The Committee will meet at 9.00 am in the Adam Smith Room (CR5).

1. **Decision on taking business in private:** The Committee will decide whether to take item 3 in private.

2. **Section 22 report - The 2017/18 audit of NHS Tayside:** The Committee will take evidence from—

   John Brown CBE, Chairman, Malcolm Wright OBE, former Chief Executive, Alan Gray, Director of Finance, and Dr Annie Ingram, Strategic Director of Workforce, NHS Tayside;

   Hazel Craik, Head of Employment, Central Legal Office;

   and then from—

   Paul Gray, Director-General Health & Social Care, Scottish Government and Chief Executive, NHS Scotland;

   Shirley Rogers, Director of Health Workforce, Leadership and Service Transformation, Scottish Government.

3. **Section 22 report - The 2017/18 audit of NHS Tayside:** The Committee will take evidence from—

   Caroline Gardner, Auditor General for Scotland;

   Fiona Mitchell-Knight, Audit Director, Bruce Crosbie, Senior Audit Manager, and Leigh Johnston, Senior Manager, Performance and Best Value, Audit Scotland.
The papers for this meeting are as follows—

**Agenda Item 2**

Note by the Clerk

PRIVATE PAPER
1. At its meeting on 13 December, the Public Audit and Post-legislative Scrutiny Committee took evidence from the Auditor General for Scotland on her section 22 report on the 2017/18 audit of NHS Tayside.

2. At its meeting today, the Committee will take evidence from—

- John Brown CBE, Chairman, NHS Tayside
- Malcolm Wright OBE, former Chief Executive, NHS Tayside
- Alan Gray, Director of Finance, NHS Tayside
- Annie Ingram, Strategic Director of Workforce, NHS Tayside
- Hazel Craik, Head of Employment, Central Legal Office

And then from—

- Paul Gray, Director-General Health & Social Care, Scottish Government and Chief Executive, NHS Scotland
- Shirley Rodgers, Director of Health Workforce, Leadership and Service Transformation, Scottish Government

3. The Committee has received a written submission from NHS Tayside and this is attached in Annexe A. During the meeting on 13 December, the Committee sought further information from the Auditor General and also agreed to seek certain documentation from NHS Tayside. This information is contained in Annexe B.

4. On 12 December 2018, the Scottish Government provided the Committee with a copy of the NHS Tayside Assurance and Advisory Group’s Third Progress Report.
Audit of NHS Tayside

1. Introduction

1.1 On 6 December 2018 the Auditor General submitted her report to the Public Audit and Post-legislative Committee on the 2017/18 audit of NHS Tayside. The Board has accepted the report and acknowledges that it accurately represents the financial outturn and local results against national performance standards at 31 March 2018.

1.2 In her report the Auditor General not only sets out the well-documented challenges which faced the Board in the last financial year but also provides a review of the 2017/18 accounts and the circumstances which led to the final outcome at 31 March 2018. The Auditor General also makes reference in her report to significant governance events in the 2018/19 financial year and the work in progress in the current year to address both the financial pressures and the service delivery challenges facing NHS Tayside.

1.3 NHS Tayside welcomes this opportunity to present further evidence to the Public Audit and Post-legislative Committee. In addition to providing further information around the payments relating to the departure of the former Chief Executive, this paper also provides Committee Members with an update on the current position of NHS Tayside and the progress being made to deliver the service changes required to improve performance and become financially sustainable.

2. Payments to the Former Chief Executive

2.1 The former Chief Executive’s employment with NHS Tayside ended on 31 July 2018.

2.2 Following discussions with the Scottish Government and legal advice from the Central Legal Office, the decision to enter into a contractual settlement was taken by the Chief Executive, as Accountable Officer, and the Chairman on behalf of the Board. This approach was taken to conclude matters with the former Chief Executive and mitigate the risk of a long, drawn-out legal process which would have cost the public purse significantly more money than the final settlement.

2.3 The Auditor General has stated in her report that the approach taken by the Board to enter into the settlement agreement was reasonable.

2.4 However, the Auditor General went on to state that errors were made in the process, and that the Business Case approved by the Scottish Government did not contain all the pertinent information.

2.5 NHS Tayside has acknowledged there were two errors made in the process: the first relates to the failure to refer the decision to change the former Chief Executive’s notice period to the Board’s Remuneration Committee prior to it being included in the Settlement Agreement; and the second concerns a contribution to the NHS Scotland
pension scheme, mistakenly intended to cover the notice period. NHS Tayside apologises for these errors.

2.6 Once the lapse in the governance process was highlighted by Audit Scotland, NHS Tayside took steps to remedy the oversight and the Remuneration Committee formally approved the contractual settlement, including the change to the former Chief Executive’s notice period, on 15 November 2018.

2.7 Although the mistake in calculating the amount of pension contribution was identified before the funds were transferred to the SPPA, NHS Tayside acted upon legal advice that to do otherwise would be a breach of the legally binding settlement.

2.8 In order to bring this matter to a conclusion, and taking all the circumstances and advice into consideration, NHS Tayside decided to make the payment and look to recover the overpayment in line with the normal reconciliation process in place between NHS Boards and the SPPA.

2.9 The overpayment of £19,135.08 has now been recovered as part of the normal reconciliation of over and under payments of pension contributions made by NHS Tayside. Therefore, there has been no loss to public funds and the total sum is now back with NHS Tayside. These funds went to SPPA and not to the former Chief Executive. She received no temporary or permanent benefit as a result and the funds never left the public purse.

2.10 The statement in the Auditor General’s report suggesting the business case approved by the Scottish Government did not contain all the pertinent information is a reference to the omission of the change to the former Chief Executive’s notice period in the narrative section of the business case. Although this information was conveyed verbally to the Scottish Government, NHS Tayside apologises for this oversight in terms of the written business case.

