

# Minute

# NHS Tayside

## TAYSIDE NHS BOARD

Minute of the above meeting held at 09:30am on Thursday 29 June 2017 in the Board Room, Level 10, Ninewells Hospital

### Present

#### Non Executive Member

Professor J Connell	Chairman, Tayside NHS Board
Dr A Cowie	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( to item 15)
Councillor K Lynn	Non Executive Member, Tayside NHS Board (from item 11)
Dr R Peat	Non Executive Member, Tayside NHS Board
Councillor C Reid	Non Executive Member, Tayside NHS Board(to item 15)
Mr H Robertson	Non Executive Member, Tayside NHS Board
Mrs A Rogers	Non Executive Member, Tayside NHS Board
Professor M Smith, OBE	Non Executive Member, Tayside NHS Board
Mrs S Tunstall-James	Non Executive Member, Tayside NHS Board

#### Executive Members

Mr L Bedford	Director of Finance
Ms L McLay	Chief Executive
Professor A Russell	Medical Director

#### Apologies

Mr D Cross, OBE	Non Executive Member, Tayside NHS Board
Mrs L Dunion	Non Executive Member, Tayside NHS Board
Mrs G Costello	Nurse Director
Councillor D Fairweather	Non Executive Member, Tayside NHS Board
Dr D Walker	Director of Public Health, NHS Tayside

#### In Attendance

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

#### By Invitation

Miss L Hamilton	Mental Health Programme Director & Finance Manager ( for item 11)
Mrs V Johnson	Head of Inpatient Mental Health & Learning Disability Services ( for item 11)
Ms S Muir	Project Manager ( for item 13)
Mr R Packham	Chief Officer, Perth and Kinross Health and Social Care Partnership (for item 11)

Mr K Russell	Associate Nurse Director, Mental Health and Learning Disability (for item 11)
Ms L Wiggin	Chief Operating Officer ( for items 12, )

**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 present. He advised of three Non Executive appointments from the local authorities; Councillor Crawford Reid, Perth and Kinross Council and consultant anaesthetist; Councillor Ken Lynn, reappointed from Dundee City Council and Councillor David Fairweather, Angus Council. The Chairman welcomed them all to the Board.

It was noted that there was a full agenda and Part A items were for discussion. Part B items were not for discussion unless Board Members wanted further discussion. The Chairman advised there had been a request for Item 17. Key Metrics Report to be discussed and this was agreed.

Dr Peat declared an interest in Item 11, Mental Health Service Redesign Transformation (MHSRT) Programme – Option Review and Consultation Plan Reports, as a Consultant with Support in Mind Scotland.

#### **Assurance and Advisory Group Report**

It was noted that the report of the Assurance and Advisory Group had been published on Tuesday 27 June 2017. The Chairman felt it was a balanced report and a fair interpretation of the facts. It was noted that the Board had been briefed on the report on Tuesday. The Assurance and Advisory Group were impressed with the dedication and professionalism of the staff in NHS Tayside. There were, however, significant concerns about the financial future and the ability to deliver the 1 and 5 Year Plans and the transformation programme.

In response to this, the Director-General Health and Social Care/ Chief Executive of NHS Scotland and the Cabinet Secretary for Health and Sport had appointed a Transformation Support Team; to help deliver on these major issues and the transformation programme. The members of the Team were the Chief Executive, NHS Education Scotland, Director of Finance, NHS Grampian, Executive Director of Nursing, NHS Lothian and the Director of Human Resources, NHS Fife.

It was noted that the requirement for NHS Tayside to repay the brokerage to the Scottish Government had been put on hold by the Director-General Health and Social Care/ Chief Executive of NHS Scotland.

The Chairman commented on recent local media headlines about job losses at NHS Tayside. He highlighted that staff should be reassured that this was not true and while the staff profile was changing; this was not the same as job losses.

The Chairman encouraged all Executive and Non Executive Board Members to meet staff and be visible in the organisation. It was noted that at recent meetings with staff, staff had been keen to be included and wanted to be part of the solution.

The Chairman highlighted recent visits to the opening of the Whitehills Palliative Care Unit and attendance at the NHS Scotland conference at the SECC in Glasgow. There were good poster presentations from NHS Tayside, however, the Chairman felt there should have been a higher NHS Tayside profile and he encouraged staff to take part.

It was noted that Dr Miratul Muquit, a consultant neurologist at Ninewells Hospital and a scientist at the University of Dundee had received the prestigious 2018 Graham Bull prize in Clinical Science and Goulstonian Lecture at the Royal College of Physicians for his breakthroughs in understanding Parkinson's disease.

Dr James Chalmers, Discovery Fellow and Honorary Consultant Physician, Division of Molecular and Clinical Medicine, University of Dundee, received the Royal Society of Edinburgh, Patrick Neill Medal; this was an early career prize, for his outstanding research work on respiratory infections and his expertise in bronchiectasis. The Chairman highlighted that these were both young doctors who worked at Ninewells, and their success should be celebrated. It was agreed that the Chairman would send letters of congratulation to both doctors on behalf of Tayside NHS Board.

### **The Board noted the Chairman's update**

## **3. CHIEF EXECUTIVE'S UPDATE**

The Chief Executive highlighted these areas:

The TrakCare system had gone live the previous weekend; 25 June for in patients, 26 June for out patients and 28 June for the Emergency Department. This had been a major IT change and the Chief Executive thanked Business Unit, Medical Records and TrakCare staff for all of their work in getting the system live.

In respect of the British Heart Foundation Alliance Awards 2017 – an Integrated Care award was given to Susanne Christie and Connie Dunbar, Arrhythmia and Cardiac Rehabilitation Nurses Specialists from NHS Tayside and a Leadership and Engagement award had been given to Jill Nicholls from NHS Tayside as part of the Scottish Heart Failure Hub Co-ordinators, Scottish Government.

The Perth and Kinross Palliative Care Unit and the Dundee Locality Site Support Services had been awarded a Silver Healthy Working Lives Award and Perth Royal Infirmary and Kings Cross had been given a Cycle

Friendly Employer Award from Cycle Scotland. It was noted that Murray Royal and Ninewells Hospitals already had this award. The Chief Executive highlighted the importance of these awards in recognising staffs' health and well being.

