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

NHS Tayside

Tayside NHS Board

A meeting of Tayside NHS Board **Performance and Resources Committee** will be held at **9:45am on Thursday 14 April 2022 via Microsoft Teams**

Apologies/enquiries to: Ms Pauline Ireland, 01382 660111 extension 55761 or email pauline.ireland1@nhs.scot

	AGENDA	LEAD OFFICER	REPORT NUMBER
1.	**WELCOME AND APOLOGIES**		
2.	**DECLARATION OF INTERESTS**		
3.	**MINUTE AND CHAIR'S ASSURANCE REPORT**		
3.1	Minute of the Performance and Resources Committee meeting of 10 February 2022 – for approval	Chair	
3.2	Chair's Assurance Report to the Board following the Performance and Resources Committee of 10 February – for noting	Chair	Attached
4.	**ACTION POINTS UPDATE AND MATTERS ARISING**		
4.1	Action Points Update	K McKay	Attached
4.2	Matters Arising		
5.	**TERMS OF REFERENCE, COMMITTEE ASSURANCE AND WORKPLAN**		
5.1	Performance and Resources Committee Assurance and Workplan 2021/22 – for noting	Chair	Attached
5.2	Performance and Resources Committee Terms of Reference, Assurance and Workplan 2022/23 – for decision	K McKay	PRC27/2022
5.3	Record of Attendance 2021/2022 – for noting		Attached
6.	**ITEMS FOR ASSURANCE**		
	Financial Planning and Monitoring		
6.1	Revenue Financial Report for Period Ended 28 February 2022 / Long Term Financial Sustainability Risk Assurance Report (risk ref 724) / Financial Annual Plan Risk Assurance Report (risk ref 849)	K McKay	PRC08/2022
6.2	Capital Financial Report and Programme Update Period Ended 28 February 2022 / Prioritisation & Management of Capital Funding Risk Assurance Report (risk ref 636)	L Lyall	PRC08/2022
6.3	Best Value Review	S Lyall	PRC10/2022
	Performance Monitoring		

6.4	a) Performance Report	H Barnett	PRC11/2022
	b) Remobilisation Plan 2021/22 Action Tracker		PRC12/2022
	10 minute comfort break		
6.5	Prescribing Efficiencies Programme Report	D Coulson	PRC13/2022
6.6	Secondary Care Medicines Update	L Wiggin	PRC14/2022
6.7	Workforce Information Report	G Doherty	PRC15/2022
	Asset Management		
6.8	Estates Infrastructure Risk Assurance Report (risk ref 312)	J Paterson	PRC16/2022
	Digital Strategy		
6.9	NHS Tayside's Digital Health and Social Care Strategy (2022 – 2027)	L Khalique	PRC17/2022
6.10	Assurance Report on eHealth Cyber Security Attack Strategic Risk (risk ref 680)	A Gentles	PRC18/2022
6.11	Assurance Report on eHealth Technical Infrastructure and Modernisation Programme Strategic Risk (risk ref 679)	A Gentles	PRC19/2022
7.	**ITEMS FOR DECISION**		
7.1	Performance and Resources Committee Annual Report 2021/22	S Lyall	PRC20/2022
8.	**ITEMS FOR AWARENESS**		
8.1	Internal Control Evaluation	S Lyall	PRC21/2022
	RESERVED BUSINESS OF THE COMMITTEE IN ACCORDANCE WITH THE GUIDE TO THE EXEMPTION UNDER THE FREEDOM OF INFORMATION (SCOTLAND) ACT 2002		
9.	**MINUTES AND RESERVED BUSINESS CHAIR'S ASSURANCE REPORT**		
9.1	Reserved Minute of the Performance and Resources Committee Meeting held on 10 February 2022 – for approval	Chair	Attached
9.2	Reserved Business Chair's Assurance Report to the Board following the Performance and Resources Committee of 10 February – for noting	Chair	Attached
9.2	Minute of Asset Management Group Meeting held on 17 March 2022 – for noting	L Lyall	Attached
10.	**ACTION POINTS UPDATE AND MATTERS ARISING**		
10.1	Reserved Action Points Update	S Lyall	Attached
10.2	Matters Arising		
11.	**ITEMS FOR ASSURANCE**		
11.1	Draft Strategic Revenue Financial Plan 2022/23	S Lyall	PRC22/022
11.2	Draft Five Year Capital Plan 2022/23 to 2026/27	L Lyall	PRC23/2022

11.3	National Treatment Centre – Tayside Programme Update	L Wiggin/ K Wilson	PRC24/2022
11.4	Property Disposal Update	J Henderson	PRC25/2022
11.5	Transition from London Inter-Bank Offered Rate (LIBOR) to Sterling Overnight Index Average (SONIA) on PFI Projects Update	J Paterson	PRC26/2022

12. MEETING REFLECTIONS AND CONSIDERATION OF MATTERS FOR CHAIR'S ASSURANCE REPORT FOR TAYSIDE NHS BOARD MEETING ON 28 April 2022

13. The next meeting of the Performance and Resources Committee is at **9.45am on Thursday 9 June 2022**

Ms Pat Kilpatrick
Chair
Performance and Resources Committee
April 2022

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

DISTRIBUTION

MEMBERS

Mrs Jenny Alexander
Ms Anne Buchanan
Mr Peter Drury (Vice Chair)
Cllr Eric Drysdale
Ms Pat Kilpatrick (Chair)
Mr Donald McPherson
Cllr Bob Myles

REGULAR ATTENDEES

Prof Grant Archibald
Mr Mark Anderson
Mrs Hazel Barnett
Mrs Lorna Birse-Stewart
Mr George Doherty
Mr James Henderson
Mr Laic Khalique
Mrs Louise Lyall
Mr Stuart Lyall
Mr Raymond Marshall (APF)
Ms Karen McKay (Lead Officer)
Mr John Paterson
Ms Lorna Wiggin

FOR INFORMATION

Mr Bob Benson
Mr Niall Deuchar
Mrs Claire Pearce
Ms Margaret Dunning
Cllr Ken Lynn
Mrs Trudy McLeay
Dr Norman Pratt
Prof Peter Stonebridge
Audit Scotland
FTF Internal Audit

Minute **NHS Tayside**
TAYSIDE NHS BOARD
PERFORMANCE AND RESOURCES COMMITTEE - OPEN BUSINESS

Minute of the meeting of Tayside NHS Board Performance and Resources Committee held at 9:45am on **Thursday 10 February 2022** via Microsoft Teams.

Present:
Mrs Jenny Alexander, Non Executive Member & Employee Director, Tayside NHS Board
Mrs Anne Buchanan, Non Executive Member, Tayside NHS Board
Mr Peter Drury, Non Executive Member, Tayside NHS Board (Vice Chair)
Cllr Eric Drysdale, Non Executive Member, Tayside NHS Board
Ms Pat Kilpatrick, Non Executive Member, Tayside NHS Board (Chair)
Mr Donald McPherson, Non Executive Member, Tayside NHS Board
Cllr Bob Myles, Non Executive Member, Tayside NHS Board

Attendees
Prof Grant Archibald, Chief Executive, Tayside NHS Board
Mrs Hazel Barnett, Director of Performance and Activity, NHS Tayside
Mr Ally Gentles, Head of Operations, Digital Directorate, NHS Tayside
Mr James Henderson, Property Asset Manager, NHS Tayside
Ms Pauline Ireland, Committee Support Officer, NHS Tayside
Mr Laic Khalique, Director of Digital Technology, NHS Tayside
Ms Karen Kidd, Senior Finance Manager, NHS Tayside
Mrs Louise Lyall, Head of Finance – Capital & Resources, NHS Tayside
Mr Stuart Lyall, Director of Finance, NHS Tayside
Mr Brian Reynolds, Business Unit Service Manager, NHS Tayside
Mr John Ruddy, Energy Officer, NHS Tayside *(Item 6.6)*
Mr Philip Wilde, Property Environmental & Quality Manager, NHS Tayside *(Item 6.6)*

Apologies
Mr Mark Anderson, Head of Property, NHS Tayside
Mr George Doherty, Director of Workforce, NHS Tayside
Mr Raymond Marshall, Representative Area Partnership
Mr John Paterson, Director of Facilities, NHS Tayside
Ms Lorna Wiggin, Chief Officer Acute Services, NHS Tayside

Ms Kilpatrick in the Chair

1. WELCOME AND APOLOGIES

ACTION

Ms Kilpatrick welcomed all to the meeting and introduced Mr Brian Reynolds, Business Unit Service Manager to his first Performance and Resources Committee meeting.

Apologies were noted as above.

2. DECLARATION OF INTERESTS

There were no declaration of interests.

3. MINUTE AND CHAIR'S ASSURANCE REPORT

3.1 Minute of the Performance and Resources Committee Meeting of 14 October 2021

The open Minute of the Performance and Resources Committee meeting of 9 December 2021 was approved on the motion of Mr McPherson and seconded by Mr Drury.

3.2 Chair's Assurance Report to the Board following the Performance and Resources Committee meeting of 9 December 2021

The Committee noted the Chair's Assurance report to Tayside NHS Board meeting of 16 December 2021.

4. ACTION POINTS UPDATE AND MATTERS ARISING

4.1 Action Points Update

Members were asked to note the Action Points Update and noted the status of each action point.

Mr Drury noted the Cyber Incident Response Tabletop Review and highlighted the importance of this exercise. He highlighted the general feedback from all groups who participated in the exercise was that all staff require to be educated in the signs of phishing emails and the process on how to report phishing emails correctly. Mr Gentles noted this key point and advised members that work was progressing on a national level regarding additional security for emails and noted that if a member of staff was in any doubt regarding an email they had received, they must report it immediately to the IT Service Desk.

Mr McPherson noted that awareness among staff as to the severity and impact that a cyber-attack could have on the organisation was discussed at the Cyber Incident Response Tabletop Review and queried what was NHS Tayside's position in regard to such an attack. Mr Khalique advised that discussions regarding cyber-attack were progressing nationally and NHS Tayside continue

to follow national advice.

The Committee noted the Action Points Update

4.2 **Matters arising**

No other matters were discussed.

5. **COMMITTEE ASSURANCE AND WORKPLAN 2021/2022**

5.1 **Performance and Resources Committee Assurance and Workplan 2020/21**

The Committee were asked to note the Committee Assurance and Workplan 2021/22.

The Committee:

- **Noted the Performance and Resources Committee Assurance Workplan 2021**

5.2 **Record of Attendance 2021/22**

Ms Buchanan advised that she had sent her apologies for the meeting held on 9 December 2021. Mr McPherson noted that he was in attendance at the meeting on 9 December 2021. The Record of Attendance would be updated accordingly. **PI**

6. **ITEMS FOR ASSURANCE**

6.1 **Revenue Financial Report for period ended 31 December 2021 / Long Term Financial Sustainability Risk Assurance Report / Financial Annual Plan Risk Assurance Report (PRC01/2022)**

Ms Kidd spoke to the report and provided members with a brief summary of the key points. Members heard that the report provided moderate assurance based on the current forecast outturn and the outstanding confirmation from Scottish Government Health Finance Corporate Governance and Value Directorate (SGHFCGVD) on outstanding funding allocation adjustments anticipated in the final quarter of the financial year.

It was noted that NHS Tayside were in the financial position to repay the £4.0m of outstanding brokerage from 2019/20 as previously indicated in a letter received from Richard McCallum, Director of Health Finance and Governance, Scottish Government on 13 May 2021. This would mean that NHS Tayside would report a break-even position in 2021/22, and have no outstanding debt / brokerage with Scottish Government.

Ms Kidd reported an overspend of £1.3m as at 31 December 2021; ahead of financial plan trajectory of £1.5m overspend, and fully delivered savings of £27.0 million. Covid-19 and remobilisation costs were projected to be £61.8m

in 2021/22 and it was anticipated that these costs would be fully funded by Scottish Government.

Strategic Risk 723 current risk exposure rating remained at 20, and planned risk exposure at 12, due to the continued level of uncertainty with regard to Covid-19 and remobilisation funding in future years. SGHFCGVD have requested a one-year financial plan for 2022/23, with a return to a three year planning cycle, due to be submitted in July 2022.

Strategic Risk 1033 current risk exposure rating had been reduced to 12, from 16, in line with the planned risk exposure of 12. The update to the risk rating reflects further clarity around the funding allocations for 2021/22 and current position against financial plan trajectory.

Following discussion regarding 'managing the rate of spend', Mr Lyall emphasised to members that NHS Tayside were in a financial position to pay the £4.0m of outstanding brokerage to Scottish Government and provided assurance that this repayment had been part of the three year planning cycle.

Mrs Alexander welcomed the report and congratulated Mr Lyall and the Finance Team for their commitment and hard work in producing such a positive report. She noted the use of supplementary staffing for Support Services totalling £1.8m for 2021/22 and queried why there was £0.8m of an underspend for Support Services. Ms Kidd advised that the £0.8m underspend was inclusive of the supplementary costs of £1.8m and a detailed breakdown of these costs would be provided to members in due course. KK

Mrs Alexander noted the ongoing issue of recruitment and retainment of staff within Support Services and queried if this issue had been escalated further. Prof Archibald advised that a major recruitment drive was being undertaken with the Estates Department and provided assurance that NHS Tayside were committed to employing staff directly which was recognised as value for money.

Ms Kilpatrick noted the supplementary costs of £23.0m for Nursing and Midwifery and in particular the £11.3m nurse bank costs and asked for assurance that a review process of these costs was in place. Mr Lyall provided assurance that a robust process was in place to review these supplementary costs and noted that there had been great demand on the workforce during the last two years which had reflected in said costs.

Following brief discussion, members agreed moderate assurance was provided from the report

The Committee:

- **Noted the content of the Revenue Financial Report for period ended 31 December 2021**
- **Noted a reduction in the current risk exposure rating to level 12 for the Finance Annual Plan 2021/22 Risk**
- **Noted a detailed breakdown of supplementary costs for Support Services would be provided at the next Performance and Resources Committee meeting on 14 April 2022**

- **Agreed moderate assurance was provided from the Revenue Financial Report for period ended 31 December 2021**

6.2 **Capital Financial Report and Programme Update for Period Ended 31 December 2021 / Prioritisation & Management of Capital Funding Risk 636 Assurance Report (PRC52/2021)**

Mrs Lyall spoke to the report and noted that the purpose of the report was to advise the Committee of NHS Tayside's financial performance against the Five Year Capital Plan 2021/22 to 2025/26 for the nine months to 31 December 2021.

The key points highlighted were as follows:

- The total capital programme expenditure to 31 December 2021 is £15.164 million, which is 46% of the total forecast outturn, and includes Covid-19 expenditure of £1.103 million.
- Ring-fenced allocations and adjustments of £11.923m were currently anticipated in 2021/22, and highlighted in Table 4.
- Additional capital funding of £2.997m had been provided by SGHFCGVD for Covid-19 capital costs in 2021/22.
- There was no change reported to the risk exposure ratings since the last report presented to members on 9 December 2021. The current risk score of 20 reflects the financial position as at month 9 and the continued risk of further slippage in planned expenditure.

Mrs Lyall noted that the report provided an update on the major projects, the business considered at the recent Asset Management Group meetings, and decisions taken under delegated authority in line with the Code of Corporate Governance.

Referring to the five year plan appendix Ms Kilpatrick noted the scale of the National Treatment Centre – Tayside (NTC-T) costs and queried why there had been such an increase from the Initial Agreement. Mrs Lyall advised that since the Initial Agreement had been approved several years ago there have been a number of factors which have impacted on the indicative cost, including change of location and building cost inflation. Mrs Lyall advised that the indicative cost will continue to change until the target price is agreed at the Full Business Case stage. Mr Lyall added that there was a clear audit trail of the increase in costs, and was reviewed regularly by the Project Board.

Cllr Drysdale echoed Ms Kilpatrick's concerns regarding the high level of cost increase for the NTC-T and queried if there was scope to increase resource to move the project forward quicker to mitigate against any further inflation cost increases. Mr Lyall advised that there was a full team working on this project, and discussions were taking place with a view to increasing capacity within the Property Team. Mrs Lyall noted that the timescales were also impacted by the NHS Assure process business case approvals requirements.

Ms Kilpatrick noted the funding detailed in the report for the Radiotherapy Equipment Rolling Replacement Programme (RRP) and sought clarity as to

whether this funding would be incorporated in to the proposed new Cancer Centre funding requirement. Mrs Lyall advised that the Radiotherapy Equipment RRP was agreed at a national level, and ring fenced funding was allocated from Scottish Government to support the programme. Mrs Lyall also advised that the preferred option for the Cancer Centre project would be determined through the business case process, which will in turn inform where the planned replacement equipment will be sited.

Ms Kilpatrick noted the minor projects funding and queried the level of funding for Primary Care. Mrs Lyall advised that there was an annual earmark of £400,000 for Primary Care Premises to support minor refurbishment and investment proposals. Discussions continue around the development of a Primary Care Premises Strategy, which will support the development of business case for larger scale projects and requests for additional funding.

Following discussion in connection with the fleet vehicles and electric charging points, Mr Lyall advised that NHS Tayside were actively engaged with Scottish Government regarding a national plan for funding for fleet vehicles/electric charging points. Mrs Lyall advised that the vehicle replacement programme was funded through both capital and revenue, as a number of vehicles are leased rather than purchased. The Committee sought further detail on the composition of the NHS Tayside fleet, and progress with moving to electric vehicles. JP

The Committee agreed a moderate level assurance was received from the report.

The Committee:

- **Noted the content of the Capital Financial Report and Programme Update for Period Ended 31 December 2021**
- **Noted no change was reported to the current risk exposure rating for Prioritisation and Management of Capital Funding Strategic Risk 636**
- **Agreed moderate assurance was provided from the Capital Financial Report for the period ended 31 December 2021.**

6.3 **Best Value Review**

Mr Lyall gave a brief verbal update and noted that a full Best Value report would be presented at the next Committee meeting scheduled on 14 April 2022.

Members heard that the Performance and Resources Committee held a full suite of meetings during 2021/22 as in previous years, providing assurance to members that Best Value processes had been followed at all times.

Mr Lyall advised that a piece of work had been carried out in reviewing other Boards and Local Authorities' Best Value processes for comparison and assured members that NHS Tayside were not doing anything different.

The Committee noted the Best Value Review update

6.4 **a) Performance Report (PRC03/2022)**

b) Remobilisation Plan (RMP3) 2021/22 Action Tracker

Mrs Barnett spoke to the report and members were asked to consider a moderate level of assurance in respect of NHS Tayside's current performance.

Mrs Barnett highlighted the following key points:

- Delivery of the Remobilisation Plan 2021/22 (RMP4) continued. The RMP4 Quarter 3 update was submitted to Scottish Government by the 9 February as requested.
- Ongoing issues regarding TrakCare were reported, however InterSystems continued to work through the system to reproduce the relevant date files from TrakCare.
- TTG and new outpatient waiting time performance were progressing as per the RMP and had continued to exceed the agreed trajectories.
- Did Not Attend (DNA) rate had reduced to 8.7% from 8.9% reported at the last Performance and Resources Committee in December 2021.
- Radiology continued to experience significant vacancies with further staff absent due to maternity leave and long term sickness. Over the last month, a number of locums had left and substantive staff had moved to different positions within and out with NHS Tayside, putting increased pressure on the CT waiting times. This had been compounded by the festive breaks which had seen a reduction in activity whilst referrals had remained constant.
- CT and MRI scans continue to be more inpatient focused; with the Imaging Department aiming to ensure 70% of inpatients were seen within 4 hours of referral to aid clinical decision making and early discharge where necessary. Plans were being developed to increase CT and MRI scan capacity from 1 April 2022 through increased CT staff resource and additional MRI mobile unit capacity. Despite these challenges, both Endoscopy and Radiology activity delivered exceeded planned activity levels throughout October-December 2021.
- NHS Tayside continued to deliver the 31 day national standard. (99.3% in December). The 62 day performance remains below target (95%) at 89.7% in December 2021. Tayside ranked second highest performance of mainland boards against the 62 day target.
- Both Children and Adolescent Mental Health Services (CAMHS) and Psychological Therapies performance were above the 90% target; CAMHS 92.3% in December 2021 and Psychological Therapies 96.1% in December 2021.
- Unscheduled care performance remained the highest performance in mainland boards in Scotland (91% in December 2021).
- From June 2021 an increase in Delayed Discharges across Tayside had been reported, however during November and December 2021, the number of days delayed had reduced (1906 October to 1649 December). The Health and Social Care Partnerships and Acute Services were working collaboratively and well sighted on specific patients and issues.
- Stage 1 (5 working days) complaint response performance for this period was 67.6%, with the national average reported as 80%.Stage 2

(20 Working days) responses times had deteriorated and performance remained low. The national average was 54% - NHS Tayside October performance was 20.3%. A Complaints Manager had been successfully recruitment and commenced employment on 14 February 2022. A replacement Complaints Co-ordinator had been appointed and due to commence employment at the end of March 2022.

Mr McPherson queried what were the main factors resulting in a reduction of Delayed Discharges. Mrs Barnett highlighted the increase in level of care home closures and issues in connection with Care in the Community had an impact on Delayed Discharges during the pandemic, but these issues had improved over the last three months.

The DNA rate for outpatients was discussed and Mr Khalique advised there had been a decrease of virtual Near Me appointments offered to patients recently and noted that work was progressing via a Short Life Working Group to improve the use of Near Me appointments.

Cllr Drysdale noted the increase in E. Coli Bacteraemia infection rates and Mrs Barnett advised that the Infection Control Team were currently investigating this increase.

Cllr Drysdale queried what progress as being made in connection with Primary Care Key Performance Indicators (KPI's) and Mrs Barnett advised that there had been an immense amount of work carried out regarding Primary Care data and it was noted that 24 out of 63 GP practices were participating in a voluntary data collection process. These data were being reported to the Angus Integration Joint Board.

Members discussed the availability for Near Me consultations in rural parts of Tayside and Mr Khalique advised that Scottish Government were currently reviewing this issue with a view to establishing various schemes in order to mitigate any issues in terms of internet connection etc.

The Committee agreed a moderate level of assurance was provided from the report.

The Committee:

- **Noted the content of the Performance Report**
- **Agreed moderate assurance was provided from the Performance Report**

Mrs Alexander left the meeting at 11.40am

6.5 **Unapproved Minute from Digital Transformation Partnership Meeting of 5 November 2021**

Mr Khalique advised the Digital Strategy had been out for wider consultation for the second time with both patient and public engagement. He added that the Digital Strategy would be presented at the next Performance and Resources Committee meeting in April 2022.

The Committee:

- **Noted the Minute of the Digital Transformation Partnership meeting of 5 November 2021**
- **Noted the Digital Strategy to be presented at the April 2022 Performance and Resources Committee meeting**

6.6 **Climate Emergency and Sustainable Development (PRC04/2022)**

Mr Wilde presented the report and asked members were asked to consider a limited level of assurance.

It was noted that Mr Stuart Lyall was the new Sustainability Champion and Mr Wilde noted his thanks to Mr Peter Drury for all his efforts and work throughout his time as Sustainability Champion.

Members heard that a new policy for NHS Scotland on the Climate Emergency and Sustainable Development had been sent to all Chief Executives on 10 November 2021. This policy statement supersedes CEL 2 (2012) 'A Policy on Sustainable Development for NHS Scotland 2012'. The Policy for NHS Scotland Climate Emergency and Sustainable Development was implemented immediately.

Mr Wilde highlighted a significant change in the new policy was to ensure that NHS Scotland becomes a net-zero greenhouse gas emissions health service by 2040 or earlier where possible and noted the increasing and significant workload associated with the new policy.

Mr Wilde highlighted the Environmental Management Strategic Risk (risk ref 807) and advised that the intention was to increase the Current Risk Exposure Rating from 9 to 20 based on a revised assessment of the likelihood (almost certain) and the consequence (major) and asked members to support this proposal.

It was noted that that there was a Sustainability Champion and also an Executive Lead for the Climate Emergency and Sustainable Development and Mr McPherson queried was there a requirement to have both and Mr Wilde advised that it was a requirement of the Policy to have both a Sustainability Champion and Executive Lead.

Members discussed short-term timelines for the Policy and Mr Wilde confirmed that there would be short-term timelines as work progresses.

The Committee:

- **Agreed limited assurance was provided from the report**
- **Noted the Policy for NHS Scotland on the Climate Emergency and Sustainable Development**
- **Noted the Draft Climate Emergency and Sustainable Development Action Plan**

For Governance reasons the following items were taken in reserved business

7. MINUTES

7.1 Reserved Minute of the Performance and Resources Committee Meeting held on 9 December 2021

The Reserved Minute of the Performance and Resources Committee meeting of 9 December 2021 was approved on the motion of Mr McPherson and seconded by Mr Drury.

7.2 Unapproved Minute of the Asset Management Group meetings held on 13 December 2021 and 20 January 2022

The Committee noted the Unapproved Minute of the Asset Management Group meetings of 13 December 2021 and 20 January 2022.

8. ACTION POINTS UPDATE AND MATTERS ARISING

8.1 Reserved Action Points Update

There were no outstanding reserved action points.

8.2 Matters Arising

There were no matters arising.

9. ITEMS FOR ASSURANCE

9.1 Update on Development of Draft Strategic Financial Plan 2022/23 (PRC05/2022)

The Committee noted the Update on Development of Draft Strategic Financial Plan 2022/23

9.2 Draft Five Year Capital Plan 2022/23 to 2026/27 (PRC06/2022)

The Committee noted the Draft Five Year Capital Plan 2022/23 to 2026/27

9.3 Property Disposal Update (PRC07/2022)

The Committee noted the Property Disposal Update.

10. MEETING REFLECTIONS AND CONSIDERATION OF MATTERS FOR CHAIR'S ASSURANCE REPORT FOR TAYSIDE NHS BOARD MEETING 24 February 2022

No discussion was held

11. DATE OF NEXT MEETING

The Committee noted the date of the next Performance and Resources Committee meeting would be held on Thursday 14 April 2022 at 9.45am via Microsoft Teams.

The meeting concluded at 13.40pm

Subject to any amendments recorded in the Minute of the subsequent meeting of the Committee, the foregoing Minute is a correct record of the business proceedings of the meeting of Tayside NHS Board Performance and Resources Committee held on 10 February 2022, and approved by the Performance and Resources Committee at its meeting held on 14 April 2022.

.....……..…...	.....
CHAIR	**DATE**

Item Number 3.2

NHS Tayside

Performance and Resources Committee
14 April 2022

CHAIR'S ASSURANCE REPORT
PERFORMANCE AND RESOURCES COMMITTEE
10 February 2022

1 Performance against work plan

In accordance with the 2021/22 Work Plan the Committee received for assurance the Revenue Financial Report for Period Ended 31 December 2021, the Capital Financial Report and Programme Update Period Ended 31 December 2021, the Performance Report and the Remobilisation Tracker, an update position on the Digital Strategy, a paper on Climate Emergency and Sustainable Development.

In the reserved business section of the agenda the committee received an update on the work of the Asset Management Group, an Update on Development of Draft Strategic Financial Plan 2022/23, the Draft Five Year Capital Plan 2022/23 to 2026/27, and a paper updating the committee on property disposals.

Summary of Key Issues form the Revenue Financial Report for Period Ended 31 December 2021 are as follows:

- The Board is reporting an overspend of £1.3 million as at December 2021 ahead of financial plan trajectory of £1.5 million overspend.
- Following the Quarter 3 review, the Board is confident in the ability to meet the savings gap in full, £27.0 million, albeit using non-recurring measures.
- The Board is in the financial position to repay to Scottish Government the £4.0 million of outstanding brokerage from 2019/20
- The impact of the Covid-19 pandemic has meant that the Boards recurring deficit, which was on a downward trajectory, has increased by £12.0 million in 2021/22. This gives the Board a real issue in its ability to deliver financial balance in 2022/23.
- Covid-19 and remobilisation costs are projected to be £61.8 million in 2021, with £60.8 million required in 2022/23 and £46.2 million indicative recurring costs.

The total capital programme forecast outturn on 31 December 2021 is £32.649 million, with a breakeven position forecast.

- The Capital Plan has a number of funding sources including core formula allocation, project specific funding, net book value (NBV) on disposal of assets retained to support the Capital Plan, donated funding, capital grants and revenue to capital transfer to support the non-added value (NAV) elements of the Capital Plan.
- The Plan includes project specific capital funding in addition to the core formula allocation to support key infrastructure projects, including Neonatal

Intensive Care Unit (NICU), Multi-storey Plant Room (MSPR), Ninewells Electrical Infrastructure (NEI), National Treatment Centre - Tayside (NTC-T), Cancer Centre (CC), Shaping Critical Care (SCC), Endoscopy Decontamination Replacement (EDR) and Tayside Thrombectomy Imaging Facilities (TTIF).

- The committee noted that the total capital costs for the National Elective Care Centre Tayside had increased from £45 million to £83,685 million over the five-year capital plan.

Performance and Remobilisation

- There are considerable waiting list pressures including a continued increase in the number of patients waiting greater than 12 weeks for an elective Inpatient / Day case procedure. Routine elective activity is progressing across Ninewells, PRI and Stracathro as per the agreed phased remobilisation planning and activity over April-December 2021 remained above planned. Outpatient clinics continue to remobilise, with the number of patients waiting over 52 weeks also reducing as the Waiting List Validation exercise progresses.
- NHS Tayside have continued to successfully deliver the national standard for 31-day cancer waiting times and reached 99.3% in December 2021. The 62-day performance remains marginally below target at 89.7% in December 2021.
- CAMHS 18-week referral to treatment performance remains above target at 92.3% in December
- Psychological Therapies 18-week referral to treatment performance reached 96.1% in December 2021.
- Unscheduled care (A&E waits) achieved 93.4% in December 2021. Mental Health presentations to A&E being seen within 4 hours achieved 91% performance in December 2021.
- The Committee took a moderate level of assurance from the information contained within the update Performance Report and noted positive performance in several areas in what has been an exceptionally challenging year.

Climate Emergency and Sustainable Development

- This paper outlined a range of challenging targets and timescales for NHS Boards. The paper also highlighted the significant workload associated with the new policy and the committee acknowledge the need for appropriate resources to maintain and improve the performance of environmental management within NHS Tayside as required by the policy. It was noted that historically the focus for progressing this agenda has rested with the Facilities Directorate and in particular the Property Department and that this would need to broaden across all sectors of NHS Tayside if the targets outlined in the paper are to be achieved. The paper was given a limited level of assurance.

2. Horizon Scanning

Substantial progress is being made in several areas as reviewed with the Committee. The committee noted the significant financial challenges in the year ahead.

Pat Kilpatrick
Chair
Performance and Resources Committee
10 February 2022

Performance and Resources Committee – Open Business – 14 April 2022-04-07

MEETING	MINUTE REF	HEADING	ACTION POINT	RESPONSIBILITY	STATUS
9 December 2021	6.5a	Performance Report	Benchmarking for ABIs to be included in Performance Report	H Barnett	The Business Unit and Public Health Information colleagues have met to review what benchmarking information is available nationally. The next quarterly report on ABI performance will be tabled at the April meeting of the P&RC. Relevant benchmarking information provided by PH colleagues will be included in that report alongside the ABI update.
	6.5b	Remobilisation Plan (RMP3)2021/22 Action Tracker	Update regarding the increase to the age range for CAMHS referral to be included in the next Action Tracker update report.	H Barnett	An update on the impact of the change of age range within the CAMHS service will be included within the next quarterly RMP4 Action Tracker.
10 February 2022	6.1	Revenue Financial Report for period ended 31 December 2021	Detailed breakdown of supplementary costs to be provided.	K McKay	Operations Directorate as at December was £0.8 million underspent. Within Property Services; a £1.7m underspend in substantive pay vacancies, offset by use of supplementary, **£0.5m** and external contractors £0.7m. Support Services (domestics,

					catering, portering) a £1.3m underspend in substantive pay vacancies, offset by use of supplementary, **£1.3m,** primarily domestics, and then catering. **£1.8m** reconciles to the support services supplementary costs in Supplementary Pay Detail table on page 11 of the report
	6.2	Capital Financial Report and Programme Update for Period ended 31 December 2021	Further detail on the composition of the NHS Tayside fleet and progress with moving to electric vehicles.	J Paterson	Attached as Appendix 1

Completed Actions

	6.7	Waiting Times and RTT Targets Risk Assurance Report	An update regarding whether the mobile CT Scan and MRI units were still onsite.	A Warden	It was confirmed that both the mobile CT Scanner and MRI units are onsite at NHS Tayside. – **Action complete**
	6.10	Digital Strategy and Annual Operation Plan Update	Feedback regarding if the new EPR system would be compatible with HSCP, hospitals and GP systems.	L McTaggart	There is currently no Social Care data shared on the Clinical Portal, there are some Social Care users who have guest accounts and can access a view/subset of data displayed on the Clinical Portal. – **Action complete**
	6.11	Cyber Attack Risk Assurance	Outcome from the desktop basedsimulation of a malware attack for Senior Managers and Executives to be provided.	L McTaggart	Appendix attached – **Action complete**
	6.13	Additional Cost of Teaching Annual Update Report 2020/21	Feedback regarding why 'Treated with Respect' option was greyed out within the Undergraduate Survey.	A Caddick	There appears to have been some confusion between UoD and NES as to whether the "courtesy & respect" question should have been included in previous QRP question sets. As mentioned at PRC these questions have now been revised and the new question set to be used in 2021/22 academic year does include the "courtesy & respect" question. – **Action complete**
			Concerns regarding the possibility of not being able to spend current year new monies funding unless it	K Kidd	Liaised with other Boards, to check their approach, which is consistent with NHST. –

			could be carried forward to 2021/22 to be highlighted via the National Corporate Finance Network.		**Action complete**

NHS TAYSIDE ELECTRIC FLEET VEHICLES %

Fleet Description	All Fuel Types	Electric As At 31/12/2021		Electric As At 31/03/2022	
		Numbers	%	Numbers	%
Cars	127	56	44.09	60	47.24
Vans	89	19	21.35	27	30.34
Total	**216**	**75**	**34.72**	**87**	**40.28**

No Tractors or Estates Plant Vehicles Included As No Electric Substitute

Item Number 5.1

PERFORMANCE AND RESOURCES COMMITTEE

Committee Assurance Plan and Workplan 2021/2022

COMMITTEE ASSURANCE PLAN GUIDANCE

Levels of Assurance

We have adopted the same level of assurance as Internal Audit:

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

To ensure the effectiveness of an organisation's risk and management framework, the board and senior management need to be able to rely on adequate line functions – including monitoring and assurance functions – within the organisation.

The 'Three Lines of Defence' model as a way of explaining the relationship between these functions and as a guide to how responsibilities should be divided:

- The first line of defence – functions that own and manage risk

- The second line of defence – functions that oversee or specialise in risk management, compliance

- The third line of defence – functions that provide independent assurance, above all internal audit.

The group looking at a topic is 1st line, telling the committee about having done this and what the outcome was (through a report, not just minutes) is 2nd line

First line of defence

Under the first line of defence, operational management has ownership, responsibility and accountability for directly assessing, controlling and mitigating risks.

Second line of defence

The second line of defence consists of activities covered by several components of internal governance (compliance, risk management, quality, IT and other control departments). This line of defence monitors and facilitates the implementation of effective risk management practices by operational management and assists the risk owners in reporting adequate risk related information up and down the organisation.

Third line of defence

Internal audit forms the organisation's third line of defence. An independent internal audit function will, through a risk-based approach to its work, provide assurance to the organisation's board of directors and senior management. This assurance will cover how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of defence. It encompasses all elements of an institution's risk management framework (from risk identification, risk assessment and response, to communication of risk related information) and all categories of organisational objectives: strategic, ethical, operational, reporting and compliance.

COMMITTEE ASSURANCE PLAN
(The completion of this Committee Assurance Plan will be used to inform the development of the Committee's Annual Work Plan. This can also be used as a checklist for the development of the Committee's Annual Report)

COMMITTEE: **Performance and Resources** **FINANCIAL YEAR:** **2021/2022**

ASSURANCE NEED (Consider the Terms of Reference and breakdown into the areas that require assurance to be provided to the Committee)	**SOURCE / EVIDENCE OF ASSURANCE** (Considering the component parts of the Terms of Reference what evidence is required to be demonstrated against each component part)	**TYPE OF ASSURANCE** (1st Line, 2nd Line or 3rd Line of Assurance)	**FREQUENCY** (When will the assurance be presented to the Committee)	**DATE AT COMMITTEE**	**LEVEL OF ASSURANCE ACHIEVED** To be completed after Committee Meeting (Comprehensive, Moderate, Limited, No Assurance)
Financial Planning					
Ensure that financial planning assumptions are soundly based and reflect known pressures, potential investments and opportunities for cost reduction	Draft Three Year Financial Plan	2nd Line	Annually – 4th quarter	• 8 April 2021 • 10 February 2022	• Moderate • Limited
	Draft Financial Plan	2nd Line	Annually – 3rd quarter	• 8 April 2021 • 9 December 2021	• Moderate • Noted verbal update
	Draft Five Year Capital Plan	2nd Line	Annually – 3rd quarter	• 8 April 2021 • 9 December 2021 • 10 February 2022	• Moderate • Noted verbal update • Noted the update
Financial Monitoring					
Ensure regular monitoring of financial position and highlight significant trends and risks	Revenue Financial Report / Long Term Financial Sustainability Risk Assurance Report (risk ref 723) / Financial Annual Plan Risk Assurance Report (risk ref 849)	2nd Line / 1st Line / 1st Line	Each meeting	• 8 April 2021 • 10 June 2021 • 12 August 2021 • 14 October 2021 • 9 December 2021 • 10 February 2022	• Comprehensive • Comprehensive • Limited • Limited • Moderate • Moderate
	Capital Finance Report / Prioritisation and Management of Capital Funding Risk Assurance Report (risk ref 636)	2nd Line / 1st Line	Each meeting	• 8 April 2021 • 10 June 2021 • 12 August 2021 • 14 October 2021 • 9 December 2021 • 10 February 2022	• Moderate • Moderate • Moderate • Moderate • Moderate • Moderate
	Prescribing Efficiencies Programme Report	2nd Line	Twice per year – mid and year end	• 8 April 2021 • 14 October 2021	• Moderate • For awareness

	Secondary Care Medicines Report	2nd Line	Twice per year – mid and year end	• 8 April 2021 • 14 October 2021	• For awareness • For awareness
	Effective Prescribing Risk Report (risk ref 615)	1st Line	Every second meeting	• 8 April 2021 • 12 August 2021	• Moderate • Moderate
	Best Value Review	1st Line	Annually	• 8 April 2021	• Comprehensive
	Rota Compliance Report	2nd Line	Twice per year (no longer required as of April 2021)	• 8 April 2021 • 14 October 2021	• Moderate • Awareness
	Additional Cost of Teaching (ACT) Annual Report	1st Line	Annually	• 9 December 2021	• Moderate
Performance Monitoring					
Ensure a rigorous and systematic approach to performance monitoring and reporting	Performance Report – Key Metrics • Performance Tracker • Remobilisation Plan	2nd Line	Each meeting	• 8 April 2021 • 10 June 2021 • 12 August 2021 • 14 October 2021 • 9 December 2021 • 10 February 2022	• Moderate • Moderate • Moderate • Moderate • Moderate • Moderate
	Workforce Information report	2nd Line	Twice per year – mid and year end	• 8 April 2021 • 9 December 2021	• Moderate • Moderate
	Waiting Times and RTT Targets Risk Assurance Report (risk ref 26)	1st Line	Every second meeting	• 8 April 2021 • 12 August 2021 • 9 December 2021	• Moderate • Moderate • Moderate
Asset Management					
Ensure that Board's component of the Regional Asset Management Plan is developed, supported and maintained	Regional Asset Management Plan	2nd Line	Annually		
	Asset Management Programme Update	2nd Line	Each meeting **included within the capital finance report*		
	Asset Management Group Annual Report	2nd Line	Annually	• 10 June 2021	• Comprehensive
	Property Disposal Update	2nd Line	Each meeting	• 8 April 2021 • 10 June 2021 • 12 August 2021 • 14 October 2021 • 9 December 2021 • 10 February 2021	• Moderate • Moderate • Limited • Limited • Limited • Limited

	Estates Infrastructure Risk Assurance Report (risk ref 312)	1st Line	Every second meeting	• 8 April 2021 • 12 August 2021 • 9 December 2021	• Moderate • Moderate • Moderate
	National Treatment Centre – Tayside Update Report	2nd Line	Twice per year	• 12 August 2021	• Moderate
Digital Strategy					
Ensure Digital Directorate Strategy and Annual Operating Plan in place and monitored	Digital Strategy and Annual Operation Plan Update	1st Line	Every second meeting	• 8 April 2021 • 12 August 2021 • 9 December 2021	• Moderate • Moderate • Moderate
	Digital Directorate Annual Report	1st Line	Annually	• 12 August 2021	• Moderate
	eHealth Technical Infrastructure and Modernisation Programme Risk Assurance Report (risk ref 679)	1st Line	Every second meeting	• 8 April 2021 • 12 August 2021 • 9 December 2021	• Limited • Limited • Limited
	Cyber Attack Risk Assurance Report (risk ref 680)	1st Line	Every second meeting	• 8 April 2021 • 12 August 2021 • 9 December 2021	• Limited • Limited • Moderate
Miscellaneous					
Consider progress against Sustainability and Environmental Strategy	Update report *(included in the Environmental Management Strategic Risk from February 2022)*	2nd Line	Six monthly	• 10 June 2021	• Moderate
	Environmental Management Strategic Risk Assurance Report (risk ref 807)	1st Line	Every second meeting	• 10 June 2021 • 14 October 2021 • 10 February 2022	• Limited • Limited • Limited
Consider progress of Public Procurement Reform Programme	Annual report	2nd Line	Annually	• 14 October 2021	• Comprehensive
Consider progress of NHS Scotland Pharmaceutical Specials Programme	NHS Scotland Pharmaceutical Specials Programme Board Report and Minute (R)	2nd Line	Six monthly	*Deferred to June 2022*	

PERFORMANCE AND RESOURCES COMMITTEE WORKPLAN 2021 - 2022

	Responsible Officer	Reporting Arrangements	8 Apr 2021	10 Jun 2021	12 Aug 2021	14 Oct 2021	9 Dec 2021	10 Feb 2022
Financial Planning								
Draft Three Year Financial Plan	S Lyall	**Annually**	**X** **(deferred from Feb 2021)**					
Draft One Year Financial Plan								**X**
Draft Financial Plan	S Lyall	**Annually**					**Verbal Update**	
Draft Five Year Capital Plan	S Lyall	**Annually**	**X** **(deferred from Feb 2021)**					
Long Term Financial Sustainability Risk Assurance Report (Risk Ref 723)	Mr S Lyall	**Every second meeting** **included within the revenue finance reports at each meeting from October 2020*	**X**		**X**		**X**	
Financial Monitoring								
Financial Annual Plan Risk Assurance Report (Risk Ref 849)	Mr S Lyall	**Every second meeting** **included within the revenue finance reports at each meeting from October 2020*	**X**	**X**	**X**	**X**	**X**	**X**
Prioritisation & Management of Capital Funding Risk Assurance Report (Risk ref 636)	Mrs L Lyall	**Every second meeting** **included within the capital finance reports at each meeting from October 2020*	**X**	**X**	**X**	**X**	**X**	**X**
Revenue Financial Report	Mr S Lyall	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Capital Financial Report	Mrs L Lyall	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Best Value Review	Mr S Lyall	**Annually**	**X** **(deferred from Feb 2021)**					**X**
Prescribing Efficiencies Programme Report	Mr D Coulson	**Twice per year**	**X**			**X**		

PERFORMANCE AND RESOURCES COMMITTEE WORKPLAN 2021 - 2022

Secondary Care Medicines Report	Ms L Wiggin	**Twice per year**	**X**			**X**		
Performance Monitoring								
Performance Report – Key Metrics	Ms H Scott	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Performance Tracker – Remobilisation Plan	Ms H Scott	**Each meeting**			**X**	**X**	**X**	**Verbal update**
Workforce Information Report	Mr G Doherty	**Twice per year**	**X**			**X**		
Waiting Times and RTT Targets Risk Assurance Report (Risk ref 26)	Ms L Wiggin	**Every second meeting**	**X**		**X**		**X**	
Effective Prescribing Risk Report (Risk ref 615)	Mr D Coulson	**Every second meeting**	**X**		**X**		**X**	
Asset Management								
Asset Management Programme Update	Mrs L Lyall	**Each meeting** ***(*included within capital finance report and reported)***	**X**	**X**	**X**	**X**	**X**	**X**
Asset Management Group Annual Report (R)	Mrs L Lyall	**Annually**		**X**				
Asset Management Group Minutes (R)	Mrs L Lyall	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Property Disposal Update (R)	Mr M Anderson	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Estates Infrastructure Risk Assurance Report (risk ref 312)	M Anderson	**Every second meeting**	**X**		**X**		**X**	
National Treatment Centre – Tayside Programme Update	L Wiggin/ K Wilson	**Six monthly**			**X**			**X** **Deferred to April 2022**
Regional Asset Management Plan (RAMP)	Mr M Anderson	**Annually**			**X**			
Digital Strategy								

PERFORMANCE AND RESOURCES COMMITTEE WORKPLAN 2021 - 2022

Digital Directorate Annual Report	Mr L Khalique	**Annually**			**X**			
Digital Transformation Update	Mr L Khalique	**Every second meeting (starting October 2020)**	**X**		**X**		**X**	
Minutes from Digital Transformation Partnership	Mr L Khalique	**Every second meeting (starting October 2020)**	**X**		**X**	**X**		**X**
Cyber Attack Risk Assurance Report (Risk ref 680)	Mr L Khalique / Mr A Gentles	**Every second meeting**	**X**		**X**		**X**	
eHealth Technical Infrastructure and Modernisation Programme (Risk ref 679)	Mr L Khalique / Mr A Gentles	**Every second meeting**	**X**		**X**		**X**	
Miscellaneous								
Procurement Annual Report	Mr M Cambridge	**Annually**				**X**		
Additional Cost of Teaching (ACT) Annual Report	Mr A Caddick	**Annually**					**X**	
Sustainability and Environmental Strategy, Implementation and Monitoring Update Report	Mr P Wilde	**Six monthly**		**X**			**X**	
Environmental Management Strategic Risk Assurance Report (risk ref 807)	Mr M Anderson	**Every second meeting (as of October 2020)**		**X**		**X**		**X**
NHS Scotland Pharmaceutical Specials Programme Board Report and Minute (R)	Mrs L Lyall	**Six monthly**				**X (deferred to December)**	**X (deferred to February)**	**X (deferred to June)**
Governance								
Facilities Management Policies		**As & when available**						
Committee Assurance Plan and Workplan	Mr S Lyall	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Committee Annual Report	Mr S Lyall	**Annually**		**X**				
Committee Terms of Reference	Mr S Lyall	**Annually**	**X**					

Chair: Pat Kilpatrick
Vice Chair: Peter Drury
Lead Officer: Stuart Lyall

ITEM NUMBER 5.2
PRC27/2022

Performance and Resources Committee

14 April 2022

Performance and Resources Committee Terms of Reference, Committee Assurance and Work Plan 2022/2023

Responsible Officer: Ms Karen McKay, Assistant Director of Finance - Corporate

Report Author: Ms Margaret Dunning, Board Secretary

1 Purpose

This report is presented to the Performance and Resources Committee for:

- Decision

This report relates to a:

- NHS Board Governance matter.

This report aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Performance and Resources Committee is a Standing Committee of Tayside NHS Board. The purpose of the Performance and Resources Committee is to scrutinise on behalf of Tayside NHS Board in sufficient detail financial and operational performance, to allow Tayside NHS Board to meet its obligations and to ensure that corrective actions are taken as required.

2.2 Background

To ensure that the Performance and Resources Committee can fulfil its remit as delegated by the Board it is required to produce a Terms of Reference and review this annually.

To assure that the Performance and Resources Committee carries out its governance role it has the requirement to seek assurance regarding areas within its Terms of Reference.

2.3 Assessment

There are no material amendments to the Performance and Resources Committee Terms of Reference for 2022/23. The Committee is asked to review and agree the updated Terms of Reference, Committee Assurance and Work Plan 2022/23.

The Committee's Terms of References is attached at Appendix 1.

The assurance plan details the reports that the Performance and Resources Committee is required to consider during the year, and which should provide assurance that NHS Tayside is compliant with NHS Tayside's Code of Corporate Governance and that an effective system of internal control is maintained.

The Committee Assurance and Work Plan is attached at Annex 1.

2.3.1 Quality/ Patient Care

There is no impact on quality/patient care as a consequence of this document.

2.3.2 Workforce

There is no impact on the workforce as a consequence of this document.

2.3.3 Financial

There is no financial impact as a consequence of this document.

2.3.4 Risk Assessment/Management

There is no risk associated with this document.

2.3.5 Equality and Diversity, including health inequalities

There is no equality or diversity impact as a consequence of this document.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

Not applicable.

2.4 Recommendation

- **Decision** – The Performance and Resources Committee is asked to approve the Terms of Reference, Committee Assurance and Work Plan 2022/23.

3 List of appendices

The following appendices are included with this report:

Appendix 1 – Performance and Resources Committee Terms of Reference, Committee Assurance and Work Plan 2022/23

PERFORMANCE AND RESOURCES COMMITTEE

Terms of Reference, Committee Assurance Plan and Work Plan 2022/2023

PERFORMANCE AND RESOURCES COMMITTEE

TERMS OF REFERENCE, COMMITTEE ASSURANCE PLAN AND WORK PLAN 2022/23

1. Introduction

This paper outlines the Terms of Reference for the Performance and Resources Committee (as approved by Tayside NHS Board, and contained within the NHS Tayside Code of Corporate Governance) and the Committee's 2022/23 Work Plan.

2. Chair Person and Executive Lead Officer

The Chair Person for this Committee is Pat Kilpatrick, Non-Executive Member, NHS Tayside and the Lead Officer is Ms Karen McKay, Assistant Director of Finance - Corporate, NHS Tayside.

3. Support Officer

Items for the agenda should be submitted to the Committee Support Officer, Pauline Ireland, Level 10, Ninewells Hospital and Medical School, Dundee DD1 9SY, Tel 01382 660111 extension 55761 or email pauline.ireland1@nhs.scot.

4. Purpose of Committee

To scrutinise on behalf of Tayside NHS Board in sufficient detail financial and operational performance to allow Tayside NHS Board to meet its obligations and to ensure that corrective actions are taken as required.

To oversee the ongoing development of a performance management culture in the organisation where performance management is seen as part of the day job striving for excellence and focussing on improvement in all aspects of NHS Board business.

Ensure the production of an Annual Plan, incorporating Tayside NHS Board's Financial Plan/Workforce Plan/Capital Plan/Annual Operational Plan, and setting out the overall direction for the year for Board approval. The Committee will also ensure actions are in place to support the delivery of the plan.

5. Membership

Pat Kilpatrick, Non-Executive Member, Tayside NHS Board, is Chair of the Committee and Peter Drury, Non-Executive Member, NHS Tayside is Vice-Chair.

Members
Mrs Jenny Alexander, Employee Director & Non Executive Member, Tayside NHS Board
Mrs Anne Buchannan, Non Executive Member, Tayside NHS Board
Mr Peter Drury, Non Executive Member, Tayside NHS Board (Vice Chair)
Cllr Eric Drysdale, Non Executive Member, Tayside NHS Board
Ms Pat Kilpatrick, Non Executive Member, Tayside NHS Board (Chair)
Mr Donald McPherson, Non Executive Member, Tayside NHS Board
Cllr Bob Myles, Non Executive Member, Tayside NHS Board *(Term of Office ends 22 April 2022)*

In Attendance
Mr Stuart Lyall, Director of Finance, NHS Tayside
Ms Karen McKay, Assistant Director of Finance - Corporate, NHS Tayside (Lead Officer)

6. Quorum

Meetings of the Committee will be quorate when at least three members are present.

7. Frequency of Meetings

The Committee is to meet six times in 2022/2023.

The meetings are open to the public.

8. Remit

Corporate Planning

The Committee will:-

- Undertake a three to five year horizon scanning exercise;
- Ensure the production of an Annual Plan, incorporating Tayside NHS Board's Financial Plan/Workforce Plan/Capital Plan/Annual Operational Plan, setting out the overall direction for the year for Tayside NHS Board approval, and
- Monitor progress against the Annual Plan, ensuring delivery against plan is achieved.

Performance Management

The Committee will:-

- Support the development of a performance culture within NHS Tayside which will drive continuous quality improvement;
- Approve Tayside NHS Board's Performance Management Framework;
- Review Tayside NHS Board's overall performance, strategic policy and planning objective, and ensure mechanisms are in place to promote best value improved efficiency and effectiveness;
- Ensure a rigorous and systematic approach to performance monitoring and reporting is in place to enable more strategic and better informed discussions to take place at Tayside NHS Board meetings, and
- Adopt a risk based approach to performance through routine review of the risks delegated to the Committee, focussing on areas of corporate concern identified as requiring an additional strategic and collective approach to ensure delivery against performance targets.

Financial Strategy

The Committee will:-

- Oversee development of Tayside NHS Board's Financial Strategy in support of the Annual Operational Plan, including aligning services and financial planning arrangements with community planning priorities;
- Recommend to Tayside NHS Board annual revenue and capital budgets, and financial plans consistent with its statutory financial responsibilities;
- Examine in detail the financial plan for NHS Tayside to ensure that planning assumptions are soundly based and reflect known pressures, potential investments and opportunities for cost reduction;
- Review the financial impact of planned future policies and known or foreseeable future developments;
- Review the capital plan of NHS Tayside no less frequently than twice per year and consider the impact of development opportunities and any risks arising from delivery of the current programme, and
- Ensure that there is an integrated approach to workforce, finance and service planning.

Financial Management

The Committee will:-

- Consider reports on the financial position of NHS Tayside that highlight significant trends and risks;
- Monitor the deliverability of the overall efficiency programme reflecting on both the in year delivery and contribution towards the recurring savings target;
- Consider forecast positions reported by NHS Tayside and risks to achievement of forecast, and
- Review the content and format of strategic financial information focussing on:-
  - clarity and appropriateness of presentation;
  - timeliness and accuracy;
  - provision of sufficient and relevant detail to inform decision making, and
  - best practice.

Financial Investment

The Committee will:-

- Ensure robust appraisal around business case development and delivery;
- Scrutinise business cases for proposed investment ensuring that outcomes and benefits are clearly defined, are measureable and support delivery of key objectives for Tayside NHS Board, and
- Monitor delivery of approved investment projects against agreed outcomes and benefits, ensuring action is taken to address any shortcomings.

Regional Asset Management Plan

The Committee will, following recommendation by Asset Management Group:-

- Ensure that the Regional Asset Management Plan is aligned with the Clinical Strategy, and is:-
  - supported by affordable and deliverable Business Cases;
  - supported by detailed Project Plans, and
  - delivered within agreed timescales and resources to secure modern, well designed, patient focussed services and facilities.
- Ensure that Tayside NHS Board's component of the Regional Asset Management Plan is developed, supported and maintained, and that it meets the strategic service plan needs;
- Ensure that Tayside NHS Board's property asset base is effectively utilised in support of the clinical strategy;
- Ensure that the property portfolio of NHS Tayside and key activities relating to property are appropriately progressed and managed within the relevant guidance and legislative framework;
- Ensure that all aspects of major property and land issues are dealt with in accordance with due process;
- Ensure that there is a robust approach to property rationalisation;
- Oversee the management of risk associated with both individual projects and asset strategy, and
- Monitor delivery of agreed Key Performance Indicators in respect of the Regional Asset Management Plan.

Environmental and Sustainability Management

The Committee will:-

- Receive and review reports on environmental and sustainability management, including monitoring of progress towards NHS Scotland climate change targets.

Strategic/Capital Projects

The Committee will:-

- Review overall development of major schemes, including capital investment business cases and consider the implications of time slippage and/or cost overrun;
- Receive and review reports on significant capital projects and the overall capital programme, and
- Receive reports on relevant legislation and best practice including the Scottish Capital Investment Manual (SCIM), audit reports and other Scottish Government Guidance.

Digital Directorate

- Digital Directorate will report through the Performance and Resources Committee and the Committee should approve the Digital Directorate Annual Operating Plan.

Policy Endorsement

- adopt all finance and governance policies, and

Assurance

- to receive assurance reports at every second meeting of the Committee per year on the Strategic Risks that the Performance and Resources Committee has delegated responsibility for, including Strategic Financial Risks, Strategic Estate Infrastructure Condition Risk, Sustainability and Environmental Management Risk, and Digital Risks, and
- ensure that robust operational and service risk management systems and processes are in place.

9. Authority

The Committee's authority shall be within the following framework. In performing these functions, the Committee is expected to operate at a strategic governance level. Through the Accountable Officer, and with Internal and External Audit assistance where required, it must satisfy itself that there are appropriate operational controls in place throughout NHS Tayside.

10. Reporting Arrangements

The Performance and Resources Committee reports to Tayside NHS Board. Following a meeting of the Performance and Resources Committee, the minutes of that meeting should be presented at the next meeting of Tayside NHS Board. In addition, the Performance and Resources Committee Chair will provide an Assurance Report to Tayside NHS Board setting out:-

- performance against Work Plan;
- update on risks;
- any other major issues to be highlighted to Tayside NHS Board, and
- Horizon Scanning.

In respect of annual reporting the following will be required:-

- Performance and Resources Committee should annually and at the first meeting of the financial year, provide a Terms of Reference, Committee Assurance Plan and Work Plan detailing the work to be taken forward by the Committee, and
- Performance and Resources Committee will produce an Annual Report for presentation to the Audit Committee. The Annual Report will describe the outcomes from the Committee during the year and provide an assurance to the Audit Committee that the Committee has met its remit during the year. The

Annual Report must be approved by the Performance and Resources Committee before it is presented to the Audit Committee considering Annual Accounts.

11. Committee Assurance and Work Plan

To ensure the effectiveness of the system of internal control the Board and the Standing Committees need to be able to rely on adequate monitoring and assurance from management, governance functions within the organisation and other independent sources available to the organisation.

The **'Three Lines of Assurance'** model is a way of explaining the relationship between these different functions (department or service) and as a guide to how responsibilities should be divided.

The first line of assurance - Is the department or service that is responsible and line manages the service and own and manages any associated risks.

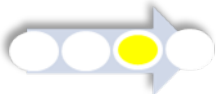
- Under the first line of assurance operational management has ownership, responsibility and accountability for directly assessing, controlling and mitigating risks.
- *For example - the Digital Directorate, Soft Facilities Management, Nursing*

The second line of assurance - Is the department or service that oversees the service or specialises in risk management, governance and compliance etc. These functions will provide reports to the Standing Committees to provide assurance to the Standing Committee.

- The second line of assurance consists of activities covered by several components of internal control / governance (for example compliance, risk management, clinical governance, information governance and other control departments).
- This line of assurance monitors and facilitates the implementation of effective risk management practices by operational management and assists the risk owners in reporting adequate risk related information up and down the organisation.
- *For example - Clinical Governance, Information Governance, Infection Control, Health and Safety, Risk Management monitor compliance in their respective areas and provide compliance/assurance reports to the Standing Committees*

The third line of assurance – Is the department, service or external body that provides independent assurance.

- Internal audit forms the organisation's third line of assurance along with external audit and other regulatory bodies.
- An independent internal audit function will, through a risk-based approach to its work, provide assurance to the Board, Standing Committees and senior management. This assurance will cover how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of assurance.
- *For example Internal Audit, External Audit, Mental Welfare Commission, Health Improvement Scotland*

Level of Assurance		System Adequacy
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

The Performance and Resources Committee Assurance and Work Plan is included as Annex 1.

12. Timetable for submitting agenda items and papers

The meetings schedule and timetable for submitting agenda items and papers is included as Annex 2.

It is essential to ensure the smooth running of the business of the Committee that reports are submitted in accordance with the timetable.

Any reports <u>not</u> submitted to the above timescales will be considered for submission to future agendas by the Chairman and Executive Lead Officer.

Final papers must be submitted, electronically, to Pauline Ireland - pauline.ireland1@nhs.scot, Committee Support Officer, Level 10, Ninewells Hospital and Medical School, Dundee, DD1 9SY, in accordance with the timetable.

13. Version Control

Attached – see Annex 3

TAYSIDE NHS BOARD

COMMITTEE ASSURANCE AND WORK PLAN 2022/23

The completion of this Performance and Resources Committee Assurance Plan will be used to inform the development of the Performance and Resources Committee's Annual Work Plan. This can also be used as a checklist for the development of the Audit and Risk Committee's Annual Report.

The Work Plan outlines the major items the Performance and Resources Committee has to consider as part of its schedule of work for the year. This should allow the Committee to fulfil its terms of reference. It will continue to be kept under review throughout the year.

COMMITTEE ASSURANCE PLAN
(The completion of this Committee Assurance Plan will be used to inform the development of the Committee's Annual Work Plan. This can also be used as a checklist for the development of the Committee's Annual Report)

COMMITTEE: **Performance and Resources** **FINANCIAL YEAR:** **2022/2023**

ASSURANCE NEED (Consider the Terms of Reference and breakdown into the areas that require assurance to be provided to the Committee)	**SOURCE / EVIDENCE OF ASSURANCE** (Considering the component parts of the Terms of Reference what evidence is required to be demonstrated against each component part)	**TYPE OF ASSURANCE** (1st Line, 2nd Line or 3rd Line of Assurance)	**FREQUENCY** (When will the assurance be presented to the Committee)	**DATE AT COMMITTEE**	**LEVEL OF ASSURANCE ACHIEVED** To be completed after Committee Meeting (Comprehensive, Moderate, Limited, No Assurance)
Financial Planning					
Ensure that financial planning assumptions are soundly based and reflect known pressures, potential investments and opportunities for cost reduction	Draft Financial Plan	2nd Line	Twice per year – 3rd and 4th quarter		
	Draft Five Year Capital Plan	2nd Line	Twice per year – 3rd and 4th quarter		
Financial Monitoring					
Ensure regular monitoring of financial position and highlight significant trends and risks	Revenue Financial Report / Long Term Financial Sustainability Risk Assurance Report (risk ref 723) / Financial Annual Plan Risk Assurance Report (risk ref 1033)	2nd Line / 1st Line / 1st Line	Each meeting		
	Capital Finance Report / Prioritisation and Management of Capital Funding Risk Assurance Report (risk ref 636)	2nd Line / 1st Line			
	Prescribing Efficiencies Programme Report	2nd Line	Twice per year – mid and year end		
	Secondary Care Medicines Report	2nd Line	Twice per year – mid and year end		
	Effective Prescribing Risk Report (risk ref 615)	1st Line	Every second meeting		
	Best Value Review	1st Line	Annually		

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Date last updated: 02/03/2022
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	Additional Cost of Teaching (ACT) Annual Report	1st Line	Annually		
Performance Monitoring					
Ensure a rigorous and systematic approach to performance monitoring and reporting	Performance Report – Key Metrics • Performance Tracker • Remobilisation Plan	2nd Line	Each meeting		
	Workforce Information report	2nd Line	Twice per year – mid and year end		
	Waiting Times and RTT Targets Risk Assurance Report (risk ref 26)	1st Line	Every second meeting		
Asset Management					
Ensure that Board's component of the Regional Asset Management Plan is developed, supported and maintained	Regional Asset Management Plan	2nd Line	Annually		
	Asset Management Programme Update	2nd Line	Each meeting **included within the capital finance report*		
	Asset Management Group Annual Report	2nd Line	Annually		
	Property Disposal Update	2nd Line	Each meeting		
	Estates Infrastructure Risk Assurance Report (risk ref 312)	1st Line	Every second meeting		
Digital Strategy					
Ensure Digital Directorate Strategy and Annual Operating Plan in place and monitored	Digital Transformation Update Report	1st Line	Every second meeting		
	Digital Directorate Annual Report	1st Line	Annually		
	eHealth Technical Infrastructure and Modernisation Programme Risk Assurance Report (risk ref 679)	1st Line	Every second meeting		
	Cyber Attack Risk Assurance Report (risk ref 680)	1st Line	Every second meeting		

Miscellaneous					
Consider progress against Sustainability and Environmental Strategy	Update report / Environment Management Strategic Risk Assurance Report (risk ref 807)	1st Line	Every second meeting		
Consider progress of Public Procurement Reform Programme	Annual report	2nd Line	Annually		
Consider progress of NHS Scotland Pharmaceutical Specials Programme	NHS Scotland Pharmaceutical Specials Programme Board Report and Minute (R)	2nd Line	As available		

	Responsible Officer	Reporting Arrangements	14 Apr 2022	9 Jun 2022	11 Aug 2022	13 Oct 2022	8 Dec 2022	9 Feb 2023
Financial Planning								
Draft Financial Plan	Mr S Lyall	**Twice per year**					**X**	**X**
Draft Five Year Capital Plan	Mr S Lyall	**Twice per year**	)				**X**	**X**
Long Term Financial Sustainability Risk Assurance Report (Risk Ref 723)	Ms K McKay	**Every second meeting** **included within the revenue finance reports at each meeting from October 2020*	**X**	**X**	**X**	**X**	**X**	**X**
Financial Monitoring								
Financial Annual Plan Risk Assurance Report (Risk Ref 1033)	Ms K McKay	**Every second meeting** **included within the revenue finance reports at each meeting from October 2020*	**X**	**X**	**X**	**X**	**X**	**X**
Prioritisation & Management of Capital Funding Risk Assurance Report (Risk ref 636)	Mrs L Lyall	**Every second meeting** **included within the capital finance reports at each meeting from October 2020*	**X**	**X**	**X**	**X**	**X**	**X**
Revenue Financial Report	Ms K McKay	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Capital Financial Report	Mrs L Lyall	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Best Value Review	Ms K McKay	**Annually**	**X**					
Prescribing Efficiencies Programme Report	Mr D Coulson	**Twice per year**	**X**			**X**		
Secondary Care Medicines Report	Ms L Wiggin	**Twice per year**	**X**			**X**		
Performance Monitoring								

Performance Report – Key Metrics / Remobilisation Plan	Mrs H Barnett	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Workforce Information Report	Mr G Doherty	**Twice per year**	**X**			**X**		
Waiting Times and RTT Targets Risk Assurance Report (Risk ref 26)	Ms L Wiggin	**Every second meeting**	**X**		**X**		**X**	
Effective Prescribing Risk Report (Risk ref 615)	Mr D Coulson	**Every second meeting**	**X**		**X**		**X**	
Asset Management								
Asset Management Programme Update	Mrs L Lyall	**Each meeting** ***(*included within capital finance report)***	**X**	**X**	**X**	**X**	**X**	**X**
Asset Management Group Annual Report	Mrs L Lyall	**Annually**		**X**				
Asset Management Group Minutes (R)	Mrs L Lyall	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Property Disposal Update (R)	Mr J Paterson	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Estates Infrastructure Risk Assurance Report (risk ref 312)	Mr J Paterson	**Every second meeting**	**X**		**X**		**X**	
Tayside Elective Care Centre (TECC) Programme Update (R)	Ms L Wiggin	**Six monthly**	**X**			**X**		
Regional Asset Management Plan (RAMP)	Mr J Paterson	**Annually**			**X**			
Digital Strategy								
Digital Directorate Annual Report	Mr L Khalique	**Annually**		**X**				
Digital Transformation Update	Mr L Khalique	**Every second meeting**	**X**		**X**		**X**	

Minutes from Digital Transformation Partnership	Mr L Khalique	**Every second meeting**	**X**		**X**	**X**		**X**
Cyber Attack Risk Assurance Report (Risk ref 680)	Mr L Khalique / Mr A Gentles	**Every second meeting**	**X**		**X**		**X**	
eHealth Technical Infrastructure and Modernisation Programme (Risk ref 679)	Mr L Khalique / Mr A Gentles	**Every second meeting**	**X**		**X**		**X**	
Miscellaneous								
Procurement Annual Report	Mr M Cambridge	**Annually**				**X**		
Additional Cost of Teaching (ACT) Annual Report	Mr A Caddick	**Annually**					**X**	
Sustainability and Environmental Strategy, Implementation and Monitoring Update Report / Environment Management Strategic Risk Assurance Report (risk ref 807)	Mr J Paterson	**Every second meeting**		**X**		**X**		**X**
NHS Scotland Pharmaceutical Specials Programme Board Report and Minute (R)	Ms C Alexander	**As available**						
Governance								
Facilities Management Policies		**As & when available**						
Committee Assurance Plan and Work Plan	Ms K McKay	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Committee Annual Report	Ms K McKay	**Annually**	**X**					
Committee Terms of Reference	Ms K McKay	**Annually**	**X**					

Chair: Pat Kilpatrick
Vice Chair: Peter Drury
Lead Officer: Karen McKay
Committee Administration Officer: Pauline Ireland: email pauline.ireland1@nhs.scot Tel: 01382 660111 ext.: 55761

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PERFORMANCE AND RESOURCES COMMTITEE SCHEDULE OF MEETINGS 2022 - 2023

Draft Reports to be submitted to Pauline Ireland by **12:00pm** for Pre-Agenda Planning	Papers to be agreed at **Agenda Planning Meeting** on:	Final Papers to be submitted by **12:00pm** on:	Agenda & Papers to be issued:	**Date of Committee Meeting**
Tuesday 15 March 2022	**Tuesday 22 March 2022** 10.00am	**Friday 1 April 2022**	Thursday 7 April 2022	**Thursday 14 April 2022** 9.45am
Tuesday 10 May 2020	**Tuesday 17 May 2022** 10:00am	**Friday 27 May 2022**	Thursday 2 June 2022	**Thursday 9 June 2022** 9.45am
Tuesday 5 July 2022	**Tuesday 12 July 2022** 10.00am	**Friday 29 July 2022**	Thursday 4 August 2022	**Thursday 11 August 2022** 9.45am
Tuesday 6 September 2022	**Tuesday 13 September 2022** 10.00am	**Friday 30 September 2022**	Thursday 6 October 2022	**Thursday 13 October 2022** 9.45am
Tuesday 8 November 2022	**Tuesday 15 November 2022** 10.00am	**Friday 25 November 2022**	Thursday 1 December 2022	**Thursday 8 December 2022** 9:45am
Tuesday 10 January 2023	**Tuesday 17 January 2023** 10.00am	**Friday 27 January 2023**	Thursday 2 February 2023	**Thursday 9 February 2023** 9:45am

Chair: Pat Kilpatrick
Vice Chair: Peter Drury
Lead Officer: Karen McKay
Committee Support Officer: Pauline Ireland: email pauline.ireland1@nhs.scot Tel: 01382 660111 ext.: 55761

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VERSION CONTROL

Key Information:		
Title	Performance and Resources Committee Terms of Reference, Committee Assurance Plan and Work Plan 2022/23	
Date Published/Issued	14 April 2022	
Date Effective From	14 April 2022	
Date of Review	31 March 2023	
Version/Issue Number	2.1	
Document Type:	Corporate Report	
Document status:	Draft Version	
Author:	**Name:**	Pauline Ireland
	Role:	Committee Support Officer
	Department:	Chief Executive
Owner	Performance and Resources	
Approver	Performance and Resources Committee	
Name of Committee/Group	Performance and Resources Committee	
Membership of Committee/ Group	See Performance and Resources Committee Terms of Reference Section 5	
Approved by and Date		
Contact	**Name:**	Pauline Ireland
	Tel:	01382 660111 Extn 55761
	Email:	Pauline.ireland1@nhs.scot
File Location/Doc store link:	Chief Executive/Corp Services/Groups and Committees/Performance and Resources Committee/General/Annual Reports, ToR and Workplans/2022-23	

Version History			
Version	**Date**	**Updated by**	**Summary of changes**
V0.1 Draft	15/03/21	P Ireland	Updates following discussion with CSO Team and Board Secretary
V1.0 Approved	08/04/21	P Ireland	Approved by Performance and Resources Committee
V1.1 Draft	14/04/21	P Ireland	Annual Review of Performance and Resources Committee Terms of Reference, Assurance and Workplan

PERFORMANCE AND RESOURCES COMMITTEE – ATTENDANCE RECORD – YEAR 1 APRIL 2021 – 31 MARCH 2022

Item Number 5.2

NAME		Meeting Date	Meeting Date	Meeting Date	Meeting Date	Meeting Date	Meeting Date
		8 April 2021	10 June 2021	12 August 2021	14 October 2021	9 December 2021	11 February 2022
MEMBERS	**DESIGNATION**						
Jenny Alexander	Employee Director	Present	Present	Apologies	Present	Present	Present
Anne Buchanan	Non-Executive Member (from 1 May 2021)	Present	Present	Present	Present	Apologies	Present
Peter Drury	Non-Executive Member	Present	Present	Present	Present	Present	Present
Eric Drysdale	Non-Executive Member	Present	Present	Present	Present	Present	Present
Pat Kilpatrick	Non-Executive Member (Chair)	Present	Present	Present	Present	Present	Present
Graeme Martin	Non-Executive Member (until 30 April 2021)	Apologies					
Donald McPherson	Non-Executive Member (from 1 May 2021)		Present	Present	Present	Present	Present
Bob Myles	Non-Executive Member	Present	Present	Present	Present	Apologies	Present
Emma Jane Wells	Non-Executive Member (until 30 April 2021)	Present					
EX-OFFICIO							
Lorna Birse-Stewart	Chair, NHS Tayside	-	Apologies	-	Present	-	-
IN ATTENDANCE							
Stuart Lyall	Director of Finance (Lead Officer)	Present	Present	Present	Present	Apologies	Present
ATTENDEES							
Mark Anderson	Head of Property	Present	Apologies	Apologies	Apologies	Apologies	Apologies
Grant Archibald	Chief Executive	Present	Apologies	-	Apologies	Present	Present
David Coulson	Director of Pharmacy	Apologies	-	Apologies	Apologies	Present	-
George Doherty	Director of Workforce	Present	Apologies	Apologies	Apologies	Apologies	Apologies
James Henderson	Property Asset Manager	Present	Present	Present	-	Present	Present
Laic Khalique	Director of Digital Technology	Present	Present	Apologies	Present	Apologies	Present
Louise Lyall	Assistant Director of Finance - Infrastructure	Present	Present	Present	Present	Present	Present
Karen McKay	Assistant Director of Finance - Corporate	Present	Present	Present	Present	Present	Present
John Paterson	Director of Facilities	Present	Present	Present	Apologies	Present	Apologies
Hazel Barnett	Director of Performance and Activity	Present	Apologies	Present	Present	Present	Present
Lorna Wiggin	Chief Officer of Acute Services	Present	Present	Present	Present	Apologues	Apologies
Raymond Marshall	Area Partnership Forum	Present	Present	Apologies	Apologies	Present	Apologies
Representative	Communications Department	Present	-	-	-	-	-
COLLEAGUES and	**DEPUTIES INVITED TO ATTEND**						
Claire Pearce	Nurse Director						
Niall Deuchar	Senior Project Manager						
Margaret Dunning	Board Secretary	Apologies		Present			
Tony Gaskin	Chief Internal Auditor						
Barry Hudson	FTF Internal Audit						
Jocelyn Lyall	FTF Internal Audit						
Trudy McLeay	Non Executive Member						
Peter Stonebridge	Medical Director						
Representative	Audit Scotland						
CTTEE. SUPPORT	**OFFICER**						
Pauline Ireland	Committee Support Officer	Present	Present	Present		Present	

Item Number 6.1
PRC08/2022

Performance and Resources Committee

14 April 2022

REVENUE FINANCIAL REPORT FOR THE PERIOD ENDED 28 FEBRUARY, 2022

Responsible Officer Stuart Lyall, Director of Finance

Report Author: Karen McKay, Assistant Director of Finance
Jaime Lyon, Chief Finance Officer - Acute Services

1 Purpose

This is presented to the Committee for:-

- **Assurance**

This report relates to:-
- Annual Operation Plan

This aligns to the following NHS Scotland quality ambition(s):-
- Effective

2 Report summary

2.1 Situation

The purpose of this report is to set out in summary:-

i. Tayside NHS Board's financial performance for the 11 months to 28 February, 2022;
ii. the risks to delivery of the Board's Financial Plan 2021/22, and
iii. an assessment of the impact on Strategic Risk 723: Long Term Financial Sustainability and Risk 1033: Finance Annual Plan 2021/22.

The report provides substantial assurance based on the current forecast outturn and the outstanding confirmation from Scottish Government Health Finance Corporate Governance and Value Directorate (SGHFCGVD) on outstanding funding allocation adjustments anticipated in the final quarter of the financial year.

NHS Tayside has submitted the Board's Quarter 3 financial position to SGHFCGVD at the end of January 2022; Quarter 1 and Quarter 2 returns having been submitted in July and October 2021 respectively.

2.2 Background

Tayside NHS Board approved the Board's One Year Strategic Financial Plan 2021/22 at its meeting of 29 April, 2021.

The Plan presented a forecast breakeven position for 2021/22 based on a set of key assumptions relating to funding allocations, growth in costs, and related recovery plans. The Plan was dependent on delivery of efficiency savings to close a net financial gap of £27.0 million.

SGHFCGVD provided an initial allocation for 2021/22 Covid-19 related expenditure in June, and a subsequent allocation in October following the Quarter 1 financial review. A final allocation has been provided in February 2022 after review of the Quarter 3 financial position.

The issue of anticipated funding allocations from SGHFCGVD continues to be addressed at national level through a Scottish Government (SG) led review of all Boards' financial results and performance.

This report provides substantial assurance, based on the results to date and the full allocation of additional Covid-19 funding received.

2.3 Assessment

Summary of Key Issues

A summary of key points from the report is noted below:-

- Tayside NHS Board is reporting an overspend of £0.4 million as at February 2022, ahead of financial plan trajectory of £0.5 million overspend;
- Following the Quarter 3 review, the Board is forecasting delivery of the savings gap in full, £27.0 million, albeit using non recurring measures;
- The Board plans to repay the £4.0 million of outstanding brokerage from 2019/20, in line with the SG's three year financial planning cycle;
- The impact of the Covid-19 pandemic has meant that the Board's recurring deficit, which was on a downward trajectory, has increased by £12.0 million in 2021/22. This gives the Board a real issue in its ability to deliver financial balance in 2022/23;
- Covid-19 and remobilisation costs are projected to be £61.8 million in 2021/22 (was £66.4 million per Financial Plan), with £65.1 million required in 2022/23 and £46.2 million indicative recurring costs, and;
- The Board continues to engage at national level to work through the key assumptions on funding and cost that will underpin the Board's recurring financial position. Financial sustainability is a significant risk in the absence of certainty on short to medium term direction.

February 2022 Revenue Position

Tayside NHS Board is reporting an overspend of £0.4 million (0.0%) for the 11 months to 28 February, 2022, as detailed in the table on page 3.

Division	Annual Plan	Plan to Date	Expenditure to Date	Reported Surplus/ (Deficit)
	£m	£m	£m	£m
Acute Services Division	424.5	351.6	353.2	(1.7)
Mental Health Services	33.4	30.7	33.7	(3.0)
Operations Directorate	89.4	82.2	81.4	0.9
Corporate Services & Other	64.7	74.9	73.5	1.4
Reserves & Earmarks	100.3	2.0	0.0	2.0
Total Board Directed Services	**712.3**	**541.4**	**541.8**	**(0.4)**
Total Delegated Services (IJBs)	**459.5**	**442.9**	**442.9**	**0.0**
Total NHS Tayside	**1,171.7**	**984.3**	**984.7**	**(0.4)**

Board Directed Services are overspent by £0.4 million for the 11 months to February 2022. The position is ahead of the Financial Plan trajectory, which had projected a £0.5 million overspend at this stage of the year.

Covid-19 and remobilisation funding has been included in the position, and, therefore, is not impacting on the outturn. The Board has recognised funding allocations received in June, October and February following SG's Quarter 3 Review.

Delegated service budgets are reported as breakeven. In line with each of the Integration Joint Boards' (IJBs) financial plans, it is anticipated they will operate within delegated budgets and reserves in 2021/22. The overall February position has been adjusted to remove any operational under/overspends in all Health and Social Care Partnerships' (HSCPs) health positions.

Further information on the outturn can be found in Appendix 1.

Closure of Financial Gap – Efficiency Plan Progress

The Financial Plan for 2021/22 identified a financial gap of £27.0 million, with plans in place to deliver a breakeven position at the end of the year. The Plan identified £17.0 million of low risk savings, £2.0 million of medium risk savings, and £8.0 million high risk savings, £6.0 million of which was still to be identified.

The continuation of the pandemic throughout 2021/22 and the emergence of three further waves of Covid-19 have severely impeded the Board's ability to gather any momentum regarding development of savings plans as planned in the earlier part of the financial year. The Board has taken action to ensure delivery of savings targets and has increasing confidence in the ability to deliver the £27.0 million savings in full.

The ability to deliver a breakeven position this financial year and the bridging of the savings gap has been reliant on a significant level of non-recurring measures. Such measures include risk assessing opportunities to manage the rate of spend, use of contingency, and making use of slippage in earmarked funding allocations.

The table on page 4 identifies the progress against the Board's savings plan as per the Financial Plan.

Efficiency Category	AOP Savings Plan	Revised Full Year Forecast
	£m	£m
2% Cash Releasing Efficiency	11.0	13.0
Slippage in Financial Plan Earmarks	5.0	5.0
Corporate	1.0	1.0
Potential to secure additional funding	2.0	2.0
Embed Service Redesign (Covid-19)	2.0	0.0
Efficiencies to be identified	6.0	6.0
Total Efficiency Savings	**27.0**	**27.0**

The Financial Plan identified 2021/22 as a year of transition for the Board, which would impact on the delivery of recurring savings. Recurring savings delivery is 22%, less than the Financial Plan of 30%. This is a direct consequence of the pandemic with the stop start nature of service delivery due to the various waves; the loss of productivity and efficiency opportunities; the uncertainty of funding, and unprecedented levels of service demand. The impact of £12.0 million recurringly has been included in the recurring costs of Covid-19.

Covid-19/Remobilisation

The Board's Financial Plan for 2021/22 estimated total costs of £66.4 million for Covid-19 related costs and remobilisation - £43.7 million for Board Directed Services, and £22.7 million for HSCPs.

As at Quarter 3, the revised total costs for Covid-19 and remobilisation are £61.8 million in 2021/22, of which £55.7 million have been incurred to date.

As at February, the Board has now received in full, the funding required to support 2021/22 costs of Covid-19 and remobilisation, net of the use if IJB Covid-19 reserves.

Movements in the overall total throughout the year are detailed in the table below:-

	Board Directed	Delegated Budgets	Total
	£m	£m	£m
Financial Plan	43.7	22.7	**66.4**
Quarter 1 Review	44.4	22.3	**66.7**
Quarter 2 Review	41.6	20.3	**61.9**
Quarter 3 Review	42.7	19.1	**61.8**

The movement of £0.1 million in the total costs between Quarter 2 and Quarter 3 are:-

- an increase in the Covid-19 vaccination programme, reflecting the rollout of the booster, which was not anticipated in Quarter 2, of £1.6 million;
- other net decreases throughout Board Directed costs, and
- a net reduction across HSCPs, £1.2 million, both health and social care, with an increase in Sustainability Payments offset by a number of reductions across the categories.

The delegated IJB budgets projected costs are £19.1 million; collectively there is £11.8 million of reserves available from the previous year to offset this year's costs. Angus HSCP will retain a reserves balance of £3.3 million for future years.

Risks and Assumptions

At this stage of the financial year, the Board has managed to mitigate the majority of the key risks that it has faced; a fully developed savings plan, Covid-19 and remobilisation costs fully funded, pay awards fully funded, In-patient Mental Health services overspend, and IJB positions are balanced. Confirmation from SG that the balance of outstanding funding allocations will be received in March mitigates any further risk.

The ongoing risk for the Board is the recurring financial position, which is set out in the draft revenue Financial Plan for 2022/23.

The operational risks, with the associated financial values, are reported regularly to SGHFCGVD through the quarterly Financial Performance Returns. More detail on these can be found in Appendix 2.

Appendix 3 provides further detail of the SGHFCGVD allocations received to date, and anticipated, in line with the financial plan and subsequent updates throughout the year.

2.3.1 Quality/Patient Care

The Board's financial performance underpins the objective of making best use of available resource to support quality and patient care.

2.3.2 Workforce

There are no direct workforce implications arising from this paper.

2.3.3 Financial

Financial implications are reflected throughout the report.

2.3.4 Risk Assessment/Management

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

There are two current strategic revenue financial risks recorded on the Datix system:-

- Risk 723, Long Term Financial Sustainability, which has the following description in Datix:-
  'As a result of failure to develop and implement the actions outlined in the one year NHS Tayside Strategic Financial Plan 2021/22, including the identification of recurring cost implications related to Covid-19 and remobilisation, NHS Tayside does not remain in financial balance, resulting in NHS Tayside not meeting its statutory financial targets.'

Risk 1003, Finance Annual Plan 2021/22, which has the following description in Datix:-
'As a result of risks and uncertainties the projected outturn for financial year 2021/22, as outlined in the approved one year NHS Tayside Strategic Financial Plan 2021/22, is not achieved resulting in NHS Tayside not meeting the financial targets set by SGHFCGVD.'

Current performance is detailed in the table below:-

Datix Ref	Risk Title	Risk Owner	Risk Exposure - No Controls	Current Risk Exposure Rating				Planned Risk Exposure
723	Long Term Financial Sustainability	Director of Finance	20	20	20	20	20	12
1033	Finance Annual Plan 2021/22	Director of Finance	25	20	16	12	12	12

Strategic Risk 723 current risk exposure rating remains at 20, and planned risk exposure at 12, due to the continued level of uncertainty with regard to Covid-19 and remobilisation funding in future years. SGHFCGVD have requested a one-year financial plan for 2022/23, with a return to a three year planning cycle, due to be submitted in July 2022.

Strategic Risk 1033 current risk exposure rating remains at 12, in line with the planned risk exposure of 12. The risk rating reflects the clarity around the funding allocations for 2021/22 and current position against financial plan trajectory.

The impact of the Covid-19 pandemic has introduced a significant level of uncertainty to both service and financial planning, although there is also an opportunity to accelerate service redesign plans and build on the positives of the whole system approach to the pandemic.

Current and planned/proposed controls in relation to the strategic risks are contained within the Datix system. The assessment of adequacy of the current controls in respect of Strategic Risk 723 has been recorded as being 'incomplete' at the present time, meaning that 'controls are appropriately designed but these are not consistently applied'. The assessment of adequacy of the current controls in respect of Strategic Risk 1033 have been recorded as being 'adequate' at the present time, meaning that 'controls are in place/working effectively/consistently applied and adhered to, to mitigate the risk'.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because there are no direct equality and diversity issues arising from this paper.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

Not applicable.

2.4 Recommendation

The Committee is asked to note the contents of the report for substantial assurance.

3 List of appendices

Appendix 1 – Operational Outturn Analysis
Appendix 2 – Operational Risk Register
Appendix 3 – Scottish Government Allocations

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

Appendix 1

Operational Outturn Analysis

The table below provides a breakdown of the overspend to December by Division/IJB:-

Division	Annual Plan	Plan to Date	Expenditure to Date	Reported Surplus/ (Deficit)
	£m	£m	£m	£m
Medicine	98.0	90.8	90.9	(0.1)
Surgery	135.5	125.2	125.9	(0.8)
Patient Access & Assurance	121.4	110.2	111.0	(0.8)
Women, Children & Families	69.5	63.9	63.9	0.0
Large Hospital Set Aside	0.0	(38.6)	(38.6)	0.0
Total Acute Service Division	**424.5**	**351.6**	**353.2**	**(1.7)**
Mental Health Services	33.4	30.7	33.7	(3.0)
Operations Directorate	89.4	82.2	81.4	0.9
Corporate Services	69.3	77.4	76.0	1.4
Healthcare	(25.1)	(23.0)	(23.0)	(0.0)
Capital Charges	20.6	20.6	20.6	0.0
Profit/loss On Sale Of Assets	0.0	0.0	(0.0)	0.0
Reserves & Earmarks	100.3	2.0	0.0	2.0
Total Direct Budgets	**712.3**	**541.4**	**541.8**	**(0.4)**
Angus HSCP	123.9	120.1	116.1	3.9
Dundee HSCP	180.3	177.4	175.5	1.9
Perth & Kinross HSCP	155.2	151.2	151.2	0.0
HSCP Reserves & Earmarks	0.0	(5.8)	0.0	(5.8)
Total Delegated Budgets	**459.5**	**442.9**	**442.9**	**0.0**
Total NHS Tayside	**1,171.7**	**984.3**	**984.7**	**(0.4)**

Acute Services Division (ASD) is reporting a £1.7 million overspend. The position includes £16.4 million of Covid-19 related costs to February, met in full by additional Covid-19 funding.

The table below outlines the key areas of outturn:-

Surplus/ (Deficit)	Medicine	Surgery	Patient Access & Assurance	Women, Children & Families	Total
	£m	£m	£m	£m	£m
Efficiency Savings	0.001	0.001	(0.199)	0.000	**(0.197)**
Non-Compliant Rotas	(0.243)	(0.581)	(0.043)	0.000	**(0.867)**
Prescribing	0.132	(0.001)	(0.033)	(0.109)	**(0.010)**
Other	(0.027)	(0.180)	(0.515)	0.126	**(0.596)**
(Over)/Underspend	**(0.135)**	**(0.761)**	**(0.791)**	**0.018**	**(1.669)**

- **Efficiency Savings -** The Financial Plan for 2021/22 identified a gap of £8.7 million for ASD, with plans required to ensure the Board deliver a breakeven position by the close of the financial year. There is a shortfall of £0.2 million at February, which is contained within the Access Division. A plan is in place to ensure delivery by the end of the financial year.

Non-Compliant Rotas - £0.87 million of unfunded costs as a result of non compliant rotas, mainly across the Surgical Division, which is the result of recent monitoring. Actionable steps have been taken to review and remedy to avoid a significant cost pressure moving into 2022/23. Whilst monitoring was paused for the second time recently with the emergence of the Omicron wave, monitoring has recommenced with a number of rotas within the Surgical Division now monitoring compliant once again.

- **Other** - Across the Division cost pressures continue with high cost locums in the Breast Service to ensure cancer services can be maintained. There is a national shortage of breast consultants across the country and recruitment continues to be challenging. The service continues to review options for a sustainable service model which removes the premium cost of off-contract agency locums as the Board move into 2022/23. Part of this plan involves mutual aid agreements with the three other major Cancer Centres in Scotland in Edinburgh, Glasgow and Aberdeen.

  Within Perth Royal Infirmary (PRI), the opening of additional beds to increase capacity has put pressure on nursing budgets. This is multi-factorial and linked to higher admissions, longer length of stay for frail and older patients as well as significant increases within delayed discharges as a consequence of the workforce shortages being experienced in social care. These two main pressures continue to be offset in the main by benefits in relation to Hepatitis C medication, and other operational workforce underspends across the Division.

Mental Health Services include both In-patient Mental Health Services, £3.5 million overspent, and other Mental Health Services, £0.5 million underspent (Forensic Services, junior doctors):-

- In-patient Mental Health Medical Pay is £1.7 million overspent. Expenditure to December 2021 on medical locums is £4.1 million, which is offset in part by a number of wte consultant vacancies; £2.4 million.
- In-patient Mental Health Nursing pay is £1.2 million overspent. Supplementary costs have increased this financial year due to the need to open additional beds to meet demand, the high number of delayed discharges and high sickness absence rates (9.57% in Nursing as at January 2022).
- Historical unidentified savings continues to have a bearing on the financial performance of In-patient Mental Health.

In-patient Mental Health budgets transferred to the Board in June 2020 following the direction from the then Minister for Mental Health that operational management of in-patient general adult psychiatry services must be led by NHS Tayside. This transfer reflected the immediate uncertainty around the correct treatment of budget and costs following the ministerial announcement. At the end of financial year 2020/21, SG Integration colleagues confirmed that in-patient service budget and costs should, in fact, continue to be reflected in IJB accounts as a delegated service.

Given this confirmation from SG, budget and costs were transferred back to IJBs as a year-end adjustment for 2020/21. At the same time, the Board provided additional bridging finance to IJBs to support the overspend, an action intended to keep local finances stable and in line with financial planning assumptions throughout the course of the year.

For the current year, 2021/22, the Board will provide £1.5 million additional bridging finance for the in-patient service overspend; IJBs collectively will provide £1.0 million. The balance of overspend will be met from Covid-19 funding allocation.

The allocation of Board bridging finance was not to set a precedent, neither was it an action that the Board was obliged to take. Rather, it was intended as a supportive measure to provide resilience in IJB budgets for future years. The Board will find it difficult to provide further bridging finance from next financial year, 2022/23, given the current forecast financial deficit.

Operations Directorate is reporting a £0.9 million underspend. The main driver of the underspend is a high level of vacancies across both Soft Facilities management and Estates, with challenges with both recruitment and retaining of staff in both areas. Work is ongoing to progress the Estates review, which will significantly increase the number of staff in post and reduce the requirement for external contractors.

