

Minute

NHS Tayside

TAYSIDE NHS BOARD

Minute of the above meeting held at 09:30am on Thursday 31 August 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
Mr D Cross, OBE	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 (from item 7)
Dr R Peat	Non Executive Member, Tayside NHS Board (to item 13)
Councillor C Reid	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, OBE	Non Executive Member, Tayside NHS Board (to item 20)
Mrs S Tunstall-James	Non Executive Member, Tayside NHS Board

Executive Members

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

Apologies

Dr A Cook	Medical Director, Operational Unit
Councillor D Fairweather	Non Executive Member, Tayside NHS Board

In Attendance

Mrs J Alexander	Partnership Representative
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

Ms K Anderson	Director of Allied Health Professions (for item8.2)
Dr J Cotton	Consultant, Medicine and Cardiovascular (for item 8.2)
Ms S Dickie	Associate Nurse Director (for item 8.2)
Mrs J Duncan	Head of Corporate Communications (for item 8.2)
Mr Alan Gray	Director of Finance, NHS Grampian and Transformation Support Team

Mr G James	Transformation Programme Director (for item 8.1)
Ms C Lamb	Chief Executive NHS Education for Scotland and Transformation Support Team
Ms Sue Muir	Service Manager (for item 8.2)
Mr Alex McMahon	Executive Director Nursing, Midwifery & AHPs, NHS Lothian and Transformation Support Team
Professor D Nathwani	Co-Director of AHSP and Consultant Physician (for item 9)
Mrs Barbara Anne Nelson	Director of Workforce, NHS Fife and Transformation Support Team
Ms L Wiggin	Chief Operating Officer (for item 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 to the meeting. He advised that Part A items were for discussion and Part B items would be discussed if requested by Board Members.

It was noted that Mrs S Tunstall-James had requested that Item 18. HAI Control in Tayside for May and June 2017 and Item 20. Transformation Programme Annual Report 2016/17 should be discussed.

The Chairman advised that although the Director of Public Health Annual Report 2016/17 was included in Part B of the agenda, it was the intention to hold a Board Development Session at the end of January 2018, to have an in depth discussion of the report.

The Chairman reminded the Board that there was a Development Session after this meeting on strategic and financial planning and he encouraged Members to stay and take part in the session.

The Chairman paid tribute to the senior management team and clinicians. He acknowledged the huge amount of effort in ensuring that the organisation continued to deliver high quality care in acute and community set against the financial challenge.

Assurance and Advisory Group

The Chairman advised that progress against the recommendations of the Assurance and Advisory Group were included on the agenda for discussion. This work was being supported by the Transformation Support Team. The Chairman welcomed Mrs Caroline Lamb, Chief Executive NHS Education for Scotland, Mr Alan Gray, Director of Finance, NHS Grampian; Mr Alex McMahon, Executive Director Nursing, Midwifery &

AHPs, NHS Lothian and Mrs Barbara Anne Nelson, Director of Workforce, NHS Fife to the Board meeting for this discussion.

The Chairman gave an update on a recent national meeting of the NHS Board Chairs' Group. He advised that the national programme of transformation was moving at pace. There was a need for an alignment between local, regional and integrated partnerships in moving forward with workforce, clinical and financial strategy. It was noted that proposals were to be prepared within the next couple of months and there would be public consultation on these proposals.

It was noted that work was to undertaken by Professor Derek Bell, Royal College of Physicians of Edinburgh in respect of refocusing elective activity, due to slippage nationally in elective waiting times and the Treatment Time Guarantee (TTG).

There were no comments or questions to the Chairman.

The Board noted the Chairman's update

3. CHIEF EXECUTIVE'S UPDATE

The Chief Executive gave an update on the Mid Year Review meeting held with the Scottish Government Health Directorate on 16 August 2017. It was noted that Ms McLay, Professor Russell, Mr Bedford and Ms Wiggin had attended this meeting.

It was noted that the discussion had focussed on three areas; performance, delayed discharges and transformation. There had also been significant discussion on the financial situation and in particular the financial forecast based on the first quarter's financial results. It had been requested that this should be reforecast in partnership with the Chief Officers with a focus on workforce and prescribing.

This work was being done and an additional meeting of the Finance and Resources Committee was to be held on 12 September 2017 to consider these plans following discussion at the Transformation Programme Board on 7 September 2017.

There were no comments or questions to the Chief Executive.

The Board noted the Chief Executive's update

4. MINUTES

Minute of meeting of 29 June 2017

The Minute of the meeting held on 29 June 2017 was approved subject to the noting of the following amendments:

Page 41, Item 17. Key Metrics Report, 2nd paragraph first line to read,

"In respect of DNA rates, it was highlighted there were 1,500 recorded

each week". With this amendment noted, the Minute was approved on the motion of Mr H Robertson and seconded by Mrs J Golden.

5. ACTION POINTS UPDATE

The action points update was noted and discussed.

Professor Russell advised that the maternity services update sat within the Integrated Clinical Strategy. It was noted that the streamlining of the Transformation Programme was part of the discussion of the Assurance and Advisory Group's Report on this agenda.

The Board noted the action points update

6. OTHER MATTERS ARISING

There were no other matters arising.

