside NHS Board on 23 February 2017
- Section F – Standing Financial Instructions – Section 15 Losses and Special Payments to be updated to include the Chief Operating Officer.

Miss Howey advised the Committee all additional amendments would be included within the report to Tayside NHS Board on 23 February 2017.

Ms Machan queried the removal of the eHealth and Information Governance sections from the Finance and Resources Committee remit. Miss Howey agreed to clarify this with the Director of Finance.

Mr Hay queried whether the Staff Governance Remit, paragraph 4, 1st bullet point be amended to read “well informed and appraised”. Mr Hay agreed he and Ms Dunning would raise this with Mr Munwar Hussain, Chair of the Staff Governance Committee and Mr George Doherty, Director of Human Resources and Organisational Development.

The Committee

- **Scrutinised the amendments and updates, including additional minor amendments, to the Code of Corporate Governance and approved the recommendation of approval of these by Tayside NHS Board at its meeting on 23 February 2017**
- **Noted the update of the actions taken in response to the letter from the Director of Finance, Scottish Government Health and Social Care Directorate in respect of the UK Bribery Act 2010 – Gifts, Gratuities and Hospitality**

11. PAPERS/MINUTES FOR INFORMATION

11.1 Strategic Risk Management Group Minute – 15 August 2016

The Strategic Risk Management Group Minute of 15 August 2016 was presented to the Committee for information.

The Committee

- **Noted the Strategic Risk Management Group Minute – 15 August 2016**

11.2 Corporate Governance Review Group Action Note – 19 August 2016

The Corporate Governance Review Group Action Note of 19 August 2016 was presented to the Committee for information.

The Committee

- **Noted the Corporate Governance Review Group Action Note – 19 August 2016**

11.3 Audit Committee Schedule of Meetings 2017/18

The Committee was asked to note the Audit Committee Schedule of Meetings 2017/18

The Committee

- **Noted the Audit Committee Schedule of Meetings 2017/18**

11.4 Audit Scotland – Reports

The Agenda provided links to the following Audit Scotland Reports:

- Technical Bulletin 2016/3
- Technical Bulletin 2016/4
- The 2015/16 Audit of NHS Tayside: Financial Sustainability – Section 22
- NHS in Scotland 2016
- Social Work in Scotland
- Our Approach to Setting Audit Fees

The Committee

- **Noted the Audit Scotland Reports**

11.5 Attendance Record

The Committee

- **Noted the Attendance Record**

12. DATE OF NEXT MEETING

The next meeting of the Audit Committee will take place on Tuesday 21 February at 9:30am in Committee Room 1, Level 10, Ninewells 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 Audit Committee held on 17 January 2017, and approved by the Committee at its meeting held on 9 March 2017.

.....…….. .....

CHAIR **DATE**

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

ACTION

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.

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**

6.2 Corporate Financial Report for the Period Ended 31 December 2016 (FRC10/2017)

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 that 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. **MD**

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

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. **AG**

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.

.....……... .....

CHAIR **DATE**

Minute NHS Tayside

Tayside NHS Board

CLINICAL AND CARE GOVERNANCE COMMITTEE – OPEN BUSINESS

Minute of the above meeting held at 1:30pm on **Thursday 9 February 2017** in the Board Room, King's Cross, Dundee.

Present

Professor John Connell	Chair, Tayside NHS Board (to 3:00pm)
Mrs Gillian Costello	Nurse Director, Tayside NHS Board
Mrs Linda Dunion	Non-Executive Member, Tayside NHS Board
Mr Stephen Hay	Non-Executive Member, Tayside NHS Board (to 4:00pm)
Mrs Alison Rogers	Non-Executive Member, Tayside NHS Board **(Chair)**
Professor Margaret Smith	Non-Executive Member, Tayside NHS Board

Apologies

Mr Alan Cook	Medical Director - Operational Unit and Consultant, NHS Tayside
Dr Andrew Cowie	Non-Executive Member, Tayside NHS Board
Ms Margaret Dunning	Board Secretary, NHS Tayside
Mrs Judith Golden	Non-Executive Member, Tayside NHS Board
Professor Clare McKenzie	Postgraduate Dean, NHS Education for Scotland
Ms Lesley McLay	Chief Executive, NHS Tayside
Cllr Glennis Middleton	Non-Executive Member, Tayside NHS Board
Professor Andrew Russell	Medical Director, Tayside NHS Board

In Attendance

Mrs Alison Hodge	Committee Support Officer, NHS Tayside
Ms Arlene Napier	Associate Director, Clinical Governance and Risk, NHS Tayside
Ms Tracey Passway	Clinical Governance and Risk Management Team Leader
Dr Robert Peat	Non-Executive Member, Tayside NHS Board

Mrs Alison Rogers in the Chair

ACTION

1 APOLOGIES

The apologies were noted as above.

2 WELCOME AND INTRODUCTION

Mrs Rogers welcomed everyone to the meeting including Dr Robert Peat who was a newly appointed non-executive member of the Tayside NHS Board and member of the Clinical and Care Governance Committee.

She introduced Ms Jane Byrne, Senior Programme Manager from Health Improvement Scotland (HIS) who would be giving a presentation on the work of the Quality of Care Review Team.

6 QUALITY OF CARE REVIEW TEAM HEALTH IMPROVEMENT SCOTLAND (HIS)

Ms Jane Byrne, Senior Programme Manager, Health Improvement Scotland (HIS) Quality of Care Reviews Jane Byrne gave a presentation.

Ms Byrne explained that the purpose of the Quality of Care Review Team was to

- Drive improvements in the care that people receive

- Assess the quality of services to inform improvement actions
- Provide an independent assessment to deliver better outcomes and value for money

She discussed the national direction which was to provide sustainable and high quality services for Scotland.

There have been recent publications regarding the changing health and social care landscape:

- The Healthcare Quality Strategy for Scotland
- Health and Social care Delivery Plan
- A National Clinical Strategy for Scotland

Ms Byrne expanded on the Quality Framework which is divided into seven areas (domains) of focus;

- Person centred
- Safety
- Effectiveness
- Leadership
- Governance
- Workforce
- Quality improvement

Quality of Care reviews: Opportunities noted as:

- Streamlining and consistency – one overarching shared quality framework
- Better use of intelligence to inform quality assurance activity
- Focussing on the use of existing data where possible – collect once and use many times
- Enhanced focus on internal self assessment with external independent validation – early warning signs
- Independent assessment of sustainability

Ms Byrne discussed the work programme for a new approach which included both design and implementation phases, explaining that the team were currently in the implementation phase which would focus on:

- Quality framework
- Operational methodology – testing
- Support and engagement
- Prioritisation and implementation
- Sustainability

Following the presentation there was a short question and answer session.

The Committee thanked Ms Byrne for the presentation and agreed that the presentation was comprehensive and informative and that it was encouraging to see the approach that was being adopted for the streamlining of data.

The shared learning approach was welcomed and the more collegiate approach has been noted by staff members in NHS Tayside. The Nurse Director reflected on some of the inspection areas and noted that it had been mostly nursing staff that had been interviewed and enquired if there would be a multidisciplinary approach going forward?

Ms Byrne advised that recent inspections had featured sessions with Allied Health

Professionals (AHPs). She acknowledged the positive shift in culture and added that a more blended approach was being considered to include social work representatives and peers in the review teams.

In response to a question regarding the involvement of the Care Inspectorate Ms Byrne advised that the organisation had representatives who sat on the design panel and continue to be involved. They continue to work closely and although they are not signed up to the same framework yet, there is a degree of crossover.

Mrs Rogers, on behalf of the Committee, thanked Ms Byrne for her presentation noting it was beneficial to have an update around the concept of the Quality of Care Reviews and the way forward.

The Committee:

- Noted the presentation

Mrs Rogers stated that the meeting would not be quorate later as she had been advised that members had to leave before the end of the meeting.
With this in mind the following changes were proposed:

- Move items 15.1 and item 14.3b to the beginning of item 14

The Committee agreed to this.

3 MINUTE OF PREVIOUS MEETING

Open Business

3.1 Minute of the Clinical and Care Governance Committee 10 November 2016 Open Business

There were no comments in relation to this minute. The minute of the Open Business of the Clinical and Care Governance Committee held on Thursday 10 November 2016 was approved as an accurate record on the motion of Ms Linda Dunion and Mr Stephen Hay.

The Committee:

- Approved the minute of the Open Business of the Clinical and Care Governance Committee held on Thursday 10 November 2016

3.2 Action Points Update Clinical and Care Governance Committee 9 February 2017 Open Business

The Committee noted:

1. Update on the implementation of the Safety and Flow Huddle

Noted that this update was an agenda item.

2. Out of Hours Service – a further report to include information about the National Plan

Noted that a report would come to the meeting on 15 May 2017

3. Summary – Strategic Clinical Risks
A further update to the template to include a section on emerging issues

A written update had been provided from Ms Dunning:
This will be taken into consideration in the forthcoming update to the template.

4. Summary – Strategic Clinical Risks
Request for a Board Development Session on strategic risk and risk appetite

A written update had been provided from Ms Dunning:

It has not been possible to hold a Development session.

A working group consisting of Mr Doug Cross, Ms Margaret Dunning, Ms Hilary Walker, Miss Donna Howey and Internal Audit has considered Risk Appetite and a Risk Appetite Statement is to be presented to the Audit Committee in March 2017.

5. Report on how patient feedback is collected across NHS Tayside

The Committee noted that this report would go to the Clinical Quality Forum (CQF) on 13 March 2017.

The Committee:

- Noted the Action Points Update

3.3 Matters Arising

There were no matters arising.

4 Declaration of Interests

There were no declarations of interests.

5 Governance

5.1 Clinical and Care Governance Committee Workplan 2016-17 Open and Reserved Business

The Committee had no questions in relation to the Workplan 2016-17.

The Committee:

- Noted the Clinical and Care Governance Committee Workplan 2016-17 Open and Reserved Business

5.2 Draft Clinical and Care Governance Committee meeting dates for 2017/18

The Committee had no comments in relation to the draft Clinical and Care Governance Committee meeting dates for 2017/18

The Committee:

- Approved the Clinical and Care Governance Committee meeting dates for 2017/18

5.3 Key themes from learning

There were no items to highlight to the Committee.

6. Developmental

No items were raised for discussion.

7 Assurance

7.1 Summary – Strategic Clinical Risks

Ms Napier advised that due to time constraints at the last meeting of the Clinical Quality Forum (CQF) on 16 January 2017 a further meeting had been held on 6 February 2017 to discuss the risk section of the CQF agenda. There was a significant focused discussion at this meeting and following detailed discussion the CQF recommended changes to the following clinical risks:

- Risk 16 – Clinical Governance
- Risk 22 – Health Protection of Children and Young People
- Risk 121 – Person Centredness

Ms Napier reminded the Committee that the individual risk assurance reports provided for the Committee today showed the risk detail and ratings as that at 7 December 2016.

The Committee noted that all strategic clinical risks were discussed at the Clinical Quality Forum between meetings of 14 November 2016 and 6 February 2017.

15 Delivering Care for Older People (CCGC/2017/13)

22 Health Protection of Children and Young People (CCGC/2017/15)

121 Person Centredness (CCGC/2017/25)

302 PRI Patient Flow (CCGC/2017/16)

414 Managed/ 2C Practices (CCGC/2017/17)

The Committee:

- Noted the Clinical Risk Assurance reports

16 Clinical Governance (CCGC/2017/14)

Ms Napier advised that following discussion the CQF recommended that this risk score be increased from 12 to 16.

Ms Dunion sought clarification why this risk score had been changed. Ms Napier advised that although the 'Getting the Right' framework has been agreed it was not embedded yet within the Integrated Joint Boards (IJBs). Ms Napier added that currently there was no external review of data. She advised that although systems were in place further work was required to strengthen and provide assurance. It was acknowledged that Datix systems remained in place. It was agreed that a mutual understanding of governance was vital.

It was highlighted that the risk rating for Risk 144 Managed 2c Practices had decreased over time and this had initially been a concern. Ms Napier advised that this risk had been discussed at the Strategic Risk Management Group (SRMG) on 2 February 2017 and a decision would be taken at the next meeting of the SRMG on 27 April 2017 whether this

risk would be removed from the risk register.

