

# DUMFRIES AND GALLOWAY NHS BOARD



## PUBLIC MEETING

A meeting of the Dumfries and Galloway NHS Board will be held at 11.00am on Monday 10<sup>th</sup> May 2021. The meeting was held via Microsoft Teams with the NHS Board Members.

## AGENDA

Time	No	Agenda Item	Who	Attached / Verbal
11.00am	27	Apologies	L Geddes	Verbal
11.00am	28	Declarations of Interest	N Morris	Verbal
11.05am	29	Previous Minute	N Morris	Attached
11.10am	30	Matters Arising and Review of Actions List <ul style="list-style-type: none"><li>Board Agenda Matrix 2021/22</li><li>Workshop Schedule 2021/22</li></ul>	N Morris	Attached
<b>QUALITY AND PATIENT SAFETY</b>				
11.15am	31	Healthcare Associated Infections Update Report	A Wilson	Attached
<b>ITEMS FOR APPROVAL</b>				
11.30am	32	Register of Members Interests 2020/21	L Geddes	Attached
11.35am	33	Board and Committee Templates	L Geddes	Attached
<b>COVID-19 PANDEMIC</b>				
11.40am	34	COVID-19 - Any Urgent Operational Updates	J Ace	Verbal
<b>Comfort Break – 10 minutes</b>				
<b>TACTICAL PRIORITIES</b>				
12.10pm	35	Priorities Update: <ul style="list-style-type: none"><li>COVID-19 Containment Work</li><li>Continued Support for Staff Wellbeing</li><li>Delivery of Sustainable Service Models</li><li>Delivery of Enhanced Services to address Pandemic Harms</li></ul>	J Ace	Verbal
<b>ITEMS FOR UPDATE</b>				
12.25pm	36	Financial Performance Update 2020-21 - Year End Report	K Kerr	Attached

**NOT PROTECTIVELY MARKED**

Time	No	Agenda Item	Who	Attached / Verbal
12.35pm	37	Brexit Update	J Ace	Verbal
12.40pm	38	NHS Scotland Audit Scotland 2020 report	K Kerr	Attached
12.50pm	39	Integration Joint Board Directions	L Geddes	Attached
12.55pm	40	Board and Committee Minutes <ul style="list-style-type: none"> <li>• 2020/21 Matrix</li> <li>• Audit &amp; Risk Committee Minute – 25 January 2021</li> <li>• Healthcare Governance Committee Minute – 21 September 2020</li> <li>• Healthcare Governance Committee Minute – 16 November 2020</li> </ul>	L Geddes  Committee Chairs	Attached
<b>ANY OTHER COMPETENT BUSINESS</b>				
1.00pm	41		N Morris	Verbal
<b>DATE AND TIME OF NEXT MEETING</b>				
	42	<ul style="list-style-type: none"> <li>• 14<sup>th</sup> June 2021 @ 11am – 1pm. This meeting will be held via video or telephone conferencing.</li> </ul>		

# DUMFRIES AND GALLOWAY NHS BOARD



## NHS PUBLIC BOARD

Minute of the public meeting of Dumfries and Galloway NHS Board held on Monday 12<sup>th</sup> April 2021 at 12.30pm by Microsoft Teams.

### **Present**

Mr N Morris (NM)	-	Chair
Mrs P Halliday (PH)	-	Non-Executive Member / Vice Chair
Mr J Ace (JA)	-	Chief Executive
Dr K Donaldson (KD)	-	Medical Director
Mrs K Kerr (KK)	-	Director of Finance
Mrs A Wilson (AW)	-	Nurse Director
Mrs V Keir (VK)	-	Non Executive Member / Employee Director
Mr B Irving (BI)	-	Non-Executive Member / Chair of Area Clinical Forum
Dr L Douglas (LD)	-	Non Executive Member
Mrs R Francis (RF)	-	Non Executive Member
Mr A Ferguson (AF)	-	Non Executive Member
Ms G Cardozo (GC)	-	Non Executive Member
Ms M Caig (MC)	-	Non Executive Member

### **In Attendance**

Mrs J White (JW)	-	Chief Officer
Mrs C Cooksey (CC)	-	Workforce Director
Mrs V Freeman (VF)	-	Head of Strategic Planning and Performance
Ms L Fitzpatrick (LF)	-	Equality and Diversity Lead
Mr G Bryson (GB)	-	Pharmacy Director
Mrs K Bell (KB)	-	Vaccination Programme Manager
Mrs A Allan (AA)	-	Performance & Intelligence Manager
Mrs L Geddes (LG)	-	Corporate Business Manager
Mrs L McKie (LM)	-	Executive Assistant (Minute Secretary)

### **Apologies**

Mrs V White (VW)	-	Interim Director of Public Health
Ms L Bryce (LB)	-	Non Executive Member

NM welcomed Board Members and observers to the meeting being held by Microsoft Teams. NM formally acknowledged condolences on behalf of the Board to the family of a young member of staff who tragically lost their life at the weekend. He also echoed the First Minister's condolences on behalf of all NHS Boards' to the Royal Family on the loss of the Duke of Edinburgh at the end of last week, extending a note of support to anyone who has lost a loved one over the last few months.

## **9. Apologies**

Apologies for the meeting have been noted above.

## **10. Declarations of Interest**

NM asked members if they had any declarations of interest in relation to the items listed on the agenda for this meeting.

It was noted that no declarations of interest were put forward at this time.

## **11. Minute of the Meeting of the NHS Board held on 1<sup>st</sup> March 2021**

NM presented the minute from the last meeting on 1<sup>st</sup> March 2021, asking NHS Board Members to review and highlight any points of accuracy.

NHS Board Members were content to approve the minute as an accurate record of discussion.

## **12. Matters Arising and Review of Actions List**

NM asked NHS Board Members if they had any items to be discussed under matters arising that were not noted on the agenda or within the action list.

No items were put forward under Matters Arising.

NM presented the Actions List, taking members through the updates that had been received, noting the following key points of progress from the list:

- **Item 209 - NHS Board Dates 2021/22**

NM advised that this item related to thoughts on when the Performance Committee would be re-instated, noting that an update will be presented back to the NHS Board as part of the Board's review of its governance arrangements.

- **Item 213 – Priorities Update**

NM reminded the Board that this item related to a proposed update on Contractor Services and Primary Care. LG advised that the date for the Workshop had yet to be arranged. JW advised that she would be content to hold a joint workshop on both Contracted and Primary Care Services.

**Action: LG/JW**

The following point was raised by Board Members:

- A suggestion was raised on whether it was possible to prepare a workshop schedule so as NHS Board Members were aware of all future workshops topics. NM agreed to work with LG on a schedule of dates prior to circulating to NHS Board Members.

**Action: NM/LG**

NHS Board Members noted the Action list and Agenda Matrix.

### 13. Draft Financial Plan 2021/22

KK presented the draft Financial Plan 2021/22, noting this accompaniment to the Remobilisation Plan is a one year plan that will be required to be reviewed after 6 months., The plan is to continue with quarterly reviews with the directorates and finance colleagues, with the first update presented to the NHS Board after the first quarter.