The operational non-recurring pay underspend position is partially offset by pressures with shortfalls in catering income, waste contingency measures as well as a return to pre-Covid-19 levels for fees relating to the Central Legal Office.

Corporate Services are collectively £1.4 million underspent. There are pressures within the Digital Directorate and Corporate Affairs, offset by services with underspends due to vacancies, e.g. Pharmacy and Human Resources.

Healthcare relates to inflow and outflow of activity to other Health Board areas, mainly in Scotland, but throughout the rest of the UK also, and is reporting a small overspend as at February of £0.044 million. There has been an increase in outflow for non Service Level Agreement (SLA) activity to NHS Lothian in relation to the Cardiac procedure of TAVI, (£0.3 million) however this is offset by an under utilisation of the SLA with Grampian for Cardiac activity. In the main, the under-recovery of income is offset by a reduction in cost from activity flowing out to other Boards, which is linked to a reduction in cross-border travelling in general as a consequence of the pandemic.

Reserves and Earmarks

Additional SGHFCGVD allocations received in year are held centrally until allocated to the appropriate service budget. The table below tracks the movements from the Financial Plan revenue budget to the current £1.171 billion revenue budget as at February 2022.

	£m	Comments
Financial Plan	**1,037.6**	
Covid-19 Funding	92.4	Directly from Covid-19 forecast returns
Agenda for Change and Medical & Dental Pay Award Funding	14.5	Based on returns to SGHFCGVD
Planned Care	9.5	TTG, out-patients and diagnostics
Repayment of 2019/20 Brokerage	(4.0)	
Net Other	21.7	Includes £7.8m primary care fund, £5.6m winter and unscheduled care funding, £1.9m primary medical services, £3.3m other primary care service allocations, £1.8m Alcohol & Drug Partnership, £1.3m for Nursing Support for Care Homes
Revenue Budget December	**1,171.7**	

Operational Position – Delegated Budgets

The delegated service budgets are reported as breakeven. In line with each of the IJBs' financial plans, it is anticipated they will operate within delegated budgets and reserves in 2021/22. The overall February position has been adjusted to remove any operational underspends in all HSCPs' health positions to reflect any underspend will be transferred to the IJB reserve.

Covid-19 Expenditure

Board Directed Services	Covid-19 Cost	
	£m	
Covid Vaccination Programme	11.2	Relates to staffing and consumable costs only
Maintain/scale Up - Additional Capacity	12.3	Wave 3 and 4 costs and emergence & continuation of Omicron wave
Test & Protect, Screening & Testing	5.4	
Remobilisation	1.8	
Infection, Prevention & Control	1.7	Continuation of deep cleans in clinical areas
Equipment & Maintenance	1.5	
Other Costs	4.8	Transport, loss of income, Digital and Community Assessment Centres (CACs)
Total Covid-19 Costs	**38.7**	

Category of Expenditure

The table below provides a breakdown of the overspend to February by type of spend:-

Subjective Analysis	Annual Plan	Plan to Date	Expenditure to Date	Reported Surplus/ (Deficit)
	£m	£m	£m	£m
Medical & Dental	158.7	147.0	149.4	(2.4)
Nursing & Midwifery	284.7	261.0	259.5	1.5
Other Pay	233.0	218.8	219.2	(0.4)
Total Pay	**676.3**	**626.7**	**628.1**	**(1.4)**
Prescribing Costs - FHS	220.8	200.2	197.7	2.5
Prescribing Costs - Secondary Care	75.5	70.0	70.3	(0.3)
Total Prescribing	**296.3**	**270.2**	**268.0**	**2.2**
Clinical Supplies	63.2	58.7	61.0	(2.3)
Other Supplies	65.0	69.0	68.2	0.8
Heating Fuel and Power	8.4	7.7	7.5	0.2
Capital Charges	20.6	20.6	20.6	(0.0)
Purchase of Healthcare	108.4	92.8	90.3	2.5
Income	(166.1)	(156.9)	(158.9)	2.0
Savings	(13.8)	(0.5)	0.0	(0.5)
Reserves	113.6	(3.9)	0.0	(3.9)
Total Non Pay/ Other	**199.1**	**87.4**	**88.7**	**(1.3)**

Total NHS Tayside	**1,171.7**	**984.3**	**984.7**	**(0.4)**

Pay Analysis

The table below shows £628.1 million has been spent on pay costs across NHS Tayside to date. £44.4 million of the total spend was on supplementary costs, primarily within Medical & Dental, Nursing & Midwifery, and Support Services staffing groups.

Pay Type	Core Staffing	Supplementary	Spend to February	% supplementary of total spend
	£m	£m	£m	
Medical & Dental	141.1	8.4	149.4	5.6%
Nursing & Midwifery	229.8	29.7	259.5	11.4%
Admin & Clerical	74.0	1.2	75.3	1.6%
Allied Health Professionals	40.9	1.5	42.4	3.5%
Healthcare Sciences	22.5	0.9	23.4	3.9%
Other Therapeutic	23.8	0.3	24.1	1.3%
Support Services	40.0	2.3	42.3	5.4%
Other	11.5	0.2	11.8	1.3%
Total Pay	**583.5**	**44.4**	**628.1**	

Supplementary Costs

Supplementary costs to date are £44.4 million. Compared to the same period last year, costs have increased by £17.9 million, or 68%.

It is important to triangulate the increase in the spend profile for supplementary staff with service delivery across both financial years. The table on page 12 details a number of activity measures which demonstrate the increased levels of activity when comparing the period April to February 2020/21 with 2021/22.

Activity Category	Apr - Feb 2019/20	Apr - Feb 2020/21	Apr - Feb 2021/22	Increase (Decrease) v's 2020	% Increase (Decrease) v's 2020
OBDs (Medicine)	124,339	107,535	130,236	**22,701**	**21.1%**
OBDs (Surgery inc Ortho)	108,613	80,672	98,494	**17,822**	**22.1%**
OBDs (WCF)	23,239	18,533	21,820	**3,287**	**17.7%**
Theatre Cases (all)	28,495	16,998	22,395	**5,397**	**31.8%**
Elective Only Theatre Cases	20,972	10,514	15,260	**4,746**	**45.1%**

This has contributed to services continuing to deliver a level of elective activity that exceeds the Board's remobilisation plan.

Supplementary Pay Detail

The table below identifies the main areas incurring supplementary costs in 2021/22 to date.

	Agency	Bank Costs	Overtime	Excess Hours	Total Supplementary	Board Directed	HSCP Delegated
	£m	£m	£m	£m	£m	£m	£m
Medical & Dental	7.386	0.630	0.031	0.322	8.369	6.700	1.669
Nursing & Midwifery	9.782	13.895	4.523	1.488	29.688	22.741	6.947
Support Services	0.220	0.118	1.035	0.914	2.287	2.178	0.109
Other	1.151	0.002	1.576	1.366	4.095	3.416	0.679
Total February 2021	**18.539**	**14.645**	**7.166**	**4.089**	**44.439**	**35.036**	**9.404**
Total February 2020	**8.742**	**9.774**	**4.147**	**3.849**	**26.512**	**19.865**	**6.647**
Increase/(Decrease)	9.796	4.872	3.019	0.240	17.927	15.171	2.756

- **Medical & Dental** - Of the £8.4 million total supplementary costs for Medical & Dental, £7.4 million is within agency locums. The highest spending area on medical locums is Mental Health Services, with costs of £4.3 million to date, and this includes both consultant locums and training grades. There are a high level of consultant vacancies within Mental Health Services, and a recruitment and retention working group is looking to address the level of agency spend within Mental Health. Within HSCPs, a total of £0.8 million medical locum spend is primarily within Older People Services. £0.8 million relates to an off-contract locum within Breast Screening Services to ensure cancer targets continue to be met and breaches are avoided. Part of this cost is being offset by vacancies within these services. A further £0.9 million relates to other services including primary care, radiology, anaesthetics and oncology.

- **Nursing & Midwifery** - Supplementary costs of £29.7 million for Nursing & Midwifery are primarily within the nurse bank (£13.9 million). Nursing agency, which incurs the highest premium rate, compared to the same period last year has increased from £2.9 million to £9.8 million, an increase of £6.9 million. The Medicine and Surgical divisions combined have increased costs in this area compared to the previous year by £4.9 million. This position reflects the level of vacancy across both these divisions, increased self-isolation due to Covid-19 with relaxation of Covid-19 restrictions, as well as the increase in activity described and illustrated in the activity table above.

  An important factor to consider when reviewing the increase in supplementary spend, particularly for Nursing, is that the Board's Remobilisation Plan for 2021/22 contained and detailed a requirement to utilise supplementary staff, including non-contract agency, for areas like Intensive Care (particularly in the event of any further waves of Covid-19 which has occurred) as well as for Planned Care, mainly for Theatres to ensure the Board utilised as much capacity as was possible within the constraints of infection, prevention and control guidelines.

  In-patient Mental Health Services have incurred £5.2 million of nursing supplementary costs to date, primarily nurse bank costs, and largely related to a high number of vacancies. Dundee HSCP are the next highest users of nursing supplementary at £3.1 million primarily in Older People Services, followed by Perth & Kinross HSCP (£2.8 million) also predominantly in Older People Services. Public Health have incurred costs of £1.8 million in relation to Covid-19 Vaccination and Test and Protect.

- **Support Services** - The use of supplementary staffing for support services is £2.3 million for 2021/22. The Operations Directorate incurs the majority of the supplementary spend associated with Support Services. The costs relate to supporting extended rotas in relation to enhanced cleaning within clinical and non clinical areas, as well as additional drivers to ensure PPE stock levels are maintained across all healthcare facilities within Tayside, including care homes and GP practices. A further increase in February 2021 in this area relates to the rollout of Lateral Flow Testing across NHS Tayside sites and the increased transport costs associated with delivery of these kits.

Prescribing

- **FHS Prescribing**
  FHS prescribing outturn to February 2022 is a cumulative underspend of £2.1 million to date, and a forecast underspend of £2.2 million for the year. The year to date position is based on actual prescribing data for April to December, and estimates for January and February. Actual prescribing volumes to December are higher compared to both previous year and the 2021/22 Financial Plan. Average pricing per prescription to December remains close to financial planning expectations. The position with GP practice prescribing patterns was fluid and dynamic throughout 2020/21, given the impact of Covid-19. 2021/22 information available for April to December has shown less volatility than previous months and this situation continues to be monitored. There is a further benefit in the reported position due to rebates being higher than assumed in budget.

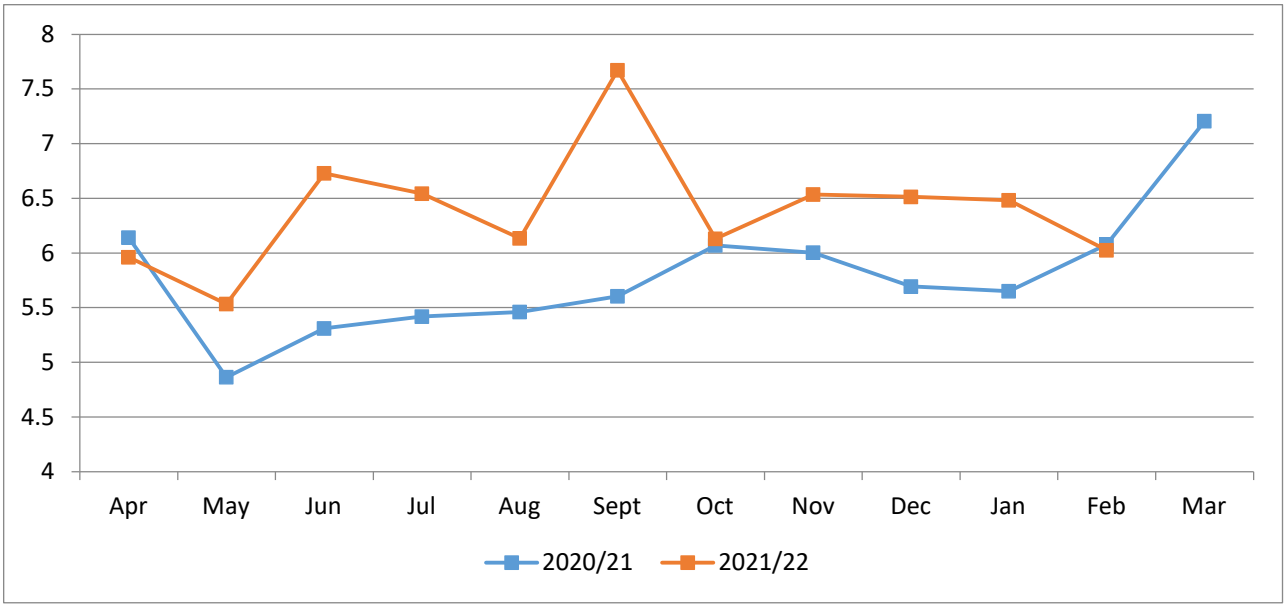
  The table below outlines the FHS prescribing position against each of the three HSCPs:-

	Annual Plan	Plan to Date	Expenditure to Date	Surplus/ (Deficit)
	£m	£m	£m	£m
FHS - Angus IJB	22.117	20.086	19.758	0.328
FHS - Dundee IJB	33.062	29.999	28.505	1.493
FHS - Perth & Kinross IJB	27.447	24.902	24.620	0.281
Total	**82.626**	**74.986**	**72.883**	**2.103**

- **Secondary Care Prescribing**
  Expenditure for the 11 months to 28 February, 2022, is £70.3 million on secondary care medicines, with a £0.3 million overspend position reported. Spend has increased by £8.0 million (13%) compared with the same period in 2020/21.

  Given the increase in urgent and unscheduled activity as well as the increase within cancer and elective services, the Board would anticipate a level of increase when compared to previous year. Growth is in line with projections on both activity and new medicines and the projected outturn for the year is breakeven.

The chart on outlines the monthly spend on secondary care medicines, comparable to last financial year:-



The important focus for secondary care medicines is future year horizon scanning. Clinical teams, and pharmacists continue to project this with the Medicines Management Groups.

Payment Performance

The table below outlines the current payment performance against the performance in financial years 2020/21.

	2020/21	2021/22 * cumulative year to date
Average Number of Days credit taken	**10**	**18**
Contractual 30 Day Payment Policy		
Total Number of Invoices	134,362	142,525
Total Number of Invoices paid within 30 days	125,638	119,604
% by volume of invoices paid within 30 days	**93.51%**	**84.18%**
% by value of invoices paid within 30 days	**88.38%**	**72.35%**
Aspirational 10 Day Target		
Total Number of Invoices	134,362	142,525
Total Number of Invoices paid within 10 days	113,035	101,715
% by volume of invoices paid within 10 days	**84.13%**	**71.65%**
% by value of invoices paid within 10 days	**73.58%**	**53.44%**

The reduction in payment performance reflects the impact of an exceptional level of staff absence. Payment performance levels are improving as part of the focused recovery plan, however this will take time to reflect through the cumulative to date position reported above.

Appendix 2

Operational Risk Register

Key Assumptions/ Risks	Impact/Description	Risk Rating
Pay and Pension	Additional funding received to meet 2021/22 pay costs. 2022/23 pay award costs remain uncertain	Low Risk
Waiting Times/ Planned Care	Both tranches of funding received.	Low Risk
Prescribing	Prescribing growth is currently in line with financial planning, however any additional new drugs approved via SMC will continue to put increased pressure on the prescribing budgets	Low Risk
Mental Health	In-patient Mental Health Services from July 2020 is operationally managed by the Board, whereas previously delegated to IJBs. The IPMH has been managed collectively between the IJBs and Board in 2021/22.	Low Risk
Covid-19/Remobilisation	Covid-19 and remobilisation costs for 2022/23 have been fully funded through additional funding allocations. The impact of the pandemic continues to impacts on the ability to deliver a full savings plan. The recurring implications of Covid-19 have been estimated at this stage, and funding uncertainty for future years creates a risk.	Low Risk
Health & Social Care Partnership	The financial plan assumes HSCPs live within delegated budgets. NHS Tayside is exposed to overspends through the respective risk share agreements. Currently low risk as HSCPs project breakeven position	Low Risk
SG Allocations	Risk of non baseline allocations not being received in line with financial planning assumptions	Low Risk

SGHFCGVD Allocations (February 2022) Appendix 3

The table below outlines the anticipated allocations per the Financial Plan and the current position of allocations received to date.

	Original Financial Plan	Current Revenue Resource	Anticipated Allocations	Annual Revenue Budget
	£m	£m	£m	£m
BASELINE RECURRING ALLOCATIONS				
2020/21 Baseline	819,856	819,834		819,834
NPDO Funding 2020/21 (Baseline)	9,000	9,197		9,197
TOTAL BASELINE	**828,856**	**829,032**		**829,032**
ADDITIONAL NON BASELINE ALLOCATIONS				
Covid-19/ Remobilisation		92,412		92,412
Agenda for Change 2021/22/Medical & Dental		14,526		14,526
Planned Care	7,180	17,054	-374	16,680
Repay 2019/20 brokerage			-4,000	-4,000
Primary Medical Services	69,121	70,993		70,993
Primary Care Fund	3,681	11,504		11,504
Mental Health Recovery & Renewal	9,360	2,558		2,558
CSO - Core Health Board Research Allocation	7,373	7,630		7,630
2020/21 SG Transaction	7,000	7,000		7,000
Outcomes Framework	5,937	6,374		6,374
SRTC	5,000		6,150	6,150
New Medicines Fund	3,900	3,831		3,831
Redesign of Urgent Care	3,300	781	1,473	2,254
Thrombectomy	2,379	1,528		1,528
Scottish Trauma Network	2,231	2,468		2,468
Public Dental Services	2,185	2,185		2,185
PSS Unitary Charge	2,107	2,112		2,112
eHealth - ICT	2,009	2,009		2,009
Early Years Family Nurse Partnership	1,639	1,812		1,812
Mental Health Outcomes Framework	1,551	1,551		1,551
ADP Funding	1,334	2,888		2,888
Action 15 of the Mental Health Strategy	1,104	2,604		2,604
Distinction Awards for NHS Consultants	864	726		726
Golden Jubilee Foundation top slice 2017/18 Board SLAs	-618	-1,303		-1,303
National Distribution Centre Top-slice allocation	-1,169	-1,169		-1,169
NSD Risk Share	-4,305	-3,367		-3,367
Drug tariff reduction to global sum	-5,241	-5,241		-5,241
Winter - Multi-disciplinary Teams and additional Band 2 to 4 Staffing		2,861		2,861
Nursing Support for Care Homes		1,306		1,306
GP Practices - Sustainability Payment		1,123		1,123
Diabetic Technologies		1,019		1,019
Unscheduled Care Additional Summer Funding 2021/22		895		895
Winter planning		758		758
PFG Nursing		735		735
ICU baseline bed uplift		636		636
Electric Speed Adjusting Hand Pieces		586		586
Urgent & Unscheduled Care - Interface Care Programme		546		546
6 Essential Actions Building Capacity to Support Recovery		523		523
Car Park Management		0	795	795
Net Other Allocations (117<£500k)	-900	9,974	129	10,102
Core Depreciation	-17,696		-17,696	-17,696
TOTAL REVENUE RESOURCE LIMIT RECEIVED	**938,182**	**1,093,460**	**-13,523**	**1,079,936**
NON CORE ALLOCATIONS				
Annually Managed Expenditure (Provisions)	0		-405	-405
IFRS Revenue PFI	3,733		3,585	3,585
Non-Cash Expenditure (Depreciation)	17,490		17,370	17,370
Annually Managed Expenditure	21,674		15,196	15,196
Capital Grants	150		155	155
Donated Assets	506		504	504
DEL			1,500	1,500
NON CORE REVENUE RESOURCE ALLOCATIONS	**43,553**	**0**	**37,905**	**37,905**
FHS NON DISCRETIONARY	**55,896**	**0**	**53,896**	**53,896**
TOTAL OPERATING COSTS	**1,037,631**	**1,093,460**	**78,278**	**1,171,738**

Item Number 6.2
PRC09/2022

Performance and Resources Committee

14 April 2022

CAPITAL FINANCIAL REPORT AND PROGRAMME UPDATE FOR THE PERIOD ENDED 28 FEBRUARY 2022

Responsible Officer: Stuart Lyall, Director of Finance

Report Authors: Louise Lyall, Assistant Director of Finance - Infrastructure
Wilma Mason, Senior Capital Accountant

1. Purpose

This is presented to the Performance and Resources Committee for:-

- Assurance

This report relates to the:-

- Annual Operation Plan (AOP)

This aligns to the following NHS Scotland quality ambitions:-

- Effective

2. Report summary

2.1 Situation

The purpose of this report is to advise the Committee on the following:-

i. NHS Tayside's financial performance against the Five Year Capital Plan 2021/22 to 2025/26 for the eleven months to 28 February, 2022, and forecast outturn;
ii. the impact of the Covid-19 pandemic on the capital position to date and forecast outturn;
iii. implications of budget movements in the 2021/22 Capital Plan on future years;
iv. the risks to delivery of NHS Tayside's Capital Plan 2021/22 and provide a level of assurance around the management of risk;
v. emerging issues and impact on future years, and
vi. the programme of works being progressed by the Asset Management Group (AMG).

Scottish Government Health Finance, Corporate Governance and Value Directorate (SGHFCGVD) set three financial targets at Health Board level each year - Revenue Resource Limit (RRL), Capital Resource Limit (CRL) and Cash Requirement. Health Boards are required to contain their net expenditure within these limits.

This paper monitors progress against the CRL, which is a resource budget for net capital investment. As at 28 February, 2022, the 2021/22 core CRL is £30.862 million, with further allocations anticipated.

A moderate level of assurance has been reported, on the basis that planned expenditure continues to be impacted by delays in major capital projects under construction and the availability of staff resource to support further initiatives.

2.2 Background

The Five Year Capital Plan sets out Tayside NHS Board's priorities for managing the infrastructure that will support the delivery of patient care and associated services across NHS Tayside. The Plan is focused on actions across four main areas:-

- investment in infrastructure consistent with NHS Tayside's strategic health priorities;
- reduction in high and significant risk backlog maintenance and compliance with statutory requirements;
- replacement of essential equipment, and
- disposal of assets declared surplus to requirements.

In terms of allocation of resources, the Plan recognises the complexity of decisions and choices regarding the prioritisation of available funding, and the requirement to keep this under review on at least an annual basis.

By taking a balanced approach the Five Year Plan will ensure that NHS Tayside is able to:-

- improve estate and asset performance on all key indicators, including a targeted reduction in significant and high risk backlog maintenance, and a continued programme of essential equipment replacement, and
- disinvest from buildings with high operating costs, backlog maintenance requirements, or short remaining life where these do not meet future service requirements.

2.3 Assessment

The total capital programme forecast outturn at 28 February, 2022 is £33.181 million, with a breakeven position forecast. The Five Year Capital Plan is attached at Appendix 1, reflecting the February position, and a detailed financial assessment is shown in section 2.3.3.

The Capital Plan has a number of funding sources including core formula allocation, project specific funding, net book value (NBV) on disposal of assets retained to support the Capital Plan, donated funding, capital grants and revenue to capital transfer to support the non added value (NAV) elements of the Capital Plan.

The Plan includes project specific capital funding in addition to the core formula allocation to support key infrastructure projects, including Neonatal Intensive Care Unit (NICU), Multi-storey Plant Room (MSPR), Ninewells Electrical Infrastructure (NEI), National Treatment Centre - Tayside (NTC-T), Cancer Centre (CC), Shaping Critical Care (SCC), Endoscopy Decontamination Replacement (EDR) and Tayside Thrombectomy Imaging Facilities (TTIF).

It should be noted that the phasing and indicative costs in future years for the NEI projects has been updated in the plan following a review carried out by NHS Tayside's external cost advisors. Indicative costs and timings were originally based

on the NEI Outline Business Case (OBC), however due to the time lapse since approval of the OBC in 2018, and also the knowledge gained during the construction of NEI Zones 1 and 2, more realistic costs and phasing of the projects have been developed.

Major Projects Update:

The current status of major projects within the capital programme is as follows:-

- **Children's Theatre Suite (CTS)** – in the final stage of construction with handover and commissioning planned in April 2022. An overspend of circa £1.410 million is forecast, which equates to 14.6% over the approved Full Business Case (FBC) budget of £9.671 million. As CTS is funded through NHS Tayside's core formula allocation, any overspend will impact on NHS Tayside's forecast position. The forecast excludes costs associated with flood remedial works, as a separate funding stream for the loss incurred has been identified. The forecast also excludes Covid-19 costs associated with the project, which are funded through the Covid-19 capital allocations received from SGHFCGVD in 2020/21 and 2021/22.
- **NICU** – this project is now complete and Final Account received which includes a gain share for NHS Tayside of £0.159 million. An overspend of circa £0.050 million is forecast, which equates to 0.7% over the approved FBC budget of £7.204 million. The forecast includes estimated costs for minor works outwith the main contract, a 50% share (£61,194) of costs associated with a disputed Vital Energi invoice plus re-charges due in respect of shared costs with the CTS project. The financial status of the project will continue to be reported until these costs are confirmed and the final financial position is known. The forecast excludes Covid-19 costs associated with the project, which have been funded through the Covid-19 capital allocation received from SGHFCGVD in 2020/21.
- **MSPR** – this project is now complete and awaiting Final Account. An underspend of circa £0.159 million is forecast, which equates to 8.7% under the approved FBC budget of £1.841 million. As MSPR is funded by SGHFCGVD, any underspend will not impact on NHS Tayside's forecast position. Cost advisors are currently forecasting a gain share of circa £0.189 million for NHS Tayside on the combined MSPR and CTS projects (single contract). Should this materialise, any benefit to this project would not be realised until the CTS project is complete and the financial status of the project will continue to be reported until this time. The forecast excludes Covid-19 costs associated with the project, which have been funded through the Covid-19 capital allocation received from SGHFCGVD in 2020/21.
- **NEI Zone 2** - currently in construction. The project is currently reporting a 24 week delay with a planned construction completion now in Quarter 2 of 2022/23. The approved FBC budget is £7.922 million, however the Lead Advisor has advised the project team of potential additional expenditure requirements which have been accepted by the Project Board and AMG. The project is, therefore, currently projecting an overspend of circa £0.950 million, which equates to 11.99% of the approved FBC budget. Additional funding has been sought from SGHFCGVD. A detailed report on the overspend will be submitted to a future meeting of the Performance and Resources Committee (PRC).
- **NEI Zone 3** - early preparatory work has commenced to inform development of the FBC, which is now expected to be completed in 2022/23.
- **NTC-T** - Having initially completed the OBC in December, it now requires to be updated to reflect the impact of the new Scottish Government policy re:

Sustainability/Net Zero Carbon on both the design and the cost. The project plan will need to be updated to reflect the impact this will have on timelines.

- **CC** - The IA is now complete and is progressing through NHS Tayside's internal governance approvals process prior to being submitted to Capital Investment Group (CIG). It was considered by AMG in January 2022 and Executive Leadership Team (ELT) on 24 January, 2022, and is expected to be presented to Tayside NHS Board for approval in due course. The impact of new policy including "Sustainable Design and Construction (SDaC) Guide (SHTN 02-01)", published October 2021 by Health Facilities Scotland (HFS) and DL (2021) 38 - "A Policy for NHS Scotland on the Climate Emergency and Sustainable Development", published November 2021 and the fit with the wider infrastructure and development plan for Ninewells Hospital requires further consideration.
- **SCC** - The IA is now complete and is progressing through NHS Tayside's internal governance approvals process prior to being submitted to CIG. It has been considered by the Project Board and AMG in July 2021, and ELT on 24 January, 2022, and is expected to be presented to Tayside NHS Board for approval in due course. The impact of new policy including "Sustainable Design and Construction (SDaC) Guide (SHTN 02-01)", published October 2021 by HFS and DL (2021) 38 - "A Policy for NHS Scotland on the Climate Emergency and Sustainable Development", published November 2021 and the fit with the wider infrastructure and development plan for Ninewells Hospital requires further consideration.
- **EDR -** The IA is now complete and was considered at AMG in November 2021 and Tayside NHS Board in December 2021, and has now been approved by the Finance and Infrastructure Division at Scottish Government (SG).
- **TTIF** – An NHS Scotland Design Assessment Process (NDAP) report has been issued by Health Facilities Scotland (HFS) proposing that further information is provided to assure HFS the preferred option is valid. The Key Stage Assurance Review (KSAR) is in progress and due to complete by June 2022 and the National Initial Agreement (IA) is currently going through the governance process. A review of the total capital cost by external cost advisors has resulted in a revised estimated capital cost of £15.240 million for the project, an increase of £2.169 million against the OBC costs of £13.251 million submitted to Tayside NHS Board in December 2021. The OBC will be updated to reflect the increase in costs as well as the outcome of the NDAP, KSAR and National IA, and will be resubmitted through the NHS Tayside and National governance process prior to submission to CIG.

Major projects currently in construction were procured under a Frameworks New Engineering Contract (NEC3) Option C, which is a Target Cost contract, with activity schedule where the outturn financial risks are shared between the client and the contractor in an agreed proportion. The aim of the contract is to motivate the contractor to deliver the works in the most cost efficient way. NHS Tayside's NEC3 cost advisors are currently forecasting a gain share for NHS Tayside on completion of CTS/MSPR and NEI Zone 1 projects (NICU gain share is confirmed), which could result in a reduction in total project cost at final account stage.

Decisions Update

At the most recent AMG meeting held on 17 March, 2022, three items for decision were considered as noted on page 5.

1. AMG14/2022, NHS Tayside All Theatre Sites-Mobile Storage – Members approved capital funding of £252,390 for the purchase of mobile racking systems for nineteen theatre storerooms in 2022/23.
2. AMG15/2022, Robotic Assisted Surgery Continuity Requirement – Members approved capital funding of £220,418 for the purchase of additional decontamination equipment in 2022/23.
3. AMG16/2022, Proposed Scottish Ambulance Service Co-Location to Crieff Hospital – Members gave approval to progress with further discussion, noting the concerns around the proposal that had been raised and required to be addressed.

In addition to the above, AMG noted and discussed reports on the following:-

- AMG17/2022, Digital Wireless Network Requirements
- AMG18/2022, Digital Directorate Update and Risk Assessment
- AMG19/2022, Ninewells Strategic Development Framework
- AMG20/2022, Primary Care Premises Strategy Update
- AMG21/2022, Regional Asset Management Plan/CEL 35(2010) Meetings Progress Update
- AMG22/2022, Re-shaping Non-Acute Care, Dundee Major Project Update
- An update on the National Infrastructure Board Equipment Sub-Group was deferred to the next AMG meeting.

At the most recent Senior Capital Review Group (SCRG) meeting held on 23 February, 2022, three items for decision were considered:

1. Draft AMG Terms of Reference (ToR) and Work Plan 2022/22 – Members agreed that the ToR and Work Plan would be taken to March AMG for approval. The ToR and Work Plan was subsequently deferred to the May AMG meeting to allow for further discussion.
2. Procurement of Catering Equipment Funding request 2022/23 – Members approved the slippage of core capital funding of £309,243 and NIB capital funding of £146,201 into 2022/2023.
3. Commissioning of NHS Shared Business Services (SBS) for the Diagnostics Laboratories Managed Service Contract (MSC) Procurement Project – Members approved capital funding of £56,640 to commission NHS SBS to undertake professional procurement services for the new MSC prior to final approval of the FBC.

The delegated authority control sheet can be found at Appendix 2.

2.3.1 Quality/Patient Care

The Five Year Capital Plan supports the delivery of patient care and associated services across a range of environments in NHS Tayside.

2.3.2 Workforce

There are continued pressures around availability of project management and technical resources to support the delivery of both capital and revenue projects within the Capital Plan.

2.3.3 Financial

The total capital programme expenditure to 28 February, 2022, is £20.936 million, which is 63% of the total forecast outturn, and includes Covid-19 expenditure of £1.271 million. Table 1 shows the expenditure to date against total forecast across each of the expenditure headings, and the split between capital and NAV expenditure.

Table 1 – Summary of Expenditure to 28 February, 2022

Project	Forecast Capital Programme	Total Spend to date	% spend	Capital	Non-Added Value
	£m	£m		£m	£m
NEI Zone 1	0.968	0.825	85%	0.825	0.000
NEI Zone 2	6.217	5.481	88%	5.481	0.000
NEI Zone 3	0.017	0.003	17%	0.003	0.000
NICU	0.610	0.458	75%	0.458	0.000
CTS	3.210	2.094	65%	2.094	0.000
MSPR	0.205	0.205	100%	0.205	0.000
NTCT	1.788	1.187	66%	1.187	0.000
TTIF	2.080	1.569	75%	1.569	0.000
Other Major Projects	0.096	0.049	51%	0.049	0.000
Statutory Compliance-Backlog Maintenance	1.509	1.149	76%	0.943	0.206
Medical Equipment	12.796	5.889	46%	5.878	0.011
Radiotherapy Replacement Programme	0.858	0.116	14%	0.116	0.000
Non Medical Equipment	0.449	0.410	91%	0.410	0.000
NSS PSS Equipment	0.013	0.013	100%	0.000	0.013
IC&T	0.533	0.316	59%	0.308	0.008
Other State of the Estate Projects	0.253	0.127	50%	0.548	0.029
Covid-19 Minor Projects	0.950	0.450	47%	0.000	0.000
Project Managers	0.585	0.526	90%	0.526	0.000
Capital Grants	0.155	0.069	44%	0.069	0.000
GP Sustainability Loan - St Margarets HC	0.000	0.000	0%	0.000	0.000
Contingency	0.000				
(Over)/Under Commitment in Capital Expenditure	(0.112)				
(Over)/Under Commitment in NAV Expenditure	0.002				
	33.181	**20.936**	**63%**	**20.668**	**0.268**

Forecast Outturn 2021/22

The total forecast outturn at 28 February, 2022 is £33.181 million and includes total gross direct capital expenditure at £31.378 million (including £2.997 million Covid-19 costs), capital grants at £0.155 million, NAV expenditure at £1.328 million, and donated expenditure at £0.320 million in relation to the contribution from the Archie Foundation for the Children's Theatre Suite project, plus one item of donated equipment. Donated expenditure in respect of the Tayside Health Fund is forecast at £0.300 million giving an overall total for donated expenditure of £0.620 million for 2021/22.

The forecast outturn includes a net deficit of £0.110 million, comprising £0.112 million over commitment in capital expenditure and £0.002 million under

commitment in NAV expenditure. At this stage, a breakeven position is forecast against the CRL for 2021/22.

The sale of Montrose Royal Infirmary concluded on 14 June, 2021, with NBV of £0.150 million. No other property disposals are forecast to complete in 2021/22. The NBV on disposal of assets from the Asset Register, plus NAV write-offs, is currently £0.063 million and a loan redemption note in respect of the NHS Scotland Pharmaceutical 'Specials' Service (procured though HUB East Central Scotland framework) has NBV of £0.027 million. This gives a total NBV of £0.240 million, which has been incorporated into the capital programme forecast outturn.

A summary of the capital programme forecast expenditure and funding sources is shown in Table 3 below, with a breakeven position currently forecast, including Covid-19 expenditure.

Table 3 – Capital Programme Forecast Expenditure and Funding Sources 2021/22

Total Capital Programme Forecast Expenditure and Funding Sources 2021/22	**£m**	**£m**
Gross Direct CRL Expenditure per FPR comprising:		
Added Value	28.455	
CY Impairment	2.924	
Total Gross Direct CRL per FPR		**31.378**
Less Capital Receipts Retained Locally	(0.240)	
Total Net Direct CRL Expenditure per FPR		**31.138**
Add Indirect CRL Expenditure (Capital Grants) per FPR	0.155	
Total Forecast CRL Expenditure Including Capital Grants		**31.292**
Other Infrastructure Investment outwith CRL		
Non-Added Value (NAV) Expenditure		1.328
Capital Receipts Expenditure		0.240
Donated Expenditure		0.320
Total Capital Programme Forecast Expenditure		**33.181**
Funded by:		
NET Direct CRL SGHSCD Allocation		31.138
Indirect CRL SGHSCD Allocation		0.155
Capital Receipts Retained Locally		0.240
Revenue to Capital Non Added Value Funding		1.328
Archie Contribution to CTS/Private Donation		0.313
Private Donation		0.007
Total Capital Programme Funding		**33.181**
Forecast (Over)Underspend		**0.000**

Opportunities to mitigate the risk of an unbalanced position against the CRL in 2021/22 continue to be explored, and the Capital Finance Team will liaise closely with budget managers and SG Capital and Infrastructure colleagues to achieve a breakeven position.

Movements in Forecast Expenditure

The forecast outturn of £33.181 million shows a net increase of £4.163 million from the NHS Tayside Five Year Capital Plan 2021/22 to 2025/26. The detailed movements are shown in the Capital Forecast Summary at Appendix 3 and significant movements are detailed on page 8.

Increase in Annual Forecast Expenditure 2021/22

NEI Zone1 - ***£0.968 million net increase including*:**

- £0.916 million slippage in expenditure from 2020/21 to 2021/22 not captured in the AOP, due to timing of the submission, and
- £0.052 million increase in the Target Cost not factored into the 2021/22 forecast.

CTS - ***£1.806 million net increase including:***

- £0.384 million slippage in expenditure from 2020/21 to 2021/22 not captured in the AOP, due to timing of the submission;
- £0.105 million for NICU Uninterruptable Power Supply (UPS) works;
- £0.496 million for flood remedial works;
- £0.106 million for projected Covid-19 costs in 2021/22;
- £0.336 million for pipe work modifications in Pipe Street, and
- £0.379 million for other increases within the Target Cost.

TTIF - ***£2.080 million net increase including:***

- Additional funding approved by SGHFCGVD in respect of Sections 1 and 2 - construction work and Section 3 - development of the FBC, professional fees to progress the design to Royal Institute of British Architecture (RIBA) Stage 3, and appointment of a Principal Supply Chain Partner (PSCP).

Medical Equipment - ***£8.859 million net increase including:***

- £0.178 million slippage in expenditure from 2020/21 to 2021/22 not captured in the AOP, due to timing of the submission;
- £1.020 million additional funding provided by SGHFCGVD for a Canon CT Aquilion Prime SP Mobile Scanner;
- £1.184 million additional funding provided by SGHFCGVD for a Nuclear Medicine dose calibrator, dental equipment, spectrophotometer, polymerase chain reaction system, ultrasound/imaging/diagnostic laboratory equipment, colposcope, genetics analyser, ophthalmology equipment, audiology equipment and medical equipment received from the Louisa Jordan and Department of Health;
- £0.359 million additional Covid-19 funding for medical equipment;
- £3.072 million additional funding allocated through the National Infrastructure Board (NIB) Equipping Group for the replacement of prioritised medical equipment;
- £0.915 million approved core capital funding for the Radiology Angiography project;
- £1.631 million approved core capital funding (made available through slippage in the capital programme) for prioritised medical equipment including equipment advanced from the 2023/24 Rolling Replacement Programme;
- £1.129 million approved core capital funding for emergency medical equipment bids, and
- £0.629 million net slippage and budget reductions.

Reduction in Annual Forecast Expenditure 2021/22
NEI Zone 3 - ***£1.483 million net reduction including:***

- £0.060 million slippage in expenditure from 2020/21 to 2021/22 not captured in the AOP due to timing of the submission, and
- £1.543 million slippage in the 2021/22 expenditure projection due to a delay in development of the FBC.

NTC-T - ***£3.637 million net reduction including:***

- £0.049 million slippage in expenditure from 2020/21 to 2021/22 not captured in the AOP, due to timing of the submission, and
- £3.686 million slippage in the 2021/22 expenditure projection as advised by NHS Tayside's cost advisors.

Radiotherapy Replacement Programme - ***£3.202 million net reduction including:***

- £0.511 slippage in the Record and Verify System due to an unforeseen requirement to upgrade the windows operating system for associated Linear accelerators;
- £2.943 million slippage in expenditure incurred on the MRI Simulator not deliverable until April 2022, due to a delay in approval of final costs by the Technical Specification and Evaluation Sub-Group (TSE);
- £0.098 million additional funding provided by SGHFCGVD for the Brachytherapy Unit in 2021/22;
- £0.141 million approved core capital funding for the Treatment Planning System, and
- £0.013 million net budget increases.

Capital Allocations

The CRL allocation from SGHFCGVD is confirmed in the February capital allocation letter at £30.862 million. This includes the initial core formula allocation of £9.473 million, and further allocations totalling £21.389 million in respect of the following:-

- The return of £0.854 million funding to NHS Tayside with regard to CRL slippage returned to SGHFCGVD in 2020/21;
- Additional funding over and above the core formula allocation for:-
  - Major projects - £12.078 million;
  - Covid-19 projects - £2.997 million;
  - Medical and non-Medical equipment - NIB allocation - £3.485 million;
  - Dental Pods - Dental Education Infrastructure allocation - £0.159 million;
  - Fluorescence Spectrophotometer, PCR System and Genetics Analyser- National Services Division (NSD) allocation - £0.312 million;
  - Robotic Assisted Surgery and Brachytherapy projects - £0.638 million;
  - Ultrasound, Laboratory and Imaging equipment - £0.168 million;
  - MRI Simulator and Dose Calibrator - £0.036 million;
  - Ophthalmology and Audiology equipment - £0.450 million, and
  - Net capital to revenue/revenue to capital transfers - £0.212 million.

Specific ring-fenced allocations and adjustments of £0.276 million are currently anticipated in 2021/22 and shown in Table 4 on page 10.

Table 4 - Capital Resource Limit Funding Allocations 2021/22

Capital Resource Limit (CRL) Funding Allocations 2021/22	£m	£m
Initial Core CRL Allocation	9.473	
Further Allocations in February Allocation Letter	21.389	
Total CRL Allocations Received		**30.862**
ADD: Anticipated Additional Allocations		
Canon CT Aquilion Prime SP Mobile Scanner	1.020	
Louisa Jordan and DoH Medical Equipment (NSS)	0.069	
LESS: Anticipated Adjustments & Transfers		
Ninewells Electrical Infrastructure Zone 2	(0.272)	
Ninewells Electrical Infrastructure Zone 3	(0.083)	
National Treatment Centre - Tayside	(0.225)	
Cancer Centre	(0.008)	
Radiotherapy - MRI Sim	(0.003)	
Capital Grants Adjustment	(0.155)	
NET Capital to Revenue/Revenue to Capital Transfers	(0.067)	
Total Anticipated Allocations and Adjustments		**0.276**
Total Net Direct CRL Allocation per FPR		31.138
Total Indirect CRL Allocation - Capital Grants		0.155
Total Forecast CRL Allocations Including Capital Grants		**31.292**

Impact of Covid-19 on Forecast Outturn 2021/22

A summary of the Covid-19 projected expenditure for 2021/22 is shown in Table 5. Additional capital funding of £2.997 million has been provided by SGHFCGVD for Covid-19 capital costs in 2021/22.

Table 5 - Covid-19 Projected Expenditure 2021/22

Project	Projected Expenditure 2021/22
	£m
Medical equipment	1.785
IC&T equipment	0.107
CTS & NEI Zone 2 Projects	0.171
Environmental works – acute sites	0.934
Total Projected Expenditure 2021/22	**2.997**

Additional environmental works projects are in development, although have yet to be confirmed as capital or revenue projects. Works are also continuing in respect of the development of Intensive Care Unit side rooms.

2.3.4 Risk Assessment/Management

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

There are currently two strategic risks identified in relation to infrastructure:-

i. Strategic Risk 636: Prioritisation and Management of Capital Funding, and
ii. Strategic Risk 312: Estate Infrastructure Condition (reported separately).

These risks could impact on the ability of the Board to deliver the Clinical Strategy and the RAMP, and ensure a safe and effective healthcare environment which is fit for purpose. This section focuses on Strategic Risk 636, which has the following description recorded in Datix:-

'Lack of prioritisation and control around the utilisation of limited capital resources, and staffing resources available to deliver the Clinical Strategy and the Regional Asset Management Plan (RAMP) will lead to an inability to deliver safe and effective care in an appropriate healthcare environment which is fit for purpose, which will result in damage to organisational reputation. All asset disposal proceeds will be re-invested in the Infrastructure Programme. As such, progress with the asset disposal programme needs to be monitored, with a clear understanding around the timing of receipt of asset disposal proceeds.'

The current performance is detailed in Table 6 below.

Table 6 – Strategic Risk 636

Datix Ref	Risk Title	Risk Owner	Risk Exposure – No Controls	Current Risk Exposure Rating				Planned Risk Exposure
636	Prioritisation and Management of Capital Funding	Director of Finance	20	12	20	20	20	12

There has been no change to the risk exposure ratings since the last report, which was presented to Members on 10 February, 2022. The risk scores reflect the financial position as at Month 11, and the continued risk of further slippage in planned expenditure. Regular discussions with SGHFCGVD colleagues continue around the capital position and funding allocations. Capacity issues within the Property Team, including the availability of project management and technical staff to support the development and implementation of capital projects, continues to be a major risk to the delivery of the capital programme, with discussions continuing at a senior level to resolve.

Recognition should be given to the continued pressures around the availability of capital funding nationally in future years, and the impact this may have on planned projects, and the available capacity within project management and technical resources to support the Infrastructure Investment Programme. The confirmed capital formula allocation for NHS Tayside in 2021/22 was £9.473 million. The draft Scottish Budget was announced on 9 December, 2021, and Boards were advised by SGHFCGVD to assume a five per cent increase in their initial capital formula allocation. The assumed initial capital formula allocation for NHS Tayside with effect from 2022/23 is, therefore, £9.947 million.

AMG will consider updates around the Strategic Infrastructure Risks and Digital Directorate risk assessments in line with their Annual Work Plan, and will identify the level of risk across all assets and prioritise accordingly all available resources to reduce risk and support service transformational work. Key operational risks in relation to the management of the Capital Plan are reported to each AMG meeting and to SGHFCGVD through the quarterly FPR. Appendix 4 summarises the ongoing operational risks including, but not exclusively, the impact of Covid-19.

The Statutory Compliance and Backlog Maintenance Plan continue to be reviewed in conjunction with the Director of Facilities and Head of Property.

Current and planned/proposed controls in relation to Strategic Risk 636 are contained within the Datix system. The assessment of adequacy of the current controls has been recorded as being 'incomplete' at the present time, meaning that 'controls are appropriately designed but these are not consistently applied'.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed as it is not applicable to the reporting of the capital month end position. Where applicable, impact assessments will be carried out for individual projects listed within the Capital Plan.

2.3.6 Other impacts

The amounts and scheduling of projects beyond 2021/22 are subject to change. Future projects cannot be robustly costed until design work has been completed. Furthermore, priorities and resources are subject to change and should align with the Board's Clinical Strategy and RAMP. The forecast for 2022/23 onwards should, therefore, be treated as indicative at this stage.

There are a number of emerging issues with significant financial implications that will impact on the Capital Plan and capital funding requirements in future years. These issues are reported routinely to AMG, and have been included in the AOP and the RAMP.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:-

- Major infrastructure projects have project teams and project/programme boards established, with representation from key stakeholders and communication and engagement strategies developed;
- University of Dundee is represented on the membership of AMG;
- Regular dialogue with SGHFCGVD Health Finance and Infrastructure Team, and
- Regular dialogue with external property valuers in respect of the NHS Tayside estate.

2.3.8 Route to the Meeting

This paper has not been circulated to any meetings prior to submission to the Committee.

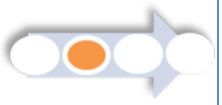
2.4 Recommendation

The report is submitted to the Committee for Assurance.

A reasonable level of assurance has been reported, on the basis that planned expenditure continues to be impacted by delays in major capital projects under construction and the availability of staff resource to support further initiatives.

3 List of appendices

- Appendix 1 Five Year Capital Plan 2021/22 to 2025/26
- Appendix 2 Delegated Authority Control Sheet
- Appendix 3 Capital Forecast Summary 2021/22
- Appendix 4 Operational Risk Register

Level of Assurance		System Adequacy	Controls	✓
Substantial Assurance		A sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	✓
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	

NHS TAYSIDE
CAPITAL PROGRAMME 2021/22 - 2025/26
As at 28 Feb 2022

APPENDIX 1

	2021/22 Approved AOP	2021/22	2022/23	2023/24	2024/25	2025/26	TOTAL 5 YEAR PLAN
	£000	£000	£000	£000	£000	£000	£000
CRL FUNDING							
Allocated CRL Funding							
Core Formula Allocation	9,473	9,473	9,947	9,947	9,947	9,947	49,260
Ninewells Electrical Infrastructure Zone 1		968					968
Ninewells Electrical Infrastructure Zone 2		6,424					6,424
Ninewells Electrical Infrastructure Zone 3		100					100
Neonatal Intensive Care Unit		610					610
Multistorey Plantroom		205					205
National Treatment Centre - Tayside		2,013					2,013
Cancer Centre		8					8
Shaping Critical Care		13					13
Endoscopy Decontamination Replacement		53					53
Thrombectomy Imaging Facilities		1,684					1,684
Robotic Assisted Surgery		540					540
Slippage returned from SG		854					854
Radiotherapy - Brachytherapy		98					98
Radiotherapy - MRI Sim		10					10
Dental Education Infrastructure		159					159
Radionuclide Dose Calibrator - Nuclear Medicine		26					26
Covid-19 Allocation		2,997					2,997
Medical and Non-Medical Equipment - NIB Funding		2,241					2,241
Fluorescence Spectrophotometer - NSD Funding		45					45
ACT Revenue to Capital Transfer - RVH Bike Shed		14					14
Switched on Fleet		111					111
QI Aquant real time PCR system - NSD Funding		30					30
Medical Equipment - NIB Funding Round 2		1,244					1,244
Ultrasound, Diagnostic Lab Kit, Liquid Biopsy		168					168
ACT Revenue to Capital Transfer - Medical Equipment		75					75
Revenue (allocation ref 609) to Capital Transfer - Colposcope		12					12
Replacement analyser NSD Funding		237					237
Ophthalmology Equipment		399					399
Audiology Equipment		50					50
Total Allocated CRL Funding Per Feb Allocation Letter	**9,473**	**30,862**	**9,947**	**9,947**	**9,947**	**9,947**	**70,648**
Anticipated CRL Funding - Strategic Investment							
National Treatment Centre - Tayside	5,425	(225)	5,373	23,544	44,432	8,548	81,672
Neonatal Intensive Care Unit	126						
Cancer Centre		(8)	750	2,750	4,250	6,000	13,742
Shaping Critical Care			500	1,500	4,000	4,000	10,000
Endoscopy Decontamination Replacement		()	150	1,381	2,414	805	4,750
Thrombectomy Imaging Facilities			1,002	6,274	5,676		12,952
NW & PRI Laboratories MSC Enabling Works			200	4,929			5,129
NW & PRI Laboratories MSC Procurement			57				57
Radiotherapy - Small Centre Ancillary Items				270			270
Radiotherapy - DD1 Linac				2,797			2,797
Radiotherapy - Record & Verify System	511		511				511
Radiotherapy - MRI SIM	2,950	(3)	3,943				3,940
Radiotherapy - DD2 Linac						2,689	2,689
Radiotherapy - DD5 CT Scanner						854	854
Radiotherapy - DD8 Treatment Planning System					637		637
Radiotherapy - DD10 Archive System					150		150
Anticipated CRL Funding - Backlog Maintenance							
Ninewells Infrastructure Zone 2	6,433	(272)	1,627				1,355
Ninewells Infrastructure Zone 3	1,500	(83)	478	6,500	1,000		7,895
Ninewells Infrastructure Zone 4				600	7,650	3,750	12,000
Ninewells Infrastructure Zone 5					350	4,400	4,750
Anticipated CRL Funding - Other							
ACT Revenue to Capital Transfer - Immersion Room		33					33
Capital to Revenue Transfer (ACT) - RVH - Bike Shed Install		(14)					(14)
St Margarets Health Centre - GP Sustainability Loan			526				526
Downfield - GP Sustainability Loan				192			192
Hawkhill - GP Sustainability Loan				390			390
Capital to Revenue Transfer - Switched on Fleet - Charging Points		(111)					(111)
Revenue to Capital Transfer - Dental Service Winter Planning 2021/22		25					25
Capital Grants Adjustment	(150)	(155)	(192)	(150)	(150)	(150)	(796)
Canon CT Aquilion Prime SP Mobile Scanner		1,020					1,020
Louisa Jordan and DoH Medical Equipment (NSS)		69					69
Equipment to Support Delivery of Planned Care Remobilisation for TT Guarantee			307				307
Covid-19			553				553
Total Anticipated CRL Funding	**16,795**	**276**	**15,786**	**50,977**	**70,410**	**30,895**	**168,344**
TOTAL NET DIRECT CRL PER FINANCIAL PERFORMANCE REPORT	**26,268**	**31,138**	**25,732**	**60,924**	**80,356**	**40,842**	**238,992**
OTHER FUNDING SOURCES - CAPITAL							
Estimated NBV on Disposal of Property		206					206
Estimated NBV on Disposal of Equipment		5					5
Estimated NBV on Disposal of Vehicles		2					2
Loan Redemption Note - NHS Scotland Pharmaceutical 'Specials' Service		27	5	3	4	3	42
Capital Grants	150	155	192	150	150	150	796
Charity Contributions							
Children's Theatre Suite Archie Contribution due	100	100					100
Children's Theatre Suite Archie Contribution rec'd		212					212
Cash Donation		8					8
OTHER FUNDING SOURCES - REVENUE							
Revenue to Capital transfer (Non-Added Value)	2,500	1,328	1,500	1,500	2,000	2,500	8,828
TOTAL OTHER FUNDING SOURCES	**2,750**	**2,043**	**1,696**	**1,653**	**2,154**	**2,653**	**10,200**
TOTAL CAPITAL PROGRAMME FUNDING	**29,018**	**33,181**	**27,429**	**62,577**	**82,510**	**43,495**	**249,192**

FORECAST EXPENDITURE							
STRATEGIC INVESTMENT							
Children's Theatre Suite	1,403	3,210					3,210
National Treatment Centre - Tayside	5,425	1,788	5,373	23,544	44,432	8,548	83,685
Neonatal Intensive Care Unit	126	610					610
Cancer Centre			750	2,750	4,250	6,000	13,750
Shaping Critical Care		13	500	1,500	4,000	4,000	10,013
Endoscopy Decontamination Replacement		53	150	1,381	2,414	805	4,803
Thrombectomy Imaging Facilities		2,080	1,002	6,274	5,676		15,032
NW & PRI Laboratories MSC Enabling Works		30	200	4,929			5,159
NW & PRI Laboratories MSC Procurement			57				57
Radiotherapy - Small Centre Ancillary Items		22					22
Radiotherapy - Treatment Planning System	59	181	16				197
Radiotherapy - DD8 Brachytherapy Unit	540	648					648
Radiotherapy - DD9 Record & Verify System	511		511				511
Radiotherapy - MRI SIM	2,950	7	3,943				3,950
Radiotherapy - Small Centre Ancillary Items				270			270
Radiotherapy - DD1 Linac				2,797			2,797
Radiotherapy - DD2 Linac						2,689	2,689
Radiotherapy - DD5 CT Scanner						854	854
Radiotherapy - DD8 Treatment Planning System					637		637
Radiotherapy - DD10 Archive System					150		150
BACKLOG MAINTENANCE							
Ninewells Infrastructure Zone 1		968					968
Ninewells Infrastructure Zone 2	6,433	6,217	1,627				7,844
Ninewells Infrastructure Zone 3	1,500	17	478	6,500	1,000		7,995
Ninewells Infrastructure Zone 4				600	7,650	3,750	12,000
Ninewells Infrastructure Zone 5					350	4,400	4,750
Multi Storey Plant Room		205					205
Statutory Compliance & Backlog Maintenance	3,000	1,509	3,000	3,000	3,000	3,000	13,509
MINOR PROJECTS							
Primary Care Projects - Balance Uncommitted (£41,630 in 2022/23 now capital grant)	267		253	400	400	400	1,453
Primary Care Projects - Broughty Ferry HC		16	105				122
Primary Care Projects - Replace Flat Roof		57					57
Primary Care Projects - Broughty Ferry HC accomodation		5					5
Flow Navigation Centre		17	221				238
Tayside CDU & Laundry Single Points of Failure & Asset Tagging Surveys		70					70
Bathroom Refurbishment		30					30
Alterations to Inchcape to create Minor Injury Unit		15	50				65
Radiotherapy M.E survey		15					15
Other Misc Expenditure		27					27
COVID-19 ENVIRONMENTAL WORKS							
Refurbishment work to repurpose clinical footprint in Ward 32	525	406					406
Creation of ENT Examination Room Ward 23b		8					8
Anaesthetic Block Room		101					101
Laboratory Relocation Proposal Phase 1 - HOT LAB		258	23				282
Refurb Accomodation Adj to ASRU		2					2
Hospital Dental Service Mobilisation (Redesign Of Reception & Waiting Areas)	240	28	217				245
Cold store and equipment with associated enabling works and IT infrastructure		95					95
Stabilization Room within Ward 5, level 3		8					8
Additional Critical Care Points		44					44
EQUIPMENT							
MEG - Rolling Replacement Programme:							
RRP Balance Uncommitted	809		2,000	2,000	2,000	2,000	8,000
Dental Chairs & Cabinetry	509	509					509
Theatre Fridge	62	61					61
Incubators		21					21
Video Stack		15					15
Video Stack Urology		19					19
Video Stack ENT		12					12
Ultrasound System		60					60
Sonosite Vascular Ultrasound		27					27
Sonosite Transducer Probe		6					6
Liver Ultrasound Probes (1x lap. 2x open)		39					39
Examination Chair x2		18					18
ULtrasound Scanner		6					6
Ultrasonic Bronchofibre Videoscope		69					69
4x Infant Ventilators		107					107
2x Anaesthetic Machine		16					16
21x Dialysis Machines		366					366
Diagnostic Ultrasound		103					103
3x Cryogenic Storage Vessels			50				50
Various Endoscopes		674					674
MALDI-tof		134					134
MEG - Non Rolling Replacement Programme:							
Non RRP Balance Uncommitted	107		1,000	1,000	1,000	1,000	4,000
Class 1 & Class 2 Microbiological safety cabinet	61	120					120
Integrated blood Bank Fridge		58					58
Resuscitaires		7					7
Operating Table		17					17
Spinal retractor System		21					21
Diagnostic Screening Unit		24					24
Patient Diagnostic Testing Equipment (Vmax)		20					20
Patient Monitoring		144					144
Mobile Catheter Storage Cabinets		18					18
CDS System x2		30					30

Phantom		7					7
Digital Scanner		22					22
Aurical Audiometer		9					9
Dental Drill		27					27
Grid Pad Communication Aid		42					42
-70 Freezer		12					12
Mass Spectrometer		291					291
Hi-Pro Aurical Audiometer		17					17
2 x Electric ENT Examination Chairs		18					18
TOE probe		22					22
Ziehm Vision C-Arm		76					76
2x Diathermy Unit		50					50
Digital Detector		38					38
ECG Machine		5					5
Menarini MacroPATH Dissection Digital Imaging System Labs/pathology x 2		49					49
Leica ST5010 Autostainer & CV5030 robotic coverslipper		104					104
Leica Peloris Type 11 Tissue Processor		109					109
Warming Cabinets		7					7
Fundus Camera		10					10
EG System Starter Kit		60					60
Non MEG Medical Equipment:							
Angiography Equipment (Room H) - Radiology	922	1,372					1,372
Robotic Assisted Surgery	240	929					929
Bladder Scanner		8					8
Remote CO2 Monitoring System		37					37
Cough Assist Kit							
2x ResMed Ventilators		14					14
Radionuclide Dose Calibrator		22					22
Fluorescence Spectrophotometer		45					45
QIAquant real time PCR system			30				30
Dental Model Scanner		22					22
Ultrasound machine with shear-wave elastography		62					62
Storz Professional Image Enhancement system			60				60
Diagnostic lab kit			48				48
Colposcope		12					12
3 x ECG machines		15					15
Replacement Analyser		237					237
Topcon		10					10
OCT Software Upgrade		104					104
Ocular Response Analyser		17					17
Visual Field Analyser Software Upgrade		101					101
Ngenuity 3D Visualisation Syst.		168					168
5x Radiology Ultrasounds		363					363
Canon CT Aquilion Prime SP Mobile Scanner		1,020					1,020
Audiology Equipment			50				50
Electrocardiograph (ECG); 12-lead		8					8
Xray trolley		14					14
Electrocardiograph (ECG); 12-lead x 2		16					16
GE Healthcare - Venue Go ultrasound and cart		14					14
Fujifilm Sonosite - Edge ii/ Titan: EDGEII		17					17
Equipment to Support Delivery of Planned Care Remobilisation for TT Guarantee			307				307
Covid-19 Capital Equipment:							
Hospital Dental Service Mobilisation (Mainly Dental Chairs)	875	749					749
Hospital Dental Service Mobilisation (Dental Pods)	74	255					255
Vivascope 2500 & installation	278	278					278
Glidescope		12					12
Sonosite Ultrasound Unit		74					74
Mobile X-ray Unit - DOH		92					92
GeneXpert analyser for rapid testing		126					126
NIB Medical Equipment							
Gamma Camera SPECT CT		665					665
Dexa		180					180
Image Analysis System for Genetics		226					226
Narcotrend Monitors x 10		143					143
Oesophageal Doppler Monitors x 2		34					34
ICG 4k stacking system with telescopes		127					127
2 x 3 and 2 x 5mm Choledochoscopes		64					64
Powered Surgical Trolley with Powered functions			34				34
KTP Laser replacement for existing model		44					44
Surgical Saw Piezo Electrical System		20					20
Bladder Scanner - Prime Plus Version			8				8
500 XLS Examination Chair & Coolview Ceiling Light		7					7
ADEC411 - Stand Alone Dental Chair		2	8				10
Sonosite Ultrasound PX		34					34
Sonosite Ultrasound Edge 2		34					34
ECG Machine							
Community Bladder Scanners		19					19
Xion Endoflex System for Video Endoscopy and F.E.E.S		31					31
Prime Plus Bladder * 2		19					19
BioCon700-2 bladder scanner with Trolley		17					17
Q-NRG+ Indirect Calorimetry Devise		19					19
Bladder Scanner		19					19
Bladder Scanner		9					9
Ultrasound Machine		36					36
Dental Chair		14					14
Digital Imaging machine		13					13
Tissue Embedding Console System		12					12
Verathon Bladder scanner		9					9
Standard Visual Electrophysiology System		35					35
Cryostat		18					18
Oympus 1500 Series Video Stack x 4		326					326
Integrated patient monitoring for CCU		361					361
Intravascular Ultrasound for cathlab		138					138
Boston mobile IVUS trolley		30					30

Turbo Ultrasound system		21					21
UV phototherapy unit x 2			51				51
Surgical saw, piezo electric system							
Thin prep 2000 - Hologic		45					45
Mortuary trolley			9				9
Leica Auto cut - Microtome x 2		28					28
EMERGENCY - Cassette Microwritter - Shandon Diags (Epredia)		15					15
ConeBeam CT based adaptive dose calculation functionality for existing Mobius 3D software		29					29
CT Torso anthropomorphic Phantom		33					33
CT Prostate Phantom			9				9
Patient Immobilisation systems and accessories		9					9
NIB Non Medical Equipment							
Freestanding Blast Chiller			22				22
Patient Meal Belt			15				15
Dirty Tray Belt			22				22
Bagnalls/ Tow Trucks							
Walk in milk fridge			8				8
Walk in vegetable coldroom			11				11
General Prep Room			14				14
Tilting kettles							
Walk in fridge (larder)			11				11
Walk in freezer			15				15
Bratt Pan							
Comfort Turn Assist Mattress x 2		12					12
Non Medical Equipment:							
Replacement Mobile Dental Unit	150		254				254
Endoscopy Decontaminaton Equipment	74	76					76
CDU RO System Replacement	30						
Vehicle Replacement Programme Year 2	127	37	76				113
Casting Oven		9					9
Catering Equipment		305					305
Catering Washing Equipment			309				309
Replacement Plotter		10					10
CDU Equipment for Robotic Surgery Business Continuity			220				220
NHS Tayside All Theatre Sites - Mobile Storage COVID-19			252				252
eHealth - Rolling Replacement Programme:							
ICT Equipment	36	35					35
Network - Wireless Redesign Survey		250					250
2 Uninterruptable power supply		20					20
ICNET Implementation Fees		1					1
eHealth - Projects:							
Network Replacement		7					7
Digital Pathology System			638				638
Improving Cancer Information and Systems		4					4
Audio Visual equipment COVID-19		107	60				167
eHealth - ACT Projects:							
IT equipment (ACT)		3					3
Audio Visual Immersion Room(ACT)		33					33
i-Simulate equipment (ACT)		9					9
Simulation equipment (ACT)		12					12
Audio Visual equipment (ACT)		42					42
Audio Visual equipment (ACT)		12					12
NHSS PSS							
Non Added Value Equipment		13	19				32
OTHER COMMITMENTS							
Project Management & Staff Costs	634	585	603	621	640	659	3,108
Capital Grants	150	155	192	150	150	150	796
St Margarets Health Centre - GP Sustainability Loan			526				526
Downfield - GP Sustainability Loan				192			192
Hawkhill - GP Sustainability Loan				390			390
TOTAL FORECAST EXPENDITURE	**28,117**	**33,291**	**25,409**	**58,298**	**77,749**	**38,254**	**233,002**
Contingency	901	-	2,019				2,019
Under/(Over) Commitment in Capital Expenditure		(112)					(112)
Under/(Over) Commitment in NAV Expenditure		2					2
REVISED TOTAL FORECAST EXPENDITURE	**29,018**	**33,181**	**27,429**	**58,298**	**77,749**	**38,254**	**234,911**
SURPLUS / (DEFICIT)	**()**	**()**		**4,279**	**4,761**	**5,241**	**14,281**

COMMITTED PROJECTS SUBJECT TO AVAILABILITY OF FUNDING							
Hospital Dental Service Mobilisation (Redesign Of Reception & Waiting Areas)			120				120
UNCOMMITTED PROJECTS PENDING AMG SUBMISSION							
Intensive Care Unit - Additional Side Rooms							
Wired network (Core)				2,000			2,000
Wired network (Dist. And Edge)			900	900	900	900	3,600
Wireless network (access layer)			2,290	2,290			4,579
Security (Firewalls - Large)						600	600
Security (Firewalls – normal)					150		150
Network Management Service (DNS)						400	400
Remote Access Service						300	300
Data Centre Hyperconverged Infrastructure			500		500		1,000
Data Centre Storage				500			500
IP Telephony			50		50		100
Tayside Linen Services			557	1,335		140	2,032
Central Decontamination Unit			679	150	65	41	935
Catering Equipment Replacement Plan			1,166	124	295	148	1,733
Vehicle Replacement Programme			200				200
TORT Improvements (costs TBC)							
UNCOMMITTED MAJOR PROJECTS							
Projects with complete Strategic Assessments:							
Prioritised in Infrastructure Investment Plan							
PRI Laboratories Accomodation Works					1,179	2,358	3,536
Reshaping Non-Acute Care Dundee							
Angus Care Model - Stracathro							
Patient Monitoring System							
Radiology Accommodation Moves							
Projects with complete Strategic Assessments:							
Not Currently Prioritised in Infrastructure Investment Plan							
Infusion Technology							
Carse of Gowrie (Errol)							
Primary Care Services Forfar							
Ravenswood Surgery							
Cardiac Cath Lab Ninewells							
Care and Treatment Hub Perth City							
Bridge of Earn							
Primary Care Services Montrose							
All weather daylight therapy room							
Pharmacy Department Ninewells Relocation/Refurbishment							
Projects without Strategic Assessments / Approval							
Not Currently Prioritised in Infrastructure Investment Plan							
PRI Infrastructure Phase 1			400	2,100	9,500		12,000
PRI Infrastructure Phase 2				50	550	2,900	3,500
Carseview additional works				250			250
Maternity Services Review, includingTheatres							
Community Maternity Unit, Arbroath							
Concourse Retail Development							
Central Loading Bay for Transport and Logistics							
Relocation of Hyperacute Stroke In Patient Services							
CARSEVIEW END OF CONTRACT							
Tbc							
GP LEASE ASSIGNATIONS							
Tbc							
REVISED SURPLUS / (DEFICIT)	()	()	(6,862)	(5,420)	(8,428)	(2,545)	(23,254)

DELEGATED AUTHORITY – CONTROL SHEET 2021/2022 **APPENDIX 2**

1 April, 2021, to 31 March, 2022

Date of Approval	Delegated Authority	Scheme	£	Funding Source
13 May 2021	AMG	Replacement of Angiography equipment in Ninewells Hospital	446,496	NHST Capital Funding
13 May 2021	AMG	Adoption of Digital Pathology	638,000	NHST Capital Funding
13 May 2021	AMG	Oncology Accommodation, Specialist Services Clinical Care Group	98,000	NHST Capital Funding
18 May 2021	S Lyall/L Wiggin	Robotic Theatre Storage Systems	29,641	NHST Capital Funding
18 May 2021*	SCRG	Capital Funding Requirement for Mobile Dental Unit	82,554	NHST Capital Funding
31 May 2021	S Lyall/L Wiggin	Remote CO2 Monitoring Electronic System	40,000	NHST Capital Funding
31 May 2021	S Lyall/L Wiggin	Cough Assist Kit x2	11,000	NHST Capital Funding
21 June 2021	SCRG	Single Points of Failure and Asset Tagging Surveys – Life Cycle Replacement Planning	70,000	NHST (NAV) Capital Funding
24 June 2021**	AMG	Robotic Assisted Surgery Infrastructure Works	440,101	SG Capital Funding
25 June 2021	S Lyall/L Wiggin	Homecare Package Provision (2 x Ventilators)	13,658	NHST Capital Funding
01 July 2021	AMG	Catering Services Equipment Replacement 2021/22	341,295	NHST (EAMS) Capital Funding
01 July 2021	AMG	Flow Navigation Centre Office	20,000	NHST Capital Funding
04 August 2021	S Lyall/L Wiggin	Robotic Assisted Surgery CDU External Enabling Works	23,500	NHST Capital Funding
19 August 2021	AMG	Children's Theatre Suite Pipe Street Issues (excludes AGSS pumps)	335,664	NHST Capital Funding
30 August 2021	SCRG	Robotic Assisted Surgery – Internal CDU Works	99,578	SG Capital Funding
31 August 2021	SCRG	National Replacement Plan – PET CT	26,000	SG Capital Funding
31 August 2021	S Lyall/L Wiggin	Immersion Room (ACT)	32,500	ACT Revenue to Capital Transfer
9 September 2021	AMG	Catering Services Equipment Replacement 2021/22	309,243	NHST Capital Funding
9 September 2021	AMG	Flow Navigation Office (£231k less £20k approved 1 July 2021)	211,000	NHST Capital Funding
23 September 2021	SCRG	Alterations to Inchcape to create Minor Injury Unit	64,636	NHST Capital Funding
29 October 2021	S Lyall/L Wiggin	Mobile Dental Unit	21,240	NHST Capital Funding
4 November 2021	AMG	Treatment Planning System	141,000	NHST Capital Funding
4 November 2021	SCRG/AMG	Robotic Assisted Surgery Scopes x 2	53,861	NHST Capital Funding
4 November 2021	AMG	Uninterruptable Power Supply PRI	15,000	NHST Capital Funding
4 November 2021	AMG	Catering Services Equipment Replacement 2021/22	146,201	SG (NIB) Capital Funding
13 January 2022	S Lyall/L Wiggin	Request for Funding for New Plotter	9,600	NHST Capital Funding
18 January 2022	SCRG	ACT Funded Projects	74,902	ACT Revenue to Capital Transfer
24 January 2022	S Lyall/L Wiggin	Stracathro Regional Treatment Centre Orthopaedic Wet Rooms	29,970	NHST Capital Funding
23 February 2022	SCRG	Commissioning of NHS Shared Business Services for the Diagnostics Laboratories Managed Service Contract Procurement Project	56,640	NHST Capital Funding
17 March 2022	AMG	NHS Tayside All Theatre Sites – Mobile Storage COVID-19	252,390	NHST Capital Funding
17 March 2022	AMG	CDU Equipment for Robotic Surgery Business Continuity	220,418	NHST Capital Funding

* Considered at SCRG meeting held on 4 May, 2021. Following further discussion outwith the meeting with the CO - Acute Services and the Director of Finance, item approved electronically on 18 May, 2021.

** Circulated to AMG Members electronically on 22 June, 2021 and subsequently approved electronically on 24 June, 2021

NHS TAYSIDE CAPITAL FORECAST SUMMARY 2021/22 APPENDIX 3

Project	Forecast			Expenditure		
	Approved Capital Plan	Budget Changes	Forecast Capital Programme	CRL at 28/02/22	NAV at 28/02/22	Total
CORE CAPITAL	**£m**	**£m**	**£m**	**£m**	**£m**	**£m**
EAMS						
Statutory Compliance & Backlog Maintenance	3.000	(1.491)	1.509	0.943	0.206	1.149
Major Projects						
Ninewells Electrical Infrastructure Zone 1	0.000	0.968	0.968	0.825	0.000	0.825
Ninewells Electrical Infrastructure Zone 2	6.433	(0.215)	6.217	5.481	0.000	5.481
Ninewells Electrical Infrastructure Zone 3	1.500	(1.483)	0.017	0.003	0.000	0.003
Neonatal Intensive Care Unit	0.126	0.484	0.610	0.458	0.000	0.458
Children's Theatre Suite	1.403	1.806	3.210	2.094	0.000	2.094
Multi Storey Plantroom	0.000	0.205	0.205	0.205	0.000	0.205
National Treatment Centre - Tayside	5.425	(3.637)	1.788	1.187	0.000	1.187
Cancer Centre	0.000	0.000	0.000	0.000	0.000	0.000
Endoscopy Decontamination Replacement	0.000	0.053	0.053	0.013	0.000	0.013
Shaping Critical Care	0.000	0.013	0.013	0.011	0.000	0.011
Tayside Thrombectomy Imaging Facilities	0.000	2.080	2.080	1.569	0.000	1.569
PRI Laboratories (Phase 1 MSC Enabling Works)	0.000	0.015	0.015	0.013	0.000	0.013
NW MSC Enabling Works	0.000	0.015	0.015	0.012	0.000	0.012
	14.887	**0.303**	**15.190**	**11.870**	**0.000**	**11.870**
Other State of the Estate						
Primary Care Fund Programme	0.267	(0.188)	0.079	0.058	0.000	0.058
Flow Navigations Centre	0.000	0.017	0.017	0.017	0.000	0.017
CDU & Laundry Asset survey	0.000	0.070	0.070	0.000	0.000	0.000
Bathroom Refurbishment	0.000	0.030	0.030	0.025	0.000	0.025
Alterations to Inchcape to create Minor Injury Unit (MIU)	0.000	0.015	0.015	0.000	0.000	0.000
Radiotherapy M.E survey	0.000	0.015	0.015	0.000	0.000	0.000
Other Misc Expenditure	0.000	0.027	0.027	0.000	0.027	0.027
Covid-19 Environmental Works	0.765	0.185	0.950	0.449	0.002	0.450
	1.032	**0.171**	**1.203**	**0.548**	**0.029**	**0.577**
NHSS PSS Equipment	0.000	0.013	0.013	0.000	0.013	0.013
Medical Equipment	3.936	8.859	12.796	5.878	0.011	5.889
Non Medical Equipment	0.381	0.068	0.449	0.410	0.000	0.410
Radiotherapy Equipment	4.060	(3.202)	0.858	0.116	0.000	0.116
IC&T	0.036	0.497	0.533	0.308	0.008	0.316
Project Managers	0.634	(0.049)	0.585	0.526	0.000	0.526
Capital Grants	0.150	0.005	0.155	0.069	0.000	0.069
GP Sustainability Loan - St Margarets HC	0.000	0.000	0.000	0.000	0.000	0.000
Contingency	0.901	(0.901)	0.000			
Under/(Over) Commitment in Capital Expenditure		(0.112)	(0.112)			
Under/(Over) Commitment in NAV Expenditure		0.002	0.002			
Total Capital Programme	**29.018**	**4.163**	**33.181**	**20.668**	**0.268**	**20.936**
Total Forecast Capital Programme Expenditure			33.181			
Less NBV of Disposals			(0.240)			
Less Non Added Value			(1.328)			
Less Donated Funding			(0.320)			
Total Forecast CRL Expenditure Including Capital Grants			**31.292**			
Total Forecast CRL Allocations Including Capital Grants			**31.292**			
Under/(Over) Spend			**(0.000)**			

OPERATIONAL RISK REGISTER 2021/22 APPENDIX 4

Key Assumptions/ Risks	£ Value Risk/ £ Assumption/ % Assumption	Impact/Description	Risk Rating
Impact of Covid-19 - CRL exceeded	£0.0m	Capital expenditure in relation to Covid-19, currently estimated at £2.997m, cannot be managed within the core formula allocation. Additional capital funding of £2.997m now confirmed.	Low
Impact of Major Project Overspends – CRL exceeded	**£0.0m**	**The CTS project has a number of compensation events pending which could result in further increases to project costs. This project is funded through the core formula allocation. Unlikely to result in CRL being exceeded in 2021/22 due to high level of slippage in capital programme.**	**Low**
Funding Assumptions	**£0.276m**	**Project specific funding allocations of £1.089m are anticipated for a mobile scanner and equipment from Louisa Jordan and DoH. Funding of £0.813m is anticipated to be returned to SG mainly as a result of slippage in major projects.**	**Low**
Restricted Formula Capital	Up to £300.0m over next 5 years	Restricted formula capital has limited NHS Tayside's ability to progress with investment required to advance the clinical strategy and RAMP. The core formula allocation continues to be ring-fenced for estate statutory compliance and backlog maintenance, medical equipment and Primary Care, leaving limited funds available to support service development.	High
Major Project Delays	**Up to £1.0m**	**Major projects in construction and in development have suffered significant programme delays due to restrictions in place in relation to Covid-19 and other factors. Further slippage above the £0.813m noted in funding assumptions may be incurred.**	High
Limited Technical Resource - Property	**Up to £0.5m**	Limited technical resource within the property department has resulted in slippage in planned projects in 2021/22, including statutory compliance and backlog maintenance projects due to the need for technical resource to deliver the environmental works required in relation to Covid-19 mobilisation plans. There is a high risk of further slippage.	High
Timing and amount of disposal proceeds unpredictable	£0.0m	The sale of Montrose Royal Infirmary concluded on 14 June, 2021, with NBV of £0.150 million. No other property disposals will complete in 2021/22.	Low

Item Number 6.3
PRC10/2022

Performance and Resources Committee

14 April 2022

BEST VALUE REVIEW 2021/22

Responsible Officer Stuart Lyall, Director of Finance

Report Author: Karen Kidd, Senior Finance Manager

1 Purpose

This is presented to the Board for:-

- Assurance

This report relates to:-

- Annual Operation Plan

This aligns to the following NHS Scotland quality ambition(s):-

- Effective

2 Report summary

2.1 Situation

The purpose of this report is to provide the Committee with substantial assurance that throughout financial year 2021/22, it has considered value for money and effective use of resources, one of the Best Value characteristics as set out in the Scottish Government (SG) Best Value Framework.

Both Audit Scotland and Internal Audit have reported on the Board's need to demonstrate Best Value, by way of a systematic approach to self-evaluation and continuous improvement.

Audit Scotland recognises Best Value as "ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public."

The Finance Directorate is leading a wider review to develop a Best Value Framework, that will demonstrate throughout the organisation all Best Value characteristics are met.

2.2 Background

This report references SGt Best Value in Public Services Guidance for Accountable Officers issued in March 2011, which is aligned to the Scottish Public Finance Manual (SPFM).

The duty of best value, as set out in the SPFM is:-

- to make arrangements to secure continuous improvement in performance, whilst maintaining an appropriate balance between quality and cost; and, in making those arrangements and securing that balance, and
- to have regard to economy, efficiency, effectiveness, the equal opportunities requirements and to contribute to the achievement of sustainable development.

Previous versions of the Best Value guidance were structured around the nine characteristics for Best Value as listed in the SPFM. The refreshed SG guidance groups these into five themes and two cross-cutting themes. This change reflects the experience of applying Best Value across the Scottish public sector over the last few years, and the context within which Public Bodies now work. The five themes, and the relationship to the Best Value characteristics as listed in the SPFM, are:-

- **Vision and Leadership** *(SPFM - "commitment and leadership", "responsiveness and consultation" and "sound governance at a strategic and operational level")*
- **Effective Partnerships** *(SPFM - "joint working" and "responsiveness and consultation");*
- **Governance and Accountability** *(SPFM - "responsiveness and consultation","commitment and leadership" and "accountability");*
- **Use of resources** *(SPFM - "sound management of resources" and "use of review and options appraisal")* - see Appendix 1, and
- **Performance Management** *(SPFM - "Sound governance at a strategic and operational level" and "responsiveness and consultation").*

The two cross-cutting themes which a Best Value organisation should fully embrace across all of its activities are:-

- **Equality** *(SPFM – "Equal Opportunities arrangements");* and
- **Sustainability** *(SPFM – "A Contribution to Sustainable Developmen*t").

This report addresses the value for money aspect of the effective Use of Resources theme.

2.3 Assessment

Best Value - Effective Use of Resources
The SPFM lists "sound management of resources" and "use of review and options appraisal" as the key characteristics to demonstrate effective use of resources.

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

Appendix 1 provides the framework for demonstrating that the Committee has considered value for money and effective Use of Resources throughout 2021/22, in line with the Annual Work Plan.

2.3.1 Quality/Patient Care

The Board's financial performance underpins the objective of making best use of available resource to support quality and patient care.

2.3.2 Workforce

There are no direct workforce implications arising from this paper.

2.3.3 Financial

Financial implications are reflected throughout the report.

2.3.4 Risk Assessment/Management

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

The Performance and Resources Committee monitors the following strategic risks:-

- Risk 723 Long Term Financial Sustainability;
- Risk 1003 Financial Annual Plan 2021/22;
- Risk 636 Prioritisation and Management of Capital Funding;
- Risk 679 eHealth Technical Infrastructure and Modernisation Programme;
- Risk 680 eHealth Cyber Attack;
- Risk 615 Effective Prescribing;
- Risk 312 NHS Tayside Estate Infrastructure Condition;
- Risk 807 Environment Management, and
- Risk 26 Waiting Times and RTT Targets.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because there are no direct equality and diversity issues arising from this paper.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

Not applicable.

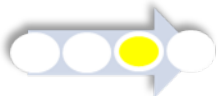
2.4 Recommendation

The Committee is asked to:-

- consider the report in the context of the Committee's role and remit; "To review Tayside NHS Board's overall performance, strategic policy and planning objective, and ensure mechanisms are in place to promote best value improved efficiency and effectiveness";
- confirm that the Committee is assured that Best Value characteristics relevant to the theme of effective Use of Resources have been considered throughout the year, and
- agree that substantial assurance can be provided through the Committee's Annual Report, that Best Value; Use of Resources has been considered.

3 List of appendices

Appendix 1 – Best Value – Effective Use of Effective Framework

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

Appendix 1

Best Value – Effective Use of Resources Framework

REQUIREMENT	MEASURE/ EXPECTED OUTCOME	RESPONSIBILITY	FREQUENCY	OUTCOME/EVIDENCE Fully in place/Partially in place/Not demonstrated in year	PRC WORK PLAN (Y/N)
Strategic					
The Board is making the best use of public resources (including employees, ICT, land, property and financial resources) based on evidence and intelligence-led – keeping a considered and appropriate balance betweenquality, sustainability and cost.	NHS Tayside reports on the financial position and the organisational performance against key targets ensuring organisational resources are effectively managed.	Tayside NHS Board (Board) Performance and Resources Committee (PRC)	Each meeting	Corporate Finance Report Capital Finance Report Performance Report – Key Metrics Asset Management Reporting	Y
Leaders and managers regularly review the management of resources across all activities,including their impact on outcomes.	NHS Tayside assesses and balances opportunities for efficiency savings with the need for continuous service improvement.	Board PRC Executive Leadership Team	Ongoing	Financial Planning (Revenue and Capital) Corporate Finance Report Capital Finance Report Performance Report – Key Metrics	Y
The Board ensures that it has the organisational capacity to implement its plans makes full use of its staff and that any relevantstatutory and professional responsibilities of its staff are appropriately supported through an appropriate policy of Continuous Professional Development (CPD).		Staff Governance Committee			N (although Workforce Information report to PRC twice per year)

All employees are treated as a key strategic resource and are supported (by an appropriate combination of approaches, ideas and techniques) in actively managing how they bring further learning to their role and add value to the Public Body.		Staff Governance Committee			N (although Workforce Information Report to PRC twice per year)
The Board has a strategy for procurement and the management of contracts (and contractors) which treats procurement as a key component in achieving its objectives and outcomes. It is aware of the need to conduct its business in a manner which demonstrates appropriate competitive practice.		Board PRC	Annual	Annual report on Public Procurement Reform Programme (14 October, 2021)	Y
It has regard to obligations under State Aid rules 6.	The EU State Aid regime was effectively revoked from UK law from 1 January, 2021, therefore any reference to State Aid should be removed from all websites/offer letters etc. It is for each funding body to take the necessary steps to update their own documents.				N/A
That it maintains an effective system for financial stewardship and reporting in order to ensure appropriate financial governance as well as provide evidence to support continuous improvement.	NHS Tayside maintains an effective system for financial stewardship and reporting in line with the SPFM	Board Audit and Risk Committee (ARC)	Each meeting Annual	Corporate and Capital Finance Reports Tayside NHS Board Annual Accounts Strategic Risk reporting	Y

That it has in place a systematic approach to risk management in relation to the organisation's resources, which is cascaded as appropriate throughout the organisation.	NHS Tayside has in place a Risk Management Strategy, with regular review and updates presented to Standing Committees	Board ARC PRC	Ongoing	Strategic Risk Management delegated to Audit and Risk Committee. PRC considers a number of strategic risks through regular reporting; Finance (3 strategic risks) Effective Prescribing, Waiting Times & RTT, Estates Infrastructure, Digital Infrastructure, Cyber Security, Environment Management	Y
That there is a robust information governance framework in place that ensures proper recording and transparency of all the organisation's activities and supports appropriate exploitation of the value of the organisation's information.		Information Governance Committee			N
Operational					
That the interdependencies between different activities and outcomes are recognised, that organisational budgets and other resources are allocated and regularly monitored, to ensure that they are delivering agreed objectives and outcomes and effective co-ordination, and alignment is actively championed by senior management in making the best use of public resources.	NHS Tayside assesses and balances opportunities for efficiency savings with the need for continuous service improvement.	Board PRC Executive Leadership Team	Ongoing	Financial Planning (Revenue and Capital) Corporate Finance Report Capital Finance Report Performance Report – Key Metrics Additional Reports – i.e. rota compliance, prescribing, Additional Cost of Teaching	Y

That the organisational procurement processes are economic, sustainable in the longer-term, efficient and ensure the outcomes of efficient contract management and comply with the SPFM and other relevant guidance which may reasonably be regarded as proper arrangements for this purpose.		Board PRC	Annual	Annual report on Public Procurement Reform Programme (14 October, 2021)	Y
That the organisation has evaluated and assessed opportunities for efficiency savings and service improvements, including through joint funding, joint management of activities with internal and external partners and sharing initiatives with partners.	NHS Tayside works with partner organisation to support service delivery and develop financial plans			Financial Planning (Revenue and Capital)	Y
That the organisation ensures that all employees are managed effectively and efficiently, that they know what is expected of them, their performance is regularly assessed and they are assisted in improving.		Staff Governance Committee			N
That the contribution of staff to ensuring continuous improvement is supported, managed, reviewed and acknowledged by effective management.		Staff Governance Committee			N
That fixed assets including land, property, ICT, machinery and vehicles are managed efficiently and effectively and that asset bases are aligned appropriately to organisational strategies.	NHS Tayside efficiently and effectively manages all assets	Board PRC	Ongoing	Asset Management Reports in line with the PRC Work Plan Digital Strategy Reports in line with the PRC Work Plan	Y

Meeting: Performance and Resources Committee

Meeting date: 14 April 2022

Title: NHS Tayside Performance Report

Responsible Executive/ Non-Executive: Hazel A Barnett, Director of Performance & Activity

Report Author: Jenni Woods, Health & Business Intelligence Lead

1 Purpose

This is presented to the Performance and Resources Committee for:

- Assurance

This report relates to a:

- Annual Operation Plan

This aligns to the following NHSScotland quality ambition(s):

- Effective

2 Report summary

2.1 Situation

NHS Tayside routinely reports on our performance against a range of non-financial performance metrics. This report provides an update to the Performance and Resources Committee in respect of NHS Tayside's performance against a range of national and local measures.

This report provides moderate assurance in respect of NHS Tayside's current performance.

2.2 Background

NHS Tayside has developed and evolved our performance reporting over the past 3 years, where possible ensuring a focus on national measures and standards, as well as incorporating local measures that align with our strategic direction. This has largely led to a focus on the aims outlined within our Annual Operational Plan, however during 2020/21 the focus shifted towards understanding the impact of the pandemic on our performance against national measures, as well as the incorporation and development of measures aligned with our remobilisation plan. The report has evolved to align with the key objectives outlined with the remobilisation plan 2021/22, alongside the ongoing national indicators which remain in place.

2.3 Assessment

Since we last reported to the Performance and Resources Committee the following progress has been made:

- NHS Tayside's Remobilisation Plan (RMP3) 2021/22 was commissioned as a one year Annual Operational Plan, covering the period 1 April 2021 to 31 March 2022, and provided an update and further iteration of existing Remobilisation Plans which had already received Scottish Government and Board approval. The Remobilisation Plan (RMP3) 2021/22 Action Tracker was developed, as a tool to monitor progress of the plan's implementation, and has been presented to the Performance and Resource Committee providing a quarterly update on performance against actions and predicted trajectories. Looking forward to the remobilisation activity plans for the new financial year 2022/23, NHS Tayside have undertaken service review meetings with clinicians

- and service leads to develop and model the projected service provision activity. These remobilisation activity plans were submitted to Scottish Government on 18th March 2022 for review.

- Following an upgrade to TrakCare in May 2021, reporting functionality for 18 Week RTT has been affected, preventing production of the data. Work undertaken identified the reporting issue is due to a change in data structure and the existing report queries will no longer complete. Intersystems are working on developing the required data files from TrakCare to support this reporting. The timeline for completion is dependent on how this work progresses, acknowledging the complexities involved. Whilst 18 Weeks performance cannot currently be reported NHS Tayside remains able to report on out patients, diagnostics and in-patient/day case waiting times which contribute to the 18 Week pathway.

- Development to include Mental Health activity and performance measures within the report which align to the Listen Learn Change action plan is progressing and will be included once updated post-Covid national benchmarking information is available to help provide context. The national benchmarking has been on hold due to focus on the pandemic reporting by Public Health Scotland however is currently under review to re-commence.

- The Infection Control measures are scheduled to have updated information available throughout April 2022 therefore any updates will be reflected in the next report due to the Performance & Resources Committee.

This month's performance report is available at Appendix 1 and shows the following:

- NHS Tayside has seen a continued increase in the number of patients waiting greater than 12 weeks for an elective Inpatient / Daycase procedure (TTG) reaching 7420 at end February from 7207 at end January 2022. Routine elective activity is progressing across Ninewells, PRI and Stracathro as per the agreed phased remobilisation planning and TTG activity over April 2021 - February 2022 remained above planned levels with 14,692 patients treated against a plan of 13,615 patients.

- The volume of new outpatients waiting beyond 12 weeks rose to 11,014 at end February 2022. Clinics continue to remobilise, with the number of patients waiting over 52 weeks also reducing as the Waiting List Validation exercise progresses. Outpatient delivery over April 2021 – February 2022 remained above planned levels with 90,190 patients seen against a plan of 74,043 patients.

- The volume of patients waiting beyond 6 weeks for a key diagnostic test has reduced to 6,616 at end February 2022 from 7,152 at end January 2022. Urgent Colonoscopy waits have reduced due to additional weekend activity supported by the Independent Sector which is in place until the end of April 2022. Continued waiting times funding has been approved to support the continuation of the mobile endoscopy unit and weekend working to meet the 6 week standard for Colonoscopy and support improvement in the current backlog of our surveillance programme.

- NHS Tayside have continued to successfully deliver the national standard for 31 day cancer waiting times and reached 98.1% in February 2022. However the 62 day performance remains below target at 85.7% in February 2022. None of the mainland Boards achieved the target in February 2022 and NHS Tayside ranks 2nd of the mainland Boards with only NHS Borders achieving a better performance than Tayside.

- Drug and alcohol clients treated within 3 weeks from referral to treatment performance has improved to 78.9% in December 2021 from a position of 75.4% in October.

- The number of Alcohol Brief Interventions (ABIs) undertaken across NHS Tayside remains low although has continued to improve as frontline services return to a more consistent operating model following Covid with 1,205 ABIs delivered throughout April–December 2021. There is currently no post-Covid benchmarking information available nationally. This will be included once available.

- CAMHS 18 week referral to treatment performance was above 90% throughout September to December 2021 although is now below target at 81.9% in February 2022. The service continues to pursue all attempts to increase service capacity through recruitment and though continued commissioning of external service provision.