2.11 While NHS Tayside has apologised for the errors in the process, the Board’s view is that the decision to reach a contractual settlement with the former Chief Executive was the right decision in the circumstances and represents value for money. The negotiated settlement was a fair and reasonable, legally-binding contract and the former Chief Executive was paid what she was legally and contractually entitled to under the terms of that Settlement Agreement.

3. **Financial Sustainability**

3.1 In completing the audit, the Auditor General highlighted weaknesses in NHS Tayside’s corporate and financial governance in 2017/18. This was acknowledged by the Board and in last year’s Corporate Governance Statement, the interim Chief Executive was unable to conclude that corporate governance had been operating effectively during 2017/18.

3.2 On taking up post in April 2018, the interim leadership team recognised they had inherited an expensive operating model and commissioned a programme of work to identify all opportunities to reduce waste, drive up productivity and identify efficiency savings. These savings, together with service redesign, are required to provide the sound basis for financial sustainability required by the Board.

3.3 The interim leadership team has also taken steps to improve governance, including making financial matters easier to understand, opening up all Board business and
building capability and capacity to deliver financial stability. This work included building a complete picture of the underlying financial problems and bringing them to the surface so that everyone has an explicit understanding of the challenges facing the Board. Together with introducing comprehensive, up-to-date monthly financial reporting, this has improved oversight and increased confidence in the management of public funds.

3.4 The financial position set out in the Board’s annual operational plan for 2018/19 included efficiency savings of £29.4m and forecast a total deficit of £22.3m at March 2019. The increase in the forecast deficit from the prior year is due to two non-recurring issues; repayment of the 2013/14 NHS Tayside Endowment Funds (£3.6m) on 11 January 2019 and the managed and planned reduction in use of earmarked slippage to underpin the year-end financial position (£8.0m).

3.5 Good progress has been made in implementing the 2018/19 operational plan which has significantly reduced current expenditure; the monthly overspend has gone down by over 20% from £1.9m per month in Quarter One to an average of £1.5m during Quarters Two and Three of the current year. This level of performance is expected to be maintained during the remaining months of the year.

3.6 In addition to the sustained reduction in running costs, further evidence that NHS Tayside is addressing its financial challenges can be found in the delivery of the efficiency savings plan. Actions taken in the 2018/19 financial year to help deliver the efficiency savings target have included:

- A reduction in the use of agency nursing staff.
- Efficiency and productivity improvements in both elective care and unscheduled care.
- Achievement of planned savings in primary and secondary care medicines.
- Savings programmes in procurement, corporate services, estates and facilities.

3.7 These actions are delivering results and NHS Tayside is now forecasting efficiency savings of £32.2m in 2018/19, an overachievement of £2.8m against the original target of £29.4m.

3.8 Critical to financial sustainability, NHS Tayside has reduced reliance on non-recurring savings measures and the level of recurring savings has therefore increased from 36% in 2017/18 to 44% in 2018/19.

3.9 In addition to improving the management of revenue expenditure, NHS Tayside has also considered how best to utilise its capital investment funds in 2018/19. An Asset Management Plan is in development and will be submitted to the NHS Tayside Board for approval on 25 April 2019.

3.10 The Asset Management Plan will identify and prioritise the requirement for major investment over the next 10 years, with particular emphasis being placed on capital investment in the three years to 31 March 2022. In the meantime, the following key business cases are progressing:

- Neonatal Intensive Care Unit and Children’s Theatre, Ninewells
- Ninewells (High Voltage) Infrastructure
- Mental Health Service Estate Reconfiguration
- The Tayside Elective Care Centre
3.11 In line with all Scottish NHS Boards, NHS Tayside is developing a medium term finance plan to comply with the Scottish Government’s requirement for Health Boards to achieve financial balance over the three year period to 31 March 2022.

3.12 An initial forecast for revenue and capital expenditure over the three year period to 31 March 2022 was considered by the NHS Tayside Board at its development session in November 2018. Following the announcement of the draft Scottish Government budget in December, this indicative plan is now being discussed with key budget holders and clinical leads within NHS Tayside and the Integration Joint Boards.

3.13 The Financial Plan for 2019/20 is currently under development and following further discussions with the Scottish Government will be presented to the NHS Tayside Board on 28 February 2019. This will form the first year of the NHS Tayside Three Year Financial Plan that will be discussed at the Board meeting in April 2019.

3.14 The NHS Scotland Assurance & Advisory Group’s Third Progress Report on NHS Tayside, issued in December 2018, has confirmed the Board’s view that there has been good progress since the start of this financial year and that there have been significant improvements to the management of NHS Tayside since the interim leadership team took up post. The Director General Health and Social Care and Chief Executive NHS Scotland also recognised the progress made to stabilise the Board since April 2018 in his letter to the Committee of 12 December 2018.

3.15 Further consideration of the progress made will be reported in the Assurance and Advisory Group’s next update which has been requested by the Chief Executive of NHS Scotland in February 2019.

4. Service Redesign

4.1 Service redesign in NHS Tayside is being taken forward by a structured and coordinated transformational change programme. This programme called Transforming Tayside is NHS Tayside’s whole system response to building a sustainable and forward-looking health and social care organisation for Tayside and is aligned with the Health and Social Care Delivery Plan, the National Clinical Strategy, Realistic Medicine and the National Waiting Times Improvement Plan.

4.2 Transforming Tayside aims to deliver Better Health, Better Care, Better Workplace and Better Value. The programme’s key objectives are: to improve access to services; improve the delivery of mental health services; increase the pace of the integration of health and social care; and ensure NHS Tayside has the workforce in place to meet the challenges of increasing demand for services.

4.3 The programme is clinically-led and is being delivered in partnership with our staff and trades unions. It is structured to respond to issues and make changes to services in the short to medium-term, as well as presenting an ambitious vision of transformation for Tayside in the longer term. It will provide clear and credible choices for transforming the future of local healthcare.