The Committee:

- Noted the Clinical Governance Assurance reports and verbal report

7.2 Clinical Governance and Risk Management Update (CCGC/2017/03)

Mrs Arlene Napier and Ms Tracey Passway were in attendance for this report.

Ms Napier introduced the report which provided the Committee with an overview of Clinical Governance and Risk Management activity undertaken during the period 1 October - 30 November 2016.

Ms Passway highlighted the positive Inpatient Patient Experience questionnaire.

There was a short discussion on whether there was a shared understanding and awareness of the definitions of adverse events and near misses. Mrs Napier advised that significant work around falls and near misses had taken place and there were shared learning opportunities planned. Real events have been used during training and learning sessions and the team continued to work with staff from clinical areas to raise awareness.

There was a short discussion on Section 7 Person Centredness, Page 8. The Nurse Director queried the figure of 150 newly qualified nurses quoted in the paragraph as she was aware that there were 211 newly qualified nurses. Noted that this was a gap of 61 individuals who had perhaps not been included in training. Ms Passway agreed to follow this up and include an update in the next report to the Committee.

Ms Napier advised that the introduction date for the Duty of Candour would be April 2018. Further information received from Scottish Government in relation to the Duty of Candour would be taken forward at the CQF.

The Committee:

- Noted and approved the report
- Acknowledged the positive Inpatient Patient Experience questionnaire
- Noted the improvement work being progressed in relation the understanding of the definitions of falls and near misses
- Noted the action point required

7.3 Scottish Patient Safety Programme: Mental Health (CCGC/2017/04)

Ms Diane Campbell and Ms Morag Macrae were in attendance for items 7.3 and 7.4 Ms Macrae advised that the report outlined the current state position for NHS Tayside with the Scottish Patient Safety Programme and also the challenges faced.

The Committee noted that the four year programme had an overall aim of reducing harm experienced by individuals in receipt of care aligned with mental health services with the initial focus being adult inpatients services, including forensic services.

Noted 5 workstreams with key safety principles:

- Leadership and culture
- Risk assessment and safety planning
- Violence, restraint, and seclusion reduction
- Safer medicines management

- Communication at transitions
- Overarching themes

The report provided information and details on the workstream activity and challenges for the following clinical areas:

- Mulberry Unit
- Carseview Unit
- Rohallion Unit
- Moredun Unit

Ms Macrae highlighted that a significant challenge with the programme was the collection of data.

Ms Macrae added that a scoping future activity event was held in Dundee on 10 March 2016 and looked at where the safety principles cross over into the next proposed areas for development which are:

- Community Mental Health
- Children and Adolescent Mental Health
- Older Peoples Psychiatry
- Perinatal Psychiatry

Mrs Rogers highlighted the challenges of a shared understanding of the methodology across the three General Adult Psychiatry (GAP) sites noting the different approaches and views. Ms Macrae stated that she was confident that there would be changes and that she was working closely with colleagues and learning was being shared.

The Committee were encouraged that while the Mulberry Unit had moved and was currently in Carseview Centre the identity of the unit through the use of the same name had been retained.

The Committee:

- Acknowledged the progress, achievement and challenges by each of the acute adult psychiatry and secure care in-patient units
- Noted the areas for future development
- Acknowledged the challenges associated with data collection.

7.4 Medicines and Safety and Quality Group Update (CCGC/2017/05)

Ms Diane Campbell and Ms Morag Macrae were in attendance for this report.
Ms Macrae advised that one of the aims of the Scottish Patient Safety Programme – Medicines was to reduce avoidable harm to patients by improving medicines safety at all points of care delivery.

Within NHS Tayside there has been work aligned to medicines safety between the Area Drug and Therapeutics Committee (ATDC) and Patient Safety.

Ms Macrae advised that following consultation it was agreed that a Medicines Safety and Quality Subgroup be established to take forward improvement work for medicines safety across the organisation including:

- Medicine reconciliation on admission and discharge
- High risk medications
- Medicines administration

From the report the Committee noted that the Medicines Safety and Quality Subgroup

will:

- Engage and collaborate with the Area Drug and Therapeutics Committee (ADTC)
- Consider and support changes and improvements across the whole system including acute care, community hospital, community nursing, mental health and primary care
- Take an active role in scoping and identifying priorities for improvement
- Take collective ownership for driving forward delivery of improvements and achieving effective outcomes

The Committee noted that there were also links with the Transformation Programme Board.

The Committee noted that NHS Tayside was progressing the formation of a small collaborative with Health Improvement Scotland (HIS) and NHS Forth Valley to take forward a whole systems approach to medicines reconciliation.

Mrs Costello commended the work in relation to medicines safety and quality and the tenacity of the Patient Safety team. She added that the area of medicines management was complex and the next stage would be to consolidate the work. The framework was positively received.

The Committee were in agreement that the Patient Stories described in Appendix 4 were very helpful.

There was short discussion on the figures in relation to the adverse events concerning Insulin. Ms Macrae advised of work in relation to the creation of the Insulin Prescription and Administration (IPAR) Chart which would support the reduction of adverse events concerning insulin when implemented. Ms Napier added that data relating to diabetes adverse events was also discussed at the Performance Review meetings.

There was a further discussion regarding the development of the electronic patient record. Ms Campbell advised that going forward the aim would be for one medicines record document and this would sit in the patient's record. There are a number of IT systems within NHS Tayside that do not communicate with one another and this is a known issue. Correct recording on paper needs to be achieved first and that electronic recording would be further down the line. Ms Campbell highlighted that any issues would be escalated via the Area and Drug Therapeutic Committee (ADTC).

Mrs Rogers stated that she would highlight concerns regarding the development of the electronic patient record to the Board via the Chairs Assurance Report.

There was a short discussion on the groups that report into the ADTC. The Nurse Director confirmed that the Non Medical Prescribing (NMP) Group, was a sub group of the ADTC, this is a group she chairs, it has a workplan and the membership of this group had been expanded over the last 12 months to include representation from Pharmacy. She confirmed the Health and Social Care partnerships (HSCPs) still required to consolidate membership and the University of Dundee had supported this group through their membership for a number of years. Over the last three years the governance of this group has been strengthened and an annual report is submitted to the ADTC. Noted that the NMP was a sub group of the ADTC

The Committee:

- Noted the report
- Noted the development and the aims of the Medicines Safety and Quality

subgroup
- Noted the collaborative work with HIS and NHS Forth Valley
- Noted that further development of the electronic patient record would be required

7.6 Volunteering (CCGC/2017/07)

Ms Tracey Passway was in attendance for this report which provided the Committee with an annual review of volunteering arrangements and an overview of activates in NHS Tayside.

The report was positively received and the Committee were encouraged to hear that the volunteering agenda across Tayside was moving forward with considerable interest.

The Committee agreed that volunteers were involved in wide range of activities across Tayside illustrating diversity and were not just focussed within acute hospitals.

Among the wide range of activities listed in the report the Committee highlighted the following:
- The listening service within GP surgeries
- Increased links with the third sector
- Investing in volunteering awards
- very clear governance arrangements
- Opportunity for knowledge and skills for volunteers

Both Mrs Rogers and the Nurse Director acknowledged the considerable contribution made by Kathryn MacKenzie, former Voluntary Services Manager for the acute services.

The Committee:
- Noted the report and the acknowledged the wide range of activities that volunteers were involved with
- Noted the current arrangements for volunteering across Tayside and plans for identified for 2017

7.5 Scottish Public Services Ombudsman (SPSO) Reports (CCGC/2017/06)

Mrs Rogers acknowledged that this report was now being considered on Open Business having previously being considered in reserved business of the meeting.

Ms Alison Moss, Complaints and Feedback Team Leader, was in attendance for this report which provided details of SPSO cases that have been referred to the Ombudsman relating to NHS Tayside, with decisions published October to November 2016.

Ms Moss advised that since September 2016 six cases had been investigated by the Ombudsman. Of these:
- One case was upheld (with recommendations)
- One case was upheld (no recommendations)
- Two cases were partly upheld (with recommendations)
- One case was not upheld (with recommendations)
- One case was not upheld (without recommendations)

Ms Moss clarified that the statement ‘No recommendations’ meant that the organisation has demonstrated improvement.

There was a question in relation to the number cases in Tayside that are received by the

Ombudsman.

Ms Moss advised that it was difficult to provide a figure due to the timescales involved. For the year 2015/2016 100 complaints were referred to the Ombudsman which was a slight reduction. More than half of these were not applicable as they had been referred prior to consideration by the NHS Tayside complaints procedure.

Last year 32 cases were investigated by the Ombudsman and approximately half were upheld.

Ms Moss advised that currently there is no way of making a comparison with other Health Boards but the Ombudsman does provide an annual report and this allows NHS Tayside to see their own figures

Following discussion the Committee agreed that the Ombudsman Annual Report should come to the Committee and that this will be added to the Committee Workplan for 2017/18.

Committee Support Officer

The Committee:

- Noted the report and appendix
- Noted that all recommendations had been progressed

7.7 Update on the NHS Tayside Scheme for Medical Appraisal and Revalidation (Primary and Secondary Care)

The Committee had no comments on this report.

The Committee:

- Noted this report

3pm Professor John Connell left the meeting

7.8 Nursing Revalidation

The Nurse Director spoke to this report. She explained to the Committee that nursing revalidation was well established and was now part of core business within NHS Tayside. NHS Tayside had been one of the pilot sites for Nursing and Midwifery Council (NMC) revalidation in 2015/16.

The Nurse Director advised that both the Tayside Revalidation Forum and the national Revalidation Programme Board had now been stepped down.

The Committee welcomed the report and that revalidation was considered as core business within NHS Tayside. They commended the approach and the implementation of revalidation within NHS Tayside.

There was a short discussion regarding the cost of NMC revalidation to the organisation and the availability of protected time to engage with the revalidation process.

The Committee:

- Noted the report and commended the approach taken under the leadership of the Nurse Director
- Noted that NMC revalidation is transitioned into business as usual given the governance arrangements currently in place both within an external to NHS

Tayside
- Noted that the profile of NMC revalidation and support for staff preparedness continues
- Noted that NHS Tayside systems and processes will be amended, if necessary, to align to the revised NHS Professional Registration Policy once released

7.9 Tayside Joint Public Health Protection Plan 2017-2019

Dr Lucy Denvir and Dr Drew Walker were in attendance for this report.

Dr Walker advised that there was a requirement to publish the Tayside Joint Public Health Protection Plan on a regular basis and the plan presented today had been updated from the previous 2-3 year period.

The Plan provides up to date detail of demographic and other specific features of Tayside relevant to health protection and in the context of national and other local priorities.

The plan also details current operational arrangements, services, capacity and resources in place for delivery of the health protection function in Tayside. This updated plan has taken into account changes in regulations.

The Committee noted the recommended priority areas identified for 2017-2019
- Progress recommendations from the Health Protection Team away day in January 2016 to improve and develop longer term strategic team vision, cohesion and priorities
- Share learning from leisure pool incidents to reduce swimming pool related infection
- Implementation of Cleaner Air for Scotland Strategy in Tayside
- BBV focus on prevention
- Migrant health
- Scottish Health Protection Network GIZ priorities
- On-going resilience for the Health Protection Team
- Reviewing and revising existing protocols and emergency plans in accordance with the schedule

Dr Denvir commented that approval was sought from the Committee today prior to being presented to the three local authorities.

Dr Walker and Dr Denvir provided a brief update on keys areas:

Regarding air quality he advised that NHS Tayside has always had a responsibility in part with the local authority and environmental health department regarding clean air. Suggestions are provided on how best to mitigate against areas which presented challenges with air quality.

There was a short discussion on the public health requirements in relation to leisure pools. Dr Denvir advised that there were strict guidelines and training for pool operatives. Regular training and awareness sessions are facilitated by Scottish Water. It was noted that the situation was improving. The involvement of Public Health helps to increase awareness.

Dr Denvir provided a short update in relation to migrant health. She advised that this was recognised as a difficult area and there was very good collaboration with the three

local authorities. Health promotion, health protection and TB screening were the key areas concerning migrant health.