- Psychological Therapies 18 week referral to treatment performance reached the target of 90% in February 2022 following a dip to 83.9% in January 2022.

- Unscheduled care (A&E waits) performance remains the highest performance in mainland boards in Scotland and achieved 92.1% in February 2022. Mental Health presentations to A&E being seen within 4 hours has been above 90% over the previous 2 months, with 90.6% performance in February 2022.

- NHS Tayside continues to achieve 100% for IVF waiting times.

- The volume of Delayed Discharges has decreased from 138 at the end of January 2022, to 123 at the end of February 2022. The number of days delayed has also decreased from 2226 in January 2022, to 2014 in February 2022.

- Tayside's new outpatient DNA rate rose to 10.2% in January 2022, before reducing to 8.7% in February 2022 compared with the Scotland average of 8.1%. The return outpatient DNA rate rose to 11.3% in January 2022, before reducing slightly to 11% in February 2022 compared with the Scotland average of 9.2%.

- Stage 1 complaints being responded to within 5 working days met the local target of 74% in February 2022 with performance at 77.5%. Whilst Stage 2 responses times have deteriorated and performance is still very low beneath our local target, there has been a slight improvement from January with current performance at 29.8% in February 2022.

2.3.1 Quality/Patient Care

The provision and analysis of performance data will inform clinical decision making around productivity and efficiency.

2.3.2 Workforce

Workforce key performance measures are included within the exception report for monitoring when appropriate.

2.3.3 Financial

Significant resource implications are associated with Covid recovery, and these are being incorporated within NHS Tayside's remobilisation plans.

2.3.4 Risk Assessment/Management

Performance reporting is linked to corporate risk IDs 26 (Wafting times and RTT targets), 313/494 (Capacity and Flow) and 637 (Child and Adolescent Mental Health Service). These risks are updated accordingly by responsible risk owners.

2.3.5 Equality and Diversity, including health inequalities

Capacity restrictions and waiting list delays may impact differentially on patient groups. New ways of working could result in the growth of the 'digital care divide' as the move to virtual healthcare may impact vulnerable groups with limited access to technology.

2.3.6 Other impacts
N/A

2.3.7 Communication, involvement, engagement and consultation
A summary report / infographic titled *'How we Did'* is published on NHS Tayside Health Board web site and Facebook page illustrating outlining key measurements such as the number of outpatients seen weekly, number of Emergency Room attendances, etc. A number of Board Non-Executives have been engaged in the development of the routine performance report style.

2.3.8 Route to the Meeting
Waiting times (TTG, OP, Diagnostics, A&E, CAMHs and Psychological Therapies) performance and remobilisation activity is routinely reported through the Board Business Critical Report to the Executive Leadership Team. Infection Control measures are reported through the Infection Prevention and Control Committee.

2.4 Recommendation
Performance and Resources Committee are asked to:

- Acknowledge the actions taken since the report in February 2022; and
- Acknowledge and take reasonable assurance in respect of NHS Tayside's current performance against non-financial measures.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Performance Report – Period ending February 2022
- Appendix 2 – Performance Report Reporting Schedule

Level of Assurance		System Adequacy	Controls
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.

NHS Tayside Summary Performance Report
Reporting Period to end February 2022

Health & Business Intelligence — NHS Tayside

National Measures

- 4 out of the 17 measures are on track
- 2 out of the 17 measures are within 5% variance of target/trajectory
- 4 out of the 17 measures are greater than 5% variance against target/trajectory
- 4 out of the 17 measures do not have a confirmed target/trajectory
- 3 out of the 17 measures has no data update since the last report to the P&RC

Number of Inpatient/Day case patients waiting > 84 days TTG target as at month end *(National Indicator)*				
Jan '22 7,207	↓	Feb '22 7,420	***Trajectory N/A***	***N/A***

Number of New Outpatients waiting > 12 weeks target as at month end *(National Indicator)*				
Jan '22 10,622	↓	Feb '22 11,014	***Trajectory N/A***	***N/A***

Number of Diagnostics (8 key tests) patients waiting > 6 weeks target as at month end				
Jan '22 7,152	↑	Feb '22 6,616	***Trajectory N/A***	***N/A***

% of patients treated within 18 weeks, combined performance *(National Indicator)*				
N/A		N/A	***Target ≥ 90%***	***N/A***

% of patients starting cancer treatment within 31 days from decision to treat *(National Indicator)*				
Jan'22 96.7%	↑	Feb '22 98.10%	***Trajectory ≥ 95%***	

% of patients starting cancer treatment within 62 days of receipt of referral *(National Indicator)*				
Jan'22 81.9%	↑	Feb '22 85.7%	***Trajectory ≥ 95%***	

% of CAMHS patients treated within 18 weeks from referral to treatment *(National Indicator)*				
Jan '22 86.1%	↓	Feb '22 81.9%	***Target ≥ 90%***	

% of Psychological Therapy patients treated within 18 weeks from referral to treatment *(National Indicator)*				
Jan '22 83.9%	↑	Feb '22 90.0%	***Target ≥ 90%***	

% of Drug and Alcohol clients treated within 3 weeks from referral to treatment (National Indicator)				
Qtr 2 21-22 85.6%	↓	Qtr 3 21-22 76.7%	***Target ≥ 90%***	

% of A&E patients seen within 4 hour target *(National Indicator)*				
Jan '22 94.1%	↓	Feb '22 92.1%	***Target ≥ 95%***	

% of Mental Health presentations seen in A&E within 4 hour target				
Jan '22 94.2%	↓	Feb '22 90.6%	***Target ≥ 95%***	

% of IVF patients seen within 12 months from agreement to treat to screening *(National Indicator)*				
Jan '22 100%	↔	Feb '22 100%	***Target ≥ 90%***	

Rate of Clostridium Difficile Infections per 100,000 Occupied Bed Days *(National Indicator)*				
Qtr Ending June 21 9.5	↓	Qtr Ending Sep 21 9.8	***Target 5.0 by Mar'22***	

Rate of Staphylococcus Aureus Bacteraemia (SABs) per 100,000 Occupied Bed Days *(National Indicator)*				
Qtr Ending June 21 22.8	↓	Qtr Ending Sep 21 23.2	***Target 13.1 by Mar'22***	

Rate of E. coli Bacteraemia (ECB) per 100,000 Occupied Bed Days (National Indicator)				
Qtr Ending June 21 40.8	↓	Qtr Ending Sep 21 54.4	***Target 33.5 by Mar'22***	

Number of Alcohol Brief Interventions *(National Indicator)*				
Cumulative Qtr 2 21-22 743	↑	Cumulative Qtr 3 21-22 1,205	***Target 3569***	

% of Smoking Cessation Sustain & Embed successful smoking quits at 12 weeks *(National Indicator)*				
Qtr 1 21-22 171.3%	↓	Qtr 2 21-22 151.6%	***Target =100%***	

Remobilisation

- 1 out of the 5 measures are on track
- 1 out of the 5 measures is greater than 5% variance against target/trajectory
- 3 out of the 5 measures are greater than 5% variance against target/trajectory

Number of Inpatient/Day case (TTG) patients treated (remobilisation plan)				
Jan '22 1,213	↑	Feb '22 1,346	***Trajectory 1354***	

Number of New Outpatients seen (remobilisation plan)				
Jan '22 8,046	↑	Feb '22 8,316	***Trajectory 7397***	

Number of Diagnostics (8 key tests) delivered (remobilisation plan) – *Endoscopy Only*				
Jan '22 747	↓	Feb '22 717	***Trajectory 865***	

Number of Diagnostics (8 key tests) delivered (remobilisation plan) – Radiology *Only*				
Jan '22 4,411	↑	Feb '22 4,720	***Trajectory 4877***	

Number of new appointments delivered by CAMHS (remobilisation plan)				
Jan '22 114	↓	Feb '22 87	***Trajectory 95***	

Productivity and Efficiency

- 3 out of the 4 measures are greater than 5% variance against target/trajectory
- 1 out of the 4 measures does not have a confirmed target/trajectory

Number of days people aged 75+ spend in hospital when they are ready to be discharged				
Jan '22 2,266	↑	Feb '22 2,104	***Target TBC***	***TBC***

Total of NHS Tayside Delayed Discharges as at census date (last Thursday of the month)				
Jan '22 138	↑	Feb '22 123	***Target = 50***	

% of New Outpatient Did Not Attend Rate (All Specialities)				
Jan '22 10.2%	↑	Feb '22 8.7%	***Target ≤ 7.1%***	

% of Return Outpatient Did Not Attend Rate (All Specialities)				
Jan '22 11.3%	↓	Feb '22 11.0%	***Target ≤9.9%***	

Quality of Care

- 1 out of the 3 measures are on track
- 1 out of the 3 measures is greater than 5% variance against target/trajectory
- 1 out of the 3 measures has no data update since the last report to the P&RC

% of Stage 1 Complaints Responded to within 5 working days				
Jan '22 71.1%	↑	Feb '22 77.5%	***Target ≥ 74%***	

% of Stage 2 Complaints Responded to within 20 working days				
Jan '22 18.5%	↑	Feb '22 29.8%	***Target ≥ 56%***	

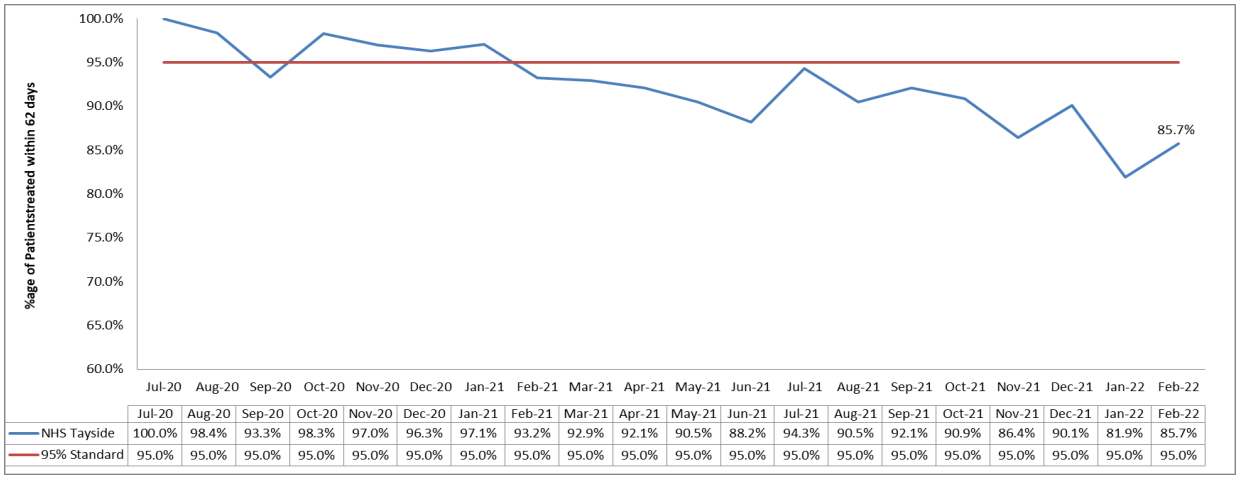
Hospital Standardised Mortality Rate				
Qtr 3 20-21 1.06	↔	Qtr 4 20-21 1.06	***Within control limits***	***N/A***

Key

↑	Improved performance and upward trend from previous months position		Meeting Target/Trajectory
↔	Static performance from previous months position		Within 5 % tolerance Of Target/Trajectory
↓	Decline in performance and downward trend from previous months position		Greater than 5% tolerance from Target/Trajectory

Exception Report (Greater than 5% tolerance from Target/Trajectory)
The following section focuses on areas of performance which have been identified as an exception. An exception is defined as performance that is at greater than 5% tolerance from the target or trajectory that has been set for the reporting period. For each exception the report provides graphical and tabular presentation of performance data, a defintion of the measures, a summary of what the current data tells us and the key improvements and actions planned by the identified accountable officers.

1. **% of patients starting cancer treatment within 62 days of receipt of referral**



	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
NHS Tayside	100.0%	98.4%	93.3%	98.3%	97.0%	96.3%	97.1%	93.2%	92.9%	92.1%	90.5%	88.2%	94.3%	90.5%	92.1%	90.9%	86.4%	90.1%	81.9%	85.7%
95% Standard	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

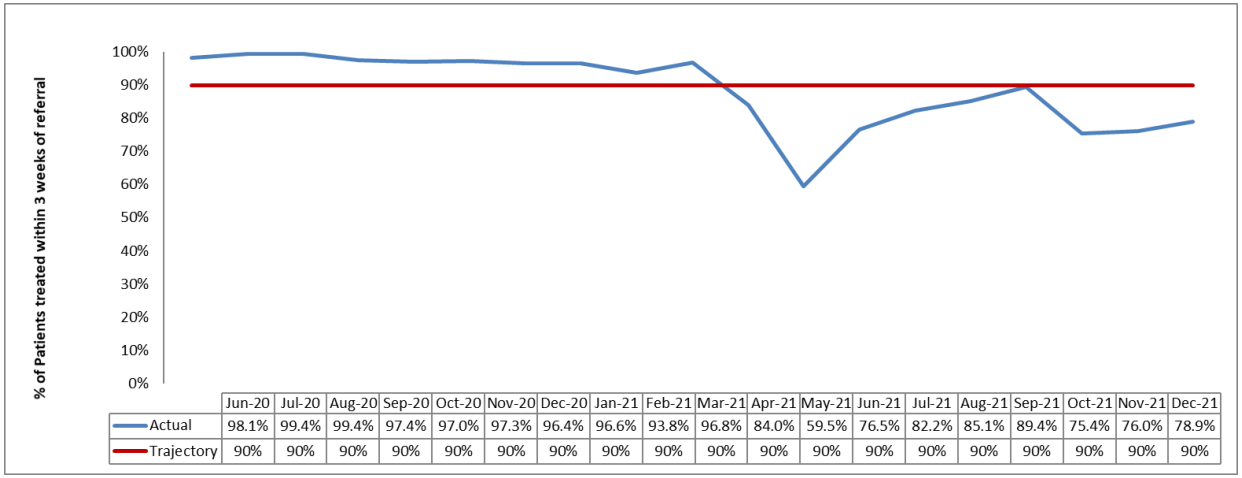
Measures Definition:
Measures the % of patients who have begun treatment within 62-days from urgent receipt of referral for newly diagnosed primary cancers.

What the data tells us:
Since the outbreak of the COVID pandemic, NHS Tayside has successfully maintained outpatient, surgical and oncology services for cancer patients, despite overall capacity having been impacted by additional infection control measures and staff availability. The prioritisation of cancer activity enabled NHS Tayside to maintain a level of cancer waiting times performance in line with the national target of 95% to end January 2021. High community prevalence of COVID impacted on service delivery from late January 2021 resulting in a dip in performance against the national target. The February 2022 position has improved slightly increasing to 85.7% from the January position of 81.9%. None of the mainland Boards achieved the target in February 2022. NHS Tayside ranks 2nd of the mainland Boards with only NHS Borders achieving a better performance than Tayside.

Narrative:
Cancer waiting times performance in urology, colorectal and upper GI/HPB has been impacted by an increasing proportion of complex cases presenting, with a need for an extended theatre day to facilitate treatment. For upper GI/HPB, this also includes supporting patients from across the North of Scotland. Urology patients have also been impacted by an extended wait for oncology clinic appointments which the service are mitigating with additional ad hoc clinic capacity. Colorectal cancer waiting time performance has also been impacted by an extended wait for colonoscopy.

The extended wait was initially as a as a result of a reduction in available clinician capacity, partly due to physicians supporting Tayside's COVID response. Most recently this has been impacted by issues with endoscopy washers. Contingency planning has mitigated the impact with current endoscopy waits between 2 and 3 weeks. NHST lung cancer patients are experiencing an extended wait for both surgical outpatient clinic and thoracic surgery due to capacity constraints in NHS Lothian. Feedback has been requested from Lothian regarding anticipated timeline for surgery. Deterioration in performance between October and January is a combination of all the factors highlighted above.

2. **% of Drug and Alcohol clients treated within 3 weeks from referral to treatment**



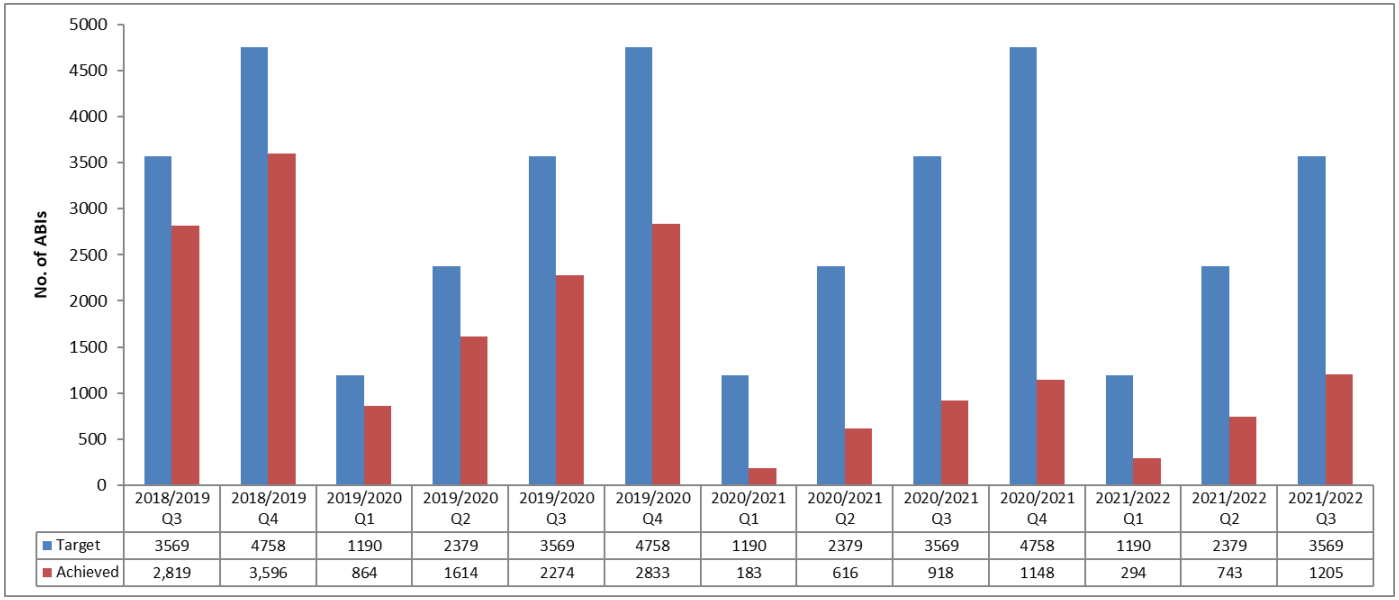
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Actual	98.1%	99.4%	99.4%	97.4%	97.0%	97.3%	96.4%	96.6%	93.8%	96.8%	84.0%	59.5%	76.5%	82.2%	85.1%	89.4%	75.4%	76.0%	78.9%
Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Measures Definition: The Scottish Government set a standard that 90% of people referred for help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery.

What the data tells us: Performance declined in May 2021 to 59.5% but improved month on month reaching 89.4% in September 2021 just below the 90% target. Performance has remained between 75.4%, and the current position of 78.9% in December 2021.

Narrative:
The decline in waiting times performance in quarter 3 is once again due to the overall impact of COVID. The services have been affected by increased absences among staff which has reduced capacity for assessment appointments overall. In addition to this the post lockdown periods saw significant increases in referrals particularly for alcohol treatment and as a result the main NHS services have been operating with increased waiting lists against the backdrop of reduced capacity. Improvement plans are in place as well as a significant number of new delivery projects being implemented in response to Medication Assisted Treatment (MAT) standards. Additional recruitment is also in process to increase capacity.

3. Number of Alcohol Brief Interventions



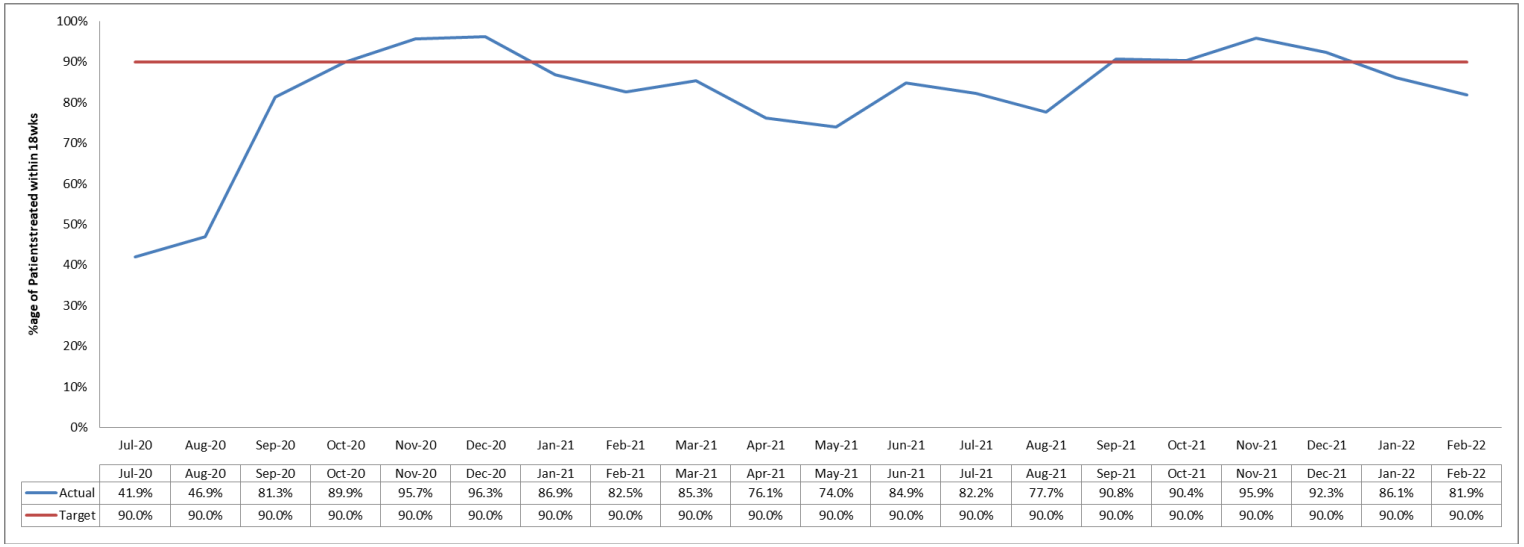
	2018/2019 Q3	2018/2019 Q4	2019/2020 Q1	2019/2020 Q2	2019/2020 Q3	2019/2020 Q4	2020/2021 Q1	2020/2021 Q2	2020/2021 Q3	2020/2021 Q4	2021/2022 Q1	2021/2022 Q2	2021/2022 Q3
Target	3569	4758	1190	2379	3569	4758	1190	2379	3569	4758	1190	2379	3569
Achieved	2,819	3,596	864	1614	2274	2833	183	616	918	1148	294	743	1205

Measures Definition: Measures the number of Alcohol Brief Interventions (ABIs) undertaken across NHS Tayside in a variety of settings, the priority settings being Primary Care, A&E and Antenatal, along with wider settings such as Pharmacy and Social Work. Performance is measured against the annual delivery standard set by the Scottish Government. At least 80% of the ABIs delivered should be in the 'priority settings' noted above.

What the data tells us: NHS Tayside continues to fall short of our target numbers worsening from 2018/19. In the first 9 months of 2021/22 NHS Tayside has only delivered 1,205 ABIs compared to a target of 3,569 (34% of the target).

Narrative: ABI Performance has continued to improve as frontline services begin to return to a more consistent operating model following COVID. However, performance is still far below the HEAT standard. An ABI coordinator was appointed within Public Health in November and began working in January 2022. The review of training and delivery is currently underway and it is anticipated an improvement plan will be operational by the autumn quarter. There is currently no post-Covid benchmarking information available nationally. This will be included once available.

4. % of CAMHS patients treated within 18 weeks from referral to treatment



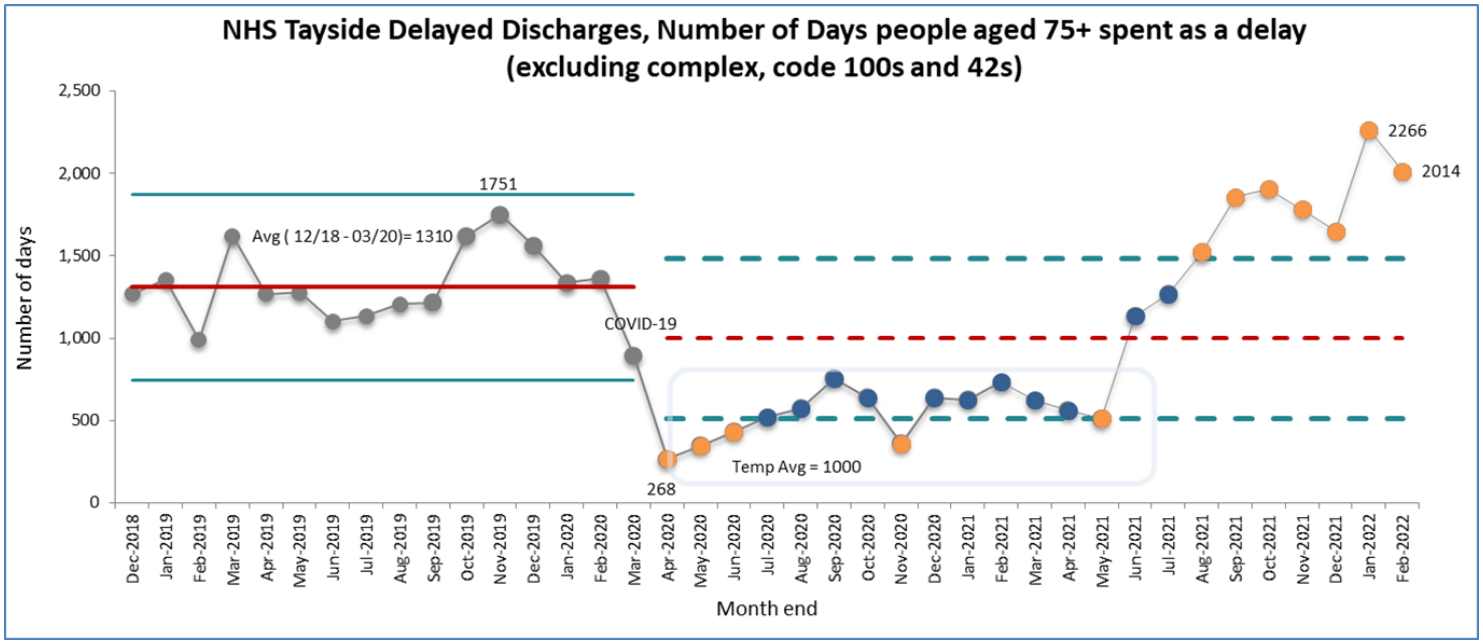
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Actual	41.9%	46.9%	81.3%	89.9%	95.7%	96.3%	86.9%	82.5%	85.3%	76.1%	74.0%	84.9%	82.2%	77.7%	90.8%	90.4%	95.9%	92.3%	86.1%	81.9%
Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%

Measures Definition: The 18 Weeks Referral To Treatment (RTT) target focuses on the entire patient journey from the initial referral to the start of treatment. There is a target of 90% of patients commencing treatment with CAMHS within 18 weeks of their referral. The measure shows the percentage of NHS Tayside patients who commenced treatment within the 18 weeks standard. Improvement trajectories were being developed as part of NHS Tayside's Annual Operational Plan however these had not reached a stage of sign off by Scottish Government. As a result, in lieu of an approved improvement trajectory, monitoring is against the national standard.

What the data tells us:
NHS Tayside demonstrated significant improvement in the 18 week RTT performance for CAMHS between May and December 2020 improving from a position in which just 36.3% of patients seen were treated within 18 weeks, to a position in December of 96.3% of patients being seen within 18 weeks, above the 90% national standard. Following a subsequent downward trend in performance reaching 74% in May'21, an improvement was noted thereafter with performance above 90% throughout September to December 2021. Performance has subsequently fallen reaching 81.9% in February 2022.

Narrative:
An increasing trend of numbers waiting for completed assessment/ treatment is currently affecting performance. This has coincided with a period of decreased service capacity for first contact appointments and consequently the percentage of cases waiting less that 18 weeks and the percentage of completed waits within 18 weeks have dropped below 90%. The service continues to pursue all attempts to increase service capacity through recruitment and though continued commissioning of external service provision.

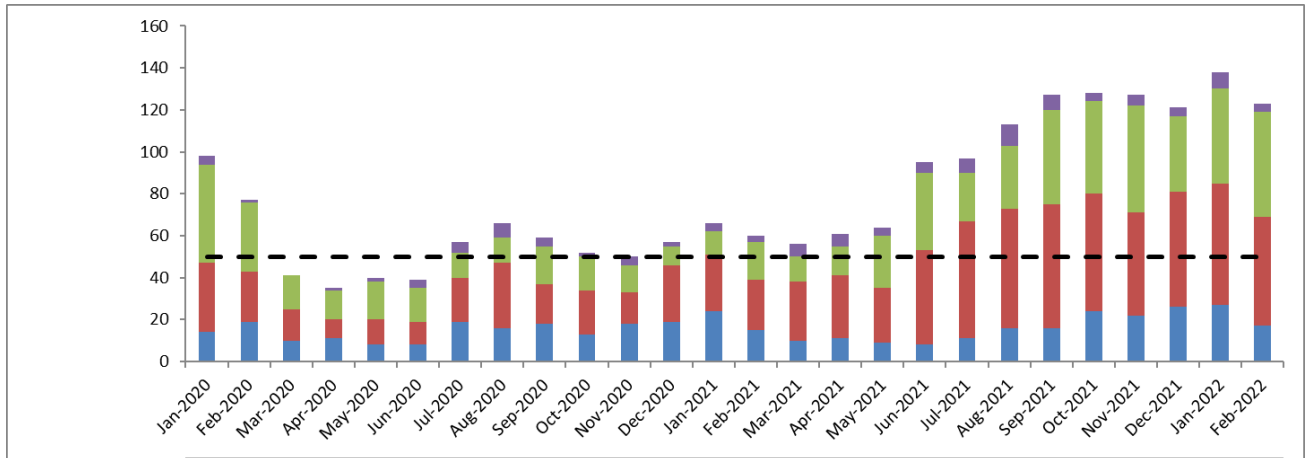
5. **Number of days people aged 75+ spend in hospital when they are ready to be discharged**



Measures Definition:
This measure focuses on delayed discharges for patients aged 75 or greater. It provides a sum of the number of days in each month that were occupied by a patient aged 75 or greater, who was medically fit for discharge but remained in hospital. The measure excludes any complex delays.

What the data tells us:
The number of days delayed reduced at the start of the pandemic to 268 in April 2020, then increasing over the next 6 month to end September 2020 before dipping again for the next 2 months. The number of days delayed increased again in December 2020 and following 2 months before reducing slightly to end May 2021. From June 2021 there was a significant increase in days delayed reaching 1906 in October 2021. The number of days delayed saw an increase to 2,226 in January 2022, and has reduced to 2,014 in February 2022.

6. Total of NHS Tayside Delayed Discharges as at census date (last Thursday of the month)



	Jan-2020	Feb-2020	Mar-2020	Apr-2020	May-2020	Jun-2020	Jul-2020	Aug-2020	Sep-2020	Oct-2020	Nov-2020	Dec-2020	Jan-2021	Feb-2021	Mar-2021	Apr-2021	May-2021	Jun-2021	Jul-2021	Aug-2021	Sep-2021	Oct-2021	Nov-2021	Dec-2021	Jan-2022	Feb-2022
Fife/Other	4	1	0	1	2	4	5	7	4	2	4	2	4	3	6	6	4	5	7	10	7	4	5	4	8	4
Perth & Kinross	47	33	16	14	18	16	12	12	18	16	13	9	11	18	12	14	25	37	23	30	45	44	51	36	45	50
Dundee City	33	24	15	9	12	11	21	31	19	21	15	27	27	24	28	30	26	45	56	57	59	56	49	55	58	52
Angus	14	19	10	11	8	8	19	16	18	13	18	19	24	15	10	11	9	8	11	16	16	24	22	26	27	17
Target	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50

Measures Definition: *Delayed at Monthly Census point:* Measures the total number of patients, aged 18 and over, who are clinically ready to move onto a more appropriate care setting, but are still in hospital at the monthly census date (the last Thursday of each month). The measure excludes patients awaiting commissioning/reprovisioning of services and patients who cannot be discharged because their ward or care home/facility is closed. The figures are further broken down by the Local Authority in which each delayed patient is resident.

What the data tells us:
The number of delayed discharges at the census point increased to 138 in January 2022 and has reduced to 123 at census point in February 2022. A large proportion of the delays being in Dundee City (52 delays at February 2022 census point) and Perth & Kinross (50 delays at February 2022 census point) with Angus delays reducing over the past month (17 delays at February 2022 census point).

Narrative:
Dundee:
Availability of social care and care home places have been challenging however we have seen a gradual reduction of delays during this period. We continue to offer interim placements both in care homes and using noncontract social care providers. Flow into RVH has improved and we have no introduced the revised adult pathway to ensure people are cared for in the right place at the right time.

The revised eligibility criteria for access to social care is now fully implemented, with review processes in place to ensure existing service users have their care packages assessed against these criteria. Work is ongoing to further embed the AHP service into this process to ensure a continued focus on independent living and the maximisation of functional ability. We are in the process of recruiting an additional home care team and will shortly tender for our social care contracts. We have implemented fair work principles in social care to try and improve recruitment and retention in the sector. As access to social care begins to improve, our strategic plan to focus on admission avoidance through the development of urgent care and the Home First model can be refreshed once again. This further complements the work to implement eligibility criteria based on functional ability, with needs related to social isolation becoming more aligned with our 3rd sector partnerships. Planned date of Discharge work is ongoing with good results to date. so far have shown this approach to be Our key piece of work to support capacity and flow as well as optimising the patient's journey is the continued roll out of Planned Date of Discharge across all hospitals in Tayside. This is supported by the Tayside Unscheduled Care Board, and is a partnership between all 3 of the Tayside HSCPs. A senior coordinator has been identified within the Dundee service who has had her full time role protected to lead on this roll out, which has now been successfully implemented in Orthopaedics in Ninewells and is being rolled out in Surgical, MFE, wards 1 and 2, Covid, and across the RVH site. We are introducing electronic white boards in all wards to support this activity.

Perth & Kinross:

The delayed discharge instance has steadily increased over winter. Staff sickness in part due to Covid 19 Omicron has affected both the Hospital Discharge Team and services in the community which has caused an immediate disruption to services for patients awaiting discharge twofold.

Outwith Covid 19, there are further reasons for delayed discharges. Primarily over the winter months, provision of packages of care has been the largest barrier for timely discharges. Presently, care home vacancy availability is noted to be on the decline due to the number of care homes closed.

An increase in bed capacity within PRI has in turn, increased the workload of the Hospital Discharge Team and created short allocation and assessment delays. The Hospital Discharge Team continue to proactively review current working practices to identify improvements that can be implemented to improve assessment and co-ordination capacity for the team. There has been high vacancy factor within HDT Social Work team for some months; however they have recently recruited to a full establishment.

The HART team are taking a proactive approach to reduce waiting times. They are dedicating time to attend the daily multi-disciplinary team huddles to identify solutions for people delayed due to waiting for HART or mainstream packages of care. They are also promoting the social work 'discharge to assess' test of change. We are aiming to discharge 4 patients on a social care discharge to assess pathway throughout March and are actively communicating and seeking referrals for patients being considered for residential care who may instead benefit from overnight support at home. These pathways will result in timely discharge, with assessment and ongoing support provided in the right place at the right time, improving outcomes for people.

Using Winter Planning funding, the three Locality Integrated Care Teams, had the opportunity to test an Assistant Practitioner Role to understand the value of having a flexible mix of skills to help support and better meet the needs of complex patients and free up registered practitioners to deliver what they have been trained for. The test has provided valuable evidence of what the required level of knowledge and skills is for this role and provided clarity around the duties and responsibilities of the role and intended outcomes. It is our intention to invest in additional Assistant Practitioners and Healthcare Support Workers to support the Hospital at Home Team and enhanced Locality Integrated Care Teams, further developing this role to not only support community nursing but also Allied Health, and social care.

We have successfully recruited to part of our Hospital at Home Team for Perth City who will support more acutely ill patients in their own homes. It is anticipated we will commence the first test of change early May. This team will focus on preventing admission, where appropriate to do so and supporting earlier discharge.

Care at Home / HART:

We have recruited to additional Community Care Assistants who will help to reduce waiting times for assessment. Their focus will be to support discharge of frail older patients newly admitted to Ward 4 within 72 hours of their admission, where clinically fit. This additional capacity will also support reviews in the community to be completed in a timely manner and improve flow for onward client journeys and improving capacity within the HART Team.

We are continuing to develop pathways into care with a variety of stakeholders including employability networks, Perth College UHI, Developing the Young Workforce Co-ordinators and Skills and Employment Initiative reps. These will form part of a toolkit of resources to promote careers in social care. We are in discussions with our commissioned providers to share delivery of training to ensure efficiency and consistency. Our Digital Marketing Graduate whose sole focus is to positively present care at home on a variety of digital platforms, has launched our Care at Home Twitter page and is developing the care at home web page, which includes generic care at home information, training resources, wellbeing information and project updates. Our communication and engagement is under review with acknowledgement that we need to widen our target audience so we will be regularly sharing articles in the Community Engagement Newsletters and contact has been made with the Perth Offer team to start discussions on how we best share the work we are doing which is in keeping with the ethos of the Perth Offer.

A Wellbeing team approach is being developed for unmet need in rural locations. This approach will bring more flexibility of service provision and the team will provide a culture of team responsibility, shift the decision making closer to the front line. A team that is committed to wellbeing, of both, the people they support and its team members. In addition to a traditional personal-care delivery CAH model, this team would also look at technology, aids and adaptations, support from family, friends, the wider community, as well as other services and paid support. Two new roles have been created, a Development Coach and Living Well Facilitators, and along with Learning and Development and clerical support, these posts will develop and deliver the Wellbeing approach initially in the North and South localities, where we frequently experience high levels of unmet need. The recruitment process has started and we expect all posts to be out to advert in March.

Our commissioned providers are reporting a positive impact on recruitment due to the increase in rate of pay over and above the Scottish Government uplift – they are receiving an increased number of applicants for care positions as well as an increase in the number of appointable candidates.

Discharge Without Delay:

Working alongside our Acute colleagues, we have established a Discharge Without Delay Steering Group bringing together expertise across the whole system, taking a collaborative approach to amalgamate good practice for patient flow through hospital and embed good discharge planning.

One of the key actions has been to implement Interim care Beds to enable patients currently in hospital to move into a care home to ensure they can complete their recovery in an appropriate setting. In December 2021, eight care homes were commissioned, with two beds identified in each, for utilisation as interim placements along with one Perth & Kinross' owned residential homes (a total of 18 interim beds). The interim The Locality Integrated Care Teams provide support to people in these interim settings to ensure they receive high quality, responsive healthcare, and rehabilitation. Since January 2022 there have been 31 individuals who have or are utilising interim placements across the Perth & Kinross localities, with 16 of those individuals having already returned home.

Perth & Kinross Health & Social Care Older People Strategic Delivery Plan:
The second PKHSCP Older People Strategic Delivery Plan 2022-25 is in its final developmental stage. The purpose of this plan is to show the actions being taken over the next three years to meet increasing demand, provide high quality, effective support for older people and meet the objectives outlined in PKHSCP Strategic Commissioning Plan. Four themes have been prioritised, Early Intervention, Interface Care, Optimising Capacity and Flow, and Urgent Care Services. This will be achieved by:

- Intervening early by working with communities and partners across all sectors to develop a range of supports to encourage older people to be active and engaged and reduce social isolation to mitigate some of the effects of aging
- Offering personalised, locally based support, including optimising the use of Technology Enabled Care (TEC), across Perth and Kinross to reduce reliance on institutional care
- Providing a rapid, multi-disciplinary response for older people if their health deteriorates to prevent admission to hospital or a care home
- If hospital admission is required, supporting people to return home as soon as possible once they are clinically fit.
- Designing and implementing safe, sustainable, patient and outcomes focused systems of urgent care access, pathways and treatment for Perth & Kinross residents in the in-hour and out of hour period in collaboration with NHS Tayside.

Angus CHP:
Angus HSCP continue to perform well in relation to the number of delayed discharges in both acute and community hospitals, work to continually improve the pathways of care to patients ensuring a person centred approach to care provision is taken to reduce the time spent in hospital.

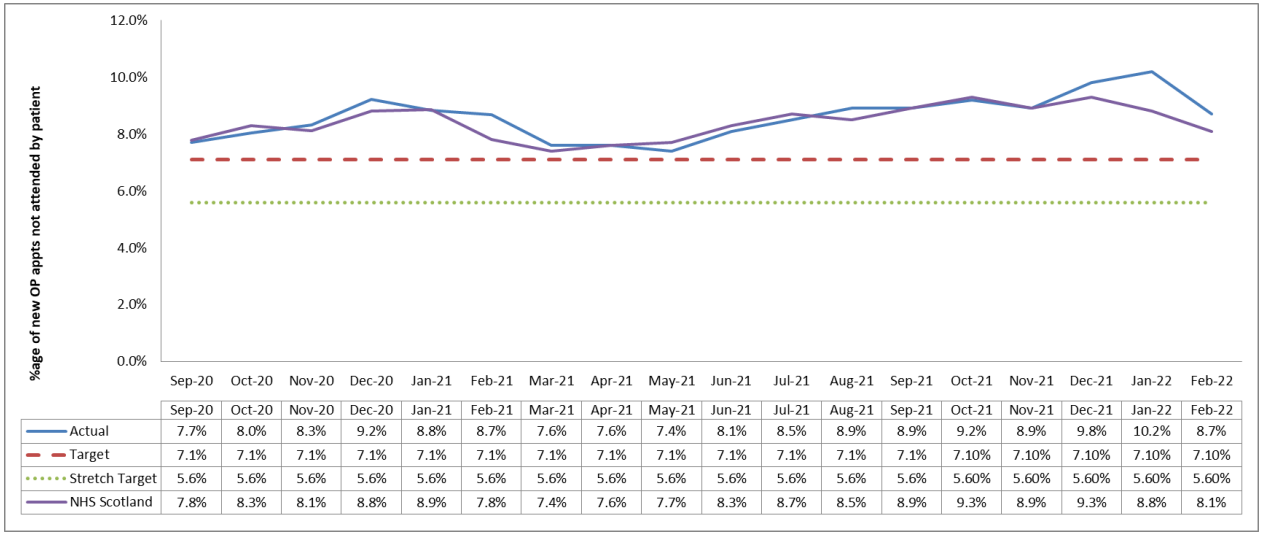
Angus HSCP has a well established integrated working relationship with Ninewells Acute frailty model which results in seamless discharge pathways, without delay.

Enablement and Response Team capacity has increased to provide more access to care at home and good coordination around allocation and ceasing commissioned packages that began last month via our Angus delayed discharge meetings.

The Community hospitals are embedding discharge without delay workstream in-particular Planned Date Discharge (PDD) setting in community hospitals and ongoing access to Angus community hospital beds without delay. Work is also ongoing with Mental Health inpatient to take forward the learning from the PDD work through the Unscheduled Care Board and review discharge pathways for non complex patients.

The number of complex delays remain a challenge within Angus HSCP mainly as a result of guardianship applications or lack if access to suitable facilities to transfer or discharge patients to. We continue to work with partners and patients to ensure where possible appropriate action are taken to support and reduce these numbers

7. % of New Outpatient Did Not Attend Rate (All Specialities)



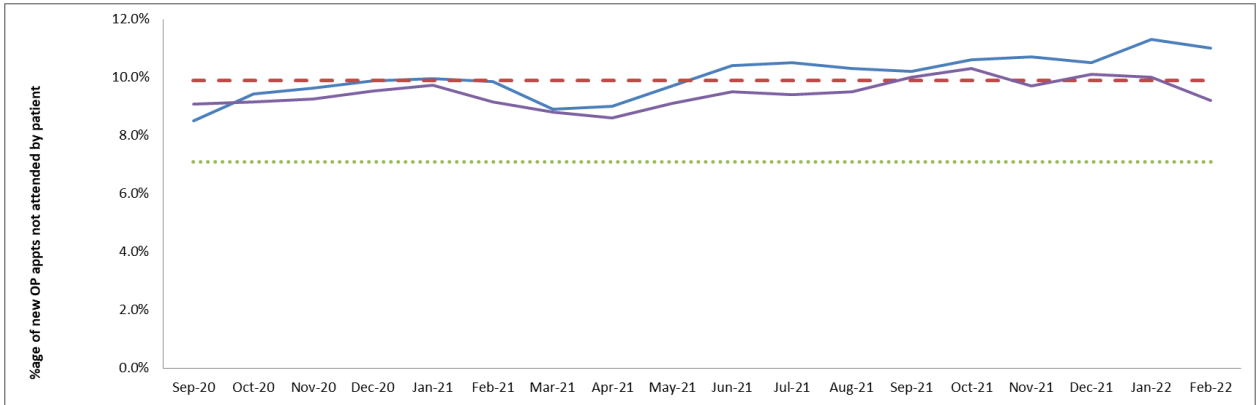
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Actual	7.7%	8.0%	8.3%	9.2%	8.8%	8.7%	7.6%	7.6%	7.4%	8.1%	8.5%	8.9%	8.9%	9.2%	8.9%	9.8%	10.2%	8.7%
Target	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.10%	7.10%	7.10%	7.10%	7.10%
Stretch Target	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%	5.60%	5.60%	5.60%	5.60%	5.60%
NHS Scotland	7.8%	8.3%	8.1%	8.8%	8.9%	7.8%	7.4%	7.6%	7.7%	8.3%	8.7%	8.5%	8.9%	9.3%	8.9%	9.3%	8.8%	8.1%

Measures Definition: % of New Out Patients (All Specialities) Did Not Attend Rate: This measure shows the percentage of new outpatient clinic appointments that were not attended by patients as a percentage of **all** new outpatient clinic appointments (attended and not attended). The blue line indicates the NHS Tayside position, with the purple representing the NHS Scotland position as a comparator.

What the data tells us:
Following the onset of the COVID-19 pandemic, (from March to May 2020), the DNA rate dropped markedly. With the subsequent increase in outpatient activity, the DNA rate increased to 8.8% in December (compared with a Scotland position of 9.1%) before dipping to 7.4% in May 2021. The new outpatient DNA rate rose to 10.2% in January 2022 above the Scottish average, with Tayside's New DNA rate reducing to 8.7% in February 2022 compared with the Scottish average of 8.1%.

Narrative:
There was an increase in the DNA rate following the negative impact of the COVID 2nd wave between December 2020 and February 2021. Some patients have expressed reluctance to come on site or had caring commitments e.g. children at home due to school closures etc. Patient focused booking is not currently available which can also impact on the level of Did Not Attends with the patients not having as much of an opportunity to select an appointment date and time to suit them. There are no national targets for the DNA rates therefore we continue to compare ourselves against a trend position over time and with the Scotland average.

8. % of Return Outpatient Did Not Attend Rate (All Specialities)



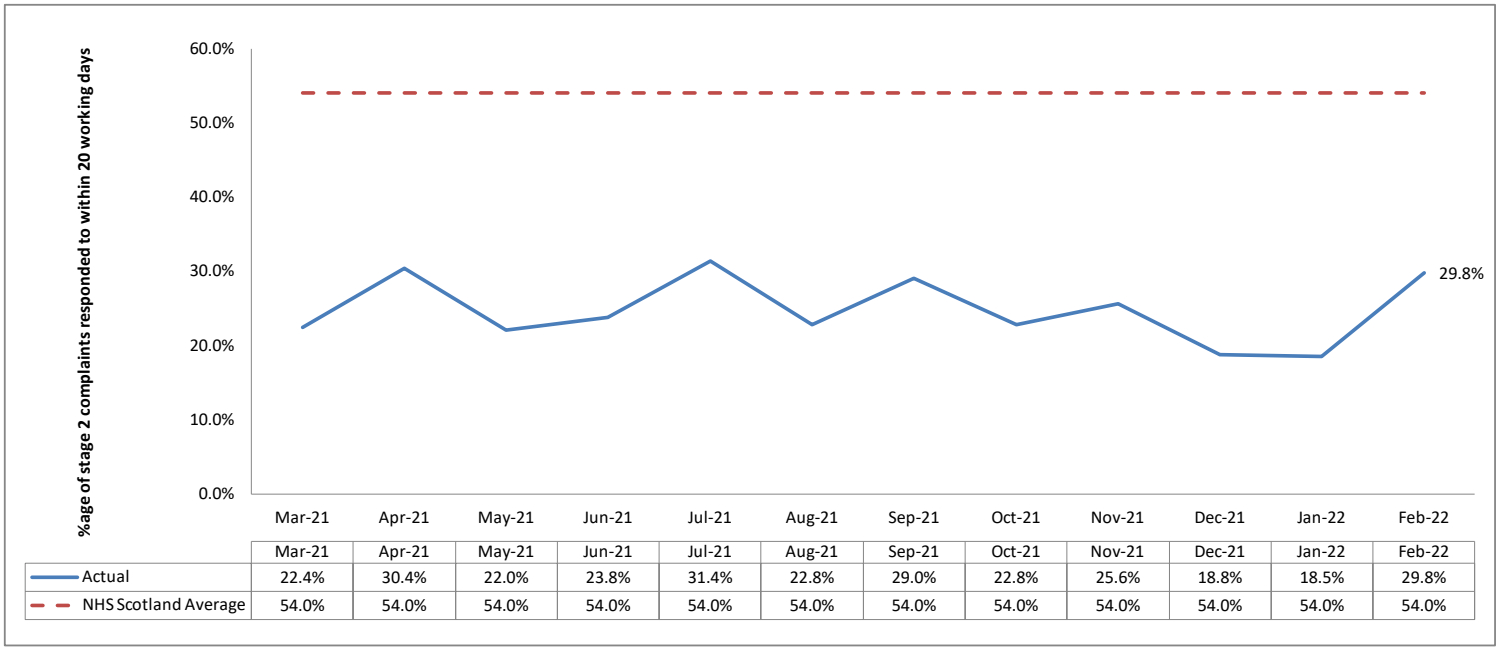
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Actual	8.5%	9.4%	9.6%	9.9%	10.0%	9.8%	8.9%	9.0%	9.7%	10.4%	10.5%	10.3%	10.2%	10.6%	10.7%	10.5%	11.3%	11.0%
Target	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.90%	9.90%	9.90%	9.90%	9.90%
Stretch Target	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.10%	7.10%	7.10%	7.10%	7.10%
NHS Scotland	9.1%	9.1%	9.3%	9.5%	9.7%	9.1%	8.8%	8.6%	9.1%	9.5%	9.4%	9.5%	10.0%	10.3%	9.7%	10.1%	10.0%	9.2%

Measures Definition: % of Return Out Patients (All Specialities) Did Not Attend Rate: This measure shows the percentage of return outpatient clinic appointments that were not attended by patients as a percentage of **all** return outpatient clinic appointments (attended and not attended). The blue line indicates the NHS Tayside position, with the purple representing the NHS Scotland position as a comparator.

What the data tells us:
Following the onset of the COVID-19 pandemic, (from March to May 2020), the DNA rate dropped markedly. With the subsequent increase in outpatient activity, the DNA rate increased to 10% in January 2021 (compared with a Scotland position of 9.7%) before dipping to 8.9% in March 2021. The return outpatient DNA rate increased to 11.3% in January 2022 and continues at a higher rate than the Scotland trend, reducing slightly to 11% in February 2022 compared with the Scotland average of 9.2%.

Narrative:
There was an increase in the DNA rate following the negative impact of the COVID 2nd wave between December 2020 and February 2021. Some patients have expressed reluctance to come on site or had caring commitments e.g. children at home due to school closures etc. Patient focused booking is not currently available which can also impact on the level of Did Not Attends with the patients not having as much of an opportunity to select an appointment date and time to suit them. There are no national targets for the DNA rates therefore we continue to compare ourselves against a trend position over time and with the Scotland average.

9. % of Stage 2 Complaints responded to within 20 working days



	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Actual	22.4%	30.4%	22.0%	23.8%	31.4%	22.8%	29.0%	22.8%	25.6%	18.8%	18.5%	29.8%
NHS Scotland Average	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%

Measures Defintion: Measures the percentage of stage 2 escalated and non-escalated complaints that were responded to within 20 working days of being opened.

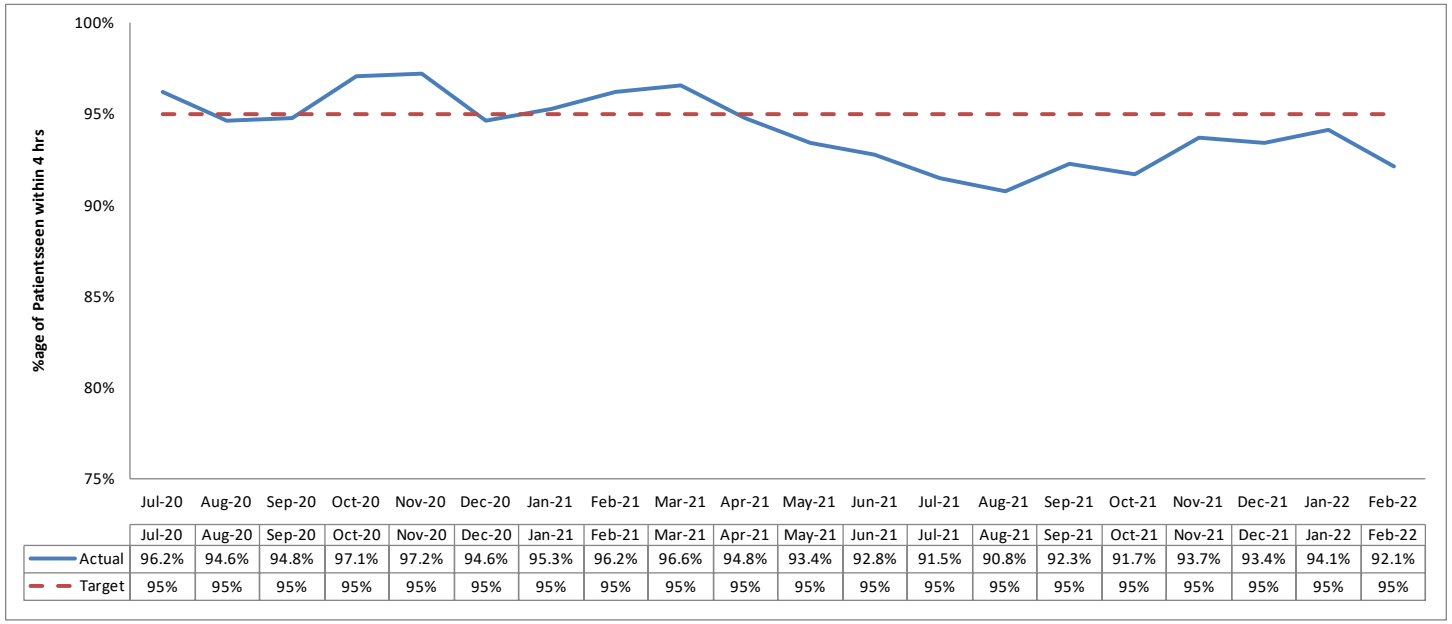
What the data tells us:
Against the National average (2018/19) of 54% of all stage 2 complaints being responded to within 20 working days of being opened, our performance over the last 12 months has ranged from 18.5% to 34.7%. February 2022 has shown an improvement from January 2022 at 18.5% to current performance at 29.8%.

Narrative:
Stage 2 performance remains a challenge particularly as long standing complaints are closed. As more complaints are handled at Stage 1 (now approximately 50%) the cases now being handled as Stage 2 are by definition more challenging. However, the expectation is that long standing complaints will reduce over time as they are being targeted, and that the Stage 2 performance will then start to improve. Additional Staff have also been recruited and will join the Team in April 2022. Performance over the calendar year was 31%.

Exception Report (Within 5% tolerance from Target/Trajectory/Benchmark)

The following section provides graphical and tabular presentation of performance data, a defintion of the measures and a summary of what the current data tells us for any performance measures that did not meet the agreed target or trajectory; however, are within 5% tolerance. This data is provided for information and to allow committee members to view trends in performance.

1. % of A&E patients seen within 4 hour

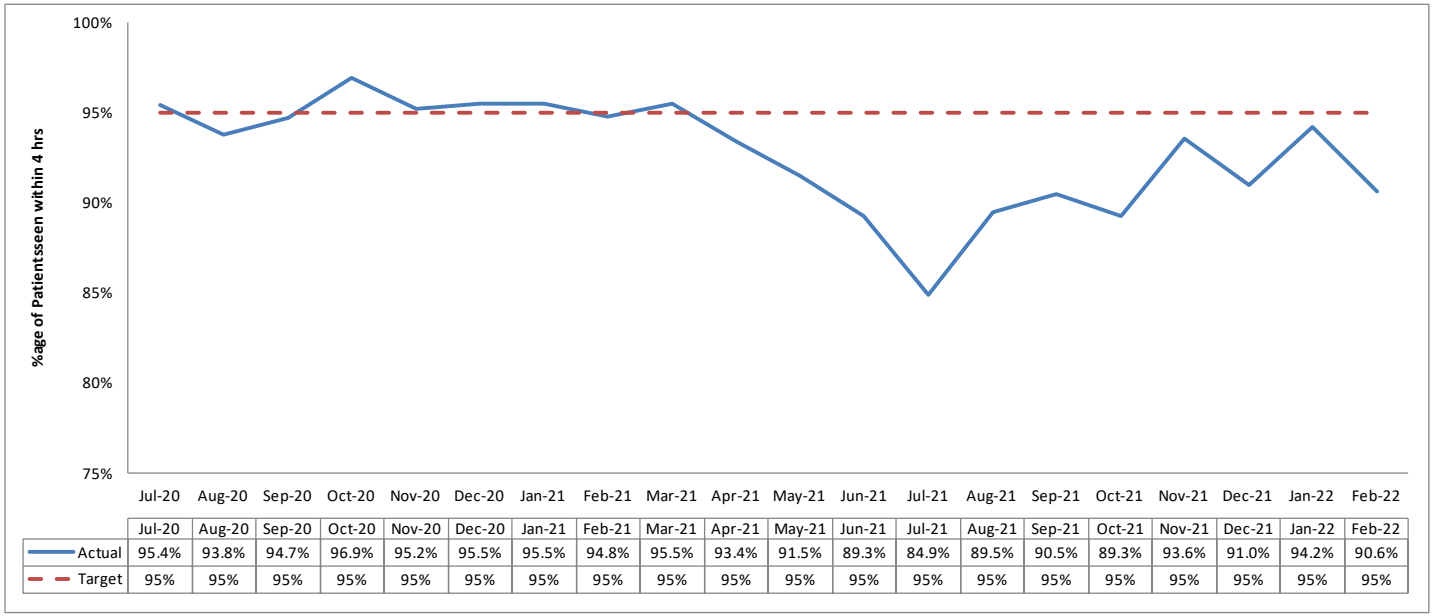


	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Actual	96.2%	94.6%	94.8%	97.1%	97.2%	94.6%	95.3%	96.2%	96.6%	94.8%	93.4%	92.8%	91.5%	90.8%	92.3%	91.7%	93.7%	93.4%	94.1%	92.1%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Measures Definition: Number of unplanned attendances to A&E Departments seen within 4 hours as a percentage of all unplanned attendances to A&E Departments.

What the data tells us:
NHS Tayside encountered some challenges in August and September 2020 in respect of maintaining the 4 hour standard with performance slipping slightly to 94.6% and 94.8% respectively, however this performance was above that reported nationally. Performance remained above the national standard of 95% from January to March 2021 but deteriorated month on month from April 2021, reaching 90.8% in August 2021. Performance has generally increased throughout the previous 5 months to 94.1% in January 2022 although dipped slightly to 92.1% in February 2022.

2. % of Mental Health presentations seen in A&E within 4 hour target



	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Actual	95.4%	93.8%	94.7%	96.9%	95.2%	95.5%	95.5%	94.8%	95.5%	93.4%	91.5%	89.3%	84.9%	89.5%	90.5%	89.3%	93.6%	91.0%	94.2%	90.6%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Measures Definition: Number of unplanned attendances with a mental health presentation to A&E Departments seen within 4 hours as a percentage of all unplanned attendances with a mental health presentation to A&E Departments.

What the data tells us: NHS Tayside's performance against the 4 hour standard for patients who have a mental health presentation to A&E has fluctuated between 84-98%. The performance throughout January 2022 increased to 94.2% and shows a slight dip in February 2022 to 90.6%.

Remobilisation Plan – Waiting Times and Activity Update:

3. Number of Inpatient/Daycase (IP/DC) patients waiting > 84 days TTG target as at month end

- All patients who are due to receive planned treatment on an inpatient or day case basis, which are subject to the Scottish Government standards, should wait no longer than 84 days for treatment. This measure shows all patients on the waiting list at each month's end who have waited longer than 84 days and are, thus, breaching the Treatment Time Guarantee (TTG) maximum wait.
- Due to the Covid pandemic and the impact on elective capacity, the number of patients waiting greater than 12 weeks for an elective Inpatient / Daycase procedure (TTG) has increased over the last 11 months with the exception of a slight dip in May 2021, reaching 7420 at end February 2022.
- Routine elective activity is progressing across Ninewells, PRI and Stracathro as per the agreed phased remobilisation planning and TTG activity over April 2021-Februaury 2022 remained above planned levels outlined in our Remobilisation Plan 2021-22 with 14,692 patients treated against a plan of 13,615 patients.

4. Number of New Outpatients waiting > 12 weeks target as at month end

- All new outpatient (OP) referrals, which are subject to the Scottish Government standards, should wait no longer than 12 weeks for a new OP appointment. This measure shows the number of eligible patients waiting greater than 12 weeks to be seen in an OP clinic at the end of each calendar month.
- Following the ceasing of routine elective activity in response to the COVID19 pandemic, the number of patients waiting beyond 12 weeks rose to its highest point of 13,662 patients at the end of June 2020. The volume of patients waiting beyond 12 weeks fell to 8,328 by end June 2021, and has increased over the previous 8 months with the exception of a slight dip in November 2021 period, reaching 11,014 at end February 2022.
- Clinics continue to remobilise, with the number of patients waiting over 52 weeks also reducing as the Waiting List Validation exercise progresses. Outpatient delivery over April 2021-Februaury 2022 remained above planned levels outlined in our Remobilisation Plan 2021-22 with 90,190 patients seen against a plan of 74,043 patients.

5. Number of Diagnostics (8 key tests) patients waiting > 6 weeks target as at month end – Radiology 4 key tests only.

- The measure shows the number of patients at the end of each month who have been waiting for more than 6 weeks for a Radiology examination. The 4 key Radiology tests which are reported within this measure are; MRI, CT Scan, non-obstetric ultrasound and Barium Studies.
- Following the ceasing of routine elective activity in response to the COVID19 pandemic, the number of patients waiting beyond 6 weeks rose to 4,712 patients at the end of June 2020. This was the highest number of patients waiting more than 6 weeks, up until end January 2022 with 6143 patients waiting more than 6 weeks. At the end of Februaury 2022, there were 5703 radiology patients waiting more than 6 weeks, which represents a decrease of 440 patients or 7% compared to January 2022 .

- The planned activity levels throughout Quarter 3 and 4 of 2021/22 have been reviewed and adjusted in line with the Remobilisation Plan bi-annual review. Radiology activity delivered October to December 2021 exceeded planned levels with 14,850 tests undertaken compared with a plan of 14,631 tests. In comparison, the actual activity levels in January and February 2022 are slightly less with 9131 tests undertaken against a plan of 9754. Performance within CT, Ultrasound and MRI through quarter 4 will remain challenging. Plans for 2022/23 will see an improved position from quarter 2 onwards linked to additional workforce and capacity availability.

Grant Archibald **Chief Executive** **NHS Tayside**	**Hazel Scott** **Director of Performance & Activity** **NHS Tayside**	**Jenni Woods** **Health & Business Intelligence Lead** **NHS Tayside**

Item Number 6.4b
PRC12/2022

Meeting:	Performance and Resources Committee
Meeting date:	14 April 2022
Title:	Remobilisation Plan 2021/22 Action Tracker
Responsible Executive/ Non-Executive:	Hazel A Barnett, Director of Performance and Activity
Report Author:	Lorraine Marshall, Corporate Planning and Performance Manager

1 Purpose

This is presented to Performance and Resources Committee for:

- **Assurance**

This report relates to:

- Annual Operation Plan / Remobilisation Plan
- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Effective

2 Report summary

2.1 Situation

The Remobilisation Plan 2021/22 Action Tracker was approved by the Executive Leadership Team on 21 June 2021. A quarterly reporting frequency for presentation of the Action Tracker to the Executive Leadership Team, Performance & Resources Committee and Tayside NHS Board was agreed. The first quarterly reporting period Quarter 1 (Q1) 1 April to 30 June 2021 was presented in August 2021 and the second quarterly period Quarter 2 (Q2) 1 July to 30 September 2021 was presented in January 2022.

The Action Tracker attached as Appendix 1 represents the reporting period Quarter 3 (Q3) 1 October to 31 December 2021 and provides moderate assurance to Performance & Resources Committee in respect of progress with delivery of the Remobilisation Plan 2021/22.

2.2 Background

The Remobilisation Plan 2021/22 is considered a one year Annual Operational Plan covering the period 1 April 2021 to 31 March 2022 and provides an update and further iteration of existing Remobilisation Plans which had already received Scottish Government and Board approval.

The Action Tracker provides the required assurance on progress with delivery of priorities contained within the Remobilisation Plan 2021/22 under the following areas:

- Protecting Public Health
- Planned and Urgent Care
- Mental Health Services
- Primary Care and Community Care Services
- Pharmacy Services
- Digital Infrastructure and Innovation
- Workforce
- Supporting Staff Wellbeing
- Communications and Engagement

The financial section of the Remobilisation Plan 2021/22 was separately considered and approved by the Executive Leadership Team and Tayside NHS Board; as such monitoring of progress will continue to be conducted in line with the routine financial reporting schedule already in place.

2.3 Assessment

NHS Scotland Chief Operating Officer corresponded with NHS Boards in July 2021 to commission a mid-year update (RMP4) of their Remobilisation Plans 2021/22. The mid-year update was signed off by the Scottish Government in November 2021. Further guidance issued to NHS Boards in January 2022 by NHS Scotland Deputy Chief Operating Officer - Planning Sponsorship outlined a timetable for progress reporting on NHS Boards' RMP4 for 2021/22: Q3 (October to December 2021) reported at the end of January 2022 and (Q4) (January to March 2022) reported at the end of April 2022.

The Remobilisation Plan 2021/22 Q3 Progress Update (October – December 2021) was submitted to the Scottish Government in line with the reporting timescale. Preparation of the Q4 Progress Update (January – March 2022) has commenced in line with the reporting timeframe. The Executive Leadership Team will receive the Q4 Update on 25 April 2022, and it will be submitted to the Scottish Government on 29 April 2022.

The Action Tracker (attached as Appendix 1) provides a quarterly update on progress over the period (Q3) 1 October to 31 December 2021 with the Remobilisation Plan 2021/22 priorities.

Scottish Government guidance on commissioning NHS Boards' Three Year Strategic Plans 2022-2025 will be available by the end of April 2022. The national short life working group set up with representation from NHS Boards to support the development of the Three-Year Plan assists in informing awareness of national expectations on the Three-Year Plan.

Through frequent communication with the Executive Leadership Team, they remain informed of national expectations and the timeline for preparing the Three Year Strategic Plan. The Executive Leadership Team approved a planning process framework and associated timetable on 7 March 2022. Engagement with lead officers

for the creation of the Strategic Plan will begin over the next few weeks as per the timetable.

2.3.1 Quality/ Patient Care

Detailed within the Remobilisation Plan 2021/22 Action Tracker.

2.3.2 Workforce

The Remobilisation Plan 2021/22 contains a section on Workforce. Workforce priorities on the approach to remobilisation and progress towards delivery of these are outlined within the Action Tracker. In addition NHS Tayside and the Health & Social Care Partnerships are required to submit an overarching Workforce Plan for the period 2022-25 and work is underway to develop this Plan in line with the timescales advised by the Scottish Government.

2.3.3 Financial

The financial section of the Remobilisation Plan has been considered and approved by Tayside NHS Board at its meeting on 29 April 2021. Failure to successfully progress with our Remobilisation Plan may result in funding aligned to remobilisation not being received therefore tracking progress is essential.

2.3.4 Risk Assessment/Management

The Remobilisation Plan 2021/22 Action Tracker identifies the management of risks associated with remobilisation and the timescales for improvement.

2.3.5 Equality and Diversity, including health inequalities

An overall impact assessment has not been completed as the Remobilisation Plan 2021/22 and associated Action Tracker is a continuation of the existing Remobilisation Plans. Contributors have risk assessed their own sections.

2.3.6 Other impacts

None

2.3.7 Communication, involvement, engagement and consultation

Each section of the Remobilisation Plan has been developed by the relevant Directorate before being reviewed and collated into one overarching plan. Each Directorate has used their existing governance mechanisms to ensure engagement of key stakeholders and staff side partners. The Action Tracker will support communication with our staff and public on delivery of our remobilisation priorities.

2.3.8 Route to the Meeting

The Action Tracker and associated reporting timeline was agreed by the Executive Leadership Team on 21 June 2021. The attached Action Tracker update for (Q3) October to December 2021 (attached as Appendix 1) is provided in line with the agreed timeline.

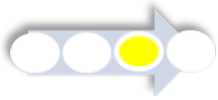
2.4 Recommendation

The Performance and Resources Committee is asked to acknowledge and take reasonable assurance in respect of progress with delivery of the Remobilisation Plan 2021/22.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Remobilisation Plan 2021/22 – Action Tracker

Level of Assurance		System Adequacy	Controls
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.

APPENDIX 1

NHS Tayside

Remobilisation Plan 2021/22

Action Tracker

Progress Update Period - 1 October to 31 December 2021

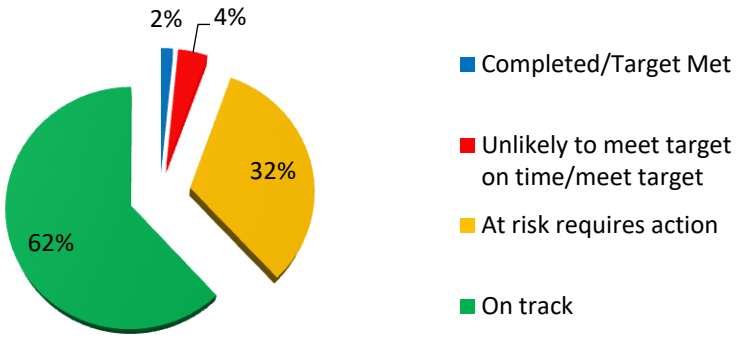
REMOBILISATION PLAN 2021/22 – Q3 SEPTEMBER – DECEMBER UPDATE SUMMARY

This Summary provides an overview of progress and highlights key risks/concerns in relation to delivery of the priorities set out within the agreed NHS Tayside Remobilisation Plan 2021/22 (RMP4). Detailed information on progress against each priority is contained within the accompanying Delivery Plan document.

Status of Priorities at 31 December 2021 (Q3)

62% of the 125 priorities set out in the RMP4 are on track to be completed as of end of December 2021 and 4% are unlikely to be delivered on time.

Progress Update



Key Risks Affecting Delivery

Of the 46 priorities reporting minor/significant delay (red/amber), the emerging themes at the end of Q3 are:

1. Workforce being reallocated to maintain critical/protected services as a result of staff absence.
2. Lack of successful recruitment to existing vacancies.
3. Capacity to meet demand as a result of the emergence of Wave 4.

Future Plans

- Building on our RMP4 set out key priorities for recovery and transformation to inform the recovery plan for 2022/25.
- Establish how these contribute to the national priorities.
- Establish achievable recovery service models.

Delivery Against Remobilisation Plan 2021/22 Projections During Q3

- Performance is positive against our Outpatient projections with more activity delivered than planned – 24,725 patients seen against a plan of 21,711.
- Performance for our TTG activity fell just below planned projections with 4,032 patients treated against a plan of 4,078 patients.
- Endoscopy activity is above our planned projections - 2,834 actual tests undertaken against 2,425 planned tests.
- Radiology activity is above our planned projections – 14,850 actual tests undertaken against 14,631 planned tests.
- Mental Health targets: CAMHS and Psychological Therapies performance delivery above the national standard.
- Successful delivery for the 31 day Cancer waiting times standard.
- Performance for the 62 day Cancer waiting times standard remained below the national standard.
- Unscheduled care: A & E waits remain the highest performance for mainland Boards.

Notable Progress Since Q2 September Update

- **Protecting Public Health:** AAA, bowel and cervical screening services made significant recovery. Implementation planning underway for establishment of new Colposcopy Clinic. Backlog of drug death reviews completed.
- **Urgent and Planned Care:** Outpatient 52 weeks - validation has removed >1500 patients from waiting lists to date. Outpatient Delivery: Bookwise contract awarded and project roll out plan commencing. Tayside Winter Plan approved by NHS Tayside Board in December 2021 and implemented. Synaptik supported weekend lists of Endoscopy tests throughout Q3 showing a reduction in waiting times. RAS Theatre operational.
- **Mental Health Services:** Community Perinatal Mental Health Service now operational. Recruitment of three Primary Care locality GPs as Mental Health link. A Mental Health Command Centre has been developed, which links into the system of monitoring capacity and flow for NHS Tayside.
- **Primary & Community Care:** Mental Health Lead GPs appointed.
- **AHPs:** Further adoption of NearMe and other remote consultation to majority of AHP services. AHP Advanced Practitioner recruited to Orthopaedic Pathways.
- **Pharmacy Services:** First Pharmacotherapy Hub established. Secured funding for Genetics Laboratories to undertake genotyping for all new patients with an acute indication for clopidogrel (ie Cardiology Stroke and Vascular Surgery) making NHS Tayside the first health system in the UK to offer pharmacogenomic testing as usual care.
- **Digital Infrastructure & Innovation:** Vaccination clinics across Tayside were digitally enabled to accommodate acceleration of the booster programme. NHS Tayside Digital Strategy completed and in final approval stage.
- **Workforce:** In most areas, the Workforce Review has progressed to complete the Workforce Plan and to identify hard-to-fill vacancies. Internal deployment of staff to most identified need.
- **Supporting Staff Wellbeing:** Increased total to 236 Wellbeing Champions in place. Online tools including a self management help available for staff suffering from long Covid.
- **Communications & Engagement:** Support for Right Care Right Place campaign fully implemented. Communications Framework fully implemented.

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REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY

1	Delivery of sustainable Vaccination Programmes	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Work ongoing to meet updated guidance to offer booster dose to all adults over 18 by end of December 2021 and second dose to 16-18 year olds (Traunche 2). Roll out of second dose to 12-15 year olds and fourth dose for those who are severely immunosuppressed will commence mid January 2022. Further guidance awaited on roll out of first doses for 5 to 11 year olds. Scottish Government confirmed a minimum of 75% of the vaccinator workforce required to deliver the programme should be recruited on permanent contracts, however Scottish Government funding allocated to date covers approximately 30% of the current workforce. Permanent posts have now been advertised and being interviewed. Gold Command has subsequently approved move to extend all current FTFH contracts to December 2021 to further support retention of workforce.	The programme continues to be developed in line with Scottish Government requirements. The COVID Vaccination Programme Team and COVID Vaccination Programme Board continue to meet regularly and are prepared for the delivery of the extended seasonal flu programme and the COVID booster programme.

Current Status of Risks	Mitigating Controls/Actions
Regular acceleration of the programme in response to COVID variants and changes to the vaccine schedule (who, when, vaccine administered). Workforce capacity to meet increased programme demands. Finance agreed by Scottish Government for Vaccination Programme is not commensurate with requirements. Access for more vulnerable populations / those unable to attend mainstream venues.	Consideration for immediate and future management support underway as part of workforce planning. Permanent nursing appointments to retain experienced staff. Planned recruitment of additional 1 WTE Consultant in Public Health (Medicine) Generic job description used with minor changes to reflect Public Health specialism.

2	Update and refine the operating model for an enhanced Health Protection Service	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Approval to appoint 3.5WTE Band 6 health protection nursing on a permanent basis in addition to 1.4WTE nurses approved on temporary contracts. Approval to appoint a permanent Health Protection Service manager granted. Job description with evaluation team.	Initial mapping of the service delivery requirements conducted. Funding secured for additional fixed term health protection service (nurse, data and admin) capacity (4.5wte) through the Executive Leadership Team remobilisation paper. Recruitment to admin and health intelligence posts complete.

Funding being explored to recruit additional 1 WTE Consultant in Public Health (Medicine). The Health Protection Team continues to deliver the specialist health protection response to high priority cases, clusters and outbreaks of COVID, and all notifiable infections and environmental hazards. Implementing outcomes and recommendations from the staff engagement sessions underway.		
Current Status of Risks	Shortage of experienced health protection nursing staff across Scotland leading to recruitment challenges. Continuing surge of community COVID incidence, and new variants posing work load pressures with concomitant need to prioritise high priority cases/settings and other major notifiable infections and environmental hazards. There is a requirement to job match the Health Protection Service manager job description. Considerable delays associated with this process.	**Mitigating Controls/Actions** Consideration for immediate and future management support underway as part of workforce planning. Permanent nursing appointments to retain experienced staff. Planned recruitment of additional 1 WTE Consultant in Public Health (Medicine). Generic job description used with minor changes to reflect Public Health specialism.

3	Ensure flexible capacity to deliver the Test and Protect Programme	Delivery Status					
		On Track	✓	**Behind Delivery Schedule**		**Not Expected To Deliver In-Year**	

Current Quarterly Progress Update - 1 October to 31 December 2021		**Summary of Work Completed**
Evolution of service in line with National guideline changes and system requirements. Agreement by Gold Command to extend contracts until 31 December 2022 for a number of critical posts (nursing / admin /senior contact tracers). Scottish Government has confirmed the current Contact Tracing workforce is to be maintained until 30 September 2022. Fixed term contracts have now been issued for remaining staff.		
Current Status of Risks	Failure to ensure sufficient capacity and resilience for effective contact tracing and health protection work as the pandemic continues is almost certain to result in the inability to meet strategic and clinical objectives, cause excessive mortality and adverse reputational damage to NHS Tayside. Staff wellbeing continues to be a fundamental focus area, particularly with the majority of staff working remotely. How to continue to best utilise resource as cases of COVID-19 continue to fluctuate, and how their skills and availability can best be used to support other areas of Public Health. Uncertainty at a national level about future Test & Protect service role and workforce requirements beyond September 2022.	**Mitigating Controls/Actions** The team continues to flex and adapt workforce as required and works closely with National Colleagues to understand capacity for support and sharing of resource across Health Boards in line with virus patterns. Workforce planning underway, considering talent retention. NHS Recovery Plan cites continuation of T&P to maintain capacity to respond to the pandemic. The utilisation of National Contact Tracing Centre support for surge capacity has meant that there has been minimal requirement to call upon other public health staff to support the Test and Protect service.

4	Supporting safe provision of Adult Care	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Health protection nursing capacity (0.8wte) appointed for 12 months (starting in January 2022). Strengthening of health protection nursing team (described above) supports this deliverable.	Funding secured for additional fixed term specialist Public Health capacity (1.2 wte) through the Executive Leadership Team remobilisation paper.

Current Status of Risks		Mitigating Controls/Actions
	Continued public health emergency response in each care home to COVID-19 cases is unsustainable due to the volume of cases	Led by Care Home Oversight Group an Outbreak Framework is being developed to support care homes to be confident and competent to prevent and manage outbreaks including COVID-19 cases (risk assess, take action, seek support where required) - moving to 'business as usual' rather than emergency response.

5	Promote screening programmes to reduce potential widening of health inequalities; meet increase in demand; and monitor uptake through performance assurance dashboards	Delivery Status					
		On Track		Behind Delivery Schedule		Not Expected To Deliver In-Year	✓

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
AAA, bowel and cervical screening services have made significant recovery. Breast Screening and Diabetic Eye Screening (DES) have recovery plans in place but continue to face significant challenges. Additional resource required to enable the more targeted promotion of screening into areas of lower uptake and reduce inequalities. Scottish Government has announced additional 2 year funding to be made available to support initiatives to address inequalities in screening uptake – details awaited. Breast Screening Inequalities Project is in the process of reviewing results of low cost intervention on uptake. Business case to establish a new colposcopy clinic was successful – implementation planning underway. Work to obtain data for pregnancy screening KPIs is progressing.	Funding secured for additional fixed term specialist Public Health capacity (2.8 wte) through the Executive Leadership Team remobilisation paper.

Current Status of Risks	Routine adult screening paused during pandemic and recommenced incrementally from September 2020 leading to accumulated backlog. Operational challenges in screening delivery impacting the ability to increase uptake through upstream interventions. Job description for Project Manager awaiting evaluation since early October 2021. Delay having considerable impact on progress towards improvement Lack of data on pregnancy screening - risk that women may not be offered screening, or not receive screening when they have consented.	**Mitigating Controls/Actions** GPs have been commissioned to provide extra Cervical Screening appointments to assist with backlog. Strategic Risk Register for remobilisation of adult screening programmes developed to feed into Board Risk Register. NSD support for breast screening and DES in place. Develop baseline data to inform future planning that will include mitigation of identified risks (inc for maternal and neonatal screening). Piloting with NSD a Breast Screening Performance Dashboard which can be implemented nationally.

6	Establish a comprehensive Public Health Intelligence (PHI) function	**Delivery Status**					
		On Track	✓	**Behind Delivery Schedule**		**Not Expected To Deliver In-Year**	

Current Quarterly Progress Update - 1 October to 31 December 2021	**Summary of Work Completed**
A further 2.0 wte Health Information Officer posts are advertised currently. A knowledge and skills network group for NHS Tayside analysts has been created and will commence in the new year.	Funding secured for additional fixed term specialist Public Health capacity (4.9 wte) through the Executive Leadership Team remobilisation paper. Planning for the requirements of what is required to deliver a comprehensive Public Health Intelligence function completed with gap analysis conducted. All major analytical work supporting the vaccination programme is now completed using R resulting in a more streamlined process. Training in this product will be provided for the other HIT staff for their own work areas.

Current Status of Risks	Reliance on short-term funding could destabilise the ability to provide a comprehensive Public Health Intelligence function.	**Mitigating Controls/Actions** Detailed workforce planning for Public Health underway.

7	Public Health recovery will focus on Substance Use – especially reducing NFOD and drug related death; Mental Health and Wellbeing; and Children and Young People	**Delivery Status**					
		On Track		**Behind Delivery Schedule**	✓	**Not Expected To Deliver In-Year**	

Current Quarterly Progress Update - 1 October to 31 December 2021	**Summary of Work Completed**
Substance Use: Alcohol Brief Intervention (ABI) Coordinator for Tayside appointed (commences January 2022). Backlog of drug deaths reviews from 2020 completed (these arose due to issues with pathology and toxicology contracts for Tayside) and initial drafting of 2020 drug deaths report completed. Agreement to recruit Non-Fatal Overdose pathway co-ordinator/development officer to PH, funded by ADPs.	Funding secured for additional fixed term specialist Public Health capacity (17.3 wte) through the Executive Leadership Team remobilisation paper. The additional capacity is distributed across the priority areas as described in the paper.

Mental Health: 1.8 wte roles recruited to support MHWSU (Band 5 and Band 6), commencing January 2022 to support public mental health training and capacity building across Tayside. Suicide Prevention training capacity increased and a successful multiagency awareness raising event held in November 2021. Children & Young People: First meeting of the NHST Corporate Parenting Group held on 28th Oct 2021 (key mitigations for 'strategic risk 798 corporate parenting') Recruitment complete to Health Promotion Support Worker roles to support Primary 1 BMI, Height and Weight Measures and project commenced October 2021.	

		Mitigating Controls/Actions
Current Status of Risks	The diversion of senior Public Health leadership to the immediate COVID-19 response coupled with the significant demands facing all Community Planning Partners is leading to delays in remobilisation. There is no General Manager identified for Public Health. Without appropriate capacity, Public Health is unable to play a central role in promoting a consistent, collective and collaborative approach to systems change leading to increased inequalities and poor health outcomes with adverse consequences for individuals, communities and the health and social care system. A disproportionate level of harm caused by COVID on socially deprived children and families. The Child Health Commissioner role for Tayside has been vacant for a number of years and requires appointment. Organisational delays in job matching and evaluation leading to delayed recruitment of key posts.	Create and release extra leadership capacity to allow focus on recovery through recruitment of dedicated posts to support specialist led, managerially enabled recovery and effective, sustained remobilisation. Senior Leadership Team established. Permanent Health Protection Service Manager role and 2.0 wte senior support officer posts agreed. Proposal to establish General Manager role developed for Executive Leadership Team. Agreement to host Child Health Commissioner role within PH – funding and recruitment required urgently.

		Delivery Status					
8	Reframe the Public Health Strategy (agreed in December 2019) to take account of the impact of COVID-19 and accelerate collective action to tackle the fundamental causes of poor health and health inequalities	**On Track**		**Behind Delivery Schedule**	✓	**Not Expected To Deliver In-Year**	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Final refreshed Strategy is anticipated to be complete by end of March 2022 however significant response to Omicron variant may delay this timescale.	Draft Strategy agreed by Tayside NHS Board in December 2019. An outline for the refreshed Strategy has been developed. Development session held with Public Health Committee 10 August 2021. Development session with Strategic Leadership Team held on 21 September 2021.

		Mitigating Controls/Actions
Current Status of Risks	The pandemic has exposed and amplified pre-existing inequalities and emerging evidence indicates adverse impact on physical and mental health and wellbeing. The demands on Public Health leadership are expected to be sustained and intense, meaning that there has been limited capacity to provide strategic leadership and the programme management necessary for implementation of key elements of the Public Health Strategy. Public Health is unable to play a central role in promoting a consistent, collective and collaborative approach to systems change leading to increased inequalities and poor health outcomes with adverse consequences for individuals, communities and the health and social care system.	Proposal to establish permanent Senior Managerial leadership and infrastructure with a focus on strategy, governance and performance. Consideration given to temporary alteration to remits within directorate to drive and coordinate the programme for recovery and remobilisation. Continue to advance work in the three priority areas.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
COVID-19 CAPACITY AND TESTING

1	Establish a modular ward with sideroom capacity on the Ninewells site for isolation and HDU care to protect planned care and the rest of the hospital from further outbreaks of Covid-19 (This will enable NHS Tayside to respond to the demand for increased provision of critical care capacity which is vital in delivering the SARS-CoV-2 (COVID-19) intensive care bed capacity pandemic plans as requested by the Scottish Government as well as ensure that we are prepared for anticipated winter pressures for 2021/22 and beyond)	Delivery Status					
		On Track		Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Completed.	Completed. Ward 31 now being utilised to support ongoing COVID critical care requirements. As previous, the risk of staffing two separate units remains.

1A	Deliver and maintain safe clinical red (COVID), Amber (Intermediate) and Green (Surgery Isolation) pathways and provide the additional workforce and associated surge capacity	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
COVID Adult Pathway and Escalation Framework continues to be updated and approved through Gold Command based on learning and requirements to manage patient flow safely - this now reflects the current viral and non-viral pathway management, as per national guidelines.	Tiered escalation framework agreed aligned to the hospital footprint to provide a flexible plan for COVID (Red), USC (Amber) and Planned Care (Green) pathways.

1B	Establish an additional three siderooms co-located with ICU for patients requiring AGPs or who are Covid+ to release the Theatre Assessment Suite (TAS) at Ninewells Hospital (admission suite and two theatres) to underpin the remobilisation of planned care	Delivery Status					
		On Track		Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Complete.	Complete. Ward 31 now being utilised to support ongoing COVID critical care requirements.

1C	Secure and stabilise the Infection, Prevention and Control (IPC) workforce to be responsive to current and emergent IPC priorities	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Consultant vacancy out for further advertisement, internal review and redesign of MDT workforce to support service delivery on interim and medium term basis. Locums continue to support Microbiology workforce.	Recruitment of additional staff complete. Update to COVID IPC Addendum (management of linen / waste, environmental and equipment cleaning) approved and implemented.

1D	Maintain testing capacity and the community testing team in support of expanding remobilisation priorities and alongside existing commitments	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Testing team in place.	

1E	Fully resourced Transport Service to be in place throughout 2021/22 to support the COVID testing and vaccination pathways, pre-surgical and treatment pathways and on the day discharge support	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Continued recruitment to Transport Service ongoing to ensure resilience and to meet increasing demand.	

Current Status of Risks	Implications of future Covid waves on pathways.	Mitigating Controls/Actions
		Ongoing review.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
EMERGENCY, UNSCHEDULED AND INTEGRATED CARE

2	Deliver a progressive and robust Winter Plan which is whole system in nature	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
The associated Operational delivery framework continues by way of whole system huddles and workstreams. The Winter response is aligned to strategic response tiers guiding decision making at various levels of demand. Continued use of data heat maps facilitates proactive planning and work is ongoing to further enhance whole system response to pressure.	Winter Planning Team established. Tayside Winter Plan approved by NHS Tayside Board in December 2021.

2A	Embed phase 1 and implement phase 2 of the national Redesign of Urgent Care Programme (RUC)	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
The Abbreviated Full Business Case (AFBC) to create the Flow Navigation Centre (FNC) office was approved at the Asset Management Group (AMG) on 9 September 2021, subject to a couple of conditions. (1) Funding would become available within the financial year. Unable to go out to tender until funding in place which will delay the completion date of November 2021. (2) Review the design with Health & Safety to ensure compliance with spacing guidance. The designs were compliant with guidance and it was agreed to carry out health & safety assessments prior to occupying the space. AMG notified accordingly. The plans for phase II of the RUC programme are being developed and a new programme structure being agreed. New Terms of Reference and governance arrangements drafted for RUC Assurance Group approval. Updates to the Programme Execution Plan (PEP) underway and local improvement project plans to be developed for all of phase II workstreams (Mental Health, Community Pharmacy, MSK, SAS and Primary Care).	The work to deliver Phase I of the RUC programme was completed and the Flow Navigation Centre was established in line with the national deadline (December 2020). A Strategic Assessment, to create the Flow Navigation Centre, was approved by the Asset Management Group (AMG) on 1 July 2021. This permitted the Project Team to proceed to develop an Abbreviated Full Business Case (AFBC) to develop and finalise the FNC Office designs. This work has been completed and the Abbreviated Full Business Case approved by the AMG on 20 August 2021.

2B	Expand the ambulatory pathways to all surgical specialties. This process will interface with the Flow Navigation Hub ● Pilot an ambulatory CT for patients with acute abdominal pain to improve inpatient capacity pressures ● Pilot day case emergency surgery through a dedicated unscheduled ambulatory unit with the intention of avoiding the need for admission ●	Delivery Status					
		On Track	✓ ●	Behind Delivery Schedule	✓ ●	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
First Phase of the Tayside Unscheduled Surgery Improvement Programme initial report to engage and understand the system completed. Work will continue to be supported via Winter and Interface Care Programmes.	All services engaged, recommendations being prioritised, support identified commence Phase 2 of the Improvement Programme.

		Mitigating Controls/Actions
Current Status of Risks	2A – RUC Programme AFBC may not be approved by NHS Tayside and funding will not be allocated to deliver the project. Risks for Phase 2 will be identified during the early planning stages. The risk remains around the availability of Capital Funding to complete the works. Risks associated with Phase II are insufficient resources to deliver local project plans. Shortfall in revenue funding queried with Scottish Government and remains a significant financial risk to the Board. Identify a clinical lead for the RUC Programme and project leads (for each workstream) to scope, plan and implement for their area of responsibility.	FNC Office to be constructed by the end of November 2021. Plans for Phase 2 to be developed over the coming weeks. Continue to link with AMG to understand when funding may be available. Develop the PEP.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
PLANNED CARE

3	OUTPATIENTS	Delivery Status					
	Establish an Outpatient Oversight & Improvement Group with remit to rebuild outpatient (OP) service framework aligned to embedding new ways of working realised through the COVID pandemic, and deliver an optimised future model of care to meet demand.	On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
OP delivery continues to match forecast delivery level for year - on track. OP Manager role appointed to and commences 1 February 2022. Outpatient programme of work for 2022/23 being prioritised. Bookwise contract awarded and project roll out plan commencing.	Dedicated triumvirate team established, Clinical Service Director appointed, Service Manager. Book wise clinic booking system identified as preferred option working with Procurement and eHealth to deploy. Engagement with all outpatient users to identify the infrastructure need. DCAQ data packs developed tailored to individual, speciality and organisational levels.

3A		Delivery Status					
	Maintain OP capacity as a priority to support delivery of all urgent and unscheduled care referrals across all speciality areas in line with national standards.	On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Performance remains positive against urgent/USC referrals. Continued review of long waits ongoing through waiting times forum.	NHS Tayside has continued to prioritise maintenance of all urgent and USC pathways, including outpatient capacity for these referrals throughout Quarters 1 and 2 2021/22.