7. COMMITTEE CHAIRS' ASSURANCE REPORTS

Audit

Mr Hay reported on discussion at the Audit Committee on 24 August 2017. He highlighted the Internal Audit report on the Annual Managed Expenditure Provisions (AME) advising that assurance had been provided that the issues identified should not occur again as changes to processes had been put in place.

Also highlighted was integrated financial reporting and consideration was to be taken of the process used in NHS Fife. A recurrent theme throughout the whole of the Audit Committee had been IJB /health and social care partnership governance. It was noted that this was a work in progress and there was still some way to go for this to be resolved.

The Chairman advised of discussion with the Board Secretary and the Chief Internal Auditor. It was noted that a key principles and framework document about this was to be circulated later that day for comment.

The Board:

- **Noted the verbal assurance report given by Mr Hay, Chair of the Audit Committee**

Clinical and Care Governance

Mrs Rogers gave a verbal update on the discussion at the Clinical and Care Governance Committee on 17 August 2017. She advised that all eight strategic risks that reported to the Clinical and Care Governance Committee had been discussed in detail. It was highlighted that the Managed/2C Practices risk score had increased to above the risk appetite and would therefore be regularly reported to the Board.

It was noted that the Clinical and Care Governance Committee had approved the Terms of Reference and the Annual Report of the Clinical Quality Forum ; the Annual Report of the Donation Committee (a very

positive report with NHS Tayside doing extremely well); the Department of Spiritual Wellbeing, Quality Care Professional Governance Strategy ; the good news story about the sustainability of the Family Nurse Partnership; the Responsibility for Prescribing between Secondary and Primary Care Policy and the environmental actions that had been taken at Murray Royal Hospital.

The Board:

- **Noted the verbal assurance report given by Mrs Rogers, Chair of the Clinical and Care Governance Committee**

Councillor K Lynn arrived

Finance and Resources

Mr Cross reported on the discussion at the Finance and Resources Committee on 17 August 2017. There were a number of items supported by the Finance and Resources Committee that were part of today's Board agenda such as Neonatal Intensive Care Unit Capital Investment Project – Initial Agreements and the Ninewells Infrastructure Project. Updates had also been given on property disposals, Key Performance Indicators and the Car Leasing Policy had been adopted.

The main issues to highlight were related to the financial position. It was noted that the overspend position at June 2017 was a £2.4 million overspend; this position had worsened by a further £1.2 million at July 2017. There was a significant overspend on pay with nursing having the highest spend. Despite closing 60 beds there had still been an increase in agency costs of 16% and bank nursing costs had also increased. No adequate explanation had been given on these costs continuing to rise. This was unacceptable to the Committee and further work had to be done to contain these costs.

Mr Cross advised that the prescribing overspend was at £1 million and other non pay overspend was £900,000. The Finance and Resources Committee had taken the view that this was extremely disappointing and there was a strong concern that the Transformation Programme was not delivering at the pace required.

The detail of the forecast outturn had been received by the Committee at an earlier stage than previous years and it showed an extremely worrying position. The risk assessment of the efficiency programme showed a shortfall of £10 million. The view of the Finance and Resources Committee was the scale of overspend was not yet fully understood and there was an urgent need to address outliers.

The Finance and Resources Committee had requested recovery plans in respect of the shortfall, however, there was significant concern about the effectiveness of these plans and alternative plans would need to be developed.

The Chairman advised that financial performance and forecast were to be discussed later in the agenda. It was also noted that there would be focussed discussion at the additional Finance and Resources Committee

on 12 September 2017 when financial prioritisation would also be considered in detail.

The Board:

- **Noted the verbal assurance report given by Mr Cross, Chair of the Finance and Resources Committee**

Staff Governance (BOARD94/2017)

Mr Hussain advised that in addition to this report and the verbal reports he had given to the Board on 29 June 2017; the other areas he wished to highlight to the Board were:

- In respect of ethnicity monitoring, this should also include Islam
- The Workforce Plan needed to take account of the Transformation Programme, the Integrated Clinical Strategy and the demographic challenges that these highlighted
- For horizon scanning, it was critical that iMatter was mainstreamed in the organisation and was sustained at an appropriate pace. There should be further monitoring of the effectiveness of the local partnership fora

The Board:

- **Noted the assurance report given by Mr Hussain and Mrs Golden as Joint Chairs of the Staff Governance Committee**

Transformation Programme Board (BOARD107/2017)

The Chairman advised that the Transformation Programme Board was now held in open business at the request of the Assurance and Advisory Group following discussion with staff side regarding transparency. He highlighted that NHS Tayside was already transparent, in that it held most of its Standing Committees in public, and had done so for over twelve years and was currently the only NHS Board in Scotland to do so.

The Employee Director advised that the staff side grievance had been set aside and she felt that meetings were back on track.

The Chairman highlighted discussion at the Transformation Programme Board on the medicines management update, revised financial targets, the pain pathway and prescribing targets and standardised shift patterns. The 72 hour target in respect of delayed discharge was also not being met mainly in Perth Royal Infirmary and the reasons for this were complex.

The recommendations of the Assurance and Advisory Group Report were being considered through the Transformation Programme Board; with support from the Transformation Support Team.