Professor Smith commented that this was a very informative plan and that it would be useful for it to be considered by the Academic Health Science Partnership at their meeting. Dr Walker and Professor Smith to discuss this further outwith the meeting.

Although there is no requirement for the Plan to be considered by the IJBs as this is a NHS function, the Committee agreed that it would be beneficial if it was provided to the IJBs for information. Dr Walker was supportive of this suggestion.

The Committee:

- Noted the report
- Endorsed and approved the JPHPP and priority areas for 2017-2019
- Noted that the JPHPP would go to the IJBs and the AHSP for information

7.10 Tayside Medical Science Centre (TASC) Annual Report (CCGC/2017/18)

Dr Jacob George, Research and Development Director and Dr Lorna Talbot, TASC Research and Development Manager, Improvement and Quality were in attendance for this report.

Dr George highlighted that 2016/17 had been a challenging year in terms of finance due to a significant reduction in the allocation for funding for research and development by the Chief Scientist Office (CSO) whilst ensuring growth. The CSO allocation for 2017/18 was awaited.

Dr George discussed the Medicines and Healthcare products Regulatory Agency (MHRA) inspection of the Tayside Clinical Trials Unit (TCTU) which took place in the summer of 2016. The inspection is a statutory requirement of all centres that take part in clinical trials. The visit was a success and good competencies were identified. The average finding is 5 and NHS Tayside achieved 3. All actions have been agreed and were on course to be delivered.

Dr George highlighted the following key areas to the Committee:

- The TASC Clinical Research Centre/Facilities (CRC/Fs) has seen an increase of 45% in the total number of studies from the previous year. The studies are diverse and include cancer, haematology, maternal and child heath

- Early stages of a Phase1 (first in human form) clinical trial in dermatology is being progressed. Currently there is only one phase one facility in Scotland which is in the Clinical Research Facility in Edinburgh

- There are significant advantages and savings to the drug budget for NHS through the amount of pharmacy clinical trials in Tayside. An approximate budget cost saving to NHS Tayside was noted as £1.9 million.

- The addition of a diagnostic Position Emission Tomography – Computed Tomography (PET CT) scanner is at an advanced stage. This will be the first in the UK and the second in Europe. This scanner would be used for both for research and will benefit NHS Tayside patients

- The Health Informatics Centre (HIC) formally acquired ISO 27001:2013

certification as a secure data provider. This is the international required standard for quality.

The Committee queried whether there would be reduced access to Europe and European trials due to the future economic changes. Dr George advised that this was not clear yet.

Dr George discussed the faster approval procedure for clinical trials in Scotland which makes conducting clinical trials in Scotland more attractive. The One Scotland approach results in faster generic approval.

The Committee acknowledged the excellent report describing the wide range of research activity undertaken by the TASC team.

The Committee:

- Noted the report
- Approved the Research Governance Annual Report and were assured by the arrangements for research governance
- Commended the report and the range of activity

7.11 Whole System Safety and Flow Framework (CCGC/2017/19)

Ms Tracey Williams was in attendance for her report which provided an update on the development of the whole system patient safety and flow framework. The national Whole System Patient Flow improvement programme recommends that each NHS Board adopts an approach to patient flow which is designed to ensure patients receive the right care at the right time in the right place.

The report provided the Committee with an update on how NHS Tayside will spread the safety and flow framework and huddles as part of our whole system patient safety and flow management.

Mrs Rogers had attended a safety and flow huddle which she found informative. She remarked that the interaction with Perth Royal Infirmary (PRI) was very good. The meetings take place at 8:00am and 1:30pm at Ninewells Hospital and PRI and testing with the Heath and Social Care Partnerships would also be commencing. Noted that work had commenced in Murray Royal Hospital.

Ms Williams extended an invite to members of the Committee to attend a patient safety and flow huddle.

Ms Williams advised that the early discussion of issues and the organisation wide focus had proved to be beneficial.

Mrs Rogers commented that this was a good piece of work to make the hospitals safer and see daily where the pressure points are within the different sites.

There was a short discussion on the sustainability of resources to support the safety and flow huddles. Ms Williams advised that that funding was currently from unscheduled care: a temporary resource from both Ninewells Hospital and PRI - this was a risk.

Discussion on the measurement and evaluation of the framework and where this would be reported. Is there an ongoing role for the Committee?

The Nurse Director advised that there was opportunity for updating and sharing learning via the CQF Participatory Learning Sessions.

Ms Williams advised that clinical staff were very positive about the patient safety and flow huddles. Staff were aware that issues discussed at the huddle would be taken seriously and progressed. There was wider dialogue and cross site/ risk mitigation with the opportunity to build and to continue to learn.

Professor Smith commented that the report was an excellent summary describing the process and extended an offer from the University of Dundee to work with the team.

Ms Williams advised that she had attended huddles within other locations/ Health Boards and advised that some of the huddles have incorporated students from a different backgrounds and disciplines which have included including design and engineering. Ms Williams stated that she would welcome the opportunity to do this.

The Committee noted that NHS Tayside was the last NHS Board in Scotland to develop a patient safety and flow huddle.

The Committee agreed that the huddles should be built into the workforce plan. Regarding measurement and evaluation, Mrs Rogers commented that it would be of interest to get a sense of the impact in terms of patient experience and the patient journey and this would support the case for ongoing investment.

The Committee:

- Endorsed the ongoing commitment to whole system management and leadership of patient safety and flow
- Endorsed and supported the huddle framework implementation
- Noted that a change to business arrangements is recommended in relation to senior managerial and leadership meetings
- Noted that the initial resource plan will be supported through the unscheduled care monies
- Noted that a measurement and evaluation framework is being developed to monitor the impact and outcomes of the huddles, facilitating continual improvement and development of the model
- Noted and encouraged the offer of collaborative working with the University of Dundee
- Agreed that the continuance and the sustainability of this work was important to the organisation
- Raised concern regarding the future sustainability of the resource to support (Ninewells Hospital and PRI) for the daily safety and flow huddle

7.12 Postgraduate Medical Education Actions (CCGC/2017/22)

Dr John Davidson and Mr Craig Butler, Postgraduate Quality Assurance Manager were in attendance for this report.

Dr Davidson outlined the visit process undertaken by the General Medical Council (GMC) for the Committee. The Committee noted that following review there was now a single Deanery for Scotland with three regional Deaneries.

It was noted that the remit of the GMC was for the quality assurance for undergraduate and postgraduate teaching within NHS Tayside and during the inspection the GMC will inspect NES and test NES processes.

NHS Education for Scotland (NES) in its role as the Postgraduate Deanery undertake quality improvement visits to individual sites and specialities every five years. Triggered visits also take place where data suggests that the standards of medical education are not being met.

Dr Davidson advised that the General Medical Council (GMC) last visited NHS Tayside in 2012. The Committee noted that the GMC would visit Scotland during 2017 which would include site visits to all five medical schools.

There was a short discussion on previous visits by the GMC to local education providers in England. A number of these visits resulted in trainees being removed or redeployed. If the GMC find that the training is not of the required standard then sanctions can be applied and trainees can be removed or redeployed. This would have an effect on the organisation and the reputation of NHS Tayside.

Dr Davidson highlighted the Keogh Report and the Mid Staffordshire review where it was highlighted that junior doctor feedback could be seen as a barometer of the organisation.

Dr Davidson discussed the National Training Survey (NTS) which is a survey of all trainee doctors. This survey takes place in the Spring and is open for a six week period. The results are usually available by the end of July/ beginning of September.

Dr Davidson advised that there were a number of training schemes in NHS Tayside that were ranked high in the UK. Smaller specialities with little or no rotation presented no problems. Larger specialities with a high volume of patient, patient movement and rotation of trainees were more likely to have red flags.

There was a discussion on 'Promoting Excellence' and the Committee noted the five themes and ten standards. Dr Davidson stated that the GMC will measure how NHS Tayside maps against these standards.

The Committee queried if there was a clear action plan to address these actions. Dr Davidson described that there were five associate directors of medical education and a supporting infrastructure

The Committee noted that the GMC visit requirements and the recommendations are not negotiable. The responsibility lies with NHS Tayside to show that issues have been addressed and that there is evidence to support this.

The Committee noted that the GMC website contains training data on training schemes and is therefore available publicly. This will include poorly performing Boards.

Dr Davidson advised that work had commenced gathering information and evidence for the forthcoming GMC visit and that the GMC also publish inspection reports from visits to other Health Boards which are useful to identify themes and recurring issues.

Following discussion it was agreed that regular reporting to the Committee would be beneficial. Medical Education would be added to the workplan for the CCGC for 2017/18. The reporting would be a midyear report in February and an annual report in November. Regular reporting would provide a current state position

Committee Support Officer

Mrs Rogers added that in addition to the schedule of reporting the Chairs assurance report would highlight any concerns regarding Medical Education to the Board.

The Committee:

- Noted the report
- Agreed a schedule of reporting to the Committee

Mrs Rogers advised that the meeting not quorate.

8 Local and National Reports

8.1 Annual Report feedback, Comments, Concerns and Complaints 2015-16 – Feedback received from the Scottish Health Council (CCGC/2017/22)

There were no comments in relation to this report.

The Committee:

- Recommend to note this report

9 Policies and Guidance

9.1 Massive Haemorrhage Policy (CCGC/2017/01)

There were no comments in relation to this report.

The Committee:

- Recommended adoption of the Massive Haemorrhage Policy

9.2 Verification of Expected Death in Adults (CCGC/2017/02)

There were no comments in relation to this report.

The Committee:

- Recommended adoption of the Verification of Expected Death in Adults Policy

10 Items for information and action as required

10.1 Record of attendance Clinical and Care Governance Committee

The Committee:

- Noted the record of attendance

11 Items for internal and external communication

- Volunteering report
- Whole System Safety and Flow Framework

12 AOCB

For Governance Reasons, it is proposed that the following items be taken in Reserved Business

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

13 Minute of the previous meeting

13.1 Minute of the Clinical and Care Governance Committee 10 November 2016

Reserved Business

The Committee:

- Recommended approval of the Minute of the Clinical and Care Governance Committee 10 November 2016 Reserved Business

13.2 Action Points Update Clinical and Care Governance Committee 9 February 2017 Reserved Business

The Committee:

- Noted that the Maternity Services Improvement Plan would come to the next meeting in May 2017

13.3 Matters arising

14. Items for Discussion

14.3 b Update from Perth and Kinross Health and Social Care Partnership (CCGC/2017/26)

The Committee:

- Noted the report

14.3 a Murray Royal Hospital Adult Mental Health Inpatient Care. Update on the Health and Safety Executive Investigation (HSE) and Improvement Notice (CCGC/2017/24)

The Committee:

- Noted the report
- Requested an update at each meeting
- Noted that a standardised approach for risk assessments was required for all Mental Health facilities and made available for staff to use
- Noted that a roll out of lessons learned from the work carried out within the mental health inpatient facilities
- Noted that an executive lead appointment is required to provide a chair for the Health and Safety Steering Group

15.1 Claims Report (CCGC/2017/09)

The Committee:

- Noted the report
- Requested the continuance of yearly reporting to the Committee

14.2 Perth Royal Infirmary - key measures (CCGC/2017/10)

The Committee:

- Noted the report

14.4 Risk 144 Maternity Services (CCGC/2017/21)

The Committee:

- Noted the report

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

13.1 Chair's Assurance Report for the Clinical Quality Forum (CQF) Action Note 12 September 2016 and 14 November 2016 (CCGC/2017/23)

The Committee:

- Noted the report

15 Items for information and action as required

- No items

16 AOCB

- There were no items.

17 DATE OF NEXT MEETING

The next meeting of the Clinical and Care Governance Committee will take place on Thursday 11 May 2017 at 1:30pm within the Board Room, Kings Cross.

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 Clinical and Care Governance Committee held on 9 February 2017 and was approved by the Clinical and Care Governance Committee at its meeting held on 11 May 2017.