3B		Delivery Status					
	Continued pathway review across Primary and Secondary Care, supported by the Modernising Patient Pathway Programme and the 'Bringing it all Together' Programme.	On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Work ongoing with the service level specialities to review elective care recovery plans as we move out of wave 4. Risk assessments completed for reducing social distancing and virtual clinics remain a focus for all areas. OP delivery remains at approx 75-80% of pre-COVID levels.	Under the Planned Care Board whole system pathway review and structured approach. Five high volume specialties (General Surgery, Urology, Gynaecology, Gastro, and Trauma and Orthopaedics) reviewing pathways utilising the remobilisation toolkit, supported by HBI, Improvement Advisors. Neurological Care and Support Pathways, Continence Management pathway.

3C	Complete a clinical review of all patients waiting greater than 52 weeks by the end Quarter 1.	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Validation has removed >1500 patients to date. To date validation of lists has reduced the >52wks list by 409 patients (15.9%) and >26wks by 562 patients (18%) and Return Waiting lists by 615 (4.5%) Work is ongoing.	Clerical Validation completed for >52 weeks and >26 weeks.

		Mitigating Controls/Actions
Current Status of Risks	3C – Validation of Lists Prior to clerical validation, new outpatient waiting lists were showing as 15% greater than true value due to data errors. Whilst these have been addressed via training, there is a risk this could re-occur if waiting lists are not continually monitored and maintained. Allocated time for vetting and clinical review has been limited due to post-COVID impact.	Medical Records Team to routinely monitor transition of waits to >26 weeks and >52 weeks categories and manage administration. Clinical specialities now looking at improved methods of vetting and waiting list review in line with Planned Care Improvement activities

4	**TTG – INPATIENT / DAYCASE**	Delivery Status					
	Clinical review of all patients waiting more than 52 weeks by the end of Quarter 1.	On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Urgent and USC referrals continued to be prioritised through Q3. Clinical Prioritisation Group (CPG) continues to meet weekly to support available theatre allocation appropriately. 2 major and 4 minor ops per week referral capacity supported by Golden Jubilee for Colorectal Cancer and General Surgery P2 cases from January 2022. Clinical teams continue to review TTG lists as appropriate.	Clinical prioritisation completed supporting clinical review of cases.

4A	Maintain elective urgent capacity to support delivery of all urgent and USC procedures as agreed through the clinical prioritisation framework. Two days per week additional theatre capacity at Golden Jubilee Hospital will be required for 2021/22.	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Urgent and USC referrals continued to be prioritised through Q3. Clinical Prioritisation Group (CPG) continues to meet weekly to support available theatre allocation appropriately. 2 major and 4 minor ops per week referral capacity supported by Golden Jubilee for Colorectal Cancer and General Surgery P2 cases from January 2022. Clinical teams continue to review TTG lists as appropriate.	NHS Tayside has accessed some additional theatre capacity via Kings Park and continues to work with Golden Jubilee Hospital as per our SLA.

4B	Phased reintroduction of elective theatre capacity on PRI and Stracathro sites by Quarter 1, with the introduction of regional capacity in Quarter 2.	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Stracathro stepped down to 2 theatres per week supported by Independent Sector staffing. Anticipate that remaining 2 theatres will stepback up through February 2022. PRI elective orthopaedic operating remains stepped down through quarter 3 and early part of quarter 4. Tactical Cell meetings continue to operationally review the COVID situation and planning COVID, unscheduled and elective delivery aligned to the available workforce.	NHS Tayside has reinstated elective theatre capacity at PRI and Stracathro as planned and has introduced regional capacity accordingly. Wave 3 has resulted in some reduction in elective theatre capacity in PRI during July and August 2021, however, where possible, Stracathro is being maximised to minimise the impact.

4C	Implementation of theatre 4 and 7 day ward model at Stracathro in Quarter 3 to increase elective capacity on a regional basis.	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
As above. Workforce planning and recruitment continues to secure 7 day ward staffing model in quarter 4.	

4D	Secure Vanguard mobile theatre for Stracathro to provide fifth theatre for elective backlog recovery for priority 3 and 4 patients.	Delivery Status					
		On Track		Behind Delivery Schedule		Not Expected To Deliver In-Year	✓

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Modelling and review of potential option for mobile in 2022/23 remobilisation plan.	

4E	Establish a robust theatre workforce plan to ensure sustainability of elective, unscheduled and COVID capacity	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Work ongoing.	On track, over delivering on elective inpatient and day case activity, however some shortfalls in staffing due to self-isolation, vacancies, etc.

4F	Secure capacity for c8300 patients – with additional funding - to reduce the number of patients waiting greater than 12 weeks at the end of March 2022	Delivery Status					
		On Track		Behind Delivery Schedule		Not Expected To Deliver In-Year	✓

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
NHS Tayside has continued to prioritise all urgent and USC capacity throughout Quarter 3 2021/22. Performance is positive against our 2021/22 TTG projections with more activity delivered than planned.	

4G	Optimisation of Fallow Theatres – approved by Scottish Government in June 2021	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Reinstatement of 10 theatre sessions per week was commenced in July 2021. COVID wave 4 has impacted some of the Fallow sessions at PRI with step down required in September 2021. Position remained throughout quarter 3	

		Mitigating Controls/Actions
Current Status of Risks	4 – 52 Weeks Clinical Review Allocated time for vetting and clinical review has been limited due to post-COVID impact. 4B – Elective Theatre Capacity at Stracathro and PRI The emergence of Wave 4 impacting the Board's ability to maintain elective capacity across the PRI and Stracathro sites – initially in place until end of October. Golden Jubilee has indicated to NHS Tayside the shortfall in workforce capacity they are now experiencing which is impacting on the level of Theatre sessions they are able to safely staff – this will reduce the number of Orthopaedic joints that can be delivered. Unable to re-instate elective activity stepped down at the end of October. 4C - Theatre 4 and 7 day ward model at Stracathro The emergence of Wave 4 may impact the Board's ability to maintain elective capacity across the PRI and Stracathro sites. 4E - Theatre Workforce Plan Staffing availability.	4 – 52 Weeks Clinical Review Clinical specialities now looking at improved methods of vetting and waiting list review in line with Planned Care Improvement activities. 4E – Theatre Workforce Plan Elective step down to support continuity of unscheduled and emergency activity.

	4G – Fallow Theatres The emergence of future waves may impact the Board's ability to maintain the delivery of all 10 theatres sessions.	

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
DIAGNOSTICS

5	Reduce and maintain urgent and USC referral waiting times across all modalities • Reduce the current extended CT outpatient waiting time to within the 6 week standard by maintaining additional mobile van capacity to support MRI and CT recovery plan • Optimise available imaging capacity by working 7 day model to support both inpatient and outpatient demand and recovery • Put in place a recovery plan for DEXA and ultrasound •	Delivery Status					
		On Track	✓ •	Behind Delivery Schedule	✓ •	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Quarter 3 workforce pressures remained for radiographers and therefore significant reduction in OP diagnostic testing, Urgent and USC referrals remained priority as well as inpatient referrals to support flow.	Additional outpatient capacity secured from the University of Dundee and through mobile vans funded by Scottish Government. Locum Radiologist posts appointed July 2021 with potential for further recruits in the Autumn. Additional 10 Radiographers recruited into posts (7 x Band 5 and 3 x Band 6), currently being trained and inducted. (still a number of vacancies exist in Band 6 posts – 9 WTE). Sonographers are fully established with additional Locum. Clinical review of waiting list, and contacted patients waiting over 12 weeks in line with agreed national Imaging waiting times.

5A	Introduction of Cytosponge	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Cytosponge continued through quarter 3 with a downturn in December 2021 due to festive period.	

5B	Introduction of Colon Capsule Endoscopy (CCE)	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
CCE reduced to 3 patients per month in quarter 3. Team reviewing the opportunity to increase this again towards the end of quarter 4.	

5C	Optimisation of Vanguard Endoscopy mobile to support reduction in long waits for Endoscopy	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Weekend working supported by Synaptik through quarter 3. Waiting times reducing.	

5D	Implement the framework for validation and clinical prioritisation of surveillance patients	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Weekend working supported by Synaptik through quarter 3. Waiting times reducing.	

		Mitigating Controls/Actions
Current Status of Risks	5 – Diagnostic Capacity Inability to recruit trained CT/MRI Radiographers or to source Sonographer locums. Staff burnout. 5A / 5B / 5C – Cytosponge, Colon Capsule Endoscopy, Mobile Unit Staff availability. Sufficient volume of suitable patients. 5D – Framework : Surveillance Patients Availability of funding and staff.	5 – Diagnostic Capacity Projections revised as part of RMP 4 submission. Enhanced training of junior graded staff.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
CANCER SERVICES

6	Support Breast Service Team to review short, medium and long-term service delivery models to develop a recovery plan and sustainable future service model	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
As per quarter 1 and 2 work continues to support recovery plan.	NHS Forth Valley delivering additional breast clinic capacity. Breast Oncology Consultant post re-advertised. One appointment commenced August 2021.

6A	Cancer Care Board Work Plan and defined workstreams progressed	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Work has been paused due to wave 4 requirements and focus on managing USC pathways. To be refreshed in quarter 4.	Cancer Care Board (CCB) established.

6B	Robust implementation, monitoring and outcomes/impact of waiting times and cancer recovery funding allocations	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Work has been paused due to wave 4 requirements and focus on managing USC pathways. To be refreshed in quarter 4.	

6C	Development of a Communication Strategy for Cancer Care Board and whole system information sharing	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Work has been paused due to wave 4 requirements and focus on managing USC pathways. To be refreshed in quarter 4.	Information Framework included as a workstream within Cancer Care Board Work Plan.

Current Status of Risks		Mitigating Controls/Actions
	6 – Breast Service Team Recovery Plan/Service Model Recruitment to vacant Radiographer and Radiologist posts. Funding received will only maintain current position not provide any further improvements	Ongoing review. Ongoing review.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
CHILDREN, YOUNG PEOPLE AND FAMILIES

7	Commission and open the children's theatre suite (November 2021)	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Anticipated timescale for opening April 2022.	In Balfour Beatty's latest Contractors Report dated 30 July 2021 the current accepted program (FP1 Rev 13) shows Balfour Beatty with a forecast planned completion date of 8 November 2021, however this has slipped to mid-February 2022 due to further local infrastructure concerns. NHS Tayside commissioning and handover will follow on after this date. See risk section regarding possible extension to program.

7A	Commission and open the refurbished NICU (July 2021)	Delivery Status					
		On Track		Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
	Completed. NICU is now fully commissioned and open to babies and families.

Current Status of Risks		Mitigating Controls/Actions
	7 – Children's Theatre Suite Balfour Beatty remained on schedule for the forecasted planned completion date of 8 November 2021), however a further recent issue relating to physical infrastructure within "Pipe Street" will lead to a further significant delay in technical handover. It is currently anticipated that NHS Tayside will receive the completed facility from Balfour Beattie in mid-February 2022.	Timescale for improvement December 2021. Anticipated handover February 2022. Children's Surgery continues within Ward 30/Children's Theatre facility.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
NATIONAL AND REGIONAL COLLABORATIONS

8	Complete the thrombectomy pilot to treat 20 patients with roll out of Phase 1 of the programme (August 2021)	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
19 patients treated to date. ARI referrals Mon-Fri 9-5pm in place.	

		Mitigating Controls/Actions
Current Status of Risks	Longer transfer times may result in poorer patient outcomes for North patients. Hub and SAS capacity not available in adequate timescale for patient transfer due to wider service pressures - pilot being run on 'best endeavour' basis. Hub and spokes may not be able to recruit adequate numbers of staff to run service.	Optimising pathway as part of pilot. Monitoring pathway timings. Pilot being run on 'best endeavour' basis until additional resources secured. Early recruitment underway. Monitoring workforce plan against wider gaps.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
CLINICAL SERVICE SITE PLANS

9	**NINEWELLS**	Delivery Status					
	Complete the Outline Business Case for the Thrombectomy Suite	On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Progress continues as per programme plan.	Outline Business Case completed and entered local, regional and national approval process (planned August-December 2021). Subsequently pulled from approval process following feedback from Scottish Government Capital & Facilities. Concerns around lack of national Initial Agreement – discussions between national Thrombectomy programme, NHS Tayside team and Government Capital & Facilities ongoing to resolve. Re-planning underway on new approval process and impact on building works already in progress.

9A	Confirm procedure volumes for RAS by Quarter 1	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
RAS operational in quarter 3.	

9B	Initial Agreements (IA) for Cancer, Critical Care and Endoscopy Replacement in place (May 2021)	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Both IA's are progressing through internal governance groups and after authorisation by NHS Tayside Board, will be submitted to SIG around April/May 2022. The critical care KSAR process is complete and the action plan is currently being reviewed. The cancer centre KSAR has commenced and a report is will be complete by end of March 2022.	The Critical Care IA has been presented at the following meetings: • Project Board 5 May 2021 • Meeting with Chief Executive and Directors 8 June 2021 • Asset Management Group 11 June 2021. An informal meeting was held on 13 June 2021 with Paul Mortimer, Asset Management Policy Advisor, Health Facilities Scotland, who gave advice regarding the content of the IA. The Cancer Centre IA was presented to the Project Board on 15 June 2021.

9C	**PRI – TECC (renamed as National Treatment Centre – Tayside NTC-T)** 1) Complete the Outline Business Case (OBC) for the New Build by Quarter 3 ● 2) Relocate services affected by the New Build Option (December 2021) and commence site enabling works (Quarter 1 2022) ●	Delivery Status					
		On Track	✓ ●	Behind Delivery Schedule	✓ ●	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
1) The OBC has now been produced and identifies the preferred option for Tayside's Treatment Centre to be a 'New build linked to existing main theatre suite on PRI site'. It is not possible to progress the OBC through the approval process while a full impact assessment on the NTC-T project current design, costs and timelines is undertaken following the issue of Scottish Health Technical Note SHTN 02-01-Sustainable Design and Construction guide and new policy DL (2021) 38 – A Policy for NHS Scotland on the Climate Emergency and Sustainable Development. Options will be presented to the Project Board following the assessment seeking a decision on the way forward.	

2) OBC completed. Workforce Model confirmed. Scottish Government Gateway Review 2: Delivery Strategy review undertaken 5th – 7th October 2021 and assessed the project as 'Amber'. An action plan has been prepared to address the recommendations.	

		Mitigating Controls/Actions
Current Status of Risks	9 – Thrombectomy Suite Business Case Delayed OBC approval process will impact on anticipated spend for 2021/22 and progress of building works, appointment of PSCP.	Re-planning underway. Discussions on lack of national Initial Agreement in progress.
	9A – Procedure Volumes for RAS Challenges recruiting to Anaesthetist vacancies - ability to provide cover for 3 session days. Any delay to the theatre enabling works that may impact our go live date. Ability to reprocess instruments - in house CDU requires electrical upgrading works that are expected to take around 16 weeks with outsourcing arrangements not confirmed.	Timescale for improvement November 2021.
	9C – Tayside NTC-T The project has robust risk management in place. There are 82 open risks detailed on the project risk register, of which 9 have a High Post-Mitigation score.	Options assessment and updated costs. Scottish Government Capital Investment Group aware and involved in assessment

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
CHILD & ADOLESCENT SERVICES

		Delivery Status					
1	CAMHS Outpatient Mental Health Waiting Times performance - modelling of three scenarios has been undertaken, these assume that average referral increase will increase by 10% *This forms part of a longer term priority that will appear in the forthcoming Annual Delivery Plan 2022/23*	On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Quarter performance is 92.9% against the national waiting times standard of 90%. Weekly referrals are currently up by more than 56%. Current recruitment underway in all discipline.	

		Mitigating Controls/Actions
Current Status of Risks	Based on current staffing and capacity for throughput of cases, neither current staffing nor staffing with successful recruitment to existing vacancies, will result in improving waiting times nor achievement of the waiting times standard. Managing medical staffing capacity risk across the service, will long term vacancies within the medical cohort and unplanned leave (COVID impact) resulting in cancellation of clinics and appointments. A service risk has been raised. St Leonards Bank (Perth locality) sits with a service risk on its unsuitable work and service delivery environment, which is being tracked through care governance systems (locally and within NHS divisional governance forums). Risk around data sets - limited monitoring and measuring systems within current data gathering sets has created improvement work stream for this. A data analyst is working with CAMHS for one day a week to take this forward and negotiations with the Business Unit are occurring to refine TRAK systems to facilitate better coding to help build this.	Project Plan to be developed.

1A	CAMHS Outpatient expansion of community from aged 18 to 25 years for targeted groups *This forms part of a longer term priority that will appear in the forthcoming Annual Delivery Plan 2022/23*	Delivery Status					
		On Track		**Behind Delivery Schedule**	✓	**Not Expected To Deliver In-Year**	

No change to age increase due to challenges with recruitment of Consultant Psychiatrists and fragility of service capacity.	
Current Status of Risks	Inadequate medical capacity creates risk for the delivery of these targets. Taking young people up to 18 and holding some young people until they are 25, creates a more complex cohort of patients that medical staff and other professionals have to manage. This complexity impacts capacity and also increases risk.

Mitigating Controls/Actions
Project Plan to be developed for 18 to 25 year old part of work. Expansion of age range to 18 years on CAMHS Plan for continuous improvement.

1B	CAMHS Outpatient Transitions *This forms part of a longer term priority that will appear in the forthcoming Annual Delivery Plan 2022/23*	Delivery Status					
		On Track		**Behind Delivery Schedule**	✓	**Not Expected To Deliver In-Year**	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Collaboration of NHS Tayside and partnership transitional SLWG will work together to move the agenda forward in the introduction of transitional care planning pathway for young people moving to adult mental health services.	A short life working group (SLWG) has been established to support improvement work around Transitional Management and Care Planning. Communication around Transitional Management has occurred with Adult Psychiatric Services and in addition, CAMHS Outpatients have put in place Transition Representatives for Perth, Dundee and Angus. The progress and outcomes from the Transitions SLWG is being reported through the local and divisional Clinical Governance Forums.

Current Status of Risks	Implementation of Transitional Care Plans needs further work in collaboration with adult mental health services which to date has been challenging to commence. This has been impacted by a lack of adult Consultant Psychiatrists in post.

Mitigating Controls/Actions
Transition Management on CAMHS Plan for Continuous Improvement. Project Plan to be developed to factor in new targeted roles. Transition programme within Living Life Well Strategic Plan for Tayside Mental Health in place, Operational Plan yet to be developed.

1C	CAMHS NHS Scotland National Service Specifications	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Challenges with regard to recruitment remain within all disciplines. Increased capacity in to our Response Team, Eating Disorders and Tier 4 Outreach Team. Financial approval has now been received to obtain appropriate accommodation in Perth. New accommodation has been identified; an action plan is currently being developed to assist in the design of the new premises. Roll out across Tayside of Young Peoples Triage Service within all GP clusters across Tayside. Implementation Plan is being progressed with further clusters being included from February 2022. Recruitment of Psychologist for Transitions and Liaison in progress. Increased staffing capacity recruited in to ID Service. Dedicated psychology capacity for care experienced children's service. Appointment of speciality doctor and further increase in capacity to AHP.	

Current Status of Risks		Mitigating Controls/Actions
	Failure to recruit staff. See above for other risks.	November 2021 session booked for Leads to formulate improvement plans required to achieve full compliance against new roles; identify priorities and staging of work.

1D	CAMHS Outpatient Neurodevelopmental waiting times: • Establishment of Neurodevelopmental Hub • Develop Neurodevelopmental Pathway within CAMHS • Community Wellbeing Fund & CAMHS Project (Portal) *This forms part of a longer term priority that will appear in the forthcoming Annual Delivery Plan 2022/23*	Delivery Status					
		On Track		Behind Delivery Schedule		Not Expected To Deliver In-Year	✓

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Option appraisal paper to be presented to Executive Leadership Team, NHS Tayside by March 2022. This will address the implementation of the new pathway and patient backlog. Recruitment in all disciplines currently underway.	

Current Status of Risks		Mitigating Controls/Actions
	Capacity expertise has been lost within the Neurodevelopment Improvement Group, resulting in required recruitment and allocation of capacity into this work stream. Active recruitment measures are underway and this is featured in the CAMHS service workforce risk.	Neurodevelopmental Pathway, Neurodevelopmental Hub and Neurodevelopmental Portal all on CAMHS Plan for Continuous Improvement.

1E	CAMHS Outpatient Intellectual Disability Waiting Times: • Provide a structured process/support around work targeting waiting time for children and young people with intellectual disabilities. • Implement a Positive Behavioural Support model into Intellectual Disability Pathway. *This forms part of a longer term priority that will appear in the forthcoming Annual Delivery Plan 2022/23*	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Successful recruitment to 2 WTE Band 6 nurses with a plan to create further capacity with the appointment of 1 WTE Band 5. New post within the service of Clinical Support Worker to be recruited as a test of change.	

Current Status of Risks		Mitigating Controls/Actions

1F	CAMHS Outpatient Care Experienced Pathway *This forms part of a longer term priority that will appear in the forthcoming Annual Delivery Plan 2022/23*	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Scoping exercise by March 2022 investigating the possibility of increasing clinical capacity within this pathway.	

Current Status of Risks	Risks as outlined above.	Mitigating Controls/Actions
		Project Plan to be developed.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
PSYCHOLOGICAL THERAPIES AND PSYCHOTHERAPY SERVICES

2	Development of a Psychological Therapies Improvement Plan and Psychotherapy Improvement Plan.	Delivery Status					
		On Track		Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
	Completed. Comprehensive demand and capacity exercises have been undertaken to produce plans which explicitly outline what is needed to meet waiting times targets.

Current Status of Risks	There is identified need for increased staffing but no clear indication that funding will be made available in line with this.	Mitigating Controls/Actions
		The move to a strategic commissioning model for psychological therapies will advance a new finance model which proportions costs across the whole system.

2A	Recruit and retain staff to levels as outlined in Improvement Plan *(new priority)* Change of contracts: end December 2021. New Recruitment Strategy by March 2022.	Delivery Status					
		On Track		Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Completed.	Completed. Internal processes completed. NES National posts notified and due to go to advert in March 2022.

Current Status of Risks		Mitigating Controls/Actions

2B	Expand skill mix within the workforce *(new priority)* 5 trainees in April 2022 5 trainees in October 2022	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
This work has been advanced with processes now in place.	

Current Status of Risks	Increased supervision requirement within services already stretched with Doctorate and Masters trainees.	Mitigating Controls/Actions
		Use of all localities across Tayside and introduction of EPPs to specialist autism services.

2C	Implement new strategic commissioning model for Psychological Therapies Services that allows the local and Tayside wide service developments to be prioritised and advanced *(new priority)* Outline of processes by April 2022 Strategic Plan by October 2022	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Psychological Therapies Strategic Work SBAR was ratified by the "Living Life Well" Operational Steering Group and will be presented to the Programme Board on 1 February 2022 as a change request to develop this new strategic commissioning model.	

Current Status of Risks	The Director post is currently vacant; whilst it is expected there will be no issue securing a replacement, it may be June 2022 before someone is in place.	Mitigating Controls/Actions Interim Director is in place and will work with Finance and DHSCP colleagues to begin to advance the processes.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
COMMUNITY PERINATAL MENTAL HEALTH SERVICE

3	Community Perinatal Mental Health Service - Operational from 1 November 2021 on a phased basis.	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Community Perinatal Mental Health Service now operational. Implementation Group meets for last time week commencing 31 January 2022 to hand over to business as usual. The P&IMH National Board have scheduled a Tayside visit on 3 February 2022.	Community Perinatal Mental Health Service now operational.

Current Status of Risks	Recruitment: At present there is no Psychological Therapy posts aligned to the team – services will be provided in line with existing arrangements in short/medium term. At present there is no Occupational Therapy time available to the team. Role proposal developed. Base: Temporary base unsuitable in the medium to long term.	Mitigating Controls/Actions Role development across Perinatal, Infant and Maternity and Neonatal Psychology Services. Future funding opportunity. Proactive engagement with NHS Tayside Estates and local HSCPs regarding future options.

3A	Infant Mental Health Service - Operational by March 2023 *This forms part of a longer term priority that will appear in the forthcoming Annual Delivery Plan 2022/23*	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Infant Mental Health Services recruitment took place week commencing 21 January 2022 for a Consultant Clinical Psychologist post and appointment has been offered. Infant Mental Health Services Steering Group has been established and a meeting scheduled for 4 February 2022.	

Current Status of Risks	Progression of job descriptions through required approval process. Availability of specialist workforce. Available base/space for the team.	Mitigating Controls/Actions Escalation as required. Membership of Infant Mental Health Forum and wider networks. Proactive engagement with Estates and HSCPs on future options.

3B	Maternity and Neonatal Psychological Intervention Service – Operational by March 2023 *This forms part of a longer term priority that will appear in the forthcoming Annual Delivery Plan 2022/23*	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Service now operational in a non-clinical capacity. Recruitment of two additional Psychologists and a Psychologist Assistant post are complete, awaiting commencement date.	

Current Status of Risks	Progression of job descriptions through required approval process. Availability of specialist workforce. Available base/space for the team.	Mitigating Controls/Actions
		Escalation as required. Membership of Infant Mental Health Forum and wider networks. Proactive engagement with Estates and HSCPs on future options.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
URGENT AND EMERGENCY CARE

4	Redesign of urgent care pathway across Tayside	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
No further progress made from previous Q2 progress detailed below: A programme of work is well established and there are links to the National Redesign of Urgent Care Mental Health. The focus of the Tayside work is to deliver a Tayside wide specialist emergency mental health assessment function with clear links to local Emergency Departments, Scottish Ambulance and NHS Scotland Police and a coordinated response to all people reaching out in distress to ensure that people are connected with the appropriate level of response and services based on their level of need. All three HSCPs are at different stages of exploring the delivery of Wellbeing Centres, run by the third sector, which will provide a compassionate response to people in distress, linked to DBI and a range of other support functions for people. A site has been identified for Dundee's Community Wellbeing Centre. A steering group has been set up and a stakeholder group will be established through existing local networks. The ambulance vehicle has been in operation with paramedic staff over weekend evenings, 4 mental health nurses have now been appointed to join the team.	

Current Status of Risks	Scope. Growth. Staff Capacity to deliver. Staff locations. Future job roles.	Mitigating Controls/Actions Project Plan to be developed.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
PRIMARY / SCHEDULED CARE

5	Primary Care Mental Health delivery: Increase of Practice level mental health support	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Recruitment ongoing to meet milestone/target.	

Current Status of Risks		Mitigating Controls/Actions

5A	Establish strong links between GPs and Mental Health Services: Development of a Mental Health Link GP	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
HSCPs have recruited three Primary Care GPs as Mental Health link.	

Current Status of Risks		Mitigating Controls/Actions

5B	GP Young Person Liaison Service: Further roll out of pilot	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
No further progress made from previous Q2 progress detailed below: Two further GP Practices in Angus and Perth have been selected to roll out a Young Person Triage Service. The additional mental health monies will provide resources to regionally roll out this programme.	

Current Status of Risks		Mitigating Controls/Actions

5C	Mental Health & Wellbeing Hubs: Establishment of Mental Health and Wellbeing Hubs to focus on all aspects of health and wellbeing	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
No further progress made from previous Q2 progress detailed below: Perth & Kinross HSCP – Within draft Strategy. Discussion taking place with other planning groups on how to progress. Angus HSCP – Within draft Strategy. Discussion taking place with other planning groups on how to progress. Dundee HSCP – Planning for community Wellbeing Hub has commenced.	

Current Status of Risks		Mitigating Controls/Actions

5D	Accessible Information	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
No further progress made from previous Q2 progress detailed below: Dundee HSCP - Establishing a digital radio station to provide accessible information for people less likely to engage with conventional services and / or outwith current service hours.	

Current Status of Risks		Mitigating Controls/Actions

5E	Suicide Prevention: Enhance suicide awareness, prevention, co-ordination and service delivery	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Ongoing training being delivered.	

Current Status of Risks		Mitigating Controls/Actions

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
COMMUNITY MENTAL HEALTH

6	Enhancing Community Mental Health Teams	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
No further progress made from previous Q2 progress detailed below: Angus HSCP – Increased to 7-day Community Mental Health cover across Angus. Workforce planning and scoping of new roles across all HSCPs and Inpatient Services such as ANPs.	

Current Status of Risks		Mitigating Controls/Actions

6A	Implementation of Distress Brief Intervention Programme (DBI) across Tayside	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Recruitment ongoing, service has commenced.	Tender process now complete, agreed provider.

Current Status of Risks	There is a risk the DBI training programme is not implemented as planned due to delay with Care Inspectorate registration or staff availability.	Mitigating Controls/Actions

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
INPATIENT MENTAL HEALTH AND LEARNING DISABILITY SERVICES

7	Capacity and Flow in Mental Health Inpatients: Ensure capacity within inpatient estate, no utilising flex beds to increase due to demand	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Command Centre now operational. Due to capacity continued use of flex beds.	

Current Status of Risks	Level of delayed discharges.	Mitigating Controls/Actions

7A	Increase capacity within Discharge Hub	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Dundee HSCP have moved to employ dedicated staffing for the hub. The hub is currently operational for 6 days, as opposed to 7) and will work towards 7 days as a future model.	

Current Status of Risks		Mitigating Controls/Actions

7B	Multi Agency Psychiatric Emergency Plan (PEP): Complete review and approvals process for implementation of new PEP	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
No further progress made from previous Q2 progress detailed below: Version 4 of the PEP was issued for comments early August 2021. The plan is currently being updated with a view to this becoming the final version.	

Current Status of Risks	Risk that the final version of the PEP is not approved within agreed timescales due to further iterations needed from the table top exercise	Mitigating Controls/Actions
		Tape top exercise to be completed using a case study to test the plan prior to submitting final version.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
DIGITAL WORKING AND INFRASTRUCTURE

8	Whole System Digital Working and Infrastructure: – Angus Health & Social Care Partnership – Dundee Health & Social Care Partnership – Perth & Kinross Health & Social Care Partnership – CAMHS Community Service – Inpatient Mental Health & Learning Disability – CAMHS Inpatient Service – Psychological Therapies – Secure Care Services	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Whole system teams are making use of all digital resource.	Whole system needs assessment was completed.

Current Status of Risks	Premises availability due to COVID restrictions across all services. Appropriate access to wi-fi across all services.	Mitigating Controls/Actions

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
STAFF TESTING AND VACCINATION

9	Ongoing delivery of recovery and rehabilitation priorities – Staff and Patient Covid-19 Testing and Vaccination Programme	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
All staff across NHS Tayside and HSCPs are offered regular LFT testing and vaccination. All patients aged 12 – 18 are offered Covid Vaccination. All staff in appropriate areas in POA, Secure Care and Learning Disability Inpatient settings participates in Asymptomatic Testing. All service staff have been offered vaccination with very high acceptance uptake. Patients are offered vaccination in certain circumstances also.	

Current Status of Risks		Mitigating Controls/Actions

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY

1	Continue to support a unified approach to Primary Care Services	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
As per Q2 update work continues to support unified approach to Primary Care. Ongoing discussion with secondary care teams around the COVID community pathway, PC Zooms continue, MH Lead GPs appointed. Work ongoing re premises and workforce,	COVID Assessment Centres and work with GPs to improve safe service provision continued. Recruitment of Realistic Medicine GP Lead. Launch of Reference Guide. Primary Care zooms continued. Several pathways completed through Reference Guide. Support and input provided to Unscheduled and Planned Care Boards and delivery of actions within respective work plans. Primary Care Newsletter distributed (98 editions so far) to communicate with all GPs across Tayside. Reviewed practice status of GMS and enhanced services delivery of key services including long term conditions management. Principles of good practice in Care Homes developed and agreed with work ongoing to translate into a redesigned Care Home LES: nursing leadership to support and progress this is now in place. Completed the first phase concluding the Covid immunisation.

Current Status of Risks	Premises, workforce, finance, Clinical IT.	Mitigating Controls/Actions
		Reviewed quarterly.

2	Establish a whole system quality improvement approach for Primary Care which takes into account the multiple interfaces and co-dependencies	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
The QI Network has had its first meeting and has been scoping a range of issues to inform work moving forward. A number of HSCP projects are being supported, with the aim of spreading good practice across Tayside. This links closely to the Cluster Network across Tayside. Two GPs recruited to the current cohort of the Scottish Quality and Safety Fellowship Programme which will network in with strong Tayside contingent. Work is ongoing to develop clinical pathways benefitting from a Quality Improvement (QI) approach. Initial pathways on Reference Guide have been populated. Increasing engagement from secondary care to work with Primary Care on developing pathways and their recognition of the mutual benefit of increased collaboration.	A Quality Improvement Network for Primary Care has been established with a Clinical Lead and Quality Improvement Advisor now in post to support the Network. The Network has been defined and meetings commenced. Liaising closely with Cluster and Practice Quality Leads to progress local projects.

Current Status of Risks	Capacity to progress quality improvement in a proactive manner.	Mitigating Controls/Actions
		Reviewed quarterly.

3	Support the provision of Justice Healthcare Services and the adoption of improved ways of working	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Implementation of FMS Act ongoing – on track for April 2022. Nurse recruitment ongoing, recruitment of mental health nurse paused for the moment to allow the exploration of a MH nurse linked to custody working from the Dundee MH Community Hub. Security re forensic suite is under ongoing review. WRASAC expected to utilise office space along with FMS admin in Feb 2022. Further funding received to improve the experience for service users. TVs purchased, more office equipment to support moving staff in there permanently. Name now officially changed to the Soarsa Suite – signeage ordered.	Nurses are undertaking the Sexual Offences Examiner course. Increased workforce incorporated across the Forensic & Custody Healthcare Services and Prison Healthcare. Significant improvements on transitional care both on sentencing and liberation: further work on this and enabling supportive transitions should reduce inequities and improve care outcomes. Recruited Clinical Psychologist to Prison Healthcare. Service Level Agreement developed for GP practices to provide cover for HMP Castle Huntly. Negotiations with interested practice underway. Roll out of telephone appointment line/telephone consultations. Clinical Pharmacist recruited to support Pain Association Scotland pain management classes.

Current Status of Risks		Mitigating Controls/Actions

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY
REHABILITATION – ALLIED HEALTH PROFESSIONS

4	Lead whole system programme to ensure consistency across Acute and HSCPs in delivery of rehabilitation	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
AHPs engaged in national Rehabilitation self assessment. The national publication of results of this was delayed – published 9 December 2021. Winter Planning: AHP escalation plan has been reviewed and re-enacted to support staffing across HSCPs and relevant divisions through mutual support. Report completed for AHP Improvement Plan for Orthopaedics to support a single point of access for all foot and ankle referrals across Tayside Clinical care and professional governance structures and roles for professional leadership agreed and embedded with reporting calendar established for consistency and assurance across Tayside. Data regarding variation in waiting times and service capacity have emerged. This has prompted work to consider the Pelvid health physiotherapy service capacity. SBAR reports have been shared with HSCP management team and agreement reached for improvement work which will commence in 2022 regarding other clinical specialities.	AHP escalation plan updated and shared via paper to Gold Command and circulation to all HSCPs and relevant divisions. Staff wellbeing MSK service commenced in May 2020 reviewed and continued to operate single direct point of access for all health and social care staff. Increased system wide sharing and planning established with use of MS Teams. Training and development of staff in critical care, rehabilitation and respiratory to enable deployment across the system as required.

Current Status of Risks		Mitigating Controls/Actions
	The results of the national rehabilitation self assessment prompted the start of a significant piece of work for AHPs regarding rehabilitation review. Tayside has continued to progress rehabilitation developments and is prepared for this work to start in early 2022. This is a delay from original plan due to changes in publication dates. The national self assessment results are now available (9 December) to initiate the review activity. Given the modelling for winter pressures this work will aim to complete phase 1 by May 2022.	Timescale for improvement March 2022.

5	Prepare cases for the expansion or development of post Covid rehabilitation models in line with Major Trauma whole system approach	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
National SLWG formed and disbanded to form new strategic model. Plans to progress gap analysis and availability of fund for bids. Workforce specification and requirements and digital pathways for referral and intervention are continuing but aim to be concluded in March 2022. Post-COVID mental health and wellbeing rehabilitation via the Cossette Report. Tayside had recruitment challenges. Now overcome and recruitment progressing in most professions. This is recognised and mirrored in other Boards but links established with national groups to support Tayside's progress. CARES (COVID assessment, rehabilitation, enablement service) has undertaken further service review to meet sustained demand.	Whole system rehabilitation focused meetings established regarding post-Covid. Whole system referral and investigations meetings established regarding post-Covid. Working Groups established (medical investigations, rehab workforce and digital). Initial paper completed in July 2021 for Silver Command outlining plans for investigation management and requesting short term financial resource for rehab. Planning for managing the long term needs. MDT proposal to Scottish Government for Cossette Report – secured £109,200 for mental health and wellbeing post-Covid rehabilitation. Ongoing discussions held with Information Governance and national AHP Digital Leads regarding delivery of group rehabilitation. Director of AHPs Tayside's nominated Board Lead for long Covid at Scottish Government SLWG. Tayside participating in two large scale research studies regarding long Covid.

Current Status of Risks		Mitigating Controls/Actions
	The waiting list for post-Covid rehabilitation and support continues to grow and the service cannot meet current demand. This demand includes many HSCP staff and key workers. Business Unit modelling shows benefit to early intervention with a potential return to work significantly earlier. Proposal was for short term funding via remobilisation resource. Unable to support recruitment to short term posts so further discussions re potential for permanent recruitment ongoing, delaying progress.	Timescale for improvement December 2021.

6	Evidence the predicted workforce investment of circa £1.1m into rehabilitation services across Tayside	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Developing a process for AHP workforce planning and establishment setting. This has involved learning from and gathering tools developed in other Boards and working with Health Improvement Scotland to define the needs. Discussions with Workforce Team regarding availability of resource from the Health and Care Staffing (Scotland) to support AHP workforce planning. Involvement in model development across HSCPs regarding care delivery to define workforce needs in line with strategic commissioning plans. Planned workforce plan for post Covid (long-Covid) rehab service. Identification of short term need agreed and detailed in paper but longer term workforce plan to be defined as clarity emerges regarding ongoing needs of this population.	Scoping and development of workforce and establishment setting tools.

Current Status of Risks		Mitigating Controls/Actions

7	Contribute to the multidisciplinary approach to unscheduled care and through innovation develop enhanced front door and community based resources	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
AHP involvement in local and national urgent care work regarding MSK solutions. Progressing tests of change in P&K and Angus for Primary Care to build the MDT and support capacity challenges.	AHP membership and representation at relevant groups established. AHP Leadership Group commenced initial planning for tests of change.

Current Status of Risks	AHPs have potential to be a significant solution to prevention of admission, front door and community resources utilising core and advanced practice roles. Services are currently stretched and there is a risk of not progressing the tests of change if core urgent service delivery is required.	Mitigating Controls/Actions
		Timescale for improvement March 2022.

8	Contribute AHP solutions to the Primary Care agenda and implementation of the GMS contract	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
2 x tests of change agreed in primary care OT in P&K, Physio and OT MDT in Angus AHPs have received further investment in the Primary Care First Contact Physiotherapy Service across Tayside.	Participation and representation on Primary Care Board and CIAG. Membership of national AHP Primary Care Group to develop evidence and opportunities. AHP Leadership Group commenced initial planning for tests of change.

Current Status of Risks	AHPs tests of change will require resource as they would not be possible within existing resource. If funding isn't available these tests and transformational changes cannot progress.	Mitigating Controls/Actions Timescale for improvement March 2022.

9	Contribute to the remobilisation of planned care to meet waiting times challenges	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Further expansion of MSK First Contact Practitioner role, increasing capacity. B7 Pelvic Health Physiotherapist now in post to support increased caseload from uro-gynae pathway. AHP advanced practitioner recruited to orthopaedic pathways. Foot and ankle AHP service review and report completed. AHP services have had pauses to some routine appointments for MSK and are reporting increased waiting times and in some instances delays for urgent referrals. This was due in part to staffing challenges due to Covid-19 but work has commenced to better understand and address this.	Recruitment of Physiotherapist to support uro-gynae pathway. Membership of Planned Care Board to consider AHP / MDT solutions and impacts.

Current Status of Risks	Developments and work to maintain existing services to support planned care are continuing. The current priorities of primary Care Board have limited impact on AHP improvement activity. AHP Leadership Team is seeking to define AHP improvements to run concurrently but may require resource or project support. Limited AHP workforce and the adoption of the AHP escalation plan requires AHP deployment for mutual support to areas of highest priority which is often unscheduled care. Impact on waiting times in planned care.	Mitigating Controls/Actions Timescale for improvement March 2022.

10	Work collegiately to ensure maximum adoption of digital working opportunities	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
AHPs have maintained a significant adoption of digital working with Near Me and remote consultations across all services where possible. Ongoing review of where remobilisation to face to face and where digital retained is ongoing review. AHP team have booked meeting with national team in early 2022 to understand Tayside data in comparison to other Boards. AHPs engaging with next cohort of the national Digital Leadership Programme - this has been maintained throughout staffing challenges. National reporting has shown Tayside is performing well with remobilisation of placements using face to face and digital solutions. Near me developments to enable group delivery is now established. The remobilisation of AHP rehabilitation groups is now progressing.	Adoption of Near Me and other remote consultation means across the majority of AHP services. AHPs engaged with local and national digital groups and developments. AHPs established project working with University of Dundee to develop innovative solutions to practice.

Current Status of Risks	AHPs are engaged and adopting digital means of working. Delays in assuring the governance for group rehabilitation is delaying some remobilisation and future opportunities regarding mobile solutions are required to maximise capacity.	Mitigating Controls/Actions Timescale for improvement March 2022.

11	Provide the professional leadership to support the Staff Bank model	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
AHP Bank is not fit for purpose and work has been undertaken to shape what AHPs need in an all staff bank to resolve this. AHPs have invested in support for workforce planning in services as unable to access call down funds from the Health and care staffing act. Gathering baseline workforce data and template testing is now established and being shared with local and national teams.	AHP Bank is being maintained.

Current Status of Risks	The AHP bank is a relatively new resource and it is not currently responsive to workforce capacity needs. Lack of development would risk this not being fit for purpose.	Mitigating Controls/Actions Timescale for improvement December 2021.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY

1	Prepare for the planned expansion of the scope and coverage of the Community Pharmacy Service included in the NHS Scotland Pharmacy First Programme	Delivery Status					
		On Track		Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
	Completed.

Current Status of Risks		Mitigating Controls/Actions

2	By March 2022 all community pharmacies will be utilising clinical portal as an embedded tool in the safe and effective care of patients	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
(see work completed)	43 out of our 57 identified contractors have completed the mandatory training, signed off as competent and access granted to clinical portal. 7 sites are yet to complete training and return their completed paperwork. 2 sites are operating without permanent staff and therefore not in a position to proceed. 3 sites we need to review the plan for. 2 sites have an owner who has declined.

Current Status of Risks	Lack of access for large multiples, impacting the realisation of patient benefits.	Mitigating Controls/Actions
		Raised and acknowledged through national forums.

3	Pharmaceutical Services Medicines: Care and Review – test serial prescriptions for a single care home with a single community pharmacy IT system	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
(see work completed)	1785 items have now been transferred to serial prescriptions across Tayside. Boots (Dundee) tested the Columbus system and now have 13 care home patients with active serial prescriptions. Testing identified a single IT issue which is now to be resolved in January 2022. After the fix the care home with 13 patients on a serial prescription will be completed and the other 2 care homes in the area will be added. Planned to be completed by end of March 2022. Testing also completed with Bairds and Davidsons using the POSITIVE Solutions software, test has been successful. Bairds - now have 2 care homes on line - one in the key cluster in Angus with 2 practices and one in Perth & Kinross HSCP with one practice. A further care home will be added at the end of January as asked by Scottish Government. This care home is in another cluster in the Angus HSCP and linked with 4 new practices (2 with experience of serial scripts and 2 with less experience). Davidsons - All 5 care homes in the identified key cluster now live - working with the 4 practices in the area. Summary 3 pharmacies, 5 practices and 8 care homes live December 2021 with a further 4 (3 as one may close) care homes and 4 practices coming on board by March 2022.

Current Status of Risks	Failure of IT solution. Lack of communication between service providers increasing medicines waste.	Mitigating Controls/Actions
		Discussions and engagement led through Scottish Government colleagues. Programme management in place through lead pharmacist to ensure regular communication and feedback in place.

4	Complete the third cycle of either virtual or on person clinical care quality governance meetings with all community pharmacies by January 2022	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Restarted but progress stalled due to the impact of COVID OMICRON variant. The position will be reviewed in February with regard to face to face meeting or virtual.	

Current Status of Risks	Capacity constraints for the lead pharmacist (community pharmacy development) which has affected the delivery of the reviews.	Mitigating Controls/Actions
		Timescale for improvement October 2021.

5	Work in partnership with community pharmacist contractors to ensure provision of Community Pharmacist Independent Prescribers in each pharmacy (by 2025)	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Through the leadership of the lead pharmacist (community pharmacy development) we have established processes to increase awareness across the existing community pharmacy workforce of the role of the pharmacist Independent Prescriber (IP) within community pharmacy. Through promotional activities, supportive education and training and quarterly clinical governance and peer support sessions, we have seen a move to more community pharmacists embarking on the independent prescribers course. 6(7) engagement and training sessions completed for all new independent prescribers operating in NHS Tayside.	Further 3 new community pharmacists have successfully completed the IP course and are now to complete documentation and teach and treat sessions to start practicing in February/March 2022. Total number of IPs practising within community pharmacies in Tayside is now 18 with additional 3 awaiting prescription pads and sign off to start. One left to join Dundee HSCP locality pharmacy team. All 21 are supported through our peer review network.

Current Status of Risks		Mitigating Controls/Actions

6	Continue to invest in our primary care pharmacy teams, enhancing the pharmacotherapy service and supporting increased patient access to quality medication reviews	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
First Pharmacotherapy HUB established in Dundee in Cluster 1. Recruitment process underway for 2 Pharmacotherapy Assistants. New Scottish Government monies received for training Pharmacy Technicians. Recruitment underway for 4 posts.	

Current Status of Risks	Still some outstanding pharmacist posts in Dundee HSCP. Primary Care funding secured but not recruited to. Will remodel and re-advertise. 4 Pharmacotherapy Assistant posts still vacant due to HUB accommodation not yet secured in Perth & Kinross and Dundee.	Mitigating Controls/Actions Monitoring in place through the multi-professional Pharmacotherapy Service Development Group.

7	Deliver the optimum Level 1 Pharmacotherapy Service by maximising the contribution of every member of the pharmacy team	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Project to improve prescription management processes in practices launched with a focus on reducing the number of special request prescriptions. 35 practices signed up to take part with a training event scheduled for 31 January 2022.	

Current Status of Risks	Funding still to be secured. Project brief to be agreed at August PSDG.	Mitigating Controls/Actions
		Monitoring in place through the multi-professional Pharmacotherapy Service Development Group.

8	Provide assurance that the Vaccine Services function has the resilience and capacity to fully support the Boards immunisation campaigns through targeted investment in staff and premises	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Final stages of the new cold store validation are nearing completion, the team have successfully responded to all requests for the supply of vaccines across multiple campaigns.	Support approved for additional investment in pharmacy staff to address the increasing demands placed on the vaccine services team. Subsequent recruitment completed. Support approved to create additional vaccine services accommodation.

Current Status of Risks	Slippage encountered in determining new location for the vaccine cold store.	Mitigating Controls/Actions
		Project Team in place to monitor the delivery of the programme with appropriate routes of escalation.

9	Contribute to the multidisciplinary approach to unscheduled care and through innovation develop a comprehensive 7-day pharmacy service to key patient areas by August 2022.	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Needs assessment meetings for full 7 day service across all departments arranged for March 2022. Consultation on Weekend dispensary TOC to commence March 2022. On track to meet August 2022 deadline for full 7 day implementation.	Implemented an extension of Ninewells dispensary weekend hours on Saturday and Sunday from 10-1pm to 10-4pm on both days as a Test of Change (TOC) from December 2021 to March 2022. Weekend procedure implemented September 2021 and weekend team leaders assigned according to procedure to maintain effective operations

Current Status of Risks	Sustainability of the Pharmacy Ninewells PDDC weekend service has been challenged due to the impact of COVID; this has impacted on staff wellbeing.	Mitigating Controls/Actions
		Enhanced clinical leadership in place to support staff, along with staff engagement and consultation sessions.

10	Implement Hospital Electronic Prescribing and Administration of Medicines (HEPMA) system across the whole of the PRI site and within paediatrics at Ninewells	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
A considerable amount of work has been completed to configure and train staff for the new Pharmacy Stock Control (PSC) system. The PSC switch over is now planned for the weekend of the 5th and 6th February 2022, this is a significant step in the journey to realising the benefits of EPMA across Tayside. EPMA implementation is still scheduled for late Q1 roll out.	

Current Status of Risks	This is a complicated regional programme that has been subject to multiple delays. Further delays cannot be ruled out. The recent increase in COVID cases and admission has meant some HEPMA team staff have been pulled back to patient facing roles, making progress more challenging. The increased clinical workload for front line staff also makes it more difficult to get the required level of engagement. Workforce capacity to ensure successful delivery of the programme and continued delivery of the hospital pharmacy service.	Mitigating Controls/Actions
		Comprehensive governance structure in place to monitor progress, risks and issues on a weekly basis.

11	Support the implementation of *Living Life Well; A Lifelong Approach to Mental Health in Tayside* and deliver its strategic aims supported by the establishment and Health Board investment in Scotland's first accredited Consultant Pharmacist post	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Work continues to secure funding for the post.	Consultant Pharmacist post approved, as the first in Scotland. Engagement with Scottish Government colleagues has established support for the post.

Current Status of Risks	Unable to secure funding for the post.	Mitigating Controls/Actions
		Discussions ongoing with Executive colleagues to identify funding to support advertising the Consultant Pharmacist post.

12	Fully implement the recommendations and actions of the *Pharmacist Post Registration* Career *Framework* Review, transforming the way pharmacists are trained *This forms part of a longer term priority that will appear in the forthcoming Annual Delivery Plan 2022/23*	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
NHS Tayside has fully engaged with NES and the newly established infrastructure to deliver the new education and training framework.	Prepared for the launch of the new governance framework from September 2021.

Current Status of Risks		Mitigating Controls/Actions

13	Working in partnership with the University of Dundee, explore the translational benefits of pharmacogenomics, increasing patient safety and the effective use of medicines *This forms part of a longer term priority that will appear in the forthcoming Annual Delivery Plan 2022/23*	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Funding has been secured within NHS Tayside Genetics Laboratories to undertake genotyping for all new patients with an acute indication for clopidogrel (ie Cardiology Stroke and Vascular Surgery). NHS Tayside is the first health system in the UK to offer pharmacogenomic testing as usual care.	Precision Medicine Implementation Oversight (PMIO) Group established. Operational Leadership Team presentation taken place to further increase the awareness of precision medicine.

Current Status of Risks		Mitigating Controls/Actions

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY

1	Reinstatement of key digital infrastructure projects to provide resilience to critical services	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
The work to expand the wifi is nearing completion and a survey of the entire estate has now been completed to allow us to cost up a full wifi solution for NHS Tayside. We continue to tackle areas of risk as mitigation for risk 679 by removing legacy technology from our environment. The QVLAN work has been completed and we are already seeing the benefit of this.	Backup business continuity lines have been implemented across key sites for our telephony systems. New power resilience systems in place in key IT infrastructure rooms across estate. New enhanced Firewall devices installed at Ninewells to deal with increased digital demand. New PCs/laptops running Windows 10 rolled out across NHS Tayside estate. New file storage solution implemented. End of life wifi Access points replaced and work to expand wifi coverage continues.

Current Status of Risks	IT Infrastructure is captured as a strategic risk (risk 679).	Mitigating Controls/Actions
		Timescale for improvement Q1 2022. Mitigating actions are assessed and agreed via our Applications Compatibility Lifecycle group (ACL) for applications and via the Infrastructure and Operations Group (IOG) for IT infrastructure. These groups identify areas of risk and monitor agreed mitigating actions (i.e. decommission, upgrade, expansion etc.) which are fed in to the strategic risk reporting.

2	Support infrastructure and connectivity capacity to facilitate a continuation in flexible, agile and remote working capabilities	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
We now have the capability to rapidly expand our remote connections to many thousands should demand requires it. We closely monitor this daily and current usage is well within capacity and has accommodated peaks in remote working during COVID waves easily. We have ordered the upgraded connection for our Internet traffic and this is with the supplier - we expect this to be completed by end March 2022 in line with original timelines.	New enhanced Firewall devices installed at Ninewells to help deal with increased digital demand. Enhanced bandwidth implemented at several sites (including PRI) to help deal with digital demand. Over 1000 additional laptop devices rolled out across NHS Tayside to improve agility of workforce. Remote working capacity increased from 254 at start of pandemic to 1500 currently, with move to 5000 imminent. All GP sites and Clinical areas kitted out with equipment for Near Me consultations. Softphone technology introduced to allow access to corporate telephony system off-site.

Current Status of Risks	We are still carrying a risk around staffing resource levels required to deliver and support improvements of this type at pace, while balancing business as usual delivery. We have however received funding to help mitigate this and plan to recruit in to roles to support this work in the coming weeks. Update Jan 22 - We have recruited to new roles within the Infrastructure teams. Out of the 6 vacancies, 3 have been filled with 2 out to advert and 1 subject to AFC review.	**Mitigating Controls/Actions** Timescale for improvement Q1 2022. All individual items of delivery have appropriate risk management applied to them prior to and during delivery. Work is approved to progress via robust IT Change Management procedures in line with industry best practice.

3	Assess capacity and resources to meet increasing demand in telephony infrastructure	**Delivery Status**					
		On Track		**Behind Delivery Schedule**		**Not Expected To Deliver In-Year**	

Current Quarterly Progress Update - 1 October to 31 December 2021	**Summary of Work Completed**
Completed.	Completed. Capacity has been increased in line with demand. This is not continually monitored to provide assurance that we continue to manage demand appropriately.

Current Status of Risks		**Mitigating Controls/Actions**

4	Exploit features within the telephony contact centre system currently underused to enhance service user experience	**Delivery Status**					
		On Track	✓	**Behind Delivery Schedule**		**Not Expected To Deliver In-Year**	

Current Quarterly Progress Update - 1 October to 31 December 2021	**Summary of Work Completed**
We are working with our Switchboard colleagues to identify possible service improvements in this area. A funding request is being prepared by Soft Facilities to provide financial support required for an upgrade to the telephony system to introduce new user benefits.	We have rolled out a number of 'Softphones' which has saved the organisation from spending money unnecessarily on mobile phones. This is where the user's PC or Laptop acts as a phone and means they can access the corporate phone systems from anywhere, including non-NHS Tayside locations. To date, over 200 of these have been set up.

Current Status of Risks	Risk around being unable to progress any improvements if funding is not secured. The upgrade and funding request is with our Soft Facilities colleagues.	**Mitigating Controls/Actions** Timescale for improvement undetermined – continuing rolling improvement.

5	Identify the transformational opportunity of new technologies within the Microsoft Transformational Programme	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
There is a requirement to formalise our approach to the remainder of the work around delivery of Office 365. A Programme of work is to be started, which will help formalise the delivery of this item. We continue to absorb the work within our current business as usual stream in the meantime. The national programme for this has been refreshed with an enhanced focus - our Head of Digital Operations is now a member of the Technical Authority Group for this and the Delivery Board, so Tayside will benefit from having a closer link in to the national programme.	Email migration to new .scot email addresses and 365 platform complete. MS Teams implemented across NHS Tayside. Completed a 'Discovery' exercise with external consultants to help prepare us to embrace further MS365 technologies.

Current Status of Risks	We are still carrying risk by having the legacy Office version running across our estate. Work is required to determine how we will change this moving forward but it is partially dependent on national direction. Financially, we have invested in technologies that remain partially underutilised.	Mitigating Controls/Actions
		Will be driven nationally. Dedicated delivery team to be created who will manage risks appropriately through Project Management governance. All individual items of delivery have appropriate risk management applied to them prior to and during delivery. Work is approved to progress via robust IT Change Management procedures in line with industry best practice.

6	Digital Clinical Framework - Revised against COVID remobilisation plans in agreement with Access Directorate and Improvement Academy. Digital Directorate will enable the clinic changes in line with these plans.	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
The Specialist Services prioritisation has identified that Surgical is next in line to agree the build to suit delivery but put on hold due to continued COVID pressures. Planned Care Board to determine timescales.	Completed migration of acute to new clinic build. Mental Health move in progress. There are some community clinics that use this build, and these have now been completed.

Current Status of Risks	There is a risk that teams continue to evolve their ways of working which this flexible build cannot adopt. This would be handled by the Trak support team on an as and when basis. The ability to support the volume of appointments required with the build agreed. Ad hoc clinic changes still occurring; Redesigning the clinic build to support delivery of multi disciplinary services in an outpatient area.	Mitigating Controls/Actions
		Implementation of Bookwise solution to manage room and area resource allocation.

7	Rapid and responsive provision of IT equipment to clinic areas for both staff and patient vaccination centres and the Track and Trace Service.	Delivery Status					
		On Track		Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Completed.	Completed. Vaccination centres setup and supplied with all required IT equipment, infrastructure connectivity and systems access. Track and Trace Programme supplied with IT equipment, infrastructure connectivity and system access. National systems now adopted into the NHS Tayside Vaccine Programme, with scheduling tool available as required by national direction. Due to the acceleration of the booster programme, we helped by setting up the new vaccination clinics across Tayside. We continue to work with the programme to ensure that the vaccination programme is digitally enabled as required.

Current Status of Risks		Mitigating Controls/Actions

8	Initiation of consultation exercise on the development of an NHS Tayside Digital Strategy.	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Final approval awaited from Chief Executive office.	Strategy has been presented to the Chief Executive and the Executive Board. Further presentations were given to Executive Leadership (ELT) and Operational Leadership team (OLT). Feedback obtained included in Strategy final version. Strategy presented internally to Digital Directorate staff. Public engagement session held, with feedback incorporated.

Current Status of Risks		Mitigating Controls/Actions

9	There is a requirement to create an EPR strategy, with an aim to deliver a paperless or paper-light electronic patient record across Planned and Unplanned care systems. This workstream is a key priority area in the Digital Strategy due for release in the coming weeks.	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Outcome of SLWG to progress with active clinical notes in TrakCare.	Recruitment of two Associate Medical Directors for Digital, with responsibility over EPR.

Current Status of Risks	Risks will be identified and managed via the Programme responsible for delivery.	**Mitigating Controls/Actions**

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY

1	Identify areas where there are national workforce shortages which impact on the ability to recruit staff to hard to fill vacancies.	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Responses to Workforce Review received from most areas which will identify hard to fill vacancies. Work being undertaken on areas where hard to fill vacancies have been indentified e.g. mental health.	

Current Status of Risks	Difficulty in filling posts may increase the risk of posts being vacant and increase use of supplementary staffing costs.	Mitigating Controls/Actions
		Corporate Workforce Plan being developed for submission to the Health Board and Scottish Government.

2	Availability of workforce affected by ongoing COVID and non-COVID related absence.	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Reporting arrangements in place. Support provided to managers in handling of Long COVID. Other controls in place.	

Current Status of Risks	Maximising workforce availability will assist in the maintenance of service areas under pressure.	Mitigating Controls/Actions
		Regular reporting of COVID absence to GOLD Command. Deployment Group established. Wellbeing Group established. Group to review staff with Long COVID. Working from Home promoted.

3	Support the recruitment, deployment and training of the workforce identified through remobilisation plans and national priorities	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Rapid recruitment continues. Internal deployment of staff to meet identified need. A Deployment Group has been established.	Lateral Flow Device initiative rolled out across Tayside. Talent Management Strategy agreed by Staff Governance. Rapid recruitment completed to Track and Trace and Vaccine Programme.

Current Status of Risks		Mitigating Controls/Actions
	Volume of work in a concentrated period of time, to support engagement or contract extension of the COVID workforce. Volume of work associated with engagement of NGPs across a short space of time.	Support obtained from the wider workforce team.

4	Completion of risk assessments to ensure safe working conditions and practices are in place both at work and in a home setting during remobilisation	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
A Homeworking Group has been reviewing home working uptake and compliance with internal procedures within the organisation, and this information is recorded on Smartsheet. DL2021/28 was issued on 21 August 2021 describing revised guidance to social distancing.	A fortnightly Smartsheet dashboard is produced indicating how many staff are working from home and compliance with the required risk assessments for home working. Currently 1214 staff are recorded as working from home in a hybrid or full-time basis. The majority; approx 1000 - work on a hybrid basis. A Homeworking Survey has been issued via Vital Signs to all staff - this is for home workers and staff who work with homeworkers. The survey is to establish how all such staff feel homeworking is functioning and establish the advantages and disadvantages. This will inform the future strategy for homeworking within NHS Tayside. The organisation also submitted comments on the Once for Scotland policy on homeworking.

Current Status of Risks		Mitigating Controls/Actions
	Ensuring compliance with Homeworking Regulations. Ensuring compliance with DL 2021/28.	Organisation is collating the survey responses and will make recommendations for improvement. Work is underway to ensure compliance with the addenda on Physical Distancing.

5	Continue workforce planning activity to respond to challenges identified through the remobilisation planning process and to deliver a Corporate Workforce Plan by 2022.	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Workforce Review has progressed in most areas in order to complete Corporate Workforce Plan. Workforce Plan to be submitted to Scottish Government. The date of submission has now changed to July 2022 by Scottish Government.	Initial information gathering in progress to highlight key areas of activity that will be included in the Corporate Workforce Plan. The Interim Workforce Plan for 2021-22 was agreed by the Area Partnership Forum and submitted to Scottish Government in April 2021.

		Mitigating Controls/Actions
Current Status of Risks	Changing requirements from Scottish Government in relation to the format and content of the Workforce Plan Submission. The timing of these requests in relation to local governance to meet submission deadlines.	Information gathering and review is underway in order to develop an understanding of the whole system Feedback from Scottish Government around the Interim Workforce Plan Template will be incorporated into the Workforce Plan 2022-25. A meeting with representatives of Scottish Government and Workforce Planning Leads from NHS Tayside and the three HSCPs is to be arranged. A Corporate Workforce Planning Group will be established, with nominations currently being sought.

6	Promote and support activity around clinical placement and provide guidance and advice to support and maintain the experience	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Clinical placements continue to be on hold but likely to change in final quarter of 2021/22 depending upon national direction.	

		Mitigating Controls/Actions
Current Status of Risks	The provision of clinical placement is critical to supporting the supply of newly qualified practitioners. The legacy of disruption from the 2019-20 academic session during which stage 1 placements were cancelled. Affected students need to catch up on the required clinical placement time across the remaining period of their education programme. Continued service reconfiguration. COVID-19 safeguards (self isolation, social distancing, reduced accommodation, car sharing) impacting on reduced capacity - particularly in community settings. Staff absence, resulting in reduced availability of practice supervisors and assessors.	Ability to review on a case by case basis the decision. NHS Tayside has continued to work with University partners and implement rapid restructure of programme flows, theory and placements to mitigate the risks of decreased capacity.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY

1	Review and make recommendations on current and future programmes aimed at supporting staff health and wellbeing, and providing a positive working environment for all staff	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
The Mental Health Policy has been finalised and is now undergoing an EQIA assessment and then will go for approval through the normal governance committees. The range of support services for staff - Care First counselling, Wellbeing Centre and Psychological Interventions all provide performance data for the Wellbeing Group to review on a quarterly basis. The organisation now has 236 Wellbeing Champions in place.	Triple R Rooms are available on all sites and an audit of utilisation and provisions planned for July 2021. Commemorative benches and picnic tables have been installed at a number of sites across NHS Tayside - this project was completed in September 2021. Sanitary dignity products are being provided in a number of identified toilets. Further expansion of this provision is being considered and costs identified to support a business case.. The Psychological Service has extended opportunities to access staff mental wellness support adopting a tiered approach to interventions. Staff have mainly accessed brief psychological interventions targeted at anxiety, low mood, trauma related symptoms or stress related symptoms, however, high intensity interventions are available where presentations are acute. The availability of high intensity intervention is currently being fast-tracked specifically for NHS staff and in response to the pandemic. Over the last year the team have engaged with 2,304 staff with 2,250 staff attending resilience sessions. A Microsoft Team channel has been set up for the Wellbeing Champions to facilitate ease of access to resources and to share learning. Out-of-hours food provision has been reviewed and access improved. Staff Communications – a 'Wellbeing Special' has been included within staff briefs. Emphasis has been given to specific topics e.g. Mental Health Awareness Week including videos from the Employee Director and NHS Tayside Wellbeing Champion. The Communications Team is working collaboratively with teams to showcase innovative initiatives. A review of wellbeing information is planned to aid the simplification and clarity of offer. A Wellbeing Service Report has been commissioned which will reflect the impact of the last 12 months in particular. A Menopause Policy has been developed.

Current Status of Risks	Staff unaware of sources of wellbeing support or how to access such support. This is regarded as low risk due to controls in place.	Mitigating Controls/Actions Regular communications available for all staff including emails, posters, line management information etc, a variety of courses.

2	Identify and action work to address gaps in provision and immediate priority areas	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
An area that has been identified as requiring further organisational review is the resources linked to Long COVID. The Director of AHP is the nominated Board lead and updated the Wellbeing Group in November 2021. The aim is to develop a long term sustainable model for the services linked to Long COVID. There are currently online tools including self management help but the longer term aim is to develop a co-ordinated clinical pathway. The Director agreed to provide the Group with the organisational progress plan on Long COVID which is currently being finalised	Group members are asked to provide routine progress reports on agenda items. Other senior staff are invited to the meetings to provide information or undertake work as required. Peer review scrutiny allows for the identification of gaps. Minutes of the meetings outline the work undertaken. All staff communications encourage the identification of issues that staff would like to have addressed. Working closely with staff side representative ensures that communications are further facilitated and that gaps in staff support are highlighted and the best solution identified.

Current Status of Risks	Risk that some identified measures are not implemented in a timely manner.	Mitigating Controls/Actions
		Wellbeing Group meets every two months; and minutes forwarded to the Staff Governance Committee, for governance and assurance.

3	Establish and implement mechanisms to review and update best models of practice across each of the wellbeing themes and reflect these in the work of NHS Tayside	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
NHS Tayside is actively involved in the National Wellbeing Champions Network which meets on a regular basis. The Network focuses on a number of initiatives to promote best practice in staff wellbeing. Issues discussed include: staff wellbeing pulse survey, staff support information sessions, team wellbeing consultations, menopause working group, training working group, social media reach, coaching for wellbeing. workforce specialist support services, leadership support and physical wellbeing.	In addition to local and national initiatives the Group has established contact with similar groups in other Health Board areas to share ideas and good practice. The Group has also been updated by national work undertaken by the Human Resources Directorate's linking wellbeing to staff experience. The Workforce Director will update the Group as further information becomes available.

Current Status of Risks	Risk that best practice initiatives from other Boards are not recognised or implemented in a timely manner.	Mitigating Controls/Actions
		Many of the Wellbeing Group members have external / national links for best practice initiative recognition.

REMOBILISATION PLAN 2021/22 KEY PRIORITIES FOR DELIVERY

1	COVID-19 response communications and engagement campaigns	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Continue to share most up-to-date national assets on our channels for vaccination and COVID safety campaigns. Ongoing positive engagement on our social media channels with booster campaign content and information around second doses for younger groups. Developing local radio campaign with Local Resilience Partnership to reach 25s to 40s who are still to be boosted in Tayside. Reaching out to local football clubs to share booster messaging over tannoy at matches. Continuing to promote drop in clinics and pop up venues across Tayside.	

		Mitigating Controls/Actions
Current Status of Risks	Public fatigue with COVID-19 messaging. Anti vaccination responses across our social media to vaccination information.	Using regularly-changing local social media content and refreshed assets to keep content fresh and reinforce messaging. Realistic tone to communications to acknowledging fatigue and people are fed-up. Communications messages bolstered – by appeals from different groups of staff to reflect the reality of what is happening on the frontline. Promote trusted sources of vaccine safety messaging. Social media sites monitored for anti vaccination content and those posting frequent misinformation have posts hidden. Scottish Government revising and refreshing communications content for public health messaging and measures.

2	Support 'Operation January' - communications framework 'Operation January' supports the January Surge Proposal and outlines the activities that will trigger a communications response along with key messages.	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Communications framework successfully implemented as planned as triggers have been hit. All staff and external stakeholders informed about system response to additional pressures. Public informed about how they can help support the NHS.	

Current Status of Risks	Public and staff concern about NHS ability to cope.	Mitigating Controls/Actions
		Prepared and detailed reassuring key messages developed with clinicians. Strong plans in place.

3	Redesigning Urgent Care: Supporting national Right Care, Right Place campaign	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Plans to support Right Care Right Place campaign over the festive period fully implemented with content shared across all four channels. Pop up graphic installed on NHS Tayside website landing page advising that how you access urgent care has changes and directing people to our relevant webpage for further information. Lead A&E clinicians have fronted videos on our social media channels reminding people of how to access urgent care. They have also appeared in several national TV news reports outlining the Tayside position. Tayside continues to be the best performing mainland Board in terms of A&E performance.	

Current Status of Risks	Public having difficulty in accessing health services in a timely way and therefore resorting to attendance at Emergency Departments. Huge demand on services means long waiting times.	Mitigating Controls/Actions
		Reinforcing of national messaging by local A&E. Staff and local data relating to admissions. Promote alternatives to A&E/GP/Out Of Hours Service.

4	Winter 2021/22 communications and engagement	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
The Winter Plan, including the supporting Communications Plan was approved by Tayside NHS Board at their December 2021 meeting. Communications Plan now implemented including updated Keep Well in Winter website and weekly videos from clinical lead shared on social media to update the public on how they can support NHS services to keep running over winter and signposting to sources of support.	

Current Status of Risks	Issue with supply of flu vaccine or capacity to roll-out vaccine clinics. Public concern over system becoming increasingly busier and confidence in services waning. Plans not able to be implemented due to pressures such as staffing shortages.	Mitigating Controls/Actions
		Flexible plans and messaging. Ready to respond to changing landscape. Key leaders and clinical teams explaining what the data means, how we are able to cope by having prepared detailed plans – and what the public can do to help. Flexible messaging.

5	Mental Health: Delivering Listen, Learn, Change actions in response to the Strang Trust and Respect Report Living Life Well – Strategy implementation	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
As the Living Life Well change programme agrees its priorities, the Mental Health and Wellbeing Communications and Engagement Group will set out a new work plan to share the progress made by the different projects with the programme. Ongoing communications about progress/achievements within mental health and learning disability services. This includes the launch of the new perinatal and infant mental health service in Tayside. Scoping is taking place to explore the creation of a 'People's Panel' of stakeholders and members of the public with an interest in mental health and learning disability services. Meeting held with Healthcare Improvement Scotland to discuss their experience of using this kind of engagement. Research into how Mental Health Trusts based in England engage with local stakeholder is also being undertaken. A stakeholder information pack is being developed for those who are keen to be part of the programme.	

Current Status of Risks		Mitigating Controls/Actions
	Adverse publicity for services means members of the stakeholder communications group disengage. Perceived lack of progress with Trust and Respect impacting on public confidence in Tayside mental health services.	Open and honest dialogue with members about progress and ongoing service challenges. Progress Overview developed and published.

6	Elective Care Programme: Working with local Planned Care Board on multi-platform communications to manage public expectations around waiting times for planned procedures and outpatient appointments	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Letters have been issued to patients already on and newly added to waiting lists for elective care to advise of the effect of COVID on waiting times. Further work on this will progress as we move out of the winter period and can move forward with our remobilisation plans.	

Current Status of Risks		Mitigating Controls/Actions
	Public becoming more disaffected by long waits and issues in accessing health and social care services.	Openness and transparency about the key deliverables for the NHS, including more details about waiting times. Continue to be open and honest about waits and reasons. Reassure public about actions and plans in place. Use clinicians to deliver messaging as trusted sources of information.

7	National Treatment Centre – Tayside	Delivery Status					
		On Track		Behind Delivery Schedule	✓	Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Update on progress with Outline Business Case shared with staff and public. Wider public communications and engagement will follow approval of OBC.	

Current Status of Risks	Timeline or funding slippage.	Mitigating Controls/Actions
		Flexible messaging and open and honest communication.

8	Public Involvement and Engagement	Delivery Status					
		On Track	✓	Behind Delivery Schedule		Not Expected To Deliver In-Year	

Current Quarterly Progress Update - 1 October to 31 December 2021	Summary of Work Completed
Content pages for intranet are updated. LearnPro module for staff has been reviewed and sent to LearnPro Team. Team members have completed training sessions with HISCE, including how to engage with harder to reach groups. Attended network session with HISCE re setting up a national Engagement Practitioner. Case study shared with HISCE as an example of innovative engagement practice. Network Survey shared with Public Partners to give them the opportunity to have their say on which engagement mechanisms they felt worked well and which they felt did not work well. Survey shared with staff who have involved Public Partners to get their feedback on the process. The findings will inform future activity. Continuing to support teams throughout the organisation with engagement activities.	

Current Status of Risks	Public do not want to use new ways of engaging.	Mitigating Controls/Actions
		Use HISCE toolkit and training to ensure a range of engagement options are in place for any projects.

Performance and Resources Committee

14 April 2022

Summary of Prescribing Efficiencies Programme

Responsible Executive/Non-Executive: Prof. Peter Stonebridge, Medical Director

Report Author: David Coulson, Director of Pharmacy
Dr. David Shaw, AMD, Primary Care

1 Purpose

This is presented to the Board for:
- Awareness

This report relates to a:
- Annual Operation Plan

This aligns to the following NHS Scotland quality ambition(s):
- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

In line with audit recommendations this paper provides an update position in relation to the safe and effective use of medicines across primary care in Tayside. The paper will:

- Describe the current financial position with respect to the 2021/22 prescribing plan; including a summary of the pan Tayside actions monitored through the Prescribing Support Unit (PSU)
- Detail the financial planning frameworks for each Health and Social care Partnership for 2022/23

2.2 Background

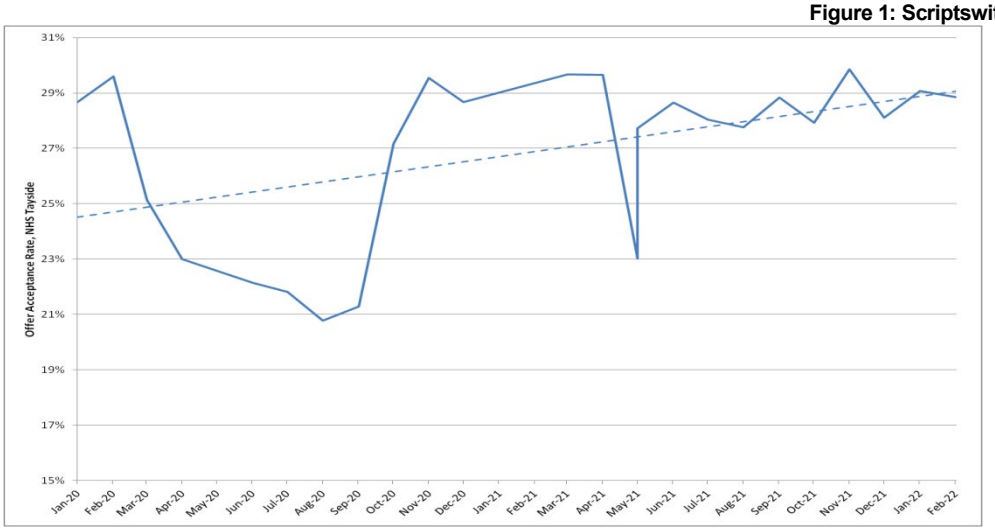
The use of medicines, accounts for c£80m each year, and is extensively regulated nationally with strict standards applied before treatments can be used in the UK. Local governance, formularies and guidelines also support safe, effective and efficient prescribing in NHS Tayside. Development of new treatments and interventions is a dynamic process and local and national governance provides appropriate control.

2.3 Assessment

The pan Tayside actions delivered and monitored through the pharmacy team and the PSU can be summarised as:

- The quarterly update for formulary compliance is available from October to December 2021; where FHS formulary compliance is **94.83%** up from 90.73% in Q1 2017/18 when the revised formulary was launched.
- Pharmacy teams continue to maximise technical switch opportunities throughout 2021/22. Switches of alginate antacids, calcium supplements, oestrogen treatment and inhaled therapy are being implemented in a rolling programme over 21-22. Capacity to implement switches has been affected by vacancy rates and pharmacotherapy workload.
- Support from the pharmacy teams to ongoing projects to improve efficient prescribing of non-medicines continues. These include specialist baby milks, urinary catheters, special garments and respiratory devices. Planning and development of possible future projects continues throughout the year.
- Generic savings generated from solifenacin will be maximised with an update to clinical protocols ensuring its preferential use over alternatives which are now more expensive. Similarly, a reduction in NHS costs for Fostair®, which is a widely used formulary treatment will generate potentially significant savings.
- Following a Diabetes MCN review of diabetic consumables pharmacy teams are supporting reviews of needles, lancets and test strips to optimise formulary compliance with the revised local Diabetes Handbook recommendations. Formulary compliance in this area continues to rise in line with the publication of the Diabetes Consumables Formulary.
- ScriptSwitch® supports safe and cost effective prescribing by offering prescribers recommended alternatives where appropriate. For the period May 2021 – March 2022 there has been a return on investment for each £1 invested of **£3.79.** The overall trend of Figure 1 may be related to COVID-19 and mirrors trends elsewhere in Scotland. It should be noted that as Scriptswitch® is a prescribing support tool it is used to support other prescribing initiatives so caution needs to be exercised to avoid double counting of benefits. Scriptswitch® content is regularly updated to ensure prescribers have ready access to information on cost-effective prescribing and key information on prescribing safety

Figure 1: Scriptswitch acceptance rate



2.3.1 Quality/ Patient Care

Each proposed prescribing initiative is reviewed by the Prescribing Management Group to assure the required quality and patient care standards.

The Prescribing of Non-Medicines Advisory Group (PONMAG), continues to work closely with specialist groups to ensure that patients are provided with high quality, cost effective prescribable non-medicines along with evidence-based care.

Facilitated by the Prescribing Support Nurses, specialist teams from colorectal, continence, paediatrics, respiratory, tissue viability, wound management and others have developed extensive formularies and guidance for these areas. Where appropriate, alternative supply models which are cost effective and patient centred have been explored and ultilised. The work of PONMAG has been recognised nationally as an exemplar service and the group aims to share its work widely. This includes a poster submission for the NHS Scotland Event in June describing the success of the colorectal stoma review project where 450 patients have received updated stoma products, and a further 81 complex patients have received face to face reviews leading to improved quality of care and projected annual savings in the region of £81K

2.3.2 Workforce

Nil of note.

2.3.3 Financial

Current Financial Position to end of January 2022 (2021/22)

The overall FHS prescribing (combining GP Prescribing and GPS Others) position to January 2022 showed a cumulative underspend of £2.02 million and forecast underspend of £2.35 million for the year. This reflects adjustments following receipt of actual prescribing data for April to November and accruals for December and January.

	Overall FHS Prescribing (combining GP Prescribing & GPS (Others))					*Financial Plan Full Year Forecast (Over) / Under*
	Annual Budget	Budget to Date	Expenditure to Date	(Over) / Under to Date	YE Forecast (Over) / Under	
	£000	£000	£000	£000	£000	*£000*
Angus	22,077	18,305	17,988	317	367	*(19)*
Dundee	33,047	27,405	25,999	1,406	1,657	*768*
Perth	27,410	22,709	22,410	299	328	*183*
TOTAL	**82,534**	**68,419**	**66,397**	**2,022**	**2,352**	*932*

Table 1: FHS Prescribing budget and spend to date 2021/22

GP Prescribing Costs

The GP Prescribing position to January 2022 shows an underspend of £0.84 million and a forecast underspend of £1.107 million for the year.

	GP Prescribing				
	Annual Budget	Budget to Date	Expenditure to Date	(Over) / Under to Date	YE Forecast (Over) / Under
	£000	£000	£000	£000	£000
Angus	21,990	18,339	18,329	10	**36**
Dundee	32,920	27,455	26,497	958	**1,174**
Perth	27,287	22,757	22,888	(131)	**(136)**
TOTAL	**82,197**	**68,551**	**67,714**	**837**	**1,074**

Table 2: GP Prescribing budget and spend to date 2021/22

Actual Volume Activity

At January, eight months of actual data (April 2021 – November 2021) were available for 2021/22.

During the financial planning process, a baseline was established and used to estimate 21/22 items and unit prices. Annualising the total items Sep-Nov 2020 provided the baseline anticipated items for each HSCP in 21/22. After assessments by local leads it was determined that Angus, Dundee and Perth & Kinross would factor in 1.0% for demographic growth, and 2% for Covid19 recovery volumes, so in total a 3% growth rate for items within each HSCP.

	2021-22 Planned Items (April-November) - Budget	2021-22 Actual Items (April- November)	*2020-21 Actual Items (April-November)*	Actual v Budget movement	*Actual v Previous Year movement*
Angus	1,378,874	1,387,430	1,351,960	0.6%	2.6%
Dundee	1,930,668	1,911,840	1,877,875	-1.0%	1.8%
Perth	1,617,864	1,626,534	1,582,814	0.5%	2.8%
Total	**4,927,406**	**4,925,804**	**4,812,649**	**0.0%**	**2.4%**

Table 3: Prescribed items comparisons

Comparing planned items against actual items for the period appears to show a marginally higher growth than anticipated for Angus and P&K, with Dundee actual items lower to plan. When comparing actual items to same period in 20/21, increases in all areas are demonstrated.

Actual Pricing

A budget price per item for 21/22 was established for each HSCP using weighted average prices during a 3 month baseline period (Sep-Nov 2020). This was reviewed locally with all areas factoring in 1.0% price growth for 21/22.

	Revised Budget Price per 2021/22 Financial Plan	Average Actual Price (Apr -Nov)	Weighted average for last 3 months (Sept-Nov)	November Actual v Baseline Price

Angus	£10.57	£10.51	£10.49	-0.5%
Dundee	£11.04	£11.02	£10.99	-0.2%
Perth	£11.09	£11.18	£11.29	+0.8%

Table 4: Cost per prescribed item comparisons

Average actual price in the most recent month for P&K was higher than financial plan pricing, while Dundee and Angus are slightly lower than plan. Weighted average prices for the previous 3 month period also show that Dundee and Angus are slightly lower than financial plan pricing. The most recent weighted average price in P&K is high due to a higher price of £11.48 per item in November, albeit this follows on from a relatively low price per item of £11.03 in October, we will continue to monitor this as this presents an element of risk going forward. .

Interventions Delivered by the Health and Social Care Partnerships

Health and Social Care Partnerships continue to work on local prescribing plans for 2021/22 – 2023/24 with potential savings initiatives being reviewed to understand the net financial gap within prescribing budgets over the next three financial years. As part of the planning process a risk assessment to determine factors affecting both volume growth and price increases is being undertaken.

2021/22 cost per weighted patient for April to January is shown in table five below. The cumulative figures for the period April 2020 – March 2021 are shown in brackets for comparison. It should be noted that we would expect April to January figures is challenging to interpret due to a large rise in overall volume of prescribing in March 2020 due to the COVID pandemic, which then reduced in April 2020. The figures highlight that Angus and P&K remain respectively above and just above national average in recent months, with an apparent spike in price for P&K in November, while Dundee's costs per weighted patient are lower. This has been the consistent pattern for at least the last 2 years.

	Cost per weighted patient April 21-January 22 (April 20-March 21)	Cost per weighted patient growth year on year April 21-January 22 (April 20-March 21)	Variance to the Scottish average April 21-January 22 (April 20-March 21)
NHS Scotland	£160.50 (£187.68)	2.47% (-3.29%)	0.00% (0.00%)
Tayside	£163.44 (£189.93)	2.88% (-4.96%)	1.84% (1.20%)
Angus	£169.91 (£196.66)	3.12% (-3.40%)	5.87% (4.78%)
Dundee	£150.05 (£174.74)	2.75% (-5.82%)	-6.51% (-6.90%)
Perth and Kinross	£167.37 (£195.29)	2.47% (-4.96%)	4.28% (4.05%)

Table 5: Cost per weighted patient comparisons

Planning Assumptions for 2022/23

Each of the Health and Social Care Partnerships will continue with a planning assumption of 3% growth rate for items (1.0% for demographic growth, and 2% for Covid19 recovery volumes).

An inflationary uplift of 1.5% for cost per item has also been included in financial plans.

Through the professional pharmacy networks we have been alerted to the potential rise in cost of pharmaceutical specials, this is driven by sharp rises in the cost of raw materials. We will closely monitor this position and assess any local impact.

The pharmacy team have also provided awareness of the costs (as identified through the horizon scanning process), associated with the introduction of new treatments into primary care.

As detailed in previous papers, there are limited opportunities to deliver windfall savings in 2021/22. A number of smaller incremental changes are being considered and implemented which are more difficult to monitor. We continue to work with Scottish Medicines Consortium (SMC) Horizon Scanning Programme information, and to work with local clinical teams to determine potential financial risks in the coming year in both primary and secondary care and to provide assurance that a breakeven position can be delivered.

2.3.4 Risk Assessment/Management

The assurance report for the effective prescribing strategic risk (Datix number 615), details a series of controls that are both in place and those that are planned / proposed. These control measures have contributed to the current financial performance for prescribing.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because there are no direct equality and diversity issues arising from this paper.

An impact assessment will be carried out when required for individual prescribing initiatives.

2.3.6 Other impacts

There are no other noted impacts.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate through members of the Prescribing Management Group

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Prescribing of Non-Medicines Advisory Group
- Prescribing Management Group

2.4 Recommendation

- Awareness – For Members' information only

The committee are asked to note the following:

- The current financial position with respect to the 2021/22 prescribing plan; including a summary of the pan Tayside actions monitored through the Prescribing Support Unit (PSU)
- The financial planning frameworks for each Health and Social care Partnership for 2022/23

3 List of appendices

There are no appendices included with this report:

Performance and Resources Committee

14 April 2022

Secondary Care Medicines Update

Responsible Executive/Non-Executive: Lorna Wiggin Chief Operating Officer

Report Author: Dr Pamela Johnson Operational Medical Director
Karen McKay Assistant Director of Finance
David Coulson Director of Pharmacy

1 Purpose

This is presented to the Board for:

- **Awareness**

This report relates to a:

- **Annual Operating Plan**

This aligns to the following NHSScotland quality ambition(s):

- **Safe**
- **Effective**
- **Person Centred**

2 Report summary

2.1 Situation

The purpose of this paper is to:

- provide a high level financial summary position for 2021/22
- describe the financial impact of the horizon scanning process for secondary care medicines on 2022/23 financial planning.

2.2 Background

There has been a significant amount of work to further the engagement with secondary care teams regarding medicines spend. All clinical care groups had, at end of February 2021, clinically led operational medicines management groups in place. These groups support focussed discussions on realistic medicines use, and medicines spend and efficiencies opportunities, and have stemmed from the clinically led managerially facilitated model. Throughout the Covid-19 pandemic the groups have continued to provide governance and decision making around medicine spend through virtual discussions.

2.3 Assessment

2020/21 Financial Overview

The Acute Services Division (ASD) financial position on secondary care medicines for the eleven month period to February 2022 is a £0.010 million overspend, broken down by Division in the table below;

	Annual Budget	Budget To Date	Actual to Date	Surplus/ (Deficit)
	£m	£m	£m	£m
Medicine	22.030	20.596	20.464	0.132
Patient Access + Assurance	29.519	27.260	27.293	(0.033)
Surgery	7.677	7.039	7.040	(0.001)
Women, Children + Families	4.665	4.213	4.322	(0.109)
Total Acute Services Division	**63.891**	**59.108**	**59.118**	**(0.010)**

Table 1: Secondary care prescribing costs 2021/22

Net growth on secondary care medicines to date is 10% compared to the same period last year. Growth is in line with projections on both activity and new medicines and the projected outturn for the year is break-even.

2021/22 Financial Planning

To inform the financial plan for 2022/23, and following the publication of the Scottish Medicines Consortium's (SMC) Forward Look report, the Prescribing Support Unit and finance engaged with all medicines management groups to undertake the budget planning work for 2022/23. This established process challenges the Medicines Management Groups to determine their horizon scanning estimates for each of the relevant clinical areas. Due to lack of capacity within the wider clinical teams forecasting proved challenging. In line with previous years the horizon scanning exercise has focused on three key areas; growth on existing medicines, the Scottish Medicine Consortium's (SMC) Forward Look and savings opportunities. The current projection for the 2022/23 financial plan is £7.0 million of growth (10%), excluding savings opportunities.

Acute Prescribing Costs

From a financial perspective the introduction of new medicines in to the health and social care system is challenging. The list price of these medicines can be significant, e.g., the total expenditure for the 20 most expensive items in NHS Tayside account for almost 50% of secondary care medicines costs. The annual growth in the cost of new medicines far outweighs any baseline funding uplifts received from Scottish Government, which primarily covers Scottish Pay Policy uplifts only.

Following representations to the Scottish Government (SG) Healthcare Finance Team a national workstream has been established to explore the relationship of medicines policy and the associated financial impact. The workstream is led by SG Finance Team, supported by the SG Medicines Policy Team with engagement across several territorial health boards; Tayside are represented through the Director of Finance and the Director of Pharmacy.

A series of workshops have been established to perform discovery work, with an expectation that the outputs will better inform national processes, clarify the impact of national policy and support the clinically effective use of medicines for our populations.

2.3.1 Quality/ Patient Care

The use of medicines is recognised as the largest single contributor in the range of healthcare interventions that are delivered. To ensure the safe, clinically effective and cost effective use of medicines a robust infrastructure exists, nationally the Scottish Medicines Consortium review the evidence base to support the introduction of new medicines in to NHS Scotland and locally through the medicines governance infrastructure led by the Area Drug and Therapeutics Committee.

2.3.2 Workforce

Not applicable

2.3.3 Financial

The purpose of the paper describes the financial impact of secondary care medicines.

2.3.4 Risk Assessment/Management

Strategic risk 615 is documented on the risk system and reviewed through the Prescribing Management Group, this review is undermined by the work of all the Medicines Management Groups across Tayside and the medicines governance infrastructure coordinated through the Area Drug and Therapeutics Committee.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because there are no direct equality and diversity issues arising from this paper.

2.3.6 Other impacts

There are no other noted impacts.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate through members of Prescribing Management Group and the secondary care medicines management groups and the Prescribing Support Unit.

2.3.8 Route to the Meeting

The paper was developed through engagement with all of the secondary care MMGs.

2.4 Recommendation

- Awareness – For Members' information only

The committee are asked to note the following:

- The current financial position with respect to the 2021/22 secondary care medicines spend
- The financial impact to NHS Tayside of medicines following the conclusion of the 2022/23 horizon scanning process

3 List of appendices

Nil

Item Number 6.7

PRC15/2022

Meeting: Performance and Resources Committee

Meeting date: 14 April 2022

Title: Workforce Report

Responsible Officer George Doherty, Director of Workforce

Report Author: Ian Sturrock – HR Head, Information Services
Christopher Smith, Deputy Director of Workforce

1 Purpose

Please select applicable item(s) in each section and delete the others.

This is presented to the Board for:

- **Assurance**

This report relates to:
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This workforce report is being tabled to outline our NHS Tayside Workforce and to allow sight of the various metrics and trends ensuring governance is embedded into the workforce strategies and processes. The report is prepared primarily for the Staff Governance Committee but also presented to Performance and Resources as a single suite of workforce data to provide assurance.

2.2 Background

The attached streamlined report highlights the key workforce domains which will be brought to the Committee's attention in future and seeks the views of the Committee on these areas.

Once the areas of reporting have been agreed there will be discussion with the Area Partnership Forum Secretariat as to the role of the APF in discussing the content of future reports so that relevant issues which should be brought to the attention of the Committee are done so in partnership.

2.3 Assessment

The Committee is asked to comment upon the data suite presented.

2.3.1 Quality/ Patient Care

Having high quality workforce data will enable NHS Tayside to make informed judgements on the strategic and operational issues which require to be addressed in order to ensure the optional use of the workforce resource and its impact on the quality of care.

2.3.2 Workforce

Ensuring the effective use of the workforce is a big part of ensuring organisational effectiveness.

2.3.3 Financial

The financial impact will be tabled and discussed with Finance colleagues who will share a more detailed knowledgeable view on the financial impact

2.3.4 Risk Assessment/Management

There are no risks arising from this paper.

2.3.5 Equality and Diversity, including health inequalities

The NHS Tayside workforce Equality and Diversity metrics are shown in the report submitted to Staff Governance Committee for awareness.

2.3.6 Other impacts

There are no other relevant impacts.

2.3.7 Communication, involvement, engagement and consultation

No involvement, engagement or consultation is required

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Staff Governance Committee

2.4 Recommendation

The report is presented for:

- **Assurance** – Reasonable Assurance.