The following key points were noted as part of the update:

- It was noted that based on this initial plan, savings of £15.155m (split £5.2m recurring and £9.955m non-recurring) have been captured within the Plan, leaving an underlying in-year gap of £16m.
- It was noted that there were known identified underspends which are reflected in the opening position.
- NHS Board Members were made aware of the ask by Scottish Government to split COVID Funding from Non-COVID Funding, which is detailed within the schedule of costs included in Appendix 1 of the report.
- NHS Board Members were advised that, although no agreement had been reached with regards to pay uplifts for NHS staff, the advice given is that if the settlement is higher than the Public Sector Pay Review Policy of 1%, the Board would receive additional funding from Scottish Government.
- It was noted that work was continuing around the variability in the amount of underspend for 2020/21 which remains a risk to the Board.
- NHS Board Members were made aware of the proposed delegated budget to the Integration Joint Board which is set out within the report.
- It was noted that although Scottish Government has signed off the Remobilisation Plan, which was based on the draft plan, discussions are still ongoing with Scottish Government through regular meetings to manage the financial gap.

NHS Board Members approved:

- The final budget for NHS Dumfries and Galloway for 2021/22 noting the remaining level of unidentified savings at £16m from an overall savings target of £31.2m.
- The delegation of budgets to the Integration Joint Board as per Appendix 1.
- The delegation of additional consequentials to the Integration Joint Board, as per Table 1 within the report, once the detailed Partnership allocations are confirmed as directed by Scottish Government.

NHS Board Members discussed and noted that:

- Further allocations are anticipated to cover the impact of the Pay Uplift for Agenda for Change (AFC) staff pending conclusion of Pay negotiations.
- Whilst formal brokerage has not been sought at this stage, discussions are ongoing with Scottish Government in relation to overall management of the Board's financial position and updates will be provided through monthly financial reports.

#### **14. Risk Management Strategy**

AW presented the Risk Management Strategy, highlighting that while asking NHS Board Members to approve the strategy, further work has still to be undertaken in relation to risk management, which will impact on the Strategy. This will require the strategy to be reviewed and presented back to the NHS Board within the next 12 months. LG was asked to liaise with AW to add this item to the agenda matrix for review.

**Action: LG**

NHS Board Members were updated on the forthcoming Risk Management Training and the Board Workshops on the Corporate Risk Register and Risk Appetite. Through these sessions with the NHS Board Members we will be able to enhance the Board's risk management abilities.

Board Members welcomed the further review of the strategy within the first year recognising work taking place in the near future that will strengthen the strategy, the policies that enable it and the way staff interact with it.

NHS Board Members approved the Risk Management Strategy.

#### **15. Priorities for Delivery 2021/22**

JA gave NHS Board Members a brief overview on the Board's proposed priorities for delivery for 2021/22, noting the following key priorities:

- NHS Board Members were highlighted to the management of COVID-19 which remains a substantial risk and will dominate priorities for at least the remainder of 2021.
- It was noted that when the Public Health Committee is re-established in the coming months it would be best placed to provide detailed scrutiny of programmes to provide assurance to Board that they continue to work effectively in containing outbreaks and minimising community transmission.
- NHS Board Members were highlighted to the staff wellbeing agenda and the work undertaken by the Board to increase the support available to individuals and teams. Programmes of work, monitored through Staff Governance Committee, are continuing to support staff

- NHS Board Members were highlighted to the ongoing work with Staff Side colleagues and partner agencies on the Sustainability & Modernisation plan priorities, which will include a review of the entirety of our community bed base to ensure best fit for current and future requirements and to assess any changes required to deal with the residual risks of COVID-19.
- NHS Board Members were made aware of the scale of the financial challenge due to the underlying deficit and the likelihood of very difficult decisions for the Board on disinvestment in services that will be required.
- It was noted that the pandemic has created a backlog of elective procedures, effectively increasing waiting times for people requiring treatment or surgery. The Board will be required to demonstrate an improving position by collaborating with other Boards throughout 2021/22.

Noted below are some of the key points raised by Board Members following presentation of the paper:

- A question was raised on staff culture within the organisation following COVID-19. JA advised that although following the pandemic there was a need for the Board to move into a different mode of management, there is now a requirement to move back to a more pluralistic way of working to engage the workforce moving forward.
- A question was raised on progress on the Urgent Care redesign and where the redesign fits into the key priorities. JA advised that a rural environment like Dumfries and Galloway requires an effective infrastructure, with the main challenge being to make the urgent care work suit the needs of the population. KD further noted that most of the current patient pathways work efficiently across the community.
- In relation to non COVID harm, was it inevitable that services would have an increase in demand, and had there been engagement with the Third Sector to address the increase for these services as part of the solution. JA advised that there is no scenario that the NHS Board can solve without a multi agency approach.
- Points were raised on the relationship between the Board and the Committees regarding oversight of priorities. NM and JA advised that Directors should work with committee chairs to agree the committee agenda matrix and any appropriate measures that will be expected to be monitored for achievement throughout the year.

NHS Board Members approved the Tactical Priorities for delivery in 2021/22.

## **16. Equality and Diversity - Specific Duties Report**

LF presented the Equality and Diversity Specific Duties Report to NHS Board Members, highlighting the following key points:

- It was noted that the purpose of this paper is to brief Board Members on the Board's compliance with the relevant Acts and to enable publication against the legal duties for NHS Dumfries and Galloway and the Dumfries and Galloway Integration Joint Board to comply with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
- NHS Board Members were made aware that the Equality Act introduced the concept of 9 'protected characteristics', referred to in previous legislation as 'equality groups' or 'equality strands'.
- NHS Board Members were made aware that work was still ongoing with the completion of some elements due to resources being affected by COVID-19.

*RF left the meeting at 13.18 due to technical issues.*

Noted below are some of the key points raised by Board Members following presentation of the paper:

- A question was raised in relation to how we can best support staff networks. LF advised that the resource requirement were being considered through the ODL Team.
- A point was made on whether this was the correct time to have a Joint Older Peoples Champion to reflect the work already being undertaken by the Local Authority and NHS Board. The Board recognised that it's commitments to older people sit alongside those to the other protected characteristic groups and should be so prioritised.
- A point was raised on why the report was a joint NHS Board and Integration Joint Board statement as the report should reflect both partnership positions not just the NHS Board. LF advised that as a joint report it will also be presented to the Integration Joint Board for approval.
- A reflection was made on whether tactical priorities should include staff wellbeing. LF agreed that the outcomes should align with the tactical priorities work. CC reflected that staff wellbeing was a key part of the working well action plan which had been a joint working project with the Local Authority and although it had been halted due to the pandemic would now be reinstated.

NHS Board Members approved:

- The NHS/IJB Equality Mainstreaming Report for 2019-2021 for publication.
- The 2017-2021 Equality Outcomes update and set of refreshed equality outcomes for 2021-2025
- The NHS Equal Pay Statement/Gender Pay Gap Report for publication.

**NOT PROTECTIVELY MARKED**



NHS Board Members discussed and noted the:

- Requirement of both NHS Dumfries and Galloway and Dumfries and Galloway Integration Joint Board to comply with a number of actions under the Equality Act 2010 Public Sector Equality Duty
- Departmental leadership required to ensuring that equality and diversity continues to be mainstreamed across health and social care services and that relevant services work to meet the aims of the equality outcomes and pay gap action plans
- Employee Data Report is still being worked on and will be published as soon as possible

## **17. COVID-19 Update**

JA gave a verbal update on the current COVID-19 position, noting that activity remains low within both the community and hospital settings, therefore, no urgent updates that Board Members need to be made aware of.