The Board:

- **Noted the assurance report given by Professor Connell as**

Chair of the Transformation Programme Board

PART A Matters on which discussion is expected

8. ASSURANCE AND ADVISORY GROUP RECOMMENDATION REPORT ACTION PLAN

8.1 Assurance Advisory Group Recommendations Progress Report (BOARD112/2017)

The Chief Executive and Mr G James spoke to this report. They highlighted the processes that had been put in place and in particular outlined in detail the tracker report that was reviewed on a weekly basis as well as daily huddle meetings.

It was noted that there was a Weekly Executive Review Team that included Directors, the four Chief Officers and staff side representatives. The weekly update of the tracker was submitted to the Transformation Support Team along with a summary dashboard, to assess progress.

It was highlighted that there were lead Directors for and staff side colleagues attached to each of the recommendations.

Work had been undertaken with the Transformation Support Team to develop an outcomes framework for each of the 10 recommendations. There was also a detailed Engagement Plan.

During discussion it was highlighted that there was an extremely tight timescale to deliver on what was required. There was a significant amount of work to be undertaken including the delivery of a revised planning and budgetary process along with engagement. It was noted there would be further discussion at the Board Development Session later on the planning and budgeting processes. It had been recognised that there would be limited process with this in 2017/18, however, it would be fully in place in 2018/19. There was a Project Steering Group chaired by the Director of Strategic Change and this involved core operational and health and social care partnership representatives as well as clinical directors, HR and clinical group managers.

Concern was still expressed around the timescale and the ability to provide the relevant assurances to the Assurance and Advisory Group and the Scottish Government Health Directorate.

In relation to a query on the escalation of issues, it was noted that the Chief Executive discussed progress with the Chair of the Transformation Support Team on a weekly basis, there was a weekly review with Ms Yvonne Summers as well as daily contact with the Team. The Transformation Programme Board would be used as a first escalation point and thereafter this Board; this would be taken forward in conjunction with the Chair of the Transformation Support Team.

Ms C Lamb, Chair of the Transformation Support Team advised there were two key recommendations; in the short term taking rapid action to get a grip of the current financial position and the implementation of the Integrated Clinical Services Strategy to move into a sustainable position in

the longer term.

It was noted that the an assessment of the NHS Tayside position would be submitted by the Transformation Support Team to the Assurance and Advisory Group at the end of September for onward transmission to the Scottish Government Health and Social Care Directorate. The NHS Tayside Executive Team had been asked to provide their own assessment against the recommendations and provide the evidence against the measures. This would be reviewed by the Transformation Support Team before submission.

In relation to workforce, there was a query on the progress that could be made in relation to workforce issues. It was noted there were legacy issues in respect of workforce systems. Analysis was being undertaken and workforce trajectories with an expected level of spend on a week by week and month by month basis were available; as well as maintaining safe staffing, this would also minimise the use of supplementary staffing costs. This was a joint piece of work largely led by the Associate Nurse Directors.

It was noted that there were also a whole series of actions in the finance outcomes papers that covered these workforce issues. These would be discussed when the Director of Finance presented his paper. It was intended that by the end of September 2017, there would be clear workforce intelligence available leading to better management of the workforce.

The Director of Human Resources and OD advised that the national EASS workforce system was to be introduced in NHS Tayside in the last quarter of this financial year. Work was ongoing to ensure that this system was fit for purpose and fitted with the payroll system.

It was noted that the current focus was on supplementary costs, and this was in the main, in the nursing staff group. It was recognised that other staff groups were above the benchmark against other NHS Boards and there had to be redesign across all job families.

The Board:

- **Noted the overall progress made to date**
- **Noted in relation to Recommendation 1 – The Forecast Outturn and Further Action Plan**
- **Noted in relation to Recommendation 2 – The adoption and deployment of the revised Business Planning and Budgeting Process**
- **Noted and continued to support Recommendation 3 – The creation of an Integrated Clinical Strategy and the “Setting Our Strategic Direction” event on the 5 / 6 September 2017**

8.2 NHS Tayside 'Integrated Clinical Strategy (BOARD111/2017)

Dr J Cotton, Ms S Muir, Ms S Dickie and Ms K Anderson were in attendance for this item. The Chairman gave the background to the requirement from the Assurance and Advisory Group that there should be by December 2017, evidence of an Integrated Clinical Strategy; that had been developed in partnership with the health and social care partnerships, local authorities and third sector.

The Nurse Director noted the collaborative effort and multi disciplinary approach that had been put in place since June 2017 to develop the Integrated Clinical Strategy. This built on the work that had been taken forward when the Clinical Strategy had been approved by the Board in June 2015 along with the subsequent individual service strategies.

It was noted that the Integrated Clinical Services Strategy was aligned to recommendation three of the Assurance and Advisory Group's report. Critical challenge was being provided by the Transformation Support Team and support was also being received from colleagues in NHS Lothian and NHS Grampian.

The Medical Director highlighted that some of the content of this paper had been updated since it was discussed at the Transformation Programme Board. He advised that the Strategy to come back to the Board in December would reflect the resource available and would not include the status quo. He advised that Dr Cotton was in attendance to provide comment from a medical perspective.

Dr J Cotton advised the Board that the Integrated Clinical Strategy and the wider engagement plan were right for NHS Tayside. The status quo was not an option; there was a different workforce and financial landscape across secondary, community and primary care. This covered not only medical but all other clinical staff including nursing staff, Allied Health Professional staff.

Mrs S Dickie advised that all clinicians wished to be engaged in the development of the Integrated Clinical Strategy and this was ongoing with frontline staff.