CHAIR **DATE**

Minute NHS Tayside

TAYSIDE NHS BOARD
AUDIT COMMITTEE - OPEN BUSINESS

Minute of the meeting of Tayside NHS Board Audit Committee held at 9.30 a.m. on **Thursday 9 March 2017** in the Board Room, Kings Cross Hospital, Dundee

Present:
Mr D Cross, OBE, Non Executive Member, Tayside NHS Board
Councillor D Doogan, Non Executive Member, Tayside NHS Board
Mrs J Golden, Non Executive Member, Tayside NHS Board
Mr S Hay, Non Executive member, Tayside NHS Board (Chair)
Mr M Hussain, Non Executive Member, Tayside NHS Board
Councillor G Middleton, Non Executive Member, Tayside NHS Board

Chair, Chief Executive and Senior Officers
Mr L Bedford, Director of Finance, NHS Tayside
Ms L McLay, Chief Executive, NHS Tayside

External Auditors
Mr B Crosbie, Senior Audit Manager, Audit Scotland
Ms A Machan, Senior Auditor, Audit Scotland

Internal Audit – FTF Audit and Management Services
Mr T Gaskin, Chief Internal Auditor, FTF Audit and Management Services
Mrs J Lyall, Acting Regional Audit Manager, FTF Audit and Management Services

Other Attendees
Prof J Connell, Chair, Tayside NHS Board
Dr A Cook, Medical Director – Operational Unit, NHS Tayside (for item 8.1)
Ms M Dunning, Board Secretary, NHS Tayside
Mrs F Gibson, Head of Financial Services, NHS Tayside
Mrs L Green, Committee Support Officer, NHS Tayside
Miss J Haskett, General Manager – Primary Care Services, NHS Tayside (for item 9)
Miss D Howey, Head of Committee Administration, NHS Tayside
Ms M Kennedy, Practice Facilitator/H&S Lead Infection Control, NHS Tayside (for item 8.1)
Mr S Lyall, Head of Finance, NHS Tayside
Mr R Marshall, Representative of Area Partnership Forum
Mr R MacKinnon, Associate Director of Finance - Financial Services & Governance/FLO, NHS Tayside
Dr R Peat, Non Executive Member, Tayside NHS Board
Mrs H Walker, Risk Manager, NHS Tayside
Miss K Wilson, General Manager, PRI, NHS Tayside (for item 8.1)
Apologies
Ms L Dunion, Non Executive Member, Tayside NHS Board
Mr B Hudson, Regional Audit Manager, FTF Audit and Management Services

Mr S Hay in the Chair

1. WELCOME — **ACTION**

Mr Hay welcomed all to the meeting including Dr Robert Peat. It was noted Dr Peat was recently appointed as a Non Executive Member of Tayside NHS Board and was not a Member of this Committee. It was noted this meeting was not being recorded.

2. APOLOGIES

The apologies were noted as above.

3. DECLARATION OF INTERESTS

There were no declarations of interests.

4. MINUTE OF PREVIOUS MEETING

4.1 Minute of the Audit Committee Minute – 17 January 2017

The Audit Committee Minute of the meeting held on 17 January 2017 was approved on the motion of Mr Doug Cross and seconded by Cllr Glennis Middleton.

4.2 Action Points Update

Mr Bedford spoke to the Action Points Update.

External Review of all Mental Health Sites – It was noted an update would be provide to the 11 May 2017 meeting.

Risk Management Mid Year Report – It was noted the HIS one page summaries were being submitted to the Clinical Quality Forum at its meeting on 13 March 2017. Mrs Walker also advised that as part of the distribution the learning summaries were sent to the Integrated Joint Boards (IJBs), however, onward distribution and arrangements for discussion was the responsibility of each individual IJB. It was noted the learning summaries were also published on the Healthcare Improvement Scotland (HIS) Adverse Events Community of Practice website.

Adverse Events Management (AEM) Policy – Mrs Walker advised the Committee that an interim review of the AEM Policy was ongoing and it was intended this policy would be submitted to the Committee at its meeting in September 2017 for approval.

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. Mr Bedford informed the Committee that the current 2016/17 Work Plan noted Mr Robert MacKinnon as Lead Officer in respect of a number of reports either presented or to be presented to the Committee. It was noted this reflected the period in 2016/17 prior to Mr Bedford becoming Lead Officer and would be updated in the 2017/18 Work Plan.

The Committee

- **Noted the Work Plan 2016/17**

4.4 Matters Arising

There were no matters arising.

5. INTERNAL AUDIT

5.1 Internal Audit T22/17 – Follow Up of Financial Planning and Management (AUDIT25/2017)

Mr Gaskin advised the Committee the report was a complex report reviewing current and historical internal and external audit recommendations. It was noted the audit work was a long process due to a continual changing environment, however, improvements had been made.

Mr Gaskin highlighted para. 12 of the report which advised that the audit opinion reflected a D-grade. The grade reflected, in particular, the planned risk score of 25 in relation to Corporate Risk 36, Strategic Financial Plan 2016/17 – 2020/21 and NHS Tayside's ability to achieve its objectives, including the financial targets within the Local Delivery Plan (LDP). It was noted considerable work and improvements had been undertaken, however further improvements were required and Mr Gaskin emphasised the requirement for acceleration in the change of pace to ensure targets were achieved.

Mr Gaskin noted that the report addressed audit recommendations, some of which were historical, and whilst not all internal and external recommendations had been completed in full or within the given timescales there had been significant improvements and work was continuing

The Committee noted that whilst significant improvements had been recognised, further improvements were required and there was the need for NHS Tayside to adapt to a continual changing environment.

Mr Bedford re-iterated the complexities of the report which addressed both current and historical audit recommendations and noted the report recognised the continued progress and actions being taken.

The report demonstrated across the five themes identified within the report of Governance, Budgeting, Efficiencies, Benchmarking and Financial Planning, significant steps had been taken albeit further steps, equally as large, were still required.

There was recognition in terms of Governance that finance was now reported to a number of Committees and the Transformation Programme Board (TPB), reporting the most recent results verbally supported by a written report from the previous month. It was noted previously finance was only reported to the Finance and Resources Committee.

Mr Bedford advised in response to a previous audit recommendation the Terms of Reference for the Finance and Resources Committee had been reviewed in conjunction with Internal Audit providing more robust set of Terms and was approved by the Committee at its meeting in November 2016. It was noted the Corporate Finance Report would continue to evolve, with further enhancements, particularly in relation to the efficiency savings section, already in place. Mr Bedford advised that whilst every effort was made to ensure the report was easily digestible, language used in relation to complex or technical accounting terms was inevitable and there was the intention to provide a glossary within the report to address this.

The Committee noted as part of the Board Assurance Framework updates around Strategic Risks, there was now the inclusion of Operational Risks.

It was noted in relation to Budgeting a number of workshops had taken place and this would be formally documented within the Standing Financial Instructions.

Mr Bedford noted that whilst a truncated approach was in place for 2017/18, there was the intention for an earlier approach to Financial Planning for 2018/19 to ensure further alignment with Local Authorities.

The Financial Framework for 2017/18 detailed plans for a significant reduction in the level of Deferred Spend over the five year cycle, with a marked change in 2017/18, and would in part reflect greater allocation being directly governed by the Health and Social Care Partnerships (HSCPs).

The reporting of efficiencies, not only the impact in the current year but also the full year effect, was recognised with both being included within the Corporate Financial Report. A review of further enhancements would continue.

In terms of Benchmarking there was recognition that moving forward the active use of tools such as NSS Discovery would assist in driving out productive opportunities and this remained a key focus for the Committee and the TPB.

Mr Bedford concluded that it was evident significant steps had been taken, however, there was recognition further work was required.

Mr Cross noted his disappointment, as Chair of the Committee, with the report and the grading received, however, agreed the report reflected the current position and the improvements made in relation to historical and current issues.

Mr Bedford noted that along with the significant improvements made there was further clarity around governance and a better understanding of risks and challenges faced. Mr Bedford advised he would have liked to see more recognition of the improvements made within the report, however, noted the need to reflect on the current strategic risk score of 25 and advised it was a stated aim for further improvement, in the medium term, working towards the unbalanced Local Delivery Plan (LDP).

The Committee noted the requirement to monitor the changing dynamics, in relation to the Integrated Joint Boards (IJBs), and to track and monitor overall progress.

Mr Hussain raised concerns regarding the budget setting process as detailed within recommendation 5 and 6 of the action plan, noting a clear budget setting process was an expectation of all public sector bodies and queried the weakness in this area and whether there was confidence within the Finance Team in facing challenges and improving the audit opinion. Mr Hay agreed with these concerns and noted there was the need to ensure robust processes were in place. There was recognition of the progress made, however, the Committee noted that the acceleration of further work and a more detailed review of deferred revenue was required. The Chair asked the Finance and Resources Committee to monitor deferred expenditure to ensure that proper scrutiny was given to this issue.

Mr Bedford advised that the NHS Tayside Standing Financial Instructions (SFIs) would be updated to reflect the revised budgeting approach as discussed at the Budget Planning workshop and whilst a truncated approach had been adopted in 2017/18 that it would be fully implemented in 2018/19.

Mr Gaskin made reference to the national position, noted within recommendation 6 of the action plan, and highlighted the challenges were faced nationally with the requirement for new skills to be developed and engagement with NES. It was noted the NSS Discover tool would assist in identifying productive opportunities.

Ms McLay noted her agreement that the overall D- grading was correct, however, did not feel the report was reflective of actions taken and improvements made. Ms McLay advised there was the need to identify challenges which were specific to NHS Tayside and those which were corporate wide and recognise increasing wide spread pressures.

Mr Hay queried the capability of NHS Tayside and the expected timescales around the implementation of changes highlighted within Mr Shobhan Thakore's Realistic Medicine Consultation and Workshop Report and whether the finance team was adequately staffed.

Ms McLay advised there was the intention for this to be addressed within the one year plan with realistic medicines being a key component. It was noted this would be encouraged at a pace suitable to NHS Tayside and would be implemented in small areas, also to be identified within the one year plan.

Mr Bedford advised that a report around the structure of the finance directorate would be submitted to the Remuneration Committee at its meeting on 14 March 2017. Ms McLay noted there was a gap in the wider organisation in relation to finance which was part of the re-planning and re-structuring work ongoing.

Mr Cross noted NHS Tayside's obligation to meet SFI requirements and the need to ensure organisational support was re-aligned within individual departments and finance managers in addition to the finance department. It was noted there was the need to recognise in order to move forward from the current position further investment in resources and facilities was required.

Prof Connell raised concerns regarding implementation and the level of expertise around budget setting and noted assurance should only be given following approval of the new structure. Prof Connell highlighted para.27 of the report which noted a reliance on previous budget setting processes and advised that whilst the need to change budget setting processes was of highest priority in the action plan the new structure should also take priority.

10:17 Miss Jane Haskett arrived

Mr Hay noted that in order to set budgets a clear understanding of the Clinical Strategy was required. Ms McLay advised the Committee that it was the intention to submit the draft Strategic Five Year Plan to Tayside NHS Board at its meeting on 16 March 2017.

The Committee noted a formal update would be presented to each Committee meeting.

The Committee

- **Noted the content of the report**

10:20 Dr Alan Cook, Miss Kerry Wilson and Ms Margaret Kennedy arrived

5.2 Internal Audit T12/17 – Assurance Framework (AUDIT19/2017)

Ms Margaret Dunning was in attendance to present the report.

Ms Dunning advised the Committee that this audit report builds on the previous audit T11A/15 – Board Assurance Framework (BAF). It was noted the BAF was continually reviewed with assistance from Internal Audit to ensure systems and processes are adapted accordingly.

Ms Dunning noted that improvements had been made, however, there was the need for work to continue and evolve and this was reflected within the report.

It was noted the BAF highlights 22 strategic risks and assurances were being sought from Risk Owners in the approach to year end and preparation of the Governance Statement. Ms Dunning advised work was ongoing with the Chief Officers of each of the Integrated Joint Boards (IJBs) to review risks and agree which related to NHS Tayside, IJBs or were shared risks. It was noted a meeting with the Chief Officers to discuss the governance arrangements was scheduled for w/c 13 March 2017.

The Committee noted the BAF had been separated in to two areas in relation to the audit opinion. The audit opinion for the overall BAF was a B grading, however, the work in relation to describing the assurance process in relation to the IJBs received a D grading. Mr Gaskin advised the Committee the BAF was a robust system and a strength to NHS Tayside. It was noted the BAF would have received an A grading, however, it was found that whilst the information provided was excellent the format of the DATIX report required to be more user friendly, although it was recognised that approaches had already been made to the company.