The following key points were raised by NHS Board Members:

- A question was raised on whether staff within the Critical Care Unit had been given the appropriate time to reflect following the recent increase in activity in the department. JA advised that although the activity has significantly decreased in the Critical Care Unit the department are experiencing high sickness levels which reflects the intensity of the workload through February and March as it was the only Critical Care Unit in Scotland that reached 400% of baseline capacity.
- NM commented that he had been in discussion with senior clinicians in the department who had appreciated the support for the work of management and other MDT colleagues during the stressful period.

NHS Board Members noted the verbal update

## **18. Priorities Update**

JA gave NHS Board Members a brief overview on the Board's 2020/21 tactical priorities, noting the following key points:

- NHS Board Members were advised that although there was COVID positive activity within the community it was generally individual cases or small clusters. There was currently no sustained community transmission.
- It was noted that Monday 12<sup>th</sup> April 2021 marks the relaxing of restrictions in England with non essential retail opening, which creates a concern for the region with a proportion of local residents working over the Border.

GB gave NHS Board Members a presentation on the Vaccination Programme, with KB highlighting NHS Board Members to the newly developed Workforce Plan.

Following the presentation NM congratulated the Vaccination Team on the delivery of the Programme.

The following key points were raised by Board Members:

- A question was raised on whether there was an indication of when vaccinations will commence for the next Cohort. GB advised that the current planning assumption will commence week beginning 3<sup>rd</sup> May 2021.
- A question was raised on when we need to start thinking about the annual vaccination of the population, specifically the over 80's and vulnerable group and whether a combined vaccination will be delivered in the Winter 2021/22. GB advised that although there have been no details confirmed the Influenza Vaccination will be a separate campaign for 2021/22 with the potential for a COVID booster vaccination.
- A question was raised on the age of the youngest cohort of individuals being vaccinated, excluded those with health conditions. GB advised that currently the guidance is all adults over 18 years, although the Pfizer vaccine in America currently vaccinates as young as secondary school children.

JA further updated NHS Board Members on the remaining tactical priorities including:

- NHS Board Members were made aware that although the 4 Cottage Hospitals were still being maintained for potential COVID-19 surge facilities it is very unlikely that the Cottage Hospitals will be utilised in the short term given the profile of COVID-19. Work is progressing with each of the 4 localities to look at vaccination hub capacity and how all Board facilities can be developed to support the vaccination programme including the Cottage Hospitals as our current vaccination building capacity is dependant on facilities that have been closed due to the pandemic.
- It was noted that there was a large number of Elected Member inquiries being received in relation to vaccinations and general services, and due to purdah, the Board are only responding to individual inquiries, it is proposed that an Elected Members session is held in May 2021 following the election period to discuss the enquiries in more detail.
- NHS Board Members were made aware that the Council Chief Executive, Gavin Stevenson, has recently had a period of illness and will be absent from work for some time. Fiona Lees has been appointed as the Interim Chief Executive.

NHS Board Members extended their good wishes to Mr Stevenson and wished him a speedy recovery and asked for a letter expressing their good wishes to be sent to the Chief Executive of the Council.

**Action: JA**

NHS Board Members noted the verbal update

**19. Financial Performance Update 2020/21 – Position as at 28<sup>th</sup> February 2021**

KK presented the Financial Performance Update 2020/21 to NHS Board Members, which incorporates the latest financial position to the end of February 2021.

KK noted the following key points as part of the update:

- It was highlighted that the projected break-even position that was reported in February 2021 at the end of Quarter 3 remains unchanged in this latest update.
- The full allocation of COVID-19 funding requested for the Health and Social Care Partnership for 2020/21 has been received.
- NHS Board Members were made aware of the unexpected Pharmacy rebate.

NHS Board Members discussed and noted the paper, specifically the year end forecast for 2020/21 remains are break-even.

**20. Integration Joint Board Annual Performance Report 2019/20**

AA presented the Integration Joint Board Annual Performance Report 2019/20, which is an overview of performance against the delivery of the Partnership's Strategic Plan.

The following key points were noted as part of the update:

- NHS Board Members were advised that due to COVID-19 there has been limited staffing capacity to produce and publish this year's Annual Performance Report within the statutory timescale. Therefore, in accordance with the Coronavirus (Scotland) Act 2020, the Integration Joint Board agreed to delay publication until the end of September 2020.
- It was noted that due to the pandemic, Integration Joint Boards had been advised that they should use the 2019 calendar year for reporting this year, but to still compare against historical data for financial years.

The following key points were raised by Board Members:

- A question was raised on whether the data recorded at A19 within the report “individuals over 75 bed days in hospital” is correct. AA advised that there will be a certain amount of missing data due to the data submission processes; however in 2019 delayed discharges were one of the Board’s largest challenges.
- A question was raised on whether child obesity was higher in some localities than others within the region. AA advised that although the data is not currently broken down at locality level the data is taken from the pre-school screening which is done at the age of 5 years and would be happy to produce the data if required.
- A question was raised on what sits within the Integration Joint Board strategic services of £18.5m. KK advised that the figure included the Strategic Planning team, all the IJB corporate services team and the resource transfer funding to Dumfries and Galloway Council. KK agreed to confirm the detail to the Board Member.

**Action: KK**

NHS Board Members discussed and noted the Integration Joint Board Annual Performance Report 2019/20.

## **21. Involving People Improving Quality – Patient Experience and Feedback Report**

AW presented the Patient Experience and Feedback Report for January and February 2021, which covers the second wave of the pandemic.

The following points were raised as part of the presentation of the paper:

- NHS Board Members were advised that the number of complaints remains below the median. It is anticipated that we will see a further rise related to the cancellation of electives and the reprioritisation of staffing resources as a result of COVID pressures impacting upon services.
- NHS Board Members were made aware that the average response times for Stage 1 complaints rose significantly above the median in January 2021, returning to the median in February 2021. The spike was due to a responses being issued to a number of complaints that had been extended due to the festive period.
- It was noted that the average response times for escalated Stage 2 complaints continues to fluctuate, which is to be expected due to the low numbers of cases dealt with at this stage.
- It was noted that the average response times for Stage 2 Direct complaints is above the standard and rose significantly in January 2021. This is in part due to staffing and pandemic pressures. The response times have also been influenced by responses being issued to a number of long standing complex complaints.

**NOT PROTECTIVELY MARKED**

NHS Board Members discussed and noted the Patient Experience and Feedback Report for January and February 2021.

## **22. Care Home Assurance**

AW presented the Care Home Assurance update, acknowledging the individuals, families and staff in the Care Homes that have been affected by the pandemic.