Ms Anderson advised the leadership team were currently engaging with established groups; these covered both management and professional staff groups and included the professional advisory structure.

Ms Muir outlined the engagement processes, groups had been identified and discussion was ongoing. It was expected that this process would be concluded in the first week in October.

The Chairman noted that the report to come to the Board in December would include key principles for the Board to sign up to and these would then be delivered at pace. He highlighted that Public Health needed to be part of the engagement process and the Director of Public Health confirmed this.

There needed to be full public engagement of the Integrated Clinical Strategy. Ms Muir advised that this was part of the communication and engagement plan and would be discussed later in the agenda.

During discussion the following points were highlighted:

- In response to a query , it was noted there was GP representation on the leadership team for the Integrated Clinical Strategy
- The inclusive approach undertaken was commended; however, it was unclear what the Board would see in December. It was noted that the document in December would be a distillation of the various pieces of work, including surgical services, ambulatory care, and the distribution of elective care and the provision of unscheduled care. This would assist the Board in making necessary decisions on the future direction of travel
- The Board would need to see a route map and timescale of at least the next 12 to 18 months, outlining the development of options and the associated detail. This was the first step in the process to develop this and the leadership role of the Integration Joint Boards in supporting commissioning decisions was highlighted. This process also had to be timed and aligned with regional and national processes.
- It was again highlighted that the Board required a timetable around when future decisions would need to be made
- In respect of regional working, it was noted that a draft Regional Plan was to be submitted at the end of September 2017. There was potential for the regionalisation of certain clinical services and these elements would be reflected in the Strategy

The Chairman asked Mr McMahon of the Transformation Support Team to comment. He advised this was the right start and was going in the right direction. There was a need for a strong, strategic planning infrastructure to be in place in NHS Tayside, to be able to support and take this forward at pace. As previously discussed, it was important there was a timeline for the Board on what would be expected and by when.

The Chief Executive gave an overview of the key discussion points including the status quo was not acceptable, there needed to be confidence in decision making, there was good engagement and a sensible approach was being taken in the development of the Integrated Clinical Strategy. Regional elements had been highlighted along with the requirement for corporate levels of resource and support.

The level of approach to workforce modelling was being considered and in respect of planning capacity, work was being progressed to identify resource in this area and progress would continue at pace.

The Board noted:

- **The development of the Integrated Clinical Strategy was aligned to recommendation 3 of the NHS Tayside Assurance and Advisory Group Report, June 2017**
- **The governance for the programme of work will be managed by the NHS Tayside Transformation Programme Board and was being supported by the Transformation Support Team (TST)**
- **Progress in developing a programme of work to support**

- **development of the Strategy**
- **The Team membership and dedicated resource supporting the programme**
- **The communication and engagement programme of work has commenced**
- **The request for the Integration Joint Boards to consider this update report at their next Board meetings**

The Board supported:

- **The presentation of a Draft Integrated Clinical Strategy Staging Report at its meeting in December 2017. Noting that this would capture the work of the Leadership Team to date, with plans and assurance on further work to be completed on the Strategy within this financial year**

Medical
Director

Communications and Engagement Approach and Action Plan in response to Assurance and Advisory Group report

Mrs J Duncan was in attendance and spoke to the Communications and Engagement Approach and Action Plan in response to the Assurance and Advisory Group (AAG) report.

She highlighted that this was an evolving plan and would respond to emerging issues and be used according to the organisational need. The plan was aligned to the national direction of travel as well as the key messages of the national Health and Social Care Delivery Plan, National Clinical Strategy and the Realistic Medicine report.

It was noted that everyone in NHS Tayside was responsible for communication and engagement and this approach and action plan would only succeed if each member of staff understood that they have a role to play and felt equipped to communicate and engage well.

The stakeholder analysis and communication and engagement principles were outlined.

There were three levels of communications and engagement in the plan: building on 'Business as Usual' activities, direct response to the key recommendations of the AAG Report and the 'What's Different?' activities.

There would be a further focus on staff engagement and an overview was given of each element in the action plan. The anticipated outcomes and impact of the communications and engagement priorities was noted.

Mrs Duncan advised the only challenge was the capacity to deliver. Engagement was staff resource intensive and could not only rely on the Communications and Public Involvement Team; it was important that all were involved.

During discussion the following points were noted:

- This was a well-thought out document and the Communications Team were congratulated on a clear document and the work undertaken was also acknowledged
- It was felt that mapping was hugely important to meaningful and sustainable engagement. The involvement of community engagement workers was welcomed along with a co production approach in truly engaging with people
- There was a huge amount of work required to change behaviours both internally and externally. It was felt that there was not sufficient expertise in NHS Tayside to be able to achieve this
- The focus on staff engagement and staff being ambassadors for NHS Tayside was welcomed. This linked with the cultural strategy discussed at a recent meeting of the Staff Governance Committee
- It was highlighted that work was ongoing to engage the local media as a partner in communication and engagement. This was documented in the plan for the Integrated Clinical Strategy
- Further discussion would be taken forward on the points raised with Mrs Duncan, Mrs Dunion and Mr Doherty

The Board:

- **Noted the progress and supported the deployment of the Engagement Plan**

8.3 Forecast Outturn and Further Actions (BOARD110/2017)

The Director of Finance spoke to this paper. He advised that this was an iterative process and he stressed the significant amount of work that had been done following the production of the first quarter results.