Mr Gaskin noted that the BAF was now further complicated following the introduction of IJBs. There was the need to confirm the ownership of individual risks and ensure the governance and assurance processes were clear and applied. It was noted this change had not yet been reflected within the BAF, therefore the audit opinion on that particular area was a D grade.

With regard to the new assurance systems required it was noted that other Health Boards were facing similar challenges to that of NHS Tayside.

Mr Cross noted the difficulties faced in relation to the engagement of individuals around risk management and advised engagement was critical in determining where resources and efforts should be allocated. It was noted good governance arrangements were largely in place now and a number of improvements had been taken forward. Mr Cross agreed that good progress had been made over the last twelve months and there was now the opportunity to now review all strategic risks and risk ownership.

Mr Hay highlighted para.28 of the report and queried whether, as stated, the elements of the Integration Schemes and risk management systems in each organisation were consistent and if appropriate what measures were in place. Mr Gaskin advised this was indeed work in progress and this was progressing and moving forward. It was noted a Short Life Work Group (SLWG) had been established and a report would be submitted for consideration by the Committee at its meeting on 11 May 2017.

Mr Hay noted that there was no clearly articulated solution or timeline and queried how this would be resolved. Prof Connell advised challenges were reflected across all Health Boards in Scotland and noted that clinical accountability and governance was the responsibility of the Medical and Nurse Director and the Chief Executive.

The Committee noted the need for agreed processes, clear lines of communication, transparency and looked forward to a resolution within the next three months.

The Committee

- **Noted the content of the report**

5.3 Internal Audit Progress Report (AUDIT22/2017)

Mr Gaskin advised the Committee the purpose of the report was to provide an update on the 2016/17 internal audit plans.

Mr Gaskin advised the report detailed the completed audit work and noted all reports where Agenda items for this meeting.

The Committee noted Section 4.2 detailed the work in progress in relation to the 2016/17 plan including areas where a formal report was not produced. Mr Gaskin highlighted that a lot of work had been carried out and time allocated in respect of Health and Social Care Integration (HSCI).

Mr Gaskin advised the Committee there had been a number of changes to the Operational Audit Plan 2016/17, highlighted within Section 4.4 of the report, and audits would be incorporated into future audit plans. There was a variety of explanations in relation to these changes including ensuring efficiency and sustainability. Mr Gaskin gave a brief update on the following audits:

- **Clinical Governance – Mortality Reviews** – Agreed that at the request of management the audit would be refocused and included within the 2017/18 Internal Audit Plan
- **Staff and Patient Environment** – Focus was on external inspections and visits. However, action plans to address findings from inspections were in place and regularly reported through clinical governance structures. It was noted that internal audit T16/17 – Adverse Events Management would provide assurance in this area
- **Strategic Planning** – Following discussions with the Chief Executive it was agreed this would form part of 2017/18 audit in contributing to governance, visibility and risk environment
- **Infection Control** – This audit would feature in the 2017/18 Internal Audit Plan and was also covered in the Departmental Reviews
- **Savings Programme** – There was sufficient coverage provided in T22/17 – Follow Up of the Financial Planning & Management and this would be interlinked with the Transformation Programme Board (TPB) audit of specific workstreams
- **NDSI** – Through discussion with the Interim Head of Payroll this area was now considered to be low risk and the Director of Finance agreed that there was no added value in continuing with this check
- **Information Assurance** – This would be covered in year end work
- **NHS Scotland Waiting Times Methodology** - This would progress following the implementation of TrakCare
- **Departmental Reviews** – This would be included within the TPB, eRostering would be included as part of the Workforce and Care workstream

Mr Gaskin asked the Committee to note the progress on the 2016/17 internal audit plan and approve the changes to the Operational Audit Plan 2016/17.

The Committee

- **Noted the progress on the 2016/17 internal audit plan**
- **Approved the changes to the Operational Audit Plan 2016/17**

5.4 Internal Audit T08/17 – Interim Evaluation of Internal Control Framework (AUDIT26/2017)

Mr Gaskin advised the Committee that a new format of reporting had been used to provide a more concise and hopefully helpful and informative update.

The Committee noted the report detailed ongoing activities within NHS Tayside and any areas requiring further development. Mr Gaskin highlighted key areas, in moving forward, were understanding, NHS Tayside's capability and capacity and the need for acceleration. It was noted this report was similar to that presented last year, however, there had been progress.

Mr Gaskin highlighted the findings in relation to Clinical Governance, advised that progress was ongoing in remediating these issues and stated that following discussions with the Chief Executive, elements requiring further attention would be addressed.

Mr Hussain accepted the recommendations in relation to Staff Governance, noting there had been issues regarding non attendance at meetings. Mr Hussain raised concerns around the wording "ongoing failure" included in the Clinical Governance recommendation relating to the deaths in Moredun Ward. Mr Gaskin advised a lot of work had been undertaken, as notification had been received regarding potential prosecution, and there was the need to ensure a robust defence and the ability to demonstrate improvements. It was noted the Mental Health Performance Reviews had been re-established following the appointment of Mr Keith Russell, Associate Nurse Director – Mental Health & Learning Disabilities and these would commence 17 March 2017.

The Committee agreed this report should be circulated to all Standing Committees for information. LG

Ms McLay advised the Committee she had requested a formal review to be undertaken within the calendar year and assurance had been received from Chief Officers with details included within the Minutes of Directors meetings.

The Committee agreed an accelerated level of pace was required moving forward.

The Committee

- **Noted the content of the report**

6. EXTERNAL AUDIT

6.1 NHS Tayside External Audit Progress Report (AUDIT20/2017)

Mr Bruce Crosbie was in attendance to present the report.

Mr Crosbie provided the Committee with a brief overview of the report and advised that work was progressing well. It was noted the 2016/17 Interim Report would be submitted to management in March 2017 followed by submission to the May 2017 Audit Committee meeting.

Mr Crosbie advised that work was progressing in reviewing the Role of the Board and findings would be included in the Annual Audit Report submitted to the Committee in June 2017. It was noted Audit Scotland were undertaking work in relation to an Information and Communications Technology (ICT) overview, however, this was an exercise to inform Audit Scotland's understanding of the ICT environment in NHS Tayside and would not necessarily result in a report to management.

The Committee

- **Noted the content of the report**

7. RISK MANAGEMENT

7.1 Risk Appetite (AUDIT14/2017)

Ms Margaret Dunning and Mrs Hilary Walker were in attendance to present this report.

Ms Dunning advised the Committee that based on previous work the requirement for a model which described the risk appetite had been identified. It was noted following liaison with other NHS Boards a Short Life Working Group (SLWG) had been established to input into the development of the revised risk appetite statement and under pinning process.

Mrs Walker advised the Committee NHS Tayside currently had 22 Strategic Risks which were either delegated to a Standing Committee or reserved to Tayside NHS Board, there were currently six strategic risks delegated to Tayside NHS Board.

It was noted risk was expressed as a measure of Likelihood multiplied by Consequence and scored as both inherent (without control) or current (showing the effect of existing controls in place). The current risk score was then compared to the expressed appetite for risk. A score of 20 – 25 or above had a current risk exposure rating of very high and exceeded NHS Tayside's risk appetite.

Mrs Walker advised that it was now suggested the Board Assurance Framework (BAF) should be reported to Tayside NHS Board twice per year with Strategic Risks being reported to their relevant Standing Committees four times per year. It was noted all risks exceeding the risk appetite would be reported to each Tayside NHS Board meetings until the risk exposure rating was lowered to an acceptable level.

It was proposed that the current risk appetite, i.e. reporting on risk that fall into the very high category should be in place for 2017/18, beginning on 1 April 2017, however, it was anticipated the risk appetite would be reviewed with a view to this being lowered to high in future years.

Mr Gaskin noted this was a very good report and a sensible model which would not only reduce the level of reporting but should result in reports being more meaningful.

Mr Cross noted this report referred to NHS Tayside's performance though risk management and the importance of ensuring mitigating actions were developed to reduce current risk scores.

The Committee

- **Approved the Risk Appetite Statement for NHS Tayside**

8. POLICIES

8.1 Skin Health Surveillance Policy (AUDIT15/2017)

Dr Alan Cook, Miss Kerry Wilson and Ms Margaret Kennedy were in attendance to present the report.

The Committee was asked to review and approve the new Skin Health Surveillance Policy in relation to NHS Tayside's statutory requirements to comply with Health and Safety law.

Dr Cook advised the Committee that following a visit by the Health and Safety Executive (HSE) on 1 and 2 March 2016 it was identified that NHS Tayside did not meet all the requirements of health and safety law in relation to the management of skin health.

The Committee noted that in order to address the requirements and actions to be addressed identified by HSE, a full review of control measures, reporting of skin health surveillance and performance of the occupational health provided had been undertaken and a Skin Health Improvement Plan (SHIP) had been developed.

Dr Cook advised that a Skin Health Improvement Group had been established and noted the requirement for the development of a Skin Health Surveillance Policy. The Skin Health Surveillance Policy had been developed in collaboration with a wide range of groups, identified within the report. It was noted the policy had been updated to include feedback from the consultation and engagement process of all groups involved.

Dr Cook highlighted the appendices included within the policy and advised Appendix 4.6 would be updated to remove the word statutory from the heading.

The Committee was asked to adopt the Skin Health Surveillance Policy.

Ms McLay noted the excellent work and partnership in the development of this policy and advised NHS Tayside was now in a stronger position in relation to Skin Health.

The Committee

- **Reviewed and adopted the Skin Health Surveillance Policy**

9. PAYMENT VERIFICATION: FAMILY HEALTH SERVICE (FHS) CONTRACTORS (AUDIT16/2017)

Miss Jane Haskett was in attendance for this item.

Miss Haskett advised the Committee the purpose of the report was to provide assurance of the arrangements in place to comply with the national payment verification procedures and arrangements for payment verification for the four FHS Contractors. The four contractors were noted as being General Dental, Ophthalmic, Pharmaceutical and Medical Services.

It was noted this was an exception report and there were no areas of concern to highlight to the Committee.

The Committee

- **Noted the content of the report**

11:15am Dr Cook, Miss Wilson, Ms Kennedy and Miss Haskett left the meeting

10. AUDIT COMMITTEE HANDBOOK (AUDIT23/2017)

Mr Bedford advised the Committee the report was presented to the Committee as part of the Annual Audit Committee work plan with the check list included within the report being used to demonstrate the Committee was fulfilling its role.

It was noted the report and checklist had been shared with Mr Stephen Hay, Chair of the Audit Committee prior to this meeting as required.

The Committee was asked to note the content of the report and confirm that the completed checklist demonstrated adherence to good practice.

The Committee

- **Noted the content of the report and confirmed that the completed checklist demonstrated adherence to good practice**

Mrs Frances Gibson was in attendance to present Items 11 and 12.

11. ANNUAL ACCOUNTS PROCESS UPDATE (AUDIT24/2017)

Mrs Gibson advised the report provided the Committee an overview of the Annual Accounts process and assurance the process remained on target.

Mrs Gibson advised that Appendix 1 of the report provided a high level summary of the accounts process timetable and noted a number of key dates within the timetable. It was noted Appendix 2 of the report provided details of responsible officers for each part of the accounts and the guidance letter received from the Scottish Government Health and Social Care Directorate (SGHSCD), which accompanied the issue of the Annual Accounts Manual, detailed a summary of the minimal changes required and was included within Appendix 3 of the report.

Mrs Gibson highlighted that the guidance letter received in December 2016 made reference to work which was ongoing at that point and confirmed work was now complete and would result in no significant changes to the final version of the manual.

Mrs Gibson highlighted that the manual contained the extant guidance on the preparation of the Governance Statement (GS) and that there were no changes from last year. As a result it was the intention to use the same process as last year to produce the draft GS which the Committee would review in June 2017.