**The Board noted the Chief Executive's update**

**4. AUDIT COMMITTEE ANNUAL REPORT**

**4.1 Annual Report of the NHS Tayside Audit Committee 2016/17 (BOARD64/2017)**

Mr Hay, Chair of the Audit Committee advised that in order to assist the Board in conducting a review of the effectiveness of the systems of internal control, the Code of Corporate Governance required that the Audit Committee submit an annual report to the Board describing the outcomes from the Committee to provide assurance to the Board that the Audit Committee, and the other Committees, have fulfilled their remits during the year. It was also a requirement that that Annual Report be presented to the Board meeting considering the annual accounts. It was noted that this report satisfied these requirements.

It was noted that this annual report was approved for submission to the Board at the Audit Committee meeting on 22 June 2017.

Mr Hay thanked Mrs Lisa Green, Committee Support Officer for her excellent support of the Audit Committee throughout the year.

- **The Board noted the Annual Report of the NHS Tayside Audit Committee 2016/17**

**5. Patients Private Funds – External Audit Report (BOARD66/2017)**

The Director of Finance spoke to this report. He advised that that the Audit Committee had considered in detail, on Thursday 22 June 2017, the Audit Findings Report, the Abstract of Receipts and Payments and the proposed Letter of Representation to Henderson Loggie, Registered Auditors.

It was noted that the abstract presented fairly on a receipts and payments basis the state of the funds administered by Tayside Health Board on behalf of its patients, for the year ended 31 March 2017.

The Board noted that a statement from Mr David Taylor of Henderson Loggie had been received advising of his intention to provide an unqualified audit certificate.

**The Board :**

- **Considered and adopted the Abstract of Receipts and Payments for the year ended 31 March, 2017, in respect of Patients' Private Funds, noting the terms of the proposed audit certificate from Henderson Loggie, appointed External Auditor;**
- **Authorised the Director of Finance and the Chief Executive to sign the Abstract of Receipts and Payments on behalf of**

**Tayside NHS Board;**

- **Considered the letter of confirmation, and authorised the Chief Executive to sign the letter on behalf of Tayside NHS Board;**
- **Considered the Letter of Representation to Henderson Loggie, and authorised the Chief Executive to sign the letter on behalf of Tayside NHS Board, and**
- **Considered and noted the contents of the Audit Findings Report from Henderson Loggie**

## **6. ANNUAL ACCOUNTS AND AUDIT**

### **6.1 Annual Accounts for the year ended 31 March 2017 briefing note (BOARD71/2017)**

The Director of Finance spoke to this briefing note. He reminded Board Members of the restricted circulation of papers and reports pertaining to the Annual Accounts.

It was noted that as NHS Bodies were not permitted to place their accounts in the public domain, prior to the formal laying of the accounts before the Scottish Parliament, copies of the Annual Accounts for approval and adoption could only be held and retained by Board Members at this stage.

The Director of Finance advised that the publication of such Accounts were governed by the provisions of the Public Finance and Accountability (Scotland) Act 2000. The Accounts would become available, when the NHS Tayside Annual Report was published, following the laying of the Accounts before Parliament.

- **The Board noted the statutory requirements placed upon it with regard to the restricted circulation of the Annual Accounts papers and reports**

### **6.2 NHS Tayside – Internal Control – Assurance by Audit Committee (BOARD67/2017)**

Mr Hay as Chair of the Audit Committee advised that at the Audit Committee meeting on 22 June 2017, the Committee undertook a review of the systems of internal control to allow it to approve the terms of the assurance report.

In undertaking this review the Audit Committee had considered:

- The Annual Reports and assurances by the other Standing Committees, including Best Value Assurances;
- The assurances provided by Service Auditors in relation to Practitioners Services Division, the National IT Services Contract, and the NHS Ayrshire & Arran National Single Instance Financial

Ledger Services (eFinancials) on behalf of 22 NHS Boards, including NHS Tayside;

- Internal Audit plans and reports considered by the Audit Committee during the year and the FTF Internal Audit 2016/17 Annual Report, noting the satisfactory conclusions of the Chief Internal Auditor;
- The Lead Officer's statement to the Chief Internal Auditor with regard to assurances on internal control and the Governance Statement;
- The Patient Exemption Checking report on progress around Patient Exemption Checking as a direct result of the checks undertaken by Counter Fraud Services, and
- The Audit Committee Annual Report for 2016/17 previously considered at item 4.1.

It was noted that Tayside NHS Board was required to consider this report, and the assurances therein, prior to agreeing that the Chief Executive, in her capacity as Accountable Officer for NHS Tayside, could sign the Governance Statement that accompanied the Annual Accounts for the year ended 31 March, 2017.

- **The Board considered the report, and the assurances therein, and agreed that the Chief Executive, in her capacity as Accountable Officer for NHS Tayside, may sign the Governance Statement that accompanied the Annual Accounts for the year ended 31 March 2017**

### **6.3 Annual Report on the 2016/17 Audit to the Board and the Auditor General for Scotland (BOARD84/2017)**

The Director of Finance noted that Board Members had received the Annual Report from the External Auditors, Audit Scotland. He advised that this report would also be submitted to the Auditor General on conclusion of the Annual Accounts.

It was highlighted that the Assistant Director (Audit Services) from Audit Scotland had presented this report to the Audit Committee on 22 June 2017 with senior members of the audit team also present.

It was noted that this was the first year of Audit Scotland's 5 year tenure as Tayside NHS Board's appointed external auditors.

The Director of Finance advised that in terms of content, the report recognised the financial challenges faced by the Board in recent years. The position around the submission of an unbalanced LDP to Scottish Government at the end of March for 2017/18 and the outstanding financial brokerage at the commencement of 2017/18 was highlighted. Audit Scotland had reflected on the criticality of the Transformation Programme in delivering efficiency savings.

It was noted in the report that the draft financial statements received from

management were of a good standard and had minimal disclosure adjustments.

Audit Scotland had identified eight accounting matters during the course of their work that they wished drawn to the Board's attention:

Audit testing identified an overdraw down of AME cover from Scottish Government in relation to provisions which was corrected. The circumstances under which this occurred were being considered by the Chief Internal Auditor to strengthen controls and this will be reported to the Audit Committee.

In line with Board's accounting policy, a small level of income that had been deferred has now been released to accurately reflect the year in which it was received.

Late in the audit process, Audit Scotland identified that a number of Boards had not complied with guidance in relation to the injury cost recovery scheme. It was estimated that the impact of this was an understatement of Board income of £1.9 million. This had been reported as an "unadjusted error" in the accounts. The value was below the materiality level set by Audit Scotland and did not affect the achievement of the Board's financial targets. It was noted that a letter had been issued separately to all Board members explaining this issue in more detail.