The following points were raised as part of the presentation of the paper:

- It was noted that the Partnership have had the responsibility for oversight of Care Homes since May 2020, with each of the Care Home having had at least one assurance visit since the summer.
- NHS Board Members were advised that work continues with the Health and Social Care Partnership Teams and with Scottish Care, which has been noted as good practice from the Care Inspectorate.
- NHS Board Members were given assurance that the Care Home Oversight Group continues to receive reports at the end of each month on testing of patients being discharged to Care Homes. It was noted that there was only one individual known to be COVID positive that was going back to the Care Home for end of life care to respect their wishes and in agreement with the Care Home.
- NHS Board Members were advised that 90% of Care home staff complied in undertaking COVID testing 3 times per week.
- It was noted that the re-introduction of Care Home visiting was going well and although Care Home staff were nervous at the re-introduction of visiting they were managing the risks extremely well.
- NHS Board Members were advised that both first and second doses of vaccination have been completed for Care Home staff and residents, with a system in place for anyone that has been discharged to a Care Home to have their vaccination.

NHS Board Members discussed and noted the report, specifically the following points:

- Progress of the Care Home Oversight Group around the introduction and use of the national Safety Huddle Tool in Care Homes.
- Actions taken and planned as result of the national review into outbreaks in Care Homes.
- Uptake of staff testing in Care Homes
- Management of outbreak in Care Homes
- Progress with vaccination in care homes

## **23. Workforce Information Report**

CC presented the Workforce Information Report, asking NHS Board Members to note the progress within the Board on the development of workforce information reporting.

The following points were raised as part of the presentation of the paper:

- It was noted that the report highlights a range of indicators around some of the traditional elements that have been historically measured along with newer measures that have been added as part of the response to the pandemic including sickness and total absence reporting.
- NHS Board Members were made aware that due to the recruitment of an Analyst working within the team, workforce reporting can now be developed further. An invitation was extended to NHS Board Members to submit their thoughts/reflections on the triangulation metrics in particular around locums and locum costs. NM advised that he would welcome a session with Non Executive Members to explore the data options further.

**Action: CC**

NHS Board Members discussed and noted the Workforce Information Report and the update on progress within the Board on the development of workforce information reporting.

## **24. Board and Committee Minutes**

NM introduced the minutes from the Board Governance Committees to NHS Board Members asking the Committee Chair to highlight any key points from the minute or committee meetings, for interest.

- Area Clinical Forum – 27<sup>th</sup> January 2021  
NHS Board Members noted the minute from Area Clinical Forum on 27<sup>th</sup> January 2021. A question was raised on whether there was an update available on support for Community Nurses. It was agreed that a verbal update would be noted at the next NHS Board meeting in May 2021.

**Action: BI**

- Staff Governance Lite Committee – 25<sup>th</sup> January 2021  
NHS Board Members noted the minute from Staff Governance Lite Committee on 25<sup>th</sup> January 2021.

## **25. Any Other Competent Business**

No items were put forward for discussion at this point.

## **26. Date of Next Meeting**

The next meeting of the Dumfries and Galloway NHS Board will be held on 10<sup>th</sup> May 2021 at 11am via Microsoft Teams. The meeting concluded at 3.01pm.

# Actions List from NHS Board Meeting

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
07/12/2020	174.	<p><b><u>Summary Performance Report</u></b></p> <p>A question was raised on whether it would be beneficial to add the remobilisation targets into the Summary report. JW advised that this would be useful and would progress with the Team to include in the next report to NHS Board.</p>	J White	Updated report to be brought back to the May 2021 NHS Board meeting for review.	31/05/2021	
01/02/2021	197.	<p><b><u>Patient Feedback Report</u></b></p> <p>A question was raised on whether there was an option to use a follow up telephone call as an organisational test for change, as various Third Sector Organisations use this method which has proven successful. AW agreed to take the proposal back to the team.</p>	A Wilson	On discussion with the patient experience lead, there is work happening nationally with the SPSO which is looking at an external follow up for complaints handling satisfaction. We believe that would be a preferable option and would suggest waiting for the detail of that work.	30/06/2021	

NOT PROTECTIVELY MARKED

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
01/03/2021	209.	<p><b><u>NHS Board Dates 2021/22</u></b></p> <p>KK asked whether NM had any thoughts on when the Performance Committee will be re-instated. NM advised that, although he wished to continue with monthly Board meetings, he would like to enhance Committee sessions on a more frequent basis to include items that would have been discussed at Performance Committee, and would discuss in more detail with KK outwith the Board Meeting.</p>	N Morris/ K Kerr	Discussions on the status of Performance Committee have been scheduled for 22 <sup>nd</sup> April 2021. An update on the status of the committee will be included in the Temporary Governance Arrangements paper to NHS Board in May 2021.	30/06/2021	
12/04/2021	23.	<p><b><u>Workforce Information Report</u></b></p> <p>NHS Board Members were made aware that due to the recruitment of an Analyst working within the team, workforce reporting can now be developed further. An invitation was extended to NHS Board Members to submit their thoughts/reflections on the triangulation metrics in particular around locums and locum costs. NM advised that he would welcome a session with Non Executive Members to explore the data options further.</p>	C Cooksey	Discussions are ongoing with CC to look at a workshop to review data options in relation to the Workforce statistics.	31/05/2021	

**NOT PROTECTIVELY MARKED**



Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
12/04/2021	24.	<p><b><u>Board and Committee Minutes</u></b></p> <p><u>Area Clinical Forum – 27<sup>th</sup> January 2021</u></p> <p>NHS Board Members noted the minute from Area Clinical Forum on 27<sup>th</sup> January 2021. A question was raised on whether there was an update available on support for Community Nurses. It was agreed that a verbal update would be noted at the next NHS Board meeting in May 2021.</p>	B Irving	BI will bring an update on this item back to the June 2021 NHS Board meeting.	30/06/2021	

**Closed actions to be removed from the Actions List**

<b>Date of Meeting</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Responsible Manager</b>	<b>Current Status</b>	<b>Anticipated End Date</b>	<b>Date Completed</b>
01/03/2021	213.	<p><b><u>Priorities Update</u></b></p> <p>It was requested that a presentation should be drafted for a future Board meeting, which would include an update on Contractors and Services in the Community going forward into the Modernisation Programme. JW agreed to draft the presentation.</p>	J White	A workshop has been arranged for 28 <sup>th</sup> June 2021 to give members an update on the Primary Care Transformation Programme and the impact COVID has had on Independent Contractors.	31/05/2021	12/04/2021
12/04/2021	12.	<p><b><u>Matters Arising and Review of Actions List</u></b></p> <p><b>Item 213 – Priorities Update</b>            NM advised that the workshop on Contracted Services and Primary Care would be held in May 2021. LG advised that the Workshop had yet to be arranged and would pick up a discussion with JW on whether this should be discussed through a workshop or a Board In Committee Session. JW advised that she would be content to hold a joint workshop on both Contracted and Primary Care Services.</p>	L Geddes/ J White	Arrangements have been agreed for this workshop to be held on 28 <sup>th</sup> June 2021. Diary invites have been issued to NHS Board Members, therefore, this action has been closed.	30/04/2021	12/04/2021

**NOT PROTECTIVELY MARKED**

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
12/04/2021	12.	<p><b><u>Matters Arising and Review of Actions List</u></b></p> <p><b>Item 213 – Priorities Update</b> A suggestion was raised on whether it was possible to prepare a workshop schedule so as NHS Board Members were aware of all future workshops topics. NM agreed to work with LG on a schedule of dates prior to circulating to NHS Board Members.</p>	N Morris/ L Geddes	A workshop schedule has been developed and is noted on the agenda for the May 2021 NHS Board meeting.	31/05/2021	10/05/2021
12/04/2021	14.	<p><b><u>Risk Management Strategy</u></b></p> <p>This will require the strategy to be reviewed and presented back to the NHS Board within the next 12 months LG was asked to liaise with AW to add this item to the agenda matrix for review.</p>	L Geddes	It has been agreed to add the Risk Strategy to the Board Agenda Matrix in December 2021. This will be reviewed by AW and adjusted on the matrix when the strategy is ready to come back to NHS Board.	31/05/2021	10/05/2021