The Committee is being asked to consider the Workforce report both in terms of its presentation as well as its content. The members are being asked to consider and examine the wide range of metrics and determine the level of assurance and governance the reporting provides along with the appropriate associated narrative. This new updated format and metrics shown within is an attempt to provide a catalyst for both discussion and direction of travel for the shape of future reports and the level of information and metrics sought in order to ensure high levels of workforce governance.

3 List of appendices

The following appendices are included with this report:

- Staff Governance Report - Workforce

Include links if publicly available

Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.

Staff Governance Report | Dec-21 | Q3

Appendix 1

Source Data

epayroll
eEES
HR systems
eFinance
National Absence Rates

1 **Introduction**

2 **Workforce Analysis**

3 **National Families**

4 **Absence Trends**

5 **Age Profile**

6 **Turnover**

The following report for Quarter 3 has been published for further consideration for the Staff Governance Committee.
Further feedback is always welcomed and futher additional input and disussions with Partnership is now part of the reporting process.
The approach is ensuring appropriate information and governance around data, trends and analysis from our workforce is not a tablet in stone and provide inbuilt flexibility to adapt to circumstances and feed into the committee as appropriate.

WORKFORCE

Due to the increase in Covid cases there have been various peaks and spikes as we increased staffing levels to help cope with an increase in service demand.
There has also been in house deployment with some departments providing additional support to clinical service and this is under constant review.
Redeployment strategy planning has been more prevelant again from December to ensure governance and oversight of the potential service impact with the latest variant Omicron.

FAMILIES

Quarter 3 has seen a increase of WTE additional staff being recruited, and overall increases in NHS Tayside while also accounting for some end of fixed term contracts and normal retirals/leavers.While some additional admin support is shown for Vaccine programme the main increase for Q3 has been in Nursing with rapid recruitment for Band 2/3, Vaccinators and newly qualified nurses.

ABSENCE

To advise that a small increase in stress/anxiety reason for absence was noted which is reflective of the impact of Covid at work and at home and additional focus has been on staff welfare. Guidance around available support has been provided.
All absence information is based on national reporting methodology and absence rates shown is now reflected by fiscal year.
A full detailed absence report for service continues to be published each month to aid pro active absence management between service and our Business colleagues in Workforce.

AGE PROFILING

Age profile is showing staffing percentage at 11.1% for over 60, 41,5% for over 50 and 14.3% for under 30.
For some comparison the national average for over 55 shows NHS Tayside at 26.4% compated to the national average of 22.9%

Workforce Analysis | 2 | Q3

Q1	Q2	Q3	Q4
Jun-21	Sep-21	Dec-21	Mar-22
11582.5	11689.3	11882.0	
228.2 ▲	506.0 ▲		

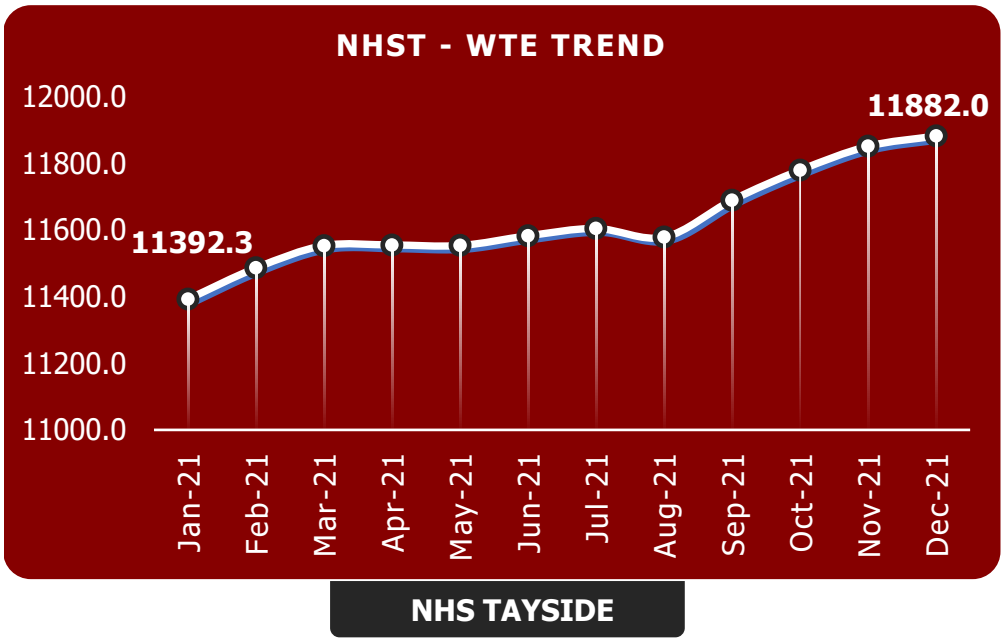
Jun-20	Sep-20	Dec-20	Mar-21
11354.2	11183.3	11347.1	11553.0

Current WTE

HC	WTE
13936	11882.0

Month	HC	WTE	ADJ
Jan-21	13415	11392.3	45.2 ▲
Feb-21	13515	11486.0	93.7 ▲
Mar-21	13609	11553.0	67.0 ▲
Apr-21	13629	11554.9	1.8 ▲
May-21	13623	11553.2	-1.7 ▼
Jun-21	13645	11582.5	29.3 ▲
Jul-21	13675	11604.3	21.9 ▲
Aug-21	13631	11578.3	-26.0 ▼
Sep-21	13749	11689.3	111.0 ▲
Oct-21	13842	11779.4	90.1 ▲
Nov-21	13920	11851.2	71.8 ▲
Dec-21	13936	11882.0	30.8 ▲

Rolling 12 months Adjustment
Headcount
521 ▲
WTE
489.7 ▲



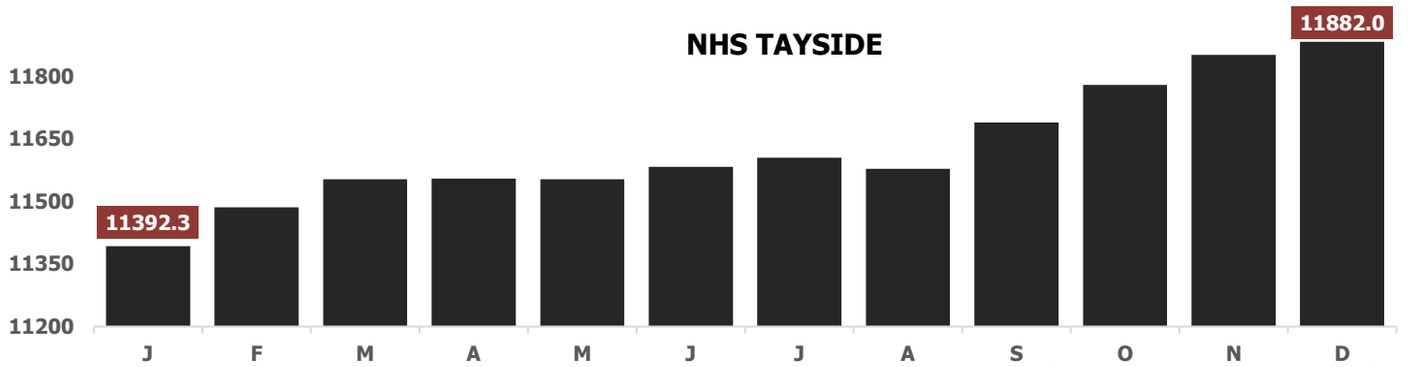
Notes

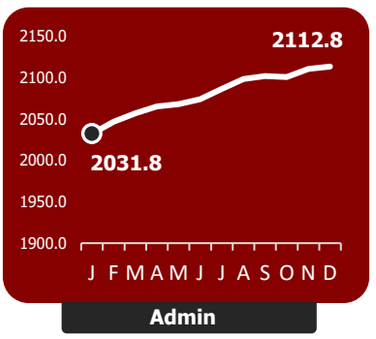
Due to the pandemic, we have seen a further increase of staff to help cope with the demands.

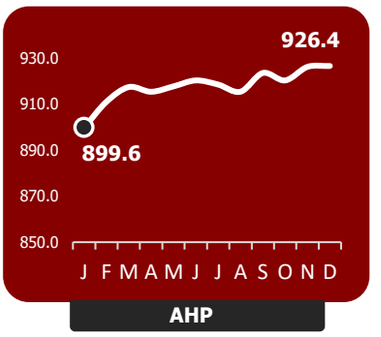
It should be noted that as Covid has been the organisational priority some services have been stood down and staff redeployed internally to assist with the demands and this is under constant review.

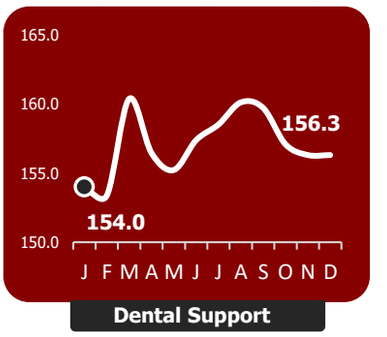
Families | 3 | Q3

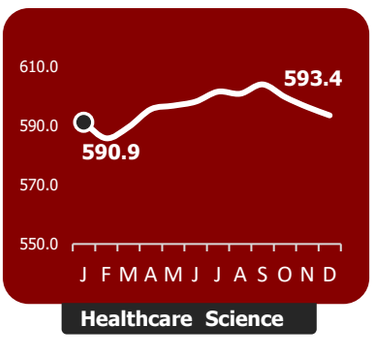
Family	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Adj
NHS Tayside	11392.3	11486.0	11553.0	11554.9	11553.2	11582.5	11604.3	11578.3	11689.3	11779.4	11851.2	11882.0	489.7 ▲
Administrative Services	2031.8	2046.3	2056.6	2064.8	2067.4	2073.5	2086.0	2098.0	2101.4	2100.1	2110.1	2112.8	81.0 ▲
Allied Health Profession	899.6	910.9	917.3	915.3	917.6	920.2	918.4	915.3	923.4	920.2	926.1	926.4	26.8 ▲
Dental Support	154.0	153.4	160.4	156.5	155.2	157.4	158.5	160.1	159.7	157.1	156.3	156.3	2.3 ▲
Healthcare Sciences	590.9	585.7	589.5	595.5	596.7	598.0	601.4	600.7	603.9	599.6	596.2	593.4	2.5 ▲
Medical And Dental	712.2	719.2	716.6	715.9	709.5	706.0	708.7	693.7	704.1	713.8	716.9	715.0	2.8 ▲
Medical Support	15.9	16.5	16.5	16.5	16.5	16.0	16.0	15.3	15.3	15.3	13.3	15.3	-0.6 ▼
Nursing/Midwifery	5251.5	5307.0	5331.1	5332.8	5332.5	5356.0	5353.1	5329.7	5422.5	5514.3	5557.7	5585.5	334.1 ▲
Other Therapeutic	511.3	508.5	512.2	518.8	519.2	518.6	523.7	526.4	527.0	531.5	535.0	533.6	22.3 ▲
Support Services	1225.0	1238.5	1252.8	1238.9	1238.7	1236.8	1238.5	1239.2	1232.0	1227.4	1239.6	1243.5	18.6 ▲

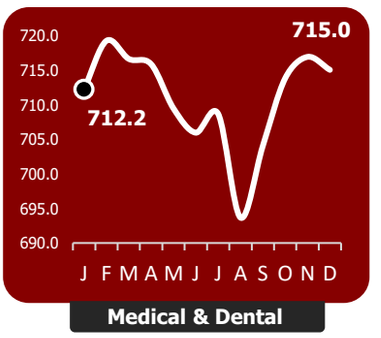


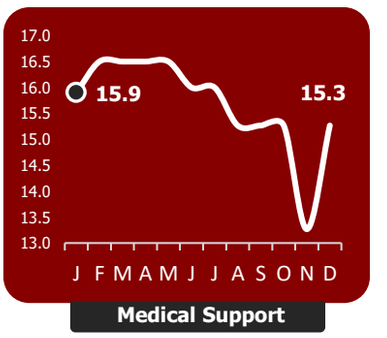


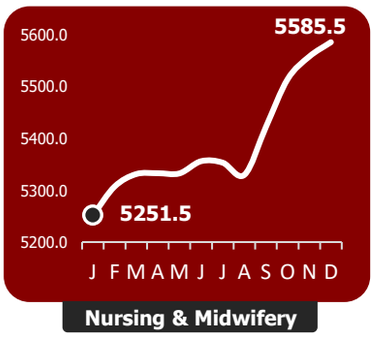


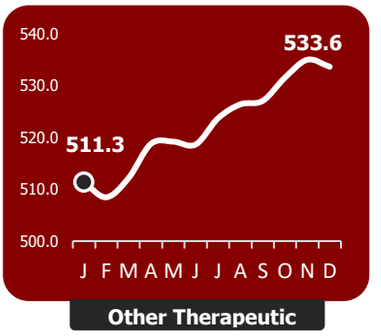


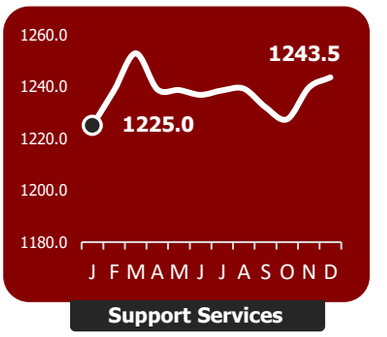












Absence | 4 | Q3

Source Data - NES latest published figures available as at :-	Nov-21	Fiscal Year 2021/22

Overall

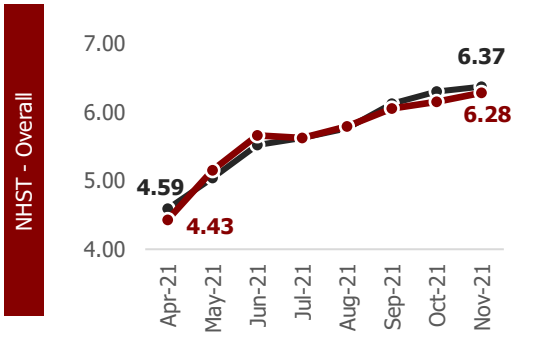
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
ISD Scotland	4.59	5.04	5.52	5.62	5.76	6.12	6.30	6.37				
NHS Tayside	4.43	5.15	5.66	5.62	5.79	6.05	6.15	6.28				
	-0.16 ▼	0.11 ▲	0.14 ▲		0.03 ▲	-0.07 ▼	-0.15 ▼	-0.09 ▼				

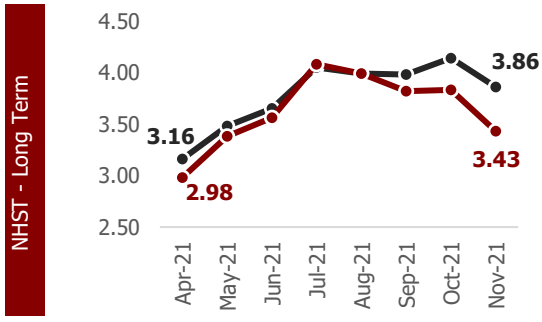
Long Term

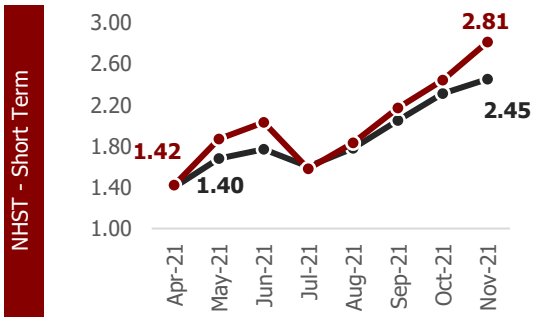
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
ISD Scotland	3.16	3.48	3.65	4.05	3.99	3.98	4.14	3.86				
NHS TAYSIDE	2.98	3.38	3.56	4.08	3.99	3.82	3.83	3.43				
	-0.18 ▼	-0.10 ▼	-0.09 ▼	0.03 ▲		-0.16 ▼	-0.31 ▼	-0.43 ▼				

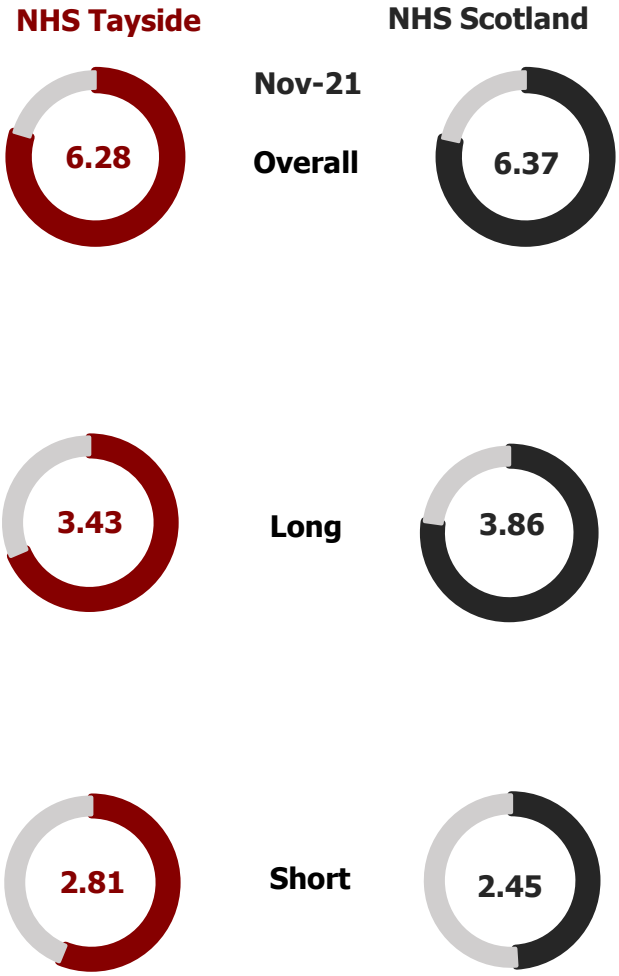
Short Term

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
ISD Scotland	1.40	1.68	1.77	1.60	1.78	2.05	2.31	2.45				
NHS TAYSIDE	1.42	1.87	2.03	1.58	1.83	2.17	2.44	2.81				
	0.02 ▲	0.19 ▲	0.26 ▲	-0.02 ▼	0.05 ▲	0.12 ▲	0.13 ▲	0.36 ▲				



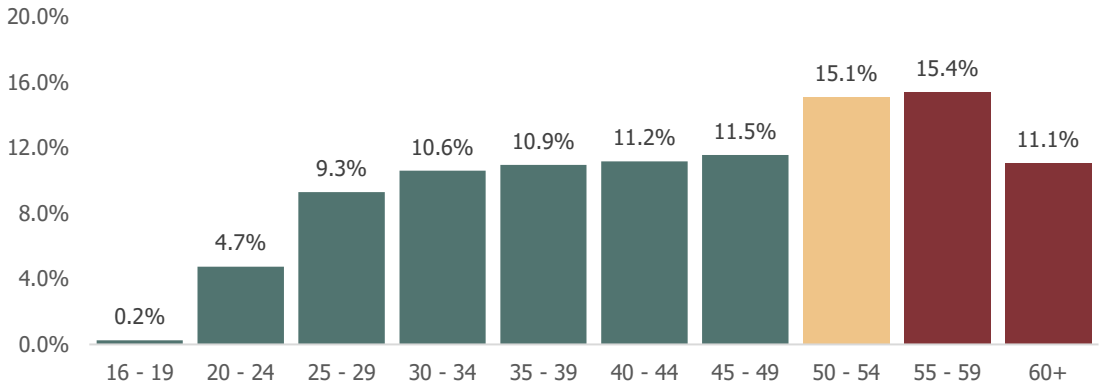






Age Profiling | 5 | Q3

Age Profile	Under 30	30-49	50-59	60+	Over 50
Administrative Services	9.6%	41.1%	35.4%	13.9%	49.3%
Allied Health Profession	18.3%	49.8%	24.9%	6.9%	31.8%
Dental Support	8.1%	61.1%	25.3%	5.6%	30.8%
Healthcare Sciences	18.6%	45.6%	26.1%	9.7%	35.8%
Medical And Dental	5.7%	56.1%	30.0%	8.2%	38.2%
Medical Support	6.3%	62.5%	18.8%	12.5%	31.3%
Nursing/Midwifery	17.4%	44.1%	30.4%	8.0%	38.4%
Other Therapeutic	17.7%	57.1%	20.2%	4.9%	25.1%
Support Services	8.1%	30.1%	33.9%	27.9%	61.7%
NHST	14.3%	44.2%	30.5%	11.1%	41.5%



Under 30	14.3%	Over 50	
30 - 49	44.2%	41.5%	
50 - 59	30.5%		
60+	11.1%	NHS Tayside	

Notes

There are many service areas showing a high level of over 50 and in some clinical areas there would be a benefit to undertake forward for workforce planning.
While the overall Age Profile is showing over 60 at 11.1% the organisation has a profile for under 30 staff at 14.3%.
A comparison for over 55 shows NHS Tayside at 26.4% against the national average of 22.9%

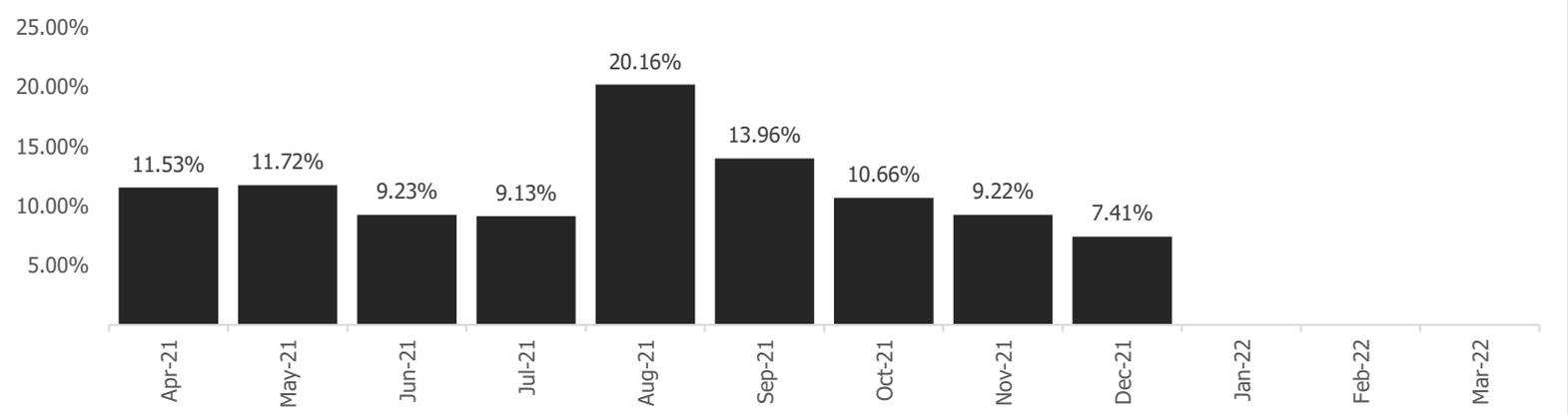
A full separate service Age Profiling report is available if required and an interactive Age Profiling Tool developed to assist with workforce planning within service.
A pilot Nursing & Midwifery Age Profiling Tool was developed within Information Services and this has been rolled out to clinical service management level and has been favourably received, particularly helping around workforce planning. Service can often request Age Profiling particular to their own areas and this is provided under the Information Governance guidelines.
The interactive age profiling tool for age profiling has been developed further and will be rolled out in Q3 for Other Therapeutic, AHP and Health Care Sciences.
Feedback from service will be sought and fed back to the committee.

Turnover | 6 | Q3

NHST Turnover 21/22	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Headcount	13629	13623	13645	13675	13631	13749	13842	13920	13936			
Leavers	131	133	105	104	229	160	123	107	86			
Percentage	**11.53%**	**11.72%**	**9.23%**	**9.13%**	**20.16%**	**13.96%**	**10.66%**	**9.22%**	**7.41%**			
NHST Turnover 20/21	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**
Headcount	13120	13258	13323	13347	13183	13152	13233	13289	13347	13415	13515	13609
Leavers	90	65	84	106	327	297	105	112	99	115	64	146
Percentage	**8.23%**	**5.88%**	**7.57%**	**9.53%**	**29.77%**	**27.10%**	**9.52%**	**10.11%**	**8.90%**	**10.29%**	**5.68%**	**12.87%**

Leavers - HC	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Administrative Services	25	17	9	14	20	23	23	14	13			
Allied Health Profession	9	10	9	9	16	15	12	8	5			
Dental Support			1	1	4	1	2	2				
Healthcare Sciences	1	7	2	3	9	12	9	9	5			
Medical And Dental	12	16	8	10	72	6	6	11	8			
Medical Support								1				
Nursing/Midwifery	70	65	53	50	77	83	55	46	43			
Other Therapeutic	3	3	6	4	18	7	6	4	1			
Support Services	11	15	17	13	13	13	10	12	11			
NHST	**131**	**133**	**105**	**104**	**229**	**160**	**123**	**107**	**86**			

Reason for Leaving - HC	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Dismissal	4	3	1		5	2	1	1	4			
End of Fixed Term Contract	11	9	12	1	36	25	8	2	9			
Ill Health	1		2	1		2	2		1			
New employment	12	21	21	13	14	22	21	14	11			
Other	24	19	20	23	70	27	18	26	13			
Retirement	50	37	15	35	43	27	32	28	21			
Vol. resignation	29	44	34	31	61	55	41	36	27			
NHST	**131**	**133**	**105**	**104**	**229**	**160**	**123**	**107**	**86**			



Notes

Turnover this quarter is now more reflective of normal trends including the expected lower turnover in December.

Turnover is calculated by the number of leavers diivided by total headcount. For reporting purposes to Staff Governance, this is then shown as an annualised figure as per historic practice.

Item Number 6.8

PRC16/2022

PERFORMANCE AND RESOURCES COMMITTEE

14 April 2022

ESTATES INFRASTRUCTURE RISK ASSURANCE REPORT

Responsible Officer: Mr John Paterson, Director of Facilities

Report Author: James Henderson, Property Asset Manager

1 Purpose

Please select one item in each section and delete the others.

This is presented to the Board for:

- **Assurance**

This report relates to a:

- Annual Operation Plan
- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe

2 Report summary

2.1 Situation

The Committee is asked to consider the update on the strategic Risk 312 – Estate Infrastructure Condition noting controls in place and those proposed.

Failure to upgrade the existing infrastructure and improve the condition, capacity and resilience, of the entire property portfolio of NHS Tayside will result in restricting future site expansion, non compliance with current technical standards and legislation, the inability to deliver the anticipated capital plan resulting in reputational loss and the inability to meet clinical demand.

2.2 Background

As previously reported to the Performance and Resources Committee, NHS Tayside has in previous times experienced the loss or interruption of essential services as a result of component failures affecting infrastructure services such as medium temperature hot water, electrical power supplies and medical air systems.

Recent and current performance against this risk is highlighted in the table below.

Datix Ref	Risk Title	Risk Owner	Risk Exposure – No controls	Current Risk Exposure Rating Please include data from previous 4 reporting periods				Planned Risk Exposure
312	Estate Infrastructure Condition	John Paterson	20	16	16	16	16	6

2.3 Assessment

Infrastructure investment continues to be delivered either through the rolling five year capital plan that includes an earmark for projects identified through the Estate Asset Management System (EAMS) to address high risk backlog maintenance or through centrally funded projects such as the High Voltage replacement project on the Ninewells site, the Ninewells Children's Theatre Suite and the Neonatal Intensive Care Unit. The five year EAMS backlog maintenance programme is currently under review to ensure it aligns with current and emerging investment requirements and will inform the coming financial years EAMS programme.

Following formal approval from Capital Investment Group in June 2020, the commencement date for Zone 2 was dependent on signing the Stage 4 contract. This was signed 2 December 2020. Works commenced on Zone 2 on 1 February 2021 and the planned completion date for Zone 2 is currently July 2022. It should be noted that financial approval from Capital Investment Group has only been given for Zones 1 and 2 and individual Full Business Cases remain necessary for all remaining Zones.

As previously reported, the project team for the electrical infrastructure project continue to carry out high level proprietary work for Zone 3. This work is to scope out the project requirements for this zone and start to develop the necessary design information to inform the Zone 3 Full Business Case and align it with the clinical strategy requirements.

Investment continues to be made to improve performance and resilience such as fire safety, electrical resilience, steam provision, passenger/clinical lift resilience and compliance and medical air supply resilience. Additional senior advisor support resource has been brought into the Property Department to ensure programmes of planned work meet the statutory compliance areas as a priority.

The current and previous risk score remains the same and this reflects the fact that although investment and progress is being made to address infrastructure deficiencies, this is a long term demand reliant on financial, staff and access resource to deliver the works in their entirety.

Current Controls

Property Department is developing a 2022/23 investment plan using EAMS data to identify year on year "High Risk" items for funding
A review is underway of the existing estate to measure revenue and backlog costs against utilisation.

Infrastructure condition surveyed and recorded within the Estates Asset Management System to inform investment need.
Regular pre planned maintenance of essential plant and equipment to minimise unplanned shutdowns.
Targeted use of available estates capital investment monies to address infrastructure backlog e.g. fire safety, lifts, electric transformers, ventilation, medical air plant etc.
Reactive maintenance through estates fault line 24 hour service and emergency on call service. Ongoing regular training to ensure estates workforce have the relevant mandatory training for critical plant.
Completion of zone 1 of a major long term 11 zone capital investment programme to replace the existing High Voltage primary electrical system on the Ninewells site.
Inclusion of Infrastructure improvements within all current and future Major Projects.

Assessment of Adequacy of Current Controls

Provide a self assessment on the adequacy of current controls.

Assessment of Adequacy	Response	
Adequate	Controls are in place, are working effectively and are consistently applied/being adhered to, to treat/mitigate the risk	
Incomplete	Controls are appropriately designed but these are not consistently applied	✓
Inadequate	There is no evidence to support the effectiveness of controls	
None	No controls in place	

Planned/proposed controls

Description	**Responsible person**	**Timescale / Status**
Upgrade the existing Ninewells Estate electrical infrastructure and improve the condition, capacity and resilience of the site wide systems including sub mains and final circuits.	Head of Property	2026
Upgrade the existing Estates infrastructure and improve the condition, capacity and resilience of the site wide systems including medical gases, ventilation systems and clinical air changes.	Head of Property	Long term
Undertake regular condition surveys to inform a risk assessed infrastructure investment programme.	Property Asset Manager	Ongoing. Current estate 100% complete.
Conclusion of zone 1 of a major long term 11 zone capital investment programme to replace the existing High Voltage primary electrical system on the Ninewells site.	Head of Property	Complete
Develop the design and business case	Head of Property	Complete

for the delivery of zone 2		
Commence zone 2 to replace the existing High Voltage primary electrical system on the Ninewells site.	Head of Property	Complete
Conclusion of zone 2 of a major long term 11 zone capital investment programme to replace the existing High Voltage primary electrical system on the Ninewells site.	Head of Property	Complete
Develop the design and business case for the delivery of zone 3	Head of Property	TBC
Undertake a review of the existing Estates Division workforce and align it to the current and emerging estate requirements.	Head of Property	Ongoing

Progress on capital investment infrastructure projects and associated business cases is reported to the Asset Management Group, Performance and Resources Committee and Tayside NHS Board.

Datix risk 312 updates are regularly provided to the Asset Management Group, the Strategic Risk Management Group and the Performance & Resource Committee. The current strategic DATIX risk 312 is regularly reviewed to note the development of the new risks. The development of the associated service level risks further informs the investment prioritisation and the ongoing development and review of a five year programme of estate investment works.

Individual service level infrastructure DATIX risks have been developed to provide an understanding of specific risks such as;

DATIX risk 391 - electrical infrastructure
DATIX risk 662 - medical air supply
DATIX risk 825 - Local Exhaust Ventilation (LEV)

DATIX Strategic Risk 807 - Environmental Management.
A scheduled report on the risk is due to come to the PRC in 2022. This will reflect the new strategic policy and current position.

DATIX risk 866 - Fire Safety
Risk 886 scoring is as previous, however a new process has been developed to better risk assess and prioritise needed Fire safety works, as identified via a programme of Fire safety audits. A new format of reporting KPI performance has also been developed with an overview of organisational performance against key Fire safety criteria being reported regularly to Health & Safety Committee, who scrutinise Corporate performance against the Fire Safety Policy. The range of Fire safety mitigation measures deployed are included. Locally specific actions and mitigation are reported to Operational Fire Safety Group for resolution, with an escalation process to Strategic Fire Safety Group available. Both new processes help identify need for any additional risk mitigation and in the case of execution of the risk prioritised list of needed Fire Safety building works, this is dependent upon the capacity within the Property Team to deliver Fire Safety works as part of EAMS projects. At this time

capacity to deliver EAMS projects is limited due to high level of vacancies arising from Estates team restructuring and a large pipeline of other new capital projects which demand Property team resources. Steps are being taken to reprioritise this Capital projects pipeline to fit within staff capacity and also seeking to add capacity available for the delivery of all projects including Statutory Compliance and Backlog Maintenenance.

The completion of the planned and proposed controls are long term and will require major centrally funded investment and prioritisation of NHS Tayside's own available capital allocation.

A review of prioritisation of all NHS Tayside investment is required to address the risks in reasonable timescales. Challenges such as the requirement for decant facilities and the availability and capacity of key staff resource need to be considered and planned to allow the long term delivery of a rolling programme of major investment across the estate infrastructure. The expectation that the existing estate can readily accommodate any major expansion or development without addressing the existing infrastructure should end.

A prioritised EAMs investment programme is being developed for 2022/23 for review at the next AMG meeting in May, and this will be followed by the Ninewells Business Continuity Plan, for which the Lead Advisor appointment is now under tender evaluation stage.

2.3.1 Quality/ Patient Care

Adequate and timely investment in the estate infrastructure is critical in ensuring the ability of the organisation to provide safe and effective patient care.

2.3.2 Workforce

The continued functional capability of the service depends on the appropriate and timely investment in the estate infrastructure. Failing to do so can compromise staff capability to carry out their duties and negatively impact on their well being.

2.3.3 Financial

The Capital Spend for 2021/22 was a forecast £1.5m. The Capital Plan has £3m earmarked per year for Backlog Maintenance and Statutory Compliance (EAMS) investment. This was not fully spent during 2021/22 due to operational challenges and reduced staffing numbers, but will be planned at this level for 2022/23.

2.3.4 Risk Assessment/Management

The challenge to address a significant level of high risk backlog investment need within reasonable timescales against a backdrop of numerous major clinical projects remains and the current approach will result in the requirement for long term risk management.

The current controls to manage the strategic risk reflect the necessary prioritisation of available financial funding taking into account the condition data held within the Estate Asset Management System.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because the direct impact of the estate investment does not impact on this area.

2.3.6 Other impacts

None.

2.3.7 Communication, involvement, engagement and consultation

The continued programme to address the infrastructure risks will require appropriate and timely communication with services and areas affected by the works, on a programme and project basis.

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Asset Management Group, 20 January 2022

2.4 Recommendation

The Committee is asked to note this report for:

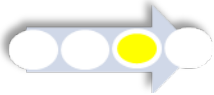
- **Assurance** – Examine and state level of assurance.

The level of assurance is currently limited with no change until the relevant programmes of activity have been adequately planned and resourced to meet the requirements set out in the risk overview.

EAMS capital funding is used to address high level risk investment needs and a five year programme of investment has been developed and is reviewed for these works.

The commencement and continuation of the Ninewells High Voltage replacement programme will place the site on a far better level of electrical resilience and allow future clinical projects to be delivered and supported by a modern service infrastructure. The ongoing investment into the infrastructure as part of all major capital funded projects supports the efforts to reduce risk across the estate. An effective and targeted Estates Division supplemented by specialist contractors with robust service and maintenance contracts in place is essential to managing risk both in and out of hours and are key component parts of both current and planned controls. The challenge to address a significant level of high risk backlog investment need within reasonable timescales against a backdrop of numerous major clinical projects remains and the current approach will result in the requirement for long term risk management.

The current controls to manage the strategic risk reflect the necessary prioritisation of available financial funding taking into account the condition data held within the Estate Asset Management System

Level of Assurance		System Adequacy	Controls	✓
Comprehensive Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.	
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.	
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.	✓
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.	

Item Number 6.9

PRC17/2022

Performances and Resource Committee

14 April 2022

NHS Tayside's Digital Health and Social Care Strategy (2022 – 2027) – Update on final versions in preparation for formal launch

Responsible Executive/ Non-Executive: Laic Khalique, Director of Digital Technology

Report Author: Louise McTaggart, Head of Digital Strategic Delivery
Ally Gentles, Head of Operations

1 Purpose

Please select one item in each section and delete the others.

This is presented to the Board for:
- **Awareness**
- **Assurance**

This report relates to a:
- Local policy/strategy

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report updates and informs the Committee on the work that has been progressed by the Digital Directorate in its development and implementation of a Digital Strategy for NHS Tayside for the period 2022 - 27. The report is also provided for the Committee's assurance and provides details on activity for the period December 2021 to February 2022.

The committee will note from this report advancement in the areas of governance and readiness for the delivery of future digital initiatives, also including information on current programme delivery of in-flight workstreams, maintenance of pace and progress with the infrastructure programmes identified against a period of significant demand from COVID remobilisation activities and continuing support for COVID Vaccination activity.

2.2 Background

The Digital Directorate commissioned a project led by Deloitte in September 2020, the development of a digital strategy for Tayside has been a key priority for the Directorate and ensuring alignment to other strategic and planning activity within the organisation.

The assurance of delivering transformational digital initiatives is captured within the assessments section, however, the ability to maintain progress continues to be challenging against the additional demands made of the digital team in their support to the organisation, particular areas of continued COVID remobilisation planning, supporting the increase pace in the delivery of digital workstreams, the continued impact on our operations teams, the demands for additional hardware, remote working capacity and associated impact on infrastructure capacity. The efforts of all team members in the directorate during this time is to be recognised.

2.3 Assessment

Digital Strategy – 5-year plan (2022 – 2027)

Wide consultation and stakeholder engagement is complete. To be formally launched by Chief Executive, this has been delayed due to Covid and Winter pressures impacting the organisation. The strategy has been delivered in 2 documents, a core version for public circulation and a longer more detailed document describing the key areas of focus but including a more detailed delivery road map. The strategy is an ambitious document, setting challenging aspirations over the next 5 years.

Digital Strategic Programme Delivery

<u>GP IT Re-Provisioning</u>
National project to replace all GP IT systems across Scotland. National Framework contract with 3 suppliers. First supplier expected to be accredited by Feb 2022. NHS Tayside have agreed in principle to a Direct Award for this supplier when available. Local Request for Proposal requirements complete for submission to supplier on accreditation. NHS Tayside aims to be the first Health Board in Scotland to implement this new system, pilot practices expected to commence in April/May. Engagement is continuing with EMIS practices to discuss migration to the current GP IT supplier to achieve a single system across Tayside, realising many benefits that this would achieve. This project is expected to run approx. 1 year.

<u>Community Nursing System Replacement</u>
EMIS Web Community system contract is due to expire in February 2023. This contract has been extended 2 years beyond the 5-year term. Procurement activities have commenced and formal stakeholder governance established.
This major project impacts a number of community services, mental health and social care teams. To undertake the numerous activities for procurement, supplier evaluation, contract award, data migration, deployment and implementation is estimated to take approx. two to three years. Transitional arrangements with existing supplier to be agreed.

CHI and Child Health Systems
National project to replace the legacy CHI databases to a modern platform and database structure. Health Board systems impacted that interface with CHI, dual running of old and new CHI is in place, primarily to support the delivery of the vaccination system. There are further delays to the programme, full extent to be confirmed, this is due to the scope of de-coupling the Child Health system implementation from the CHI system implementation and realignment of the old Argyll & Clyde HB on the old CHI system. The new date estimated is to be May 2023. Local implementation group re-established.

HEPMA (Hospital Electronic Prescribing Medicines Administration)
NHS Tayside is part of the North of Scotland consortium. There have been delays to the implementation and the original vendor who won the contract has been taken over. The timescales anticipated is to begin implementation is still not confirmed. This major workflow change for the organisation will impact all inpatient areas where medication is issued and administered. The Pharmacy Stock Control solution has successfully been upgraded to support the rollout of Hepma. The Directorate are engaged with the programme team ensuring that all preparatory activities are completed in time for implementation, key items include the delivery and build of 450 laptops, Wi-Fi expansion in clinical areas and development of a new discharge summary from Hepma record to Clinical Portal.

Electronic Patient Record
A recommendation of a series of Short Life Working Group meetings was to develop the electronic patient record for NHS Tayside and transition from paper records to electronic. eKora has continued to be used within the agreed clinical areas to support an interim electronic record during the pandemic. This positive clinical system use case continues to inform the aim to minimise the circulation of paper and develop an electronic record. The key focus areas being -
Trakcare Active Clinical Notes; Enhancement of Clinical Portal; Migration of images and documents from Tayside Clinical Document Store to SCI Store, to align with other HB's in Scotland, and enabling the patient journey to be captured only on electronic systems. A number of workstreams have been initiated to progress these aims. Including preparation for upgrading Trakcare to the most up to date version, which will provide the capability of the Mobile-Enabled User Interface, relocating the application to the vendor cloud hosted solution; Business analysis of the requirements to migrate documents to SCI Store; Creation of a Clinical Advisory Board to agree Minimum Viable Product requirements for Clinical Portal v3 development.

eObservations Implementation
Approval has been given by ELT to procure a nursing observation system, this system has been successfully implemented in other Health Boards in Scotland, the patient safety benefits demonstrated as well as the efficiencies of staff, have been the key drivers for the assessment of this solution for Tayside. This implementation also accelerates the development the electronic patient record with key patient information available when needed. A Business Case is near completion, the procurement activities will be delivered at pace. Implementation timescales are estimated at 6 – 9 months, providing key benefits to the organisation at the earliest opportunity.

Microsoft 365 Programme
Digital continues to support activity around this area, by delivering on key local implementations as required by the national programme. We have been involved in technical design approvals and are now actively involved in the new operational delivery group nationally, which is tasked with bringing the delivery of this programme back on track. The current model of delivery within Digital is to be revisited, with a refreshed local programme to be kicked off to deliver on the remainder of the national programme. It is important to note that this is a business change activity, which will impact far beyond digital and require representation from across the organisation.

Digital IT Operations and Infrastructure

IT Service Desk
The Digital Service Desk are performing well, with a first contact fix rate of around 65% for this period. This is pleasing to see, as this means that most incidents and requests are being resolved upon first contact with the Service Desk without the need for escalation to specialist teams. We have had a period of staff turnaround within the team recently, so this is also a good reflection on the capability of the new staff who have joined us.

Quarantine VLAN (QVLAN)
A major milestone was reached in October, with the implementation of the QVLAN Firewalls on our medical devices area of the network. These devices are designed to provide cyber security protection to medical devices, where we cannot apply 'normal' managed cybersecurity controls to these devices. We are now actively blocking cyber threats on this area of the network, which has traditionally been the area of highest risk given the complexity of applying controls in this area. More detail on this work is provided in the risk assessment, as this is closely linked to strategic risk 680.

Wireless Network
We continue to work towards providing an expanded and modern wireless network to support new virtual ways of working and increased demand/expectations of wireless availability. Improved coverage has been provided in several areas and has been well received. Additional work continues, with the current expansion plans to be complete by Q1 2022. Note that this is only an incremental expansion and will not provide full blanket Wi-Fi coverage. To that regard, we are currently undertaking a Wi-Fi survey to map out what additional coverage is needed estate wide. This work should complete by the end of the year and allow Digital to then cost up and propose a project to roll out full Wi-Fi coverage, allowing us to support flexible and agile working across our estate.

Windows 10
The Windows 10 operating system has now been rolled out across NHST. Some 13000 devices have been upgraded during this project, with only a small handful (circa 100) still running the legacy Windows 7 system – these are typically devices that cannot be upgraded due to compatibility issues. We are working with the users of these devices directly to provide solutions and ensure that any legacy devices remain secure, functional and protected where an upgrade is not possible. This is another milestone achievement from Digital and should be celebrated, especially given the challenging pandemic circumstances that this project has been delivered during.

Legacy Environment

Work continues to make improvements to our IT infrastructure, both on the hardware side and the applications side. It has been difficult to deliver on this work at pace, however recent staffing budget enhancements have helped to ensure we can enter in to recruiting staff to help with this essential work. Full detail of work carried out on the legacy environment has been recorded via strategic risk 679.

Enhanced resilience and capacity
Protecting our IT infrastructure from unplanned outage is key to delivering robust services to NHST. During this reporting period, we have made improvements in several areas by implementing dual backup circuits to key telephony components, upgrading legacy equipment, decommissioning/upgrading legacy systems and by increasing capacity on key services such as network connections to primary/secondary care sites. We are also now working on doubling the network capacity connection at Ninewells, a key 'choke point' for network traffic across our estate to ensure we continue to accommodate digital demand on the network.

Cyber Security
The output of our Network and Information Systems Directive audit (NISD) has been received – we have seen an increase in our compliance score, which is now 55%. Benchmarked against other Boards, this is a positive score. We are now working with our colleagues in IG to produce a workplan in response to recommended actions.
During October we have carried out three cybersecurity awareness sessions and intend to carry out a desktop exercise with members of the Senior Team to simulate responses to a malware attack. Full detail of our work around cybersecurity is provided in the Risk Assurance report for strategic risk 680.

2.3.1 Quality/ Patient Care

At the core of our planning, is improved equality of access to our health and social care services for all our patients. Through the themes of our strategy providing safe and person-centred care, our patients should have a positive experience of clinical interaction and outcomes, with a focus on pushing care out into the community using Digital solutions.

2.3.2 Workforce

The Digital Strategy is designed to support the workforce to embed Digital as the primary transformational tool in redesign and efficient working.

The Digital Directorate is currently recruiting 12 additional posts across the team to help us mitigate areas of immediate risk and to deliver on digital initiatives at increased pace.

2.3.3 Financial

The Digital Directorate has received funding to increase our staffing levels, which will allow us to recruit into roles to tackle areas of immediate risk, fill gaps in our support rotas and to help deliver key digital initiatives at increased pace. We continue to work with our Finance colleagues to help identify strategic spend items and cost up programmes of work appropriately.

2.3.4 Risk Assessment/Management

Risk Description 680: Cybersecurity

Risk: As a result of the impact from Cyber Security threats such as malware, ransomware and virus exposure etc, there is a risk that NHS Tayside will be non-compliant in relation to Cyber Security and NISD regulations. The Cyber Security threat is the same across both our managed network and the medical devices network, known as the QVLAN. However, the vulnerability level is greater on the QVLAN, as we cannot apply the same level of cyber security protection to the devices contained within it.

New controls in the QVLAN area have been deployed, to Ninewells, PRI and Stracathro Hospitals allowing the risk likelihood and impact to be reduced. This is a major milestone in our cyber defences, however, should not generate complacency in our approach and we must continue to invest in and enhance our cyber security protection.

We continue to deploy various tools to strengthen our cybersecurity posture and have recently received the results of our NISD audit. These results will be used to help shape our cybersecurity approach and practices. There has been a reduction in risk score of late, as work carried out by Digital has introduced technologies that will help reduce the impact of cyberattack.

Current Risk Rating: 9 (Yellow – Medium)

Risk Description 679: IT Infrastructure

Risk: A lack of an overarching application strategy, combined with lack of investment in staffing and technical skills within eHealth, has led to a lack of lifecycle management of the core applications environment, with an increased risk of failure of IT services, with the potential of non-recovery. This could result in loss of patient/business data, together with non-compliance with Cyber Security regulations and inability to support future digital transformation/expectations to the organisation.

Work continues to identify lifecycle arrangements for each application running within our legacy estate. This has identified what work is required around each application, be it an upgrade, a re-write or a full decommission. Priority applications have been identified and work has been undertaken to decommission/re-write/upgrade where appropriate. This work will potentially take multiple years to fully mitigate and will then roll into normal business as usual practices.

Additional work progresses to address legacy issues within our IT infrastructure estate, with some key areas of risk mitigated, which has resulted in a reduction of risk score. Recent work has seen equipment which has reached end of supportable life replaced with new upgraded hardware. This has included PCs and Laptops now running Windows 10, replacement of end of life wireless access points and other network switching equipment and replacing of legacy file storage system with a modern fit for purpose solution. Other work has seen enhanced resilience introduced into a number of key operational areas and an upgrade of our Active Directory environment (which is a key ‘pillar’ underpinning our IT infrastructure); however, a large amount of work remains outstanding before this risk will be fully addressed.

Current Risk Rating: 16 (Amber – High)

The Digital operational risks form part of the core management discipline within the Directorate and are managed accordingly.

2.3.5 Equality and Diversity, including health inequalities

All of our digital programmes will include careful consultation with patients through representative groups, clinical services through triumvirate leadership groups, Public Health, 3rd Sector and with the Head of Corporate Equalities, ensure that equality and diversity issues remain our highest priority particularly in the design of new digital patient pathways.

We will of course adhere to our statutory obligations to ensure that we conduct robust E&D impacts where necessary as part of these programmes

All our strategic ambition aims to ensure we offer equality of access to care services for our citizens.

The Digital Strategy has had a supporting E&D impact assessment carried out and is included with this report.

2.3.6 Other impacts

We are aware that our Digital Transformation ambitions for the coming years will change the way we delivery Health and Social Care Service and these changes will have a significant impact on all Directorates within the organisation, including Finance and Estates.

2.3.7 Communication, involvement, engagement and consultation

The Digital Transformation Partnership recognise they have a key function to engage and consult relevant stakeholders coherently and efficiently to shape the design and implementation of our key initiatives and programmes.

A number of stakeholder events and presentations at senior management groups meetings have taken place in the preceding 18 months.

2.3.8 Route to the Meeting

This has been previously considered by the Digital Directorate Senior Leadership Team who supported the content and the presented of this report.

The report is provided as part of the standing governance arrangements in place for the Digital Directorate.

2.4 Recommendation

This report updates and informs the Committee on the work that has been progressed by the Digital Directorate in its development and implementation of a Digital Strategy for NHS Tayside for the period 2022 - 27. The report is also provided for the

Committee's assurance and provides details on activity for the period December 2021 to February 2022.

The committee will note from this report advancement in the areas of governance and readiness for the delivery of future digital initiatives, also including information on current programme delivery of in-flight workstreams, maintenance of pace and progress with the infrastructure programmes identified against a period of significant demand from COVID remobilisation activities and continuing support for COVID Vaccination activity.

- **Awareness** – For Members' information.
- **Assurance –** members should note the progress being made in several areas across the Digital Directorate and we would like to provide the level of assurance as 'moderate'.

If this report is being provided for Assurance, please advise in this paragraph the level of assurance you are providing. Please use the Levels of Assurance as detailed in the Committee Assurance Plan and which are detailed on Page 3 of this template.

Please note the Situation and the Recommendation sections should be consistent.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Equality Impact Assessment Policy Tayside Digital Strategy

NHS Tayside

Finance and Governance

Equality Impact Assessment Policy

Policy Manager	Policy Group
Santosh Chima	Equality Impact Assessment Policy Group

Policy Established	Last Updated	Policy Review / Expiry
February 2014	October 2019	2 yearly/April 2020

This policy does apply to Medical / Dental Staff

UNCONTROLLED WHEN PRINTED

Equality Impact Assessment Policy

Version Control

Version Number	Purpose/Change	Author	Date
1.0	New policy	Santosh Chima	February 2014
1.1	Annual Review	Santosh Chima	April 2016
1.2	Annual Review	Santosh Chima	October 2019

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1. PURPOSE

NHS Tayside is required by law to assess the impact of policies, practices and functions on people with a Protected Characteristic(s) and equality groups and are held to account for equality implications at the point of making decisions.

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

Consideration of equality underpins all of the ambitions of the Healthcare Quality Strategy, Person Centred, Safe and Effective.

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

The Fairer Scotland Duty came into effect on 01 April 2018. The new duty places a legal responsibility on public bodies in Scotland to pay due regard on how they can reduce inequalities of outcome caused by socio economic disadvantage. The duty applies at strategic level and would include decisions around setting priorities and targets, allocating resources and commissioning services.

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

INTRODUCTION

The Legal Framework: The Equality Act 2010

The Equality Act brings together and replaces most of the discrimination laws and regulations from the last 40 years under one Act. The Act will amalgamate and harmonise existing equality legislation to create a single approach to discrimination against people with a Protected Characteristic(s).

The Equality Act imposes a Public Sector Equality Duty: The General Duty and Specific Duties.

The General Duty will have due regard to:

- Eliminate discrimination, harassment, victimisation and any other prohibited conduct under the Act
- Advance equality of opportunity by
  - Removing / minimising disadvantage
  - Meeting the needs of particular groups that are different from the needs of others
  - Encouraging participation in public life

- Foster good relations between different groups

The Specific Duties

Scottish Parliament introduced additional specific duties on public bodies in Scotland, to enable public authorities to deliver on the General Duty, one of the specific duties was the duty to assess and review policies, practices and functions for impact on the 9 Protected Characteristics to ensure compliance with the General Duty.

Public bodies have a duty to carry out Equality and Diversity Impact Assessment on proposed new policies, practices and functions. Existing policies must also be impact assessed to comply with the General Duty.

A function could be referred to as a service improvement; service change and or service redesign to achieve quality improvement and efficiency for NHS Tayside.

Public bodies have a duty to publish any equality impact assessments carried out.

Policies or strategies which are for example, purely technical and have no bearing on the performance of the General Duty may not require to be equality impact assessed. If this is the case it should be evidenced why an impact assessment is not required. This should be documented in **Appendix 1 - Section 1.**

2. SCOPE

The Equality Impact Assessment process covers 4 key areas of impact for equality groups and people with protected characteristic(s).

- the equality and diversity impact
- the human rights impact
- the health inequalities impact
- the impact assessment of financial decisions

The process is divided into four key sections, and it is mandatory that the equality and diversity impact (section 1) is completed in all cases when developing policies or making service improvements / redesign / change.

It is sometimes difficult to define where equality starts, and human rights values begin. It is recommended that once section 1 has been completed and if equality and diversity impacts are identified for any of the groups / protected characteristics then the human rights impact should also be considered.

If the policy or service improvement / redesign / change does not have any impact on the groups / protected characteristics in section 1 then this should be evidenced and a reason given why completing an Equality Impact Assessment is not applicable, for example it could be a purely technical policy which has no direct impact on people.

3. STATEMENT OF POLICY

The Equality Impact Assessment policy will define the process by which NHS Tayside will assess the impact of their policies, functions, service improvement and or service change on people with a Protected Characteristic(s).

The process enables you to develop policies and functions in recognising the potential negative impact on people with a Protected Characteristic(s) and / or other relevant equality groups. It should be part of the development and planning process of any piece of work, for example development, review and / or revision of policies, service redesign and / or service improvement.

The Equality Impact Assessment is intended to highlight potential health and wellbeing impacts on equality groups and / or people with Protected Characteristic(s) based on the knowledge and understanding of the stakeholders who participate. This then helps to identify any ways in which the policy or service improvement / redesign should be changed to address any adverse impact or barriers that may be identified for Protected Characteristic(s), equality groups / communities and also widely on socio-economically deprived / poverty groups.

Implications of not doing an Equality Impact Assessment (EQIA).

By failing to conduct, complete, publish and act on equality impact assessments, NHS Tayside will be at risk of being non-compliant and open to costly and time-consuming legal challenges. These risks could lead to:

- Discrimination complaints from patients and our staff
- Financial loss through fines and unlimited compensation
- Negative press and publicity leading to tarnished reputation of NHS Tayside and its staff
- Less effective services that fail to address patient's needs and meet our person centred, safe and effective quality ambitions.
- Damaging court and legal cases

Points to remember when carrying out an Equality Impact Assessment (EQIA)

- It should be built into any service planning and change processes from the start, and not seen as a "rear guard action"
- It is an ongoing process and is a tool for robust decision making to assist organisations in meeting the requirements of the general duty
- Inclusive engagement with all parties is critical to the process, especially where there is limited equality data

COMPLETING AN EQUALITY IMPACT ASSESSMENT (EQIA) Template

There are 5 key principles of Equality Impact Assessment Process **(Appendix 2):**

- Timely planned **(preparation)**
- Meaningful involvement **(scoping)**
- Systematic consideration of impact **(prioritisation)**
- Evidence informed **(appraisal)**
- Take proportionate action from the outcome **(recommendation)**

The Equality Impact Assessment process is broken down into 4 key sections.

Section 1: Equality and Diversity Impact Assessment - This is mandatory, and Parts A and B should be completed in all cases

It is important that the lead for the equality impact assessment is someone who has a good understanding of the policy or service as well as people with the knowledge of the equality target groups or other stakeholders.

Document the evidence which supports the impact assessment for example any research that requires to be carried out in order to understand the impact more clearly.

The Protected Characteristics are:

- Age (includes older and younger people)
- Disability (physical and other disabilities)
- Gender Reassignment (includes Transgender)
- Pregnancy / Maternity
- Marriage and civil partnership
- Race / Ethnicity (includes nationality, refugees, asylum seekers & gypsies / travellers)
- Religion/Belief (includes people with no religion / belief)
- Sex (men and women)
- Sexual Orientation (includes LGBT (Lesbian, Gay, Bisexual, Transgender) and heterosexual)

Other Groups/People that may be affected by inequality

- People with mental health problems
- Homeless people
- People involved in criminal justice system
- Staff
- Socio economic deprivation groups
- Carers
- Literacy
- Rural
- Language / social origins

Not all these groups will be relevant. Define the relevant groups for the specific policy and/or function.

Once you have identified the individuals or groups of people who this policy, improvement or change is going to impact on work through the Equality Impact Assessment.

Section 2: Human Rights and Health Impact Assessment

If equality impacts have been identified once Section 1 (Appendix 1) has been completed it is recommended that human rights impact is also considered because equality and human rights can sometimes be difficult to separate.

The question to ask is which human rights may be affected?

Human rights law sets out rights in order to protect human dignity (UK Human Rights Act, International Convention on Economic, Social and Cultural Rights).

Enjoyment of the highest attainable standard of health is a fundamental right for everyone (United Nations).

Equality is part of the human rights framework - free from discrimination so that everyone can enjoy their human rights

What is the Right to Health?

- The right to health is not the right to be healthy
- The right to health includes both health care and the underlying determinants of health such as clean water, food, housing, healthy workplaces, access to health information and education.
- The right to enjoy a variety of goods, facilities and services that are necessary to realise the highest attainable standard of health

There are four essential elements of the right to health: AAAQ in line with the quality ambitions – person centred, safe and effective

1. **Available:** health goods, facilities and services must be ***available*** in sufficient quantity everywhere in the country, for example, hospitals, clinics, trained health professionals and essential medicines, as well as underlying determinants such as safe drinking water and adequate sanitation facilities

2. **Accessible:** health goods, facilities and services must be ***accessible*** to everyone without discrimination. They must be physically accessible, meaning within safe physical reach of all sections of the population, including people with disabilities and people from rural areas. They must be economically acceptable meaning affordable to all

3. **Acceptable:** health goods, facilities and services must be ***acceptable*** in other words respectful of medical ethics, including the right to confidentiality, and they must be sensitive to all diverse cultures, communities and gender

4. **Quality:** health goods, facilities and services must be scientifically and medically appropriate and of good ***quality.*** The underlying determinants of health such as water and health education must be of good quality too (NHS Tayside Clinical Governance Strategy)

Section 3: Health Inequalities Impact Assessment

This section should be completed if the policy, or service improvement / redesign / change is looking at health services and health inequalities and what impact will the change or proposal have on lifestyles and the impact of social and physical environments on the identified groups in section 1, appendix 1

The Fairer Scotland Duty (2018) requires us to consider the impact on socioeconomically deprived groups.

Equally Well (2008) recommended that 'integrated' impact assessment was considered to focus on equality and health inequalities.

The Healthcare Quality Strategy (2010) stated that 'each of the aligned and integrated national programmes, initiatives and interventions pursued in support of the 3 Quality

Ambitions will require to be fully assessed in terms of their impact on equalities through a Health Inequalities Impact Assessment (HIIA), which includes mandatory Equality Impact Assessment (EQIA), Section 1 Appendix 1 Through this we will ensure that the Quality Strategy optimises its impact on reducing inequality across Scotland.

Health inequalities are influenced by a wide range of factors including access to education, employment, good housing, equitable access to healthcare, individual circumstances and behaviours and income levels including socio economic deprivation.

NHS Tayside should carry out health inequalities impact assessments when designing new services or redesigning or improving existing ones.

Health Inequalities impact assessment is to define the likely positive or negative health and wellbeing impacts of a proposal or change on differential groups. Impacts on disadvantaged groups who already suffer poor health and poor outcomes are particularly important.

Section 4: Impact of Financial Decisions

If financial decisions need to be made in relation to the proposal or change then this section needs to be completed to assess the impact on the identified groups in Section 1, Appendix 1

The economic climate is likely to have a significant impact on public sector bodies, including all Health Boards. Financial constraints have already resulted in the NHS making important decisions about their operations and the services they provide. These decisions may include efficiency drives, budget cuts, reorganisations, relocations, staff and service reductions. Impact assessment processes can highlight the potential for adverse impact of financial decisions on people with a protected characteristic or equality population groups before decisions are finalised. This can lead to better decisions and also protect NHS Boards from being asked to account for decisions which cannot be justified or well-evidenced.

Equality impact assessment of financial decisions can help to target resources more effectively and enable the efficiency savings to be made in a way that mitigates against increasing inequalities. A commitment to ensuring that the principles of equality and diversity underpin any financial investment therefore enhancing service provision in meeting the diverse needs of the communities that we serve and equality groups.

Why Should NHS Boards Equality Impact Assess Financial Decisions?

1. Addressing inequalities correlates to improved health for the whole population
2. Better impact assessment of financial decisions enables boards to demonstrate they are making decisions in a fair, transparent and accountable way, considering the needs and rights of different members of communities and equality groups
3. Boards can avoid court proceedings for failing to ensure they are meeting the Public Sector Equality Duty requirements and consequently avoid paying out huge case settlement fees
4. An improved Board reputation for equitable and fair treatment of staff and patients
5. Better retention of staff where a just and fair culture improves working relationships, reduces staff turnover, training costs and sick leave rates
6. Improved compliance with the public sector equality duty leads to better collation of data, improved consultation, engagement and involvement with vulnerable groups and more robust impact assessments

When completing equality impact assessment there is a requirement to evidence and show how your decision has been reached and how impacts have been identified.

There will be a clear requirement when preparing policies etc to have reliable data on areas such as demographic and / or disease specific information on the population of Tayside which could include quantitative databases and qualitative reports.

Assistance with information can be sourced from contacting the NHS Tayside Health Intelligence Manager

4. ROLES AND RESPONSIBILITIES

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

The Diversity and Inclusion manager has a responsibility to ensure that all Equality Impact Assessments are published. Once the EQIA is completed please send to schima@nhs.net.

Non-Executive Board Members

As part of their role in relation to governance and scrutiny Board members will be asked to consider many proposals and along with these proposals, they must consider the impact that any decisions may have on equality and human rights in line with their statutory obligations.

This policy will ensure that proper scrutiny has been applied to all decisions and to make sure that we have paid 'due regard' to equality and human rights. It is the role of Board members to question the robustness of any equality impact assessment and request further information / investigation is sought or carried out if needed.

Executive Lead Officers

Have a responsibility to ensure that the impact assessment process has been completed in line with NHS Tayside Equality Impact Assessment policy

Managers

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

Key Contacts

The Board Secretary is the NHS Tayside Board lead for Equality and Diversity and Human rights

The Diversity and Inclusion Manager is the NHS Tayside lead for Equality and Diversity and Human Rights and is also the lead on Equality Impact Assessment process

The Diversity and Inclusion Manager can be contacted for support and guidance on the process in relation to completing and or carrying out Impact Assessments.

The Public Involvement Manager is the lead for participation standards and involving, engaging and consultation.

Head of Communications is the lead for communication

The NHS Tayside Staffnet Equality and Diversity Webpage provides a range of information on Equality and Diversity and relevant legislation.

Supplementary Information and Resources

There is a legal requirement to publish Equality Impact Assessments

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

The Equality Act 2010 and the Public Sector Equality Duty
The Healthcare Quality Strategy 2010

The Patients Rights (Scotland) Act 2011
Participation Standards

5. ORGANISATIONAL ARRANGEMENTS

Refer to NHS Tayside Policy Development, Review, and Control Policy

6. PUBLICATION AND ACCESS

NHS Tayside has a legal duty and responsibility to publish the outcomes of Equality Impact Assessments. All equality impact assessments in relation to service change, improvement and redesign are to be published on our website.

All Equality Impact Assessments can be produced in a hard copy, Easy Read version, LARGE PRINT or other formats and languages on request.

Appendix 1

EQUALITY IMPACT ASSESSMENT NHS TAYSIDE DIGITAL STRATEGY

Manager	Group
Laic Khalique	Digital Directorate

Established	Last updated	Review / Expiry
October 2020	August 2021	August 2022

UNCONTROLLED WHEN PRINTED

Section 1 (This is mandatory and should be completed in all cases)

Part A – Overview

Name of Policy, Service Improvement, Redesign or Strategy:

NHS Tayside Digital Strategy

Lead Director or Manager:

Laic Khalique, Director of Digital Technology, NHS Tayside

What are the main aims of the Policy, Service Improvement, Redesign or Strategy?

The strategy lays out our ambition over the next five years to develop digitally powered services that will help the communities of Tayside live longer, healthier and happier lives.

The strategy aims to put our Tayside communities in control of their own health and care journeys. This means providing patients with all the relevant information they need to make informed decisions about their care and lifestyle, building patient confidence and helping them improve their health outcomes without putting additional strain on our essential public services.

The strategy aims to help patients get the right care in the right way for them. As well as providing visibility over care options we will expand new channels to access care through remote or online consultations.

We will ensure as integral to the strategy accessibility in all ways when designing solutions, accommodating different levels of experience, disabilities and device ownership. We will facilitate carer and proxy access while ensuring safety and privacy.

In addition to supporting patients access the right care, digital technology will improve its quality and timeliness. These capabilities will allow health and social care staff to enhance the pace and quality of care delivered; and access to a single, comprehensive view of patient data and will improve speed and accuracy of decision making. Further, these capabilities will also support our ambitions around Connected Services and Enhanced decision-making by allowing health and social care staff to more effectively access the right information and functionalities across different levels of care.

We want to provide patients and staff with a complete view of where patients are in the system and improve our ability to predict where future demand will come from in order to help us plan capacity and cope with the growing demand for care in Tayside.

Description of the Policy, Service Improvement, Redesign or Strategy – What is it? What does it do? Who does it? And who is it for?

The Strategy outlines five key areas:

- Improving Decision Making
- Helping Staff Do Their Job
- Empowering Patients
- Connecting Services
- Building Closer Partnerships

It is intended to encompass both NHS Tayside workforce, patients and their care and support network and the wider health and social care community.

What are the intended outcomes from the proposed Policy, Service Improvement, Redesign or strategy? – What will happen as a result of it? - Who benefits from it and how?

The strategy builds on an ongoing commitment to improving healthcare outcomes. The Transforming Tayside agenda has defined Tayside's priorities to 2022. The strategy looks to support these priorities and take them even further, including:

- Improving access to high-quality care and the reduction of waiting times
- Stepping up the pace of integration and improving the effectiveness of our partnerships
- Improving access to Mental Health Services
- Improving access to Primary Care Services
- Delivering new digitally enabled clinical pathways

Name of the group responsible for assessing or considering the equality impact assessment? This should be the Policy Working Group or the Project team for Service Improvement, Redesign or Strategy.

The Digital Director and the Senior Management team will be responsible for developing a robust Delivery Programme, with individual programmes that may impact equality and diversity. Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme and make these available.

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.1	Will it impact on the whole population? **Yes** If yes will it have a differential impact on any of the groups or protected characteristics identified in 1.2. If no go to 1.2 to identify which groups or protected characteristics could be affected	Services will be developed with the aim of empowering the Tayside population with the knowledge they need to make more informed decisions about their care, making them feel included and in control. We believe that real-time solutions and ability to remotely monitor their health status is likely to encourage patients to make healthier choices; this includes round the clock visibility of vital metrics and new ways to engage with health and social care professionals will enable patients and carers to access the right care at the right time. Clinicians can also use this richer source of information, unique to each patient to deliver more personalised care. Patients' contribution to their health record will lead to a reduction in the time spent by clinicians and nurses manually capturing data, and instead this time can be dedicated to interacting with the patient. And as more and more patients adopt this		Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme

		digital care model, we anticipate a decline in the footfall in hospitals, which will in turn free up capacity and staff time and enabling them to focus on areas of greatest need. Through our Patient Ownership services, we will help patients understand their treatment options available to them at any given point in time, and in the case of ongoing treatment or consultation, where they are in the process. We are committed to the equity of healthcare across NHS Tayside. We will, therefore, enable proxy access where needed (carers and family), as this is a fundamental principle to provide digital navigators the tools to assist those who can't access digital services or don't know how, or provide non-digital routes to care services if needed.		

SECTION 1 Part B – Equality and Diversity Impacts
Which equality group or Protected Characteristics do you think will be affected?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required

1.2	• Race - Minority ethnic population (including refugees, asylum seekers & gypsies / travellers) • Sex - Women and men • Religion/Belief - People in religious / faith groups • Disability - Disabled people • Age - Older people, children and young people • LGBT - Lesbian, Gay, Bisexual and Transgender people • Gender Reassignment • Pregnancy/Maternity • People with mental health problems • Homeless people • People involved in criminal justice system • Staff • Socio-economically deprived groups	The policy specifically addresses equality issues across the Tayside area with a particular focus on members of our community with protected characteristics. To this end, we have following a period of engagement, agreed ten principles which will guide key programmes of work. The spirit of these principle's is about putting our communities at the centre of decisions we make about digital technology. We don't want people to think of digital as something that happens to them but as something that helps them do what they need to do. We will make sure that every partner we work with embodies these principles. We will hold each other to account for these principles openly and transparently. Every day the care system faces new challenges and new opportunities. These principles will ground us as new digital technologies become available	To ensure that this strategy is equitable for all staff and patients, we have been guided by NHS Scotland's Staff Governance Standard. To deliver this, we have agreed an approach to delivery that ensures staff and patients are actively involved in design and development, that they are supported with training and development, and that the diversity of their needs is properly recognised and supported.	Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme.

		to make sure we stay true to our commitments while recognising new opportunities. *Our principles are:* 1) We won't leave anyone behind regardless of differences in access to devices or experience with digital technology 2) We will put security, privacy and patient safety first when designing digital technology 3) We will make sure that existing technology and resources are used to make effective use of existing capabilities and resources 4) We will work with Regional and National Groups and take the lead when we need to 5) We will work closely with partners in the public and		

		private sectors 6) We recognise that everyone has different needs, and we will work together to address them 7) We will take responsibility as a whole organisation for digital technology, helping our colleagues and patients make best use of it 8) We recognise the value of data and evidence and use it to guide our decisions 9) We will design digital technology alongside the community that will actually use it 10) We will provide staff and patients with the training and support so they can use digital technology to provide the highest quality of care		

	Neurodivergent Groups	Any new digital programme of work that impacts both staff and our community will take into account the skills, strengths and barriers associated with the neurodiverse conditions. Research shows 1 in 10 people in Scotland are neurodivergent. There is a great opportunity to help meet the specific needs of this group by encouraging and supporting greater involvement of neurodivergent individuals at all stages of the new programme development. We understand that there is a 'propensity for neurodivergent individuals to be stereotyped according to the more well-known characteristics of their condition and will work to ensure strategy and decision makers are supported to help them understand neurodiversity and how it can help and indeed also hinder access to digital services.	Neurodiversity in Digital Technology Summary Report, Digital Scotland.	As a Directorate we will work towards developing awareness-raising sessions, introducing case studies, and engaging with experts and involving staff and community members with a range of disabilities who can support us in this area so that we are better equipped with information and examples of the sorts of adjustments that we could make to ensure that any new digital initiative is suitable for neurodivergent individuals. This includes making it clear that even person-centred adjustments are quite minor, not disruptive and they are quick, easy and inexpensive to implement. Where this is not possible, we will introduce mitigation measures.

				This should include access to training and information for the wider workforce about creating a supportive, non-judgemental culture that recognises and actively welcomes diversity and demonstrates inclusiveness.

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.3	Will the development of the policy, strategy or service improvement/redesign lead to? - • Direct or Indirect discrimination • Unequal opportunities • Poor relations between equality groups, people with a protected characteristic(s) and other groups • Other	No - this strategy makes additional provision for flexibility for example in terms of managing people's health remotely in a more self-management /proactive service offering. The high-level strategy aims are designed to have a positive effect on the targeted conditions. It will also enable new ways of interacting with health and social care professionals in managing the effects of various health related conditions, avoiding the need for face-to-face engagement where appropriate.		Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme.

		This will be complementary to traditional services ensuring any impact from an equality perspective is mitigated.		

SECTION 2 – Human Rights and Health Impact.
Which Human Rights could be affected in relation to article 2, 3, 5, 6, 9 and 11. (ECHR: European Convention on Human Rights)

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.1	**On Life (Article 2, ECHR)** • Basic necessities such as adequate nutrition, and safe drinking water • Suicide • Risk to life of / from others • Duties to protect life from risks by self / others • End of life questions	**N/A**		
2.2	**On Freedom from ill-treatment (Article 3, ECHR)** • Fear, humiliation • Intense physical or mental suffering or anguish • Prevention of ill-treatment, • Investigation of reasonably substantiated allegations of	**N/A**		

	serious ill-treatment • Dignified living conditions			

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.3	**On Liberty (Article 5, ECHR)** • Detention under mental health law • Review of continued justification of detention • Informing reasons for detention	**N/A**		
2.4	**On a Fair Hearing (Article 6, ECHR)** • Staff disciplinary proceedings • Malpractice • Right to be heard • Procedural fairness • Effective participation in proceedings that determine rights such as employment, damages / compensation	**N/A**		

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.5	**On Private and family life (Article 6, ECHR)** • Private and Family Life • Physical and moral integrity (for example freedom from non-consensual treatment, harassment or abuse • Personal data, privacy and confidentiality • Sexual identity • Autonomy and self-determination • Relations with family, community • Participation in decisions that affect rights • Legal capacity in decision making supported participation and decision making, accessible information and communication to support decision making • Clean and healthy environment	The Digital Strategy aims to have a positive impact on Private and Family Life by introducing flexible and agile working enabling staff to have greater choice and flexibility in terms of place of work. The aim is wherever possible to impact positively in areas such as autonomy and self-determination, flexibility in terms of childcare and family life and family and community relations. This, in addition to remote appointments aims to reduce unnecessary travel, reducing carbon emissions and promoting a clean and healthy environment.		Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme.

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.6	**On Freedom of thought, conscience and religion (Article 9, ECHR)** • To express opinions and receive and impart information and ideas without interference	**N/A**		
2.7	**On Freedom of assembly and association (Article 11, ECHR)** • Choosing whether to belong to a trade union	**N/A**		
2.8	**On Marriage and founding a family** • Capacity • Age	**N/A**		
2.9	**Protocol 1 (Article 1, 2, 3 ECHR)** • Peaceful enjoyment of possessions	**N/A**		

SECTION 3 – Health Inequalities Impact
Which health and lifestyle changes will be affected?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.1	What impact will the function, policy/strategy or service change have on lifestyles? For example, will the changes affect: • Diet & nutrition • Exercise & physical activity • Substance use: tobacco, alcohol or drugs • Risk taking behaviours • Education & learning or skills • Other	The strategy aims to provide additional flexibility in terms of managing people's health remotely in a more self-management /proactive service offering. Individual pathways will be designed to have a positive effect on the targeted conditions and underlying Public Health initiatives in relation to: Diet & nutrition Exercise & physical activity Substance use: tobacco, alcohol or drugs Risk taking behaviours Education & learning or skills. It will also enable new ways of interacting with health and social care professionals in managing the above, avoiding the need for face-to-face engagement where appropriate. It is intended that		

		patients will be able to access relevant self-management information and support, reducing inequalities that are related to lifestyle and deprivation. By having the use of multi-channel communications, we intend to bring a more wide-ranging offering to those who wish to engage in smoking cessation, diet management, substance abuse services etc. The self-monitoring capability of our proposed services will support patients and potentially reduce the requirement to travel to appointments. “For some disabled and/or older people, however, digital methods may provide opportunities to participate without the common barriers of having to travel far or sit/stand for long periods of time” (Edwards 2001). Some groups of people may benefit more than others		

		depending on technology accessibility and we will assess and mitigate these.		
3.2.	Does your function, policy or service change consider the impact on the communities? Things that might be affected include: • Social status • Employment (paid/unpaid) • Social/family support • Stress • Income	Yes - Tayside has a population that covers both rural and urban areas. Our strategy aims to reduce the need for both patients and staff to travel, reducing travel costs and associated financial costs. In addition, reducing the stress of long journeys or other exposure impact in Acute or Primary Care settings, enabling much more opportunities for flexible and remote working patterns.		

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.3	Will the function, policy or service change have an impact on the physical environment? For example, will there be impacts on: • Living conditions • Working conditions • Pollution or climate change • Accidental injuries / public safety • Transmission of infectious diseases • Other	Yes - our aim is to provide more of our services within the community, reducing the impact of long journeys and associated implications of pollution and climate change. Less travel into acute centres will also reduce the risk associated with transmission of infectious diseases.		
3.4	Will the function, policy or service change affect access to and experience of services? • Healthcare • Social services • Education • Transport • Housing	Yes - our aim is to ensure that we achieve much greater access to health and social care services across Tayside. Connecting services bridges the gaps between different types of care making sure that health and social care professionals can access the right information and those patients receive consistent support. Building closer partnerships with Local Authorities, 3rd Sector		

		partners, academia, private enterprise and regional and national groups will allow us to play to our strengths to make the strategy a reality.		

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.5	In relation to the protected characteristics and groups identified: • What are the potential impacts on health? • Will the function, policy or service change impact on access to health care? If yes - in what way? • Will the function or policy or service change impact on the experience of health care? If yes – in what way?	Remote monitoring and greater patient awareness of long terms conditions and self-management will all positively impact health. However, as with all technology driven strategies there may be impacts of groups with protected characteristics. For example, some patients may have limited access to Wi-Fi. Phone consultations could still be an option, these would have to be reviewed on patient-by-patient basis This will be beneficial as could minimise travel costs to appointments, and potentially avoid taking time off work or managing difficult childcare arrangements. Around 3.9m or 88% of people	The Connecting Scotland programme aims to provide a national, human-centred, consistent and comprehensive approach to reducing the rates of digital exclusion and digital marginalisation. The programme aims to bring 50,000 people – particularly those on low incomes – into the digital world by the end of 2021.	Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme and to ensure that mitigation is put in place.

		in Scotland have used apps on mobiles, tablets or other digital devices. Those who are most likely to be digitally excluded are people and families on low incomes, people from ethnic minority communities, and those with additional challenges such as disabled people, those who have a communication difficulty, sensory impairment, those shielding and older people. People who live in remote and rural communities may also suffer from access to the internet. Those people who are digitally excluded are disproportionately disadvantaged due to the extensive role digital plays supporting people to flourish in educational, economic, social, employment, access to services, and wellbeing terms.		

SECTION 4 – Financial Decisions Impact
How will it affect the financial decision or proposal?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
4.1	• Is the purpose of the financial decision for service improvement/redesign clearly set out? • Has the impact of your financial proposals on equality groups been thoroughly considered before any decisions are arrived at?	N/A – this is a strategy document - it is intended that each programme will have a business case with full financial consideration and accompanying EQIA		
4.2	• Is there sufficient information to show that "due regard" has been paid to the equality duties in the financial decision making • Have you identified methods for mitigating or avoiding any adverse impacts on equality groups? • Have those likely to be affected by the financial proposal been consulted and involved	N/A – this is a strategy document - it is intended that each programme will have a business case with full financial consideration and accompanying EQIA		

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
5.	Involvement, Engagement and Consultation (IEC) 1) What existing IEC data do we have? • Existing IEC sources • Original IEC • Key learning 2) What further IEC, if any, do you need to undertake?	N/A – this is a strategy document - it is intended that each programme will have a business case with full financial consideration and accompanying EQIA		

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
6.	Have any potential negative impacts been identified? • If so, what action has been proposed to counteract the negative impacts? (if yes state how) For example: • Is there any unlawful discrimination? • Could any community get an adverse outcome? • Could any group be excluded from the benefits of the function / policy? (Consider groups outlined in 1.2) • Does it reinforce negative stereotypes? (For example: are any of the groups identified in 1.2 being disadvantaged due to perception rather than factual information?)	YES - this is a strategy document; it is intended that each programme will have a business case with full financial consideration and accompanying EQIA which will address any potential negative impacts of each programme in detail and offer mitigation.		

7.	**Data and Research** • Is there a need to gather further evidence / data? • Are there any apparent gaps in knowledge / skills?	Further relevant evidence will be sought as part of each programme and accompanying EQIA
8.	**Monitoring of Outcome(s)** • How will the outcome(s) be monitored? • Who will monitor? • What criteria will you use to measure progress towards the outcome(s)?	Full assessment of outcomes will be sought as part of each programme and accompanying EQIA. These will be monitored by the relevant SRO. All programmes will be assessed against the context of our legislative obligations from an equality perspective ensuring each programme is shaped at the outset by the output of the EQIA.
9..	**Recommendation(s)** State the conclusion of the Equality Impact Assessment and any recommendation(s)	It is intended that the Strategy will have a positive impact by contributing to the general equality duty by – • Eliminating unlawful discrimination • Promoting equal opportunities • Promoting relations within the equality group • Allowing greater access to healthcare information • Empower people to engage with their health and social care • Empower health and care professionals to provide more effective person-centred decisions • Develop services that support patient ownership collaboratively with health and care providers to ensure information is relevant, appropriate and safe We are committed to the equity of healthcare across Tayside. We will, therefore, enable proxy access where needed (for example, carers and family), provide digital navigators to assist those

		who can't access digital services or don't know how, or provide non-digital routes to care if needed. Patient education is a core aspect of the delivery of this ambition. We will invest in training programmes and communication campaigns to ensure our patients understand the clear distinction between their responsibilities and those of their health and care providers. Through our Patient Ownership Services, we will help people understand their care and treatment options available to them at any given point in time, and in the case of ongoing consultation or treatment, where they are in the process. Safely delivering tools and services that support Patient Ownership requires a deep understanding of the potential risks associated with providing patients' information without direct health and social care professional support. Services that support patient ownership will be developed collaboratively with care providers to ensure information is relevant, appropriate and safe. Patient Ownership is primarily supported by patient facing applications. Digital self-service tools will allow patients establish initial contact and perform certain tasks digitally; for example, to book appointments, patient self check-in at appointments and participate in video consultations. We will create a patient platform that will bring together patients' health and social care data and will allow them to view and add to their electronic care records, communicate with health and social care providers, and understand their care plans and see where they are in their care pathway and what will happen next. We will also build remote monitoring capabilities that will enable self-monitoring at homes other setting. We will work across our community and social care partners to scale and use this service across Tayside specially to detect variance condition and proactively provide interventions

10.	**Completed function/policy** • Who will sign this off? • When?	Laic Khalique, Director of Digital Technology, NHS Tayside On publication of final document.
11.	**Publication –** Where will it be published and who has responsibility to publish it?	Alongside the Tayside Digital Strategy 2022-27. Responsibility will lie with the Director of Digital NHS Tayside

Summary Sheet: Outcome of Equality Impact Assessment	
Positive Impacts (Note the groups affected) • Children and young people • Adults • Older People • Disability • Race/Ethnicity	Negative Impacts (Note the groups affected) As with all technology driven strategies there may be impacts of groups with protected characteristics. For example, , some patients may have limited access to Wi-Fi. Phone consultations could still be an option. Would have to be reviewed on patient-to-patient basis. This will be beneficial as could minimise travel costs to appointments, and potentially avoid taking time off work or difficult childcare arrangements. Around 3.9m or 88% of people in Scotland have used apps on mobiles, tablets or other digital devices. Those who are most likely to be digitally excluded are people and families on low incomes, people from ethnic minority communities, and those with additional challenges such as care leavers, disabled people, those who have a communication difficulty, sensory impairment, those shielding and older people. People who live in remote and rural communities may also suffer from access to the internet. Those people who are digitally excluded are disproportionately disadvantaged due to the extensive role digital plays supporting people to flourish in educational economic, social, employment, access to services, and wellbeing terms. We will, therefore, enable proxy access where needed (for example carers and family), provide digital navigators to assist those who can't access digital services or don't know how, or provide non-digital routes to care if needed.
What if any additional information and evidence is required? Each programme will conduct a separate EQIA to gain granular detail on the potential impacts of each programme.	
From the outcome of the Equality Impact Assessment what are your recommendations? (refer to questions 5 - 10)	

We recommend adopting this Digital Strategy for Tayside.

We have a vision of people being able to take control of their health, making informed decisions and interacting with providers in the way that allows them to make more informed decisions about their care, making them feel included and in control, building confidence in knowing how, when and where to access the care they need; of staff being supported with all the right information they need; We will not just help staff by providing the right information, we will create intuitively designed tools that are quick and easy to operate, and we will save staff time by digitising repetitive tasks or automating them all together.

We recognise that just as digital has the power to empower our communities, it can also exclude people. That is why we won't take a 'one size fits all' approach. We won't assume that everybody has the latest device or that navigating systems are second nature. Each individual programme of work therefore will have a comprehensive EQIA and we will take mitigating action to prevent any unintended consequences from an Equality perspective.

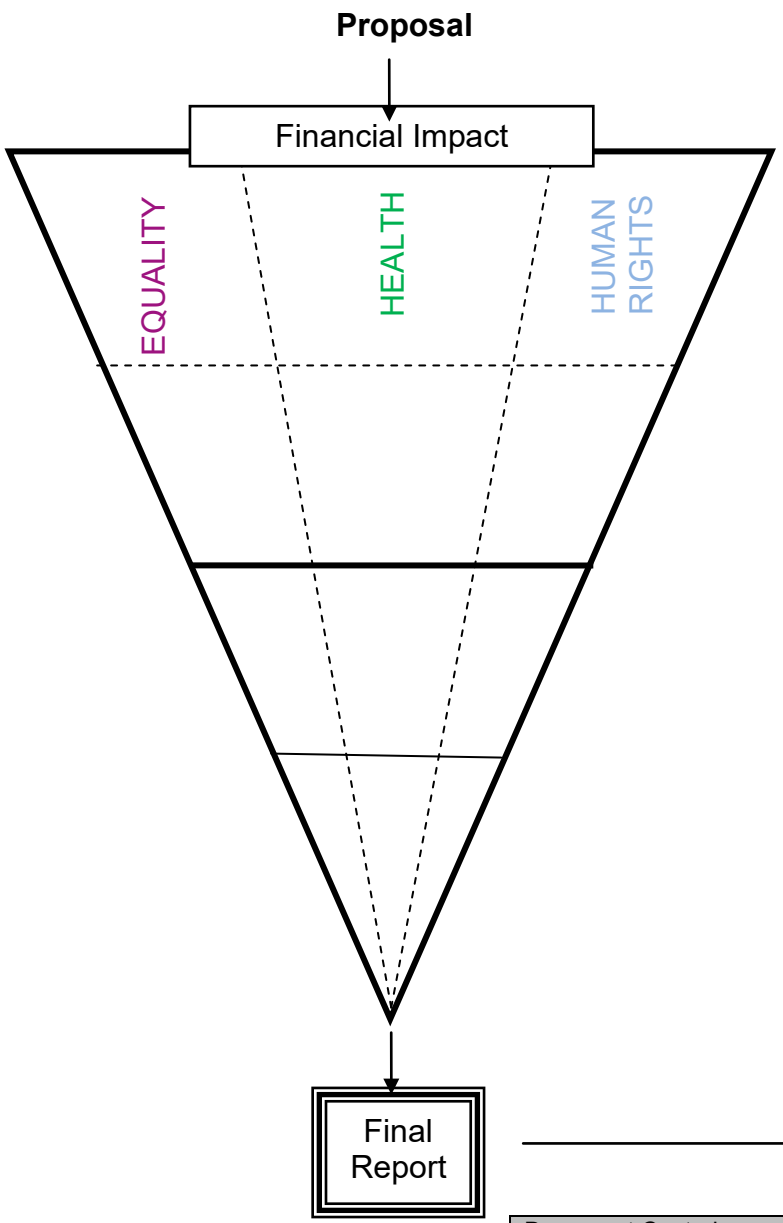
This summary sheet can be attached to the relevant committee report instead of the fully completed template, but if requested by the Committee or Board the fully completed Equality Impact Assessment should be made available.

MUST BE COMPLETED IN ALL CASES

Manager's Signature Date

The Equality Impact Assessment Process

Appendix 2



Establish Proposal Timeline

1. PREPARATION

Establish steering or policy / project group and develop introductory narrative – Complete Section 1, part A & B

2. SCOPING

Meaningful involvement of key stakeholders. Identify affected populations and any potential impacts

→ Scoping Report

3. PRIORITISATION

Impacts / research questions narrowed based on relevance to equality, human rights, health inequalities scope and other criteria

4. APPRAISAL

Evidence is gathered for the prioritised list of impacts and research questions

5. **RECOMMENDATION**

Make recommendations on the outcomes of the appraisal process

6. CONSULTATION AND REPORTING

Arrangements for consulting on final report and ensuring recommendations inform decision making. Monitoring arrangements also established

NHS TAYSIDE – POLICY APPROVAL CHECKLIST

This form must be completed by the Policy Manager and this checklist must be completed and forwarded with the policy to the Executive Team, Clinical Quality Forum or Area Partnership Forum for approval and to the appropriate Committee for adoption.

POLICY AREA: **FINANCE & GOVERNANCE**
POLICY TITLE: **EQUALITY IMPACT ASSESSMENT POLICY**
POLICY MANAGER: **SANTOSH CHIMA**

Why has this policy been developed?		**To comply with the Law, all policies are required to be equality impact assessed to ensure that there is no unlawful discrimination and there is equality of opportunity in accessing our services for people with a protected characteristic(s)**	
Has the policy been developed in accordance with or related to legislation? – Please give details of applicable legislation.		**Yes – The Equality Act 2010: Statutory, (specific duties (Scotland) Regulations May 2012)**	
Has a risk control plan been developed and who is the owner of the risk? If not, why not?		**Policy is required to mitigate risk and as part of a robust system of internet control**	
Who has been involved/consulted in the development of the policy?		**The Document Development, Review and Control Policy Group**	
Has the policy been Equality Impact Assessed in relation to?		**NO because this is the Policy for The Equality Impact Assessment process**	
Age Disability Gender Reassignment Pregnancy/Maternity Marriage and Civil Partnership Race/Ethnicity Religion/Belief Sex (men and women) Sexual Orientation	Please indicate Yes/No for the following: **N/A**	People with Mental Health Problems Homeless People People involved in the Criminal Justice System Staff Socio Economic Deprivation Groups Carers Literacy Rural Language/Social Origins	Please indicate Yes/No for the following: **N/A**
Does the policy contain evidence of the Equality Impact Assessment Process?		**N/A**	
Is there an implementation plan?		**Yes – guidance will be issued via a Vital Signs**	
Which officers are responsible for implementation?		**Santosh Chima, Diversity and Inclusion Manager**	
When will the policy take effect?		**Immediately**	
Who must comply with the policy/strategy?		**Those with responsibility for developing policies, service improvement/ redesign**	

How will they be informed of their responsibilities?	**Communications through vital Signs, Policy Tracker Tool and Policy Staffnet Page**
Is any training required?	**Yes**
If yes, attach a training plan	**No, because further work requires to be done on working up a training plan with Head of Skills and Knowledge**
Are there any cost implications?	**Yes – requires a training resource and tools to help deliver training**
If yes, please detail costs and note source of funding	**No source of funding identified yet – cost to be worked up**
Who is responsible for auditing the implementation of the policy?	**Policy Tracker Tool will identify those who have accessed the policy and completed the assessment questions correctly.**
What is the audit interval?	**Annually or when the policy is reviewed and revised.**
Who will receive the audit reports?	**Document Development Review and Control Policy Group**
When will the policy be reviewed and provide details of policy review period (up to 5 years)	**2 years or if legislation change it requires to be revised.**

POLICY MANAGER: **Santosh Chima** DATE:
APPROVAL COMMITTEE TO CONFIRM: Directors Meeting
ADOPTION COMMITTEE TO CONFIRM: Finance and Governance Committee

NHS Tayside

NHS Tayside's Digital Health and Social Care Strategy

Helping people live longer, healthier and happier lives through digital technology

2022 - 2027

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Digital strategy isn't just about building exciting technology, it's about the needs of real people and working together to find out how technology can support them. We have worked with patients and staff to understand what really matters to them. We will continue to work hand-in-hand with the people this strategy is designed to help.