4.4 A new leadership model for clinical directorates is now in place to drive the changes necessary in health and social care across the whole system. Clinicians are taking the lead to design and provide evidence-based models of care which are safe, accessible, effective and person-centred in the Transforming Tayside programme.
4.5 The NHS Tayside Board has made a number of commitments supporting the transformation and redesign programme. These include a single acute hospital service for Tayside delivered from Perth Royal Infirmary, Ninewells Hospital and Stracathro Hospital and the development of a single, integrated mental health service across Tayside.

4.6 The latest version of the Transforming Tayside plan will be considered by the Board in February 2019 and reviewed again in April 2019. This will ensure the Transforming Tayside plan will be aligned with and supported by the Three Year Financial plan.

4.7 The Transforming Tayside programme has already started changing how NHS Tayside delivers services. The programme has contributed to improvements in performance in 2018/19. The table appended describes the latest performance results against 13 of the non-financial service standards in the 2018/19 operational plan, which are reported during the year (the others are reported on annually).

4.8 While 10 of the 13 areas have either improved or maintained the standard of service compared to March 2018, the three areas that still fail to meet the standards and have not yet delivered some improvement are; the 12 Weeks First Outpatient Appointment target, the 62 Day Cancer target, and the Child & Adolescent Mental Health Services 18 Week target.

4.9 While NHS Tayside is working to improve performance in all aspects of the health and social care system, it has prioritised the development and implementation of recovery plans to drive up performance in these areas. These recovery plans describe the additional actions and resources required to change the service levels currently being delivered. These plans are aligned to the National Waiting Times Improvement Plan plans and challenging targets have been set to ensure attention continues to be given to resolving the performance issues identified in these services. Progress is being closely monitored by the Board through its Performance and Resources Committee.

4.10 An update on the service redesign and the impact this has on performance will be included in the Assurance and Advisory Group’s next progress report.

5. Conclusions

5.1 The Auditor General’s report to the Public Audit and Post-legislative Committee on the 2017/18 audit of NHS Tayside accurately reflects the financial performance and service levels of NHS Tayside in 2017/18.

5.2 The report also supports the decision to accept the former Chief Executive’s resignation and enter into a settlement agreement to end her employment at NHS Tayside. NHS Tayside accepts that errors were made in implementing the agreement but has confirmed that these mistakes have now been rectified.

5.3 The Committee can be assured that since April 2018 the interim leadership team has been able to stabilise NHS Tayside’s financial position, improve financial planning and reporting, strengthen corporate governance and performance management arrangements and establish a new clinical leadership model for the organisation that is delivering a transformational change programme to redesign services and ensure financial sustainability.

5.4 It should be recognised that the achievements highlighted in this and other recent reports would not have been possible without the ongoing support of clinicians,
managers and staff across the organisation and they deserve recognition and praise for all of their efforts.

5.5 The improvements made over the past nine months have seen the foundations laid, staff have shown that they are up for the challenge and the new Chief Executive will now be building on these achievements to deliver a sustainable, high-quality health and social care system for the people of Tayside.

John Brown
Interim Chairman

Malcolm Wright
Interim Chief Executive

NHS Tayside
11 January 2019
<table>
<thead>
<tr>
<th>Target/standard</th>
<th>March 18</th>
<th>Nov 18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment Times Guarantee (TTG)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of patients that were seen within 12 week TTG</td>
<td>70%</td>
<td>71%</td>
</tr>
<tr>
<td><strong>Standard:</strong> 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12 weeks First Outpatient Appointment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of patients waiting no more than 12 weeks from referral to first outpatient appointment</td>
<td>71%</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Standard:</strong> ≥95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cancer Treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of patients beginning treatment within 31 days</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Standard:</strong> ≥95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cancer Treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of patients beginning treatment within 62 days</td>
<td>87%</td>
<td>79%</td>
</tr>
<tr>
<td><strong>Standard:</strong> ≥95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Child and Adolescent Mental Health Services (CAMHS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of patients seen within 18 weeks</td>
<td>41%</td>
<td>39%</td>
</tr>
<tr>
<td><strong>Standard:</strong> ≥90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psychological Therapy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of patients to start treatment within 18 weeks of referral</td>
<td>59%</td>
<td>72%</td>
</tr>
<tr>
<td><strong>Standard:</strong> ≥90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4-hour A&amp;E</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of all attendances seen within 4 hours</td>
<td>98%</td>
<td>96%</td>
</tr>
<tr>
<td><strong>Standard:</strong> ≥95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Drug and Alcohol Treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of patients seen within 3 weeks</td>
<td>86%</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Standard:</strong> ≥90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clostridium Difficile Bacteraemia (SABs)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of infection in patients aged 15 and over, per 1,000 total occupied bed days</td>
<td>0.2</td>
<td>0.17</td>
</tr>
<tr>
<td><strong>Standard:</strong> ≤0.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>Rate/Standard</td>
<td>Actual Rate 1</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>Staphylococcus Aureus Bacteraemia (SABs)</strong></td>
<td>Rate of SABs per 1,000 total occupied bed days</td>
<td>0.41</td>
</tr>
<tr>
<td><strong>Standard:</strong> ≤0.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>18 weeks Referral to Treatment</strong></td>
<td>Percentage of patients seen and treated within 18 weeks from initial referral</td>
<td>72%</td>
</tr>
<tr>
<td><strong>Standard:</strong> ≥90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IVF Waiting Times</strong></td>
<td>All eligible patients will commence IVF treatment within 12 months</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Standard:</strong> ≥90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sickness Absence Rate</strong></td>
<td>Maximum sickness absence rate every 12-month period</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Standard:</strong> ≤4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annexe B

Additional information provided by Audit Scotland and by NHS Tayside

Audit Committee and Remuneration Committee Membership

During the evidence session on 13 December, the Committee sought information about the membership of the Audit Committee and Remuneration Committee at NHS Tayside. Audit Scotland has provided the following information:

Audit Committee Membership
Chair: Robert Peat
Members: Trudy McLeay, Councillor Bob Myles, Jenny Alexander (Employee Director), Norman Pratt and Emma Jane Wells

Remuneration Committee
Chair: John Brown (Chairman)
Members: Lorna Birse-Stewart, Trudy McLeay, Jenny Alexander (Employee Director), Norman Pratt, Robert Peat and Nic Beech

Quarterly performance figures

During the evidence session, the Committee also asked whether, since the implementation of the interim leadership team, the quarterly performance figures had shown any improvement at NHS Tayside. The following information has been provided by Audit Scotland:

“Table 1 overleaf outlines the available performance data against key national performance standards. The data shows a mixed picture. The only standard with a consistent upward trend is the number of drug and alcohol patients seen within 3 weeks.