**NOT PROTECTIVELY MARKED**

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
12/04/2021	18.	<p><b>Priorities Update</b></p> <p>NHS Board Members were made aware that the Council Chief Executive, Gavin Stevenson, has recently had a period of illness and will be absent from work for some time. Fiona Lees has been appointed as the Interim Chief Executive. NHS Board Members extended their good wishes to Mr Stevenson and wished him a speedy recovery and asked for a letter expressing their good wishes to be sent to the Chief Executive of the Council.</p>	J Ace	A letter has been sent to Dumfries and Galloway Council to express our good wishes to the Chief Executive.	30/04/2021	15/04/2021
12/04/2021	20.	<p><b><u>Integration Joint Board Annual Performance Report 2019/20</u></b></p> <p>A question was raised on what sits within the Integration Joint Board strategic services of £18.5m. KK advised that the figure included the Strategic Planning team, all the IJB corporate services team and the resource transfer funding to Dumfries and Galloway Council. KK agreed to confirm the detail to the Board Member.</p>	K Kerr	<p>Information requested has been shared with the Board Member.</p> <p>This action is now closed.</p>	30/04/2021	12/04/2021

**NOT PROTECTIVELY MARKED**

NHS Board Agenda Matrix 2021-22

	2021									2022		
	12 April	10 May	14 June	12 July	9 August	13 September	11 October	8 November	13 December	January	14 February	14 March
Meeting Items	Apologies	Apologies	Apologies	Apologies	No meeting scheduled	Apologies	Apologies	Apologies	Apologies	No meeting scheduled	Apologies	Apologies
	Declarations of Interest	Declarations of Interest	Declarations of Interest	Declarations of Interest		Declarations of Interest	Declarations of Interest	Declarations of Interest	Declarations of Interest		Declarations of Interest	Declarations of Interest
	Previous Minute	Previous Minute	Previous Minute	Previous Minute		Previous Minute	Previous Minute	Previous Minute	Previous Minute		Previous Minute	Previous Minute
	Matters Arising, Actions List and Agenda Matrix	Matters Arising, Actions List and Agenda Matrix	Matters Arising, Actions List and Agenda Matrix	Matters Arising, Actions List and Agenda Matrix		Matters Arising, Actions List and Agenda Matrix	Matters Arising, Actions List and Agenda Matrix	Matters Arising, Actions List and Agenda Matrix	Matters Arising, Actions List and Agenda Matrix		Matters Arising, Actions List and Agenda Matrix	Matters Arising, Actions List and Agenda Matrix
	Any Other Business	Any Other Business	Any Other Business	Any Other Business		Any Other Business	Any Other Business	Any Other Business	Any Other Business		Any Other Business	Any Other Business
	Date of next meeting	Date of next meeting	Date of next meeting	Date of next meeting		Date of next meeting	Date of next meeting	Date of next meeting	Date of next meeting		Date of next meeting	Date of next meeting
Items for Approval	Financial Plan 2021-22 - 2022/23	Register of Members Interests 2020/21	Participation Request and Community Asset Transfer Annual Report 2020/21	Annual Report 2020-21 on D&G Local Child Poverty Action Plan			Board Committee Terms of Reference	Duty of Candour Annual Report	NHS Board Dates 2022/23		Revised Temporary Governance Arrangements	Review of Code of Corporate Governance
	Risk Management Strategy	Board and Committee Templates paper	NHS Dumfries and Galloway Board Governance Arrangements									
	Priorities for Delivery in 2021-22		Board Committee Terms of Reference									
	Equality and Diversity - Specific Duties Report											
COVID-19 Pandemic	COVID-19 Pandemic	COVID-19 Update	COVID-19 Update	COVID-19 Update		COVID-19 Update	COVID-19 Update	COVID-19 Update	COVID-19 Update		COVID-19 Update	COVID-19 Update
						Review of Governance Arrangements for Care Home Professional Oversight						
Tactical Priorities	Test and Protect Programme	Covid 19 Containment Work	Covid 19 Containment Work	Covid 19 Containment Work		Covid 19 Containment Work	Covid 19 Containment Work	Covid 19 Containment Work	Covid 19 Containment Work		Covid 19 Containment Work	Covid 19 Containment Work
	COVID-19 Vaccination Programmes	Continued Support for Staff Wellbeing	Continued Support for Staff Wellbeing	Continued Support for Staff Wellbeing		Continued Support for Staff Wellbeing	Continued Support for Staff Wellbeing	Continued Support for Staff Wellbeing	Continued Support for Staff Wellbeing		Continued Support for Staff Wellbeing	Continued Support for Staff Wellbeing
	Establishment of "Home Teams" in localities	Delivery of Sustainable Service Models	Delivery of Sustainable Service Models	Delivery of Sustainable Service Models		Delivery of Sustainable Service Models	Delivery of Sustainable Service Models	Delivery of Sustainable Service Models	Delivery of Sustainable Service Models		Delivery of Sustainable Service Models	Delivery of Sustainable Service Models
	Redesign of Unscheduled Care	Delivery of Enhanced Services to address Pandemic Harms	Delivery of Enhanced Services to address Pandemic Harms	Delivery of Enhanced Services to address Pandemic Harms		Delivery of Enhanced Services to address Pandemic Harms	Delivery of Enhanced Services to address Pandemic Harms	Delivery of Enhanced Services to address Pandemic Harms	Delivery of Enhanced Services to address Pandemic Harms		Delivery of Enhanced Services to address Pandemic Harms	Delivery of Enhanced Services to address Pandemic Harms
	Remobilisation of Elective Care											
Items for Update	Board and Committee Minutes	Board and Committee Minutes and annual matrix	Board and Committee Minutes	Annual Report on Feedback, Comments, Concerns and Complaints		Board and Committee Minutes	Board and Committee minutes	Board and Committee minutes	Board and Committee minutes		Board and Committee minutes	Board and Committee minutes
	Care Home Assurance	Brexit Update	Corporate Governance Action Plan Update	Board and Committee Minutes		Brexit Update	Corporate Governance Action Plan Update	Financial Performance Update	Brexit Update		Financial Performance - Quarter 3 Update	Brexit Update
	Financial Plan Update - 2020-21	Financial Performance Update 2020-21 - Year End	Mobilisation Plan Financial Update	Financial Performance Update		Financial Performance Update - Quater 1 Report	Financial Performance Update	Integration Joint Board Directions	Financial Performance Update		Integration Joint Board Directions	Corporate Risk Register
	IJB Annual Performance Report	Healthcare Associated Infections Update Report	Patient Experience and Feedback	Healthcare Associated Infections Update Report		Integration Joint Board Directions	Healthcare Associated Infections Report	Patient Experience and Feedback	Healthcare Associated Infections Report		Patient Experience and Feedback	Draft Tactical Priorities 2021/22
	Patient Experience and Feedback	Integration Joint Board Directions	Summary Performance Report	Integration Joint Board Directions		Patient Experience and Feedback	Workforce Data Pack	Summary Performance Report	Whistleblowing Update		Summary Performance Report	Financial Performance Update
	Workforce Data Pack		Whistleblowing Update	Reflections on staff Experience over the COVID period		Summary Performance Report			Workforce Data		Workforce Data Pack	Freedom of Information Annual Report
			Workforce Data Pack			Workforce Data Pack						Healthcare Associated Infections Report
						Whistleblowing Update						Patient Safety Update
												Whistleblowing Update