The Committee

- **Noted the guidance received from SGHSCD in relation to the preparation of the 2016/17 accounts**
- **Noted the final version of the manual would be issued shortly and it was the intention to produce the Governance Statement (GS) using the same process as the previous year**
- **Noted that planning for the 2016/17 accounts process was well advanced and the accounts process was currently on target to be completed by 30 June 2017**

12. ACCOUNTING POLICIES (AUDIT21/2017)

Mrs Gibson advised the Committee the Audit Committee Terms of Reference required the Committee to review the accounting policies and approve changes made. It was noted the changes to the accounting policies, detailed within the report, were minimal and had no significant impact on the accounting policies.

It was noted the draft accounting policies note in respect of the 2016/17 annual accounts was included as Appendix 1 to the report.

The Committee

- **Reviewed and approved the changes made to the accounting policies**

13. COMPLIANCE WITH SCOTTISH GOVERNMENT WORKFORCE DIRECTORATE CIRCULARS AND NHS TAYSIDE EMPLOYMENT POLICIES (AUDIT17/2017)

Mr Bedford advised the Committee that due to unforeseen circumstances Mr Christopher Smith, Associate Director of Human Resources & Organisational Development, was no longer available to attend to present this report and this item would be deferred to the May 2017 meeting.

The Committee

- **Noted this item would be deferred to the May 2017 meeting**

14. PAPERS/MINUTES FOR INFORMATION

14.1 Strategic Risk Management Group Minute – 24 November 2016

The Strategic Risk Management Group (SRMG) Minute of 24 November 2016 was presented to the Committee for information.

Mr Gaskin raised concerns regarding the number of risk reports being submitted to the SRMG without attendance from the relevant Risk Owner/Manager and queried what actions were being taken to address non attendance.

Ms Dunning advised the Committee this was an ongoing issue and there were challenges due to heavy diary commitments of Risk Owners/Managers. It was noted various options in terms of timings of meetings had been explored and where possible a deputy was sought or a written assurance statement was requested. The Committee noted the requirement for deputies to be well informed.

Mr Cross highlighted the importance of attendance, in relation to risk management, and noted the requirement to find an appropriate and consistent level of attendance at these meetings.

The Committee acknowledged the challenges faced and requested Ms Dunning and Mrs Walker explored further options to improve attendance at meetings and provide the Committee with a verbal update. **MD/HW**

The Committee

- **Noted the Strategic Risk Management Group Minute – 24 November 2016**
- **Requested Ms Dunning and Mrs Walker explored further options to improve attendance and provide the Committee with a verbal update**

14.2 Corporate Governance Review Group Action Note – 30 November 2016 (unapproved)

The unapproved Corporate Governance Review Group Action Note of **30 November 2016** was presented to the Committee for information.

The Committee

- **Noted the unapproved Corporate Governance Review Group Action Note – 30 November 2016**

14.3 Attendance Record

The Committee

- **Noted the Attendance Record**

15. DATE OF NEXT MEETING

The next meeting of the Audit Committee will take place on Thursday 11 May 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 Audit Committee held on 9 March 2017, and approved by the Committee at its meeting held on 11 May 2017.

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CHAIR **DATE**

Minute NHS Tayside

Tayside NHS Board

CLINICAL AND CARE GOVERNANCE COMMITTEE – OPEN BUSINESS

Minute of the above meeting held at 1:30pm on **Thursday 9 March 2017** in the Board Room, King's Cross, Dundee.

Present

Professor John Connell	Chair, Tayside NHS Board
Mrs Gillian Costello	Nurse Director, Tayside NHS Board (joined the meeting at 1:35pm)
Mrs Judith Golden	Non-Executive Member, Tayside NHS Board
Mr Stephen Hay	Non-Executive Member, Tayside NHS Board
Ms Lesley McLay	Chief Executive, NHS Tayside (joined the meeting at 1:35pm)
Cllr Glennis Middleton	Non-Executive Member, Tayside NHS Board
Dr Robert Peat	Non-Executive Member, Tayside NHS Board
Mrs Alison Rogers	Non-Executive Member, Tayside NHS Board **(Chair)**
Professor Andrew Russell	Medical Director, Tayside NHS Board

Apologies

Mr Alan Cook	Medical Director - Operational Unit and Consultant, NHS Tayside
Dr Andrew Cowie	Non-Executive Member, Tayside NHS Board
Mrs Linda Dunion	Non-Executive Member, Tayside NHS Board
Ms Arlene Napier	Associate Director, Clinical Governance and Risk, NHS Tayside
Professor Margaret Smith	Non-Executive Member, Tayside NHS Board

In Attendance

Ms Margaret Dunning	Board Secretary, NHS Tayside
Mrs Alison Hodge	Committee Support Officer, NHS Tayside
Professor Clare McKenzie	Postgraduate Dean, East Region, NHS Education for Scotland

Mrs Alison Rogers in the Chair

ACTION

1 APOLOGIES

The apologies were noted as above.

2 WELCOME AND INTRODUCTION

Mrs Rogers welcomed everyone to the meeting. She extended a welcome to Dr Clare McKenzie who was now an attendee at the Committee and to Dr Robert Peat, newly appointed Non Executive member of the Tayside NHS Board.

Mrs Rogers explained the meeting held on 9 February had become inquorate and it had been necessary to hold an additional meeting to discuss the items listed on the agenda today.

3 DECLARATION OF INTERESTS

There were no declarations of interests.

4 LOCAL AND NATIONAL REPORTS

4.1 Annual report feedback, Comments, Concerns and Complaints 2015/16 - Feedback from the Scottish Health Council (CCGC/2017/27)

Mrs Rogers advised that this report was presented to the Committee on 9 February 2017.

Mrs Rogers highlighted:
Section 2, bullet point 4 that the measuring of compliments was 'not a useful marker of quality of care experience'.

Section 2, bullet point 6 training sessions on early resolution skills and the value of apology.

There were no comments in relation to this report.

The Committee:

- Noted the report
- Noted the feedback provided by the Scottish Health Council

5 POLICIES AND GUIDANCE

5.1 Massive Haemorrhage Policy (CCGC/2017/28)

The Medical Director commended the team who had been involved in the development of the policy.

The Committee had no questions in relation to this policy.

The Committee:

- Adopted the Massive Haemorrhage Policy

5.2 Verification of Expected Death in Adults Policy (CCGC/2017/29)

The Committee had no questions in relation to this policy.

The Committee:

- Adopted the Verification of Expected Death in Adults Policy

6 ITEMS FOR INFORMATION AND ACTION AS REQUIRED

6.1 Record of attendance Clinical and Care Governance Committee

The Committee:

- Noted the Record of attendance Clinical and Care Governance Committee

7 ITEMS FOR INTERNAL AND EXTERNAL COMMUNICATION

8 AOCB

There were no further items for discussion.

For Governance Reasons, it is proposed that the following items be taken in Reserved Business

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

9 MINUTE OF THE PREVIOUS MEETING

9.1 Minute of the Clinical and Care Governance Committee 10 November 2016 reserved business

The Committee:

- Approved Minute of the Clinical and Care Governance Committee 10 November 2016 reserved business

9.2 Action Points Update Clinical and Care Governance Committee 10 February 2017 Reserved Business

The Committee:

- Noted the Action Points Update

9.3 Matters Arising

There were no matters arising.

10 Items for Discussion

10.1 Chair's Assurance Report for the Clinical Quality Forum (CQF) meeting held on 12 September 2016 and 14 November 2016 (CCGC/2017/30)

The Committee:

- Noted the Chairs Assurance Report for the Clinical Quality Forum (CQF) Action Note held on 12 September 2016 and 14 November 2016

10.2 Perth Royal Infirmary update on key measures (CCGC/2017/31)

The Committee:

- Noted the report
- Noted the current challenges in relation to recruitment to nursing staff and those who provide homecare support
- Noted the reduction in beds as a result of the elective surgery capacity

10.3a Murray Royal Hospital Adult Mental Health Inpatient Care: Update on Health and Safety Executive Investigation and Improvement Notice (CCGC/2017/32)

The Committee:

- Noted the update
- Noted that the Committee would receive a monthly update on progress in relation to the environmental actions arising from the Health and Safety (HSE) investigation and Improvement Notice

10.3b Update from Perth and Kinross health and Social Car Partnership (CCGC/2017/33)

The Committee:

- Noted the report
- Noted the progress in relation to the development of governance arrangements and reporting to the CQF

10.4 Risk 144 Maternity Services

The Committee:

- Noted the report
- Noted the current issues that were a challenge
- Agreed that the Maternity Strategy report should go to the next Tayside NHS Board meeting.

In accordance with the Freedom of Information (Scotland) Act 2002 Section 36(2), Section 38

11 ITEMS FOR DISCUSSION

11.1 Claims report (CCGC/2017/35)

The Committee:

- Noted the report

12 ITEMS FOR INFORMATION AND ACTION AS REQUIRED

- No items

13 AOCB

The Committee discussed attendance at meetings and the format of the agenda.

14 DATE OF NEXT MEETING

The next meeting of the Clinical and Care Governance Committee will take place on Thursday 11 May 2017 at 1:30pm within the Board Room, Kings Cross.

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 Clinical and Care Governance Committee held on 9 March 2017 and was approved by the Clinical and Care Governance Committee at its meeting held on 11 May 2017.

CHAIR **DATE**

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 9:30 am on **Thursday 16 March 2017** in the Board Room, Kings Cross, Dundee

Present:
Prof J Connell, Chair, Tayside NHS Board
Mr D Cross, OBE, Non Executive Member, Tayside NHS Board (Chair)
Councillor D Doogan, Non Executive Member, Tayside NHS Board
Mrs J Golden, 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 (Lead Officer)
Ms L McLay, Chief Executive, NHS Tayside
Regular and Other Attendees
Mrs J Bodie, Director of eHealth, NHS Tayside (for item 9.2)
Mrs G Culross, Senior Communications Manager, NHS Tayside
Mr G Doherty, Director of Human Resources, NHS Tayside
Mrs J Duncan, Head of Corporate Communications, NHS Tayside
Mr A Gall, Interim Performance Director, NHS Tayside
Mrs L Green, Committee Support Officer, NHS Tayside
Miss L Hamilton, Mental Health Programme Director & Finance Manager, NHS Tayside (for item 9.4)
Miss D Howey, Head of Committee Administration
Miss Taiba Hussain, Audit Scotland
Mrs L Lyall, Capital Finance Manager, NHS Tayside
Mr S Lyall, Head of Finance, Operational Unit, NHS Tayside
Ms A Machan, Senior Auditor, Audit Scotland
Miss W Mason, Capital Management Accountant, NHS Tayside (for item 9.3)
Mr R MacKinnon, Associate Director of Finance, Financial Services & Governance/FLO, NHS Tayside
Mr P Tovey, Associate Director of eHealth, NHS Tayside (for item 9.3)
Apologies
Mr M Anderson, Head of Property, NHS Tayside
Dr A Cowie, Non Executive Member & Chair of Area Clinical Forum, NHS Tayside
Mrs L Dunion, Non Executive Member, Tayside NHS Board
Ms M Dunning, Board Secretary, NHS Tayside
Mr R Marshall, Representative Area Partnership Forum

Mr D Cross in the Chair

ACTION

1. CHAIRMAN'S WELCOME AND INTRODUCTION

Mr Cross welcomed all to the meeting including Dr Robert Peat, who was in attendance to observe the meeting following his recent appointment to Non Executive Member of Tayside NHS Board, Ms Anne Marie Machan and Miss Taiba Hussain of Audit Scotland. It was noted there was also a number of NHS Tayside colleagues in attendance to present items on the Agenda.

Mr Cross reminded the Committee that the Tayside NHS Board meeting was scheduled for 11:00, therefore due to time restrictions, Mrs Lyall and Mr Lyall had been asked to only highlight key factors when presenting Items 6.1 and 6.2 respectively. It was noted this would not negate Members opportunity for discussion or to raise queries in relation to these items.

2. APOLOGIES

The apologies were noted as above.

3. DECLARATION OF INTERESTS

There were no declarations of interests.

4. MINUTE OF PREVIOUS MEETING

4.1 Minute of the Finance and Resources Committee Minute – 16 February 2017

The Finance and Resources Committee Minute of the meeting held on 16 February 2017 was approved on the motion of Cllr Dave Doogan and seconded by Cllr Ken Lynn following Item 6.2 on the Agenda.