NHS Tayside monitor a wider set of metrics. As outlined in Appendix 1 the figures for these metrics, presented to the NHS Tayside Board on 6 December 2018 and included in the NHS Tayside Assurance and Advisory Group’s third progress report, again show a mixed picture.”
Table 1: NHS Tayside quarterly performance against key national performance standards

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Target</th>
<th>2017/18 Q3</th>
<th>2017/18 Q4</th>
<th>2018/19 Q1</th>
<th>2018/19 Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 weeks referral to treatment time</td>
<td>90%</td>
<td>No data</td>
<td>71.9%</td>
<td>77.2%</td>
<td>76.9%</td>
</tr>
<tr>
<td>A&amp;E attendees seen within 4 hours</td>
<td>95%</td>
<td>94.9%</td>
<td>98.0%</td>
<td>98.1%</td>
<td>97.5%</td>
</tr>
<tr>
<td>CAMHs patients seen within 18 weeks</td>
<td>90%</td>
<td>41.5%</td>
<td>40.7%</td>
<td>34.4%</td>
<td>35.8%</td>
</tr>
<tr>
<td>Day case or inpatients who waited less than 12 weeks for treatment</td>
<td>100%</td>
<td>80.3%</td>
<td>73.6%</td>
<td>72.2%</td>
<td>70.5%</td>
</tr>
<tr>
<td>Drug and alcohol patients seen within 3 weeks</td>
<td>90%</td>
<td>86.6%</td>
<td>87.5%</td>
<td>78.8%</td>
<td>93.4%</td>
</tr>
<tr>
<td>Outpatients waiting less than 12 weeks following first referral</td>
<td>95%</td>
<td>62.2%</td>
<td>70.7%</td>
<td>69.3%</td>
<td>59.5%</td>
</tr>
<tr>
<td>Patients starting cancer treatment within 31 days (decision to treatment)</td>
<td>95%</td>
<td>95.1%</td>
<td>92.5%</td>
<td>95.1%</td>
<td>94%</td>
</tr>
<tr>
<td>Patients starting cancer treatment within 62 days (referral to treatment)</td>
<td>95%</td>
<td>87.1%</td>
<td>86.5%</td>
<td>85.3%</td>
<td>83.5%</td>
</tr>
</tbody>
</table>

Source: ISD Scotland. 2017/18 Q3 to 2018/19 Q1 as at September 2018 and 2018/19 Q2 as at December 2018.
### Appendix 1: NHS Tayside - Key Metrics - Presented to the NHS Tayside Board 6 December 2018

**Access**
- 4 out of the 10 metrics are on track
- 6 out of the 10 metrics are below target

<table>
<thead>
<tr>
<th>Inpatient/Daycase patients waiting &gt; 84 days TTG target as at month end (LDP)</th>
<th>New Outpatients waiting &gt; 12 weeks target as at month end (LDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 2018 2227</td>
<td>Sep 2018 2667</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostics – 8 key tests waiting &gt; 6 weeks target as at month end</th>
<th>% of patients seen within 18 weeks – combined performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 2018 807</td>
<td>Sep 2018 570</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer Waiting Times 31-day target (LDP)</th>
<th>Cancer Waiting Times 62-day target (LDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 2018 95.6%</td>
<td>Sept 2018 96.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CAMHS patients treated within 18 weeks from referral to treatment (LDP)</th>
<th>Psychological Therapy patients treated within 18 weeks from referral to treatment (LDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 2018 33.9%</td>
<td>Sept 2018 38.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug and Alcohol clients treated within 3 weeks from referral to treatment (LDP)</th>
<th>% of IVF patients seen within 12 months from agreement to treat to screening (LDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr 4 17-18 87.5%</td>
<td>Qtr 1 18-19 78.8%</td>
</tr>
</tbody>
</table>

**Efficiency**
- 5 out of the 11 metrics are on track / benchmark
- 6 out of the 11 metrics are below target / benchmark

<table>
<thead>
<tr>
<th>Same Day Surgery Rate</th>
<th>Pre-operative Patient Stays</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2018 85.2%</td>
<td>July 2018 89.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elective Average Length of Stay in Days – Acute Services</th>
<th>Emergency Average Length of Stay in Days – Acute Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2018 3.0</td>
<td>July 2018 3.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delayed Discharges as at census date (last Thursday of the month)</th>
<th>Outpatient Acute Services - New: Review Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2018 57</td>
<td>Aug 2018 53</td>
</tr>
<tr>
<td>New Outpatient Acute Services Did Not Attend Rate</td>
<td>Re-admission Rate - Tayside Medicine 7 day</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>June 2018 12.3% &lt;br&gt; July 2018 12.6% &lt;br&gt; Benchmark k ≤ 8.3% &lt;br&gt; ✗</td>
<td>Qtr 3 17-18 73.5 &lt;br&gt; Qtr 4 17-18 61.8 &lt;br&gt; Benchmark ≤ 53.98 &lt;br&gt; ✗</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Re-admission Rate - Tayside Surgery 7 day</th>
<th>Re-admission Rate - Tayside Medicine 28 day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr 3 17-18 19.2 &lt;br&gt; Qtr 4 17-18 21.2 &lt;br&gt; Benchmark k ≤ 24.61 &lt;br&gt; ✓</td>
<td>Qtr 3 17-18 146.4 &lt;br&gt; Qtr 4 17-18 131.18 &lt;br&gt; Benchmark ≤ 118.95 &lt;br&gt; ✗</td>
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<tr>
<th>Re-admission Rate - Tayside Surgery 28 day</th>
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<tr>
<td>Qtr 3 17-18 42.1 &lt;br&gt; Qtr 4 17-18 45.0 &lt;br&gt; Benchmark k ≤ 43.51% &lt;br&gt; ✗</td>
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**Quality of Care**
- 3 out of the 6 metrics are on track
- 0 out of the 6 metrics are below target
- 3 out of the 6 metrics have no target/benchmark