## **NHS Board Workshop Schedule 2021/22**

<b>Date</b>	<b>Topic</b>
19 <sup>th</sup> April 2021	Risk Management Training
26 <sup>th</sup> April 2021	Strategic Framework
10 <sup>th</sup> May 2021	Risk Management - Corporate Risk Register
17 <sup>th</sup> May 2021	Strategic Commissioning Plan
24 <sup>th</sup> May 2021	Risk Management – Risk Appetite
31 <sup>st</sup> May 2021	Flow Navigation Centre
28 <sup>th</sup> June 2021	Primary Care Transformation Programme / Independent Contractors
12 <sup>th</sup> July 2021	Active Governance Workshop

### **Possible Future Workshop Sessions**

1.	Board Development Sessions – 2 session this year and 3 each year thereafter.
2.	In Person Board COVID de-brief Event – potentially in August 2021
3.	Strategic Framework Part 2 – possibly end August 2021
4.	Derek Feeley Report – Autumn/Winter 2021? (Explore the potential for a joint event with the Local Authority)
5.	Audit and Risk Committee Development Session – Internal Audit Plan Processes – Summer 2021 (This session is for Audit and Risk Committee Members only)
6.	Workforce Statistics – review of data for Non-Executive Members
7.	
8.	
9.	
10.	

## DUMFRIES and GALLOWAY NHS BOARD

10<sup>th</sup> May 2021



### Involving People, Improving Quality Healthcare Associated Infection Report

**Author:**  
Ross Darley  
Infection Control Manager

**Sponsoring Director**  
Mrs Alice Wilson  
Executive Director Nursing Midwifery &  
Allied Health Professionals

**Date** 21<sup>st</sup> April 2021

#### RECOMMENDATION

The Board is asked **to discuss and note** the following points:

- NHS Dumfries and Galloway have not met both the SAB and ECB stretch exceedance limits in 2020/21 (required by 2021/22).
- NHS Dumfries and Galloway have met the CDI stretch exceedance limits for 2020/21 (required by 2021/22).

#### CONTEXT

##### Strategy / Policy

This paper demonstrates implementation of the national Healthcare Associated Infection Standards to be met by 2022 at NHS Board level. This HAI harm reduction activity supports implementation of the Healthcare Quality Strategy.

##### Organisational Context / Why is this paper important?

The Scottish Healthcare Associated Infection (HAI) standards are requirements expected to be met by NHS Boards and subject to inspection by the Healthcare Environment Inspectorate. This includes scrutiny not only of performance against local delivery plan targets and key performance indicators but systems and processes in place to escalate concerns and address poor performance at ward level.

##### Key messages:

- There have been 9 COVID incidents and clusters reported using the national reporting system. All 9 incidents/clusters are closed.
- NHS Dumfries and Galloway did not meet our HAI/HCAI *Staphylococcus aureus* Bacteraemia (SAB) exceedance limit in this reporting year.



- NHS Dumfries and Galloway have met our exceedance limit for HAI/HCAI/UK *Clostridioides difficile* (CDI) for this reporting year.
- NHS Dumfries and Galloway have not met HAI/HCAI *E. coli* Bacteraemia (ECB) exceedance limit in this reporting year.

## GLOSSARY OF TERMS

CPE	-	Carbapenemase Producing Enterobacteriaceae
CDI	-	<i>Clostridium difficile</i> Infection
CAI	-	Community Associated Infection
ECB	-	<i>E.coli</i> Bacteraemia
HCAI	-	Healthcare Associated Infection
HPS	-	Health Protection Scotland
HPT	-	Health Protection Team
IMT	-	Incident Management Team
IPCT	-	Infection Prevention and Control Team
IVDU	-	Intravenous Drug Users
MDRO	-	Multi Drug Resistant Organism
SAB	-	<i>Staphylococcus aureus</i> bacteraemia
SSI	-	Surgical Site Infection

## MONITORING FORM

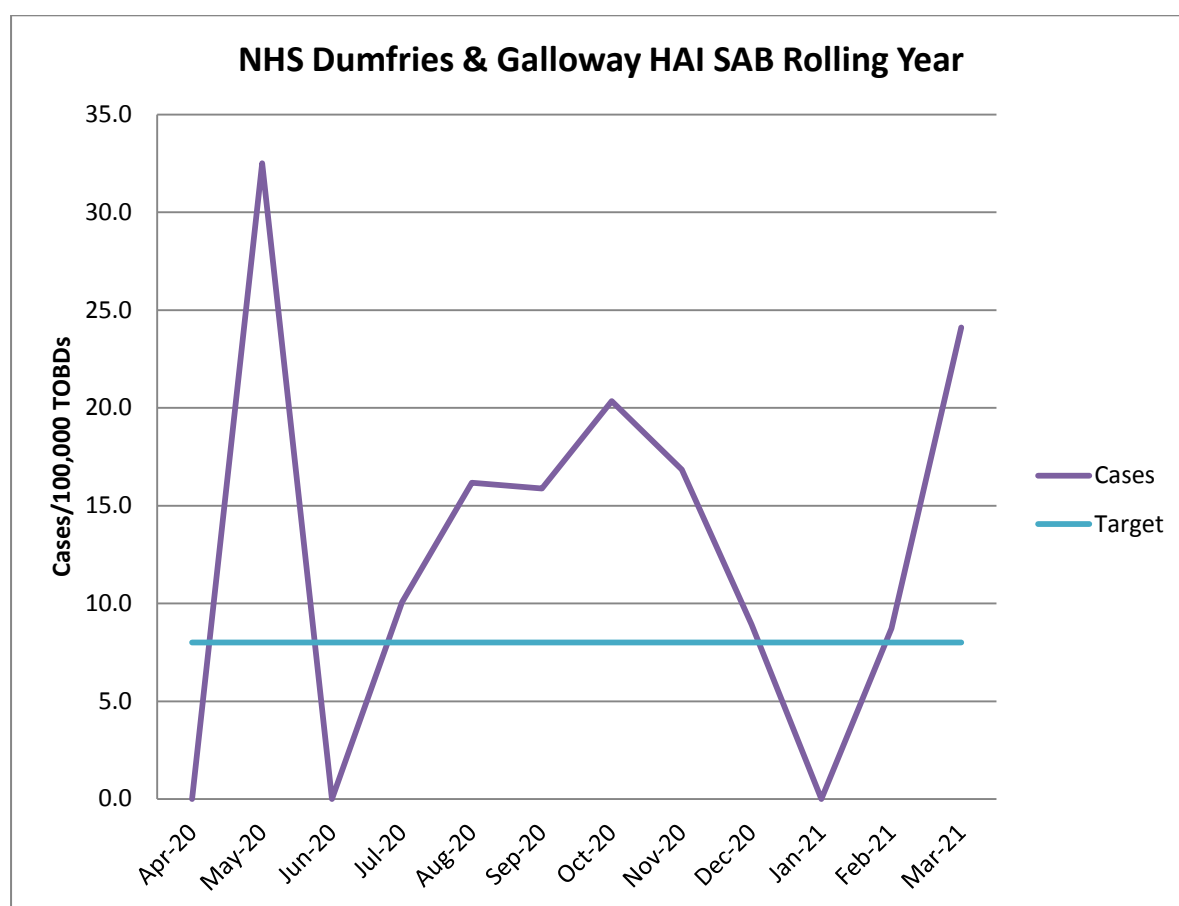
Policy / Strategy	<i>Healthcare Quality Strategy: reduction of harm. Achievement of HAI LDP targets</i>
Staffing Implications	<i>Nil</i>
Financial Implications	<i>Nil</i>
Consultation / Consideration	<i>Update paper only</i>
Risk Assessment	<i>Addressed through corporate risk register</i>
Risk Appetite	<p style="text-align: center;">Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/></p> <p>This paper gives an update on the progress in relation to infection control within the Board, which is directly related to Patient Safety, therefore, a low risk appetite has been noted above.</p>
Sustainability	<i>Fewer infections will reduce bed occupancy and use of resources</i>
Compliance with Corporate Objectives	<p>2. To promote and embed continuous quality improvement by connecting the range of quality and safety activities which underpin delivery of the three ambitions of the Healthcare Quality Strategy, to deliver a high quality service across NHS Dumfries and Galloway.</p> <p>7. To meet and where possible, exceed goals and targets set by the Scottish Government Health Directorate for NHS Scotland, whilst delivering the measurable targets in the Single Outcome Agreement.</p>
Local Outcome Improvement Plan (LOIP)	<i>Outcome 6. People are safe and feel safe</i>
Best Value	<p>Performance Management</p> <ul style="list-style-type: none"> <li><i>sound governance at a strategic and operational level</i></li> </ul>
Impact Assessment	<p><i>No impact assessment is required as this is an update paper only.</i></p>