Audit Scotland commented on NHS Tayside's requirement to account for the transfer from the revaluation reserve to the general fund, in respect of actual depreciation, over depreciation based on historic cost. It was noted that this presentation had been corrected.

Issues in relation to Health and Social Care Integration, Tayside Health Fund and accounting on a Going Concern basis were provided for information. The final issue in respect of Governance Statements had now been concluded as letters had been received from the Chairs of the three Integrated Joint Boards' Audit Committees.

With regard to the financial statement disclosures, it was noted that Audit Scotland had identified no significant issues from this work and they did not disagree with the disclosures contained in the Governance Statement.

The Director of Finance advised that Audit Scotland had provided an unqualified audit opinion on the financial statements for the financial year 2016/17.

The Chairman noted the unqualified Audit opinion and thanked Audit Scotland for their support during 2016/17.

During discussion the issue of meeting performance targets as well as being able to maintain financial balance was highlighted. It was noted that this was an issue for all NHS Boards in Scotland. The national review of performance targets was awaited; however, there were national workforce shortages in speciality areas that would impact on meeting targets regardless of the availability of financial resource.

- **The Board noted the Annual Report on the 2016/17 Audit to the Board and the Auditor General for Scotland**

#### **6.4 Annual Accounts for the year ended 31 March 2017 – BOARD MEMBERS ONLY (BOARD83/2017)**

The Director of Finance presented the Annual Accounts for the year ended 31 March 2017. It was noted that the Board was required under the National Health Service (Scotland) Act 1978 to prepare Annual Accounts.

The Accounts for 2016/17 had been prepared in accordance with the Government Financial Reporting Manual (FReM) issued by HM Treasury which followed International Financial Reporting Standards (IFRS) as adopted by the European Union. The Accounts for 2016/17 included the consolidated accounts of Tayside NHS Board Endowment Funds and also the appropriate accounting for the three Tayside Integration Joint Boards.

The format of the Accounts was specified in the Financial Reporting Manual which incorporated the Scottish Government's guidance on the accounting policies to be followed in the preparation of the accounts and the additional financial returns.

This required the accounts to give a true and fair view of the state of affairs of the Health Board as at 31 March 2017 and of its operating costs for the year then ended.

The accounts provided a commentary on, and a financial analysis of, the Board's activities for 2016/17, together with the assurance certificates provided by the Board, and the opinion thereon of the Independent Auditor.

It was noted that the audit of the Financial Statements continued up to the point the accounts were signed. The accounts continued to be reviewed both by Audit Scotland and NHS Tayside as part of the finalisation and quality control processes since they were discussed at the Audit Committee on 22 June 2017.

As a result of these checks, five typographical corrections had been made to the documents to be considered by the Board. None of these had any impact on the outturn figure reported.

The amendments were noted as:

- Page 21 Governance Statement 1<sup>st</sup> bullet point removed word 'the' before 'Risk Management'
- Page 26 Governance Statement 1<sup>st</sup> line – 'in' at end of the sentence removed
- 3<sup>rd</sup> line – 'the' added before '2016/17'
- Page 34 Staff Report – Staff Composition 2017 female numbers total corrected to show 10,918 not 10,919
- Page 66 Note 11a – Property, plant and equipment (Purchased assets) – Consolidated and Board. Impairment charge corrected to read 1,712 not 1,172 under Building

It was noted that Boards were now required to prepare an annual report comprising a Performance Report, Accountability Report (which included the Governance Statement) and the financial statements. Board



Members were reminded that this replaced the previous requirement to provide Directors and Strategic Reports.

The Director Finance advised that the Accounts included a Governance Statement (pages 17 to 26) with three disclosures. These were noted as:

- Waiting Times (TTG) - The disclosure highlighted the 5,733 patients that exceeded the 12 week Treatment Time Guarantee in 2016/17. The comparable figure for 2015/16 was 3,522
- Enhancements During Leave - The disclosure highlighted balance of arrears of £2.276 million (including employers on costs) paid for the period to March 2015 during 2016/17. The disclosure recognised the additional accrual brought into the accounts for 2015/16 and 2016/17 together with the mitigation of the risk going forward through the implementation of an electronic solution effective from April 2017
- Finance - The disclosure highlighted the financial challenges faced by the Board in the last five years and the current unbalanced LDP submission for 2017/18. It recognised that the Board required further financial brokerage of £13.2 million in 2016/17, giving a total opening balance for 2017/18 of £33.2 million. It also referenced the work being taken forward through the Transformation Programme, which in conjunction with the National Initiatives, were key elements of returning NHS Tayside to a sustainable financially balanced position

It was noted that all disclosures had been discussed at Board, Audit and Finance and Resources Committee meetings during 2016/17.

It was noted that the Board was monitored against three Financial Targets namely the Revenue Resource Limit (RRL), Capital Resource Limit (CRL) and Cash requirement. In 2016/17 all Financial Targets had been met:

- Core RRL c£803.2 million against which there was an underspend of £0.117m;
- Non core RRL- c£50.4 million breakeven;
- Core Capital Resource Limit £10.355 million breakeven;
- Non Core Capital Resource Limit £4.339 million breakeven;
- Cash Requirement £863.4 million breakeven

The Board had delivered cash-releasing efficiency savings of £45.5 million (6.5%) of baseline funding in 2016/17. This included £23.4 million of recurring savings that equated to 51%. This represented a significant step change both in the level of efficiency savings delivered, and also the level identified as recurring, reported in recent years with the comparable figures for the previous year reported as £23.4 million (35%).

It was noted that Gross Operating Costs in year, prior to recognising income, were in excess of £1 billion which including capital spend meant that close to £2.9 million was spent in NHS Tayside each day.

Staffing costs were in excess of £0.5 billion in the last financial year (60% of net operating costs). It was noted that staff were critical to improving health and delivering effective healthcare and effective staff governance.

The financial results presented reflected the efforts of staff throughout the whole organisation. The Director of Finance thanked colleagues throughout NHS Tayside, as well as both the contributions of both Internal and External Audit for their efforts and contributions in achieving these results.

The Director of Finance also paid tribute to the finance team for producing once again an extremely high standard of accounts. The work to get the Annual Accounts to this stage was significant and all concerned were thanked for their work.

It was noted that whilst delivering a minor surplus for the year ended 2016/17; the Board recognised the non recurring sources of income that had enabled this position. The increasing challenge to maintain quality services and deliver financial sustainability whilst meeting greater demand and expectations remained a key focus. The Board had set in place a programme with strong foundations to build financial resilience and ensure NHS Tayside was fit for the future.