**Hospital Standardised Mortality Rate - Ninewells**
- Oct-Dec 17 0.91 <br> Jan-Mar 18 Baseline ≤ 1.0 <br> ✓

**Stage 1 Complaints Responded to within 5 working days**
- July 2018 84.2% <br> Aug 2018 81.7% <br> Target NA

**Hospital Standardised Mortality Rate – Strathclyde**
- Oct-Dec 17 1.29 <br> Jan-Mar 18 Baseline ≤ 1.0 <br> ✓

**Stage 2 Complaints Responded to within 20 working days – escalated**
- July 2018 33.8% <br> Aug 2018 54.2% <br> Target NA

**Hospital Standardised Mortality Rate – PRI**
- Oct-Dec 17 0.91 <br> Jan-Mar 18 Baseline ≤ 1.0 <br> ✓

**Stage 2 Complaints Responded to within 20 working days – non-escalated**
- July 2018 26.4% <br> Aug 2018 42.4% <br> Target NA

**Data Quality**
- 5 out of the 5 metrics are on track
- 0 out of the 5 metrics are below target

**% of Acute Inpatient/Daycase Episodes (SMR01) coded < 6 weeks of month-end**
- June 2018 95% <br> July 2018 99% <br> Target ≥ 95% <br> ✓

**% of Maternity Episodes (SMR02) coded < 6 weeks of month-end**
- June 2018 100% <br> July 2018 100% <br> Target ≥ 95% <br> ✓

**% of Mental Health Episodes (SMR04) coded < 6 weeks of month-end**
- June 2018 100% <br> July 2018 98% <br> Target ≥ 95% <br> ✓

**% of SMR01 Activity with Ethnicity Recorded**
- June 2018 84% <br> July 2018 86% <br> Target ≥ 81% <br> ✓

**% of SMR00 Activity with Ethnicity Recorded**
- June 2018 73% <br> July 2018 74% <br> Target ≥ 73% <br> ✓
Corporate Governance in NHS Tayside report

During the evidence session on 13 December, the Committee also expressed an interest in the Corporate Governance report that had been considered by the board in October 2018. NHS Tayside has supplied a copy of this report and this is attached in Appendix 2 below.

Business case and settlement agreement

The Committee also requested a copy of the business case and settlement agreement in respect of the former chief executive. For reasons of confidentiality and data protection, these documents have been provided to Committee Members only and will not be published.
CORPORATE GOVERNANCE IN NHS TAYSIDE

1. SITUATION AND BACKGROUND

For some time concerns have been raised around weak governance, poor financial management and a lack of strategic planning by the NHS Tayside Board. In order to respond to the challenges faced by NHS Tayside, the interim Chairman and Chief Executive have made a number of significant changes to improve the Board’s governance, leadership and management arrangements.

The changes made to the corporate governance system in NHS Tayside take into account the reports by Sir Lewis Ritchie’s Assurance and Advisory Group, Grant Thornton UK and KPMG. The recent reviews of the risks associated with poor governance, the provision of eHealth services, including the levels of information security and the effectiveness of the internal audit arrangements were also considered when making improvements to the governance system.

2. ASSESSMENT

The purpose of this report is to provide an update to the NHS Tayside Board on the work to improve the corporate governance system in NHS Tayside.

3. RECOMMENDATIONS

It is intended that this report will provide the Board with assurance that NHS Tayside now has an effective corporate governance system in place.

4. REPORT SIGN OFF

Contact for further information

If you require any further information in advance of the Board meeting please contact:

John Brown
Chairman
chairman.tayside@nhs.net

23 October 2018
Corporate Governance in NHS Tayside
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1. Introduction

1.1 The purpose of this report is to provide an update to the NHS Tayside Board, the Scottish Government and other key stakeholders on the work to improve the corporate governance system in NHS Tayside.

1.2 It is intended that this report will provide stakeholders with assurance that NHS Tayside now has an effective corporate governance system in place.

2. Background

2.1 NHS Boards across the UK operate in an increasingly demanding environment. The impact of demographic change and the growth in long term health conditions bring their own challenges at a time of financial constraint. Good governance is essential in addressing the challenges the public sector faces and providing high quality, safe, sustainable health and social care services depends on NHS Boards developing robust, accountable and transparent corporate governance systems.

2.2 For some time concerns have been raised around weak governance, poor financial management and a lack of strategic planning by the NHS Tayside Board. The management of NHS Tayside’s Endowment Fund has also been a cause for concern. As a result, the Board’s Chair and Chief Executive resigned and in April 2018 the Cabinet Secretary for Health and Sport appointed Mr John Brown and Mr Malcolm Wright to replace Professor John Connell and Ms Lesley McLay.

2.3 In order to respond to the challenges faced by NHS Tayside, the new leadership team have made a number of significant changes to improve the Board’s governance, leadership and management arrangements.

2.4 However, the initiatives to develop the capability and capacity of the NHS Tayside leadership and management teams are not included in this paper as they are the subject of a variety of other reports to the Board. It should also be noted that this report does not make reference to the management of the Endowment Funds as this is currently subject to a review by the Office of the Scottish Charities Regulator.