It was noted that all NHS Boards had to submit full forecast outturns to the Scottish Government Health & Social Care Department. This was the outer limit of what the Board was forecasting for the year end. This position had been derived from detailed reviews at service level with a final review undertaken by the Chief Executive and Director of Finance with the 4 Chief Officers.

It was noted that an earlier draft of this forecast had been considered at the Finance and Resources Committee on 17 August 2017; where a detailed level of debate had taken place and this had been described earlier by the Chairman of the Finance and Resources Committee.

It was noted that the Financial Framework agreed in March 2017 had a £50 million efficiency requirement to deliver financial breakeven. The Financial Framework identified a programme of efficiencies totalling c£46 million of which £5m was reported as being as high risk of delivery recognising both timing and in year opportunity to deliver. It was noted that an unbalanced Local Delivery Plan had been submitted to Scottish

Government of the remaining £4m balance.

The second table on page 2 detailed the current status of the efficiency programme savings. It was noted that this showed £36 million deliverable against the c£46 million included in the Financial Framework. This gave a shortfall of £9.8 million in addition to the £4 million unbalanced position. The table at the top of page 3 provided the detail on the key areas of shortfall. It was noted that these were workforce and care assurance, service redesign and productive opportunities and Integration Joint Boards' prescribing.

There was a c£5 million shortfall in the workforce programme. A range of actions were being taken and additional measures put in place and the Director of Finance gave an overview of these.

There was a shortfall of £1.6 million in service redesign and productive opportunities. Delayed discharges were above target and this remained a significant issue at Perth Royal Infirmary. This was priority discussion with the Perth and Kinross Health and Social Care Partnership. There had also been discussion at the recent Finance and Resources Committee on complex delayed discharges and alternative solutions.

In respect of prescribing there had been detailed discussions with key members of the prescribing teams in the health and social care partnerships. The information available currently showed a forecast outturn of an overspend of £4.7million. £2 million of this was part of the unbalanced Local Delivery Plan. Whilst early indication that some initiatives were ahead of plan, a further range of initiatives were being pursued and identifying the key initiatives where the locality support needs to be directed that will best support effective prescribing.

It was highlighted that if nothing changed the forecast outturn would be £13.3 million. This was not an acceptable position for NHS Tayside and key actions were being taken to urgently address this situation. This would be discussed at the Directors meeting on 4 September, the Transformation Programme Board on 7 September and the additional single item agenda meeting of the Finance and Resources Committee on 12 September 2017.

A further range of actions were being pursued that will necessarily take account of the risk appetite for decisions. This work was being undertaken in partnership and all opportunities open to the Board were being considered.

Mr Bedford reiterated that the financial outturn was very clearly one of the absolute metrics the Board will be assessed on this year.

Mr Alan Gray from the Transformation Support Team stressed the importance of NHS Tayside containing it's spend in the final seven months of the financial year.

The Chairman noted, this overspend position was not acceptable and options had to be brought forward at pace to be discussed at the additional Finance and Resources Committee on 12 September 2017.

There was discussion about the number of patients domiciled in Fife who were part of the delayed discharge cohort. It was noted that the respective Directors of Finance were in discussion about this. There was also work ongoing with the Chief Operating Officer and the Medical Director – Operational Unit to enable Fife patients to get rehabilitation.

The Chief Executive advised that the Integrated Clinical Strategy was the long term vehicle for change. In the short term progress had to be shown against the forecast outturn. There was no room for error and the figure given to the Scottish Government at the mid year review had to be achieved.

If decisions were not taken in respect of workforce and prescribing, then they would have to be taken on other areas of the system. It was highlighted that one mobile theatre had already been removed and another was planned to move out in October. This approach would need to be taken in other areas too.

During discussion the following points were noted:

- It was not acceptable that low risk savings were not being achieved when it was now three months into the financial year. It was also unclear how nursing agency costs had increased when 60 beds had been removed from the system. The Nurse Director advised that there was still the same level of clinical activity and same size of estate despite this reduction in beds. Analysis had been undertaken and it was anticipated that a change in practice will make a difference. There were workforce tools that were used that mandated safe staffing levels against funded establishment. It was noted that work had been ongoing nationally and this would be used to challenge and build on compliance. This work would evidence recommendation 4 of the Assurance and Advisory Group's report on the appropriate delivery of the workforce toolkit and this approach had been adopted at a dedicated session on 14 August 2017. The outcome of a nursing benchmarking exercise with NHS Grampian was expected at the end of September. There had also been engagement with the Chief Nursing Officer and a meeting was to be held on 12 September 2017 with the national workforce lead at the Scottish Government Health and Social Care Directorate on what the future workforce needed to be.

The Chairman highlighted that the Board had to be assured that changes in place were happening and they did not just receive updates on process. The current position mandated a more urgent approach. The Finance and Resources Committee on 12 September would need to see what was proposed, what would happen and by when.

Mr Cross as Chair of the Finance and Resources Committee noted that NHS Tayside was spending well above its available resource and benchmarked highly against other NHS Boards. It was imperative that much more be done to get into financial balance. NHS Tayside had not shown the Scottish Government Health and Social Care Directorate that it had the resolve to reduce the financial deficit. It was imperative that proposals came to the Finance and Resources Committee on 12

September 2017 to address this situation. He invited all Board Members to attend this meeting for this important discussion.