The Audit Committee at its meeting on 22 June 2017 gave detailed consideration to the Accounts, the proposed Letter of Representation and also the report of the Independent Auditor including the Unqualified Audit opinion on the Accounts.

The Chairman thanked the Director of Finance for his comprehensive presentation of the Annual Accounts for 2016/17. It was noted that the Audit Committee had scrutinised the Annual Accounts at their meeting on 22 June 2017. A briefing on the Annual Accounts had also been held for Non Executive Members on 15 June 2017. The Chairman asked if the Board had any further questions and none were brought forward.

The Chairman also thanked the Director of Finance and all of the finance team who had worked hard on the preparation of the annual accounts. He noted that the minor typographical errors reported had no material effect on the annual accounts. There was a small financial surplus in the context of a shortfall of £13 million against an unbalanced Local Delivery Plan. This was against expenditure in excess of £1 billion for the financial year.

It was noted that having reviewed the system of internal control and the draft accounts, including the proposed opinions by the External Auditor, the Audit Committee recommended to the Board that:

All losses and special payments, as noted in Scottish Financial Return (SFR) 18.0, should be approved as governed by Standing Financial Instructions Section 15.

The Board noted the External Auditor opinion on the Accounts;

The Chair of the Audit Committee move the adoption by the Board of the Annual Accounts for the year ended 31 March, 2017;

The Chief Executive and Director of Finance be authorised to sign the undernoted documentation on behalf of NHS Board

	Chief Executive	Director of Finance
1. Performance Report	✓	
2. Accountability Report	✓	
3. Primary Statements		
Balance Sheet	✓	✓
Other		
4. Letter of Representation to External Auditors	✓	

**The Board agreed these recommendations**

## **7. MINUTES**

### **Minute of meeting of 4 May 2017**

The Minute of the meeting held on 4 May 2017 was approved on the motion of Mrs J Golden and seconded by Dr R Peat.

## **8. ACTION POINTS UPDATE**

The action points update was noted and discussed.

**The Board noted the action points update**

## **9. OTHER MATTERS ARISING**

There were no other matters arising.

## **10. COMMITTEE CHAIRS' ASSURANCE REPORTS**

### **Audit (BOARD62/2017)**

Mr Hay highlighted the need to finalise the governance arrangements with the Integrated Joint Boards. It was noted that this was an ongoing action for the Audit Committee. A further update was due to the next meeting of the Audit Committee in August and would be reported back to the Board on 31 August 2017.

**The Board:**

- **Noted the Audit Committee Chair's Assurance report**

### **Clinical and Care Governance (BOARD61/2017)**

Mrs Rogers advised that this had been an extra meeting of the Clinical and Care Governance Committee to consider the Mental Health Service

## Redesign Transformation Programme Option Review.

Following a query from Mr Hussain, Mrs Rogers gave an assurance to the Board that the Clinical and Care Governance Committee had agreed that Option 3A was the only option that would provide safe and sustainable mental health services in Tayside for the future.

### **The Board:**

- **Noted the Clinical and Care Governance Committee Chair's Assurance report**

### **Staff Governance**

Mr Hussain advised that the Workforce Plan had been approved at the Staff Governance Committee on 22 June 2017. It had been circulated to all Board Members and was embargoed until sent to the Scottish Government. The importance of the Workforce Plan was highlighted, along with the need for it to be updated from the current workforce model to reflect the workforce that would be required in line with the transformational change.

In respect of the strategic risks reported to the Staff Governance Committee, an excellent risk assurance update had been presented on the nursing and midwifery workforce risk. It had been agreed that the medical workforce strategic risk should be jointly owned by the Director of Human Resources and OD and the Medical Director.

There had been a presentation from NHS Tayside employees who had attended the Young Scot Programme. It had been encouraging to see the young peoples' enthusiasm for their roles in NHS Tayside, and there needed to be talent management of young people coming into the organisation.

An assurance on fire safety had been requested in respect of the recent Grenfell Fire tragedy. It was noted that a verbal assurance was to be given later in the Board's agenda. It was agreed that a written report would be provided for the Staff Governance Committee and this would be circulated to all Board Members.

The low performance in respect of EKSF compliance had been highlighted again at the Staff Governance Committee.

Mrs Golden as Co Chair highlighted that the Lifelong Learning Agreement had been signed by the Chairman and herself at the Staff Governance Committee meeting on 22 June 2017. In relation to the Corporate Workforce Plan, she advised that this was a critical document that had to be a part of the Integrated Clinical Care Strategy.

### **The Board:**

- **Noted the Staff Governance Committee Chairs' verbal Assurance report**

## **PART A Matters on which discussion is expected**

### **11. Mental Health Service Redesign Transformation (MHSRT) Programme – Option Review and Consultation Plan Reports (BOARD57/2017)**

Miss Hamilton, Mr Russell, Mr Packham and Mrs Johnson were in attendance for this item.

The Chairman thanked the team for the work that had been undertaken in bringing the Mental Health Service Redesign Transformation (MHSRT) Programme – Option Review and Consultation to this point.

A presentation was given on the Mental Health Service Redesign Transformation Programme Option Review and Consultation Plan. Mr Packham advised that the team had attended a series of meetings, this was the penultimate meeting, and the Perth and Kinross Integration Joint Board, who would make the final decision on progressing to public consultation on the chosen option, would be held the following day. If approved, the public consultation would begin on 3 July 2017 and last for three months until 3 October 2017.

It was noted that this was the first change of significance to be considered through health and social care integration. The major change processes as outlined in the Scottish Government's CEL (2010) 4 Informing, Engaging and Consulting People in Developing Health and Community Care Services were being followed.

The key messages of the review were safety, sustainability, clinical viability, workforce availability, improved environments and the most efficient and effective use of resources.

It was noted that in relation to patient safety, a contingency plan had been put in place in February 2017 to maintain junior doctor rotas. There was a need to develop a sustainable model of care within the constraints of the available workforce whilst making best use of available facilities.

It was noted that the Perth and Kinross Integration Joint Board hosted in patient Mental Health and Learning Disability Services. The three Integration Joint Boards in Tayside were responsible for community mental health services.

The strategic intention was to improve mental health services for the population, and be able to anticipate and provide early intervention to respond to the changing needs of patients.

The strategic context was outlined. It was noted that the Tayside Mental Health Clinical Strategy presented to the Board in December 2015 had recognised the need to further shift the balance of care through enhanced community models that supported recovery, enablement and stepped care. The other drivers for this were noted as Realistic Medicine, the National Mental Health Strategy, Same as You and Keys to Life publications.