2.5 When considering the changes required to the corporate governance system in NHS Tayside, the Chairman and Chief Executive began by reviewing the reports by Sir Lewis Ritchie’s Assurance and Advisory Group, Grant Thornton UK and KPMG. These documents, observations at Board and Standing Committees Meetings and discussions with Board and Executive Leadership Team members, led to the commissioning of additional work to specifically look at the risks associated with poor governance, the provision of eHealth services, including the levels of information security and the effectiveness of the internal audit arrangements.

2.6 As a result of this research a number of changes and improvements have been made to the corporate governance arrangement in NHS Tayside. In describing these improvements to the governance system the report uses the blueprint for good governance that has been developed for NHS Scotland.

3. The Corporate Governance System

3.1 The NHS Scotland corporate governance blueprint defines governance as the system by which organisations are directed and controlled and describes a three-tiered model that explains the functions of a governance system, the enablers and the support required to effectively deliver those functions.
3.2 What distinguishes this model from other governance models is its clear acknowledgement of the importance of how the Board approaches the achievement of its strategic aims and objectives as well as its focus on performance and outcomes. Although the model is presented as three distinct sections, they are in reality inter-dependent.

3.3 The following sections of the report describe in some detail the actions taken in each section of the governance blueprint by NHS Tayside. These actions are intended to strengthen the operation of the corporate governance system and provide the evidence that the Board has an effective corporate governance system in place.

**Delivering the Functions**

4. **Setting the Direction**

4.1 One of the biggest challenges facing NHS Tayside was the development of a credible strategic plan that would deliver the requirements set out in the NHS Scotland Health and Social Care Delivery Plan. These include the implementation of the National Clinical Strategy and the changes required to deliver the NHS Scotland Realistic Medicine initiative.

4.2 In response to this challenge, the Board has re-affirmed its commitment to having a healthcare system that enables people to live longer, healthier lives, where health equity is promoted and individuals are empowered to help themselves and are at the centre of all decisions. This will be achieved by delivering clinical services where community provision is the norm and health and social care is integrated, sustainable, safe, effective, accessible and affordable.

4.3 To deliver this ambition for NHS Tayside, a new Head of Strategic Planning has been appointed and the existing transformational change programme has been redesigned with the emphasis on developing a list of options for service redesign that has been co-produced with the public, patients, service users and staff. This work has initially focused
on acute, hospital-based unscheduled and planned care and has been led by the newly-formed Clinical Alliance, representing the clinicians responsible for the current service delivery.

4.4 Although still at an early stage, the Board has had input to the development of the revised system blueprint, both formally at Board meetings and informally at Board Development sessions, where the clinicians have been able to share their latest thinking with Board Members. This has ensured that the redesign of services remains consistent with the direction of travel set by the Board.

4.5 While the transformation programme clearly includes elements of a long term strategy, the Board has also approved the inclusion of six, more short to medium term projects. These play a critical part in bringing NHS Tayside into financial balance and focus on:

- Prescribing and medicines management
- Primary care
- Outpatients
- Inpatient flow
- Operating theatres
- Mental health

4.6 These projects are being managed as a programme and a small team of suitably qualified managers are now in place to manage the delivery of this part of the overall transformational change programme, known as Transforming Tayside.

4.7 New governance arrangements for the Transforming Tayside programme have also been put in place with the Chief Executive as Chair of the Programme Board, reporting directly to the NHS Tayside Board on progress at predetermined intervals.

4.8 The governance arrangements, the timescale for finalising the service redesign and the plans for engagement with stakeholders have been submitted to the Board for their approval.

4.9 The review of eHealth services has highlighted the need for the NHS Tayside Board to develop a more strategic approach to using digital technology to support the Transforming Tayside Programme. Further work has been commissioned by the Chief Executive to take this forward. The development of a Digital Strategy will be combined with the work already underway to improve the governance around information security and ensure the organisation is better placed to manage the risk around cyber security.

4.10 So, in common with all NHS Boards across Scotland, NHS Tayside has yet to finalise the service blueprint but the capability, capacity and governance arrangements are now in place to complete that programme of work and deliver the transformational change required by the Scottish Government.

5. **Holding to Account**

5.1 In the past, accurate, timely and relevant information on service delivery and budgets was not always available to the NHS Tayside Board and its Standing Committees. On some occasions, this resulted in decisions being based on incomplete or out of date information.

5.2 With the appointment of a new Assistant Chief Executive responsible for performance management, priority has been given to the development of a revised performance management system to support the Executive Leadership Team in managing the delivery of services across NHS Tayside. The introduction of the first phase of the new performance
framework has already improved the flow of information presented to the Board and its Committees.

5.3 The Board’s oversight of financial performance has also been reviewed by the new Finance Director and revised reporting arrangements have been put in place. As a result, the Board and its Performance and Resources Committee now receive an up-to-date monthly financial report that enables Board Members to compare budget outturns to both historical and forecast information. This has increased the Board’s confidence in both the management of public funds and the actions being taken to bring the Board back into financial balance.

5.4 To further assist the Board’s scrutiny and challenge of the Executive Leadership Team’s management of the organisation, consideration was given to the existing arrangements from the Board’s assurance perspective and a revised approach to reporting performance data to the Board and its Standing Committees is being developed. Further details on the work to develop a comprehensive assurance information system are included in section 12 of this report.

5.5 The Board has also sought more assurance on the delivery of the integrated health and social care system and on the use of NHS Board funds by the Integration Joint Boards. To ensure that the Board has sight of the services delivered and the cost incurred by the Health and Social Care Partnerships it now receives an update from the IJB Chair or Vice Chair at the NHS Board Meetings. This is expected to support a system wide approach to managing services, making best use of resources and increasing the pace of integration.