**NOT PROTECTIVELY MARKED**

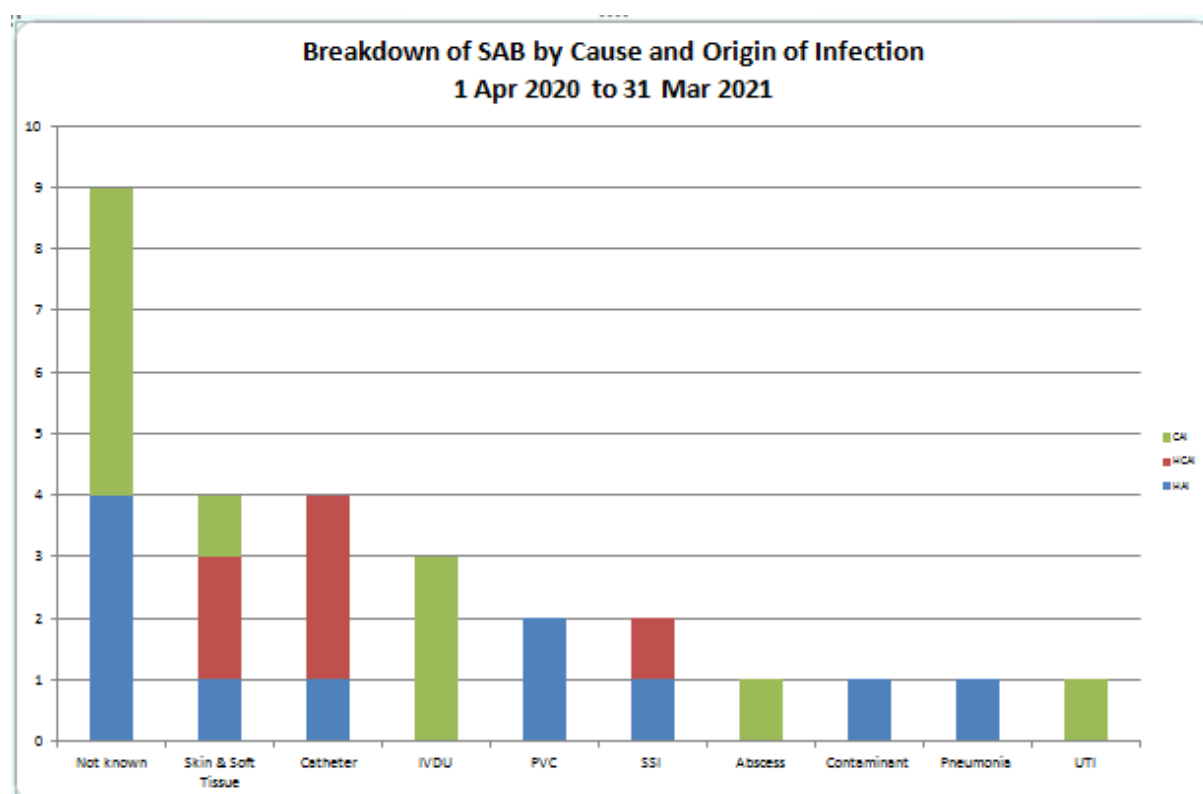
## Staphylococcus aureus bacteraemia (SAB)

1. The reporting year runs from April 2020 to March 2021 and our exceedance limit is based on a 10% reduction over 3 years based on performance during 2018-19.
2. This is calculated as rate, being number of infections against total occupied beds days. To help quantify this more meaningfully the Infection Prevention and Control team calculated this to be no more than 14 cases of SAB in a 12 month period, although this is just a guide as it is dependent on bed occupancy during the period.
3. There were 17 SAB classed as healthcare acquired or healthcare associated in 2020/21 which places NHS Dumfries and Galloway above the exceedance limit for this year. However, this is a stretch target which must be met by 2021/22 which is acknowledged will be a challenge as NHS Dumfries and Galloway's exceedance limits are based on low levels of SAB from 2018/19.