Councillor K Lynn arrived.

Mrs Johnson outlined the reasons for the review: the future sustainability of services, the recruitment and retention of staff, the use of supplementary staffing, medical workforce and rotas and the age profile of the workforce.

She advised of the significant risk in the availability of junior medical staff to cover three sites. To provide cover to two sites with locum doctors was very challenging. Supplementary consultant staffing required to be used at a cost in excess of current budgets of £1 million per year for ten locums and it was forecast a further thirteen staff members were due to retire in the next five years.

There were a significant number of Mental Health and Learning Disability Registered Nurses who were over 50 and likely to retire in the next 5 years. NHS Tayside needed to recruit approximately 50 nurses a year to maintain existing services with the predicted retirement rates. NHS Tayside had to be the employer of choice for student mental health and learning disability nurses. These were a highly sought after graduate workforce. 46 Mental Health Newly Qualified Practitioners (NQP) had applied to work in Mental Health and Learning Disability Services this year. There was clear geographical preference for NQP applicants – 31 NQPs had applied to work in Dundee with 18 in General Adult Psychiatry in patients, 11 in Perth and Kinross with 3 in General Adult Psychiatry in patients, and 4 applied to work in Angus with no applicants for General Adult Psychiatry in patients.

Miss Hamilton highlighted that despite issues with recruitment and retention, NHS Tayside had the highest Whole Time Equivalent (WTE) mental health in patient staffing levels and costs in comparison to the rest of NHS Scotland. Learning disability in patient costs were double compared to the rest of Scotland. However it was noted the community costs for mental health and learning disability in NHS Tayside were on par with the Scottish average. 94% of activity took place in the community and 6% in patients; yet the level of spend was more heavily weighted to in patient services and therefore there was a requirement to look at the current balance of resources and look to match resources with where the majority of activity took place.

The current accommodation for mental health and learning disability services in Tayside had also been reviewed. It was noted that Carseview in Dundee had historically been underutilised and in need of refurbishment, which had been planned for a number of years. Murray Royal Hospital and Stracathro were not being fully utilised and the Strathmartine site built in the 1980s was no longer fit for purpose and even with major refurbishment would not lend itself to provide modern mental health care in the future.

The process followed was outlined. This included option appraisal, option modelling, community modelling, workforce appraisal and financial appraisal. It was noted that a wealth of stakeholders had been involved in these processes.

The current in patient bed provision was shown in the presentation as well as for each of the options included in the report.

The option modelling that had taken place was noted and the four options were noted as :

### **Option 3A**

Single site for General Adult Psychiatry acute admissions and single site for Learning Disabilities

All General adult psychiatry acute admissions for Tayside to be provided at Carseview Centre along with the Tayside wide Intensive Psychiatric Unit (IPCU). This option would create a Centre of excellence for GAP services in Dundee.

Relocation of learning disabilities assessment ward, Behavioural Support and Intervention (BSI) ward and open forensic ward to Murray Royal Hospital within a combined/separate area ward at Moredun ward and the locked forensic LD ward into the Rohallion Unit. This would locate all specialist services on the Murray Royal site.

### **Option 4A**

2 site solution for General Adult Psychiatry acute admissions from Carseview and Susan Carnegie sites, however this was still technically a three site solution for medical cover as GAP rehabilitation and complex care remained at Murray Royal Hospital.

2 site solution for Learning Disability admissions Split across Carseview site and locked forensic learning disability ward at Rohallion on Murray Royal site in Perth.

### **Option 5A**

Two site solution for General Adult Psychiatry acute admission from Murray Royal Hospital and Carseview. This option is where GAP services sit currently through contingency and provides a two site solution with medical cover on two sites. This option also provides a two site solution for Learning Disabilities with services split across the Carseview Centre and a locked forensic Learning Disability ward at Rohallion on the Murray Royal site in Perth.

### **Option 8**

Different model. One single General Adult Psychiatry acute admission ward of 18 to 22 beds for the whole of Tayside

Three step down treatment wards, one in each of the three sites in Dundee, Perth and Angus

Although a single site solution for acute admission, this options was still a three site solution for medical cover

Two site solution for Learning Disabilities split across two separate wards on Carseview Centre and a forensic /locked Learning Disability ward at Rohallion on Murray Royal site in Perth

Each of these options had been considered in respect of safety and sustainability, clinical viability, workforce availability and financial

affordability. The key criteria used were outlined and the preferred option using this process and the overall ranking if the criteria were weighted equally was Option 3A. It was noted that this option did not score the highest from the option appraisal events but from a professional and clinical perspective, it was the only sustainable model for General Adult Psychiatry services in Tayside. This option was the best use of the available workforce to deliver safe and sustainable services for the future and was able to release resources for remodelling of community services within the total available financial resource.

A report on a recent visit by the Mental Welfare Commission to Strathmartine was positive about the care being delivered, but was critical of the environment. This option provided the opportunity to significantly improve the environment for learning disability patients and locate all Tayside wide specialist services on a single site.

This option also supported centres of excellence for General Adult Psychiatry in Dundee and Tayside wide specialist services in Perth, consistency of approach and reduction in variation of practice, improved patient safety, shared learning and supported teaching environments, enhanced provision of cross cover across specialities and sites and improved physical environments. Key concerns raised and areas which would require to be addressed were access for families and carers and links with community and day treatments centres.

Miss Hamilton advised that once approval had been given by the Perth and Kinross Integration Joint Board on 30 June 2017; the formal consultation process would begin on 3 July 2017. She advised that a meeting was to be held in the coming week with public partners and key stakeholder groups to take forward the planning for staff events, focus groups, meetings and other public events. It was noted that the consultation website would also be live on 3 July 2017. This would include all information related to the review and its consultation. Social media, feedback questionnaires and surveys would also be used. The Scottish Health Council had been involved throughout the process to date and would undertake a midpoint review of the consultation process in August 2017.

A full consultation report which would include the parallel piece of work being undertaken to scope out the community and day treatment remodelling required to support the model would be presented to Boards and Committees in December 2017 and January 2018; to seek final approval of the preferred option. A Business Case in line with the Scottish Capital Investment Manual guidance would then be prepared to secure funding for the required refurbishment.

The Chairman thanked the team for their comprehensive presentation and report. He advised that the Perth and Kinross Integration Joint Board would make the final decision and would take into account all comments made at the Board and the other committees during this process.

The delivery of the option would be jointly done by NHS Tayside and the three health and social care partnerships. This was not about buildings but was a vision for the delivery of mental health care and services across Tayside. He noted that there was very clear professional advice that



Option 3A was the only safe and sustainable option. The Board was asked to comment on and note the process that had been followed.