6. Assessing Risk

6.1 While NHS Tayside has had a comprehensive risk management system in place for some time, the impact on service delivery has not always been taken into consideration or acted upon.

6.2 In response to these concerns about the effectiveness of the risk management system, the new Chief Executive has personally reviewed and revised the corporate risk register to better reflect the challenges NHS Tayside currently faces. This has given the Board a better understanding of the risks being addressed by the Executive Leadership Team and encouraged Members to contribute to the identification of new risks, either at the Board or the Standing Committees.

6.3 In order to ensure that risk management is given the right priority, a new role has been created at Executive level. The duties of the new Director of Governance, Risk and Compliance includes oversight of the risk management system to ensure that all appropriate risks are identified, assessed and action taken to mitigate the likelihood of them occurring and the impact on service delivery should they materialise. The Director will provide regular reports to the Board and its Standing Committees to give assurance that risk is being effectively, treated tolerated or eliminated.

6.4 The Director will also act as the Board’s Senior Information Risk Owner and report directly on information security to the Audit Committee. This will include providing the Audit Committee with details of the work now being undertaken to address the issues raised in the recent review of information security governance.

6.5 In addition to oversight of risk management, the postholder will also have responsibility for ensuring compliance across NHS Tayside’s regulatory framework, including Equality and Diversity and Resilience Planning.
6.6 The Director of Governance, Risk and Compliance will report to the Chief Executive but will also have direct access to the Board Chair and the Chair of the Audit Committee.

7. **Engaging Stakeholders**

7.1 While the NHS Tayside Board has clearly recognised the importance of engaging with all its stakeholders, there has not been a consistent or structured approach in place to meet the different needs of the diverse range of groups with an interest in health and social care.

7.2 The first steps taken to improve the engagement with stakeholders were taken in the redesign of the transformational change programme. Meaningful engagement with the public, patients, service users and staff is critical to the successful delivery of the programme. The development of a phased engagement process and the Board’s approval of the detailed engagement and communications plan should ensure key stakeholders play their part in achieving the Board’s ambition for NHS Tayside. The framework for external engagement is being developed in partnership with the Scottish Health Council and the NHS Tayside Board will receive regular updates on the outcomes of the engagement process.

7.3 Board Members have already been involved in attending public meetings to discuss the transformation programme. In addition to attending these meetings with the public, Board Members have visited a number of locations in recent months to meet with staff and patients. This has given Board Members a valuable insight into the services being delivered and a formal programme of site visits is being introduced to ensure this initiative continues.

7.4 It has been recognised that more needs to be done to improve NHS Tayside’s contribution to the development of the plans being developed by the Community Planning Partnerships and the Integration Joint Boards. To take this forward, NHS Tayside has set up a forum where the Chairs, Council Leaders, Chief Executives and Chief Officers from the NHS Board, the Local Authorities and the Community Planning Partnerships can meet to develop a more integrated and inclusive approach to delivering public services across Tayside.

7.5 Another key stakeholder in NHS Tayside is the University of Dundee and the membership of the Tayside Academic Health Science Partnership has been changed to include the NHS Board Chair, Chief Executive, Medical Director and Nurse Director. This is intended to not only give support to the Partnership at the appropriate level but to also give the Board better awareness of the costs and benefits of this important initiative.

7.6 The regular meetings with local Members of Parliament and Members of the Scottish Parliament continue to take place but now include the Leaders of the Local Authorities in Tayside. This recognises the important role the Local Authority has in the oversight of the delivery of health and social care.

7.7 In addition to the arrangements described in the previous paragraphs, the Chairman and the Chief Executive have carried out a number of 1:1 meetings with a wide range of stakeholders, reporting back to the Board as part of their update at the Board Meeting.

7.8 Positive feedback has been received on this increase in activity and renewed focus on stakeholder engagement over the past six months from a variety of sources, including the Scottish Government.
8. Influencing Culture

8.1 There is consensus that Board Members should act as role models to promote the NHS Scotland values of:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

8.2 However, there is also agreement that more needs to be done to ensure that NHS Tayside has an appropriate and acceptable organisational culture that supports and facilitates the delivery of the Board’s ambition, while upholding the NHS Scotland values.

8.3 While there are clear links between the organisation’s culture and patient experience, there is also a significant body of research that confirms leadership is a strong determinant of culture. Therefore the Board has commissioned a leadership blueprint and an implementation plan to support cultural change and achieve an engaged and skilled workforce.

8.4 The Collective Leadership Programme has been developed to take this work forward and will focus on building a cultural framework for NHS Tayside based on the following principles:

- NHS Tayside is a values-based organisation
- Leadership and management are an important part of every role
- Teamwork is the cornerstone of the organisation’s approach
- Support and development is system-wide and available to all

8.5 The implementation plan that has been developed for the Leadership Programme includes details of the outcomes required and the measures to be used to determine success.

8.6 The Staff Governance Committee will provide scrutiny of the Collective Leadership Programme and report progress to the Board at regular intervals.

Describing the Enablers

9. Skills, Experience and Diversity

9.1 The NHS Tayside Board has a membership of 20 people, consisting of 9 Non-Executive Members, 5 Executive Members and 6 Stakeholder Members. Since 1st April 2018, 14 Members have left and 11 new Members have joined the Board. The current Board includes 12 male and 5 female Members.

9.2 While the new Members bring a wide range of experience and a fresh perspective to the Board, the loss of financial management experience needs to be addressed. The Board also needs to consider the underrepresentation of women, disabled people, and those from minority ethnic communities.

9.3 A recruitment exercise has been undertaken to fill the three Non-Executive vacancies and it is expected that two new Members will take up post in November with the third starting in January. The latest appointments will help address the lack of diversity at Board level.
9.4 The Cabinet Secretary for Health and Sport has also agreed to increase the Board membership to include an additional two Non-Executive Members and the recruitment exercise will include financial management experience as one of the desired competencies.