We have a vision of people being able to take control of their care, making informed decisions and interacting with practitioners in the way that works for them; of staff being supported with all the right information they need; and with time freed up from routine tasks so they can focus on patients.

We recognise that just as digital has the power to empower people, it can also exclude people. That is why we won't take a 'one size fits all' approach. We won't assume that everybody has the latest device or that navigating apps is second nature.

NHS Tayside has a long history of innovation and we believe it has the potential to be a future leader in digital care. But we can't do this alone. We want this digital strategy to bring together the NHS, Local Authorities, 3rd sector organisations, academia, the private sector and the public to make the vision not only realistic but also achievable in five years. In this document we lay out our joint approach to making that happen.

This gives us confidence that the strategy and the outcomes it aims to achieve will resonate with the people of NHS Tayside. We will work together to ensure technology is a positive force for high quality care delivered by the Health and Social Care providers that help us all live longer, healthier and happier lives.

Grant Archibald, Chief Executive Officer of NHS Tayside

Lorna Birse-Stewart, Chair of Tayside NHS Board

Laic Khalique, Digital Director of NHS Tayside

The next five years for digital care in NHS Tayside

Digital technology is changing virtually every aspect of our lives. For many, this has been empowering, connecting them to people, information and opportunities. In some cases, it has excluded people, presented harmful information or deprived people of opportunities.

In NHS Tayside, digital technology has the opportunity to transform every aspect of care. But it is our duty to make sure digital technology works for everyone regardless of their background.

This strategy lays out our ambition over the next five years to develop digitally-powered services that will help the people of NHS Tayside live longer, healthier and happier lives.

We will help put the population in control of their own Health and Social Care journeys. This means providing patients with all the relevant information they need to make informed decisions about their care and lifestyle, building patient confidence and helping them improve their health outcomes without putting additional strain on our essential public services.

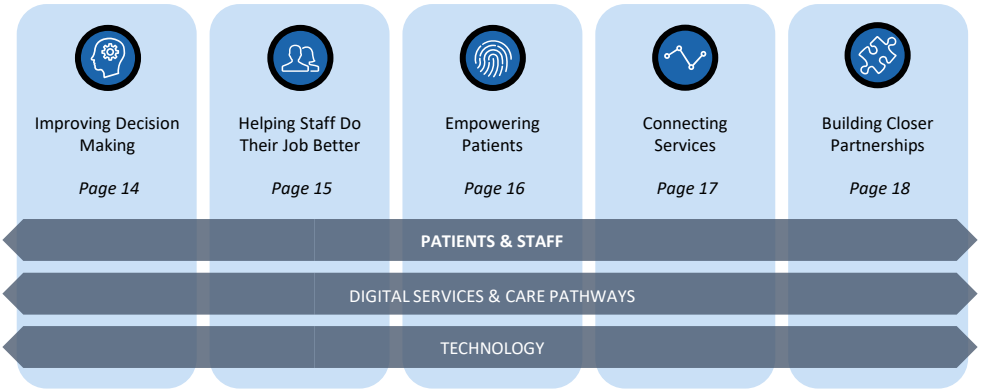
We will help patients get the right care in the right way for them. As well as providing visibility over care options we will expand new channels to access care through remote consultations or online chat.

We will consider accessibility in all ways when designing solutions accommodating different levels of experience, disabilities and device ownership. We will facilitate carer and proxy access whilst ensuring safety and privacy.

In addition to helping patients find the right care, digital technology will improve its quality and timeliness. We will provide care providers with the right data at the right time to improve the speed and accuracy of decisions they make about the persons care.

We will also support decisions about the operations of the care system. We will provide patients and staff with a complete view of where patients are in the system and improve our ability to predict where future demand will come from in order to help us plan capacity and cope with the growing demand for care in NHS Tayside.

Our strategy outlines five areas that digital technology will make the biggest impact in



We will not just help staff by providing the right information. We will create intuitively designed tools that are quick and easy to operate, and we will save staff time by digitising repetitive tasks or automating them all together.

This will save staff time so they can focus on doing the parts of their job that matter most, and it will reduce the risk of error.

Digital solutions like these often try to solve problems for one area of care and do not take into account what happens when people need care from different parts of the system. This strategy recognises that moving between different types of care creates challenges for patients and digital solutions should help that rather than exacerbate it. We will bridge these gaps within NHS Tayside (e.g. when moving from emergency care to cardiac consultation) or between partners (e.g. from primary care to community care).

We will deliver the future described above by applying existing technology to NHS Tayside's biggest social challenges. But our ambition goes further. This strategy paves the way for use of emerging technology that will mature over the coming years. We will highlight the technology and partnerships we need to build now so NHS Tayside can apply artificial intelligence in the future.

No organisation can transform care in NHS Tayside alone. We will work alongside Local Authorities, 3rd sector partners, academia, regional and national groups and private industry. We need to play to our strengths, share data and co-design services. We will build a mutual commitment to deliver longer, healthier and happier lives for the people of NHS Tayside

Health and Social Care has been undergoing change in 2020 at a level unseen since the inception of the NHS.

The current environment has crystallised the need for a clear strategy for digital across NHS Tayside to guide a collective, coordinated response to the growing demands on the health and social care system.

The COVID-19 pandemic has had an immense human impact in health and social care and beyond, which has generated a remarkable response in NHS Tayside and across the country.

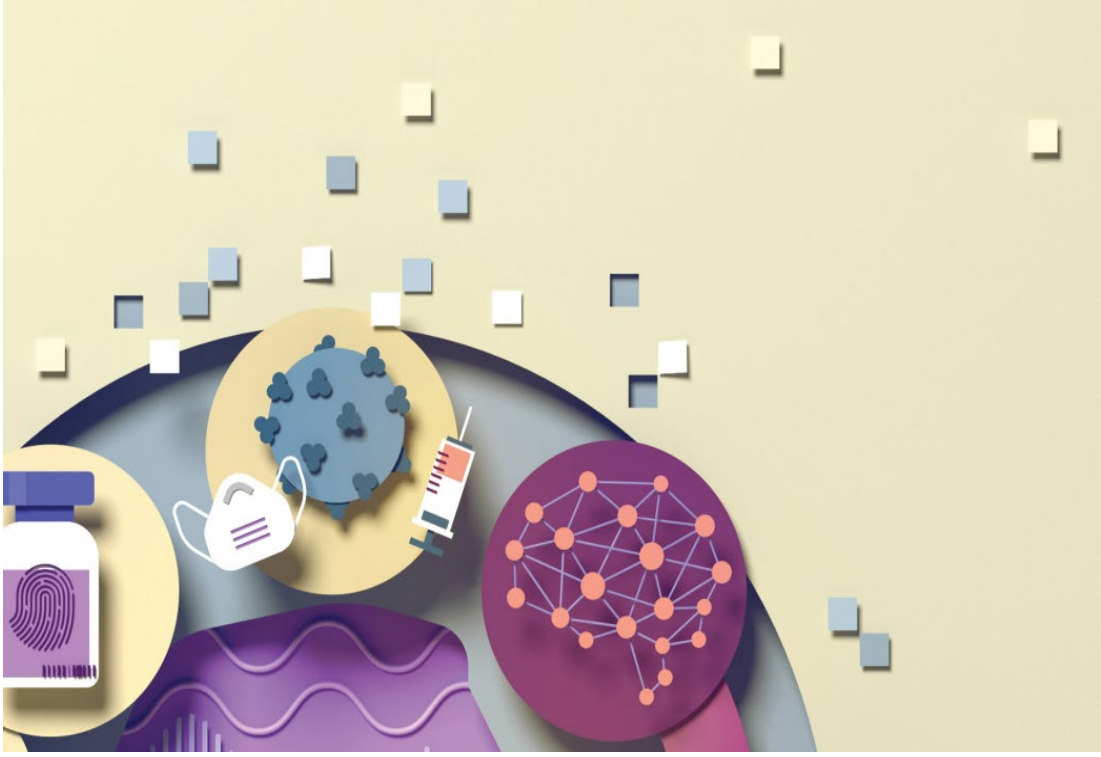
In 2019 a push to adopt remote consultations yielded only 200 appointments, in 2020 we made over 100,000. This demonstrates the ability NHS Tayside has to enact massive change rapidly, when we need to.

This strategy builds on the rapid progress made in 2020 and looks to continue the new way of doing things: fast, collaboratively and ambitiously. At the same time we need to manage risk and support the wellbeing of our staff.

The care system has faced growing pressure for many years which has been exacerbated by the pandemic. This has created a significant backlog for elective care that will continue to put pressure on the care system. As services readjust, there is an opportunity to adopt new models of care with digital technology. NHS Tayside's new National Treatment Centre opening in 2023 will give us a chance to implement leading digital processes and pathways from day one.

In this strategy we identify the areas where digital technology can have biggest impact on our services, reducing pressure on resources and improving outcomes for patients. In each of these areas we have created a roadmap for developing the technology needed to make this impact.

NHS Tayside has a strong history of innovation, from building the foundations of the modern community health index to ongoing partnership with Dundee University on Artificial Intelligence diagnosis of skin cancer. This strategy aims to build on that potential, play to its strengths, seek investment, and create the digital infrastructure that will advance digital Health and Social Care in NHS Tayside over the next five years.



What will the next five years look like for patients?

The following stories describe the experiences of six future patients. We have used these to illustrate what our digital strategy will mean for people in real life care.

Celia is 87 and has a pacemaker implanted for her arrhythmia, she moved into a Care Home last year and was diagnosed with dementia.

Celia's pacemaker flags an abnormal event to her cardiac specialist and care home via a connected system. This prompts the set-up of a remote consultation, during which Celia is supported by care home staff with whom she is familiar, helping her to feel less frightened. Celia and the care home professional complete follow-up via a patient portal that has been co-designed with care home residents, care home staff, and NHS Tayside digital representatives. Relevant data is shared with the care home to help them provide the right care for Celia. Celia's care home, and others across NHS Tayside, use shared systems with Acute Care to monitor data from patients with pacemakers and help them spot risks and make informed decisions.

Vikram has uncontrolled hypertension and is due to receive replacement knee surgery at the NHS Tayside Elective Care Centre, a new digital hospital.

Having recorded consistently dangerously high blood pressure readings via Vikram's patient portal, the need for an additional preoperative assessment is prompted, resulting in Vikram's medication being changed. This helps drop Vikram's blood pressure and get him ready for surgery. After surgery, Vikram is discharged with all follow-up appointments scheduled and post-op instructions accessible via his patient portal highlighting personalised steps he can take to speed up his recovery, including advice from Physiotherapy and local exercise groups he can join.

Quinn notices a worrying change in a mole on their thigh, prompting them to schedule remote consultation with their GP.

Upon examining Quinn's mole, their GP initiates a dermatology referral. An automated tool fast tracks the referral as urgent based on level of risk decided by medical data. In addition to having a single view of Quinn's medical records, the dermatologist sees that Quinn identifies as non-binary, ensuring they respectfully interact with their new patient. During the initial consultation, the dermatologist applies an artificial intelligence (AI) imaging tool to help diagnose Quinn's mole. The AI imaging tool enables Quinn's dermatologist to more quickly determine the mole should be removed and is able to do so during their visit. This eliminates the need for multiple interactions and stops the mole from growing.

Jacqui has type II diabetes and bipolar disorder, with a history of two suicide attempts.

When Jacqui is feeling depressed, she tends to sleep more, often causing her to delay or miss her morning diabetes medications. Realising she might need a medication adjustment, Jacqui chooses an in-person consultation because she finds it hard to communicate on video chats. While she waits to be seen, Jacqui is given an electronic tablet to complete a mental health risk assessment; her answers guide her GP's verbal review based on risk. Relevant details of Jacqui's mental health history are automatically alerted to the diabetes nurse educator, prompting her to tailor advice on her medication. Follow-up with her mental health team is initiated during the GP visit, who can access the appropriate information captured by her GP. Jacqui's GP sets her up with automatic prescription refills which are delivered to her doorstep, helping reduce disruption in her medications.

Max is a five year old boy whose dad takes him to A&E one evening for acute stomach pain and vomiting.

Max's parents are recently divorced with a shared parenting arrangement. Before leaving for A&E Max's dad checks projected wait times online helping him keep Max calm and talk him through the process. The consultant quickly and easily accesses live records in a single view from multiple care providers, including recent history and his health and social care summary. The consultant also sees Max's custody status, making sure to include his mum in his consultation. As only Max's dad is with him in the A&E, the consultant updates his mum via video before he discharges him. Both parents have access to Max's follow-up instructions via his patient portal

Gail is an 83 year old lady who is virtually housebound, does not feel well and has symptoms of a chesty cough.

Gail's son contacts the GP to advise that his mother has not been feeling well and describes symptoms of a chesty cough. Gail does not feel well enough to attend the GP practice so Gail's son requests a home visit. A virtual consultation on the telephone confirms that a home visit is appropriate for Gail. An Advanced Nurse Practitioner (ANP) visits Gail at home and diagnosed a chest infection. The ANP is able to view Gail's electronic medical records at her GP practice from her mobile device. She is able to see that Gail is allergic to some antibiotics and is able to prescribe an antibiotic for Gail that is safe to take and will treat her chest infection. The ANP is able to record the prescription in Gail's medical records and this is sent directly to the community pharmacy for Gail's son to pick up. The ANP is also able to make an electronic referral to Speech and Language Therapy for further assessment of Gail's swallowing which was affected by her stroke to ensure this is not a contributing factor in Gail developing a chest infection. Gail is able to receive safe, effective and timely treatment for her chest infection in a person-centred way.

What will the next five years look like for staff?

Our digital strategy will help all staff do their jobs better. We have used the perspectives of a range of different disciplines and settings, to describe how digital technology will support them in 2026.

Khalid is a GP partner based in Aberfeldy. He has seen an increase in patient volumes over his career and is keen to focus his time on working with patients.

Digital technology helps Khalid focus on his role as a Primary Care expert, interacting with patients rather than being tied up with administrative tasks. Khalid can access all appropriate aspects of his patients' records before visits, utilising a single view to quickly review information that is relevant for his interactions as a GP, some patients are directly referred to secondary care rather than going via a GP consultation. Khalid can initiate referrals that are automatically scheduled, indicating patient preference for in-person or remote consultation.

Khalid has previously spent a lot of time physically signing off prescriptions; because of the time-consuming nature, this has resulted in errors; now he authorises digitally with risks flagged for extra attention. Khalid also leads a review of older people with care homes and social care providers with aggregated data analysis that highlights areas for service improvements.

Neha is a Nurse Prescriber who takes on extra shifts across different wards. She is a champion for digital technology.

Digital technology has saved Neha a lot of time she previously spent on administrative tasks, giving her more time to interact with and assist patients. Neha uses a single tool to capture patient interactions, no matter the ward, reducing time spent navigating and logging into systems and fielding calls from people looking for information as its all accessible directly to them. Neha can quickly and easily prescribe medications electronically through the hospital medication management system, straight into the electronic patient record, and reducing any risk of transcription error.

Neha also records bedside observations electronically which are monitored and tracked automatically and is alerted to any abnormalities for her patients. Neha also supports her colleagues with using new systems – she is recognised and given time / resources to support this. Neha works with the digital team to explain which aspects nurses are finding hard to use, and they co-design improvements to digital care processes and systems.

Hayley is a Team Leader in Acute Mental Health. She wants to put the patient at the centre of care while managing growing demand.

Hayley and her team use digital technology to ensure their patients get the right treatment, at the right time, in a safe and respectful way. During times of stress and distress it can be difficult for patients and their families to recall information discussed with members of the team. Personalised digital communications from Hayley's team help patients and families feel empowered and included in their assessment and treatment. Hayley can track all the appropriate care outcomes for patients accessing the service allowing her to measure these against local and national standards. When Hayley's team is flagged as having the best care Acute Mental Health metric, Hayley uses this data to understand why and share best practice learning with her peers.

Ken is an Operations Manager at Ninewells who manages scheduling of resources and spaces.

A single "Command Centre" interface gives Ken a clearer view of what's going across the hospital and what demand for services will look like in the near, medium, and long-term. Past data and trends help Ken plan future capacity, meaning seasonal spikes in emergency volume won't result in cancelled planned care.

Ken is alerted that the volume of new arrivals in A&E will be higher than expected and could result in delays by the end of the day. Ken takes action ahead of time to reallocate spaces and avoid delays before they happen.

Longer term, machine learning helps Ken to forecast physician workload and patients' length-of-stay, day of discharge and readiness for discharge. It also helps plan optimal pre-op for surgical patients and manage the surgery backlog.

Kirsty is a cardiology consultant who uses a range of data to inform decisions she makes with her patients.

Kirsty has access to continuous data from a range of outpatients. Some via patient-submitted questions and some from pacemakers. There's too much data for Kirsty to review everything, but her system alerts her when there are concerning patterns. Kirsty is always keen to understand a patient's wider medical history. In the single electronic patient record, Kirsty uses an automatic tool to search for relevant medical information and uses it to make more informed decisions about treatment.

Louise is a general practice pharmacist responsible for supporting patients with chronic pain.

Louise has just received a digital alert, a patient on her case list has accessed the patient portal and reported a significant deterioration in their chronic pain and is struggling to manage their medication.

Louise sets up a video chat with the patient, accessing the patient's notes through the single care record. Highlighted are some very helpful medication related issues identified by the hospital pharmacist during the patient's recent unscheduled hospital admission, along with recorded outcomes from the patient's recent encounters with their community pharmacist.

Louise, as an advanced pharmacist practitioner, conducts a comprehensive polypharmacy and pain review with the patient; discusses options and agrees a plan with them about changes to their prescribed medicines along with a referral to an appropriate social prescribing pathway.

Once Louise and the patient agree on the changes, the digital care record is updated, a prescription is automatically generated and sent to the patients registered community pharmacy; Louise also organises the follow up appointment for her to review the patient. This automatically populates the single care record so that the patient can see it on their patient portal.

Before finishing the consultation, the patient advises that they have received a digital alert from their community pharmacy offering a choice of collecting the new medication or choosing to have it delivered at a time that is convenient for them. Louise, content that all of the administration tasks have been completed throughout the patient consultation, then ends the consultation and continues to work on her remaining case load.

Kath is a District Nurse working in the Community as part of the Health and Social Care Integrated Team and is able to access the electronic patient record via her mobile device while visiting patients.

This includes personal information to ensure Kath can safely access the property, and highlights any issues that Kath needs to be aware of, e.g. who holds Power of Attorney for an individual. Easy access to information also facilitates continuity of care for patients, quickly enables any changes in treatment and care if interventions are not effective and keeps the whole team informed. Kath is able to record any care she delivers directly into the patient's records at the time of the visit, make any electronic referrals to specialist services attaching relevant information to the referral, and order any equipment that the patient needs, directly involving the patient, carers and family at the point of care. This information is visible to the Social Work Occupational Therapists who also regularly visit the same individuals preventing duplication of effort and waste.

NHS Tayside's Digital Charter

We want to make sure digital technology in NHS Tayside is safe and secure and works for everyone. To do that we have agreed ten principles that will guide everything we do.

The spirit of these principle's is about putting people at the centre of decisions we make about digital technology. We don't want people to think of digital technology as something that happens to them but as something that helps them do what they need to do.

We will make sure that every partner we work with embodies these principles. We will hold each other to account for these principles openly and transparently.

Every day the health and social care system faces new challenges and new opportunities. These principles will ground us as new digital technologies become available to make sure we stay true to our commitments while recognising new opportunities.

1 *We won't leave anyone behind regardless of differences in access to devices or experience with digital technology*

2 *We will provide staff with the training and support so they can use digital technology to provide the highest quality of care*

3 *We recognise that everyone has different needs and we will work together to address them*

4 *We will put security, privacy and patient safety first when designing digital technology*

5 *We will take responsibility as a whole organisation for digital technology, helping our colleagues and patients make best use of it*

6 *We will make sure that existing technology and resources are used to make effective use of existing capabilities and resource*

7 *We recognise the value of data and evidence and use it to guide our decisions*

8 *We will work with Regional and National groups and take the lead when we need to*

9 *We will work closely with partners in the public and private sectors*

10 *We will design digital technology alongside the people that will actually use it*

Our strategy supports the wider plan for Health and Social Care in NHS Tayside

This strategy builds on an ongoing commitment to improving health and social care outcomes. The Transforming NHS Tayside agenda has defined NHS Tayside's priorities to 2022. This looks to support these priorities and take them even further, including:

- Improving access to high-quality care and the reduction of waiting times
- Stepping up the pace of integration and improving the effectiveness of our partnership working
- Improving access to Secondary Care Services
- Improving access to Mental Health Services
- Improving access to Primary Care Services

Similar to Transforming NHS Tayside, the Digital Strategy has a focus on prevention and helping people manage their own care.

Mental Health, for example, is going through a critical period of change in NHS Tayside, and this strategy aims to support that.

The Listen Learn Change Action Plan details our commitment to creating a world class Mental Health system in NHS Tayside. Mental Health is considered a high impact area in our digital strategy and, as such, the Listen Learn Change report has shaped it with direct input from Mental Health stakeholders. This concept has guided our approach to digital technology across different types of care and helped shape our need for service redesign, clear governance, engagement with people, a strong learning culture, and a clear approach to communication.

This strategy brings together perspectives from across the NHS Tayside care system. We have worked with partners and patients to understand their perspectives, and with health and social care providers and the people they serve, to ensure the digital strategy recognises and supports the needs of people in NHS Tayside. Fundamentally, the digital technology we create needs to play a positive role in peoples lives.

This approach aims to create a shared vision for NHS Tayside. We are committed to working with patients and staff as we develop digital technology and as colleagues roll it out to build in their needs.

National bodies offer a useful set of standards and policies to help us stay aligned with our partners: locally in NHS Tayside, regionally in the North of Scotland and nationally. Scotland's Digital Health & Care Strategy and, more broadly, the Digital Strategy for Scotland clearly articulates the importance of digital technologies for organisations like NHS Tayside and its partners. These documents have helped shape this strategy. In our detailed roadmap, we highlight the importance of drawing on national capabilities and committing to national standards where it will support NHS Tayside's goals.

While we have drawn on national perspectives, we have applied them to the needs of people within NHS Tayside to develop a specific set of priorities.

This strategy also closely draws on the core principles of Realistic Medicine and person centred care. We support this principle in three ways. Firstly, this strategy has been driven by care needs of people with input from patients and health and social care providers. Secondly, we will enhance our operating model to further integrate patients and staff into the design and development of digital solutions. Finally, the strategy identifies capabilities that will empower people to engage with their care and will empower health and social care providers to tailor care to individuals needs.

To ensure that this strategy is equitable for all staff, we have been guided by NHS Scotland's Staff Governance Standard. To deliver this, we have agreed an approach to delivery that ensures staff are actively involved in design and development, that they are supported with training and development, and that the diversity of their needs is properly recognised and supported.

Our ambition focuses on five areas that will have the most impact for NHS Tayside

Digital technology has such a wide range of applications in care, it is important that we focus on the areas that will make most impact for the population of NHS Tayside. Working in a blended team with input from digital teams, clinical teams, support staff and partners, we have identified the five digital areas that will have the largest impact on our services and the people that use them.

Improving decision making helps people accessing care get the right type of care for them. Helping staff do their job better with intuitive digital tools allow staff to concentrate on what matters most for patient outcomes.

Empowering patients with the right information and tools for interacting helps them make more informed decisions and access care in the way that works for them. Connecting services bridges the gaps between different types of care, making sure that practitioners can access the right information and that patients receive consistent support. Building closer partnerships with Local Authorities, 3rd Sector partners, academia, private enterprise and regional and national groups will allow us to play to our strengths to make the strategy a reality.

The following pages explore how each of these areas will make an impact on care outcomes and what we will do to deliver it.

The five most impactful areas for digital in NHS Tayside

1. IMPROVING DECISION MAKING

Improve the accuracy and effectiveness of decision making by providing the right information at the right time

2. HELPING STAFF DO THEIR JOB BETTER

Create intuitive digital tools and experiences for staff that save time and help them concentrate on what matters most for patient outcomes

3. EMPOWERING PATIENTS

Give patients access to the right information and interactions with their care to help them make informed decisions

4. CONNECTING SERVICES

Join up different Health and Social Care services by making relevant information accessible and creating shared technology

5. BUILDING CLOSER PARTNERSHIPS

Work with Local Authorities, 3rd Sector partners, academia, private enterprise and regional and national groups to transform care together

NHS Tayside

Improving Decision Making

Overview

We will provide the right data at the right time to care providers to help **improve the accuracy and speed of their diagnoses**. In addition to providing this timely data access, we will also develop analytical tools that will help these teams to **assess the right course of action and assist in their day-to-day decision** making.

How does improved decision making enhance health and social care outcomes?

Health and social care decisions enhanced by data and analytics improve the quality of patient outcomes. Operationally, decisions enhanced by data and analytics are more efficient and reduce cost and risk.

We will facilitate more effective person centred decisions by enabling health and care providers to access **relevant data at appropriate moments in the treatment** process. This will be augmented by digitally assisted analysis which will help health and care teams **make decisions earlier in the patient journey** than they would with current tools, and will also **analyse greater volumes of data** than possible today.

Additionally, Enhanced Decision Making will also be applied to **capacity planning and operational management services to all sites across NHS Tayside**. We will use historical data to identify trends to support decisions in allocating resources and **managing capacity according to forecasted levels of demand**.

Our approach to improving decision making

Our use of data needs to be rigorous and consistent to enhance decision making in a safe way. We will continue to **protect patient data** with robust control, monitoring and storage practices. We will build in safeguards, accountability and the necessary **regulatory oversight** from the beginning.

When we develop these solutions we will **bring together perspectives and design input from third sector partners, carers and academics**. Together we will make tools that digitally enhance our daily lives while accommodating the knowledge and experience of health and care providers.

Technology is needed to improve decision making

To improve decision making we need to make sure data is captured, shared, interrogated and accessed in the right ways.

Standardisation of the patient data capture process will be fundamental to the implementation of Enhanced Decision Making tools. It is essential that **data is captured using similar formats and standards** across services so that they can be analysed and compared in a consistent manner.

We will develop decision support tools that are able to quickly process large volumes of complex data to **extract insights that will be timely for clinical consideration**. For example, digitally assisted analysis and action could be used for diagnoses, screening, risk stratification in services like dermatology, radiology and oncology.

NHS Tayside's current Command Centre capability aggregates and presents operational data from the Ambulance Service, the Emergency Department and Acute wards to inform allocation of resources and flag risks. This approach will be expanded to include further operational data and service areas.

Growing the impact of our current data and analytics capabilities requires organisational as well as technological change. We will grow skills and capacity to develop and run these systems as we foster collaboration inside NHS Tayside with partners to ensure the data and analytics capabilities are applied across the most impactful service areas.

Technologies we will deliver in this area

- Single Health and Social Care Summary
- Consolidated EPR View
- Advanced Capacity Planning
- Population Health & Patient Cohort Mgmt
- Advanced Clinical Decision Support

NHS Tayside

Helping Staff Do Their Job More Effectively

Overview

Digital services aim to make life easier for our staff by delivering a seamless and convenient experience, enabling them to do the right thing at the right time.

At its core, our approach to staff digital services prioritises those services that, directly or indirectly, **increase the amount of time care providers can spend with the patient** and on their care.

How will this improve health and social care outcomes?

By designing experiences that are **user friendly and intuitive digital technology**, we will aim to minimise 'time spent on device' for staff. Digital support will also augment the quality of care delivered by **minimising the risk of human error**. For example, we will invest in services that allow automation of data capture; this will free up the time care providers would have spent completing paperwork, and will also verify the data captured in real time, in turn increasing patient facing time.

Digital interventions will also help our staff working across multiple locations access all the information they need to deliver a **consistent patient experience regardless of location**.

By providing digital services that tangibly in a positive way impact our staff's day-to-day life, we hope to improve **staff wellbeing, retention, and development**.

Our approach to helping staff do their job effectively

Staff will be instrumental - throughout the design and development process, to ensure they are addressing their needs and we are delivering a product that they will actually use.

However, digital solutions cannot succeed in isolation. In tandem with the development of digital applications, we will look to **redesign our processes and staff journeys** so that on the ground operations are updated to keep pace with this digitisation; and together with the digital applications are able to deliver the desired improvement in staff experiences.

Our approach will be closely aligned with the Staff Governance Standard. We will use digital technology to give staff transparency over important information and we will also be guided by Staff Governance Standard principles on including staff in decision making about digital technology developments.

Finally, we will support our staff with appropriate **training** so they are able to fully participate and benefit from this digital transformation.

Technology needed to help staff do their job more effectively

We will start by targeting tasks and processes that are routine, repetitive and time intensive for our staff. We will develop **digital delivery models (as opposed to paper-based)** that reduce the need for clinical input and can be used by multiple specialities and care providers; high impact areas for digitisation include prescriptions, referrals, lab orders, and elective care.

Perhaps the most important digital tool for helping care practitioners is a **single, consolidated, digital view of patient data**. We will bring together patient data from various sources – primary, secondary, community and social care – so that health and care teams are able to access all the information they need on a single platform and thus, make fully informed decisions.

In the longer term, we will build on this consolidated patient record platform to allow **teams to monitor patients remotely** (for example, vitals) instead of waiting for scheduled appointment occurrences, and make treatment decisions or escalations based on this real-time data input.

Technologies we will deliver in this area

- Health and Social Care Portal
- Single Health and Social Care Summary
- Digitisation of Clinical and Care Processes
- Data Capture Automation

Empowering Patients

Overview

Services will be developed with the aim of empowering the NHS Tayside population with the knowledge they need to make more informed decisions about their care, making them feel included and in control, building confidence in knowing how, when and where to access the care they need.

We provide patients and carers with **greater and more transparent access** to their health and social care records, facilitating **easier and faster engagements between patients and their carers with health and social care providers**.

How does empowering patients improve health and social care outcomes?

We believe that real-time and consistent awareness of their health status is likely to **encourage patients to make healthier choices**; this includes round the clock visibility of vital metrics and new ways to engage with health and care providers, and carers will enable patients to access the **right care at the right time**.

These teams can also use this richer source of information, in a convenient and flexible way, unique to each patient to deliver in a **person centred way**.

Patients' contribution to their health record will lead to **a reduction in the time spent by health and care providers manually capturing data**, and instead this time can be dedicated to interacting with the patient. And as more and more patients adopt this digital care model, we anticipate a decline in the footfall in hospitals, which will in turn free up capacity and staff time and enabling them to focus on areas of greatest need.

Our approach for empowering patients and carers

Patient and carers education is a core aspect of the delivery of this ambition. We will invest in training programmes and communication campaigns to ensure our patients and carers understand the clear distinction between their responsibilities and those of their health and care providers.

Through our Patient Ownership services, we will help **patients understand their diagnosis and treatment options** available to them at any given point in time, and in the case of ongoing treatment or consultation, where they are in the process.

We are committed to the **equity of healthcare** across NHS Tayside. We will, therefore, enable proxy access where needed (e.g. carers and family), as this is a **fundamental principle** to provide digital navigators the tools to assist those who can't access digital services or don't know how, or provide **non-digital** routes to care services if needed.

Safely delivering tools and services that support Patient Ownership requires a deep understanding of the potential risks associated with providing patients' information without direct care professional support. Services that support patient ownership will be developed collaboratively with health and social care providers to ensure information is relevant, appropriate and safe.

Technology is needed to empower patients

Patient Ownership is primarily supported by patient facing applications. Digital self service tools will allow patients establish initial contact and perform certain basic tasks digitally; e.g. to **book appointments, check-in and participate in video consultations.** We will create a **patient platform** that will bring together patients' Health and Social Care data, and will allow them to view and add to their electronic care records, communicate with clinical teams, and understand their treatment plans and see where they are in their care pathway and what will happen next.

We will also build **remote monitoring** capabilities that will enable monitoring of patients who are in their homes. We will work across our community and social care partners to scale and use this service across NHS Tayside especially to detect changes in condition and proactively provide health and social care interventions.

Technologies we will deliver in this area

- Digital Self Service
- Patient Platform
- Remote Consultation Expansion
- Remote Monitoring

Connecting Services

Moving between different types of care can create challenges for patients and the health and social care providers that support them. Gaps between services can mean health and care providers lack the right information, risks may be missed or care is delayed. Patients and their carers feel frustrated at repeating the same information to multiple care providers. We will make sure that patient facing tools bring together the right parts of their care journey, and that they are not left with a confusing set of disconnected apps and services to navigate. Connecting digital systems is not enough to provide connected services, we will also work across partnerships to redesign pathways that join up.

How will connecting services improve health and social care outcomes?

When moving between care services, patients, health and care providers, and carers often face the challenge of not having access to all the information they need. This is largely due to the information silos that exist between the various patient record systems in use across different NHS Tayside service providers.

This information gap often results in **treatment delays and/or unnecessary tests for patients**, and **increasing time to confirm diagnoses** for health and social care providers. Furthermore, disjointed services and systems create a significant risk of critical **patient data not available.** Data flowing between different types of care creates a feedback loop that helps practitioners understand how they can best support the next step in their patients' journeys.

The new digital capabilities join up different care records and mitigate these challenges by giving staff and patients **end-to-end visibility of health and social care data regardless of service provider**. They will significantly **reduce the risk of error due to lack of access to a holistic view** of patient data and records.

We will make sure that patients have consistent levels of information and they can interact with different types of care consistently and reliably.

Our approach to connecting services

To help services connect up safely and effectively, we will not focus on technology and build pathways around it, instead we will focus on designing pathways and use digital technologies to improve them. This means putting the person who access these services first and understanding their experiences. We will work with them to make sure digital technology bridges the gaps. The solutions will support access to the patient regardless of where this is, for example, home, care home or hospital.

We will connect services within a healthcare setting and a wider social and community care setting. We also recognise the importance of connecting services and opportunities from out of the conventional care system. For example, community groups such as sports clubs can play a critical role in helping people live longer and healthier lives. Digital technology will provide an information link so patients and practitioners know what services are available and how to access them.

We will also set interoperability standards to guide the exchange of data across NHS Tayside and partner systems and to **protect the privacy and security** of people who access and receive care.

Technology needed to connect services

To deliver Connected Services, we will need strong integration capabilities to join up systems and exchange data.

A **single view of electronic patient records** across all services who deliver care and support to people in NHS Tayside will be developed to serve as the foundation that will support the access and use of data across different care services.

For health and social care providers, a **single health and social care summary** and a **shared health and social care portal** will provide access to the relevant information and systems. And eventually, patient facing applications will be integrated into this Connected Services system so **patients also have a closer connection to their health and social care journey**.

Technologies we will deliver in this area

- Single Health and Social Care Summary
- Strategic Integration Platform
- Unified Data Platform
- Consolidated EPR View

Building Closer Partnerships

Overview

This strategy aims to improve experiences and outcomes for all types of care, whether that care is provided directly by NHS Tayside or by a local authority or by a 3rd sector organisation. To do this we need to work even more closely with our delivery partners, developing digital technology together.

Additionally, we will work with academia and industry to find new ways to deliver care, only using new technologies where they meaningfully improve the services we provide to patients and staff.

How will closer digital partnerships improve health and social care outcomes?

Working closely with all delivery partners and people accessing and receiving care, will mean that the technology we develop can be successfully deployed by all delivery partners. We will build in a wider range of experiences and perspectives.

We will be able to play to the strengths of different partners and realise the full potential of our local area. We will increase the pace of our delivery and achieve things that would be impossible on our own.

Our approach to building closer digital partnerships

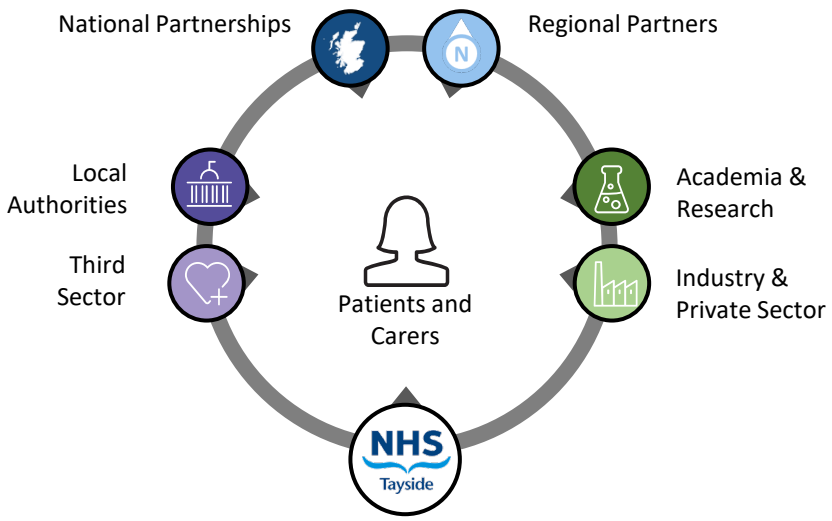
We will empower the existing forums we have with delivery partners to take decisive action on digital technology. We will make sure all partners uphold the principles of the NHS Tayside Digital Charter.

Academia will remain an important partnership avenue for us. We will look to **deepen our involvement with academic institutions** such as Dundee University to co-develop opportunities around incorporating digital tools and methods to enhance and accelerate medical research/trials and the development of digital solutions such as advanced decision support through Artificial Intelligence to modernise care provision, among others.

Our operations over the years have enabled us to create an expansive **data and knowledge base** of immense value to the public and private sector. We will explore ways of leveraging these NHS Tayside assets to **unlock further opportunities** for our partners.

We will invest in our own **relationship management capabilities** to coordinate and deliver this effort across all stakeholders involved.

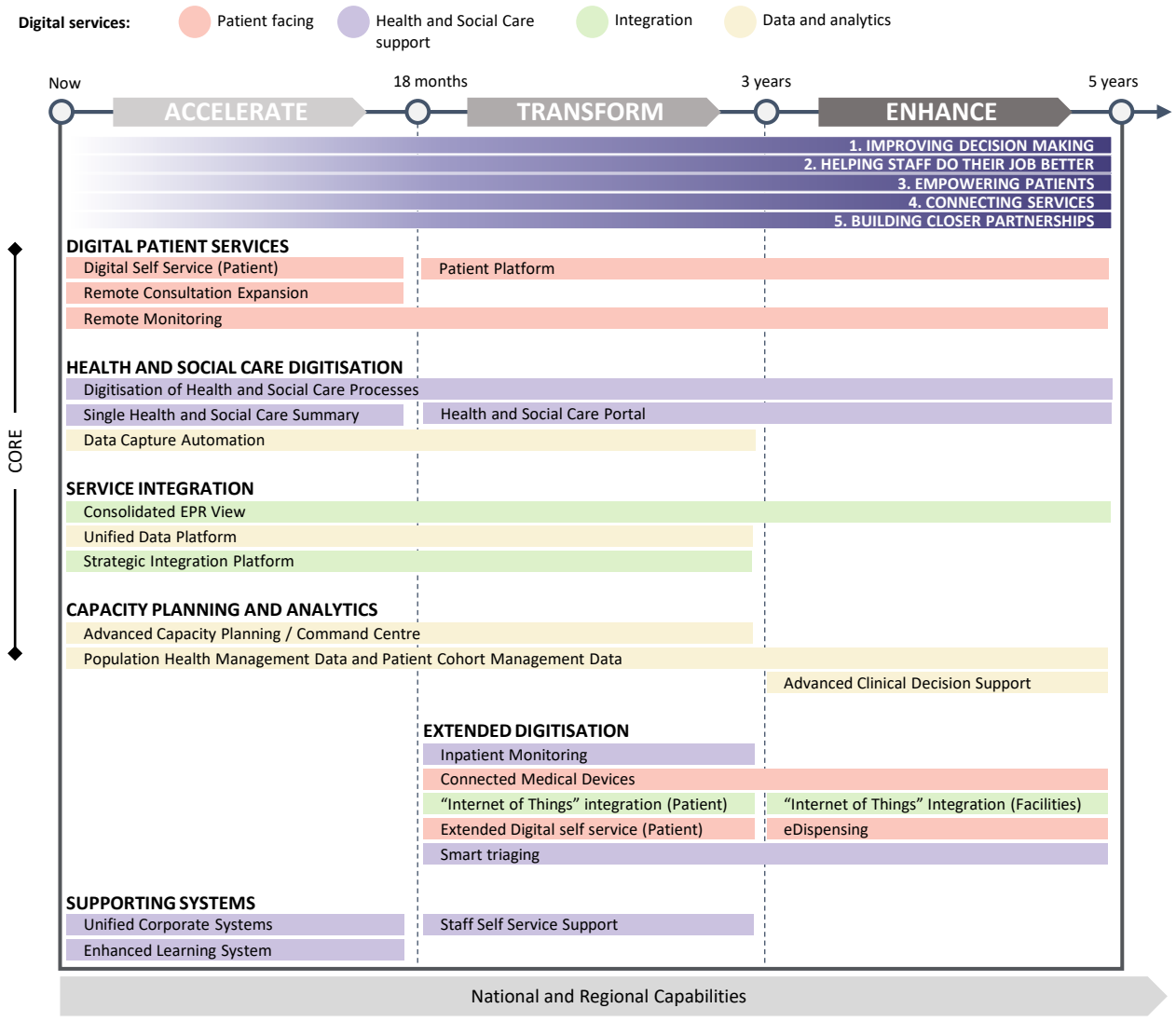
Our network of partners



Our five year roadmap for transforming digital care

Below we outline the roadmap for delivering the priority digital capabilities over three time horizons. Each of these horizons achieves a different level of 'digital maturity'. This strategy will guide the deployment of digital technology to 2026. Over these five years we will work with our partners and patients to deliver the future described in this document.

The **Accelerate phase** covers the first 18 months of our strategy. In this period we will aim to sustain the momentum for responsive digital solutions created by the Pandemic. We will formalise our approach and establish the foundations for the rest of the strategy. The **Transform phase** from late 2022 to 2024 builds on these foundations to provide users with a more powerful set of tools connecting to different providers, further improving the experience of patients and staff. The **Enhance phase** will take us to 2026. In this period we will build in more advanced technology with a higher level of automation.



Improving Decision Making

The digital roadmap breaks down the services we will deliver at each horizon. These services will increase in maturity and provide growing value to patients and staff. Below we have described the main benefits that these services will create in each horizon. This will support outcome-based programme planning that specifies scope, development and delivery timelines *.

These services will be designed around real patient and staff needs with their active involvement to ensure they gain the full benefits and that they are intuitive and easy to use.

We will adapt our roadmap to reflect the rapidly changing face of Health and Social Care technology and take advantage of new opportunities as they present themselves.

Digital Services	ACCELERATE	TRANSFORM	ENHANCE
DIGITAL PATIENT SERVICES **High impact service areas:** • Outpatients • Primary Care • Mental Health / Social Care	Patients can access relevant information, perform tasks like self-check in, reducing DNAs and improving clinic capacity. They can submit data in advance e.g. pre-op. All appropriate consultations are remote.	Patients have improved access to information about their care in one place, can communicate with their treatment team, and can see their care pathway. Data from appropriate patient devices is shared in real time to health and care teams, providing a more holistic view of their situation.	Patient Portal is increasingly personalised connecting up to more services. Expanded sets of data supported by remote monitoring. Automated alerts detect relevant changes and prompts escalation, further improving patient safety.
HEALTH AND SOCIAL CARE DIGITISATION **High impact service areas**: • Primary Care & Secondary Care • Planned Care & Unscheduled Care • Mental Health, Social and Community Care	More staff time is freed up for care as clinical processes are digitised. Digital summaries of Health and Social Care data give practitioners a fuller view of relevant patient data to better inform care decisions.	Staff can access relevant information from different care sectors in one system. Data is gathered and automated to present the most relevant information to health and social care providers.	Further increases in staff time saved with the intelligent automation of more complex processes such as triaging and escalation. A wider set of partners are also able to access and contribute to the patient record.
SERVICE INTEGRATION **High impact service areas:** • Secondary Care • Mental Health / Social Care • 3rd Sector and Social Prescribing	Access to a wider range of systems is available through a single interface saving staff time and improving their knowledge of the patient. Data is exchanged seamlessly between connected systems making it available to the right user at the right time.	Practitioners can access systems from different areas of health and care as social care and community care data is integrated with healthcare, supporting the redesign of more connected services such as Mental Health.	Operational and clinical decisions are enhanced with population data and medical data that is integrated onto a single platform.
CAPACITY PLANNING & ANALYTICS **High impact service areas:** • Emergency department • Planned Care • Unscheduled Care • Specialist Care (e.g. Dermatology, Diabetes)	Operational decision making is supported by an expanded command centre. Capacity and service planning tools support the more effective allocation of resources. Planning improves based on simulation of forecasted scenarios.	Expanded use of population health management data defines risk profiles and care models for specific NHS Tayside population groups, improves anticipatory care interventions and provides data for use in direct care and care design.	Artificial Intelligence tools support clinical decision making around diagnosis and interventions, accelerating care for the most urgent case and giving more time and data to review complex cases.

** Please see full strategy for additional detail to support outcome- based programme planning.*

NHS Tayside

NHS Tayside's Digital Health and Social Care Strategy

Helping people live longer, healthier and happier lives through digital technology

2022 - 2027

NHS Tayside

NHS Tayside Digital Health and Social Care Strategy

Helping people live longer, healthier and happier lives through digital technology

2022 - 2027

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Digital strategy isn't just about building exciting technology, it's about the needs of real people and working together to find out how technology can support them. We have worked with patients and staff to understand what really matters to them. We will continue to work hand-in-hand with the people this strategy is designed to help.

We have a vision of people being able to take control of their care, making informed decisions and interacting with practitioners in the way that works for them; of staff being supported with all the right information they need; and with time freed up from routine tasks so they can focus on patients.

We recognise that just as digital has the power to empower people, it can also exclude people. That is why we won't take a 'one size fits all' approach. We won't assume that everybody has the latest device or that navigating apps is second nature.

NHS Tayside has a long history of innovation and we believe it has the potential to be a future leader in digital care. But we can't do this alone. We want this digital strategy to bring together the NHS, Local Authorities, 3rd sector organisations, academia, the private sector and the public to make the vision not only realistic but also achievable in five years. In this document we lay out our joint approach to making that happen.

This gives us confidence that the strategy and the outcomes it aims to achieve will resonate with the people of NHS Tayside. We will work together to ensure technology is a positive force for high quality care delivered by the Health and Social Care providers that help us all live longer, healthier and happier lives.

Grant Archibald, Chief Executive Officer of NHS Tayside

Lorna Birse-Stewart, Chair of Tayside NHS Board

Laic Khalique, Digital Director of NHS Tayside

The next five years for digital care in NHS Tayside

Digital technology is changing virtually every aspect of our lives. For many, this has been empowering, connecting them to people, information and opportunities. In some cases, it has excluded people, presented harmful information or deprived people of opportunities.

In NHS Tayside, digital technology has the opportunity to transform every aspect of care. But it is our duty to make sure digital technology works for everyone regardless of their background.

This strategy lays out our ambition over the next five years to develop digitally-powered services that will help the people of NHS Tayside live longer, healthier and happier lives.

We will help put the population in control of their own health and social care journeys. This means providing patients with all the relevant information they need to make informed decisions about their care and lifestyle, building patient confidence and helping them improve their health outcomes without putting additional strain on our essential public services.

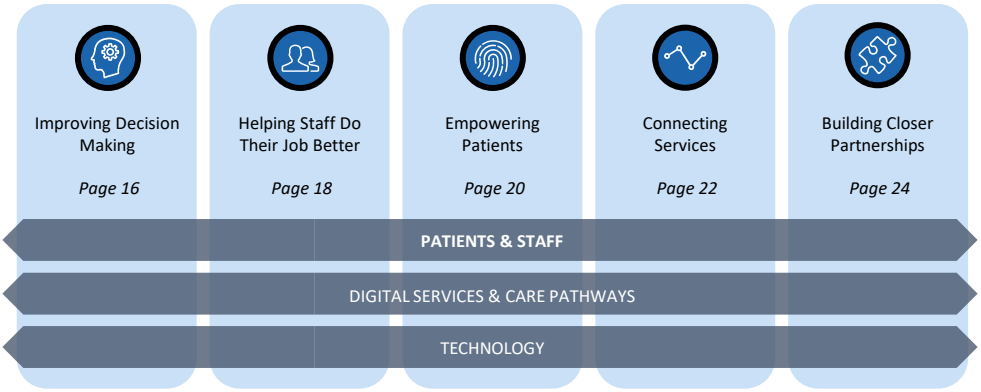
We will help patients get the right care in the right way for them. As well as providing visibility over care options we will expand new channels to access care through remote consultations or online chat.

We will ensure accessibility in all ways when designing solutions accommodating different levels of experience, disabilities and device ownership. We will facilitate carer and proxy access whilst ensuring safety and privacy.

In addition to helping patients find the right care, digital technology will improve its quality and timeliness. We will provide care providers with the right data at the right time to improve the speed and accuracy of decisions they make about the persons care.

We will also support decisions about the operations of the care system. We will provide patients and staff with a complete view of where patients are in the system and improve our ability to predict where future demand will come from in order to help us plan capacity and cope with the growing demand for care in NHS Tayside.

Our strategy outlines five areas that digital technology will make the biggest impact in



We will not just help staff by providing the right information. We will create intuitively designed tools that are quick and easy to operate, and we will save staff time by digitising repetitive tasks or automating them all together.

This will save staff time so they can focus on doing the parts of their job that matter most, and it will reduce the risk of error.

Digital solutions like these often try to solve problems for one area of care and do not take into account what happens when people need care from different parts of the system. This strategy recognises that moving between different types of care creates challenges for patients and digital solutions should help that rather than exacerbate it. We will bridge these gaps within NHS Tayside (e.g. when moving from emergency care to cardiac consultation) or between partners (e.g. from primary care to community care).

We will deliver the future described above by apply existing technology to NHS Tayside's biggest challenges. But our ambition goes further. This strategy paves the way for use of emerging technology that will mature over the coming years. We will highlight the technology and partnerships we need to build now so NHS Tayside can apply artificial intelligence in the future.

No organisation can transform care in NHS Tayside alone. We will work alongside Local Authorities, 3rd sector partners, academia, regional and national groups and private industry. We need to play to our strengths, share data and co-design services. We will build a mutual commitment to deliver longer, healthier and happier lives for the people of NHS Tayside

Health and Social Care has been undergoing change in 2020 at a level unseen since the inception of the NHS.

The current environment has crystallised the need for a clear strategy for digital across NHS Tayside to guide a collective, coordinated response to the growing demands on the health and social care system.

The COVID-19 pandemic has had an immense human impact in health and social care and beyond, which has generated a remarkable response in NHS Tayside and across the country.

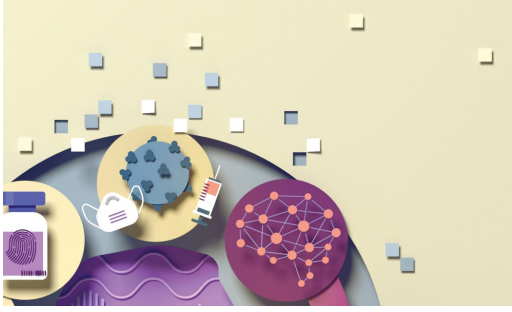
In 2019 a push to adopt remote consultations yielded 200 appointments, in 2020 we made over 100,000. This demonstrates the ability NHS Tayside has to enact massive change rapidly, when we need to.

This strategy builds on the rapid progress made in 2020 and looks to continue the new way of doing things: fast, collaboratively and ambitiously. At the same time we need to manage risk and support the wellbeing of our staff.

The care system has faced growing pressure for many years which has been exacerbated by the pandemic. This has created a significant backlog for elective care that will continue to put pressure on the care system. As services readjust, there is an opportunity to adopt new models of care with digital technology. NHS Tayside's new National Treatment Centre opening in 2023 will give us a chance to implement leading digital processes and pathways from day one.

In this strategy we identify the areas where digital can have biggest impact on our services, reducing pressure on resources and improving outcomes for patients. In each of these areas we have created a roadmap for developing the technology needed to make this impact.

NHS Tayside has a strong history of innovation, from building the foundations of the modern community health index to ongoing partnership with Dundee University on Artificial Intelligence diagnosis of skin cancer. This strategy aims to build on that potential, play to its strengths, seek investment, and create the digital infrastructure that will advance digital Health and Social Care in NHS Tayside over the next five years.



What will the next five years look like for patients?

The following stories describe the experiences of six future patients. We have used these to illustrate what our digital strategy will mean for people in real life care.

Celia is 87 and has a pacemaker implanted for her arrhythmia, she moved into a Care Home last year and was diagnosed with dementia.

Celia's pacemaker flags an abnormal event to her cardiac specialist and care home via a connected system. This prompts the set-up of a remote consultation, during which Celia is supported by care home staff with whom she is familiar, helping her to feel less frightened. Celia and the care home professional complete follow-up via a patient portal that has been co-designed with care home residents, care home staff, and NHS Tayside digital representatives. Relevant data is shared with the care home to help them provide the right care for Celia. Celia's care home, and others across NHS Tayside, use shared systems with Acute Care to monitor data from patients with pacemakers and help them spot risks and make informed decisions.

Vikram has uncontrolled hypertension and is due to receive replacement knee surgery at the NHS Tayside Elective Care Centre, a new digital hospital.

Having recorded consistently dangerously high blood pressure readings via Vikram's patient portal, the need for an additional preoperative assessment is prompted, resulting in Vikram's medication being changed. This helps drop Vikram's blood pressure and get him ready for surgery. After surgery, Vikram is discharged with all follow-up appointments scheduled and post-op instructions accessible via his patient portal highlighting personalised steps he can take to speed up his recovery, including advice from Physiotherapy and local exercise groups he can join.

Quinn notices a worrying change in a mole on their thigh, prompting them to schedule remote consultation with their GP.

Upon examining Quinn's mole, their GP initiates a dermatology referral. An automated tool fast tracks the referral as urgent based on level of risk decided by medical data. In addition to having a single view of Quinn's medical records, the dermatologist sees that Quinn identifies as non-binary, ensuring they respectfully interact with their new patient. During the initial consultation, the dermatologist applies an artificial intelligence (AI) imaging tool to help diagnose Quinn's mole. The AI imaging tool enables Quinn's dermatologist to more quickly determine the mole should be removed and is able to do so during their visit. This eliminates the need for multiple interactions and stops the mole from growing.

Jacqui has type II diabetes and bipolar disorder, with a history of two suicide attempts.

When Jacqui is feeling depressed, she tends to sleep more, often causing her to delay or miss her morning diabetes medications. Realising she might need a medication adjustment, Jacqui chooses an in-person consultation because she finds it hard to communicate on video chats. While she waits to be seen, Jacqui is given an electronic tablet to complete a mental health risk assessment; her answers guide her GP's verbal review based on risk. Relevant details of Jacqui's mental health history are automatically alerted to the diabetes nurse educator, prompting her to tailor advice on her medication. Follow-up with her Mental health team is initiated during the GP visit, who can access the appropriate information captured by her GP. Jacqui's GP sets her up with automatic prescription refills which are delivered to her doorstep, helping reduce disruption in her medications.

Max is a five year old boy whose dad takes him to A&E one evening for acute stomach pain and vomiting.

Max's parents are recently divorced with a shared parenting arrangement. Before leaving for A&E Max's dad checks projected wait times online helping him keep Max calm and talk him through the process. The consultant quickly and easily accesses live records in a single view from multiple care providers, including recent history and his health and social care summary. The consultant also sees Max's custody status, making sure to include his mum in his consultant. As only Max's dad is with him in the A&E, the consultant updates his mum via video before he discharges him. Both parents have access to Max's follow-up instructions via his patient portal

Gail is an 83 year old lady who is virtually housebound, does not feel well and has symptoms of a chesty cough.

Gail's son contacts the GP to advise that his mother has not been feeling well and describes symptoms of a chesty cough. Gail does not feel well enough to attend the GP practice so Gail's son requests a home visit. A virtual consultation on the telephone confirms that a home visit is appropriate for Gail. An Advanced Nurse Practitioner (ANP) visits Gail at home and diagnosed a chest infection. The ANP is able to view Gail's electronic medical records at her GP practice from her mobile device. She is able to see that Gail is allergic to some antibiotics and is able to prescribe an antibiotic for Gail that is safe to take and will treat her chest infection. The ANP is able to record the prescription in Gail's medical records and this is sent directly to the community pharmacy for Gail's son to pick up. The ANP is also able to make an electronic referral to Speech and Language Therapy for further assessment of Gail's swallowing which was affected by her stroke to ensure this is not a contributing factor in Gail developing a chest infection. Gail is able to receive safe, effective and timely treatment for her chest infection in a person-centred way.

What will the next five years look like for staff?

Our digital strategy will help all staff do their jobs better. We have used the perspectives of a range of different disciplines and settings, to describe how digital technology will support them in 2026.

Khalid is a GP partner based in Aberfeldy. He has seen an increase in patient volumes over his career and is keen to focus his time on working with patients.

Digital technology helps Khalid focus on his role as a Primary Care expert, interacting with patients rather than being tied up with administrative tasks. Khalid can access all appropriate aspects of his patients' records before visits, utilising a single view to quickly review information that is relevant for his interactions as a GP, some patients are directly referred to secondary care rather than going via a GP consultation. Khalid can initiate referrals that are automatically scheduled, indicating patient preference for in-person or remote consultation.

Khalid has previously spent a lot of time physically signing off prescriptions; because of the time-consuming nature, this has resulted in errors; now he authorises digitally with risks flagged for extra attention. Khalid also leads a review of older people with care homes and social care providers with aggregated data analysis that highlights areas for service improvements.

Neha is a Nurse Prescriber who takes on extra shifts across different wards. She is a champion for digital technology.

Digital technology has saved Neha a lot of time she previously spent on administrative tasks, giving her more time to interact with and assist patients. Neha uses a single tool to capture patient interactions, no matter the ward, reducing time spent navigating and logging into systems and fielding calls from people looking for information as its all accessible directly to them. Neha can quickly and easily prescribe medications electronically through the hospital medication management system, straight into the electronic patient record, and reducing any risk of transcription error.

Neha also records bedside observations electronically which are monitored and tracked automatically and is alerted to any abnormalities for her patients. Neha also supports her colleagues with using new systems – she is recognised and given time / resources to support this. Neha works with the digital team to explain which aspects nurses are finding hard to use, and they co-design improvements to digital care processes and systems.

Hayley is a Team Leader in Acute Mental Health. She wants to put the patient at the centre of care while managing growing demand.

Hayley and her team use digital technology to ensure their patients get the right treatment, at the right time, in a safe and respectful way. During times of stress and distress it can be difficult for patients and their families to recall information discussed with members of the team. Personalised digital communications from Hayley's team help patients and families feel empowered and included in their assessment and treatment. Hayley can track all the appropriate care outcomes for patients accessing the service allowing her to measure these against local and national standards. When Hayley's team is flagged as having the best care Acute Mental Health metric, Hayley uses this data to understand why and share best practice learning with her peers.

Ken is an Operations Manager at Ninewells who manages scheduling of resources and spaces.

A single "Command Centre" interface gives Ken a clearer view of what's going across the hospital and what demand for services will look like in the near, medium, and long-term. Past data and trends help Ken plan future capacity, meaning seasonal spikes in emergency volume won't result in cancelled planned care.

Ken is alerted that the volume of new arrivals in A&E will be higher than expected and could result in delays by the end of the day. Ken takes action ahead of time to reallocate spaces and avoid delays before they happen.

Longer term, machine learning helps Ken to forecast physician workload and patients' length-of-stay, day of discharge and readiness for discharge. It also helps plan optimal pre-op for surgical patients and manage the surgery backlog.

Kirsty is a cardiology consultant who uses a range of data to inform decisions she makes with her patients.

Kirsty has access to continuous data from a range of outpatients. Some via patient-submitted questions and some from pacemakers. There's too much data for Kirsty to review everything, but her system alerts her when there are concerning patterns. Kirsty is always keen to understand a patient's wider medical history. In the single electronic patient record, Kirsty uses an automatic tool to search for relevant medical information and uses it to make more informed decisions about treatment.

Louise is a general practice pharmacist responsible for supporting patients with chronic pain.

Louise has just received a digital alert, a patient on her case list has accessed the patient portal and reported a significant deterioration in their chronic pain and is struggling to manage their medication.

Louise sets up a video chat with the patient, accessing the patient's notes through the single care record. Highlighted are some very helpful medication related issues identified by the hospital pharmacist during the patient's recent unscheduled hospital admission, along with recorded outcomes from the patient's recent encounters with their community pharmacist.

Louise, as an advanced pharmacist practitioner, conducts a comprehensive polypharmacy and pain review with the patient; discusses options and agrees a plan with them about changes to their prescribed medicines along with a referral to an appropriate social prescribing pathway.

Once Louise and the patient agree on the changes, the digital care record is updated, a prescription is automatically generated and sent to the patients registered community pharmacy; Louise also organises the follow up appointment for her to review the patient. This automatically populates the single care record so that the patient can see it on their patient portal.

Before finishing the consultation, the patient advises that they have received a digital alert from their community pharmacy offering a choice of collecting the new medication or choosing to have it delivered at a time that is convenient for them. Louise, content that all of the administration tasks have been completed throughout the patient consultation, then ends the consultation and continues to work on her remaining case load.

Kath is a District Nurse working in the Community as part of the Health and Social Care Integrated Team and is able to access the electronic patient record via her mobile device while visiting patients.

This includes personal information to ensure Kath can safely access the property, and highlights any issues that Kath needs to be aware of, e.g. who holds Power of Attorney for an individual. Easy access to information also facilitates continuity of care for patients, quickly enables any changes in treatment and care if interventions are not effective and keeps the whole team informed. Kath is able to record any care she delivers directly into the patient's records at the time of the visit, make any electronic referrals to specialist services attaching relevant information to the referral, and order any equipment that the patient needs, directly involving the patient, carers and family at the point of care. This information is visible to the Social Work Occupational Therapists who also regularly visit the same individuals preventing duplication of effort and waste.

NHS Tayside's Digital Charter

We want to make sure digital technology in NHS Tayside is safe and secure and works for everyone. To do that we have agreed ten principles that will guide everything we do.

The spirit of these principle's is about putting people at the centre of decisions we make about digital technology. We don't want people to think of digital as something that happens to them but as something that helps them do what they need to do.

We will make sure that every partner we work with embodies these principles. We will hold each other to account for these principles openly and transparently.

Every day the health and social care system faces new challenges and new opportunities. These principles will ground us as new digital technologies become available to make sure we stay true to our commitments while recognising new opportunities.

1 *We won't leave anyone behind regardless of differences in access to devices or experience with digital technology*

2 *We will provide staff with the training and support so they can use digital technology to provide the highest quality of care*

3 *We recognise that everyone has different needs and we will work together to address them*

4 *We will put security, privacy and patient safety first when designing digital technology*

5 *We will take responsibility as a whole organisation for digital technology, helping our colleagues and patients make best use of it*

6 *We will make sure that existing technology and resources are used to make effective use of existing capabilities and resource*

7 *We recognise the value of data and evidence and use it to guide our decisions*

8 *We will work with Regional and National groups and take the lead when we need to*

9 *We will work closely with partners in the public and private sectors*

10 *We will design digital technology alongside the people that will actually use it*

Our strategy supports the wider plan for Health and Social Care in NHS Tayside

This strategy builds on an ongoing commitment to improving health and social care outcomes. The Transforming NHS Tayside agenda has defined NHS Tayside's priorities to 2022. This looks to support these priorities and take them even further, including:

- Improving access to high-quality care and the reduction of waiting times
- Stepping up the pace of integration and improving the effectiveness of our partnership working
- Improving access to Secondary Care Services
- Improving access to Mental Health Services
- Improving access to Primary Care Services

Similar to Transforming NHS Tayside, the Digital Strategy has a focus on prevention and helping patients manage their own care.

Mental Health, for example, is going through a critical period of change in NHS Tayside, and this strategy aims to support that.

The Listen Learn Change Action Plan details our commitment to creating a world class Mental Health system in NHS Tayside. Mental Health is considered a high impact area in our digital strategy and, as such, the Listen Learn Change report has shaped it with direct input from Mental Health stakeholders. This concept has guided our approach to digital technology across different types of care and helped shape our need for service redesign, clear governance, engagement with people, a strong learning culture, and a clear approach to communication.

This strategy brings together perspectives from across the NHS Tayside care system. We have worked with partners and patients to understand their perspectives, and with health and social care providers, and the patients they serve, to ensure the digital strategy recognises and supports the needs of people in NHS Tayside. Fundamentally, the digital technology we create needs to play a positive role in peoples lives.

This approach aims to create a shared vision for NHS Tayside. We are committed to working with patients and staff as we develop digital technology and as colleagues roll it out to build in their needs.

National bodies offer a useful set of standards and policies to help us stay aligned with our partners: locally in NHS Tayside, regionally in the North of Scotland and nationally. Scotland's Digital Health & Care Strategy and, more broadly, the Digital Strategy for Scotland clearly articulates the importance of digital technologies for organisations like NHS Tayside and its partners. These documents have helped shape this strategy. In our detailed roadmap, we highlight the importance of drawing on national capabilities and committing to national standards where it will support NHS Tayside's goals.

While we have drawn on national perspectives, we have applied them to the needs of people within NHS Tayside to develop a specific set of priorities.

This strategy also closely draws on the core principles of Realistic Medicine and person centred care. We support this principle in three ways. Firstly, this strategy has been driven by care needs of people with input from patients and health and social care providers. Secondly, we will enhance our operating model to further integrate people and staff into the design and development of digital solutions. Finally, the strategy identifies capabilities that will empower patients to engage with their care and will empower health and social care providers to tailor care to individuals needs.

To ensure that this strategy is equitable for all staff, we have been guided by NHS Scotland's Staff Governance Standard. To deliver this, we have agreed an approach to delivery that ensures staff are actively involved in design and development, that they are supported with training and development, and that the diversity of their needs is properly recognised and supported.

OUR AMBITION

Our ambition focuses on five areas that will have the most impact for NHS Tayside

Digital technology has such a wide range of applications in care, it is important that we focus on the areas that will make most impact for the population of NHS Tayside. Working in a blended team with input from digital teams, clinical teams, support staff and partners, we have identified the five digital areas that will have the largest impact on our services and the people that use them.

Improving decision making helps people accessing care get the right type of care for them. Helping staff do their job better with intuitive digital tools allow staff to concentrate on what matters most for patient outcomes.

Empowering patients with the right information and tools for interacting helps them make more informed decisions and access care in the way that works for them. Connecting services bridges the gaps between different types of care, making sure that practitioners can access the right information and that patients receive consistent support. Building closer partnerships with Local Authorities, 3rd Sector partners, academia, private enterprise and regional and national groups will allow us to play to our strengths to make the strategy a reality.

The following pages explore how each of these areas will make an impact on care outcomes and what we will do to deliver it.

The five most impactful areas for digital in NHS Tayside

1. IMPROVING DECISION MAKING

Improve the accuracy and effectiveness of decision making by providing the right information at the right time

2. HELPING STAFF DO THEIR JOB BETTER

Create intuitive digital tools and experiences for staff that save time and help them concentrate on what matters most for patient outcomes

3. EMPOWERING PATIENTS

Give patients access to the right information and interactions with their care to help them make informed decisions

4. CONNECTING SERVICES

Join up different Health and Social Care services by making relevant information accessible and creating shared technology

5. BUILDING CLOSER PARTNERSHIPS

Work with Local Authorities, 3rd Sector partners, academia, private enterprise and regional and national groups to transform care together

Breaking down our Ambition into Outcomes

Our Ambition can be broken down into a set of outcomes that frame how our digital capabilities will create value

Focus Areas	Outcomes
1. IMPROVING DECISION MAKING	**1.1** All staff can access the right data at the right time to effectively do their job **1.2** Capturing and accessing the right data is quick and easy for staff, with automation where possible **1.3** Appropriate data is accessible and effectively used across NHS Tayside partner organisations **1.4** Human decision making is augmented with advanced use of analytics, machine learning and simulation
2. HELPING STAFF DO THEIR JOB BETTER	**2.1** All staff have the right access and support to effectively use digital tools **2.2** An intuitive user experience that effectively addresses needs and gaps with input from staff and care providers **2.3** Robust training for staff on digital **2.4** Digital tools and experiences that save time by reducing manual processes and eliminating duplication
3. EMPOWERING PATIENTS	**3.1** An empowered population in control of its own health and social care journey **3.2** Greater transparency and access to relevant information **3.3** Increased support for preventative care and care for people in the setting that's right for them **3.4** Equity of care across different levels of digital access
4. CONNECTING SERVICES	**4.1** Pathways across different levels of care and providers are seamless for patients and health and social care providers **4.2** Appropriate standardisation and elimination of unnecessary variance **4.3** Health and social care providers capture and access relevant data from different levels of care / providers **4.4** Systems are interoperable at different levels of care and providers
5. BUILDING CLOSER PARTNERSHIPS	**5.1** Closer partnerships working with HSCP's, providing greater clarity on roles, responsibilities and standards **5.2** Clear ways of working and approach to collaboration across NHS Tayside and its partners **5.3** Collaborate with centres for innovation in NHS Tayside (e.g. Dundee University) **5.4** Recognition of the value of NHS Tayside data assets and appropriate leverage of them in partnerships

Improving Decision Making

Overview

We will provide the right data at the right time to care providers to help **improve the accuracy and speed of their diagnoses**. In addition to providing this timely data access, we will also develop analytical tools that will help these teams to **assess the right course of action and assist in their day-to-day decision** making.

How does improved decision making enhance health and social care outcomes?

Health and social care decisions enhanced by data and analytics improve the quality of patient outcomes. Operationally, decisions enhanced by data and analytics are more efficient and reduce cost and risk.

We will facilitate more effective person centred decisions by enabling health and care providers to access **relevant data at appropriate moments in the treatment** process. This will be augmented by digitally assisted analysis which will help health and care teams **make decisions earlier in the patient journey** than they would with current tools, and will also **analyse greater volumes of data** than possible today.

Additionally, Enhanced Decision Making will also be applied to **capacity planning and operational management services to all sites across NHS Tayside**. We will use historical data to identify trends to support decisions in allocating resources and **managing capacity according to forecasted levels of demand**.

Our approach to improving decision making

Our use of data needs to be rigorous and consistent to enhance decision making in a safe way. We will continue to **protect patient data** with robust control, monitoring and storage practices. We will build in safeguards, accountability and the necessary **regulatory oversight** from the beginning.

When we develop these solutions we will **bring together perspectives and design input from third sector partners, carers and academics.** Together we will make tools that digitally enhance our daily lives while accommodating the knowledge and experience of health and care providers.

Technology is needed to improve decision making

To improve decision making we need to make sure data is captured, shared, interrogated and accessed in the right ways.

Standardisation of the patient data capture process will be fundamental to the implementation of Enhanced Decision Making tools. It is essential that **data is captured using similar formats and standards** across services so that they can be analysed and compared in a consistent manner.

We will develop decision support tools that are able to quickly process large volumes of complex data to **extract insights that will be timely for clinical consideration**. For example, digitally assisted analysis and action could be used for diagnoses, screening, risk stratification in services like dermatology, radiology and oncology.

NHS Tayside's current Command Centre capability aggregates and presents operational data from the Ambulance Service, the Emergency Department and Acute wards to inform allocation of resources and flag risks. This approach will be expanded to include further operational data and service areas.

Growing the impact of our current data and analytics capabilities requires organisational as well as technological change. We will grow skills and capacity to develop and run these systems as we foster collaboration inside NHS Tayside with partners to ensure the data and analytics capabilities are applied across the most impactful service areas.

Technologies we will deliver in this area

- Single Health and Social Care Summary
- Consolidated EPR View
- Advanced Capacity Planning
- Population Health & Patient Cohort Mgmt
- Advanced Clinical Decision Support

Outcomes for Improving Decision Making

Our ambition to promote Enhanced Decision Making can be broken down into the following outcomes

1.1 All staff can access the right data at the right time to effectively do their job

- Patient records contain **robust meta data**, not just records of care
- Patients have access to information and tools that ensure they fully understand their diagnose(s) and treatment plan, and have control over who can access their records
- Input from patients, family, and carers is digitally recorded, processed, and stored to ensure it is captured in a timely manner
- Natural language processing (NLP) is utilised to summarise old records, ensuring historical data is captured
- Data is regularly analysed to support population health management

1.2 Capturing and accessing the right data is quick and easy for staff, with automation where possible

- Policy and training that supports the use of data
- Harness emerging technology (e.g. NLP) to capture, structure and present relevant information for health and care teams and partners in a standardised way
- Tools to capture data automatically and store and structure it correctly
- Systems to retrieve relevant data for health and social care providers where possible

1.3 Appropriate data is accessible and effectively used across NHS Tayside partner organisations

- Shared practices, including policy, training and data standardisation
- Transparency and communication around opportunities to use data
- Link with long-term conditions (LTCs) to ensure treatment plans are effective as possible, safeguarding against medication contraindications
- Collaborative approach to prevent data loss- treatment team meets often and with a multi-disciplinary approach
- With authorisation from the patient, carers/family have appropriate level of access to records and treatment team to input information that further supports decision making

1.4 Human decision making is augmented with advanced use of analytics, machine learning and simulation

- Logistic modelling across organisations/services to inform population health trends
- Sophisticated capacity models that incorporate forecasted demand and simulate alternative scenarios
- Artificial Intelligence to support clinical decisions around diagnosis and interventions

NHS Tayside

Helping Staff Do Their Job More Effectively

Overview

Digital services aim to make life easier for our staff by delivering a seamless and convenient experience, enabling them to do the right thing at the right time..

At its core, our approach to staff digital services prioritises those services that, directly or indirectly, **increase the amount of time care providers can spend with the patient** and on their care.

How will this improve health and social care outcomes?

By designing experiences that are **user friendly and intuitive digital technology**, we will aim to minimise 'time spent on device' for staff. Digital support will also augment the quality of care delivered by **minimising the risk of human error**. For example, we will invest in services that allow automation of data capture; this will free up the time care providers would have spent completing paperwork, and will also verify the data captured in real time, in turn increasing patient facing time.

Digital interventions will also help our staff working across multiple locations access all the information they need to deliver a **consistent patient experience regardless of location**.

By providing digital services that tangibly in a positive way impact our staff's day-to-day life, we hope to improve **staff wellbeing, retention, and development**.

Our approach to helping staff do their job effectively

Staff will be instrumental - throughout the design and development process, to ensure they are addressing their needs and we are delivering a product that they will actually use.

However, digital solutions cannot succeed in isolation. In tandem with the development of digital applications, we will look to **redesign our processes and staff journeys** so that on the ground operations are updated to keep pace with this digitisation; and together with the digital applications are able to deliver the desired improvement in staff experiences.

Our approach will be closely aligned with the Staff Governance Standard. We will use digital technology to give staff transparency over important information and we will also be guided by Staff Governance Standard principles on including staff in decision making about digital technology developments.

Finally, we will support our staff with appropriate **training** so they are able to fully participate and benefit from this digital transformation.

Technology needed to help staff do their job more effectively

We will start by targeting tasks and processes that are routine, repetitive and time intensive for our staff. We will develop **digital delivery models (as opposed to paper-based)** that reduce the need for clinical input and can be used by multiple specialities and care providers; high impact areas for digitisation include prescriptions, referrals, lab orders, and elective care.

Perhaps the most important digital tool for helping care practitioners is a **single, consolidated, digital view of patient data**. We will bring together patient data from various sources – primary, secondary, community and social care – so that health and care teams are able to access all the information they need on a single platform and thus, make fully informed decisions.

In the longer term, we will build on this consolidated patient record platform to allow **teams to monitor patients remotely** (for example, vitals) instead of waiting for scheduled appointment occurrences, and make treatment decisions or escalations based on this real-time data input.

Technologies we will deliver in this area

- Health and Social Care Portal
- Single Health and Social Care Summary
- Digitisation of Health and Social Care Processes
- Data Capture Automation

Outcomes for Helping Staff Do Their Job Better

Our ambition to deliver an excellent Staff Digital Experience can be broken down into the following outcomes

2.1 All staff have the right access to effectively use digital tools

- Staff have appropriate access to the hardware and devices need to do their jobs
- There is a clear Bring Your Own Device (BYOD) policy that balances access with security and complexity
- Connectivity is enhanced through WiFi upgrades and look ahead opportunities to leverage 5G
- Consistency of IT support is expanded for all health and social care providers
- There is remote working and remote access to key systems

2.2 An intuitive user experience that effectively addresses needs and gaps with input from health and social care providers

- User experience is intuitive to minimise need for support or level of training needed
- There is strong representation of users during design and development to reduce misalignment of needs and to accommodate evolving needs
- Clinical input into prioritisation of digital initiatives is enhanced
- Progress around collaboration made during the COVID Pandemic is captured and built on with combined health and social care, and digital teams focusing on the most critical needs

2.3 Robust training and support for staff on digital

- There is appropriate training for staff in use of digital systems, including specific systems and general digital literacy
- Equity of access is protected for staff by ensuring there is clear guidance on using digital tools and systems
- Staff have proper time to complete training and get set up with new systems

2.4 Digital tools and experiences that save time by reducing manual processes and eliminating duplication

- Increased level of automation for all staff to reduce time spent on manual processes
- Tasks are digitised where possible to reduce workload (e.g. digitising scheduling letter creation)
- Elimination of paper across the care system (e.g. prescriptions)
- Repeated interactions with digital systems are removed (e.g. multiple data entries, multiple logins)
- Manual data entry and re-entry through standardisation and integration

NHS Tayside

Empowering Patients

Overview

Services will be developed with the aim of empowering the NHS Tayside population with the knowledge they need to make more informed decisions about their care, making them feel included and in control, building confidence in knowing how, when and where to access the care they need.

We provide patients and carers with **greater and more transparent access** to their health and social care records, facilitating **easier and faster engagements between patients and their carers with health and social care providers**.

How does empowering patients improve health and social care outcomes?

We believe that real-time and consistent awareness of their health status is likely to **encourage patients to make healthier choices**; this includes round the clock visibility of vital metrics and new ways to engage with health and care providers and carers will enable patients to access the **right care at the right time**.

These teams can also use this richer source of information, in a convenient and flexible way, unique to each patient to deliver, in a **person centred way**.

Patients' contribution to their health record will lead to **a reduction in the time spent by health and care providers manually capturing data**, and instead this time can be dedicated to interacting with the patient. And as more and more patients adopt this digital care model, we anticipate a decline in the footfall in hospitals, which will in turn free up capacity and staff time and enabling them to focus on areas of greatest need.

Our approach for empowering patients and carers

Patient and carers education is a core aspect of the delivery of this ambition. We will invest in training programmes and communication campaigns to ensure our patients understand the clear distinction between their responsibilities and those of their health and care providers.

Through our Patient Ownership services, we will help **patients understand their diagnosis and treatment options** available to them at any given point in time, and in the case of ongoing treatment or consultation, where they are in the process.

We are committed to the **equity of healthcare** across NHS Tayside. We will, therefore, enable proxy access where needed (e.g. carers and family), as this is a **fundamental principle** to provide digital navigators the tools to assist those who can't access digital services or don't know how, or provide **non-digital** routes to care services if needed.

Safely delivering tools and services that support Patient Ownership requires a deep understanding of the potential risks associated with providing patients' information without direct care professional support. Services that support patient ownership will be developed collaboratively with health and social care providers to ensure information is relevant, appropriate and safe.

Technology needed to empower patients

Patient Ownership is primarily supported by patient facing applications. Digital self service tools will allow patients establish initial contact and perform certain basic tasks digitally; e.g. to **book appointments, check-in and participate in video consultations.** We will create a **patient platform** that will bring together patients' health and social care data, and will allow them to view and add to their electronic care records, communicate with health and social care teams, and understand their treatment plans and see where they are in their care pathway and what will happen next.

We will also build **remote monitoring** capabilities that will enable monitoring of patients who are in their homes. We will work across our community and social care partners to scale and use this service across NHS Tayside especially to detect changes in condition and proactively provide health and social care interventions.

Technologies we will deliver in this area

- Digital Self Service
- Patient Platform
- Remote Consultation Expansion
- Remote Monitoring

Outcomes for Empowering Patients

Our ambition to promote Patient Ownership can be broken down into the following outcomes

3.1 An empowered population in control of its own health and social care journey

- Patients have clarity about their responsibilities and health and social care providers' responsibilities
- Patients have a clear understanding of their potential care pathways and options available to them
- Patients have an appropriate level of ownership and control of their information and data
- User experiences are intuitive and easy-to-use for patients

3.2 Greater transparency and access to relevant information

- Patients understand where they are on a pathway. For example pathway milestones, referral made, referral vetted, appointment offered etc.
- There is access not only for the patient but also for their carers and family when needed and appropriate
- There is clear communication with patient to ensure they understand how their data is being used to deliver better care for them and thus, help overcome any concerns and encourage adoption

3.3 Increased support for preventative care, out of hospital

- Patients have access to the right care at the right time supported by initiatives such as self-management, remote monitoring with embedded triggers
- Patients have an appropriate level of control and access to their health records, enabling them to input information as well as share it as needed, for example, with other health providers.

3.4 Equity of care across different levels of digital access

- Digital navigators can assist those who cannot access digital services or do not know how
- The entire NHS Tayside population can access their health regardless of digital literacy considerations.
- Patients can access information through channels convenient for them
- Proxy access (for example carers) when needed, supports equity of access

Connecting Services

Moving between different types of care can create challenges for patients and the health and social care providers that support them. Gaps between services can mean health and care providers lack the right information, risks may be missed or care is delayed. Patients and their carers feel frustrated at repeating the same information to multiple care providers. We will make sure that patient facing tools bring together the right parts of their care journey, and that they are not left with a confusing set of disconnected apps and services to navigate. Connecting digital systems is not enough to provide connected services, we will also work across partnerships to redesign pathways that join up.

How will connecting services improve health and social care outcomes?

When moving between care services, patients, health and care providers, and carers often face the challenge of not having access to all the information they need. This is largely due to the information silos that exist between the various patient record systems in use across different NHS Tayside service providers.

This information gap often results in **treatment delays and/or unnecessary tests for patients**, and **increasing time to confirm diagnoses** for health and social care providers. Furthermore, disjointed services and systems create a significant risk of critical **patient data not available**. Data flowing between different types of care creates a feedback loop that helps practitioners understand how they can best support the next step in their patients' journeys.

The new digital capabilities join up different care records and mitigate these challenges by giving staff and patients **end-to-end visibility of health and social care data regardless of service provider**. They will significantly **reduce the risk of error due to lack of access to a holistic view** of patient data and records.

We will make sure that patients have consistent levels of information and they can interact with different types of care consistently and reliably.

Our approach to connecting services

To help services connect up safely and effectively, we will not focus on technology and build pathways around it, instead we will focus on designing pathways and use digital technologies to improve them. This means putting the person who accesses these services first and understand their experiences. We will work with them to make sure digital technology bridges the gaps. The solutions will support access to the patient regardless of where this is, for example, home, care home or hospital.

We will connect services within a healthcare setting and a wider social and community care setting. We also recognise the importance of connecting services and opportunities from outwith the conventional care system. For example, community groups such as sports clubs can play a critical role in helping people live longer and healthier lives. Digital technology will provide an information link so patients and practitioners know what services are available and how to access them.

We will also set interoperability standards to guide the exchange of data across NHS Tayside and partner systems and to **protect the privacy and security** of people who access and receive care.

Technology needed to connect services

To deliver Connected Services, we will need strong integration capabilities to join up systems and exchange data.

A **single view of electronic patient records** across all services who deliver care and support to people in NHS Tayside will be developed to serve as the foundation that will support the access and use of data across different care services.

For health and social care providers, a **single health and social care summary** and a **shared health and social care portal** will provide access to the relevant information and systems. Patient facing applications will eventually be integrated into this Connected Services system so **patients also have a closer connection to their health and social care journey**.

Technologies we'll deliver in this area

- Single Health and Social Care Summary
- Strategic Integration Platform
- Unified Data Platform
- Consolidated EPR View

Outcomes for Connecting Services

Our ambition to support Connected Services can be broken down into the following outcomes

4.1 Pathways across different levels of care and providers are seamless for patients and health and social care providers

- Digital services support the connection between services for both care providers and patients, with consistent referrals and appointment management
- The number of systems that users access between different levels of care is minimised
- Relevant information is pulled across as patients use different services
- Duplication of tasks such as data entry is minimised when moving between services

4.2 Appropriate standardisation and elimination of unnecessary variance

- Patients have a consistently positive user experience across different care providers
- Patients have a positive user experience when utilising out of hours services
- NHS Tayside partners support each other with best practice and opportunities
- NHS Tayside partners capture and share data to measure performance and find opportunities for improvement

4.3 Health and Social Care providers capture and access relevant data from different levels of care / providers

- Pathways are designed to support standard and accurate data capture without disrupting patient journeys
- NHS Tayside and partners have a mutual commitment to capturing and storing data and adhering to safe and secure information governance standard
- Clear feedback loops across levels of care, showing the impact of data positively reinforces activities that capture data

4.4 Systems are interoperable at different levels of care and providers

- Identity and access is managed consistently across services minimising the need for multiple log-ins
- Data can be securely exchanged between systems to allow information pull-through

Building Closer Partnerships

Overview

This strategy aims to improve experiences and outcomes for all types of care, whether that care is provided directly by NHS Tayside or by a local authority or by a 3rd sector organisation. To do this we need to work even more closely with our delivery partners, developing digital technology together.

Additionally, we will work with academia and industry to find new ways to deliver care, only using new technologies where they meaningfully improve the services we provide to patients and staff.

How will closer digital partnerships improve health and social care outcomes?

Working closely with all delivery partners and people accessing and receiving care, will mean that the technology we develop can be successfully deployed by all delivery partners. We will build in a wider range of experiences and perspectives.

We will be able to play to the strengths of different partners and realise the full potential of our local area. We will increase the pace of our delivery and achieve things that would be impossible on our own.

Our approach to building closer digital partnerships

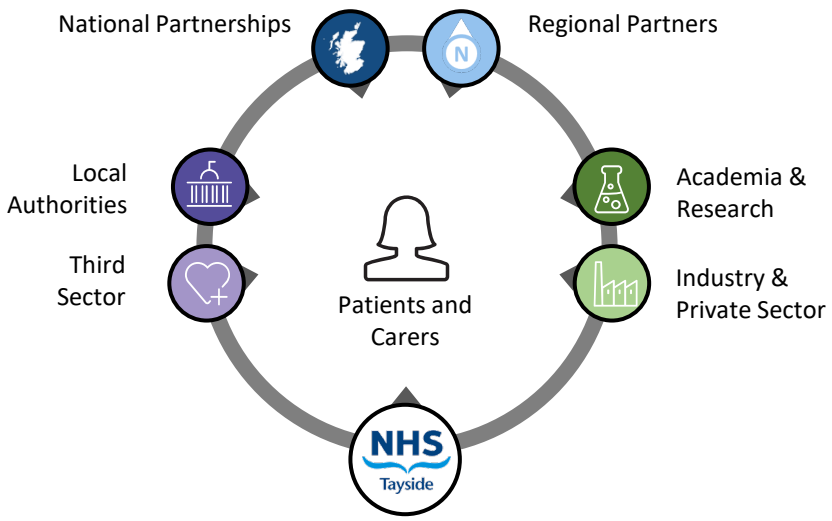
We will empower the existing forums we have with delivery partners to take decisive action on digital technology. We will make sure all partners uphold the principles of the NHS Tayside Digital Charter.

Academia will remain an important partnership avenue for us. We will look to **deepen our involvement with academic institutions** such as Dundee University to co-develop opportunities around incorporating digital tools and methods to enhance and accelerate medical research/trials and the development of digital solutions such as advanced decision support through Artificial Intelligence to modernise care provision, among others.

Our operations over the years have enabled us to create an expansive **data and knowledge base** of immense value to the public and private sector. We will explore ways of leveraging these NHS Tayside assets to **unlock further opportunities** for our partners.

We will invest in our own **relationship management capabilities** to coordinate and deliver this effort across all stakeholders involved.

Our network of partners



Outcomes for Building Closer Partnerships

Our ambition to build Closer Digital Partnerships can be broken down into the following outcomes

5.1 Closer partnerships with Health and Social Care Partnerships providing greater clarity on roles, responsibilities and standards

- Health and Social Care Partnerships are engaged to unlock the value of Focus Areas 1-4
- Health and Social Care Partnerships collaborate to co-develop connect services and to make shared use of data and analytics capabilities
- Levels of Patient ownership, ensuring engagement with Carers, enabling standards of Staff Digital Experience is consistent across partners, supported by shared capabilities

5.2 Clear ways of working and approach to collaboration across NHS Tayside and its partners

- There are a common set of principles that partners agree to, that guide collaboration
- There is expanded use of combined teams to own responsibility for standards, interoperability and connected services
- Partnerships are supported by resource capacity dedicated to maintaining organisational relationships

5.3 Collaborate with centres for innovation in NHS Tayside (e.g. Dundee University)

- Collaboration on trials for new technology or digital approaches
- Digital tools and methods are incorporated to medical research/trials; e.g. through increased partnerships with academic organisations such as Dundee University.
- Connection with the new and future generation of health and social care providers to capture their voice and unlock new innovation opportunities; e.g. by aligning with nursing schools

5.4 Recognition of the value of NHS Tayside data assets and appropriate leverage of them in partnerships

- There is active engagement with partners (e.g. academic or industry) to find appropriate opportunities to use NHS Tayside data to improve care
- NHS Tayside captures appropriate value from partnership use of data, to support the case for data capture and create positive feedback loops
- Partner use of NHS Tayside data is fed back into the NHS Tayside systems to improve decision making and care

WHAT WE WILL DELIVER

Realising our Ambition: Digital capabilities

We have identified a core set of capabilities that will be key to realising our digital ambition. These capabilities are designed to support staff, patients and health and social care providers across different settings and levels of care.

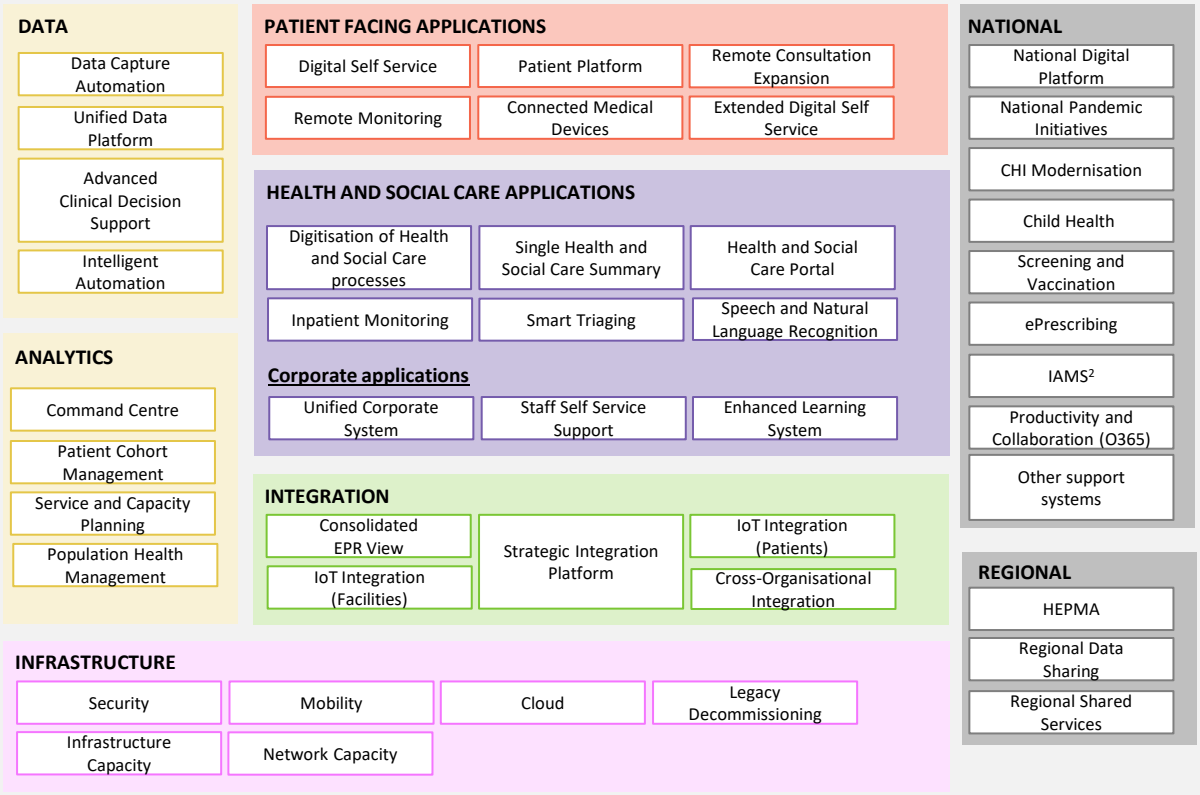
The model below represents a high level view of the capability requirements identified and prioritised through a series of engagements with a diverse group of stakeholders across NHS Tayside. This model will be used as a benchmark to guide the design and deployment of digital services over the next 5 years.

Emphasis is drawn to the collective importance of clinical and corporate systems which are vital for whole system functions.