During discussion the following points were highlighted:

- NHS Tayside had no control over junior doctors and if the training rota was not sustainable; there would be no junior doctors.
- Enhanced community support was key to taking this option forward and planning would now proceed through a parallel piece of work undertaken with the support of the three health and social care partnerships to support the shift in balance of care to further enhance community services for the majority of the population
- Recent discussion of the review at the Area Partnership Forum was noted. An assurance had been sought that there would be the available nursing staff for Option 3A. Mr Russell advised that the national Mental Health Strategy had outlined a requirement for a significant amount of mental health staff in the next 10 years, but this was not necessarily mental health nurses, but staff with problem solving skills etc.
- The two Universities would be happy to assist and work with NHS Tayside to reshape curriculums to support the different service models
- All staff involved, and this included the learning disability staff, would be included in the consultation process and involved in bringing forward improvements to their services
- The access issues and needs of families and carers in respect of travelling had to be taken into account as did the management of moving through the inpatient service to a community service. It was noted that NICE guidelines on the management of transition of inpatient mental health services to community service would be followed
- GP training was critical to this and to a reduction in inappropriate referral
- Consideration needed to be given to the reshaping of and the reinvestment in community services as 94% of the mental health service was delivered in the community

**The Board:**

- **Noted the content of the Option Review Report and supporting Appendices**
- **Was strongly supportive of Option 3A as the only viable and safe option based on clinical advice**
- **Noted the comments that had been made in relation to workforce, both nursing and medical, that would be available for Option 3A**
- **Noted the process followed in undertaking the review and the level of engagement involved in the preparation and consideration of options for future General Adult Psychiatry and Learning Disability services**
- **Noted the methodology used to identify the preferred option and justification for its choice over other options considered**
- **Noted and commented on the consultation plan content (attached as Appendix 4) and noted the requirement to**

**proceed to a three month period of formal consultation in line with Scottish Government guidance on major service change**

- **Expected to see this progress at pace as there was potential for junior doctors to be withdrawn in the next 6 months following an inspection by the General Medical Council**

## **12. Shaping Surgical Services (SSS) (BOARD86/2017)**

The Chief Operating Officer was in attendance for this item. She gave the background to Shaping Surgical Services. She highlighted the decision taken by the Board at its meeting on 27 October 2016 to progress to increase the number of elective procedures undertaken in Perth Royal Infirmary, fully maximise capacity at Stracathro Regional Treatment Centre and establish a single-site acute receiving unit on the Ninewells Hospital site.

It was noted that it had been intended to go out to public consultation earlier, however, due to a number of factors including local authority elections and the general election this had not been possible. The timescale for the public consultation was now between 3 July and 3 October 2017, in line with the requirements of CEL (2010) 4 and major service change.

During discussion, it was noted that both this and the public consultation on the Mental Health Service Redesign Transformation (MHSRT) Programme would be coordinated separately so as not to cause confusion to the public. The Full Business Case on Shaping Surgical Services was scheduled to come back to the Board on 7 December 2017.

### **The Board:**

- **Noted the revised timetable for Shaping Surgical Services**

## **13. NHS Tayside Integrated Clinical Services Strategy (BOARD63/2017)**

The Medical Director spoke to this paper. He advised that this report gave the background to the work that was underway to progress the development of an Integrated Clinical Services Strategy for NHS Tayside. It was noted that this approach had been endorsed by the NHS Tayside Directors and the Chief Officers of the Health and Social Care Partnerships.

This Integrated Clinical Services Strategy pulled together all of the clinical strategies that had been developed over the past two years and would integrate fully the developing strategies of the Health and Social Care Partnerships. It would provide a description of what a future acute hospital estate would provide and what would need to be changed as a shift in the balance of care towards the community was realised. It would need to describe a system that was able to deliver with the available staff.

It was noted that this was a significant undertaking and there was not currently the strategic planning infrastructure in NHS Tayside to support this. Assistance had been provided from colleagues in NHS Lothian and additional support would be required to take this work forward.

The Chairman noted that this was a very important paper. It was vital that this work was carried forward at pace, but recognised the need to fully consult as the plan developed. The Strategy needed to be fully integrated with the three health and social care partnerships, it was important to involve the University of Dundee and concerns about capacity needed to be resolved.

The Medical Director advised that there was a need for additional support to be able to deliver specific elements of the Integrated Clinical Services Strategy. These were covered in the Project Initiation Document (PID). There was detailed discussion on the resource requirements that would be needed. It was felt that the required Programme Director and Project Manager support and resource had not been fully described in the report. The Board required assurance that there was the capacity and clear leadership to take this programme of work forward for delivery within the required timescale.

It was suggested and agreed that a further paper should come to the next meeting of the Board. The report would need to explicitly outline the resource required and how this was to be achieved. It was also agreed that there should be a progress update on the Integrated Clinical Services Strategy to every Board meeting.

It was noted that Internal Audit had previously highlighted the capacity in NHS Tayside to be able to deliver on strategies. It was noted that an assurance was needed on the delivery of strategies and maintaining the business as usual.

#### **The Board:**

- **Noted the progress to date in developing a programme of work to support the Strategy**
- **Noted the process by which the Leadership Team intend to achieve development of the Strategy**
- **Supported the resource requirement to establish the Leadership Team and required an assurance that the leadership should be focused and not distributed.**
- **Agreed that a further paper should come to the Board in August 2017 to outline the process and support to be provided.**
- **Advised this should be a single Strategy that covered NHS Tayside and each of the health and social care partnerships**
- **Agreed that an update on the NHS Tayside Integrated Clinical Services Strategy should come to every Board meeting**

Medical  
Director

Medical  
Director

#### **14. Corporate Financial Report for period ended 31 May 2017**

The Director of Finance gave a presentation on the financial position to the end of May 2017.

He advised that the Board was reporting an overspend position at the end of May 2017 of £1.623 million. The Board had submitted an unbalanced Local Delivery Plan (LDP) for 2017/18 to the Scottish Government Health and Social Care Directorate in May 2017. The results at the end of the May recognised a full two months of the £4 million identified in the LDP and this totalled £667,000.

It was noted that the Board contingency set aside as part of the Financial Framework had been provisionally released. This was to reflect the continued challenges around patient flow and hard to recruit medical posts and the available resource for existing cost pressures that needed to be prioritised had been phased in proportionately to May.