The Chief Internal Auditor stressed the importance of delegating authority for budgets down through the organisation and giving staff authority to manage and have responsibility for budgets. The organisation needed to achieve these short term changes to be able to achieve the longer term sustainable position.

The Chief Executive noted there was an outstanding balance of £13 million to meet. If non contract nursing agency staff was stopped, this would account for £2million saved over the remainder of the year. A proposal was therefore to be submitted through the Transformation Programme Board and the Finance and Resources Committee to stop all non contract agency staff. Other areas would also need to be considered and the Board and the Executive would need to be prepared to take these decisions.

The Chairman noted that the focus of this discussion had been in the main on the Director of Finance and the Nurse Director. He highlighted that the Executive Team had a collective responsibility to deliver a good financial outcome and all of the directors should work as a team to deliver on this.

The Board noted:

- **the identified shortfall**
- **the actions in place to erode the financial gap**
- **an additional Finance and Resources Committee had been arranged on 12 September, 2017, to consider the risk assessed action plan prior to submission to Scottish Government Health & Social Care Directorate (SGHSCD)**

8.4 New Business Planning and Budgeting Process – update (BOARD109/2017)

The Director of Finance spoke to this report. He advised that this process had been started earlier in the year. The process was also more aligned with local authority processes.

A process had also been established to engage with the service areas and in particular those at the clinical and operational levels of responsibility. This process was based on the National Services Scotland (NSS) model and would be discussed in more detail at the Board Development Session after this Board meeting.

Mr Cross as Chair of the Finance and Resources Committee noted that this had been awaited for some time and had been discussed at the Finance and Resources Committee over a long period of time. This gave managers authority to make decisions. It was important that there was regular and further engagement with managers about this process .

The Board:

- **Agreed the programme cycle for business planning and budgeting for preparation of the financial planning framework for 2018/19 and future years**
- **Agreed to the establishment of a BPR Group with executive and non-executive membership to provide oversight and scrutiny to the process, meeting in October and December 2017 in accordance with the programme cycle and timetable**
- **Noted that the overall process will be governed by the Finance and Resources Committee**

The Board agreed to take Item 10 next on the agenda.

9. Supporting Research and Innovation in NHS Tayside: Challenges and Potential Solutions (BOARD95/2017)

Professor Nathwani was in attendance for this item and spoke to this report. He highlighted the importance of the Board supporting and investing in research despite the current fiscal challenges. He commented that successful high performing healthcare organisations stand out because they do this. The benefits of investing in these areas are many including better clinical care with improved outcomes, improved staff recruitment and retention, enhanced culture of excellence and local economic growth. Many were accrued over a medium to long term, therefore the need for the Board to take a medium to long term view was emphasised.

He highlighted potential immediate and long term benefit that if successful the Taycities Deals bids could bring to NHS Tayside. This proposal built on local strengths in health skills, design and medical technologies to create a biomedical cluster.

In respect of research, Professor Nathwani outlined the need to support and make time available for NHS clinicians to undertake research. The research revenues to NHS Tayside were significant and the opportunity to develop this capacity and capability across the professions needed to be further supported. For example, NHS Tayside was also the only NHS Board in Scotland that gave dedicated research funds from the Tayside Academic Health Science Centre (TASC) to support nurses and allied health professionals.

There was also a recognition that it had become increasingly difficult for NHS clinicians to get support to be able to undertake research and the view seemed to be that research could only be undertaken if it brought in revenue to the system. The broader benefits of a research and innovation active healthcare community were again highlighted. The importance of allowing NHS Tayside clinicians to collaborate with the academic community for mutual benefit was also raised.

The report requested the establishment of a short life working group to examine the current challenges with a view to recommending potential solutions. This proposal was supported by the Board

Professor Nathwani then spoke about the broader innovation agenda outside the traditional domain of research. The importance of NHS staff starting or participating in innovation had been highlighted by a number of national strategies. NHS Tayside needed to support the Academic Health Science partnership (AHSP) in creating an Innovation Hub to support this ambition. It would require dedicated resources as outlined in the supporting paper. The Board was asked to consider this request and seek potential funding opportunities across the sectors and partnerships.

The report also asked NHS Tayside to contribute to a running budget of £20,000 per year for the development of this Hub and assist in the funding of an NHS Business Projects Lead.

It was acknowledged that this was £20,000 as a proportion of a £1 billion budget; however, there was a requirement to achieve financial balance. This had to be seen against the need to innovate and ensure that NHS Tayside had the ability to recruit and retain staff and achieve its long term strategic goals.

It was agreed that funding should have been discussed and identified before the report was discussed at the Board. The recommendation for support of a Hub and an NHS Business Projects Lead was supported in principle, subject to further discussion about the identification of a source of funding between the Academic Health Science Partnership and NHS Tayside.