The subsequent sections describe each capability requirement, how they support our ambition and the competencies required to deliver them.

In a rapidly changing environment, the needs of patients and health and social care providers are dynamic, technology and care models are constantly evolving. To ensure digital technology has the most positive impact and helps services adapt to change in a safe, secure and inclusive way, rather than adding unnecessarily to "change fatigue", we will keep this future state under continual review as the care and technology worlds continue to change.

The Digital Capabilities needed to realise our Ambition



Patient facing applications

Key patient facing capabilities

Digital patient services will directly support patients along their care journey. A range of digital solutions already exist from highly specialised equipment to mass market consumer apps. We are committed to delivering the capabilities with most impact to patient outcomes.

For the next five years, we have identified the following key capabilities:

1. **Digital Self Service**
2. **Patient Platform**
3. **Remote Consultation Expansion**
4. **Remote Monitoring**
5. **Connected Medical Devices**
6. **Extended Digital Self Service**

How patient facing capabilities will support our ambition

Effective digital patient facing services are most critical to the Patient Ownership aspect of our Ambition. At their core, these capabilities facilitate the flow of information between patients and providers. These will create an interface in which patients are provided relevant information, can share relevant information, and can make decisions about their care. Providing patients appropriate visibility and control to personalise their healthcare journeys will help them access relevant care services and take proactive steps to improve health outcomes.

Developing a strong interface with patients is also critical to achieving our ambitions around Enhanced Decision Making and Staff Digital Experience. Capabilities that allow patients to capture data passively, or actively contribute, will be used to support care decisions and unlock staff time spent on capturing patient data manually.

What it will take to deliver patient facing capabilities effectively

To deliver patient facing digital services that make a real impact on outcomes, we will take a patient led design approach. This approach involves patients early and throughout the design process to ensure solutions are developed for real needs and with understanding of patient behaviour. Similarly, close collaboration with health and social care providers is needed to ensure the solutions fit into care pathways and to provide the right interactions and escalations to in-person care.

Safeguarding accessibility and data security are key factors that will be built into patient facing solutions by design. Developing digital solutions to support care pathways raises challenges around equity of access to care for patients with barriers to using digital. Digital and non-digital teams must work together to ensure digital solutions are considered as part of care provision that as a whole provides equity of access to care.

Health and Social Care providers need proper guidance to support patient use of digital services and guidance on how to most appropriately use the information generated by them.

Furthermore, these patient facing services will require a foundation of integration, data and infrastructure to support them. These capabilities are explored later in this document.

Skills we need deliver these services

Critical patient facing capabilities

We have identified six patient facing capabilities that offer the most potential to deliver tangible value for the patient and reduce pressure on health and social care services.

Capability	Description	Value
Digital Self Service	Online tools that patients can access to present the relevant information for them and enable them to complete certain tasks remotely. Key aspects to support include: Self check-in and admission booking, attendance confirmation, appointment tracking and modification, and eDispensing.	• Provides patients visibility of remote interaction with their care journeys. • Reduces staff and patient time spent recording data. Reduces missed appointments.
Patient Platform	A platform allowing patients to view their electronic health and care records, manage appointments, communicate with health and social care teams and understand care pathways.	• Building on existing tools, increase visibility and ownership over digital self service tools. Allows patients a deeper interaction with their care journey. • Greater personalisation supports patients to make more informed care decisions. • Staff time is saved through the reduction of manual processes (data capture, letters, phone calls).
Remote Consultation Expansion	Expansion of Telemedicine/remote consultation. Providing expanded solutions to perform remote video and/or voice appointments between patients and their carers.	• Improves patient access to care due to barriers to physical attendance. • Provides the capability to mitigate capacity constraints relating to health and social care locations. Improves patient experience.
Remote Monitoring	Remote Monitoring of patients in the home setting to support health and social care delivery; able to detect changes in condition and suggest interventions.	• Enriches the data available to support decision making by health and social care providers and patients. • Highlights the need and opportunity for preventative care. • Reduction of admission rates.
Connected Medical Devices	Capabilities that support the use of medical devices (and personal digital devices) to automatically capture and transmit data.	• Improves the speed, accuracy and volume of data for remote monitoring. • Allows ongoing data capture that patients would be unable to submit themselves.
Extended Digital Self Service	Expanded tools for patients to engage with. This could include chatbots to facilitate patient questions and data submission or physical kiosks to support patients with limited access to digital devices.	• Bridge the gaps in accessibility of digital services. • Improves patient experiences and facilitates interaction.

Health and Social Care applications

Key health and social care capabilities

Digital health and social care services exist to empower health and social care providers with the right tools and technology that will enable them to deliver the best possible patient care. For the next five years, we have identified the following key capabilities

1. **Digitisation of Health and Social Care Processes**
2. **Single Health and Social Care Summary**
3. **Health and Social Care Portal**
4. **Inpatient Monitoring**
5. **Smart Triaging**

How health and social care support capabilities will assist our ambition

Digital health and social care services and the capabilities that enable them will be at the heart of delivering our Staff Digital Experience Ambition. By digitising the health and social care ways of working, removing paper dependencies and automating routine tasks, these capabilities will allow health and social care staff to enhance the pace and quality of care delivered; and access to a single, comprehensive view of patient data will improve speed and accuracy of decision making.

Furthermore, these capabilities will also support our ambitions around Connected Services and Enhanced Decision Making by allowing health and social care staff to more effectively access the right information and functionalities across different levels of care.

What it will take to deliver health and social care capabilities effectively

A collaborative approach between health and social care providers and digital teams through the end-to-end design and delivery of services is the most critical factor in delivering services that are fit for purpose and help NHS Tayside realise its full digital potential. It will also enable the identification of the highest value areas for digitisation and guide the focus of implementation over the next five years.

Integration is another key factor to the effective delivery health and care support, especially the Single Health and Social Care Summary and Health and Social care Portal. A unified data platform that brings together appropriate information currently residing in the different systems used in NHS Tayside, Health and Social Care Partnerships and various other community care organisations is needed to realise our ambitions over the next 5 years.

Robust training and guidance is needed to ensure adoption and use of these capabilities across the organisation. Feedback loops will be essential not only in demonstrating the impact of services but also to ensure that digital services evolve with changing user needs.

Skills we need deliver these services

Critical Health and Social Care capabilities

We have identified six capabilities that will significantly contribute towards improving the digital experience for health and care providers and support them in the delivery of patient care.

Capability	Description	Value
Digitisation Of health and social care Processes	Capabilities that enable the digitisation of day-to-day, time consuming health and social care processes to deliver a more streamlined experience for health and social care providers and patients. High impact areas for digitisation include prescriptions, referrals and lab orders, elective care that can be digitally delivered with significantly reduced time and input.	• Frees up health and social care providers time enabling them to spend more time on patient care. • Prevents loss of prescription records, patient captured data, metadata.
Single Health and Social Care Summary	Providing health and social care practitioners a single view of the health and social care information of their patients.	• Access to relevant data. • Strengthens local and regional collaboration. • Reduces risk of over prescribing controlled substances. • Although the use of SCI Gateway is widespread, different boards have different ways of presenting data. • Reduces complexity involved in tracking patient data.
Health and Social Care Portal	A portal that allows health and social care practitioners to access multiple tools, services and systems, across different levels of care and regions.	• Reduces time spent on in-person visits . • Improves patient experience.
Inpatient Monitoring	Tools that allow remote monitoring of patients and provide input for health and social care decision making, for example, automatic escalation driven by digital monitoring of vitals.	• Reduces staff time spent on manually capturing patient data and at patient bedside. • Reduces the risk of manual errors.
Smart Triaging	Capabilities that can be leveraged to develop automated triage models for different health and services. for example NHS24, for self-referrals or e-consult for primary care.	• Reduces time spent on in-person visits .

Internal corporate and admin applications

Key internal corporate and admin capabilities

Internal applications will deliver critical corporate functions and support aspects of health and social care operational activity. They will also support learning and development allowing NHS Tayside staff make the most effective use of the tools and services made available to them.

There are three key capabilities that are needed to deliver our Ambition:

1. **Unified Corporate System**
2. **Staff Self Service Support**
3. **Enhanced Learning System**

How clinical support capabilities will support our ambition

Effective internal applications will deliver Staff Digital Experience outcomes around reducing time spent on manual repetitive tasks that often result in duplication of effort.

Capabilities that enable the design and delivery of training modules will help increase digital literacy throughout the organisation, which will in turn support the adoption and use of other digital solutions developed.

What it will take to deliver internal corporate and admin capabilities effectively

The successful use of new solutions will need to draw on strong infrastructure foundations, including coverage of connectivity and devices, as well as interoperability with the existing corporate technology ecosystem.

Similar to health and social care applications, internal corporate and admin service offerings will need to be supported by staff-wide communication campaigns and training programmes to ensure large scale adoption and impact.

Key integration with Facilities Management

The provision of modern integrated Facilities Management (FM) service is one of the many non-clinical services, which are key to the successful delivery of whole system health care. The Facilities Management Directorate will require to be digitally enabled with up to date IT infrastructure and software tools, to allow improvement and enhancements to services. Innovations such as use of remote hand held technology and Computed Aided Facilities Management systems are very much becoming industry standard to allow efficient and effective support services. NHS Tayside is currently in the process of developing projects to update such systems where they already exist, and introduce new innovative and improved digital tools which are becoming more common place in support of those staff and support services which are relied upon by clinical and care colleagues. The Facilities Directorate recognise that a large number of our staff do not have regular easy access to IT connections and equipment, as they are not necessarily in roles which use devices routinely, this can make day to day communications challenging.

Skills we need deliver these services

Critical internal corporate and admin capabilities

The following capabilities have been highlighted as the ones with the greatest potential to maximise time available for patient care.

Capability	Description	Value
Unified Corporate System	Capabilities that allow the various internal corporate systems to interface with each other and exchange data.	• Provides a better, more seamless staff experience. • Reduces the time spent on repetitive tasks. • Enable better workforce planning
Staff Self Service Support	Online tools that staff can use to access their personnel information and enable them to complete certain tasks remotely and using their own devices.	• Provides a better, more seamless staff experience. • Support more informed and improved decision making
Enhanced Learning System	A platform to design, host and deliver training modules to staff.	• Increases the digital literacy rates within NHS Tayside. • Facilitates the adoption of digital tools and services developed as a part of the overall digital strategy. • Enables staff to revisit training whenever needed.
Key Integration with Facilities Management	Capabilities that support the integration with Facilities Management.	• Provide improved access • Enable industry standard solutions

Integration

Key integration capabilities

Integration of health and social care systems is critical to creating a seamless experience for patients and allowing these health and care providers to deliver the best patient outcomes. Capabilities to support this integration will address existing data fragmentation and siloed operational challenges to enable real time exchange of data and fully informed decision-making for care providers across NHS Tayside. For the next five years, we have identified the following key capabilities

1. **Consolidated EPR[1] View**
2. **Strategic Integration Platform**
3. **"Internet of Things" (IoT[2] Integration - Patient)**
4. **"Internet of Things" (IoT[2] Integration - Facilities)**

How integration capabilities will support our ambition

Connected service capabilities will have varying levels of impact on all aspects of our Ambition. Connected Services and Enhanced Decision-making are the areas of primary focus that integration capabilities will deliver against. A single source of patient data will bring together NHS Tayside and its community and social care partners to deliver a more holistic care experience for patients. This ongoing relationship with other care providers is also likely to create more opportunities for collaboration on new services and research through Closer Digital Partnerships.

This single view of the patient will significantly contribute towards realising our ambitions around Staff Digital Experience and Patient Ownership by laying the foundation for their data structuring and access objectives.

What it will take to deliver integration capabilities effectively

To optimise efficacy, speed to market and funding of integration capabilities, we have developed a current view of integration capabilities in NHS Tayside to identify existing assets that can be leveraged and enhanced to deliver our desired outcomes. We will always endeavour to fully exploit the integration potential of the current tools in use (e.g. Clinical Portal) before procuring new capabilities.

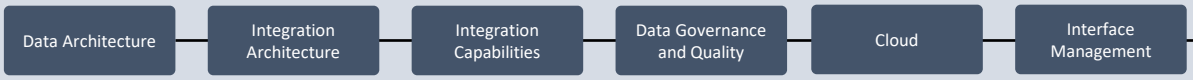
An organisation-wide application strategy and decommissioning strategy will be used to identify capabilities that can be retained and scaled, and those that need to be discarded to enhance operations and minimise duplication of effort.

New procurements will be evaluated against patient centric requirements as opposed to disease/department specific requests.

Additionally, we will invest in building closer relationships with existing and new suppliers to ensure they deliver to our specific requirements instead of following a one size fits all approach; for instance, a key area for NHS Tayside (and Scotland) is to have systems capable of accepting Community Health Index (CHI[3]).

Lastly, data and information governance will play a crucial role in ensuring adherence to data security and privacy standards, as well as setting the rules for data capture and interoperability for all stakeholders involved.

Skills we need deliver these services



Critical integration capabilities

The following capabilities have been identified as key to resolving the most urgent challenges around integration of health and social care services across NHS Tayside.

Capability	Description	Value
Consolidated EPR[1] View	Tools that bring together disparate data into a single view to: • Reduce the dependency on multiple systems to accomplish a single task. • Streamline collaboration between service areas like primary and secondary care. • Integrating specialist services like mental health and diabetes. A consolidated EPR view can be achieved by joining up the various health and social care systems with other NHS Tayside care providers in their sector.	• Availability of patient captured data and metadata. • Prevents duplication of data and removes existing duplication through aggregation • Significantly reduces the need to navigate across multiple systems for data entry and retrieval, thus saving staff and patient time. • Enables access to the right data at the right time. • Strengthens local and regional collaboration. • Creates the opportunity to automate workflows in the future
Strategic Integration Platform	A platform that consolidates the integration capabilities NHS Tayside and its partners.	• Misalignment with strategic vision. • Helps overcome inequalities in staff training and digital literacy, and as a result, inequalities in patient care.
"Internet of Things" (IoT[2] Integration - Patient)	Applications to support the integration of connected medical devices with clinical systems.	• Overcomes inefficiencies in clinical pathways. • Enables real time data capture and access.
"Internet of Things" (IoT[2] Integration - Facilities)	Devices and technology that can be used within NHS Tayside facilities to streamline operations, for example, Paging (RFID[3]), Smart Buildings.	• Improves patient experience • Supports operational efficiency.

Data and Analytics

Key data and analytics capabilities

Data and analytics capabilities are critical for our Digital Ambition. We need data capabilities to support our entire suite of patient and staff facing applications. We need analytics capabilities to help us use data to make better and more timely decisions. To build on our current data and analytics capabilities, this strategy identifies the following priorities:

Data

1. **Optimised Data Capture and Access Automation**
2. **Unified Data Platform**
3. **Advanced Clinical Decision Support**
4. **Intelligent Automation**

Analytics

1. **Command Centre**
2. **Patient Cohort Management**
3. **Service and Capacity Planning**
4. **Population Health Management**

How data capabilities will support our ambition

Data capabilities refer to solutions that help us capture data, store data or manipulate data. Optimised data capture and unified data platforms will support other applications by collecting data and storing it in a way that can be effectively exchanged with other capabilities. Advanced clinical decision support and intelligent automation can perform functions alongside human users or independently.

Analytics is about identifying the right data, interpreting it and presenting it in a useful form for humans or applications to use.

Analytics can be, retrospective, real-time or forward looking.

Real-time analytics looks at what is happening in the moment. NHS Tayside's current Command Centre capability aggregates and presents operational data from the Ambulance Service and the Emergency Department to inform allocation of resources and flag risks. This approach can be expanded across different operational data sets and service areas.

Retrospective analytics looks at patterns in historical data to improve decision making.

Forward looking analytics draws on historical data but focuses on understanding potential futures, for example simulating clinical capacity at different levels of demand.

Clinically, decisions enhanced by data and analytics improve the quality of care and patient outcomes. Operationally, decisions enhanced by data and analytics are more efficient and reduce cost and risk.

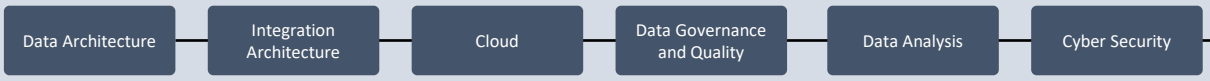
What it will take to deliver data and analytics capabilities effectively

Growing the impact of our current data and analytics capabilities requires technological and organisational change.

From a technology perspective, we will develop strong underlying technology to collect and process data and strong user facing applications to capture and present information.

From an organisational perspective, we will grow skills and capacity to develop and run these systems and we will foster collaboration inside NHS Tayside and with partners to ensure the data and analytics capabilities are applied to the most impactful service areas.

Skills we need deliver these services



Critical data and analytics capabilities

The capabilities described below will be fundamental to creating a robust data and analytics engine for NHS Tayside.

Capability	Description	Value
Automation of Data Capture	Tools that significantly reduce the need for health and care providers to manually capture data. An optimised UX leads to a more seamless and intuitive experience for users and leverages feedback loops for continuous improvement. Key capabilities include speech recognition, data structuring and tagging can aid dictations, documentation and charting.	• Frees up staff time that would have been spent on manually capturing patient data. • Reduces the risk of data loss. • Enhances accuracy and quality of data recorded, which in turn supports tagging and smart searches for data driven decision making. • Supports integration by capturing and storing data in a consistent way.
Unified Data Platform	A platform that supports the consolidated storage of health and social care data and supports multiple applications.	• Availability of patient captured data, meta data. • Breaks down data silos and enables creation of a single patient view. • Creates standardised data architecture view across NHS Tayside.
Advanced Clinical Decision Support	Digital tools that are more advanced due to using a greater volume of data or more complex analysis with a higher degree of automation. The most advanced of these tools would use artificial intelligence (algorithms and software that emulate aspects of human cognition). Key applications of these technologies would be diagnosis, screening, risk stratification.	• Helps providers make decisions more accurately and timelier in the patient journey than they would with basic clinical decision support tools. • Analyses a greater volume of data with greater complexity than humans.
Intelligent Automation	Intelligent automation combines robotic process automation and artificial intelligence. This allows automation over a more complex set of tasks taking into account more data. Intelligent automation can be used to remove the manual.	• Intelligent automation reduces or eliminates tasks that currently require significant time from highly skilled staff. • This type of automation is most impactful when performing tasks that take into account a large amount of data. • Identifies risks that conventional automation would not.
Service and capacity management and Command Centre	A central, data-driven decision making and logistics management capability to aggregate clinical and operational data across care sites, maximising operational flow and enabling remote patient monitoring.	• Improves the quality and speed of decision-making to enhance patient outcomes, care administration and hospital operations.
Population Health Management and Patient Cohort Management	A platform that integrates health and social care data for all citizens to support Public Health Planning. Key capabilities needed are anonymisation, re-identification and demographic risk stratification.	• Helps prevent long term conditions by enabling population-level surveying and engagement. • Helps reduce hospital readmission.

Infrastructure

A modern infrastructure estate is required in order to deliver the vision laid out in this strategy. Infrastructure provides the foundations required to build connected, secure, accessible and responsive digital services. As a core enabler, it is fundamental to operationalising the capabilities described in the previous sections.

Through 2020 and 2021, we have made significant advances in modernising our infrastructure capabilities to support digital ways of working with initiatives such as the Windows 10 implementation and enhancements to our storage capacity and operations. We will build on this momentum to deliver our digital ambitions over the next five years.

The strategy identifies the following areas which will be instrumental in the creation of :

1. **Cyber Security Framework**: The cyber security framework will define the infrastructure, governance and competencies needed to secure our digital capabilities.

2. **Mobility Strategy**: The last year has seen an exponential rise in remote working and this trend is likely to continue in the future. A mobility strategy will enable a seamless and secure work experience for staff working outside of NHS Tayside premises or across multiple NHS Tayside sites and devices. Mobility is evolving from just being about the device to being about delivering a powerful work environment that any device can access.

3. **Technology Architecture**: A function to design transitional and future technology architecture required to deliver on the strategic roadmap by fully harnessing the potential of our existing assets, and identifying critical gaps and risks.

4. **Cloud Migration**: A framework to guide our approach and inform decision-making as we migrate to cloud-based infrastructure, platforms and software where appropriate.

5. **Decommissioning Strategy**: A strategic plan to minimise dependencies on legacy systems, prioritising the ones that pose critical risks to our operation as they reach end of life. Retirement of these systems will also release service capacity that can be utilised to support future work such as Cloud Management (see Operating Model).

It is important to note that infrastructure capabilities, design and implementations are heavily shaped by the wider organisation capabilities and operating principles.

Active Information Governance input across the lifecycle of services – from design, delivery to maintenance – will be critical and is needed to ensure adherence to regulations around data privacy and security.

Visibility on leadership priorities and areas of focus for improvement, will inform the modernisation roadmap, which will then enable infrastructure teams to identify gaps and requirements within their own operations and develop a plan to deliver the desired outcomes.

Modernisation will also lead to the simplification of the digital environment by removing the silos that exist in the current digital ecosystem. Moving forward, procurement will be commissioned only after confirming current assets are unable to fulfil the requirement.

Furthermore, we will look to decommission services that are not fit for purpose and/or result in duplication of effort; a robust change management system and competency will be core to implementing the transition from old to new technology.

We will need to deploy lifecycle management, real-time service monitoring and analytics to ensure each offering delivers the best possible experience for its users.

Skills we need deliver these services

Critical infrastructure capabilities

The following strategic tools and initiatives have been identified to support the delivery of infrastructure capabilities.

Capability	Description	Value
Security Framework	A framework that will clarify the critical assets, levels of threat avoidance / protection and compliance requirements for each service in use or in development in NHS Tayside.	• Identity and access management across systems and users, including leverage of the national Office 365 initiative. • Adherence to cybersecurity and General Data Protection Regulation (GDPR) requirements.
Mobility Framework	A framework that covers infrastructure needed to support staff mobility. This includes device coverage, connectivity and system design.	• Streamlines the digital experience of staff working remotely or across multiple sites and care settings. • Gives access to key information resources while adapting to new ways of working.
Technology Architecture	Architecture design that encompasses the capabilities needed to realise our five-year Ambition and has the flexibility to introduce opportunities around emerging and future infrastructure technology.	• Creates visibility on the current and target state of NHS Tayside technology assets, and the gaps that need to be bridged by infrastructure to reach the desired future state. • Enables us to make effective use of what already exists but are not using to full extent. • Ensures procurement decisions are informed by clearly defined organisational business requirements.
Cloud Migration	A framework that outlines the range of decisions that need to be made at the Digital Directorate level to facilitate successful and secure migration to cloud and which identifies the opportunities where "Cloud First" is the appropriate choice and will provide value to the organisation.	• A more resilient and secure storage system. • Removes the need to repeatedly purchase storage and compute power and maintain on an ad-hoc basis.
Decommissioning Strategy	A plan to retire systems that are no longer in use and/or are not fit for purpose due to the changing needs of users, introduction of new technology or significant functional overlaps with other systems already in use.	• Reduces complexity. • Reduces dependency on legacy systems. • Releases capacity and addressable spend. • Addresses critical areas of risk. • Ensures that the decommissioned capabilities are not lost but replaced or enhanced, and the transition is managed in a structured way.

OUR APPROACH TO DELIVERY

Our delivery ethos

User driven, organisation led, digitally enabled

Our approach to delivery is driven by the needs of our digital service users: it is *user driven, organisation led, digitally enabled*. Digital has a more positive impact on service quality when our organisation, partners, and digital providers are jointly committed to service transformation.

This ethos is the foundation of our approach to implementing change across the NHS Tayside partnership. We have articulated this transformative process in four steps: Aspire, Define, Build and Embed.

Our **aspiration** has been developed through collaboration and commitment from operational, health and social care partner leadership. Our digital priorities are **defined** according to staff and patient needs and our digital capabilities are **built** with end-to-end involvement from users. Digital is championed by the organisation to **embed** change and continuous improvement.

The diagram below illustrates how digital service transformation will be delivered in this way.

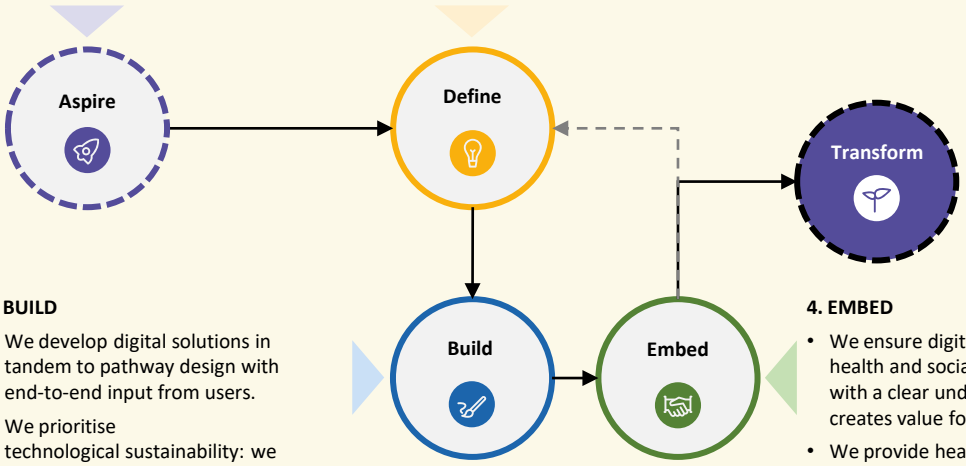
How we jointly drive transformation: *Aspire, Define, Build, Embed*

1. ASPIRE

- We set our strategy and digital aspiration with health and social care providers, patients and staff at the heart.
- We secure clear leadership commitment and sponsorship of the Digital agenda.
- We develop a mature understanding of risks and how to mitigate them.

2. DEFINE

- We incorporate a range of diverse perspectives from different care settings and levels of care.
- We engage with partners early, working closely to fulfilling mutual commitments and aligning with their needs.
- We collectively shoulder the responsibility for defining the future.



3. BUILD

- We develop digital solutions in tandem to pathway design with end-to-end input from users.
- We prioritise technological sustainability: we consider the entire lifecycle when developing solutions, recognising future costs and challenges.
- We build solutions alongside users (health and care providers and patients).

4. EMBED

- We ensure digital is championed by health and social care providers, with a clear understanding of how it creates value for them.
- We provide health and social care providers with the right access, support, and service to embed digital into their jobs
- We create strong feedback loops to ensure continuous improvement.

Our approach to partnerships

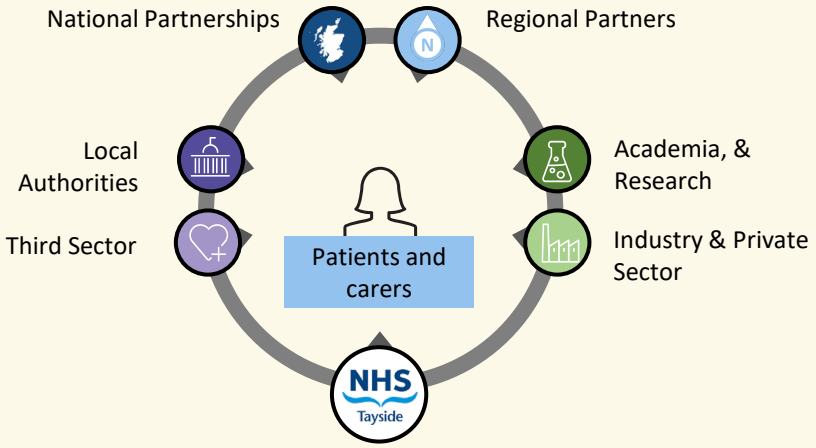
We cannot achieve the vision and ambition within this strategy by working on our own.

Partnership is at the core of our digital ambition. Working closely with partners is an explicit aspect of our commitment to Building Closer Digital Partnerships (see Focus Areas #5) and a critical enabler to the delivery of the entire strategy.

Our approach to partnerships aims to improve the standard of care across NHS Tayside by co-developing digital services, harnessing the combined strengths of different organisations, and leveraging existing capabilities where possible.

The diagram and table below highlight NHS Tayside's partnership groups, examining how we can utilise emerging digital capabilities to build on existing relationships and tap into new collaborations.

Developing stronger partnerships



Group	Building on our partnerships
1. **National Partnerships**	• Align with national strategies and actively engage with the National Digital Platform to identify opportunities to collaborate on shared capabilities.
2. **Regional Partnerships**	• Proactively engage with partners to identify opportunities to collaborate, including HEPMA and shared data services. • Promote standardisation and interoperability.
3. **NHS Tayside**	• Expand the role of health and social care teams in the identifying, prioritising, and designing of digital solutions. • Embed change through the Digital Champion network.
4. **Social Care and Third Sector**	• Review and clarify governance around data ownership, access and exchange. • Establish a mutual commitment to connected services from a technical and pathway perspective. • Set standards around capture, storage, and use of data. • Ensure input from and collaboration with delivery partners during the design and development of digital solutions.
5. **Academia, Research, and Innovation**	• Identify opportunities for partnership around emerging technologies and models of care (e.g. collaborating with Dundee University on the applications of Artificial Intelligence). • Maximise the value of NHS Tayside data for research through mutually beneficial partnerships. • Take advantage of opportunities for training (e.g. medical school, technology training, remote crisis intervention training).
6. **Suppliers and Vendors**	• Work with existing partners to reduce complexity and make optimal use of existing solutions. • Partner with enterprise and industry to harness relative strengths of NHS Tayside and private organisations.

Building the skills needed to deliver our ambition

We need the right people to deliver our ambition

To deliver our Ambition we need to enhance our digital skills. These skills are required to design, deliver, and run new capabilities and to effectively and securely work with partners.

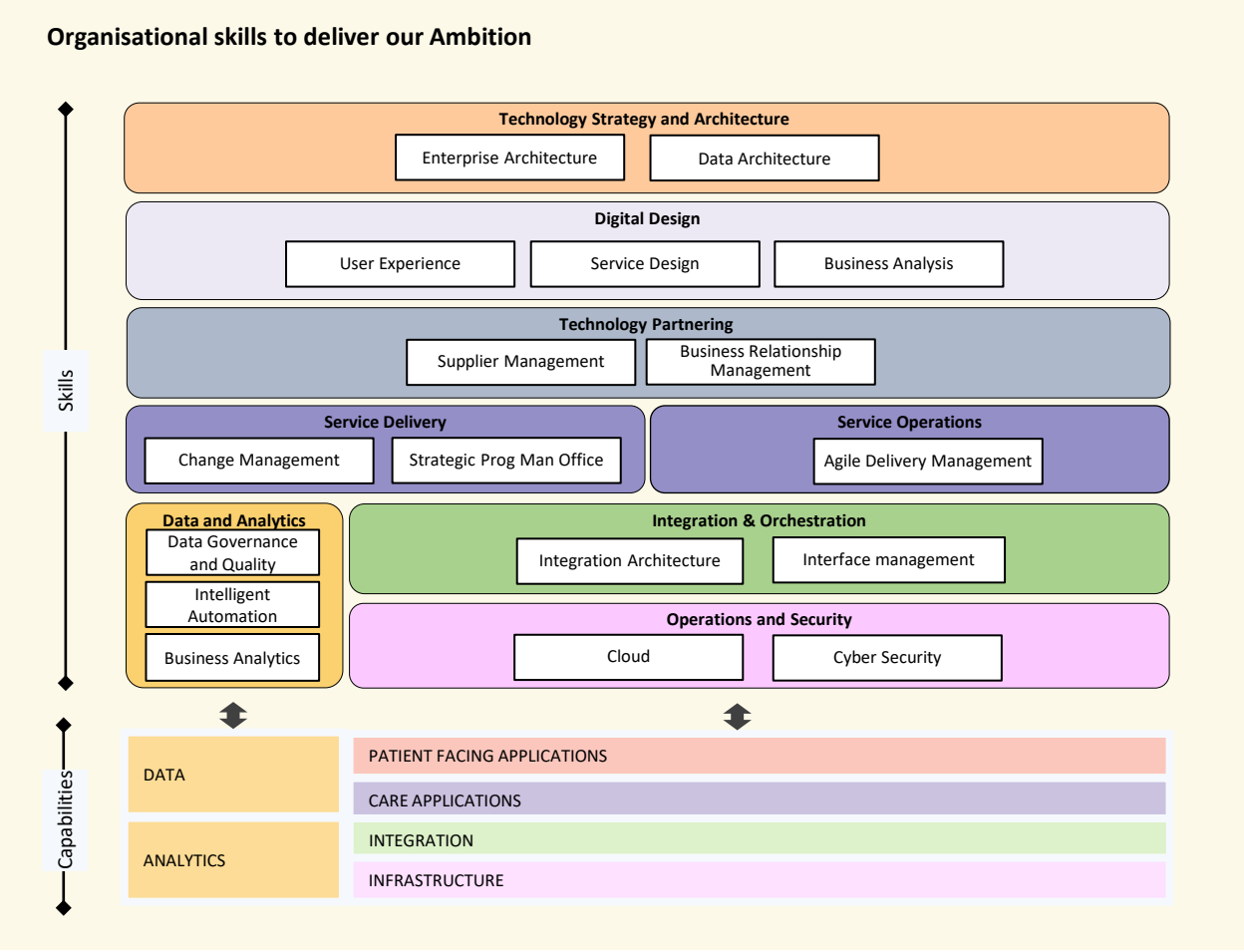
These skills will be augmented by partnerships and external services. However, a core set of these skills need to be developed in-house.

How to develop, attract, and retain these skills can be challenging given similar demands across public and private sectors. Therefore, it is critical that NHS Tayside and partners demonstrate an attractive offer for digital talent.

We will collaborate with academia and industry to attract technical talent through academic schemes and industry networks respectively. We will provide robust training and development opportunities for digital talent.

The huge impact that digital roles can have on real health outcomes is an important differentiator for NHS Tayside's employment proposition and it is critical we use that to our advantage in the competition for talent.

The model below highlights the most critical skills for delivering the digital capabilities described in the previous section.



Key skills to deliver our Ambition

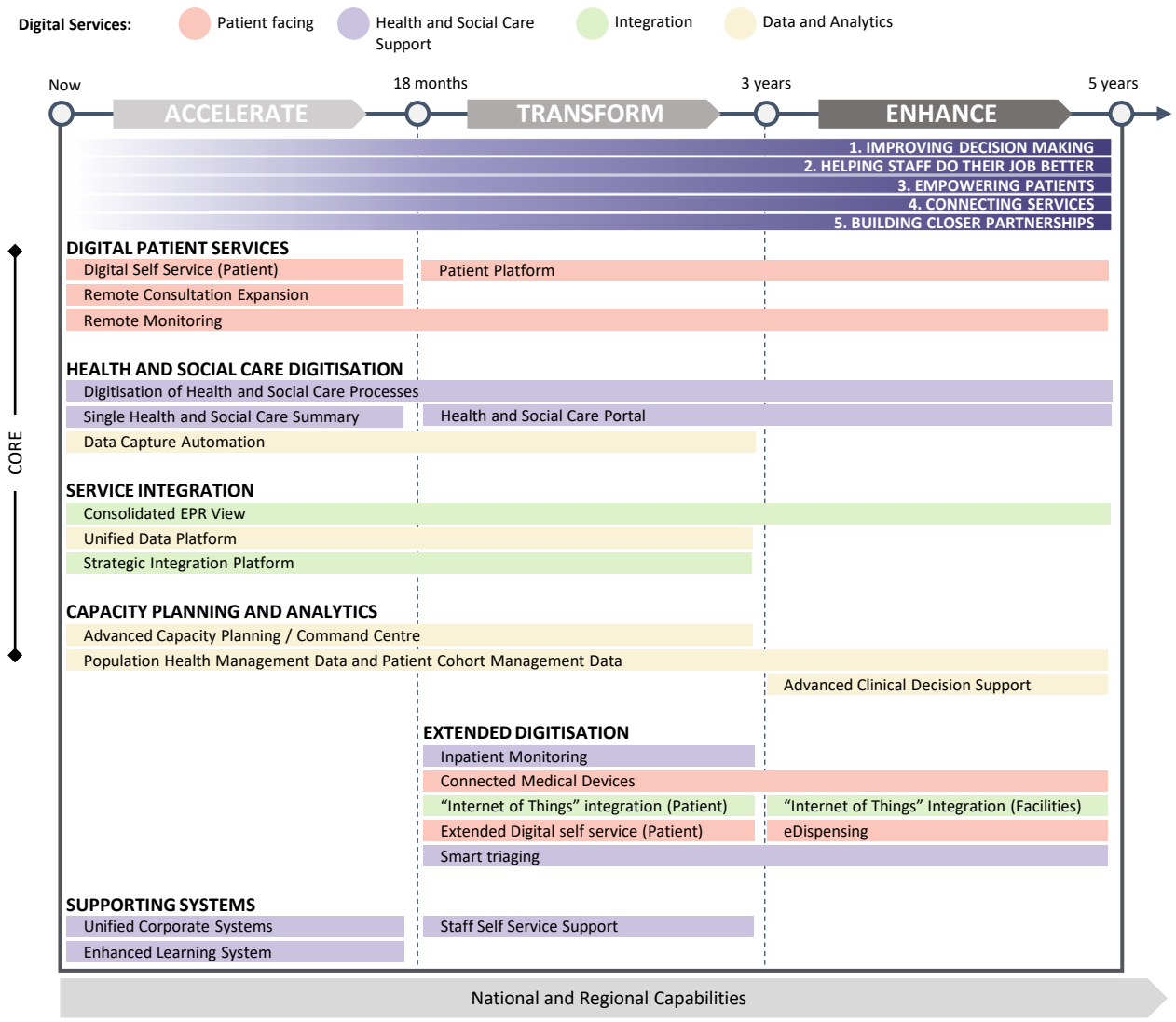
Area	Key Skill	Benefit
Digital Design	Service Design	Strong end-to-end service design skills are critical to ensure digital solutions effectively support patient and clinician pathways across care settings.
	Business Analysis	Business analysis is critical to ensure that digital solutions are closely tied to a diverse range of care professional and patient needs and are embedded effectively within care pathway design.
	User Experience (UX)	A strong user experience capability is required to enable patient and staff facing applications to accurately capture and use data. A good user experience will support accurate system utilisation.
Technology Strategy and Architecture	Enterprise Architecture	Enterprise architecture is needed to define a portfolio of technology that balances the need of NHS Tayside and partners against technology complexity.
	Data Architecture	Data architecture competencies are needed to shape the approach for managing data in NHS Tayside, which will in turn effectively enable delivery of a Unified Data Platform.
Integration and Orchestration	Interface Management	Interface management will support a growing range of interfaces between applications and systems within NHS Tayside and with partners.
	Integration Architecture	Integration architecture will allow connectivity between services. It will have clear standards around integration in NHS Tayside and with partners, and will support the move to a Strategic Integration Platform.
Service Delivery	Change Management	A strong change management competency will embed the change needed for a successful digital transformation, working with Digital Champions in NHS Tayside and with partners.
	Strategic Programme Management Office	The NHS Tayside Digital Strategy will require effective coordination across a portfolio of programmes needed to realise our Ambition and the Strategic Programme Management Office is required to drive the delivery on this.
Service Operations	Agile Delivery Management	The period of high clinical, operational, and digital change we are going through requires a strong ability to adapt to changing circumstances; and Agile Delivery Management will be needed to support this.
Operations and Security	Cloud	Strong cloud capability is needed to ease the pressure on infrastructure maintenance and to lay the foundation for strong public facing applications. It will also enable the use of more advanced capabilities like machine learning or advanced analytics in the future.
	Cyber Security	As digital grows its impact on care within NHS Tayside, it is critical that we have strong cyber security to ensure our digital capabilities are safe, secure and reliable and that threats to our services are effectively managed and mitigated.
Data and Analytics	Data Governance and Quality	Strong data governance and quality will be essential to enhance our use of data across partnerships.
	Intelligent Automation	Investment in intelligent automation skills is needed to deliver effective digitisation of health and social care processes and support enhanced decision making.
	Data Analysis	Strong data analysis skills are needed to support enhanced use of data for clinical and operational decision making.
Technology Partnering	Supplier Management	Managing relationships and performance of suppliers to ensure we receive the best value for money and that solutions deliver against NHS Tayside's needs.
	Business Relationship Management	Business relationship management is a critical part of developing the strong and productive partnerships we need to deliver the Digital Strategy.

ROADMAP

Our five year roadmap for transforming digital care

Below we outline the roadmap for delivering the priority digital capabilities over three time horizons. Each of these horizons achieves a different level of 'digital maturity'. This strategy will guide the deployment of digital technology to 2026. Over these five years we will work with our partners and patients to deliver the future described in this document.

The **Accelerate phase** covers the first 18 months of our strategy. In this period we will aim to sustain the momentum for responsive digital solutions created by the Pandemic. We will formalise our approach and establish the foundations for the rest of the strategy. The **Transform phase** from late 2022 to 2024 builds on these foundations to provide users with a more powerful set of tools connecting to different providers, further improving the experience of patients and staff. The **Enhance phase** will take us to 2026. In this period, we will build in more advanced technology with a higher level of automation.



NHS Tayside

How the digital roadmap supports improved patient outcomes

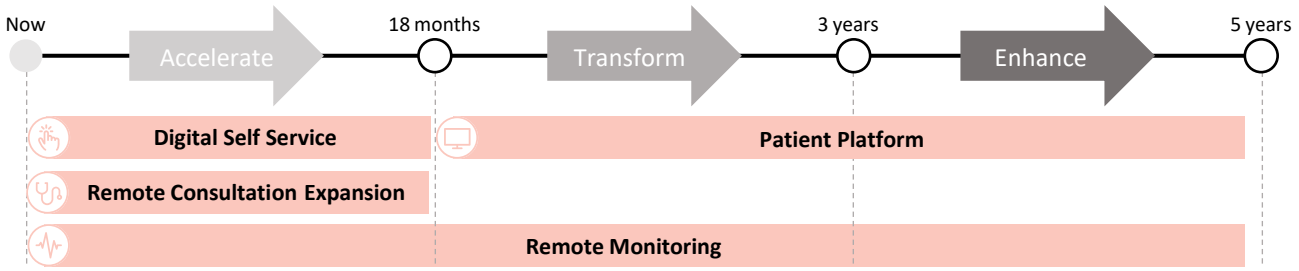
The digital roadmap breaks down the services we will deliver at each horizon. These services will increase in maturity and provide growing value to patients and staff. Below we have described the main benefits that these services will create in each horizon. This will support outcome-based programme planning that specifies scope, development and delivery timelines.

These services will be designed around patient and staff needs, with their active involvement to ensure they gain the full benefits, also that they are intuitive and easy to use. We will adapt our roadmap to reflect the rapidly changing face of health and social care technology and take advantage of new opportunities as they present themselves.

Digital Services	ACCELERATE	TRANSFORM	ENHANCE
DIGITAL PATIENT SERVICES **High impact service areas:** • Outpatients • Primary Care • Mental Health / Social Care	Patients can access relevant information, perform tasks like self-check in, reducing DNAs and improving clinic capacity. They can submit data in advance e.g. pre-op. All appropriate consultations are remote.	Patients have improved access to information about their care in one place, can communicate with their treatment team, and can see their care pathway. Data from appropriate patient devices is shared in real time, providing a more holistic view of their situation.	Patient Portal is increasingly personalised connecting up to more services. Expanded sets of data supported by remote monitoring. Automated alerts detect relevant changes and prompts escalation, further improving patient safety.
HEALTH AND SOCIAL CARE DIGITISATION **High impact service areas**: • Primary Care & Secondary Care • Planned Care & Unscheduled Care • Mental Health, Social and Community Care	More staff time is freed up for care as processes are digitised. Digital summaries of health and social care data give practitioners a fuller view of relevant patient data to better inform care decisions.	Staff can access relevant information from different care sectors in one system. Data is gathered and automated to present the most relevant information to health and social care providers.	Further increases in staff time saved with the intelligent automation of more complex processes such as triaging and escalation. A wider set of partners are also able to access and contribute to the patient record.
SERVICE INTEGRATION **High impact service areas:** • Secondary Care • Mental Health / Social Care • 3rd Sector and Social Prescribing	Access to a wider range of systems is available through a single interface saving staff time and improving their knowledge of the patient. Data is exchanged seamlessly between connected systems making it available to the right user at the right time.	Practitioners can access systems from different areas of care as social care and community care data is integrated with healthcare, supporting the redesign of more connected services such as Mental Health.	Operational and clinical decisions are enhanced with population data and medical data that is integrated onto a single platform.
CAPACITY PLANNING & ANALYTICS **High impact service areas:** • Emergency department • Planned Care • Unscheduled Care • Specialist Care (e.g. Dermatology, Diabetes)	Operational decision making is supported by an expanded Command Centre. Capacity and service planning tools support the more effective allocation of resources. Planning improves based on simulation of forecasted scenarios.	Expanded use of population health management data defines risk profiles and care models for specific NHS Tayside population groups, improves anticipatory care interventions and provides data for use in direct care and care design.	Artificial Intelligence tools support clinical decision making around diagnosis and interventions, accelerating care for the more urgent case and giving more time and data to review complex cases.

APPENDIX

Five year roadmap: Digital patient services (1/2)



Digital patient services that improve patient outcomes and experience safely, require a number of foundations. The table below outlines the critical technology and organisational dependencies, to be delivered in collaboration with digital and health and social care operational teams in NHS Tayside and partner organisations.

£	<£0.5m	££	£0.5m-£1m	£££	£1m-£2.5m	££££	>£2.5m

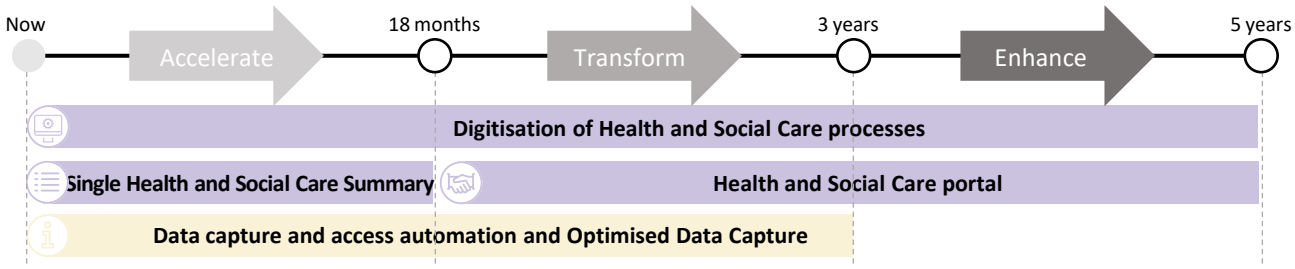
Capability	Foundations	Indicative range of investment
Digital Self Service	• Ensuring compatibility and ease of use across a range of patient owned devices. • Managing authentication and access for patients and proxy users. • Designing and delivering patient education programmes to ensure widespread adoption and use. • Embedding a patient led design approach across all services developed. • Securing information governance input to ensure compliance with data and privacy regulatory standards. • Embedding the perspective of third sector groups on patient needs in the design and development process.	££
Patient Platform	• Ensuring compatibility and ease of use across a range of devices. • Enabling data integration and exchange with systems from relevant providers. • Embedding a patient led design approach across all services developed. • Communicating to patients the value and enhanced efficacy of digital, and promote increased adoption. • Securing Information Governance input to ensure regulatory compliance.	£££
Remote Consultation	• Redesigning pathways alongside digital development to ensure tools support real world behaviour. • Ensuring Remote Consultation allows for timely escalations for critical support. • End-to-end collaboration between health and social care digital teams so the product developed is fit for purpose. • Building confidence and trust among patients around the quality of care delivered through Remote Consultation. • Managing patient expectations about how the service is delivered; e.g. referral wait time and processing time for tests. • Contributing to ongoing integration work to prevent creation of fragmented data views. • Ensuring equality of access by designing alternative pathways for citizens without access to digital services. • Clarifying the roles and responsibilities around data ownership and governance for both NHS Tayside staff, patients and partners. • Aligning with national guidance on tools that should be adopted.	££

Five year roadmap: Digital patient services (2/2)

£	<£0.5m	££	£0.5m-£1m	£££	£1m-£2.5m	££££	>£2.5m

Capability	Foundations	Indicative range of investment
Remote Monitoring	• Securing dedicated clinical and technology resource capacity to monitor and manage patient data. • Verifying accuracy and reliability of devices and applications in use. • Carrying out information governance assessment for all applications in use. • Clarifying data governance with suppliers and partners around information storage, sharing and ownership. • Ensuring equality of access and alternate options for citizens living in remote areas.	**££**

Five year roadmap: health and social care digitisation

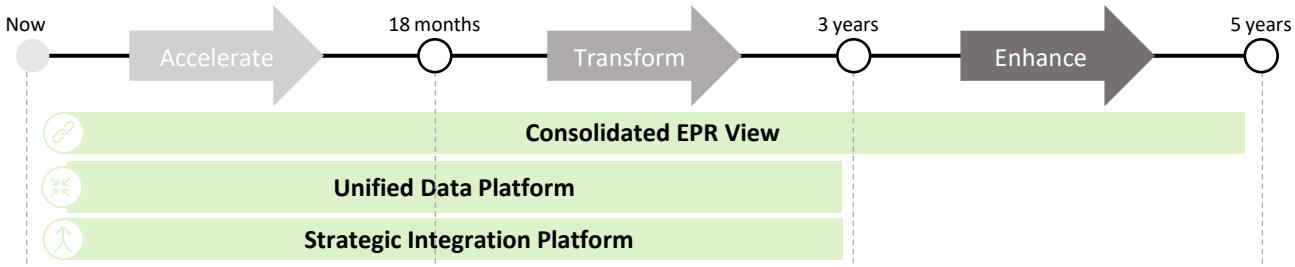


The successful delivery of each capability within its given timeframe is contingent upon meeting certain foundational requirements and support from the wider organisation. The below outlines the standardisation, level of input, and collaboration needed to effectively digitise health and social care services.

£	<£0.5m	££	£0.5m-£1m	£££	£1m-£2.5m	££££	>£2.5m

Capability	Foundations	Indicative range of investment
Digitisation of Health and Social Care Processes (Paper free)	1. Collaborating with health and social care teams to ensure design addresses the health and social care needs, and to prioritise the most valuable areas for digitisation. 2. Promoting the digital champion network to support adoption of digital services and creation of a feedback loop for improvement 3. Redesigning pathways to allow health and social care staff to exploit the full potential of digital processes. 4. Co-designing new pathways for the Tactical Emergency Casualty Care (TECC)	£££
Single Health and Social Care Summary	1. Redesigning pathways to allow data input into the Single Health and Social Care Summary. 2. Integration with social care systems to ensure data is exchanged and accessible 3. Creating the Unified Data Platform (described on the next page). 4. Clarifying the roles and responsibilities around data ownership and governance for each stakeholder involved. 5. Positioning the Single Health and Social Care Summary as a jointly owned venture, with all stakeholders contributing data to the repository 6. Implementing a collaborative approach and relationship management protocols.	££
Health and social care Portal (to support Health and Social Care Partnerships)	1. Setting integration standards to facilitate seamless data exchange between different systems. 2. Supporting device access and connectivity for all users. 3. Creating a strategic guideline to shape the unified view. 4. Leveraging national support to ensure suppliers make the required changes. 5. Clarifying the roles and responsibilities around data ownership and governance for each stakeholder involved. 6. Positioning this offering as a tool that supports Local Authorities.	£££
Data Capture Automation	1. Redesigning pathways to allow automated capture of data. 2. Securing clinical oversight to ensure relevant data is being captured and minimise risk of error. 3. Promoting the value and benefit of services developed, to encourage use and adoption. 4. Creating a feedback loop to demonstrate the impact of capture.	£££

Five year roadmap: Connected services

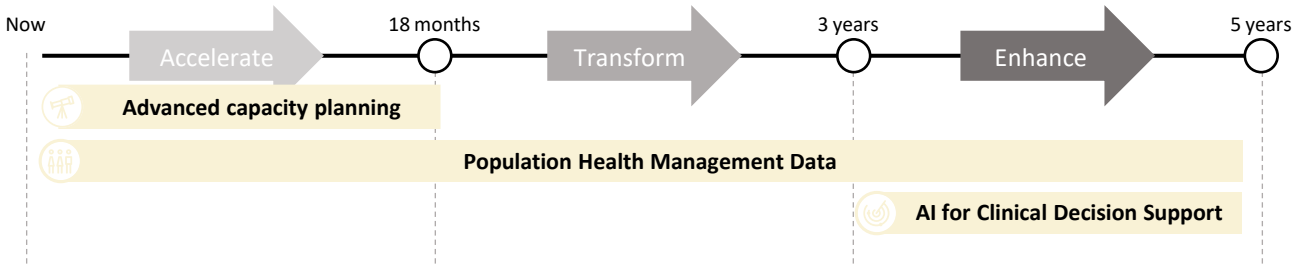


Strong connected services support other capability groups, but also have a number of dependencies that require to be delivered. Technologically, applications must be built to the correct standards for integration, and organisationally we embed a collaborative design approach that recognises the different needs of all areas of care.

£	<£0.5m	££	£0.5m-£1m	£££	£1m-£2.5m	££££	>£2.5m

Capability	Foundations	Indicative range of investment
Consolidated EPR view	1. Creating an applications strategy to guide the prioritisation within the development pipeline. 2. Developing a decommissioning and maintenance strategy to ensure capabilities are either replaced or enhanced through the new service. 3. Redesigning digital pathways so they can operate alongside and support the Consolidated EPR View. 4. Articulating clear governance on development and procurement that supports integration with a Consolidated EPR View. 5. Supplier management to ensure applications meet requirements for future integration e.g. allowing integrated records using CHI and not just NHS numbers. 6. Identifying current data gaps for groups of staff that work across multiple care settings (e.g. Allied Health Professions). 7. Implementing a patient centric (as opposed to disease specific) departmental system. 8. Recognising and leveraging existing consolidation tools; e.g. the Clinical Portal. 9. Adopting a "paperless from the start" approach for new processes.	£££
Unified data design & platform	1. Standardising data capture practices across different levels of care. 2. Setting data storage and classification standards (core and metadata) to facilitate information exchange between systems. 3. Building relevant data and technology architecture skills to support development and operation.	£££
Strategic integration platform	1. Collaborating with the information governance team to define design requirements. 2. Building a system-wide view of common functions and data among applications and leveraging that to prioritise integration 3. Setting interoperability standards to guide the exchange of data across NHS Tayside and partner systems.	£££

Five year roadmap: Capacity planning & analytics

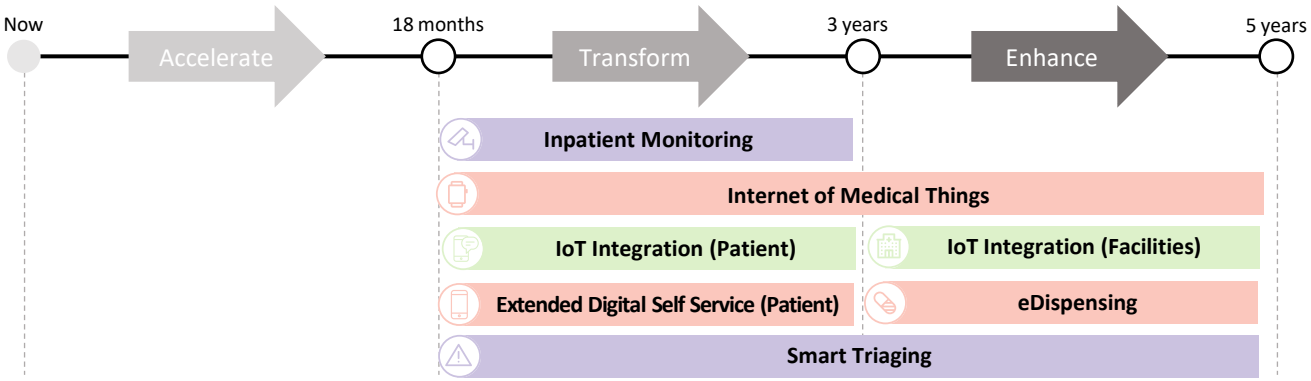


Making successful use of advanced data and analytics capabilities that require consistent practice around capture and use of data, and user facing technology that supports it. The below outlines an initial set of initiatives and steps required to deliver Capacity Planning and Analytics capabilities.

£	<£0.5m	££	£0.5m-£1m	£££	£1m-£2.5m	££££	>£2.5m

Capability	Foundations	Indicative range of investment
Advanced capacity planning / Command centre	1. Embedding smart booking functionality into patient management systems. 2. Gathering and analysing existing utilisation data to optimise existing services to develop algorithms to optimise capacity. 3. Expanding regional coordination, which is currently focused only on trauma care, to additional service areas.	£££
Population Health Management Data and Patient cohort management data	1. Clarifying the roles and responsibilities around data ownership and governance for each stakeholder involved. 2. Standardising data capture practices across different levels of care and supporting with pathway redesign and feedback loops. 3. Access to non-medical/health data sources to improve risk identification and stratification	££
Advanced clinical decision support	1. Monitoring National Artificial Intelligence Strategy to identify opportunities for collaboration and partnership as well as identifying assets that can be incorporated into NHS Tayside systems. 2. Redesigning pathways so they can leverage digitally driven decision-making support capabilities. 3. Working with health and social care teams to identify high impact areas for their decision support requirements.	££££

Five year roadmap: Extended Digitisation (1/2)



Extended digitisation requires strong delivery of core patient and clinician facing services. There are also a number of specific technological and organisation foundations that need to be delivered. Extended Digitisation capabilities deliver to a diverse set of service areas and stakeholders across the value chain and therefore, have a broader set of delivery requirements.

£	<£0.5m	££	£0.5m-£1m	£££	£1m-£2.5m	££££	>£2.5m

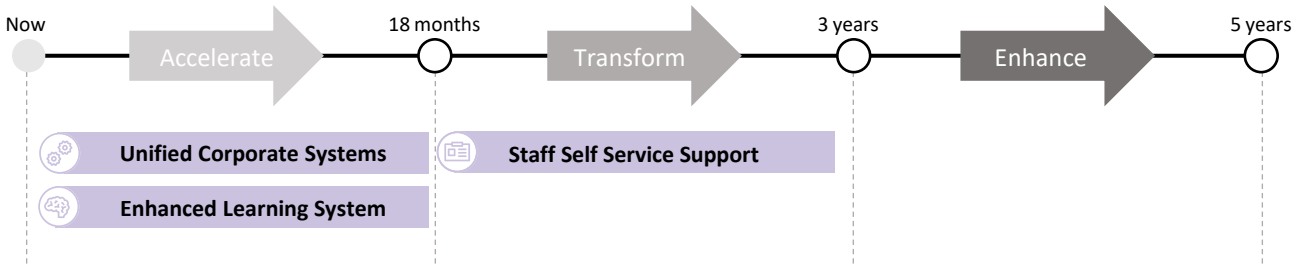
Capability	Foundations	Indicative range of investment
Inpatient monitoring	1. Digitising inpatient pathways like remote monitoring of vitals so they can feed patient data to clinician apps. 2. Integrating live data feeds, analysis and escalation to support clinical decision-making.	££
"Internet of Medical Things"/Digital medical devices	1. Integrating data collected through patient devices to create a holistic view of patient health status. 2. Working with health and social care teams to create guidance on which medical devices should be supported. 3. Ensuring equality of access by designing alternative pathways for citizens without access to digital services. 4. Building IoT skills to support development and operation. 5. Establishing the governance for device consistency. 6. Integrating digital clinical decision support into daily workflows.	££
"Internet of Things" - Integration (Patients)	1. Building IoT skills to support development and operation. 2. Building a public application integration platform to consolidate and view all patient information at a single source. 3. Embedding public application regulation standards into the design process to ensure regulatory compliance. 4. Managing authentication and access for different types of users. 5. Consulting with information governance teams while planning the use and expansion of digital monitoring/use of devices. 6. Cloud capability to support consistent public service	££
"Internet of Things" - Integration (Facilities)	1. Building IoT skills to support development and operation. 2. Embedding public application regulation standards into the design process. 3. Managing authentication and access for different types of users.	££

Five year roadmap: Extended Digitisation (2/2)

£	<£0.5m	££	£0.5m-£1m	£££	£1m-£2.5m	££££	>£2.5m

Capability	Foundations	Indicative range of investment
Extended Digital Self service	1. Validating service use cases against patient need before investing in building the service. 2. Ensuring active involvement from the Information Governance team through all stages of design, delivery and maintenance. 3. Investing in patient education to ensure adoption and use. 4. Ensuring equality of access by designing alternative pathways for citizens without access to digital services.	££
eDispensing	1. End-to-end digitisation of the prescription process across all levels of service. 2. Working with Local Councils to identify high priority areas to support (using public health data and demographic data). 3. Exploring partnerships for last mile fulfilment	££
Smart Triaging	1. Aligning with national e-referral system to ensure consistency of experience for the patient.	££

Five year roadmap: Supporting Systems



Supporting systems need to deliver against corporate and care needs. Strong infrastructure is required to support consistent usage and collaboration with users is needed to ensure tools are widely adopted. The below outlines a set of initiatives and steps required to deliver support systems effectively.

£	<£0.5m	££	£0.5m-£1m	£££	£1m-£2.5m	££££	>£2.5m

Capability	Foundations	Indicative range of investment
Unified corporate systems	1. Working across corporate functions to prioritise areas for consolidation. 2. Working with corporate and health and social care users, during design and development. 3. Setting standards for development and procurement to ensure interoperability and reduce complexity. 4. Strengthening and expanding connectivity across NHS Tayside; e.g. WiFi. 5. Extending hardware coverage for staff to ensure device compatibility. 6. Creating interoperability within the existing corporate applications.	££
Staff self service support	1. Securing commitment around resource capacity and a common service management approach across NHS Tayside teams 2. Co-designing and rapidly testing with users to reduce the need for IT support. 3. Strengthening and expanding connectivity across NHS Tayside; e.g. WiFi. 4. Extending hardware coverage for staff to ensure device compatibility.	£££
Enhanced learning system	1. Creating a culture that supports organisational ownership of learning priorities with digital teams only delivering the content. 2. Strengthening and expanding connectivity across NHS Tayside; e.g. WiFi. 3. Extending hardware coverage for staff to ensure device compatibility.	££

NHS Tayside

NHS Tayside Digital Health and Social Care Strategy

Helping people live longer, healthier and happier lives through digital technology

2022 - 2027

Item Number 6.10

NHS Tayside

PRC18/2022
Performance and Resources Committee
14 April 2022

ASSURANCE REPORT ON eHealth Cyber Security Attack STRATEGIC RISK

1 STRATEGIC RISK

As a result of the impact from Cyber Security threats such as malware, ransomware and virus exposure etc, there is a risk that NHS Tayside may be non-compliant in relation to Cyber Security and NISD regulations. Leading to an impact on patient care as a result of the risk to integrity/security of patient/personal/business data and disruption to services. The Cyber Security threat is the same across both our managed network and the medical devices network, known as the QVLAN. However, the vulnerability level is greater on the QVLAN, as we cannot apply the same level of cyber security protection to the devices contained within it.

2 CURRENT PERFORMANCE

We continue to manage the cybersecurity threat effectively across our managed IT estate, continually assessing the existing threat landscape and maintaining systems appropriately to best defend against cyber issue. As we mature our approach to cybersecurity, we identify areas of increasing risk/emerging threat and design appropriate technical and procedural controls to mitigate identified cyber issues. We saw a drop in score late last year, which has been retained for this period, as work carried out has allowed us to reduce the likelihood of issue, due to the QVLAN firewalls coming online during October 2021 – this was a major milestone in our cyber security journey and we are now embedding these devices in to our business as usual activities.

Recent and current performance against this risk is highlighted in the table below.

Datix Ref	Risk Title	Risk Owner	Risk Exposure – No controls	Current Risk Exposure Rating Please include data from previous 4 reporting periods				Planned Risk Exposure
				Mar 21	Aug 21	Nov 21	Mar 22	
680	eHealth Cyber Security Attack	Laic Khalique – Director of Digital Technology	25 (Very High)	16 (High)	12 (Moderate)	9 (Medium)	9 (Medium)	6 (Medium)

3 SIGNIFICANT ISSUES SINCE LAST REPORT

With the QVLAN devices now live, we have closed off the project for delivery. There are a number of post project implementation tasks to undertake, which are being addressed

by our technical teams as part of their service improvement work. This planned work will see the defences these devices bring tightened even more and allow us to ensure that we can accommodate medical devices on to the network seamlessly and inherit enhanced security immediately.

During this reporting period, there has been an increased level of cybersecurity threat, as a result of the Russia/Ukraine crisis. We have worked to increase organisational awareness by presenting to both ELT and OLT and engaging with our customer base via Vital Signs around cyber awareness and good cyber hygiene. Part of this engagement has been to encourage services to revisit their Business Continuity plans for use in the event of loss of digital systems. We have revisited our Cyber Incident Response Plan to ensure that this is understood across the directorate and have carried out increased vulnerability scanning to identify any areas of risk on our network which need addressed.

During August we had our Network and Information Systems Directive (NISD) re-audit. We have seen a 5% increase in our score, moving from 50% to 55% - baselined against other Boards, we are performing very well. Upon production of the audit output, we have been working with colleagues in Information Governance to create an agreed action plan which will help us to address Digital issues which were raised during the initial audit. Progress being made is reported to the Information Governance and Cyber Assurance Committee (IGCA) and the Cyber Resilience Governance Group (CRGG) regularly.

4 CONTROLS

Provide details of current and planned/proposed controls.

Current Controls

Description
Staffing - Cyber Security Manager now in post.
Auditory - Independent reviews carried out (CyRisc, NHS GG&C and an Internal IG and eHealth audit report) with associated recommended actions.
Auditory - Information Security Policy Framework (ISPF) incorporating NISD and Public Sector Action Plan (PSAP). Regulatory requirements and controls.
Service/Procedural - Cyber Incident Response Plan (CIRP) and Cyber Alert Response Plan (CARP) produced.
Technical - Firewall devices now installed across Primary and Secondary care estate, with basic filtering in place.
Technical - Restricted access to elevated account privileges.
Technical - Anti-virus, anti-malware and device access control software installed on all managed PCs.
Technical - Managed PCs and Servers subject to robust patching process for Windows Operating Systems.
Technical - Cyber security "Managed detection and response" agreement with third party.
Technical – QVLAN FW in place in NW, PRI and Stracathro. Wireless QVLAN now possible.
Technical – Anti-encryption software installed on file servers
Technical – Vulnerability scanning tool implemented

Assessment of Adequacy of Current Controls

Provide a self assessment on the adequacy of current controls.

Assessment of Adequacy	Response	✓
Adequate	Controls are in place, are working effectively and are consistently applied/being adhered to, to treat/mitigate the risk	
Incomplete	Controls are appropriately designed but these are not consistently applied	✓
Inadequate	There is no evidence to support the effectiveness of controls	
None	No controls in place	

Planned/proposed controls

Description	Responsible person	Due date
Ongoing project to upgrade eHealth application infrastructure to supported and secure levels.	Ally Gentles	Dependency on Technical Operating Plan
Creation of Cyber Security Strategy and roadmap (dependency on overall Digital Strategy)	Ally Gentles	To link with Digital Strategy launch Q1 2022
Mobile Device Management (MDM) solution to provide security around mobile devices	Ally Gentles	Pilot due Q1 2022

5 ASSURANCE

Overview of Assurance Arrangements

This report shows what controls are currently in place to mitigate the risk, by listing technical controls and what governance compliance we are working toward. Our technical controls are currently working as expected and we are using the output of the NISD audit to help shape future controls and provide evidence of such changes in preparation for our next audit.

With the outbreak of COVID-19, it has been difficult to keep work on planned controls to schedule. We are however continuing to refocus on these activities where resource allows.

The heightened risk resulting from the Russia/Ukraine conflict is of concern and will require us to closely monitor the situation and ensure we are prepared to respond in the event of cyber incident.

Cyber security will always be a continuous cycle of risk management. As we introduce new measures to help protect us, these will need constantly maintained, invested and upgraded to ensure they are fit for purpose.

6 CONCLUSION

Our cyber security stance is well managed, and we have now put in place technologies and processes to help mitigate against the highest risks we carried. Our cyber protection levels have improved significantly over the last two years and we are supplementing these with improved response processes and practices. We remain committed to

maintaining and enhancing our cyber stance and will continue to use the output from the NIS audits to help shape our services. Despite ongoing improvements, we must not become complacent and we should ensure that our cyber security stance remains maintained, invested in and modern to keep NHST protected, especially considering the current levels of increased threat.

Level of Assurance		System Adequacy	Controls	✓
Comprehensive Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.	
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.	✓
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.	
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.	

Based on the conclusion above, I am happy to continue reporting an assurance level of 'moderate'. Given the nature of cyber security, we will need to ensure this cycle is consistently invested in, monitored and maintained.

Executive Director/Risk Owner
Laic Khalique
Director of Digital Technology

Risk Manager
Ally Gentles
Head of Digital Operations

7 March 2022

Item Number 6.11

NHS Tayside

PRC19/2022
Performance and Resources Committee
14 April 2022

Assurance Report on eHealth Technical Infrastructure and Modernisation Programme Strategic Risk

1 STRATEGIC RISK

A lack of an overarching formal technical strategy combined with lack of staffing and financial resources within eHealth, has led to a lack of lifecycle management of the core IT infrastructure. Leading to an increasing risk of failure of IT services with the potential of non-recovery, leading to loss of patient/business data/inability to access patient/business data and inability to support digital transformation/expectations of the organisation.

2 CURRENT PERFORMANCE

Mitigation activities around this risk can be broadly split into two distinct areas: IT Application Estate and the IT Infrastructure.

A programme of work is underway to analyse our application estate and to plan upgrades/decommission of applications as appropriate onto modern and supported platforms. This work will also determine a lifecycle for each application, to avoid a scenario in the future where applications that are end of life are continuing to run within our environment.

The IT infrastructure continues to be updated to address areas of high risk, however truly transformational changes are dependent on significant investment and have been outlined in an Infrastructure Investment proposal, one of the key deliverables of which has been presented today to the AMG.

Improvements to the IT infrastructure and the Application Estate will be reflected in upcoming annual operating plans for the Digital Directorate once the new Digital Strategy has received final sign off.

Recent and current performance against this risk is highlighted in the table below.

Datix Ref	Risk Title	Risk Owner	Risk Exposure – No controls	Current Risk Exposure Rating Please include data from previous 4 reporting periods				Planned Risk Exposure
				Mar 20	Aug 20	Nov 21	Apr 22	
679	eHealth Technical Infrastructure and Modernisation Programme	Laic Khalique – Director of Digital	20 (Very High)	16 (High)	16 (High)	16 (High)	16 (High)	8 (Medium)

3 SIGNIFICANT ISSUES SINCE LAST REPORT

The risk score has remained the same, despite activity related to the mitigation of this risk putting in place solutions and changes which have helped to reduce the likelihood of issues within the IT infrastructure. The continued work on this will not reduce the risk from high to moderate without significant and continued further work.

For the application estate, the decommissioning cohort has assessed 127 systems/services for decommissioning, with 66 having been decommissioned, 11 in progress, 33 on hold due to interlinked dependencies and the remaining 17 not started. The upgrade cohort has identified 40 upgrade targets with 14 completed, a further 10 underway and the remaining 16 not started.

Several IT infrastructure upgrades have taken place during 2021, removing legacy equipment from use and allowing moves to modern and supported platforms. However, despite this intensive work, we still carry a large amount of legacy equipment and systems within our IT infrastructure. Our current infrastructure is rapidly aging, and we currently do not have a 24/7 cover for critical systems in the event of failure. We have requested that clinical colleagues provide the Digital Directorate with a prioritised list of key systems that require 24/7 cover and will presented fully costed options for board approval.

IT Infrastructure upgrades of note carried out during 2021 are:

- Windows 10 rollout – we have now migrated our managed endpoint estates to Windows with devices that exceed the National Infrastructure standards. The project has been closed, with a small number of post project activities identified.

- We have now removed a large number of legacy Access Points (APs) from our wireless network and replaced them with new models.

- The legacy file system was replaced with a new file storage system and all user data successfully migrated on to this.

- A series of network switching upgrades have taken place, with more planned throughout 2022. Plans are also progressing for the replacement of core networking equipment during 2023 – this is a major piece of work.

- Our Active Directory (AD) setup has been modernised and upgraded – AD is one of the ‘pillars of IT Infrastructure’ and without it, all IT services would cease to function. Plans are now progressing to form an exit strategy for our legacy authentication environment and moving the services currently residing on this to the new AD environment.

- We have enhanced resilience in our IP telephony system, by implementing automatic failover continuity for several key telephone extensions.

The outcome of ongoing discussions regarding investment in our IT infrastructure is key to mitigating this risk, as this will shape what direction we take with a number of areas of our IT Infrastructure.

COVID-19 has impacted on the mitigation of this risk, in both a positive and negative manner. From a positive perspective, COVID-19 has helped drive through some innovative technology improvements, which have in turn reduced single points of failure and allowed rapid deployment of upgraded technology and removal of legacy equipment. Conversely, the required resource input from Digital to the overall COVID-19 response has made it difficult to make progress at pace on mitigation activities. Digital has been a key piece of the COVID-19 response and resource continues to be in priority demand as services remobilise and adjust to a new way of working.

The Directorate has received a boost in recurring staff funding, and we have recruited five new staff to help deliver transformational change and risk mitigation activity at increased pace. We are also in the recruitment process for a further four roles to support this.

4 CONTROLS

Provide details of current and planned/proposed controls.

Current Controls

Description
Application lifecycle group created and providing plans for applications and services
Application decommissioning and upgrade cohorts created and work underway
Root and branch review of current Digital Directorate risks carried out to identify areas of IT infrastructure requiring investment.
Strategic Investment document created and discussed with Finance colleagues
Virtual patching applied to end of life Server estate where possible
Various implementations of upgraded technical solutions to remove legacy from our environment.

Assessment of Adequacy of Current Controls

Provide a self-assessment on the adequacy of current controls.

Assessment of Adequacy	Response	✓
Adequate	Controls are in place, are working effectively and are consistently applied/being adhered to, to treat/mitigate the risk	
Incomplete	Controls are appropriately designed but these are not consistently applied	✓
Inadequate	There is no evidence to support the effectiveness of controls	
None	No controls in place	

Planned/proposed controls

Description	**Responsible person**	**Due date**
Production of infrastructure roadmap document to outline rolling IT investment timeline – this is dependent on outcome of financial investment discussions.	Ally Gentles	Q1 2022
Creation of Digital Strategy and Technical Operating Plan	Ally Gentles	Q1 2022

5 ASSURANCE

Overview of Assurance Arrangements

The current controls are operating well in providing a basis to assess the overall IT Infrastructure and help us to understand the mitigation activities required. The application lifecycle work has allowed us to determine what action is required on each application, allowing work to be undertaken on identified applications.

Now that the digital strategy has been finalised, we will be able to press on with the production of associated technical operating plans to outline future mitigation work and we look forward to presenting the strategy for approval to the Performance and Resources Committee. The outcome of these discussions is key to setting direction for mitigating this risk and our finance colleagues remain supportive and engaged.

6 CONCLUSION

a) Progress is being made with mitigation of this risk, however given the scale of the work required we continue to only see incremental gains in the risk score. We have sound foundations and understanding of the work to be done, however struggle with resource to tackle the work at any great pace in addition to tackling organisational priorities, COVID-19 response and remobilisations, other digital initiatives, and business as usual workload. We anticipate the increased staffing budget to help with this.

b) Provide a concise conclusion, using the table below, on the level of assurance that can be provided based on the evidence

Level of Assurance		System Adequacy	Controls	✓
Comprehensive Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.	
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.	
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.	✓
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.	

c) It is recommended to continue with the decommission or upgrade plans for legacy IT infrastructure components and applications and present to the Board costed options for providing 24/7 cover for critical infrastructure in order to minimise risk to patient services in the event of failure.

Executive Director/Risk Owner
Laic Khalique
Director of Digital Technology

Risk Manager
Ally Gentles
Head of Digital Operations

7 March 2022

Item Number 7.1
PRC20/2022

Performance and Resources Committee

14 April 2022

PERFORMANCE AND RESOURCES COMMITTEE ANNUAL REPORT 2021/22

Responsible Executive/ Non-Executive: Stuart Lyall, Director of Finance
Patricia Kirkpatrick, Non Executive Director, Chair of Performance and Resources Committee

Report Author: Stuart Lyall, Director of Finance

1. Purpose

Please select one item in each section and delete the others.

This is presented to the Board for:
- Decision

This report relates to a:-
- Annual Operation Plan

This aligns to the following NHSScotland quality ambition(s):-
- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As requested under section 2.4 (Recommendation) the Performance and Resources Committee is asked to approve the contents of the report, and to delegate to the Chair and Lead Officer, the power to provide any additional information that may be sought by the Audit and Risk Committee in reviewing the Board's System of Internal Control.

A comprehensive level of assurance is provided.

2.2 Background

The attached report at Appendix A seeks to fulfil the requirement within the Committee's Terms of Reference to provide an Annual Report to the Board by the Performance and Resources Committee.

2.3 Assessment

The report describes the purpose and composition of the Committee, and details:-

- membership of the Committee;
- frequency of meetings;
- schedule of business considered, and
- outcomes and assurances.

Annual reports are an essential part of the internal control process and the conclusions on assurance are considered in each year by the Audit and Risk Committee as part of the Annual Accounts process. The Annual Reports also provide assurance to the Accountable Officer regarding the Governance Statement.

2.3.1 Quality/ Patient Care

There is no direct impact on quality of care and services arising from this report.

2.3.2 Workforce

There is no direct impact on quality of care and services arising from this report.

2.3.3 Financial

There is no direct impact on quality of care and services arising from this report.

2.3.4 Risk Assessment/Management

An effective organisation will be able to demonstrate structures, policies and leadership behaviours.

The work of the Performance and Resources Committee provides assurance that the organisation has robust processes and procedures in place, along with a focus on continual improvement.

2.3.5 Equality and Diversity, including health inequalities

The group conducts its business, mindful of its responsibilities to ensure that equality and diversity considerations are addressed.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Not applicable.

2.3.8 Route to the Meeting

Not applicable.

2.4 Recommendation

This report is presented to Performance and Resources Committee to make the following decision:-

- approve the content of the Performance and Resources Annual Report 2021/22, and to delegate to the Chair and Lead Officer, the power to provide any additional information that may be sought by the Audit and Risk Committee in reviewing the Board's System of Internal Control.

The Committee is asked to note substantial assurance from the content of the report.

3 List of appendices

The following appendices are included with this report:

Appendix A - Performance and Resources Committee Annual Report 2021/22.

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.

APPENDIX A

TAYSIDE NHS BOARD

ANNUAL REPORT OF PERFORMANCE AND RESOURCES COMMITTEE 2021/22

1. PURPOSE

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that this Standing Committee submits an annual report to the Audit and Risk Committee. This report is submitted in fulfilment of this requirement.

2. PERFORMANCE AND RESOURCES COMMITTEE

2.1 Purpose of Committee

The purpose of the Performance and Resources Committee is to scrutinise on behalf of Tayside NHS Board in sufficient detail financial and operational performance to allow Tayside NHS Board to meet its obligations and to ensure that corrective actions are taken as required.

During the financial year ended 31 March, 2022, membership of Performance and Resources Committee comprised:-

Mrs Jenny Alexander, Non Executive Member, Employee Director
Ms Anne Buchanan, Non Executive Member (from May 2021)
Mr Peter Drury, Non Executive Member (Vice Chair)
Cllr Eric Drysdale. Non Executive Member
Ms Pat Kilpatrick, Non Executive Member
Mr Donald McPherson, Non Executive Member (from May 2021)
Mr Graeme Martin, Non Executive Member (until end April 2021)
Cllr Bob Myles, Non Executive Member
Mrs Emma Jane Wells, Non Executive Member (until end April 2021)

In Attendance
Prof Grant Archibald, Chief Executive
Mr Stuart Lyall, Director of Finance (Lead Officer)

Attendees
Mr Mark Anderson, Head of Property
Mrs Hazel Barnett, Director of Performance and Activity
Mr George Doherty, Director of Workforce
Mr James Henderson, Property Asset Manager
Mr Laic Khalique, Director of Digital Technology
Ms Karen McKay, Assistant Director of Finance - Corporate
Mrs Louise Lyall, Assistant Director of Finance - Infrastructure
Mr Raymond Marshall, Area Partnership Forum
Mr John Paterson, Director of Facilities
Ms Lorna Wiggin, Chief Officer Acute Services

Support to the Committee is provided by Ms Pauline Ireland.

2.2 Meetings

The Committee has met on six occasions during the period from 1 April, 2021, to 31 March, 2022, on the undernoted dates:-

- 8 April, 2021
- 10 June, 2021
- 12 August, 2021
- 14 October, 2021
- 9 December, 2021
- 10 February, 2022

The Performance and Resources Committee attendance record is attached at Appendix 1.

2.3 Business

The Committee Assurance and Work Plan for the Performance and Resources Committee covering the items considered is attached at Appendix 2.

Minutes of each meeting of the Committee have been timeously submitted to the Board along with Chair's Assurance Reports.

3. OUTCOMES AND ASSURANCES

Financial Management and Planning

The Committee has, at each of its meetings, considered the corporate finance report, robustly scrutinising the underlying variances, trends, forecasts and risks, in order to provide assurance to Tayside NHS Board with regard to the delivery of financial targets and achievement of Best Value.

The Strategic Financial Plan for 2021/22 was approved at the Tayside NHS Board meeting held on 29 April, 2021. Versions of the Plan had previously been considered by Performance and Resources Committee and the Executive Leadership Team. It was based on the continuing response to the pandemic, and on delivery recovery and mobilisation priorities within the funding settlement detailed by Scottish Government. The Strategic Financial Plan, which set out key assumptions and risks, was separated into two distinct elements; the core operational financial plan and the ongoing implications of Covid-19 and the cost of remobilisation.

At the beginning of 2020/21 2021/22, the Committee noted that the 2021/22 Financial Plan identified a financial gap of £27.0 million, which was to be achieved through efficiency savings. The Committee took a moderate level of assurance in the last quarter of the year, which was an improvement on the limited assurance previously provided as it was recognised that a breakeven position was projected and a second tranche of Covid-19 funding had been received in October 2021, with a commitment from Scottish Government of further Covid-19 funding where necessary.

The Committee was assured around delivery of the full efficiency savings programme for 2021/22, without the need for Scottish Government support. It noted the recurring savings performance was lower than in previous financial years, but this was as outlined in the Financial Plan presented at the beginning of the financial year..

The Capital Budget was projected to breakeven at year end, but a moderate level assurance was agreed throughout the year on the basis that planned expenditure continued to be impacted by delays in major capital projects under construction and the availability of staff resource to support these and any future initiatives.

Financial reports were consistent in messaging, and clearly identified risks to delivery of financial plans throughout the year.

Monitoring of strategic financial risks continued to be incorporated within both the capital and revenue financial reports, which placed these risks and controls in context and meant that strategic risks were reported to every committee meeting during the year.

The Committee Work Plan covered in detail separate reports considered throughout the year on key financial risk areas relating to workforce, prescribing, and property and assets.

Best Value

A Best Value review was considered at the meeting held on 8 April, 2021, and Members agreed a comprehensive level of assurance that Best Value characteristics relevant to the theme of effective Use of Resources had been considered throughout 2021/21. It was noted at the February 2022 meeting that Best Value had been considered throughout 2021/22 aligned to the full suite of meetings during the year, and the full report would be considered in April 2022.

Performance and Remobilisation Planning

The Performance Report was considered at each meeting with an agreed moderate level of assurance. The Committee particularly welcomed the performance against trajectories within the remobilisation plans, which was reported on three times and the continued improved performance in relation to a number of key performance metrics, including 31 and 62 day cancer treatments, with NHS Tayside remaining in the top percentile of Scottish Boards in cancer waiting times performance. Improvements continued for Emergency Department waiting times, Psychological Therapies, Children and Adolescent Mental Health Services.

The Committee have requested that the key metrics portfolio with the development of performance measures in respect of Mental Health, Learning Disabilities, Primary Care Services and Public Health.

The committee requested that the Remobilisation Plan should be presented at each meeting of the Performance and Resources Committee. This commenced at the meeting on 12 August, 2021.

Asset Management

Minutes of Asset Management Group (AMG) meetings, along with an update report highlighting key decisions made under delegated authority, current performance and forecast expenditure in relation to capital expenditure, and updates to the investment and disinvestment plans is presented to the Performance and Resources Committee following each AMG meeting.

AMG provides assurances to the Performance and Resources Committee that adequate and effective governance is in place to support the Committee in considering issues of asset management, key infrastructure risks, and the development of major capital investment business cases.

The Committee received regular updates on the Property Disposals Programme within reserved business with an agreed limited level of assurance. The limited level of assurance reflected the uncertainty around property utilisation and capacity during the current Covid-19 pandemic. It was noted controls were in place and should return to a moderate level of assurance in due course.

Digital Strategy

The Performance and Resources Committee received an update on work being undertaken by the Digital Directorate in its development of a Digital Strategy for the period 2021 to 2026. Members noted that that the Digital Strategy would be presented at the Performance and Resources Committee meeting on 14 April, 2022, for approval.

Climate Emergency and Sustainable Development

The Committee noted a new policy for NHS Scotland on the Climate Emergency and Sustainable Development had been implemented from November 2021. A significant change in the new policy was to ensure that NHS Scotland becomes a net-zero greenhouse gas emissions health service by 2040. The Committee noted the increasing and significant workload associated with the new policy which was reflected by the increase to the risk exposure rating for the Environmental Management Strategic risk 807 from 9 to 20 in the last quarter of the financial year. A limited level of assurance has been provided.

Interim Evaluation of Internal Control (ICE) Framework Report

In line with revised national guidance, a one-year financial plan was produced by NHS Tayside instead of the intended medium term three year plan.

The Committee considered the content of the ICE 2020/21 report and reflected on the aspects relevant to the production of the Committee Annual Report and Assurance Statements. It was noted that there were no resultant actions points contained with the financial governance section of the ICE 2020/21, and the positive comments contained within the report in connection with performance reporting and the Performance and Resources Committee.

Reserved Business

On average, 85% of business was conducted in open session with 15% being held in reserved business.

4. RISK ASSURANCE AND REPORTING

The Committee receives assurance reports on the following Strategic Risks:

Risk	Risk Type	Dates Considered					
		8/4	10/6	12/8	14/10	9/12	10/2
Long Term Financial Sustainability	Strategic	√	√	√	√	√	√
Financial Plan Risk	Strategic	√	√	√	√	√	√
Prioritisation & Management of Capital Funding	Strategic	√	√	√	√	√	√
NHS Tayside Estates Infrastructure Condition	Strategic	√			√		√
Effective Prescribing	Strategic	√		√		√	√
Waiting Times and RTT Targets	Strategic	√		√		√	
Cyber Attack	Strategic	√		√		√	
eHealth Technical Infrastructure & Modernisation Programme	Strategic	√		√		√	
Environmental Management	Strategic		√		√		√

5. ISSUES FOR CONSIDERATION IN NHS TAYSIDE'S GOVERNANCE STATEMENT

There are no exceptional issues, noting that challenges presented by the Covid-19 pandemic and remobilisation will be considered in a broader context with the Governance Statement, and that any risks relevant to the business of Performance and Resources Committee have been mitigated and/or managed effectively throughout 2021/22.

Although limited assurance has been provided throughout the year in the assurance reports relating to Sustainability and Environmental Management, and the Property Disposal Programme, the Committee acknowledge the reasons provided, and understand that work is being progressed which should ultimately lead to an improvement in the level of assurance in the future. These assurances have been considered in reaching the conclusion provided below.

6. CONCLUSION

I am satisfied as Chair of the Performance and Resources Committee that the conduct of business, including the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Code of Corporate Governance.

I can confirm as Chair of the Performance and Resources Committee that adequate and effective Financial Governance arrangements were in place within NHS Tayside during the financial year ended 31 March 2022, and demonstrated to this Committee.

I wish to acknowledge the contribution and commitment of Committee Members and attendees, and to thank those who have prepared reports and attended meetings. In addition, I wish to express my gratitude and thanks to Pauline Ireland, Committee Support Officer, for her support of the Committee during the year.