The Financial Planning Framework would be subject to rigorous and comprehensive review by the end of September. This was to consider risks and opportunities identify financial impact, timescales and milestones. It was highlighted that this had been the first recommendation in the Assurance and Advisory Group's report.

It was noted that agency and bank staff usage had been relatively static in May and overall the workforce level had fallen by 115 Whole Time Equivalent (WTE) in May 2017.

There was limited Family Health Services (FHS) prescribing information available as the actual data was two months behind. It was expected that there would be some benefits due from margin sharing arrangements; these were estimated at around £1.4 million. There was also the potential of a number of drugs coming off patent during June and July 2017. It was expected that the pattern of spend would change from then.

The finance teams from NHS Tayside and the health and social care partnerships had been working through annual accounts processes, as well as, having to provide significant amounts of data to the Assurance and Advisory Group and Ernst and Young. This had impacted on their ability to attribute efficiency savings to budget headings and this would now be the focus in 2017/18.

During discussion the following points were highlighted:

- It was disappointing that the run rate was £1.2 million per month. There was a need to accelerate the transformation programme over the coming weeks and months. Capacity had been stretched over the last three months of 2016/17 and there was now a need to ensure programmes were delivered within tight timescales
- The change in budgetary processes had to be accelerated. An assurance was sought that there was capacity to do this on top of the routine, day to day work. It was noted that there would be capacity with the additional support to be provided through the Transformation Support Team
- There was a query in respect of the accrual income in respect of the Cost Recovery Scheme and whether that was accounted for to date. It was noted that this was a late audit change and had been identified after this year's results had concluded. It would be included in the 2017/18 financial position

**The Board:**

- **Noted the presentation given by the Director of Finance on the Corporate Financial Report for period ended 31 May 2017**
- **Noted the acceleration of the Financial Framework in relation to pay and prescribing**
- **Noted that joint solutions were needed across the health and social care system**

The Board meeting stopped for lunch at 12:30pm and the meeting resumed at 1:10pm.

Mr Hussain and Councillor Reid left the meeting.

**15. STRATEGIC RISKS EXCEEDING RISK APPETITE**

**Perth Royal Infirmary Patient Flow and Capacity and Flow (BOARD68/2017)**

Dr A Cook spoke to this report. He advised that this since this report had been produced and circulated; further changes had required to be made to the bed compliment in Perth Royal Infirmary.

There had been further nurse staffing vacancies and six beds were removed from Ward 1 and from Tay Ward. This had a continued impact on the Perth Royal Infirmary site and the risk rating would not reduce.

During discussion the following points were highlighted:

- There was a need to ensure that Perth Royal Infirmary was a sustainable and vibrant clinical site for the future. Maintaining the functional integrity of Perth Royal Infirmary would be a key consideration of the Integrated Clinical Strategy. Arrangements were progressing in the interim to ring fence elective surgical beds on the Perth Royal Infirmary Site, manage the numbers of patients whose discharge was delayed and focus joint acute and health and social care partnership work on medical unscheduled flows
- There was detailed discussion on Shaping Surgical Services with the enhancement of elective general surgery at Perth
- Work was ongoing with the health and social care partnership to be able to deliver on the 72 hour standard for delayed discharges
- It was recognised that there was not the staff available to run the current models of care and the workforce availability was one of the key elements in future service planning

**The Board:**

- **Noted the performance against the key measures and current risk exposure rating**

### **Infection Management (BOARD65/2017)**

Mr Foulis noted the feedback that been received following the last Board meeting. He advised that there was a new risk manager in place and a short life working group had been established to review this strategic risk.

A more detailed report would therefore come forward to the August Board meeting.

#### **The Board noted:**

- **The strategic risk was currently under review;**
- **Current control mechanisms remain in place to mitigate the risk;**
- **The revised strategic risk would be reported to Tayside NHS Board in August 2017**

### **Strategic Financial Plan (BOARD85/2017)**

The Director of Finance advised that this had been discussed as part of his earlier presentation.

#### **The Board:**

- **Noted the assurance report provided on the strategic risk : Strategic Financial Plan**

### **Medical Workforce (BOARD75/2017)**

The Director of Human Resources and OD presented this report. He advised that this had been discussed in full at the Staff Governance Committee on 22 June 2017.

He advised there was to be a redefinition of this strategic risk. It was also proposed by the Staff Governance Committee that the risk be shared by the Director of Human Resources and OD and the Medical Director.

He highlighted the previous discussion on the Corporate Workforce Plan and the staffing requirements of new models of care.

It was noted that this strategic risk was reported through the Staff Governance Committee, but as a strategic risk that exceeded the Board's risk appetite, it was reported to every Board meeting.

#### **The Board:**

- **Noted the assurance report provided on the strategic risk : Medical Workforce**
- **Agreed the revised ownership of the risk, to be shared with the Medical Director**

### **Workforce Optimisation (BOARD76/2017)**

The Director of Human Resources and OD spoke to this report. He advised that this risk had been redefined and was outlined in the report. It

was noted that this strategic risk had moved from a very high risk rating to a high rating.

In respect of the current controls and the development of local partnership forums, it was noted that these were at different stages of maturity, and it was anticipated that all would work effectively. The importance of staff engagement was highlighted and this strategic risk would be managed appropriately.

**The Board:**

- **Noted the assurance report provided on the strategic risk :  
Workforce Optimisation**

**Nursing and Midwifery Workforce (BOARD77/2017)**

Mr Foulis spoke to this report. He re emphasised previous discussion on the need for more sophisticated workforce planning for the realignment of services.

He outlined the actions undertaken to mitigate this risk including the application of workforce tools, effective rostering and the monitoring of the nurse bank review action plan.

It was noted that of the nursing staff that had left, 12 to 14 had expressed an interest in returning and there were 8 applicants on the Return to Practice Programme with the aim to secure more. There were 24 applicants for the HNC initiative for Healthcare Assistants to become registered nurses and a recent RCN recruitment event had processed 19 new nurses. There had been no uptake, however, at a recruitment event at Glasgow Caledonian University on 28 June 2017.

Mr Foulis advised that at the last Board meeting on 4 May 2017, it had been suggested that there should be a dashboard presentation of progress against recruitment. It was noted that there was a recruitment and retention plan for each service area. The Chief Executive advised that as part of the assurance process, the Board should see how well NHS Tayside was doing against mitigating this risk and the outputs of the nursing workforce tools needed to be visible.