The Board:

- **Fully supported this paper and the opportunity to work together to review the current and future capacity and capability of NHS Tayside staff to participate in research activity**
- **Agreed to the establishment of a short life working group to take this forward and report back to the Board within 6 months with recommendations**
- **Was committed to driving innovation within NHS Tayside**
- **Supported in principle the recruitment of an NHS Business Projects Lead for an initial period of 3 years and the provision of a running budget for a Tayside Innovation Hub and agreed there should be further discussion of how this would be funded between Professor Nathwani and the Chief Executive**

**Prof D
Nathwani**

STRATEGY

10. Development of the North of Scotland Regional Delivery Plan (BOARD108/2017)

The Chief Executive spoke to this report. It was noted that this was a work in progress and the timescale of the submission of draft plans from the relevant NHS Boards, to the North of Scotland Regional Delivery Plan, by end of September /beginning of October 2017.

It was noted that a briefing would be given to the Board at the

Development Session arranged on 28 September 2017 and there would be detailed discussion at the Transformation Programme Board on 5 October 2017.

The draft would be submitted thereafter and would come to the Board on 26 October 2017 for noting. Board approval was sought for this process and this was agreed.

**Chief
Executive**

The Board:

- **Endorsed the approach being taken to develop the Regional Delivery Plan within the North of Scotland**

The Board meeting stopped at 12:55pm for lunch and resumed at 1:25pm

PERFORMANCE

11. Corporate Financial Report for period ended 31 July 2017 (BOARD116/2017)

The Director of Finance spoke to this report. It was noted that this information been covered in the discussion of the Forecast Outturn and Further Actions report earlier in the meeting.

The Board:

- **Noted the current position and supported the actions being taken by management to contain spend, wherever practical, and to minimise the over commitment against available resource**

12. NHS Tayside Key Metrics Report (BOARD117/2017)

Ms Wiggin was in attendance and spoke to this report. It was noted that TTG performance was ahead of the trajectory submitted to the Scottish Government. This was against the reduction in the outsourcing of activity , a reduction in elective activity to accommodate an additional emergency theatre and the removal of a Vanguard unit.

It was noted that specific actions had been taken to have two new day surgery lists at Perth Royal Infirmary and additional capacity was being utilised at Stracathro Hospital.

During discussion the following points were noted:

- The inclusion of the summary paper was really helpful and should be continued
- The psychological therapies position was not predicted to improve over the next few months due to vacancies, maternity leave and sickness absence
- A bid had been submitted to the Scottish Government for additional monies for a small number of out-patient specialities

- The Board had agreed a risk based approach to waiting times and signed off the trajectories at an earlier meeting
- Elective targets were a key national priority, however, this had to be managed against a non negotiable financial balance position
- It would be helpful if the summary paper included where changes to pathways and processes had been made such as the work that had been done on the medical readmission rates at Perth Royal Infirmary
- It would be useful to have the information broken down by socio-economic profile, as areas such as childhood obesity appeared to be flat-lining, but if broken down further, would show that this was increasing in those from poorer backgrounds. It was noted the Public Health Team could assist with this further analysis

The Board:

- **Thanked the Chief Operating Officer and noted the summary update on current performance against all of the standards/measures contained within the Key Metrics Report**

RISK

13. Strategic Risk Profile (BOARD118/2017)

The Board Secretary spoke to this report. She highlighted that the Strategic Risk Profile was reported to the Board twice per year and this reporting included the Datix reports that supported each of the strategic risks.

It was noted that the strategic risks that exceeded the NHS Tayside risk appetite were reported to every Board meeting. As previously discussed this would now include the strategic risk covering Managed/2C practices.

The Strategic Risk Profile gave the Board the opportunity to look at the strategic risks as a whole.

The Chairman asked Mr Hay as the Chair of the Audit Committee if this was the correct approach to risk and Mr Hay confirmed that it was.

There was detailed discussion in respect of the Managed/2C practices strategic risk. It was noted that there were a number of issues that affected this risk including workforce and the cost pressures associated with locums, practice issues, boundaries and patient lists. All of these affected the ability of practices to sustain the current provision of service.

It was noted that discussion was ongoing in respect of the new GP contract and while this would have an impact; it was likely that this strategic risk would remain at a relatively high score.

The Board:

- **Acknowledged this report as a pre-requisite to the presentation of the papers in relation to strategic risks exceeding the agreed risk appetite level for the**

- organisation
- Considered the Board Assurance Framework which included the Strategic Risk Profile (Appendix A) and individual risk reports from DATIX
- Noted the updates in respect of the Person Centeredness, Infection Management, Delivering Care for Older People, Capacity and Flow and Maternity Services Strategic Risks, the work undertaken with Mental Health and general risk management

Dr Peat left the Board meeting.

14. Strategic Risks reported to Board

Waiting Times and RTT Targets (BOARD119/2017)

The Board:

- Noted the assurance report provided on the Waiting Times and RTT Targets Strategic Risk

NHS Tayside Estate Infrastructure Condition (BOARD113/2017)

The Board:

- Noted the assurance report provided on the NHS Tayside Estate Infrastructure Condition Strategic Risk

Sustainable Primary Care Services (BOARD99/2017)

The Board:

- Noted the assurance report provided on the Sustainable Primary Care Services Strategic Risk

15. Strategic Risks exceeding risk appetite

Infection Management (BOARD100/2017)

The Board:

Noted the assurance report provided on the Infection Management Strategic Risk

Capacity and Flow (BOARD104/2017)

The Board:

Noted the assurance report provided on the Capacity and Flow Strategic Risk

Strategic Financial Plan (BOARD115/2017)

The Board:

Noted the assurance report provided on the Strategic Financial Plan Strategic Risk

Medical Workforce (BOARD101/2017)

The Board:

Noted the assurance report provided on the Medical Workforce Strategic Risk

Nursing and Midwifery Workforce (BOARD105/2017)

The Board:

Noted the assurance report provided on the Nursing and Midwifery Workforce Strategic Risk

Mental Health Services – Sustainability of Safe and Effective Services (BOARD102/2017)

The Board noted:

Noted the assurance report provided on the Mental Health Services – Sustainability of Safe and Effective Services Strategic Risk

PART B Other matters for note, information, reading

16. Director of Public Health Annual Report 2016/17 – Transformational Public Health (BOARD92/2017)

The Board:

- **Considered the Report for information**
- **Noted the progress made against 2015/16's recommendation**
- **Supported the recommendations for 2017/18**
- **Noted that a Board Development Session on the Director of Public Health Annual Report 2016/17 – Transformational Public Health was to be held at the end of January 2018**

17. Property and Asset Management Strategy 2017-2022 (BOARD90/2017)

The Board:

- **Noted the content of the draft Property and Asset Management Strategy 2017-2022 and associated draft Appendices**
- **Approved the publication of the Property and Asset Management Strategy 2017-2022 and associated Appendices**

18. HAI control in Tayside for May and June 2017 (BOARD96/2017)

Mrs Sheila Tunstall-James had requested discussion of this item. She asked about the programme of directorate walk arounds and it was noted that discussion was ongoing about this.

The Board:

- **Noted Report BOARD96/2017**

19. Infection, Prevention and Control Annual Report 2016/17 (BOARD97/2017)

The Board:

- **Approved the Annual Report.**
- **Noted the Infection Control & Management Annual Work Plan (AWP) outcomes for 2016/17**

20. Transformation Programme Annual Report 2016/17 (BOARD98/2017)

Mrs Sheila Tunstall-James had requested discussion of this item. She queried the Did Not Attend (DNA) on return information as outlined in page 41 of the report, the potential for an additional 12,500 appointment slots per year and highlighting that the value of this variation to NHS Tayside (based on an average cost of £120 per appointment) was over £11 million.

It was noted that work on DNAs was undertaken through the Modernising Outpatients Programme. It was noted that this could be a difficult issue to address as those who did not attend were those that were in most need of being seen. This work was part of the Integrated Clinical Strategy and would be part of the staging report to come to the Board in December 2017.

The Director of Public Health highlighted his concern that the DNA issue widened health inequalities and he welcomed the use of technology in addressing these issues.

- **Noted the Transformation Programme Annual Report 2016-17**

Professor M Smith left the meeting.

21. Non Executive Membership of Standing Committees and Proposed Changes to the Term of Office Chair/Vice Chair of Angus and Dundee Integrated Joint Boards (IJBs) (BOARD93/2017)

The Board :

Approved the following Committee appointments :

- **Councillor D Fairweather – Audit Committee**
- **Councillor Ken Lynn – Audit Committee and Finance and Resources Committee**
- **Councillor Crawford Reid – Clinical and Care Governance Committee**
- **Dr Robert Peat - Remuneration Committee**

Approved the change to the Term of Office of the Chairs and Vice Chairs of the Angus and Dundee IJBs from one to two years effective from October 2016

22. Record of Attendance

The Record of Attendance was noted for information.

23. Minutes

The following minutes were noted by the Board:

Clinical and Care Governance Committee 11 May 2017

Finance and Resources Committee 18 May 2017

Transformation Programme Board 1 June 2017

Transformation Programme Board 28 June 2017

Awaiting Committee Approval

Audit Committee 22 June 2017

Staff Governance Committee 22 June 2017

Transformation Programme Board 6 July 2017

RESERVED BUSINESS

24. Reserved Minute of meeting of 29 June 2017

The reserved minute of the Board meeting on 29 June 2017 was approved.

25. Reserved action points update

There were no reserved action points for this meeting.

26. Committee Chairs' Assurance Reports

The following reports were noted and discussed:

Remuneration (BOARD106/2017)

Area Clinical Forum

PART A

Matters on which discussion is expected

27. Ninewells Infrastructure Project (BOARD89/2017)

The Board agreed the recommendations in Report BOARD89/2017

28. Neonatal Intensive Care Unit Capital Investment Project – Initial Agreement (BOARD103/2017)

The Board agreed the recommendations in Report BOARD103/2017.

29. Community Clinic in Bridge of Earn (BOARD114/2017)

The Board agreed the recommendations in Report BOARD114/2017.

PART B Other matters for note, information, reading

30. Staffing Issue (BOARD91/2017)

The Board noted Report BOARD91/2017

31. Reserved Minutes

The following Minutes were noted:

Area Clinical Forum 20 April 2017

Clinical and Care Governance Committee 11 May 2017

Finance and Resources Committee 18 May 2017

Clinical and Care Governance Committee 12 June 2017

East of Scotland Research Ethics Services REC 1 16 June 2017

Awaiting Committee Approval

Area Clinical Forum 1 June 2017

Audit Committee 22 June 2017

Remuneration Committee 22 June 2017

Staff Governance Committee 22 June 2017

32. Date of next meeting

Thursday 26 October 2017 at 9:30am in the James Murray Suite, Murray Royal Hospital