4.2 Action Points Update

Mr Bedford spoke to the Action Points Update.

Assurance Report on Information Governance Risk – Mr Bedford advised the Committee that the Action Points Update included a status statement in response to the request to explore the option of listing the responsibility by designation rather than individual name within the DATIX report.

Assurance Report on Implementation of TrakCare – Mr Cross advised the Committee that communications would be issued shortly advising staff that TOPAS would be replaced over the weekend of 24 to 25 June 2017, the Emergency Department would move from Symphony to TrakCare on 27 June 2017 and replacement for Maternity users was planned for September 2017. It was noted the revised plan and Go Live dates were agreed at the TrakCare Programme Board meeting the week prior to this Committee 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.

Mr Cross asked Members to review the work plan to ensure they were content with the reporting arrangements. It was confirmed Members were content with the work plan.

5. Matters Arising

There were no matters arising

6. GOVERNANCE ISSUES

6.1 Capital Report for the Period Ended 31 January 2017 (FRC21/2017)

Mrs Lyall advised the Committee of the report detailing the capital position of NHS Tayside for the period ended 31 January 2017 and the forecast position anticipated at year end.

Mrs Lyall advised the confirmed capital funding for 2016/17 from Capital Resource Limit (CRL) was £11.060m, which included £0.466m capital grants.

The January SGHSCD allocation letter had confirmed CRL of £10.557m with further allocations and adjustments anticipated. It was noted Table 2 of the report highlighted a reconciliation of the CRL at 31 January 2017 with the January 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.

Mrs Lyall highlighted the gross capital expenditure to 31 January 2017 was reported at £7.310m, comprising CRL of £6.817m and NAV revenue of £0.494m. This was comparable with the gross expenditure of £8.166m for 2015/16. It was noted additional narrative had been included within section 3.3 providing an explanation in relation to difficulties that arise in drawing comparisons of capital expenditure between financial years due to the timing of completion of records.

The Committee noted details regarding slippage analysis was included within section 3.5 of the report and 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 emerging and continuing issues which had had an impact on the Capital Plan for 2016/17 and would continue to impact in future years including telephone services, which was an Agenda item for this meeting.

Mr Cross noted an increase in the projects approved under delegated authority from the previous month, noting the purchase of additional data storage and Wi-fi Controller Upgrade, and queried the confidence moving forward. Mrs Lyall advised that the purchase of the essential kitchen equipment had been approved due to equipment being condemned and assured the Committee that the expenditure included within Appendix 2 of the report was in line with the forecast financial year end position.

Professor Connell requested an update in relation to Bridge of Earn. Mrs Lyall advised a response had not yet been received from Hubco and this was currently being sought, however, noted a meeting had been held with Perth & Kinross Integrated Joint Board (IJB) colleagues on 14 March 2017 to discuss moving forward in the short term followed by longer term options. Mrs Bodie informed the Committee three reports forming an overarching property strategy in conjunction with the IJBs would be submitted to the Capital Scrutiny Group (CSG) meeting in April 2017 followed by submission to the Committee at its meeting in May 2017. Mr Cross advised the engagement had in general been well received by the IJBs.

In relation to the Kingsway Care Centre project Mrs Lyall advised that discussions were ongoing and a further report would be submitted to a future Directors meeting.

The Committee

- **Noted the content of the report**

9:40am Cllr Ken Lynn arrived

6.2 Corporate Financial Report for the Period Ended 31 January 2017 (FRC23/2017)

Mr Stuart Lyall was in attendance to present the report.

Mr Lyall advised the Committee the current position showed an overspend of £12.321m for the 10 months to 31 January 2017, this was an increase of c£0.9m from the 31 December 2016 position. It was noted that whilst there was further adverse movement results reflected a slowdown in the rate of overspend.

Mr Lyall advised in relation to the forecast outturn there was currently a risk of c£1.5m in delivering a position consistent with the Local Delivery Plan (LDP) deficit. This level of risk had reduced by £0.5m from the position reported last month. It was noted the current forecast was c£13.2m.

The Committee noted efficiency savings were detailed within Table 19 of the report and highlighted unachieved savings of £4.4m to date, this was noted as being £4.6m as at December 2016. The forecast savings delivery for the year was £45.25m, this reflected the £1.5m risk against the unbalanced LDP position. It was noted the target for recurring savings in 2016/17 was 40%. The current position was 38% with performance moving towards achieving the 40% target by year end.

The Board Committed Earmarks and deferred spend target were detailed within Section 3.8 of the report. It was noted that the potential shortfall of £2m, previously identified, had been managed and the deferred spend target was now assessed as deliverable in the current year. The Committee noted proposals to manage the risk exposure in the next financial year were included within the Draft Financial Framework 2017/18 – 2021/22.

The Committee noted that overall the January position had improved from the previous month, with the risk around the forecast outturn being reduced by £0.5m and the deferred spend target cleared.

The Committee noted the risks and challenges remained which would test the assumptions used in assessing the year end position.

Mr Lyall updated the Committee on the February 2017 position, which would be reported as £12.9m. This reflected a further slowdown in the rate of overspend and was consistent with the forecast outturn position of £13.2m.

Mr Cross thanked Mr Lyall and welcomed the slowdown in the rate of overspend. Mr Cross sought clarification regarding the narrative in relation to Table 4 of the report, that the overall trend was downwards although there was an increase in Whole Time Equivalent (WTE) worked figures, noting the in month increase related to Support Services. Mr Bedford advised he was not aware of any single area influx in recruitment, however, would raise the issue with managers and provide and analysis. **LB**

Mr Bedford advised that following discussions with Scottish Government (SG) the Committee was asked to consider one further recommendation. The Committee was asked to give approval of delegated authority for the Chief Executive and Director of Finance to conclude brokerage from SG of up to the indicated exposure of £13.2m, noting £1.5m remained a risk.

Cllr Doogan spoke in relation to the prescribing overspend and queried whether the budgets set were inappropriate and if efficiency targets were over ambitious. Mr Bedford advised a report had been submitted to Tayside NHS Board in December 2016 regarding medicines management and recognised expenditure was higher than anticipated and there was the potential for a deficiency. It was noted the Medical Director and Director of Pharmacy were reviewing the actions already taken in Tayside and seeking further actions required.

It was noted there were key implications from formulary, scheduled to go live in April 2017, and the need to consider the level of work required and the level of warranted and unwarranted variation.

Mr Cross acknowledged the query raised by Cllr Doogan and noted that budgets and efficiency targets set at that time had been deemed appropriate using the information available at that time however, work carried out this year had helped to clarify some issues including areas where the savings would be more difficult to achieve. It was noted there was the need for confidence when budgets and efficiency targets were set that those charged with achieving targets were in a position to achieve them.

The Committee noted that should the 2017/18 prescribing target be deemed to be over ambitious these savings would require to be sought elsewhere and agreed assurance was required that targets, including the Integrated Joint Board (IJB) targets, could be achieved.

Mr Gall noted his agreement and suggested that the organisation needed to increase the level of strategic planning resources within NHS Tayside, i.e. linking the allocation of resources to strategic plans through a robust planning function. It was noted timing was critical moving forward and there was the need for crucial discussions, organisation wide, regarding the allocation of resources.

Professor Connell noted the importance of taking a balanced view, recognition of the achievement in savings, which were unprecedented for NHS Tayside and Tayside NHS Boards role in decision making.

Cllr Doogan highlighted the need for NHS Tayside to work in partnership and assist the IJBs in achieving savings targets. Mr Cross advised that the work of the Prescribing Management Group (PMG) had been reviewed at the Dundee IJB pre-agenda meeting and noted that discussions and agreement between NHS Tayside and the IJBs was required regarding what was achievable.

Cllr Lynn noted his frustrations from a political point of view that, in his experience, decision making in the NHS was a slow process. Ms McLay shared these concerns, however, noted the current delay around decision making was due in part to SG being in purdah.

Cllr Doogan noted his frustration that despite the current position in reality very few proposals requiring difficult decisions came before Tayside NHS Board.

There was agreement that the level of pace required traction and an acknowledgment of the challenges faced and that difficult decision making lay ahead.

The Committee

- **Noted the current position**
- **Approved the delegated authority to the Chief Executive and Director of Finance to conclude brokerage of up to £13.2m**
- **Note an analysis of the increase in Whole Time Equivalent (WTE) worked figures within support services would be provided**

7. ITEMS FOR INFORMATION

7.1 Record of Attendance

The Committee

- **Noted the Attendance Record**

7.2 Information Governance Committee Minute – 31 January 2017

The Committee

- **Noted the Information Governance Committee Minute of 31 January 2017**

DATE OF NEXT MEETING

The next meeting of the Finance and Resources Committee will take place on Thursday 27 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 March 2017, and approved by the Committee at its meeting held on 18 May 2017.

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CHAIR **DATE**

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 9:30 am on Monday **27 March 2017** in the Board Room, Kings Cross, Dundee

Present:
Prof J Connell, Chair, Tayside NHS Board
Mr D Cross, OBE, Non Executive Member, Tayside NHS Board (Chair)
Councillor D Doogan, Non Executive Member, Tayside NHS Board
Mrs L Dunion, Non Executive Member, Tayside NHS Board
Mrs J Golden, 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 (Lead Officer)
Ms L McLay, Chief Executive, NHS Tayside
Regular and Other Attendees
Mrs J Bodie, Director of eHealth, NHS Tayside
Dr A Cook, Medical Director, Operational Unit
Mrs G Costello, Nurse Director
Mr G Doherty, Director of Human Resources, NHS Tayside
Ms M Dunning, Board Secretary, NHS Tayside
Mr A Gall, Interim Performance Director, NHS Tayside
Mr S Hay, Non Executive Member, Tayside NHS Board
Miss D Howey, Head of Committee Administration
Mr M Hussain, Non Executive Member, Tayside NHS Board
Mrs L Lyall, Capital Finance Manager, NHS Tayside
Mr S Lyall, Head of Finance, Operational Unit, NHS Tayside
Ms A Machan, Senior Auditor, Audit Scotland
Cllr G Middleton, Non Executive Member, Tayside NHS Board
Mr B Nicoll, Director of Strategic Change
Dr R Peat, Non Executive Member, Tayside NHS Board
Mr H Robertson, Non Executive Member, Tayside NHS Board
Mrs A Rogers, Non Executive Member, Tayside NHS Board
Ms F Rooney, Director of Pharmacy
Professor A Russell, Medical Director
Mrs S Tunstall-James, Non Executive Member, Tayside NHS Board
Dr D Walker, Director of Public Health
Apologies
Dr A Cowie, Non Executive Member & Chair of Area Clinical Forum, NHS Tayside
Mr R Marshall, Representative Area Partnership Forum (jury service)

Mr D Cross in the Chair

ACTION

1. CHAIRMAN'S WELCOME AND INTRODUCTION

Mr Cross welcomed all to the meeting. He highlighted the number of Non Executive Board Members who were in attendance to hear the discussion of the Financial Framework. It was to be submitted to the Board for approval and detailed questioning was encouraged.

It was noted that the preparation of the Financial Framework was a dynamic process and up until Thursday correspondence was being received that had impacted on the Framework; this in turn had contributed to the late distribution of the papers.

2. APOLOGIES

The apologies were noted as above.

3. DECLARATION OF INTERESTS

There were no declarations of interests.

4. GOVERNANCE ISSUES

4.1 NHS Tayside Financial Framework 2017/18 – 2021/22

The Director of Finance spoke to the NHS Tayside Financial Framework 2017/18 – 2021/22.

He advised that the paper set out a Financial Framework for the five year period from 2017/18 to 2021/22. It included the national and local context in both baseline and uplifts over this five year period, commitments and also the efficiency savings challenge and asset disposals, together with the Capital Plan.

It was noted that the efficiency savings focused on the most immediate year. The Framework also identified the resource to be delegated to the Integrated Joint Boards (IJBs) and the large Hospital Set Aside budget.

The Director of Finance outlined that this Framework would form the basis of the Draft Local Delivery Plan to be submitted to the Scottish Government by the end of March. It was noted that a final version of the Local Delivery Plan was to be submitted at the end of September. This provided time for regional planning and delivery aspects to be more fully developed.