Pat Kilpatrick
Chair of Performance and Resources Committee
14 April 2022

Appendix 1

PERFORMANCE AND RESOURCES COMMITTEE – ATTENDANCE RECORD – YEAR 1 APRIL 2021 – 31 MARCH 2022

NAME		Meeting Date	Meeting Date	Meeting Date	Meeting Date	Meeting Date	Meeting Date
		8 April 2021	10 June 2021	12 August 2021	14 October 2021	9 December 2021	11 February 2022
MEMBERS	**DESIGNATION**						
Jenny Alexander	Employee Director	Present	Present	Apologies	Present	Present	Present
Anne Buchanan	Non-Executive Member (from 1 May 2021)	Present	Present	Present	Present	Apologies	Present
Peter Drury	Non-Executive Member	Present	Present	Present	Present	Present	Present
Eric Drysdale	Non-Executive Member	Present	Present	Present	Present	Present	Present
Pat Kilpatrick	Non-Executive Member (Chair)	Present	Present	Present	Present	Present	Present
Graeme Martin	Non-Executive Member (until 30 April 2021)	Apologies					
Donald McPherson	Non-Executive Member (from 1 May 2021)		Present	Present	Present	Present	Present
Bob Myles	Non-Executive Member	Present	Present	Present	Present	Apologies	Present
Emma Jane Wells	Non-Executive Member (until 30 April 2021)	Present					
EX-OFFICIO							
Lorna Birse-Stewart	Chair, NHS Tayside	-	Apologies	-	Present	-	-
IN ATTENDANCE							
Stuart Lyall	Director of Finance (Lead Officer)	Present	Present	Present	Present	Apologies	Present
ATTENDEES							
Mark Anderson	Head of Property	Present	Apologies	Apologies	Apologies	Apologies	Apologies
Grant Archibald	Chief Executive	Present	Apologies	-	Apologies	Present	Present
David Coulson	Director of Pharmacy	Apologies	-	Apologies	Apologies	Present	-
George Doherty	Director of Workforce	Present	Apologies	Apologies	Apologies	Apologies	Apologies
James Henderson	Property Asset Manager	Present	Present	Present	-	Present	Present
Laic Khalique	Director of Digital Technology	Present	Present	Apologies	Present	Apologies	Present
Karen McKay	Assistant Director of Finance - Corporate	Present	Present	Present	Present	Present	Present
Louise Lyall	Assistant Director of Finance - Infrastructure	Present	Present	Present	Present	Present	Present
John Paterson	Director of Facilities	Present	Present	Present	Apologies	Present	Apologies
Hazel Barnett	Director of Performance and Activity	Present	Apologies	Present	Present	Present	Present
Lorna Wiggin	Chief Officer of Acute Services	Present	Present	Present	Present	Apologues	Apologies
Raymond Marshall	Area Partnership Forum	Present	Present	Apologies	Apologies	Present	Apologies
Representative	Communications Department	Present	-	-	-	-	-
COLLEAGUES and	**DEPUTIES INVITED TO ATTEND**						
Claire Pearce	Nurse Director						
Niall Deuchar	Senior Project Manager						
Margaret Dunning	Board Secretary	Apologies		Present			
Tony Gaskin	Chief Internal Auditor						
Barry Hudson	FTF Internal Audit						
Jocelyn Lyall	FTF Internal Audit						
Trudy McLeay	Non Executive Member						
Peter Stonebridge	Medical Director						
Representative	Audit Scotland						
CTTEE. SUPPORT	**OFFICER**						
Pauline Ireland	Committee Support Officer	Present	Present	Present		Present	

Appendix 2

PERFORMANCE AND RESOURCES COMMITTEE
ASSURANCE PLAN COVERING BUSINESS CONSIDERED DURING YEAR 1 APRIL 2021 TO 31 MARCH 2022

ASSURANCE NEED (Consider the Terms of Reference and breakdown into the areas that require assurance to be provided to the Committee)	**SOURCE / EVIDENCE OF ASSURANCE** (Considering the component parts of the Terms of Reference what evidence is required to be demonstrated against each component part)	**TYPE OF ASSURANCE** (1st Line, 2nd Line or 3rd Line of Assurance)	**FREQUENCY** (When will the assurance be presented to the Committee)	**DATE AT COMMITTEE**	**LEVEL OF ASSURANCE ACHIEVED** To be completed after Committee Meeting (Comprehensive, Moderate, Limited, No Assurance)
Financial Planning					
Ensure that financial planning assumptions are soundly based and reflect known pressures, potential investments and opportunities for cost reduction	Draft Three Year Financial Plan	2nd Line	Annually – 4th quarter	• 8 April 2021 • 10 February 2022	• Moderate • Limited
	Draft Financial Plan	2nd Line	Annually – 3rd quarter	• 8 April 2021 • 9 December 2021	• Moderate • Noted verbal update
	Draft Five Year Capital Plan	2nd Line	Annually – 3rd quarter	• 8 April 2021 • 9 December 2021 • 10 February 2022	• Moderate • Noted verbal update • Noted the update
Financial Monitoring					
Ensure regular monitoring of financial position and highlight significant trends and risks	Revenue Financial Report / Long Term Financial Sustainability Risk Assurance Report (risk ref 723) / Financial Annual Plan Risk Assurance Report (risk ref 849)	2nd Line 1st Line 1st Line	Each meeting	• 8 April 2021 • 10 June 2021 • 12 August 2021 • 14 October 2021 • 9 December 2021 • 10 February 2022	• Comprehensive • Comprehensive • Limited • Limited • Moderate • Moderate
	Capital Finance Report / Prioritisation and Management of Capital Funding Risk Assurance Report (risk ref 636)	2nd Line / 1st Line	Each meeting	• 8 April 2021 • 10 June 2021 • 12 August 2021 • 14 October 2021 • 9 December 2021 • 10 February 2022	• Moderate • Moderate • Moderate • Moderate • Moderate • Moderate

	Prescribing Efficiencies Programme Report	2nd Line	Twice per year – mid and year end	• 8 April 2021 • 14 October 2021	• Moderate • For awareness
	Secondary Care Medicines Report	2nd Line	Twice per year – mid and year end	• 8 April 2021 • 14 October 2021	• For awareness • For awareness
	Effective Prescribing Risk Report (risk ref 615)	1st Line	Every second meeting	• 8 April 2021 • 12 August 2021	• Moderate • Moderate
	Best Value Review	1st Line	Annually	• 8 April 2021	• Comprehensive
	Rota Compliance Report	2nd Line	Twice per year (no longer required as of April 2021)	• 8 April 2021 • 14 October 2021	• Moderate • Awareness
	Additional Cost of Teaching (ACT) Annual Report	1st Line	Annually	• 9 December 2021	• Moderate
Performance Monitoring					
Ensure a rigorous and systematic approach to performance monitoring and reporting	Performance Report – Key Metrics • Performance Tracker • Remobilisation Plan	2nd Line	Each meeting	• 8 April 2021 • 10 June 2021 • 12 August 2021 • 14 October 2021 • 9 December 2021 • 10 February 2022	• Moderate • Moderate • Moderate • Moderate • Moderate • Moderate
	Workforce Information report	2nd Line	Twice per year – mid and year end	• 8 April 2021 • 9 December 2021	• Moderate • Moderate
	Waiting Times and RTT Targets Risk Assurance Report (risk ref 26)	1st Line	Every second meeting	• 8 April 2021 • 12 August 2021 • 9 December 2021	• Moderate • Moderate • Moderate
Asset Management					
Ensure that Board's component of the Regional Asset Management Plan is developed, supported and maintained	Regional Asset Management Plan	2nd Line	Annually	• 12 August 2021	• For awareness
	Asset Management Programme Update	2nd Line	Each meeting **included within the capital finance report*		
	Asset Management Group Annual Report	2nd Line	Annually	• 10 June 2021	• Comprehensive
	Property Disposal Update	2nd Line	Each meeting	• 8 April 2021 • 10 June 2021	• Moderate • Moderate

				• 12 August 2021 • 14 October 2021 • 9 December 2021 • 10 February 2022	• Limited • Limited • Limited • Limited
	Estates Infrastructure Risk Assurance Report (risk ref 312)	1st Line	Every second meeting	• 8 April 2021 • 12 August 2021 • 9 December 2021	• Moderate • Moderate • Moderate
	National Treatment Centre – Tayside Update Report	2nd Line	Twice per year	• 12 August 2021	• Moderate
Digital Strategy					
Ensure Digital Directorate Strategy and Annual Operating Plan in place and monitored	Digital Strategy and Annual Operation Plan Update	1st Line	Every second meeting	• 8 April 2021 • 12 August 2021 • 9 December 2021	• Moderate • Moderate • Moderate
	Digital Directorate Annual Report	1st Line	Annually	• 12 August 2021	• Moderate
	eHealth Technical Infrastructure and Modernisation Programme Risk Assurance Report (risk ref 679)	1st Line	Every second meeting	• 8 April 2021 • 12 August 2021 • 9 December 2021	• Limited • Limited • Limited
	Cyber Attack Risk Assurance Report (risk ref 680)	1st Line	Every second meeting	• 8 April 2021 • 12 August 2021 • 9 December 2021	• Limited • Limited • Moderate
Miscellaneous					
Consider progress against Sustainability and Environmental Strategy	Update report *(included in the Environmental Management Strategic Risk from February 2022)*	2nd Line	Six monthly	• 10 June 2021	• Moderate
	Environmental Management Strategic Risk Assurance Report (risk ref 807)	1st Line	Every second meeting	• 10 June 2021 • 14 October 2021 • 10 February 2022	• Limited • Limited • Limited
Consider progress of Public Procurement Reform Programme	Annual report	2nd Line	Annually	• 14 October 2021	• Comprehensive
Consider progress of NHS Scotland Pharmaceutical Specials Programme	NHS Scotland Pharmaceutical Specials Programme Board Report and Minute (R)	2nd Line	Six monthly	*Deferred to June 2022*	

PERFORMANCE AND RESOURCES COMMITTEE

WORK PLAN COVERING BUSINESS CONSIDERED DURING YEAR 1 APRIL, 2021, TO 31 MARCH, 2022

	Responsible Officer	Reporting Arrangements	8 Apr 2021	10 Jun 2021	12 Aug 2021	14 Oct 2021	9 Dec 2021	10 Feb 2022
Financial Planning								
Draft Three Year Financial Plan	S Lyall	**Annually**	**X (deferred from Feb 2021)**					
Draft One Year Financial Plan								**X**
Draft Financial Plan	S Lyall	**Annually**					**x Verbal Update**	
Draft Five Year Capital Plan	S Lyall	**Annually**	**X (deferred from Feb 2021)**					
Long Term Financial Sustainability Risk Assurance Report (Risk Ref 723)	Mr S Lyall	**Every second meeting***included within the revenue finance reports at each meeting from October 2020*	**X**		**X**		**X**	
Financial Monitoring								
Financial Annual Plan Risk Assurance Report (Risk Ref 849 and 1033)	Mr S Lyall	**Every second meeting** *included within the revenue finance reports at each meeting from October 2020*	**X**	**X**	**X**	**X**	**X**	**X**

Prioritisation & Management of Capital Funding Risk Assurance Report (Risk ref 636)	Mrs L Lyall	**Every second meeting** **included within the capital finance reports at each meeting from October 2020*	**X**	**X**	**X**	**X**	**X**	**X**
Revenue Financial Report	Mr S Lyall	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Capital Financial Report	Mrs L Lyall	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Best Value Review	Mr S Lyall	**Annually**	**X (deferred from Feb 2021)**					**X**
Prescribing Efficiencies Programme Report	Mr D Coulson	**Twice per year**	**X**			**X**		
Secondary Care Medicines Report	Ms L Wiggin	**Twice per year**	**X**			**X**		
Performance Monitoring								
Performance Report – Key Metrics	Mrs H Barnett	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Performance Tracker – Remobilisation Plan	Mrs H Barnett	**Each meeting**			**X**	**X**	**X**	**Verbal update**
Workforce Information Report	Mr G Doherty	**Twice per year**	**X**			**X**		
Waiting Times and RTT Targets Risk Assurance Report (Risk ref 26)	Ms L Wiggin	**Every second meeting**	**X**		**X**		**X**	
Effective Prescribing Risk Report (Risk ref 615)	Mr D Coulson	**Every second meeting**	**X**		**X**		**X**	
Asset Management								
Asset Management Programme Update	Mrs L Lyall	**Each meeting** ***(*included within capital finance report and reported)***	**X**	**X**	**X**	**X**	**X**	**X**

Asset Management Group Annual Report (R)	Mrs L Lyall	**Annually**		**X**				
Asset Management Group Minutes (R)	Mrs L Lyall	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Property Disposal Update (R)	Mr M Anderson	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Estates Infrastructure Risk Assurance Report (risk ref 312)	M Anderson	**Every second meeting**	**X**		**X**		**X**	
National Treatment Centre – Tayside Programme Update	L Wiggin/ K Wilson	**Six monthly**			**X**			**X Deferred to April 2022**
Regional Asset Management Plan (RAMP)	Mr M Anderson	**Annually**			**X**			
Digital Strategy								
Digital Directorate Annual Report	Mr L Khalique	**Annually**			**X**			
Digital Transformation Update	Mr L Khalique	**Every second meeting (starting October 2020)**	**X**		**X**		**X**	
Minutes from Digital Transformation Partnership	Mr L Khalique	**Every second meeting (starting October 2020)**	**X**		**X**	**X**		**X**
Cyber Attack Risk Assurance Report (Risk ref 680)	Mr L Khalique / Mr A Gentles	**Every second meeting**	**X**		**X**		**X**	
eHealth Technical Infrastructure and Modernisation Programme (Risk ref 679)	Mr L Khalique / Mr A Gentles	**Every second meeting**	**X**		**X**		**X**	

Miscellaneous								
Procurement Annual Report	Mr M Cambridge	**Annually**				**X**		
Additional Cost of Teaching (ACT) Annual Report	Mr A Caddick	**Annually**					**X**	
Sustainability and Environmental Strategy, Implementation and Monitoring Update Report	Mr P Wilde	**Six monthly**		**X**			**X**	
Environmental Management Strategic Risk Assurance Report (risk ref 807)	Mr M Anderson	**Every second meeting (as of October 2020)**		**X**		**X**		**X**
NHS Scotland Pharmaceutical Specials Programme Board Report and Minute (R)	Mrs L Lyall	**Six monthly**				**X (deferred to December)**	**X (deferred to February)**	**X (deferred to June)**
Governance								
Facilities Management Policies		**As & when available**						
Committee Assurance Plan and Work Plan	Mr S Lyall	**Each meeting**	**X**	**X**	**X**	**X**	**X**	**X**
Committee Annual Report	Mr S Lyall	**Annually**		**X**				
Committee Terms of Reference	Mr S Lyall	**Annually**	**X**					

Performance and Resources Committee

14 April 2022

Internal Control Evaluation 2021/22 (ICE)

Responsible Officer: **Stuart Lyall, Director of Finance**

Report Author: **Tony Gaskin, Chief Internal Auditor**

1 Purpose

This is presented to the Performance & Resources Committee for:

- **Assurance**
- **Awareness**

This report relates to:
- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Internal Control Evaluation (ICE) is undertaken each year by Internal Audit to provide assurance on the overall systems of internal control that support the achievement of the Board's objectives.

The Chief Internal Auditor presented the draft ICE report to the 20 January 2022 Audit and Risk Committee, and it was agreed that the final report would be circulated to Members and distributed to Standing Committees when available, before being presented to the March Audit and Risk Committee.

The final ICE report (Appendix 1) includes management responses setting out progress with recommendations, and future required action.

This report provides **Moderate Assurance** that governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

2.2 Background

As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control and managing and controlling all the available resources used in his/her organisation. The ICE aims to provide early warning of any significant issues that may affect the Governance Statement.

On 20 January 2022 the Audit and Risk Committee agreed that the final ICE report would be circulated to Members and distributed to Standing Committees when available.

2.3 Assessment

The ICE highlighted key ongoing and required developments and identified 12 recommendations for action. These recommendations are intended to embed good governance principles and to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance.

Whilst this appears to be a large number of recommendations given the overall positive conclusions within the report, these recommendations are primarily suggestions to enhance governance improvement activities already underway within NHS Tayside.

To enable the Performance and Resources Committee to focus on key sections of the ICE relevant to their terms of Reference, the following sections are highlighted for consideration:

Sections relevant for all Standing Committees:

Pages 1 to 11 of the ICE report setting out the Audit Opinion, Key Themes & Developments, and progress against ongoing actions from the Annual Internal Audit Report 2020/21 and the 2020/21 ICE.

The Corporate Governance narrative has relevance for all Standing Committees, with pages 12-21including:

- Strategy
- Operational Planning and Remobilisation
- Covid 19
- Resilience
- Governance (including the Governance Blueprint)
- Assurance Mapping and Best Value
- Culture
- Integration (Action point 3, page 21)
- Audit Follow Up
- Performance (Action point 1, pages 17 and 18)
- Risk Management (Action point 1, pages 17 and 18)
- Policies (Action point 2, page 19 and 20)

The following sections align to the remit of the Performance and Resources Committee:

Page(s)	Reference
37-39	Financial Governance narrative
40	Action point 9 – Property Asset Management Strategy
41- 43	Digital elements of the Information Governance narrative
44	Action point 10 – Digital Strategy
45 - 46	Action point 11 – Information governance arrangements

2.3.1 Quality/ Patient Care

The Triple Aim is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews. Review of the Board's supporting strategies, including the workforce strategy, is recommended within the report.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

2.3.4 Risk Assessment/Management

Our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified.

2.3.5 Equality and Diversity, including health inequalities

All internal audit reviews which involve review of policies and procedures examine the

way in which equality and diversity is incorporated in Board documentation.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

The paper has been produced by Internal Audit and the Assistant Director of Finance - Infrastructure.

2.3.8 Route to the Meeting

The draft ICE was considered by the Audit & Risk Committee on 20 January 2022 and the final report will be presented to the 17 March 2022 Audit & Risk Committee.

2.4 Recommendation

- **Assurance** – Note the assurance on the overall system of controls provided within the ICE report
- **Awareness** – Note that some aspects may be relevant in the production of the Performance and Resources Committee annual report and assurance statements.
- **N**ote that this report provides **Moderate Assurance** on the overall system of internal controls.

3 List of appendices

The following appendix is included with this report:

- Appendix 1 – T08/22 Internal Control Evaluation 2021/22

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensures objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

FTF Internal Audit Service

Internal Control Evaluation 2021/22

Report No. T08/22

Issued To:

G Archibald, Chief Executive
L Birse Stewart, Chair

S Lyall, Director of Finance
NHS Tayside Directors / Executive Leadership Team
IJB Chief Officers

M Dunning, Board Secretary

H Walker, Head of Strategic Risk and Resilience Planning

L Green, Audit and Risk Committee Members' Library

Audit Follow-Up Co-ordinator

Audit and Risk Committee
External Audit

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Draft Report Issued	24 December 2021
Management Responses Received	3 March 2022
Target Audit & Risk Committee Date	20 January 2022
Final Report Issued	**3 March 2022**

EXECUTIVE SUMMARY

1. As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control to manage and control all the available resources used in the organisation. This review aims to provide early warning of any significant issues that may affect the Governance Statement.

OBJECTIVE

2. The principal objective of this review is to provide assurance to the Chief Executive, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the Board's objectives.

3. This year's Internal Control Evaluation (ICE) was designed to coordinate with future internal audit work on progress with Strategic and Workforce Planning, with initial work focussing on the adequacy of the arrangements in place to develop the Strategy and the Workforce Plan. The second phases of both reviews will consider the effectiveness of these arrangements.

4. This ICE also provides a detailed assessment of action taken to address previous internal audit recommendations from the 2020/21 ICE and Annual Report, and assess the adequacy and effectiveness of internal controls, giving time for remedial actions to be taken before year-end, thereby allowing the year-end process to be focused on year-end assurances and confirmation that the required actions have been implemented.

5. This evaluation assessed the design and operation of the controls in place and specifically considered whether:

   - Governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

6. Whilst there was no overarching corporate/strategic risk relevant to this review, our audit specifically considered whether governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

AUDIT OPINION

7. Ongoing and required developments and recommended actions are included at Section 2.

8. The Annual Internal Audit Report, issued on 27 July 2021, was informed by detailed review of formal evidence sources including Board, Standing Committee and Executive Leadership Team (ELT). As well as identifying key themes, the Annual Internal Audit Report made recommendations on:

   - Strategy
   - Integration
   - Waiting Times risk
   - Workforce Planning
   - Performance Reporting
   - Information Governance risk

9. The action relating to Workforce Planning is on track and while the Strategy and Integration recommendations are due for completion by March 2022, a clear focus on progressing these is required as there has been slippage in expected progress to date. The Waiting Times risk review has not been progressed and there has been some minor slippage on the other two recommendations.

10. Six of seven recommendations from the 2020/21 ICE are still in progress and there has been significant slippage on the Strategy recommendation. Completed actions from previous ICE and Annual Report recommendations are included under each strand of governance and ongoing recommendations from the 2020/21 ICE are detailed in table 1.

11. NHS Tayside has successfully managed the shorter term operational risks, ensuring continuation of service delivery and good performance throughout the pandemic. The focus must now be on management of longer term risks, most importantly the Waiting Times risk, and development of overall Clinical Strategy. Completion of the 2020/21 ICE and Annual Report recommendations will be crucial to the organisation's long terms success.

12. In this report, we have provided an update on progress to date and, where appropriate, built on and consolidated previous recommendations to allow refreshed action and completion dates to be agreed. This has culminated in 11 recommendations for which management have agreed actions to progress by year end. Whilst this appears to be a large number of recommendations given the overall positive conclusions within the report, these recommendations are primarily suggestions to enhance governance improvement activities already underway within NHS Tayside.

13. We recommend that this report is presented to each Standing Committee so that key themes can be discussed and progress against the recommendations can be monitored.

KEY THEMES

14. 2021/22 has continued to be very challenging and NHS Tayside has performed exceptionally well in these circumstances, with operational performance exceeding the Scottish average in a number of areas. Focus on strategy development has not matched the expectations at year-end. The Board will need to understand how best to balance the mitigation of short-term operational risks against the actions required to mitigate the longer-term strategic risks which could cause significant difficulties for the Board in the coming years.

15. Our 2020/21 Annual Report noted that a number of the issues highlighted within that year's ICE were being addressed as part of a wide range of governance and strategic initiatives. We were pleased to see steady progress in:

    - Endorsement of assurance principles and adoption of revised Standing Committee Governance and Assurance Guidance;
    - Continuing development of Risk Management arrangements, although further work is required to fully incorporate the impact of Covid;
    - Continued enhancement of the quality of assurance reports to the Care Governance Committee;
    - Refresh of the Collective Leadership and Cultural Strategic Framework 2018- 2023 to support implementation in year 3;
    - Enhancements in performance reporting;
    - Ongoing development of the 3 year Workforce Plan;
    - Completion of the Digital Strategy consultation process;
    - Production of the Cyber Incident Response Plan and Cyber Alert Response Plan.

KEY DEVELOPMENTS SINCE THE ISSUE OF THE ANNUAL REPORT

16. Key developments since the issue of the Annual Internal Audit Report included:

    - Approval of version 4 of the Remobilisation Plan and introduction of the quarterly Action Tracker to monitor progress;
    - An Active Governance workshop in October 2021;

- The Strategic Risk Management Board Development Event in September 2021;
- Development of the risk appetite statement, shared with the Strategic Risk Management Group on 15 December for approval;
- The Public Health Committee held a Public Health Strategy Development event covering the purpose of the Strategy, priority areas, stakeholder engagement and how to measure impact;
- Establishment of the Operational Unit Clinical Governance Committee, Clinical Policy Governance Group and Safety Oversight Group;
- Archiving of the Clinical Governance strategic risk as the target risk score was achieved;
- Development of the new Mental Health and Learning Disability Services strategic risk;
- Ongoing implementation of the new Public Protection Framework for NHS Tayside.
- Overall, there has been steady progress on recommendations from the ICE and the Annual Report for 2020/21. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.

ACTION

17. The action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

18. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

A Gaskin, Bsc. ACA
Chief Internal Auditor

TABLE 1 Update of Progress Against Ongoing Actions since Annual Report		
Agreed Management Actions with Dates	**Management Actions Updates with Dates**	**Assurance Against Progress**
Internal Control Evaluation Report 2020/21 – T06/22		
1. Sustainability & Transformation		
• Develop remobilisation plans into annual service plans, incorporating budgets and workforce planning discussions. • Introduce greater formality around the remobilisation process. • Completion of a comprehensive evaluation exercise of the service changes made. • Completion of remobilisation plan template by all clinical groups and specialties, including unplanned care. • Develop monitoring of adverse events due to Covid19. ***Action Owner: Chief Executive & Director of Finance*** ***Date of expected completion for all of the above is the 31 March 2022.***	RMPv3 and RMPv4 submitted to Scottish Government and a final version of the RMP4 provided to Board on 16 December 2021 for assurance and will be shared on the NHS Tayside website. Remobilisation Action Tracker introduced and regularly monitored. The Director of Performance & Activity is a member of the national Short Life Working Group SLWG which is contributing to guidance around the next stages. The strategic plan will be template based and narrative light. Progress on monitoring adverse events due to Covid to be confirmed.	 On track for completion
2. Strategy & Transformation		
• Identification of a Director level sponsor and project lead for strategic planning and change. • Plan and timetable for how the new strategy and supporting strategies will emerge, including governance arrangements and key responsibilities for individuals and groups. • A stock take of previous	Director with specific responsibility for strategic planning not recruited, but the Director of Finance and Chief Executive are actively working on a proposal to recruit and realign existing resource to create dedicated capacity for strategic planning. No reporting on progress through governance structures.	 Significant slippage

transformative projects • Articulation of a clear link between strategy and ongoing service developments. • Overt linkage to realistic medicine, transformative programs, efficiency savings and other initiatives. • Assessment of the risks to achievement. • Board should be provided regular overviews of whether Recovery, Remobilisation and strategy development is on track, key achievements, challenges and risks and any significant implications for strategy and priorities. ***Action Owner: Chief Executive & Director of Finance*** ***Date of expected completion for all of the above was 30 June 2021.***	The Scottish Government Budget for 2022/23 is set out as a transitional budget, paving the way for a full resource spending review in May 2022. This will inform Board direction.	
3. Corporate Governance – Covid19		
• Clearly articulate the impact of Covid19 on the risk profile of the organisation at both the strategic and service level. • Identify all relevant controls mitigating the strategic and service level impacts of Covid19 and implement clear assurance lines. • Risks documented within the Covid19 risk register should be reviewed and escalated if necessary. ***Action Owner: Director of Finance & Head of Strategic Risk and Resilience Planning/Interim Head of Clinical Governance and Risk***	Updated Strategic Risk Profile presented to Board in June and October 2021. Service level risks are updated and reviewed locally. Several Covid19 service risks are recorded in Datix. Strategic impact of Covid19 apparent for some but not all strategic risks. Head of Strategic Risk and Resilience Planning continues to meet with each risk owner to update strategic risks for Covid19 aspects.	 In progress

Management. ***Date of expected completion for all of the above was 30 April 2021.***		
4. Corporate Governance – Standing Committees		
All Standing Committee Lead Officers should provide assurance to the Accountable Officer that they and their standing committees will be in a position to provide the necessary assurance at year end. ***Action Owner: Board Secretary*** ***Date of expected completion for all of the above was 17 August 2021.***	Complete – as per Governance paper to Audit & Risk Committee in (A&RC) November 2021	 Complete
5. Corporate Governance – Performance Reporting		
Covid19 risks need to be fully articulated, measures chosen for reporting should focus on key risks and objectives and provide overt conclusions on those objectives and risk in line with the assurance principles. ***Action Owner: Director of Performance and Systems Management, Business Unit Service Manager*** ***Date of expected completion: Framework development and consultation commenced (July 2021). Formal approval and implementation of Performance Management Framework (December 2021).***	Performance reporting focus has shifted towards understanding the impact of the pandemic on performance against national measures, as well as the incorporation and development of measures aligned with the RMPv4. Action Tracker now includes key measures on: Public Health; Mental Health; Digital Infrastructure and Innovation; Workforce; Supporting Staff Wellbeing; Communications and Engagement. While the performance report does not overtly link to corporate objectives, the Risk Assessment/Management Performance reporting section of the December 2021 board cover paper referred to the strategic risks for Waiting times and RTT targets, Capacity and Flow and Child and Adolescent Mental Health Service. Action point 2 in this report recommends that monitoring	Performance reporting: Complete Covid risks: In progress

	and performance reports are overtly related to specific risks and contain an overt conclusion on whether controls are operating as intended, to mitigate the risk effectively.	
6. Clinical Governance – Care Governance		
• Implement a plan for review of the Clinical Governance Strategy, revising timelines and an assessment of the impact of Covid19. • Indentify any new or significant amendments to clinical governance risks. • Consider the impact of Covid19 on the scope/quality of information and its ability to provide appropriate year-end assurances. • Fully articulate changes to controls resulting from Covid19 and any diminution in assurance provided. ***Action Owner: Medical Director, Director of Nursing & Midwifery, Director of Public Health.*** ***Date of expected completion for all of the above is the 30 September 2021.***	Progress delayed due to Covid-19 and further postponed because of ongoing developments. Revised target date for completion. Clinical governance risks continue to be reported to Care Governance Committee; although risks associated with increased waiting times are not yet reported. Impact of Covid-19 requires to be quantified across all assurance papers.	 In progress
7. Succession Planning		
Remuneration Committee should perform succession planning for key strategic posts with NHS Tayside. ***Action Owner:*** **Director of**	Verbal update on the Talent Management Framework and Succession Matrix to October 2021 Remuneration Committee, highlighting the criticality of developing leaders to the required level of	 In progress

Workforce ***Date of expected completion for the above is October 2021***	competency and capacity. Implementation of the Strategy has been delayed due to Covid. Date of expected completion deferred to February 2022.	
Annual Report 2020/21 – T08/22		
1. Strategy		
Introduction of a strategic risk relating to the development and implementation of overall strategy • Appropriate officers identified to own and manage the risk • Effective governance and oversight so that the Board can formally scrutinise the arrangements and be engaged in all key decisions, and in setting the vision/ direction for the next iteration of the plan. ***Director of Finance*** ***March 2022***	A strategic risk to be developed following horizon scanning exercise and consultation with IJB colleagues. Regular updates to be provided to Board and will present a more detailed process to the Board at the appropriate time, which will be before year-end. See comments above on the ICE 2020/21, point 2 - Strategy & Transformation.	 Significant slippage
2. Integration		
NHS Tayside active engagement with the actions agreed as part of the MSG self evaluation and revision of Integration Schemes. ***Director of Finance*** ***March 2022***	No reporting on MSG actions to Tayside NHS Board. Integration Schemes review in progress with target date for completion of March 2022.	 In progress
3. Waiting Times risk		
Review of Waiting Times risk to reflect potential for patients to suffer serious harm if services are not prioritised effectively Re-allocation of risk to the Care Governance Committee Post-Covid the current risk will be updated following an impact	Agreed risk would be updated post-Covid-19 and reported to CGC. Whilst the risk and the associated controls have not yet been presented to the Care Governance Committee, the Medical Director provided a list of the controls which are	 Significant slippage Superseded by new, enhanced recommendation

assessment of the pandemic which will in turn inform future treatment profiles and inform service prioritisation. This post-Covid risk update with any additional controls will be reported to the CGC. ***Medical Director*** ***December 2021***	currently being applied, and we were informed that, due to the ongoing impact of Omicron the view is that the impact assessment would best be carried out in March / April 2022. Internal Audit have provided examples of good practice from other Boards.	
4. Workforce Planning Governance arrangements		
• Agreement of a project plan and timetable to progress Workforce Planning, to support delivery of the Clinical Strategy and links to revised service models. • Effective SGC governance, oversight and scrutiny. ***Director of Workforce*** ***March 2022***	Interim Workforce Plan endorsed by Staff Governance Committee in June 2021, following approval by the APF. Staff Governance Committee demonstrates increased emphasis on workforce planning with risks and controls reviewed and reports detailing work being undertaken on the 3 year Workforce Plan. No Workforce Optimisation risk assurance report between August 2021 and February 2022 (December 2021 meeting cancelled). Workforce Planning templates complete for all but one service areas and key themes extracted. Scottish Government guidance is awaited on format of future Workforce Plans or how they will monitor implementation. However, their primary purpose is for the Board not the Scottish Government and therefore we would expect to see monitoring of the workforce plan objectives through a SMART action plan and appropriate KPIs.	 On track for completion

5. Performance reporting		
Reporting of new measures as a result of Covid-19 to be included in the Staff Governance Quarterly Report with a particular focus on health and wellbeing, safety and mandatory and statutory training. ***Director of Workforce*** ***To be confirmed following confirmation of national direction (August 2021)***	The only associated information that the SGC has received this year related to uptake of the Health & Safety system 'Smartsheet', which includes some Covid related data, an update on the Wellbeing Group, including minutes, and reports on Statutory and Mandatory training which were presented to the June and October 2021 SGC. No overt, data based assurance in relation to staff safety and wellbeing during the Covid19 pandemic was presented to SGC. Departmental remobilisation plans were discussed at Local Partnership Fora, and reported to the Area Partnership Forum, but not the SGC.	 Significant slippage **The inherent risks in this area are still high and reflect that Covid and sickness absences are having a considerable impact.**
6. Information Governance Risk Reporting		
Reconfiguration of the Datix system to send IG alerts to the Information Governance and Cyber Assurance Team when an IG risk has been identified and monitor all operational / service level risks that have an information governance and / or cyber assurance element, with related reporting to the IGCAC Review of the Digital Directorate local risk register to identify any information governance and cyber assurance related risks and those will then be captured in Datix by the Digital Directorate. This will ensure that these information governance and cyber assurance related risks can also be monitored by the Information Governance and Cyber Assurance Team and where appropriate, reported to	The Digital Directorate Risk register is regularly updated, and risks are reviewed each month at the Infrastructure and Operations Group, as well as being a standing item on the Senior Management meeting agenda. Any risks arising or being actively managed which concern both IG and Digital will be added to Datix as appropriate. The Datix system has been now been configured to send alerts to the Information Governance and Cyber Assurance Team when an Information Governance risk has been identified in Datix. IG related risks have been identified with the first report to IGCAC in January 2022. 31 January 2022	 Minor slippage

the IG&CA Committee. **31 October 2021** **Action Owner -** Head of Information Governance and Cyber Assurance, Head of Operations, Digital Directorate.		

CORPORATE GOVERNANCE

Strategic Risks

- 807: Statutory obligations in relation to environmental management

Strategy

The strategic landscape is extremely complex with the SGHSCD delaying requirements for submission to them of a range of strategic documents and national guidance unclear in a number of key areas over which NHS Tayside has sought guidance, not least future funding. We also note that the NHS Recovery Plan contains a number of targets which appear to be extremely ambitious, at best in the current circumstances. Similarly, although much good work has been undertaken within the production of RMP 4, this can only ever be a bottom-up approach, it cannot inform the necessary process of prioritisation or address the need for consideration of issues such as health equity, new demand and prevention which may have a more fundamental impact on how services are delivered, if at all.

Understandably, much of the focus since our annual report has been on dealing with the ongoing impact of the pandemic, which continues to take priority, given its seriousness and urgency. We note elsewhere in this report, the excellent performance of NHS Tayside in this regard, which does demonstrate the ability of NHS Tayside and its Executive Team to deliver rapid change and improvement when required.

However, NHS Tayside will need to balance the very serious risks posed by the current circumstances, with the potentially existential risks to future operations created by the demographic and workforce pressures which were already threatening sustainability across much of NHS Scotland, even before Covid both exacerbated those pressures and created a range of new difficulties. It is important that the Board understands these risks and that Board members are sighted on how NHS Tayside will balance and resolve them.

As it stands, Tayside NHS Board members have not been provided with any formal update on production of the overall Clinical Strategy, although it was informed at a November BDE of how the remobilisation plans will to contribute to future strategic direction.

Whilst as noted above, there are a number of factors that will delay the delivery of a coherent, over-arching strategy and the enabling strategies which support it, not least the need for clear and robust guidance and information from the SGHSCD, there are a number of steps which could be taken now to ensure that the Board is as well prepared as possible to deliver a strategy as and when such direction becomes available. These would include processes to understand changes to population health demand, consideration of how areas such as inequalities and realistic medicine will feed into the process and robust information on finance, workforce and Digital capacity to understand the parameters within which the Board will need to work.

It is also important the Board identifies those areas at greatest risk and in particular those 'critical path' areas where the service may become unsustainable and in a timescale not significantly greater than that required to effect the necessary change.

Given the complexity of the circumstances and the changes to the intended dates for commencement of the process for producing a strategy, Board members should be briefed on the national context, the challenges associated with the 4th wave and an overview of when and how the process will be taken forward, noting that the priority is not necessarily a glossy brochure, but an agreed set of objectives, priorities and changes.

We would also highlight the importance of producing the Public Health Strategy, which is a necessary precursor to development of overall Clinical Strategy and will need to be aligned to the overall direction of travel, including interaction with IJB strategic planning.

Operational Planning & Remobilisation Plan version 4 (RMPv4)

Following approval of Remobilisation Plan version 3 (MPv3) on 27 May 2021, the internal audit ICE 2020/21 report recommended establishing greater formality of reporting of remobilisation progress through governance structures. A detailed Action Tracker was agreed by the ELT to provide assurance on progress and to identify emerging risks. The first report was presented to the December 2021 Board meeting, following initial consideration by the Performance and Resources Committee (P&RC) in August 2021. This is an excellent document and the risks highlighted within it should be reviewed to ensure they are fully reflected in the organisation's strategic risk profile.

RMP4 was presented to the Board Development Event (BDE) in September 2021 before submission to Scottish Government at end September 2021. It provided an update on the delivery of key priorities described in RMPv3, alongside a short narrative on areas where there had been significant change or development since RMPv3, and what these mean for the Board. The final RMPv4 was presented to Board on 16 December 2021.

Tayside NHS Board approved Winter Planning arrangements on 16 December 2021. The Winter Plan describes the resilience and response NHS Tayside and its partner organisations will have in place to cope with expected winter pressures, within the Covid19 landscape.

Covid19

There were no changes in governance arrangements for Board and Standing Committees until December 2021, when the Staff Governance Committee (SGC) and Remuneration Committee meetings in December 2021 were stood down due to the rise of Omicron, and unavailability of both the Chair and Vice Chair of the Remuneration Committee.

Covid19 updates were reported to each Board meeting and provided information on the vaccination programme, contact tracing, the work of the Specialist Health Protection function, public communications and advice, workforce support and updates on Gold Command and the multi-partner Incident Management Team. Most recently, the December report detailed new mitigations in response to the Omicron variant.

Resilience

Internal audit T15/21 – Resilience Planning, provided an opinion of *Reasonable Assurance* on arrangements for Major Incident Planning and provided an opinion of *Limited Assurance* on Business Continuity Planning. Recommendations were agreed to review the resilience planning service level risk and provide more robust resilience planning assurances to the SRMG and P&RC. In addition, reporting of completion of Business Continuity Plans will now be strengthened and processes for central review and testing of Business Continuity Plans will be more closely monitored by the Strategic Risk & Resilience Planning Team, **w**ith non-compliance followed up and escalated and reported as necessary.

Governance

There has been a range of positive governance developments and ongoing work, including:

- Endorsement of assurance principles;
- Adoption of revised Standing Committee Governance and Assurance Guidance;
- Continued use of the NHS Scotland 'Model Meeting Paper Template Completion Guidance';
- The Active Governance workshop in October 2021;
- Progress with assurance mapping ;

- Planned work on Best Value.

Governance Blueprint

The Corporate Governance Action Plan was generated from the Board self-assessment undertaken in 2019. This area was last reviewed in internal audit T11/20 – Governance Blueprint, issued 20 November 2019. At that time, six of 16 actions were in progress and, as last reported via the 30 April 2021 Board Action Points update, the NHS Scotland Corporate Governance Steering Group advised that the next self assessment survey should take place in 2021. However, this will not take place until the revised national Governance Blueprint is issued.

This would be an opportune time to provide assurance on progress with outstanding actions from the original Governance Blueprint, including revision of the Public Health Strategy, review of resources to implement and support the Engagement & Communications Plan and development of a programme to improve the visibility of the Board and the Board Members engagement with front line staff. The impact of Covid-19 on the implementation of these actions should be quantified and steps taken to progress key actions, prioritising as necessary and noting any overlap with other initiatives, such as the remobilisation plan.

Assurance Mapping & Best Value

Internal Audit continues to facilitate the work of the Assurance Mapping group and to liaise with the Board Secretary to consider how the agreed principles can be adapted to the specific needs of NHS Tayside. In addition, we are assisting Board Officers in their continuing review and update of the Mental Health Strategic risk and looking at how assurance mapping can be used to enhance the robustness of assurances provided by Directors in accordance with the Scottish Public Finance Manual, as well as ensuring that all work is congruent with national governance initiatives.

The organisation's approach to Best Value is being reviewed through the Finance function, with progress reported through the Governance Review Group. Best practice examples from other Health Boards have been obtained, and advice sought from both external and internal auditors. A proposal to address each Best Value characteristic on a cyclical basis will be progressed in early 2022 and internal audit has offered to provide comment as well as looking at the possibility of incorporating Best Value characteristics into the assurance mapping framework.

Culture

The person-centredness model in Tayside was approved by the Care Governance Committee in October 2020 and aligns with the refreshed Collective Leadership and Cultural Strategic Framework and Talent Framework accepted by the Staff Governance Committee in June 2021.

A Whole System Person Centredness Leadership Group provides support to improve care experience for staff, patients, families and carers; transform person-centred leadership and care cultures; ensure community engagement, including public and patient involvement and shared decision making.

Integration

The Tayside NHS Board Action Points update at 24 June 2021 stated that progress with MSG actions will be reported on a six monthly basis to the NHS Board. However, no updates have been provided since December 2019.

A Short Life Working Group first met on 22 July 2021 to revise the Integration Schemes and development sessions have been held with elected members, IJB members and NHS Tayside Board. The group has engaged with relevant officers for each section of the Integration Scheme and a draft was made available to Chief Executives week beginning 20 December 2021. The timescale for formal consultation will be agreed, with the aim of having all three schemes signed off in March 2022.

Audit Follow Up

The audit follow up system is maintained by internal audit and reported through the A&RC. At 31 October 2021, 9 internal audit actions remain outstanding, all had extended dates (3 risks assessed as red, 3 amber and 3 green).

Performance

The Scottish Government Annual Review was on 15 November 2021 and the Chief Executive gave a verbal update to the 6 December 2021 Board.

The focus of performance reporting has shifted towards understanding the impact of the pandemic on performance against national measures, as well as the incorporation and development of measures aligned with the NHS Tayside RMPv4. It is planned that reporting will continue to evolve to align with the key objectives outlined in RMPv4. The performance report does not overtly link to corporate objectives but does cross-refer to the strategic risks for Waiting times and RTT targets, Capacity and Flow and Child and Adolescent Mental Health Service.

The Performance Action Tracker has been enhanced to include key measures on: Public Health; Mental Health; Digital Infrastructure and Innovation; Workforce; Supporting Staff Wellbeing; Communications and Engagement.

Performance reports do not currently provide overt conclusions on their impact on specific risks and whether controls are operating as intended. The overall reporting framework at governance level should triangulate resources, performance and risk within the overall governance framework. Best practice would be for monitoring and performance reports to be overtly related to specific risks and to contain an overt conclusion on whether controls are operating as intended, to mitigate the risk effectively.

In the face of the pandemic, NHS Tayside has demonstrated impressive operational delivery, enabling the organisation to continue to deliver strong performance compared to NHS Scotland as a whole as evidenced to the 16 December 202 Board meeting:

- NHS Tayside has continued to successfully deliver the national standard for 31 day cancer waiting times. 62 day performance remained below the target of 95% at 90.6% in October 2021.
- Routine elective activity is progressing as per the agreed phased remobilisation planning, and elective Inpatient / Daycase procedure (TTG) activity over April-October 2021 remained above planned levels with 9,351 patients treated against a plan of 8,263 patients.
- Outpatient delivery over April-October 2021 remained above planned levels with 56,654 patients seen against a plan of 44,698 patients.
- Patients waiting beyond 6 weeks for a key diagnostic test rose to 5,534 at end August 2021, and reduced to 5,095 at end of October as Endoscopy activity outstripped demand.
- CAMHS 18 week referral to treatment performance has improved to above target at 90.4% in October 2021.
- Psychological Therapies 18 week referral to treatment performance has improved to above target at 93.6% in October 2021.
- Unscheduled care (A&E waits) performance remains the highest performance in mainland Boards in Scotland and increased to 91.7% in October 2021.
- NHS Tayside continues to achieve 100% for IVF waiting times.

The December 2021 performance report did however report that while clinics continue to remobilise and a Waiting List validation exercise is being progressed, the volume of new outpatients waiting

beyond 12 weeks has increased over the last 4 months period. Delayed Discharges continued to rise from June 2021.

There is a detailed RMPv4 action tracker, regularly presented to the ELT (and in summary the Board) which highlights a number of risks that could have a serious impact on future performance; these may not yet be fully reflected in the strategic risk register.

Risk Management

The Head of Strategic Risk and Resilience Planning continues to progress a programme of meetings with each risk owner to ensure all strategic risks are updated to reflect the strategic impact of Covid, although as noted above, we were unable to confirm that all risks identified in the RMPv4 action tracker had been incorporated, and the waiting times risk has yet to be updated. Following discussion at the 21 November 2021 A&RC, all Standing Committees were asked to review the definitions of risks aligned to them, to ensure they accurately represent the current situation and risks which may be faced as a result of Covid. The Committee Assurance Principles questions for scrutiny of risk assurance reports were also circulated at the same time.

The Strategic Risk Management Group met in April, June and October 2021 under the Chairmanship of the Chief Executive. The August 2021 meeting was cancelled due to quoracy issues as a direct result of competing delivery pressures. The Mid Year Risk Management report presented to the November 2021 A&RC confirmed that this did not have any adverse impact with business either being conducted by email or carried forward to the next meeting. The December 2021 was also cancelled and the SRMG is scheduled to meet in February 2022. We recommend that the SRMG reviews its work plan to ensure it will be able to provide appropriate assurance at year end.

Following a September 2021 Strategic Risk BDE, a draft risk appetite statement was circulated to SRMG members on 15 December 2021. If accepted, 11 strategic risks would be above the appetite, 7 within it and 5 below.

It was proposed that where the current risk score exceeds the expressed appetite, additional mitigating actions should be identified, and monitoring increased until the current risk score falls to within acceptable boundaries.

We welcome this development and would recommend that risk appetite should be overtly taken into account during budget setting, resource allocation, decision making and Strategic Planning. We would also suggest that target risks should have an associated timescale, to ensure that there is genuine impetus towards achieving the desired risk level. This might also be built into Directors' objectives in future to provide further impetus and focus.

The organisation should also consider setting a risk tolerance, above which further steps would be required, including a robust Deep Dive setting out the immediate actions being taken and providing enhanced scrutiny and analysis.

Action Point Reference 1 – Risk Management & Performance Reporting

Finding:

Our review of Board and Committee papers highlighted that whilst Board and Committee members are keen to discuss risk, many papers lack adequate, or sometimes any, detail on the associated risks. Where narrative is provided it often does not overtly link to the strategic risk or operational risks nor provide assurance on narrative, scores or the adequacy and effectiveness of key controls and actions.

There is further scope to improve the process by overt scrutiny of the accuracy of scoring of risks and the adequacy and effectiveness of key controls and actions which should be mitigating and reducing the risk.

Performance reports do not overtly link to corporate objectives or provide overt conclusions on the assurance provided on specific risks and whether controls are operating as intended.

Audit Recommendation:

The risk section of Board and Committee papers should be given higher priority than at present and should contain basic information to facilitate a focused discussion on the risk implications, be overtly linked to any operational or strategic risks and contain enough information for members to be able to form a conclusion on whether the score, narrative and other elements of the related risk are adequately described.

The reporting framework at governance level should triangulate resources, performance and risk within the overall governance framework. Best practice would be for monitoring and performance reports to be overtly related to specific risks and to contain an overt conclusion on whether controls are operating as intended, to mitigate the risk effectively. The Standing Committee Governance and Assurance Guidance would be useful in ensuring this triangulation.

This review of performance reporting should consider the increasing significant impact of the Omicron variant and the impact on the current risks and controls.

Assessment of Risk:

Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**

Management Response/Action:

The Head of Strategic Risk and Resilience Planning will work with the Board Secretary and Head of Committee Assurance to strengthen the risk sections in Board and Committee Papers and Chairs Assurance Report providing more guidance and headings which must be populated as part of the submission process.

In addition, sessions are to be planned with Committee Chairs, Lead Officers and Committee Support Officers to discuss this, implications of implementation of risk appetite and links with assurance questions. These will be jointly delivered by Head of Strategic Risk and Resilience Planning and Board Secretary. These sessions will consider the need to triangulate resources,

performance and risk and the impact of Covid 19.	
Action by:	**Date of expected completion:**
Board Secretary, Head of Committee Administration, Head of Strategic Risk and Resilience Planning.	**31 August 2022**

Action Point Reference 2 – Policies

Finding:

Policies are currently presented in their entirety to Standing Committees for formal approval, although the membership will not necessarily have the expertise required to assess them and this is not the core business of the Committee. It is hard to discern the added value this brings.

Standing Committees are not however always informed of whether all policies are up to date or the risks associated with any delay.

Audit Recommendation:

The Policy Review and Development Group is currently undertaking a substantial review of the Policy Development, Review and Control Policy.

This review should consider introduction of a system whereby Standing Committees are informed when policies have been updated and provided with assurances that the approval process is robust, rather than approving full polices. Standing Committees should also understand the risks if polices have not been updated and approved.

As part of this review, consideration should be given to whether a non Clinical Policy Governance Group would add value.

Assessment of Risk:

Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**

Management Response/Action:

Agreed. The Policy Review and Development Group have reviewed the policy areas which will now be:

- **Clinical**
- **Workforce**
- **Medicines**
- **Governance (including finance)**
- **Information Governance**
- **Facilities**

The group also requested that there should be a group identified for each policy area to provide assurance regarding the governance of policies within that area. Therefore the following groups will have a responsibility for policy governance:

- **Clinical Policy – Clinical Policy Group**
- **Workforce Policies – Workforce and Governance Forum**
- **Medicines Policies – Medicines Policy Group**
- **Governance (including finance) Policies – Governance Review Group**
- **Information Governance Policies– Information Governance and Cyber Assurance Group**
- **Facilities Policies – Health and Safety Management Committee or Workforce and Governance Forum**

These policy groups will prepare a report for the Standing Committees at least twice a year to provide assurance on the status of the policies and assurance regarding policies that have been approved.	
Action by:	**Date of expected completion:**
Board Secretary	**30 June 2022**

Action Point Reference 3 – Integration

Finding:

Tayside NHS Board has not been updated on progress with MSG actions since December 2019. A SLWG is currently revising Integration Schemes with the aim of having all three schemes signed off in March 2022, although progress has been slow. An update on review of Integration Schemes was provided to the Board Development Event in November 2021.

The SLWG has also identified further areas for development in relation to partner body Standing Financial Instruction, the Getting it Right For Everyone (GIRFE) framework and IJB Standing Orders.

Audit Recommendation:

The Board or a Standing Committee should be provided with an update report on progress with Integration, including the Integration Schemes, MSG and other related actions. A SMART action plan should be approved to monitor this work.

Assessment of Risk:

Moderate

Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

The Project Group established by the Tayside Executive Partners (TEPs) continues to meet and reports through a project manager to the TEPs.

The Project Manager has advised the Project Group that the changes to the three revised Integration Schemes have taken account of the actions and recommendations contained within the MSG report.

Once the three revised Integration Schemes have been finalised by the Project Group and approved by the TEPs they will then be presented to NHS Tayside's Executive Leadership Team and Tayside NHS Board for approval to go to public consultation.

Tayside NHS Board will be provided with an update on progress with the review of the Integration Schemes as part of the Action Points Update being taken to the Board meeting on 24 February 2022.

Action by:	Date of expected completion:
Board Secretary and Director of Finance	**31 August 2022**

CLINICAL GOVERNANCE

Strategic Risks

- 26: Waiting Times and RTT Targets
- 16: Clinical Governance
- 934: Mental Health and Learning Disabilities
- 14: Infection Prevention and Control
- 637: Child and Adolescent Mental Health Services (CAMHS)
- 736: Public Protection 798: Corporate Parenting 880: Care Home Oversight
- 353: Sustainable Primary Care Services 1069: Covid-19 Vaccination Programme
- Screening Programmes

Clinical Governance Framework

Progress to revise the Clinical & Care Governance Strategy by the due date of December 2021 was delayed due to Covid-19. This has now been further postponed because of ongoing developments, for example the revision of Integration Schemes which means that the Getting it Right for Everyone (GIRFE) framework will need to be updated. In addition, the agreed development event for the CGC has not yet been scheduled.

The Care Governance Committee (CGC) has been kept informed of these changes, most recently in December 2021. Work will be managed by the Patient Safety, Clinical Governance and Risk Management Team, with a revised target date for completion of September 2022.

The quality of assurance reports provided to the CGC continues to be enhanced and the three Health and Social Care Partnerships, Acute, and Mental Health and Learning Disability Services use improved standardised templates to provide assurance to the CGC. CGC members have made a significant contribution to these improvements.

Internal audit have provided advice on application of committee assurance principles for clinical governance reports and Committee Lead Officers, in conjunction with Clinical Governance colleagues, now provide authors of assurance reports with feedback prior to the Standing Committee agenda planning process, thereby ensuring that reports are robust and contain an appropriate level of information to provide sufficient assurance.

The Operational Unit Clinical Governance Committee has been established to provide assurance on the quality of care at an Acute Services Operational level. Each division will report using an agreed template to enable more focused discussion on clinical governance, including learning and improvement. The Quality and Performance Review process therefore has a focus on performance.

Current reporting to CGC is based on the Vincent framework, which has a focus on measuring and monitoring safety. While the CGC receives a high volume of reporting on safe and person centred care, reporting on effectiveness of care is considerably less prominent.

The Mental Health and Learning Disability In Patient Service Care & Professional Governance Group has revised its meeting structure, membership and terms of reference to further strengthen governance arrangements and the first revised meeting was on 11 November 2021.

Care Governance Committee (CGC)

The CGC approved its Terms of Reference, committee assurance plan and workplan in April 2021. The newly established Clinical Policy Governance group now scrutinises and recommends approval of clinical, nursing and midwifery policies. Responsibility for monitoring Medical and Nursing & Midwifery revalidation has been removed from the CGC remit.

Covid19

During 2021/22 the CGC has received detailed information on Care Homes via the relevant risk assurance report, but there is limited reporting on the impact of Covid-19 on service delivery and on maintenance of clinical governance arrangements.

In response to recommendation 3 in the Annual Internal Audit report 2020/21, management agreed to update the strategic risk on Waiting Times, to be reported to the CGC rather than to the P&RC. While the transfer of the risk has been agreed by the SRMG, the risk has yet to be reviewed and updated.

The CGC did note the impact of Covid19 on activity during discussion of an Acute Services Division Clinical and Care Governance paper at the October 2021 CGC. The paper provided some narrative around the impact of Covid on planned care but did not quantify the impact on patients or describe the mitigations put in place to minimise the risk of serious harm due to deferred treatment. There are also a number of risks associated with the Adult Pathway Bed Capacity and Escalation Plan which have not been escalated to the CGC.

Risk Management

The CGC continued to receive delegated strategic risk assurance reports to at least every second meeting, with detailed and mature risk discussions taking place.

On 5 August 2021 the CGC agreed to reduce the current risk rating of the Clinical Governance strategic risk from 12 to 9 (the target risk score), on the basis of the assurance provided and therefore, in accordance with the RMS, the risk was subsequently archived.

The former clinical governance strategic risk fulfilled a unique function as an anchor for the assurances received by the CGC, as well as acting as the vehicle to help the committee conclude on adequacy and effectiveness of arrangements, and monitor implementation of the Clinical Governance Strategy. The CGC must now determine how it will be assured in future on the adequacy and effectiveness of clinical governance arrangements so that the archiving of this risk does not lead to a diminution in the Committee's ability to deliver its prime assurance.

Strategic risk 353 – Sustainable Primary Care Services is recorded on the NHS Tayside strategic risk register (and those of Angus IJB) with a current risk exposure of 25 and a planned risk exposure of 9. A proposal to transfer the alignment of the risk from Angus IJB to the NHS Tayside Care Governance Committee was discussed at the October 2021 Strategic Risk Management Group, but not approved so that currently, no NHS Tayside Standing Committee has oversight of this 'Very High' risk.

Internal audit T15/22 – Sustainability of Primary Care Services will review this area and provide recommendations for risk, control and assurance.

External Review

While external inspections have mostly been on hold during the pandemic, internal controls in this area still require to be strengthened and our previous 2019/20 ICE recommendation to develop a Standard Operating Procedure for external inspection visits is not fully completed. The procedure was drafted, agreed by ELT and presented to the CGC in February 2020 but taken no further; with the completion date was extended to March 2022, as reported to the August 2021 CGC.

The new Safety Oversight Group will focus on emerging key issues and risks in relation to Patient Safety, Clinical Governance, Complaints and Feedback, as well as evidence of learning and actions from Significant Adverse Event Reviews (SAER). The work of the group has a clear remit to triangulate information from a variety of sources. The group has no reporting lines but it is intended that it can, if it wishes, escalate matters to the CGC. It is not entirely clear how escalation will work in practice or how any assurance can be derived from the work of this group.

The organisation has acknowledged that whilst there is assurance that Scottish Public Services Ombudsman recommendations have been completed, wider organisational learning from these reports could be improved.

Learning from external reviews will feature in the Patient Safety, Clinical Governance & Risk management team's workplan being developed now for 2022/23. An annual report from the team will also then come to the CGC.

Significant Adverse Events (SAEs)

The Adverse Events Policy is currently being updated. Changes have been made to the SAE review process and services now undertake the commissioning role for SAE reviews, including local weekly meetings. An Adverse Event Management Leadership Group provides internal scrutiny, leadership and improvement to adverse event management processes.

The CGC receives data on the number, impact, category and review timescale for adverse events. KPIs for the implementation of actions arising from SAE reviews will be reported to the newly established Safety Oversight Group. Management are considering how to provide meaningful information on whether the findings from these reports raise concerns over the quality of assurances received i.e. should internal systems have prevented the occurrence or at least highlighted the risk of it happening.

Duty of Candour

The 2020/21 Duty of Candour Annual Report was approved for publication by the CGC in August 2021.

Mental Health

The Tayside Mental Health & Wellbeing Strategy was launched by the Chief Executive at the February 2021 Board. The October 2021 Board was informed that the Chief Executive was in active, ongoing discussion with Chief Executives of the Local Authorities, and the Tayside Divisional Commander at Police Scotland to take forward the next steps to deliver a prioritised workplan for the Tayside Mental Health and Wellbeing Strategy. The whole system mental health leadership group continued to meet with Scottish Government on a monthly basis around next steps for mental health service improvement in Tayside with a focus on turning the ambition set out in Living Life Well into a reality.

Year One Priorities have been approved by both the Living Well Operational Steering Group and Programme Board and a planning session to deliver the Implementation Plan for the Year One Priorities took place in November 2021.

Each Board meeting receives a Mental Health update with the Board being informed that '*Within the year 1 agreed priorities a number of projects, workstreams and subgroups are now well-established and actively progressing with agreed deliverables*.'

The Mental Health and Learning Disability Services strategic risk (934) was first reported to the CGC in October 2021. It is managed through collective whole system ownership and is now underpinned by eight system wide service risks. The risk and associated assurance report were reviewed in detail as part of T12/21 – Assurance Mapping, during which Internal Audit provided advice on risk management and assurance principles to the staff involved. Internal audit will continue to review this risk and review assurances as part of the 2021/22 Internal Audit Plan, noting that drug deaths do not currently feature in the Mental Health or any other Strategic risk.

From the above it can be seen that there is a potential dilution of assurance as the Mental Health Risk is reviewed by the CGC but updates on the Mental Health strategy, which is key to the associated risk, are presented to the Board. T11/22 Assurance Mapping will consider this issue further.

The Independent Inquiry into Mental Health Services in Tayside Trust & Respect (the Strang report) progress report was published in July 2021 and presented to the Board in August 2021. The Board meeting on 28 October 2021 was informed that of the 49 recommendations:

- 36 are complete with sufficient evidence
- 2 are complete with partial evidence
- 11 are work in progress but significant progress has been made

Since August 2021, an Operational Medical Director, two new Mental Health and Learning Disability Services Managers and the Lead Nurse for Mental Health have taken up post, strengthening the leadership and management of the service. The first meeting of the Independent Oversight and Assurance Group on Tayside Mental Health Services was held on 16 November 2021. The Group will meet monthly to provide challenge and support to the Tayside Executive Partners and to monitor implementation of the recommendations.

Public Health

The remit, assurance plan and workplan for the Public Health Committee continues to evolve, with acknowledgment that it does not yet capture the full breadth of relevant public health activity. In August 2021, the PHC held a Public Health Strategy Development event covering the purpose of the Strategy, priority areas, stakeholder engagement and how to measure impact. The intention is that a draft Public Health Strategy will be circulated for comments by the end of the calendar year /start of 2022, with the aim of publishing the final Strategy by the end of the 2021/22 financial year.

While Public Health performance reporting has been delayed due to the increased incidence of Covid-19, the scope has widened and it is intended that reporting will also take into account equality of access metrics, given previous discussions by the PHC on the impact of deprivation. The three HSCPs also currently provide verbal updates.

The work of this Committee will be particularly important in informing the Public Health aspects of the new Strategy for NHS Tayside and ensuring the implementation of the updated Fairer Scotland Duty guidance issued in October 2021. The Board Secretary has met with the Chair and Vice Chair of the Public Health Committee who have responsibility for this area on how the organisation can demonstrate that decisions are having a positive impact on social inequalities.

Improvement Activities

Further improvement activities in year included:

- Development of a Person Centred Network;
- Development of a Complaints Handling Improvement Programme;
- Progress of the Public Protection Framework for NHS Tayside since approval in January 2021;
- Feedback from the Sharing Intelligence for Health & Care Group is now shared with the CGC.

Action Point Reference 4 – Waiting Times risk

Finding:

The Annual Internal Audit Report 2020/21 recommended that the Waiting Times risk required fundamental change to reflect the potential for patients to suffer serious harm if services are not prioritised effectively and waiting lists not addressed in the right order. Re-allocation to the CGC was also recommended, as the most important risk and controls directly relate to patient welfare, rather than performance targets. This was agreed by the SRMG on 21 October 2021.

Management agreed that, post-Covid19, the risk would be updated following an impact assessment of the pandemic which would in turn inform future treatment profiles and inform service prioritisation. Prioritisation of services has been a major risk for over a year, and whilst we have been informed that controls are in place, it is of concern that the CGC has not been made aware of the scale of the risk, the controls in place to mitigate it and how the organisation knows that these are operating effectively.

The Adult Pathway Bed Capacity and Escalation Plan, which has the potential to lead to further delays in elective treatment, was agreed by Gold Command in September 2021, noting the risk to delivery and reduction in elective activity, but this has not been escalated to governance level as a potential risk.

The 2020/21 ICE reported that a post Covid19 CGC evaluation and review session would be held to ensure learning around governance and assurance during this period but this has not yet taken place.

Audit Recommendation:

The risk of deferred treatment, which undoubtedly has an extremely high inherent risk, should be quantified and presented to the CGC together with the associated key controls and assurance on their adequacy and effectiveness, in order that the CGC will be able to conclude on key clinical risks by year-end. The Adult Pathway Bed Capacity and Escalation Plan, which has the potential to lead to further delays in elective treatment, should also be taken into consideration in formulating this risk.

The planned post Covid19 CGC evaluation and review session should be rescheduled and should consider the factors within this recommendation.

Assessment of Risk:

Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**

Management Response/Action:

The Waiting Times and RTT Targets strategic risk was realigned to the Care Governance Committee with effect from February 2022. It is however recognised that this risk requires to be re-framed to accurately capture the material issues arising from the long term impacts of Covid. While arrangements have been in place to complete this, these have required to be deferred as a result of the real time response to covid. A revised date will be agreed for this to be taken

forward by the Chief Officer Acute Services in conjunction with the Head of Strategic Risk and Resilience Planning.	
Action by:	**Date of expected completion:**
Chief Officer, Acute Services and Head of Strategic Risk and Resilience Planning	31 March 2022

Action Point Reference 5 – Clinical Governance Strategy

Finding:

The revision of the Clinical & Care Governance Strategy was delayed due to Covid-19 and the revised target date for completion is September 2022.

We were informed that the previously agreed CGC development event on strategy is to be scheduled to co-ordinate with the publication of the next Blueprint for Good Governance. However, this document, whilst not yet formally issued, is widely available and contains no information which would materially impact on the formation of a clinical governance strategy.

Audit Recommendation:

The planned development event should be scheduled as soon as practicable with a clear agenda focusing on developing a project plan to progress the refresh of the Clinical Governance Strategy.

Assessment of Risk:

Moderate

Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

At the Care Governance Committee on the 2nd December 2021 it was acknowledged that the work on the revision of the Clinical Governance Strategy was due by the end of 2021. It was delayed due to the competing priorities of Covid19. There was also a review of Integration schemes taking place between the 3 H&SCPs and NHST, the outputs will support the reporting arrangement of clinical governance pan Tayside

The Board Nurse and Medical Director have commissioned a review which is underway into the care governance arrangements and support functions that are required to allow clear reporting structure from operational line to Board for care and clinical governance. The review will identify the support functions that are required to deliver robust clinical governance with an overarching strategy document.

Action by:	Date of expected completion:
Tracey Passway, Interim Associate Director of Patient Safety, Clinical Governance and Risk Management and Sharon Hilton-Christie, Associate Medical Director of Patient Safety, Clinical Governance and Risk Management	**1 October 2022**

Action Point Reference 6 – Assurances to CGC

Finding:

Our review of the assurances provided to the CGC identified the following areas for improvement:

- The clinical governance strategic risk provided a vehicle for providing holistic assurance on the adequacy and effectiveness of clinical governance implementation of the Clinical Governance Strategy. Now that the risk has been archived, the committee will need another mechanism to provide the necessary assurance.
- Reporting is based on the Vincent framework which has a focus on measuring and monitoring safety. While the CGC receives a high volume of reporting on safe and person centred care, there is considerably less focus on providing assurances on effectiveness, including Realistic Medicine.
- The newly established Safety Oversight Group has a key role in triangulation of information from a variety of sources. It is not accountable to any other committee or group and it is not clear how assurance and escalation to the CGC level will operate, if at all.
- The CGC does not receive Key Performance Indicator (KPI) monitoring information on implementing of actions arising from Adverse Event reviews.

Audit Recommendation:

We recommend a review of the CGC Work Plan to ensure all required assurances are provided. This review should consider:

- The mechanism to continue assurances previously delivered through the Clinical Governance strategic risk assurance reports.
- How the CGC can be provided with assurances on effectiveness of clinical care, including Realistic Medicine.
- The mechanism to ensure the Safety Oversight Group provides appropriate assurance and escalates issues to the CGC when required should be clarified.
- How adverse events and other reviews can be used to provide ongoing evidence of whether assurance systems are operating effectively.

Assessment of Risk:

Moderate

Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

- **At Care Governance Committee on the 2 December 2021 it was agreed to archive Risk 16, and that to provide continued assurance a suite of service level risks for the Patient Safety, Clinical Governance and Risk Management Team are developed and monitored and exception reported to Care Governance Committee if necessary i.e. if controls deteriorate. It was also agreed at this meeting that the Committee will receive additional assurance in the form of an annual report produced by the Patient Safety, Clinical Governance and Risk Management Team. This report will outline progress with the service level risks and provide assurance on**

matters such as Duty of Candour, Significant Adverse Event Reviews and the Clinical Governance Strategy. The first report will be received by the CGC on 6 October 2022. • It is agreed there will be a development event for Non Executive Directors and Executive Directors. The development event for Care Governance will include a discussion on how effectiveness of care can and will be assured and any new items that need to be included in the work plan e.g reporting on Realistic Medicine work stream. • The purpose of the Safety Oversight Group (SOG) meeting is to give the Medical and Nurse Director oversight of emerging key issues/risks regards Patient Safety, Clinical Governance, Complaints and Feedback and evidence of learning and actions from Significant Adverse Event Reviews (SAERs), to enable them to discharge their accountabilities. This allows the Nurse & Medical Director to instruct actions or improvements from SAERs/themes/complaints to the relevant operating unit governance structure up to care governance committee. • Assurances on effectiveness of adverse events management comes through reporting to CGC directly by Acute Services, Mental Health and Learning Disability Service and the HSCP's. Reports provide assurance on management on adverse events and are starting to contain more information on learning and improvement from adverse events and complaints. Further work is being undertaken to increase the use of the actions module on Datix thereby providing assurance that actions are complete.	
Action by:	**Date of expected completion:**
Tracey Passway, Interim Associate Director of Patient Safety, Clinical Governance and Risk Management	31 March 2022 for development of service level risks
Sharon Hilton- Christie, Associate Medical Director of Patient Safety, Clinical Governance and Risk Management	Annual report 6 October 2022 for report to CGC
Margaret Dunning, Board Secretary	TBC

STAFF GOVERNANCE

Strategic Risks

- 734: Health and Safety
- 844: Nursing Workforce
- 845: Midwifery Workforce
- 863: Medical Workforce
- 58: Workforce Optimisation

Staff Governance Committee

The Staff Governance Committee (SGC) approved their Terms of Reference and the 2021/22 Assurance and Workplan at the June 2021 meeting. The CGC remit no longer includes assurance on professional revalidation and therefore this assurance should now be provided through the SGC, and the SGC remit and work plan updated accordingly.

The December 2021 SGC meeting has been cancelled due to the ongoing pandemic with the next meeting due in February 2022.

Staff Governance Standard

Following approval by the Area Partnership Forum (APF) on 22 September 2021, the October 2021 SGC considered NHS Tayside's response to the National Annual Monitoring Return which also showed NHS Tayside's response to Scottish Government questions.

Guidance is still awaited from the Scottish Government on future staff governance standard monitoring arrangements and there is no requirement to prepare a Staff Governance Action Plan (SGAP) for 2021/22.

Assurances on compliance with the Staff Governance Standards are provided through a variety of reports, rather than by specific reports on each strand of Staff Governance which means that assurances within the regular monitoring reports will need to be reviewed to ensure they provide sufficient coverage across all aspects of the Staff Governance Standard.

Staff experience

The SGC was informed that the recent iMatter survey will be reported to the February SGC.

Rollout of this, the Collective Leadership and Cultural Strategic Framework 2018-2023 and the new Talent Framework had been delayed due to Covid-19, and refreshed presentations came to the June 2021 SGC. The aim is for NHS Tayside to provide a better workplace with positive staff experiences using a new, flexible plan to build a better culture and thus further build its reputation as an employer.

Workforce Planning and Risk Assurance

The interim Workforce Plan was endorsed by the SGC in June 2021 following approval by the APF. It is not clear why the APF appears to have primary responsibility for the workforce plan given that the associated risk lies under the auspices of the SGC, which is the Committee formally charged with monitoring and evaluating progress through the approval of local human resource strategies and implementation plans.

The workforce optimisation risk and associated controls were updated in 2021. The SGC had placed greater emphasis on workforce planning and was receiving regular received enhanced assurance reports on the Workforce Optimisation risk, which also show progress towards the 3 year Workforce Plan. However, the SGC recently decided to reduce the frequency of reporting and there will be a 6

month gap between the last Workforce Optimisation risk assurance report in August 2021 and the next which is due to February 2022.

Workforce Plans are currently due in March 2022, but the expectation is that SG guidance will defer this to July 2022. This has been reported to the APF but not the SGC.

Workforce Planning templates are now complete for all but one service area and key themes have been extracted and incorporated into a progress report to the APF on development of the workforce plan.

Scottish Government have not yet provided clear guidance on the required format of the Workforce Plan and it is not yet clear how implementation of the next iteration will be monitored. We would expect to see monitoring of the workforce plan objectives through a SMART action plan and appropriate KPIs.

As with the Workforce optimisation risk, regular risk assurance reports against the other 4 strategic risks delegated to the committee will now come on a staggered basis to every second meeting, with the intention that this will allow more attention to be focused on each risk. Given that the October 2021 SGC did not receive any risk assurance reports and the December SGC meeting was cancelled, this leaves a considerable gap.

Minutes evidence detailed and mature risk discussions taking place at SGC meetings but the three professional workforce risk assurance reports (medical, nursing and midwifery) continue to provide only limited assurance and discussions did not focus on how these risks would be improved. Again, detailed information on the strategic actions to address them is reported to the APF, rather than the SGC.

As recommended previously, the SGC must have oversight of the development of the workforce strategy and plan, in order to be able to assess and direct the organisation's strategic response to these major risks.

Staff Governance Assurances

The SGC receives Quarterly Staff Governance reports. We welcome the work undertaken to redesign the report format, including seeking SGC members views on presentation and content amongst other aspects. Members requested more benchmarking data and more narrative analysis of the data, in effect a greater emphasis on the quality and analysis of data presented as opposed to the quantity of data. A draft revised format with quarter 2 data was presented in October 2021, and members were again asked to comment.

We do however note that the October 2021 quarterly Staff Governance cover paper states that 'There are no risks arising from this paper', which is clearly incorrect as the paper relates to controls over areas of considerable and increasing risk , which are not currently well assured. Risk can be used as a prism through which raw data is turned into information and much greater focus on what the data tells us about the strategic risks and their mitigation would help answer the request from members for more meaningful analysis.

Remuneration Committee

The Remuneration Committee agreed its remit for 2021/22 in April 2021 and the Committee considered and approved its draft Self-Assessment for 2020/21 in October 2021, which we validated as part of our work for this report.

Executive objectives were not approved before the start of the year in both 2020/21 and 2021/22. This was highlighted as an area of non-compliance by the Remuneration Committee self assessment. This was discussed at the April 2021 Remuneration Committee and it was agreed that work would be undertaken on an adaptive objective setting process to be progressed during 2021/22. However, no further progress has been made in this area.

Whilst we accept that some flexibility may be required, it is important that the Remuneration Committee be informed and approve any revised arrangements as soon as possible.

The 2020/21 ICE recommended that the Remuneration Committee consider succession planning for key strategic posts to manage the risks associated with successful recruitment. A verbal update on the Talent Management Framework and Succession Matrix was provided to the October 2021 Remuneration Committee, highlighting the criticality of developing leaders to the required level of competency and capacity. A proposal to test and develop succession planning within two directorates will be presented to the next Remuneration Committee.

Internal audit T22/21 - Senior Leadership Team Recruitment and Selection, issued 17 November 2021, provided a Reasonable Assurance audit opinion on recruitment processes for Executive level posts and identified areas for improvement in record keeping, training and compliance with the records management policies and guidance.

Health & Safety

The Health and Safety Strategy 2020-2023 & Action Plan is regularly monitored by the SGC. The impact on the health and safety risk will become fully established as H&S activities and projects are implemented and are embedded within the organisational culture. At the request of the Director of Workforce a review of H&S governance has been included in the 2021/22 internal audit plan.

Covid19

The regular Covid19 update papers to the Board include a Workforce Support section, covering lateral flow testing, wellbeing and Covid19 absence.

The Annual Internal Audit report 2021/22 recommended that the SGC receive reports on measures introduced to mitigate risks to staff posed by Covid-19 e.g. physical distancing, risk assessments, PPE etc. with a particular focus on health and safety and wellbeing. However, this has not been completed.

Departmental remobilisation plans were discussed at Local Partnership Fora, and reported to the Area Partnership Forum, but not to the SGC.

Appraisals

The rate of Turas appraisals reported to the August 2021 SGC was 50% (18% completed and 32% in progress), against a target of 95%. Each directorate is now required to complete a recovery plan template with monthly targets, to be reported to SGC in future.

Consultant Appraisal and Medical Revalidation data was last reported to the SGC in April 2021, noting the impact of Covid-19 and that it was anticipated that appraisal would return to its previous levels in 2022. A further update is due for the next SGC meeting. At the same meeting it was reported that GP appraisals for 2020/21 were on track, following suspension of appraisals between March and September 2020, in line with SG guidance.

Statutory and mandatory training

The impact of Covid on training and development was reported to the June 2021 SGC, as part of the NHS Tayside Collective Leadership and Culture Strategic Framework 2018-2023. 'Appropriately trained' is now covered by the Talent Management and Development Strategy. Completion of statutory/ mandatory training remains low and as at August 2021, compliance scores for the 7 modules ranged from 65-80%. Full reporting functionality is being rolled out to enable transparent Statutory and Mandatory training reporting via LearnPro. The SGC has been kept informed of the weaknesses and has initiated action to address these.

Whistleblowing

The 2020/21 Whistleblowing Annual Report was presented to the April 2021 SGC. The Whistleblowing Group considers that satisfactory action was progressed to support successful introduction of the new National Whistleblowing Standards from 1 April 2021, with an action plan in place to support the implementation. Each meeting of the SGC in 2021/22 has received a Whistleblowing Update and the SGC's workplan includes this as a standing agenda item.

Sickness absence

The most recent report to the October 2021 SGC reported the sickness absence rate as 5.62% (equal to the Scottish average). Covid absence is reported under the Covid-19 updates to Board and to Gold Command, but not to the SGC. As reported to the 16 December 2021 Board, Covid-19 absence was 1.97% for the week ending 18 November. We would recommend that the SGC is also kept informed of this important information, alongside other staff related Covid data as recommended previously.

Action Point Reference 7 – Staff Governance Standards	
Finding:	
Assurances on compliance with the Staff Governance Standards are provided through a variety of reports as detailed in the SGC work plan, rather than by specific reports on each strand of Staff Governance. Whilst this may provide sufficient assurance, it would not be easy for SGC members to conclude on the level of assurance received on each strand or whether all areas had been covered. In essence, members see individual pieces of the jigsaw, but never the whole picture at any point.	
Audit Recommendation:	
The assurances within the regular monitoring reports should be presented in a way that allows members to be able to understand how they contribute to the totality of assurance on Staff Governance but also allow identification of any gaps.	
Assessment of Risk:	
Moderate	Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**
Management Response/Action:	
Noted. Discussion will take place with Staff Governance Committee members to seek their view on future format, where they had determined existing format.	
Action by:	**Date of expected completion:**
Director of Workforce	**30 June 2022**

Action Point Reference 8 – Executives Objectives	
Finding:	
Executives' objectives were not agreed before the start of the year for 2021/22. The Remuneration Committee noted that objective setting and performance management in April 2021 needed to be reviewed but no formal action was recorded and no further update provided to the Remuneration Committee.	
Audit Recommendation:	
As a priority, the processes around objective setting and performance management for 2021/22 should be clarified and agreed, and Executive objectives agreed.	
Assessment of Risk:	
Significant	Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**
Management Response/Action:	
Noted. Process for agreement of objectives already subject to Remuneration Committee discussion to ensure compliance with national timetables. However, internal audit are reminded that Scottish Government wrote in 2020 identifying appraisal, including Executive appraisal as "non-essential activity" and reaffirmed this in writing in late 2021. Therefore the normal process of objective setting and mid-year appraisal were overtaken by Covid19 priorities. A timetable for submission to National Management Performance Committee (NMPC) is an agenda item at the Remuneration Committee on the 15 February 2022.	
Action by:	**Date of expected completion:**
Director of Workforce	**30 June 2022**

FINANCIAL GOVERNANCE

Strategic Risks

- 723: Long Term Financial Sustainability
- 1033: Finance Annual Plan 2021/22
- 636: Prioritisation and Management of Capital funding
- 312: NHS Tayside Estate infrastructure condition
- 615: Effective Prescribing

Financial Planning 2021/22

In line with revised national guidance, a one-year financial plan was produced by NHS Tayside instead of the intended medium term 3-year plan.

The Strategic Finance Plan for 2021/22 was approved at the 29 April 2021 NHS Board meeting. Versions of the plan had been previously considered by the P&RC and the Executive Leadership Team. It was based on the continuing response to the pandemic and on delivering recovery and remobilisation priorities within the funding settlement detailed by Scottish Government. The strategic financial plan, which set out key assumptions and risks, was separated into two distinct elements; the core operational financial plan and the ongoing implications of Covid-19 and the cost of remobilisation.

The plan for 2021/22 identified a requirement for efficiency savings of £27m, noting that the Board's ability to deliver the full savings plan due to the impact of Covid-19 and remobilisation was uncertain. The plan assumed that additional costs relating to the pandemic and subsequent remobilisation would be met in full by the Scottish Government.

Financial Reporting

Finance reporting to Board and P&RC has been transparent and includes clear appendices showing the figures along with appropriate narrative. The Director of Finance has consistently and clearly articulated financial challenges, risks and improvement actions. Key points include:

- The level of certainty around identifying and delivering the high risk savings has improved, but is being achieved using non recurring measures.
- The financial impact of Covid-19 in both the short and longer-term, and its impact on both service delivery and financial plans. Financial sustainability is a significant risk in the absence of certainty on short to medium term direction

The December 2021 Finance Report update to the P&RC provided the Committee with an improved "moderate assurance" assessment when compared to other finance reports for 2021/22. This was due to the second tranche of Covid-19 funding being received in October 2021 and a commitment from Scottish Government of further funding following Quarter 3 where necessary and applicable.

Savings

The savings plan of £27m included indicative savings targets across five themes of which £17m were low risk, £2m medium and £8m high risk savings, with £6m still to be identified.

The latest finance report to the 9 December 2021 P&RC, revised the savings target split as £19m low, £2m medium and £6m still to be identified. Although the report states that recurring savings are low, it does not include the actual savings achieved to date or, therefore a split between recurring and non- recurring savings, which were previously introduced in response to Internal Audit recommendations.

The report stated "*the ability to deliver a break-even position this financial year and the bridging of the savings gap will be reliant on a significant level of non-recurring measures. Such measures*

include risk assessing opportunities to manage the rate of spend, use of contingency, and making use of slippage in earmarked funding allocations." Both External and Internal Audit have previously reported issues around identification and achievement of savings and an over reliance on non-recurring sources and our view is that significant recurrent savings will only now be achieved through strategic change and prioritisation.

A Board Development Event is scheduled for the end of January 2022 where the Director of Finance will provide a detailed financial presentation on the financial plan, including achievement of savings.

Risk Management

Financial risks are aligned to the P&RC, with the Revenue Financial Report (RFR) including an assessment against Risk 723: Long Term Financial Sustainability and Risk 1033: Finance Annual Plan 2021/22.

The RFR to the December 2021 P&RC meeting, for the financial period to 31 October 2021, reported Risk 723 current exposure as 20 with a target score of 12 and Risk 1033 as 16 with a target score of 12.

The report highlighted that the risk exposure score for Risk 723 has remained static during 2021/22, due to the continued level of uncertainty with regard to Covid-19 and remobilisation funding in future years, and the one year planning cycle that Boards have been asked to undertake for 2021/22. The assessment of adequacy of the current controls in respect of Strategic Risk 723 has been recorded as being 'incomplete', meaning that 'controls are appropriately designed but these are not consistently applied', although it does not specify which controls are not being applied effectively. (See Audit Recommendation 1).

Strategic Risk 1033 current risk exposure rating has reduced to 16, from 20. The update to the risk rating within the RF to the December 2021 P&RC meeting reflects further clarity around the funding allocations for 2021/22 and the current position against financial plan trajectory. The assessment of adequacy of the current controls in respect of Strategic Risk 1033 has been recorded as being 'adequate', meaning that 'controls are in place/working effectively/consistently applied and adhered to, to mitigate the risk'.

Capital Plan and Property Strategy

Whilst the Scottish Government has deferred the requirement for Property Asset Management Strategy updates and completion of the SAFR pro-formas, property management will be a key component of the Boards overall strategy, both in terms of determining future options and ensuring their effective delivery. As such, P&RC should receive a report on the PAMS, with a clear timetable for delivery of an updated Strategy to support the Board going forward. All related impacts of COVID will need to be considered. This work has clear links to the actions arising from Internal audit Report T24/21 (see below).

The Five Year Capital Plan 2021/22 was approved by the Board in April 2021 based on an assessment of current priorities. The draft Capital Plan also assumes that there will be no additional capital funding allocated from SG to support Covid19 capital expenditure.

Capital Reporting to the December 2021 P&RC meeting provided a moderate level of assurance as planned expenditure continues to be impacted by delays in major capital projects under construction and the availability of staff resource to support further initiatives.

Risk 636: Prioritisation and Management of Capital Funding highlights capacity issues within the Property Team, including the availability of project management and technical staff to support the development and implementation of capital projects.

Internal audit report T24/21 Property Management concluded that NHS Tayside's strategic property management requires fundamental review and made a number of recommendations aimed at

ensuring that property & asset management supports the achievement of strategic objectives. The full report was presented to the Sept 2021 A&RC and an update on progress is to be provided by the Director of Facilities to the January 2022 Audit and Risk Committee.

Other Areas covered by ICE Fieldwork

We also reviewed the following areas, none of which highlighted any issues of note:

- Standing Financial Instructions;
- Standards of Business Conduct;
- Anti-Fraud and Corruption Policy and Response Plan;
- Financial Operating Procedures;
- Control over the Acquisition, Use, Disposal and Safeguarding of Assets.

Environmental Reporting

Strategic Risk 807: Statutory Obligations in Relation to Environmental Management was developed in October 2020 and is assigned to the P&RC. The latest report to the October 2021 P&RC gave only "limited assurance" with controls incomplete.

A mandatory policy for NHS Scotland on the Climate Emergency and Sustainable Development - DL (2021) 38, was issued on 10 November 2021, with immediate effect. The DL will almost have a significant impact on Capital Planning.

A review of the environmental management governance is underway. Significant improvement at pace will be needed for to achieve SG directions and mitigate the risk.

Action Point Reference 9 – Property Asset Management Strategy

Finding:

The PAMs and Capital Programme is a vital part of supporting the future developing Clinical Strategy and delivering its prioritised outcomes. This year the P&RC has not received assurance that the PAMS is being updated and how it will inform and support the Boards overall Strategy.

Audit Recommendation:

The P&RC should be provided with assurance that preparatory work within the PAMS is being carried out to inform and support the developing Strategy and with a clear timetable for delivery of an updated PAMS.

Assessment of Risk:

Moderate

Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

The programme for the development of the 2022 Regional Asset Management Plan (RAMP) has been issued, and outlines the actions and timescales required allowing each of the North NHS Boards to submit relevant information in the form of each of their own Property Asset Management Strategies (PAMS) – this includes NHS Tayside. The PAMS is being co-ordinated through the CEL 35 group, reporting into the Asset Management Group (AMG), and is gathering relevant clinical and service development plans to inform the asset strategy by the start of the next financial year (2022/23).

The NHS Tayside PAMS response will include references to the development of both Primary Care Strategic Development Plans and the Ninewells Business Continuity Review work that is being carried out in 2022. The procurement of external advisor support for this work is underway through the Health Facilities Scotland (HFS) Framework Scotland. This will constitute the local NHS Tayside PAMS, which will then be compiled with the other North area Boards into the RAMP, identifying common themes, and areas of mutual activity and support in the North Region. Once completed the RAMP will be submitted for review and approval to the Executive Leadership Team (ELT), the Primary Care Premises & Infrastructure Group (PCPIG), the Asset Management Group (AMG), the Performance & Resource Committee (P&RC), and finally NHS Tayside Board.

Action by:	Date of expected completion:
Property Asset Manager	**30 June 2022**

INFORMATION GOVERNANCE

Strategic Risks

Risk 679: eHealth Technical Infrastructure and Modernisation Program

Risk 680: eHealth Cyber Security Attack

Information Governance (IG) and Digital Arrangements

The P&RC has responsibility for monitoring the development and delivery of the Digital Strategy as well as the Digital Annual Operating Plan and the two eHealth Strategic Risks. The P&RC workplan for 2021/22 includes updates on the development of the Digital Strategy but not approval of the final version or monitoring its implementation. It has been recognised that the Digital Strategy is not fully funded but there is no formal route for the P&RC to monitor and approve prioritisation of schemes within the strategy, either individually or through consideration of an overall prioritisation process.

Internal Audit will review the Digital Governance arrangements and the affordability of the Digital Strategy within internal audit T30/22 – Digital & eHealth. The A&RC is provided with assurance on IG and Cyber Assurance Compliance through a midyear and annual report, and compliance reporting for Network and Information Systems regulations. The minutes of the IG and Cyber Assurance Committee (IGCAC) are also presented to the A&RC. Different elements of Cyber Risk and Assurance are reported to both the P&RC and A&RC, thus splitting assurances and creating duplication.

IG Policies and Procedures

Review dates for some IG and Security policies have passed, including important overarching policies. The review of IG policies should specifically consider the impact of the pandemic and the increase in fraud risk and remote working implications.

The IG Team plan to enhance arrangements through the development of an IG Framework with associated policies, this should reduce the number of IG policies currently in place.

IG Incidents and Reporting

The IGCAC receives reports on data breaches within the IGCAC Assurance report to each meeting but the detail provided only relates to ICO Responses and the number of data breaches.

The A&RC receive high level reports on the number of data breaches as part of the IG midyear and yearend report however these do not provide any background or allow consideration of whether it might require Governance Statement Disclosure. Reporting should be enhanced to include a brief description of the ICO incidents, the number of IG incidents reported to the ICO, whether these were reported within the 72-hour deadline, feedback from the competent authority (No Further Action, Enforcement or Pending) and whether any of these should be considered for disclosure in the Board's Governance Statement. The Head of IG has been informed of this finding.

Internal audit Report T29/22 – Missing Clinical Psychology highlighted that a loss of 87 records containing highly personal data had not been considered for inclusion in the Governance Statement, despite the seriousness of the event and the fact that the first losses were identified in December 2020.

IG Responsibilities

An NHS Tayside Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO) are in place.

Risk Management

Action point 6 within the Internal Audit Annual Report 2020/21 recommended that an IG risk register should be produced with reporting of the register to each meeting of the IGCAC with overt linkage to IG aspects of the two digital strategic risks. The action taken by management is in accordance with the management response, but does not necessarily address the underlying issues as it has merely recorded existing risks on Datix, rather than actively considering the totality of the risk environment and ensuring that there is an operational risk for each component. An overarching IG risk with links to individual components, such as that created for Mental Health, would be considerably more robust.

Following a rationalisation of the strategic risks for IG and eHealth in 2019/20, the P&RC now receives assurance reports every 2 months for both the Technical Infrastructure and Modernisation Programme risk (rated high) and the Cyber Security Attack Strategic Risk, (rated medium).

In the latter part of 2020/21, the score for the Technical Infrastructure and Modernisation Programme risk reduced from 'very high' to 'high', where it has stayed. However, further reduction to the target risk of moderate will require significant additional work.

The Cyber Security Attack Strategic risk score has recently reduced to 'medium' with a major milestone reached in NHS Tayside cyber security defences. The installation and implementation of the Quarantined Virtual Local Area Network (QVLAN) Firewalls at Ninewells, PRI and Stracathro now actively protect the medical devices network from cyber-attack. This is recognised as a significant development, however continued work and investment is required to maintain and enhance protection levels.

A Cyber Incident Response Plan has been produced and an initial tabletop exercise was carried out across Digital to understand the organisations ability to respond to a cyber-attack. A Cyber Alert Response Plan has been produced to supplement the Cyber Incident Response Plan and these are included as key controls within the Cyber Risk.

There was evidence of the impact of the pandemic having been considered in responses to both the Digital strategic risks and of risk scores reducing towards their target.

IG Assurance Reporting – Mid Year Report

The IG Midyear report was presented to the November 2021 A&RC meeting although it did not overtly link to the Cyber Strategic Risk.

This midyear report provides a "snapshot" of all IG activity. However, the section on Data Breaches does not provide any clarity on whether these may be possible Governance Statement Disclosures and the Freedom of Information section does not report on compliance with the national target.

Four members of the IGCAC have not attended any of the three meetings to date in 2021/22.

Network and Information Systems Regulations (NISR)

The Network and Information Security (NIS) audit recommendations work plan presented to the A&RC on 20 May 2021 provided an update on action taken and planned to address the 108 recommendations made in the Competent Authority Audit Report published in November 2020.

Further updates were provided to the September and November 2021 A&RC. The Final Report was issued by the Competent Authority in August 2021. The number of recommendations has now reduced to 89 following the completion of 19.

The most recent NISR update reflected the 55% compliance status as well as showing the number of outstanding actions with in a priority scale (Critical, Urgent, Important, Attention, Guidance).

Digital Strategy

The development of the Digital Strategy and delivery against the Digital Annual Operational Plan continues to be reported to the P&RC. Updates to P&RC reflect that affordability of delivering the current projects is an ongoing issue, as is the delivery and financial costs of the draft Digital Strategy.

With the consultation process now complete, the Digital Strategy is now with the Chief Executive for consideration. We expect the Digital Strategy to be approved by the P&RC and possibly the NHS Board before it is formally launched.

Action Point Reference 10 – Digital Strategy

Finding:

The P&RC workplan for 2021/22 includes updates on the development of the Digital Strategy; but not approval of the final version or monitoring its implementation. It has been recognised that the Digital Strategy is not fully funded but there is no formal route for the P&RC to monitor and approve prioritisation of schemes within the strategy, either individually or through consideration of an overall prioritisation process.

Audit Recommendation:

As the Digital Strategy is progressing towards being finalised, the following governance requirements need to be considered:

- Approval of the Digital Strategy by the P&RC;
- Future monitoring arrangements of the delivery of the Strategy;
- The role of the P&RC in prioritising Digital Funding.

Assessment of Risk:

Moderate

Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

Approval of the Digital Strategy by the P&RC:

The Digital Strategy is due to be presented at the next Performance and Resources Committee on 14 April. The Digital Director will present the strategy for formal approval. We will also concurrently seek the formal approval of the Chief Executive.

Future monitoring arrangements of the delivery of the Strategy:

We will present a year-by-year operational delivery plan that will detail each workstream and programme. Regular updates on progress will be presented to the Performance and Resources Committee for formal monitoring of delivery.

The role of the P&RC in prioritising Digital Funding:

This is a matter for the Performance and Resources Committee and Finance, however we will present a robust business case for each proposed programme of work together with ROI details in order to gain P&RC and Finance approval.

Action by:	Date of expected completion:
Director of Digital Technology	**30 June 2022**

Action Point Reference 11 – IG Arrangements

Finding:

IG and Digital assurances are provided to both the A&RC and the P&RC. Different elements of Cyber Risk and Assurance are reported to both the P&RC and A&RC, thus splitting assurances and creating duplication.

Audit Recommendation:

A complete package of risk and assurance reporting to only one Standing Committee for Cyber Security would provide a more comprehensive approach to the management and reporting of cyber risks for NHS Tayside and ensure there is no duplication or gaps in reporting.

Governance arrangements should be reviewed and only one Standing Committee should be responsible for monitoring all IG and Digital risks, assurance reporting and consideration of supporting minutes.

Assessment of Risk:

Merits Attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**

Management Response/Action:

The Board Secretary organised a meeting to discuss this Audit Recommendation with the Lead Officers for the Audit and Risk Committee and the Performance and Resources Committee, Internal Audit, the Head of Information Governance and Cyber Assurance and the Head of Operations, Digital Directorate.

The group discussed the previous reporting arrangements and the current arrangements which include reporting of the two strategic risks to the Performance and Resources Committee, the Cyber Attack Risk and the eHealth Technical Infrastructure and Modernisation Programme Risk, and the compliance and assurance reporting of the Network Information Systems Regulations 2018 to the Audit and Risk Committee.

Following discussion the group agreed that the current reporting arrangements should remain. The reason for the decision is as follows:

The Network and Information Systems regulations that came in to force in 2018 set out the standards with which NHS Tayside as an Operator of Essential services must comply. The standards are broad and cover a number of organisation wide matters, which include: organisational governance and leadership, risk management, supplier management, asset management, information security management, people, service resilience, access control to information systems, media management, environmental security, physical/building security, system management protection, operational security to protect systems and digital services, network security measures to protect information and information held in networks, incident detection to monitor potential cyber attacks, incident management, business continuity.

The compliance or non compliance with these regulations affect the whole organisation and are a critical part of NHS Tayside's systems of internal control. Therefore given the broad coverage of the regulations it is felt appropriate that the reporting against these is to the Audit and Risk

Committee, as the Audit and Risk Committee is responsible to Tayside NHS Board for assurance regarding the systems and processes of internal control. **The reason the decision was taken to move the reporting of the two risks (the Cyber Attack Risk and the eHealth Technical Infrastructure and Modernisation Programme Risk) from the Audit and Risk Committee to the Performance and Resources Committee was because a large element of the mitigation of these risks would be the allocation of required resources to support the work and developments required in these areas.**	
Action by:	**Action by:**
Board Secretary	**Complete**

Action Point Reference 12 - IG Assurance Reports – Mid Year Report

Finding:

The IG Midyear report was presented to the November 2021 A&RC meeting although it did not overtly link to the Cyber Strategic Risk.

Four members of the IGCAC have not attended any of the three meetings to date in 2021/22.

Audit Recommendation:

The following should be considered as part of the IGCAC mid and year end reporting:

- Clear links to the Cyber Strategic risk;
- SBAR Risk assessment consideration of known risks.

Members of the IGCAC should be reminded of the importance of attending IGCAC meetings or sending deputies.

Assessment of Risk:

Merits Attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**

Management Response/Action:

Members of the Information Governance and Cyber Assurance Committee will be reminded of the importance of attending the Committee when the papers for the March 2022 meeting are circulated. This will be highlighted at the meeting and recorded in the minutes. This matter will also be drawn to the attention of relevant Directors following the meeting to ensure that the importance of attending this meeting is recognised.

Action by:	Date of expected completion:
Board Secretary	**31 March 2022**

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**	2
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**	7
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	3