During discussion the following points were noted:

- There were constraints as the metrics were based on the current service models in place. Some of the work that required to be done would also need to be part of the Integrated Clinical Service Strategy
- Retention of staff was an important factor and the need to understand why staff were leaving was very important. It was noted that there were a number of factors and work would be ongoing between now and December on a range of initiatives to address this
- A possible contradiction between a centralisation of rosters and staff flexibility was raised. The Director of Human Resources and OD advised that individual requirements would be considered in

line with the standard suite of requirements

**The Board:**

- **Noted the assurance report provided on the strategic risk :  
Nursing and Midwifery Workforce**

Item 30. Establishing a Tayside and Scottish Resources for Robotically Assisted Surgery: Training, System Design, Research and Healthcare Delivery (BOARD59/2017) was taken next on the agenda. The Board moved into reserved business at 1:35pm and resumed open business at 1:50pm.

**PART B Other matters for note, information, reading**

**16. HAI control in Tayside for March and April 2017 (BOARD55/2017)**

Report BOARD55/2017 was noted

As per earlier requests, Item 17 was discussed in full.

**17. Key Metrics Report (BOARD87/2017)**

The Chief Operating Officer was in attendance as there were queries in respect of the Did Not Attend (DNA) rates, Child and Adolescent Mental Health Services (CAHMS) waiting times and the readmission rates at Perth Royal Infirmary.

In respect of DNA rates, it was highlighted there were 1,500 recorded. It was noted that this varied across specialities, with mental health and specialist services having the highest levels. There were a number of support and training initiatives in place and this was the focus of the Modernisation Outpatient Programme.

There was discussion about the DNA rates of new and return out patient appointments. It was noted that the return DNAs tended to be higher and a number of services had high new to review DNAs. This was a productive opportunity and was included as part of the out patients review.

There were a number of consultant vacancies across Scotland in CAHMS, and there were a number of vacancies within NHS Tayside that were proving very difficult to recruit to. This had impacted on CAMHS waiting times. It was noted that performance at the end of May 2017 had improved to 88%. It was highlighted that the provision of psychological therapies was also affected by staff availability.

There was discussion around the legal requirements of the Treatment Time Guarantee (TTG). It was noted that a report about applying a prioritisation process was to be discussed later in the agenda.

It had been highlighted that Perth Royal Infirmary had the highest readmission rates. Dr Cook advised that there was an ongoing review of this and some patterns were emerging. It was noted that this was reported and monitored through the Medicine Directorate Performance Review and the Unscheduled Care Board.



As noted in the Assurance and Advisory Group's report, there should be greater scrutiny of metrics and performance. It was suggested and agreed that the Key Metrics Report should be moved from Part B of the Board agenda to Part A. It was also agreed that there should be a cover report with the Key Metrics report to highlight issues to the Board.

**The Board:**

- **Noted the Key Metrics Report**
- **Agreed that the Key Metrics Report should be moved back into Part A of the agenda for discussion and should be accompanied by a cover report that brings items to the Board's attention**
- **Agreed that this report should include narrative on the outcome of any remedial action taken**

Chief  
Operating  
Officer

**18. Updates to NHS Tayside Code of Corporate Governance (BOARD70/2017)**

**The Board:**

- **Approved the amendments and updates to the Code of Corporate Governance as detailed in appendix 1 and as discussed at the Audit Committee on 22 June 2017**
- **Approved the communications process as detailed in paragraph 17 of the report**

**19. Registration of Interests 2017/18 (BOARD69/2017)**

The Board noted the Registration of Interests 2017/18.

**20. Culture and Collective Leadership (CCL) (BOARD56/2017)**

The Board noted Report BOARD56/2017 for information.

**21. Record of Attendance**

The Record of Attendance was noted for information.

**22. Minutes**

The following minutes were noted by the Board:

**Staff Governance Committee 14 March 2017**  
**Audit Committee 11 May 2017**

**RESERVED BUSINESS**

**23. Reserved Minute of meeting of 4 May 2017**

The reserved minute of the Board meeting on 4 May 2017 was approved.

**24. Reserved action points update**

The reserved action points update was noted and discussed.

**25. Committee Chairs' Assurance Reports**

The following reports were noted and discussed:

**Remuneration (verbal)**

**Transformation Programme Board (BOARD73/2017)**

**Transformation Programme Board (BOARD74/2017)**

**PART A**

**Matters on which discussion is expected**

**26. Risk Appetite for Waiting Times Performance and Financial Balance 2017-18 (BOARD88/2017)**

The Board approved the option put forward by the Directors

**27. Neonatal Intensive Care Unit (NICU) Capital Investment Project – Strategic Assessment (BOARD58/2017)**

The Board approved Report BOARD58/2017.

**28. Property Disposals**

**Land and Buildings, Keswick, 27 Gannochy Road, Perth (BOARD78/2017)**

Report BOARD78/2017 was approved.

**Land and Buildings, 5 Buchannan Place, Kinloch Rannoch (BOARD79/2017)**

Report BOARD79/2017 was approved.

**Land and Buildings, Former Liff Hospital, Sites A and B (BOARD80/2017)**

Report BOARD80/2017 was approved.

**Land and Buildings, Nurse's Cottage, The Square, Kenmore (BOARD81/2017)**

Report BOARD81/2017 was approved.

**29. Post Project Evaluation Report for Child and Adolescent Mental Service (CAMHS) Unit, Dundee (BOARD72/2017)**

The Board noted Report BOARD72/2017 and agreed that it should be submitted to the Capital Investment Group at the Scottish Government.

**30. Establishing a Tayside and Scottish Resources for Robotically Assisted Surgery : Training, System Design, Research and Healthcare Delivery (BOARD59/2017)**

This was discussed earlier in the meeting and the Board had agreed the recommendations in Report BOARD 59/2017.

**31. Update - At Risk Structures (BOARD82/2017)**

The Head of Property was in attendance and spoke to Report BOARD82/2017.

The Board noted the update in Report BOARD82/2017.

**32. Update – Fire Safety Assurance - verbal**

The Head of Property gave a verbal update on fire safety assurance.

The Board noted the update.

**PART B Other matters for note, information, reading**

**33. Staffing Issue (BOARD60/2017)**

The Board noted Report BOARD60/2017.

**34. Reserved Minutes**

The following Minutes were noted:

**Reserved Minute Staff Governance Committee 14 March 2017**

**Transformation Programme Board 6 April 2017**

**East of Scotland Research Ethics Services REC 1 21 April 2017**

**Transformation Programme Board 3 May 2017**

**Reserved Business Audit Committee 11 May 2017**

**35. Date of next meeting**

Thursday 31 August 2017 at 9:30am in the Board Room, Level 10, Ninewells Hospital.