It was noted that the Framework was a snapshot of the organisation as it stood today and would continuously develop and change. By way of national context, the Cabinet Secretary for Finance and the Constitution obtained approval of the budget bill for 2017/18 on 23 February 2017. It was unclear at present, what the implications of the Westminster Budget on the additional £144 million to come to Scotland in 2017/18 as part of the Barnett consequential would be.

It was highlighted that a1.5% uplift was provided for health on the recurring revenue baseline resource and this equated to £10.5million for Tayside. Nationally, it had been agreed that £100 million (close to 1.1%) would be directed to the Integration Authorities for the delivery of improved outcomes in social care, and to support the commitment on a living wage for social care workers. It was noted that for Tayside this was £7.79 million.

The Director of Finance advised that the baseline uplift remaining totalled £2.71 million (0.4%) and seven Territorial Boards across Scotland would only receive a 0.4% uplift in 2017/18. It was noted that a review had been ongoing over the last 18 months on the acute care element of the NHS Scotland Resource Allocation Committee (NRAC) formula and in particular the MLC – additional needs component. This review had reported earlier in the year and its consequences have flowed through into the funding mechanism for 2017/18.

It was noted that for Tayside this had amended the NRAC share up from 7.71% to 7.85%. Nationally £50 million had been set aside for Boards who were below parity. Tayside received £8 million in 2017/18 to bring the Board to within 1% of its target share.
This was the current stated aim of Scottish Government and the gap to full parity was noted as £6.8 million. No assumption had been made in the plan of future policy of the Scottish Government in closing his gap. It was noted that if it did then further recurring resources would be provided.

The additional NRAC funding brought the Board closer to the level of uplift it had previously assumed, but it was still lower than previously anticipated. (1.8% v 1.5%). It was noted that some allocations would be baselined and the Board's Revenue Resource limit at the start of the year would be £713.3 million after reflecting the social care transfer to Integration Authorities.

The Director of Finance highlighted that the Board would continue to receive a range of additional allocations in year. These were set out over tables 5, 6 7 and 8 in the report. At this stage, it was unclear what resource would flow to Tayside from the investment in reform set aside by Scottish Government; although some of this resource was an extension of existing programmes.

It had been confirmed that budgets to Integration Authorities for 2017/18 must be at least equal to the recurrent budget allocations in 2016/17. The IJB budgets have been supplemented by a proportionate share of the remaining 0.4% baseline uplift and the distribution of this uplift resource was at the discretion of the three IJBs.

It was noted that there was also an additional share of a further £7 million nationally to be allocated separately for health and social care partnerships. This was in relation to war pensions and pre-implementation work for the Carers Act. To reflect this additional support provided through the NHS, Local Authorities would be able to adjust their allocations to Integration Authorities by up to their share of £80 million below the level of budget agreed with their Integration Authority in 2016/17.

The Director of Finance reported that the investment in relation to both Primary Care and Mental Health in Table 7 of the report would be directed through the health and social care partnerships with the appropriate governance mechanisms in place; the indicative Integration Authorities budgets from health were outlined in Table 10; the Large Hospital Set Aside reflected 2016/17 values however this was to be reviewed by Scottish Government and NHS Tayside was central to the work of this review.

It was noted that the total resources available were outlined in Table 11 on page 7 of the report. It set out indicatively how that resource would be deployed. A shortfall was indicated in year 1 of the plan with a planned return to financial balance in 2018/19 followed by a period where it was intended that brokerage would start being repaid.

The Director of Finance advised that Table 12 on page 8 described some of the additional commitments over the period of the plan and after reflecting the anticipated net uplift, the balance was the level of savings required.

It was noted that efficiency savings of close to £50 million were required in Year 1 to deliver a breakeven position and this equated to 7%. The efficiency savings requirement in years two to five of the plan were set at £40 million which would then allow the commencement of repaying the outstanding brokerage.

Table 13 in the report indicated the assumptions on the level of recurring savings over the period. It was noted that a higher level of recurring savings would reduce the overall savings required year on year.

Table 15 described the impact, in 2017/18, on the various aspects of the organisation. The difference to Table 12 also incorporated the current runrate on FHS medicines. The programme presented to the Board in December was intended to realign spend, but was offset by the current anticipated benefit from the medicines coming off patent in 2017/18.

It was noted that a differential savings target was a consequence of this. For the three IJBs, this reflected both the progress with the identification of recurring savings and also the prescribing spend pattern against budget.

The efficiency savings challenge was described in the report. It was noted that this included aspects of the Government's Sustainability and Value programme that would need to be demonstrated. This included the implementation of the Effective Prescribing programme, to deliver a quality and cost assessed improvement plan to respond to the productive opportunities identified from benchmarked performance and to reduce medical and nursing agency and locum spend by at least 25% in year.

It was noted that Board's LDPs must also set out the practical early steps being taken to ensure they are prepared to co-operate fully in regional planning and delivery of services during 2017/18.

The workstream programme together with the developing clinical strategies would remain integral to efficiency savings identification and delivery of these savings over the short to medium term.

It was highlighted that delayed discharges remained an area where significant avoidable costs can be mitigated. An agreement required to be in place with each of the IJBs on the delivery of the 72 hour timescale following assessment of being medically fit for discharge.

The inability to reconfigure the bed base was clearly inhibited by this patient cohort. It was noted that a cornerstone of partnership working in 2017/18 would be the open engagement on the joint actions being taken to deliver on the 72 hour target. Along with the recognition, financially, from Health and Social Care partners of the implications from the resources committed within the hospital sector where the target was not achieved.

It was noted that the anticipated windfall benefit from medicines coming off patent in 2017/18 would have a greater full year effect benefit going into 2018/19. Whilst this would not take the Board any closer to the Scottish average, it was a welcome reduction to the Board's prescribing spend.

A risk assessment of the current efficiency programme was outlined in Table 18. It was noted that against a programme of £49.8 million to deliver financial breakeven, £45.8 million had been identified with £5 million of this presently sitting within the high risk category. It was noted that there remained a gap in the overall programme of £4 million, which at this stage would require further brokerage.

It was noted that deferred spend had been a feature of the Board's plans for many years. It had always been the stated aim for the Board to reduce this planned level of deferred spend annually. With more resources now being channelled through the health and social care partnerships, the ability of the Board to mange deferred spend would be reduced. The proposal was to formally reduce the slippage requirement through the use of the 2016/17 Board Contingency and other internal reserves. It was expected that the Financial Framework in future years would see this target further reduce. It was envisaged that the Finance and Resources Committee would receive regular update reports on the deferred spend.

The Director of Finance drew the Finance and Resources Committee's attention to the on going work in relation to business planning and the budgeting process. The key was the involvement of service teams in the build of business planning and budgeting. This was to progressively restore ownership, responsibility and accountability at the clinical and operational level. There was a truncated approach in place for 2017/18 that lay the foundations for full implementation in 2018/19.

The Capital Plan was the final element of the Financial Framework. It was recognised that over the period of the plan that capital resources would be limited. The formula allocation of capital was expected to flatline across this period and would be supplemented each year by funds transferred from revenue.

There was recognition of the Scottish Capital Investment Manual (SCIM) which placed greater emphasis around service modelling prior to embarking on developing an Initial Agreement.

It was noted that the requirement for capital investment should grow out of good service redesign and NHS Boards were encouraged to engage with Scottish Government as early as possible in the development of business cases. It was highlighted that elements were provided in the Capital Plan for Statutory Compliance, Medical Equipment and Information Management and Technology.

The Director of Finance concluded by highlighting that assumptions had been made around additional support from Scottish Government for specific projects. The detail of this was provided in the report and risk assessments were also included.

The Chair asked Mrs L Lyall, Capital Finance Manager to comment on the position in relation to capital. Mrs Lyall advised that the capital position was in line with what had been presented to the Committee in February. There would be a flatlining of capital and it was expected that there would be an unbalanced position in the capital programme in 2019/2020. At that stage, it was assumed that revenue support would be required and this would be dependent upon timelines.

The Chair noted that this had been the tone of the reporting throughout the year to the Finance and Resources Committee. It highlighted the scale of the challenge faced by the organisation. Whilst there had been benefit from the change in NRAC funding, there was still a £49.8 million savings target , a projected overspend of £4 million for this financial year and £5 million of the savings were designated high risk. The Transformation Programme was key to making these savings and there was much work to be done across the organisation.

During discussion the following points were noted:

- The table on page 11 of the report outlined the forecast resources available with allocations against each category. These appeared to remain stable and this was queried as it was felt that this would change with the transformation programme over the next five years. An assurance was sought that the expenditure profile would change and there would be a shift in resources. It was noted that reference was made to the additional investment and reform monies that were to be received from the Scottish Government in respect of primary care and mental health. The level of this resource was not clear at the moment, but when it was, movement would be seen in resources from the acute sector to the health and social care partnerships/community
- Table 12 outlined the summary of budget commitments and the efficiency savings to be made. It was felt that making these savings from costs other than fixed costs would be hugely challenging and being able to make these savings year on year would be extremely difficult. It was noted that with the move towards regional working, it was the intention that there would be economies of scale. The draft LDP was to include area where NHS Boards would work regionally
- It was highlighted that in year 5 (2021/22) the efficiency savings were £11.2 million and the total included escalation of the brokerage repayment. The organisation was carrying a high level of brokerage that it needed to repay. Assumptions had also been made around uplifts and assessments of potential pay increases etc
- The impact of Brexit on the ability to recruit staff was queried. There was a number of staff working in NHS Tayside who were EU citizens. It was noted that there were ongoing national discussions on what the implications were for the NHS
- The enhanced business planning and budget reporting would be in place in the early Autumn when there would be regular reporting to the Finance and Resources Committee. It was the intention to bring health service planning timetables in line with the local authority timetables
- The importance of having financial and service planning working together was emphasised. It was also highlighted that the educational impact of any business planning processes would need to be considered
- There was a concern that the financial situation was leading the service strategies. There needed to be a monitoring of the strategies not only for their financial impact but for their outcomes. This information would be needed to allow decisions to be made going forward. It was noted that the remit of the Transformation Programme was to be broadened to focus on performance and delivery
- It was felt that it was time to revisit the clinical strategies and clarify the strategic direction of the organisation. There was a need to look at this as a whole with the impact on property and the transfer of resource. There needed to be discussion and decisions taken as the current situation could not continue and had to change
- The productive opportunities were queried and it was noted that as part of the efficiency savings programme £0.5 million had been identified. Work was ongoing with colleagues from ISD and the Senior Management Team in respect of the Discovery Tool, to see what the main initiatives were. It was noted that this required a level of clinical engagement. It was highlighted that there was a focussed list of six to eight areas and the focus would be on three areas that would assist with shifting the balance of care. These were length of stay, day of admission surgery and increasing day case rates and the detail of this was included within the one year plan
- It was noted that this was a pivotal year in terms of finance. The level of savings that had been made were acknowledged , however this was now the last week in the current financial year and it was important that there was a focus now by the Finance and Resources Committee and the Board on the 2017/18 actual position and budget planning for 2018/19 should commence as soon as possible. It was noted that this would come forward as part of the new budget planning process in the Autumn

The Chair noted that there was a small projected overspend, there were £5 million of savings that were classed as high risk. The IJBs were yet to set their budgets for 2017/2018 and there may need to be further discussion. An assurance had been given that further work would be undertaken to identify and mitigate high risk areas.

The Finance and Resources Committee:

- **Considered the Financial Framework and the implications thereon;**
- **Approved the direction outlined in the Financial Framework, and recommended adoption by Tayside NHS Board;**

- **Noted the level and context of cost reduction initiatives currently assessed as high risk, and recognised the risk to delivery of the required savings to deliver a financial breakeven position in 2017/18 and acknowledged that this required further work;**
- **Noted the discussions that will be maintained during 2017/18 with Scottish Government Health & Social Care Department (SGHSCD), and that delegated authority, as set out in the Code of Corporate Governance be approved for budget holders to spend up to their ring-fenced capital funds**

5. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

6. DATE OF NEXT MEETING

The next meeting of the Finance and Resources Committee will take place on Thursday 18 May 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 27 March 2017, and approved by the Committee at its meeting held on 18 May 2017.

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CHAIR **DATE**