9.5 Recruitment exercises are also underway to fill the Chair and Chief Executive posts. It is expected that a new Chair and Chief Executive will be in place before the end of the 2018/19 financial year.

10. Roles, Responsibilities and Accountabilities

10.1 All Board Members have received the standard induction training from NHS Tayside and attended the On Board training course delivered to all members of public bodies in Scotland.

10.2 In order to ensure clarity and a common understanding of the roles, responsibilities and accountability of the groups and individuals involved in the corporate governance system, Board Members have also read the NHS Scotland Blueprint for Good Governance paper that describes their position and how it relates to the other members of the Board and the Executive Leadership Team.

11. Values, Relationships and Behaviours

11.1 All Board Members are aware of what is expected of them individually and collectively in terms of demonstrating the values, conducting the relationships and demonstrating the behaviours expected of a NHS Board.

11.2 The values adopted by the Board are the NHS Scotland Values and the standards of behaviour expected from Board Members are those included in the Model Code of Conduct for Members of Devolved Public Bodies (2014).

11.3 Board Members comply with the NHS Tayside rules regarding expenses, gifts and hospitality and registration of interests.

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12. Assurance Information Systems

12.1 The Board has recognised that there is a need for a better flow of relevant information to the Board and its Standing Committees to support well informed, evidence based and risk assessed decisions.

12.2 Therefore a review and revision of the current performance and financial reporting systems was commissioned and work has started to develop a more robust information system to support the Board in delivering good governance.

12.3 The project initiated to build a new assurance information system is led by the Assistant Chief Executive and by the end of the 2018/19 financial year will have delivered:

- A single place to access a core data set
- Meaningful and relevant data, that supports decision making
- Information presented in a simple, visually engaging and interactive manner
- Data clustering to support triangulation and highlight interdependencies
12.4 The Board and its Standing Committees have started to receive new reports, in a revised format and at more frequent intervals. This has encouraged further input from Board Members to help develop the assurance information system further.

12.5 This new approach will be developed further in light of the work being taken forward on a national basis to develop a consistent and effective assurance information system for Boards across NHS Scotland.

13. **Audit Services**

13.1 External audit services for NHS Tayside are provided by Audit Scotland and internal audit services are currently delivered under a service level agreement by FTF Audit and Management Services.

13.2 The Chartered Institute of Internal Auditors (CIIA) were commissioned by the Board to undertake an external quality assessment of the NHS Tayside Internal Audit Service. This is in accordance with the requirement for an independent evaluation to be performed every five years.

13.3 The CIIA have concluded their review and highlighted the following positive aspects of the service provided:

- The FTF team are qualified, experienced and enthusiastic. They work with independence, objectivity and integrity.
- Stakeholder feedback has on the whole been supportive. Internal audit as delivered by FTF is regarded as professional and auditors have a reputation for having a good knowledge of the organisation, for listening and for being flexible and pragmatic.

13.4 However, the report goes on to say that the FTF Chief Internal Auditor acknowledges that changes are required to the way internal audit is delivered, including how key findings and emerging issues are communicated to senior management and the Board’s Audit Committee.

13.5 The report also suggests that the Executive Leadership Team need to be more willing to embrace the findings from internal audit reviews and commit to implementing the actions. This commitment has been reflected in the revised Audit Recommendations Follow-up Protocol approved by the Audit Committee in June 2018.

13.6 The CIIA report and the detailed action plan that has been developed to address the issues raised by the review will be considered by the Audit Committee in December 2018. The Audit Committee will oversee the implementation of the action plan.

14. **Board Administration**

14.1 The Board requires effective administration arrangements to support the development and monitoring of the strategic and operational plans required to deliver their ambition for NHS Tayside.

14.2 Therefore, NHS Tayside needs to have adequate and trained resources in place to develop and manage an integrated work programme for the Board. A coordinated timetable is required for Board Meetings, Seminars and Standing Committee meetings.
14.3 To ensure the appropriate level of support is given collectively to the Board and individually to Board Members, a new post of Board Secretary has been introduced. This role has taken over some (but not all) of the work of the previous Board Administrator, who is now the new Director of Governance, Risk and Compliance.

14.4 The duties of the Board Secretary include:

- Leading the continuous development and implementation of the Board’s corporate governance system, providing expert advice and support to the Chair, Chief Executive, Board Members and other stakeholders on governance matters as required.

- Providing advice and guidance to ensure the Board acts within its legal authority and statutory powers and that its Members comply with the Ethical Standards in Public Life (Scotland) Act (2000) and the Model Code of Conduct for Members of Devolved Public Bodies (2014).

- Ensuring that Board business is conducted in a spirit of openness and transparency.

- Managing the administrative and secretarial support to the Board and other appropriate governance Committees to deliver effective administration support to Board business.

14.5 The Board Secretary will report to the Director of Governance, Risk and Compliance but will have direct access to the Board Chair and the Chairs of the Board’s Standing Committees.

15. **Next Steps**

15.1 The Board will review and discuss NHS Tayside’s response to the NHS Scotland Blueprint for Good Governance at the Board Development Session on 29 November 2018.

15.2 Following the completion of the recruitment exercise and the appraisal of existing Board Members, the Chair will review the allocation of roles and responsibilities to Board Members. A revised distribution of roles and responsibilities will be submitted to the December 2018 Board meeting.

15.3 Once the recruitment of new Members has been completed, the existing skills matrix for the Board will be reviewed and mapped against the Board’s future requirements. This will inform the completion of individual development plans for Board Members as part of the appraisal exercise being undertaken in December 2018.

15.4 A programme of Board visits to staff, patients and service users will be developed and submitted to the Board for approval at the December 2018 Board meeting.

15.5 The Board will undertake a self-assessment of Board effectiveness in January 2019. This assessment will be based on the NHS Scotland governance blueprint.

John Brown CBE
Interim Chairman
NHS Tayside

23 October 2018