**Figure 1 - Local HAI SAB data Using TOBDs**



**Figure 2 - Local data year 2020-21**

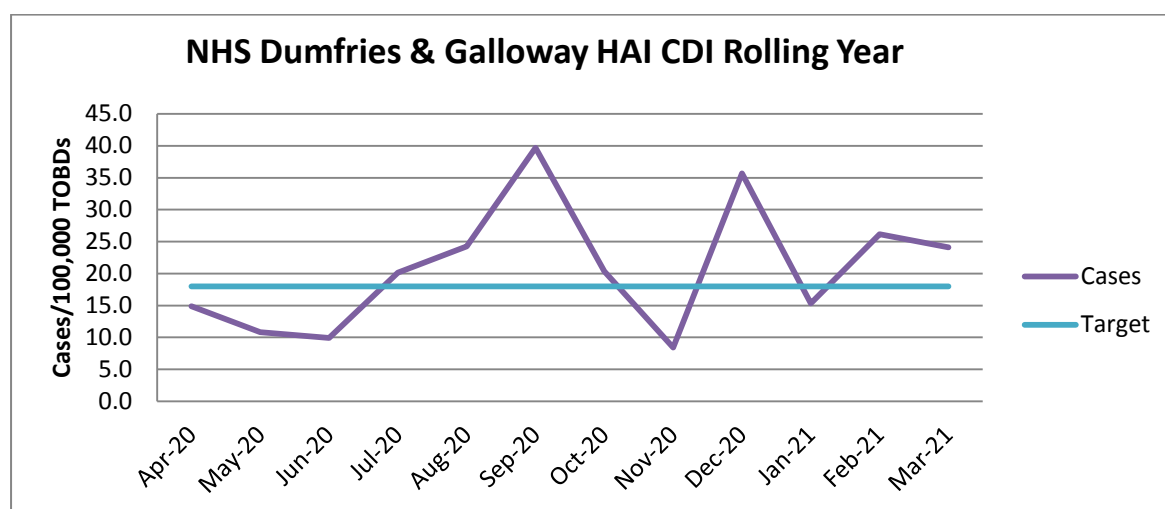


- The IPCT have completed a review of all HAI/HCAI SAB cases for 2020/21. The themes and learning have been taken to the Acute Services Governance meeting for consideration and improvement planning.

### **Clostridioides difficile**

- Scientific literature and HPS now refer to *Clostridioides difficile* infection (CDI). For the purpose of board reporting CDI will be used.

**Figure 3 - Local HAI CDI data using TOBDs**

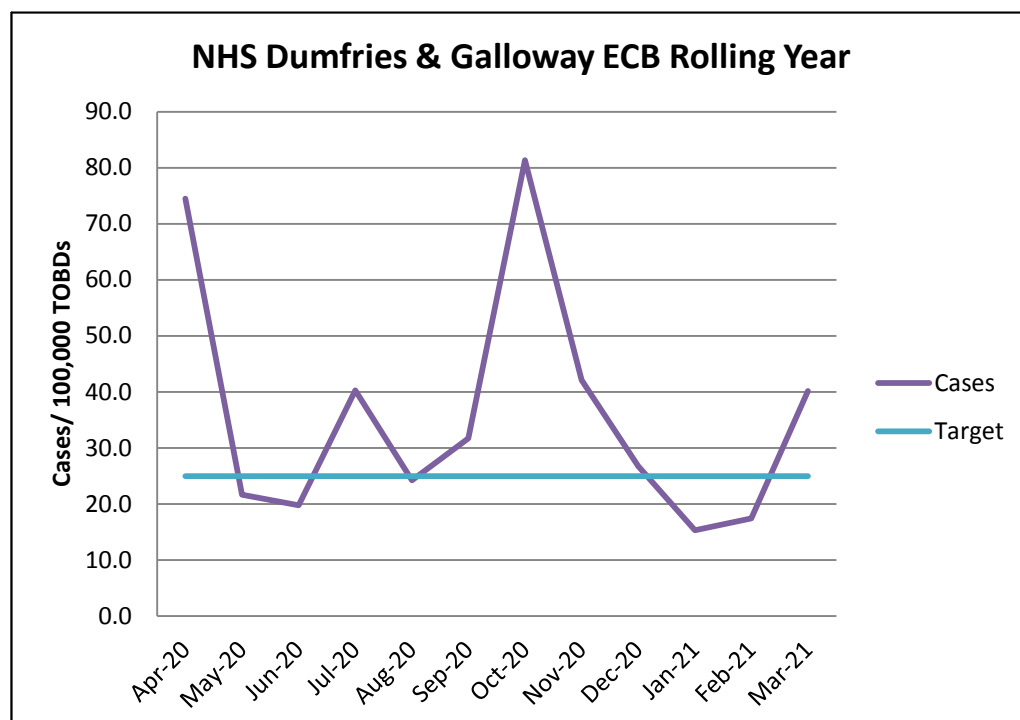


6. As described earlier in relation to SAB there requires to be CDI HAI/HCAI/UK reduction of 10% over 3 years is based on a rate to be achieved.
7. The Infection Prevention and Control team calculated this to be no more than 31 cases of HAI CDI in a 12 month period.
8. In 2020/21 NHS Dumfries and Galloway had 28 CDI cases that were identified as HAI/HCAI/UK which is below the exceedance limit for 2020/21.
9. The IPCT are currently undertaking a review of all HAI/HCAI/UK CDI cases to identify any themes for future learning.

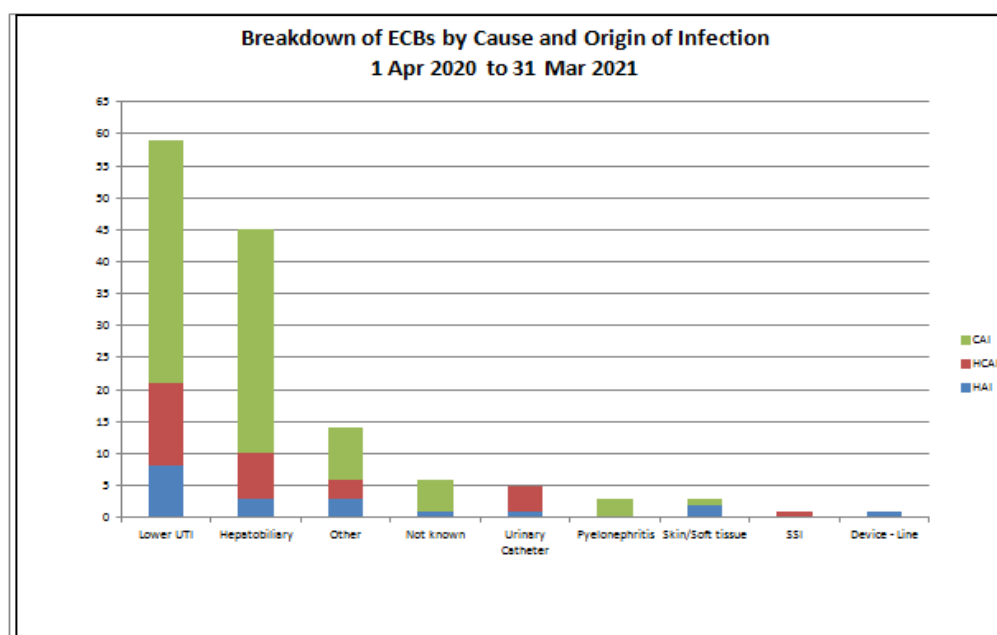
### **E.coli bacteraemia (ECB)**

10. As the board will be aware, the standard for E.coli reduction is another stretch target which requires to be met by 2022. The exceedance limit for ECB is 45 HAI/HCAI cases per year. In 2020/21 NHS Dumfries and Galloway had a total of 54 HAI/HCAI ECB's which exceeded this limit. This exceedance limit will again be a challenge as the limit is based on low levels of ECB data from 2018/19.

**Figure 4 - Local HAI ECB data using TOBDs**



**Figure 5 - Local HAI ECB 2020-21**



## Outbreaks and incidents

11. At the time of writing there have been nine COVID incidents/clusters reported using the national reporting system. At the time of writing all nine COVID incidents/clusters are closed.
12. There have been seven cases of COVID 19 that met the national definition of definite hospital acquired COVID 19 (positive Covid 19 test result after 15 days of hospital admission) and six cases which met the definition for probable hospital acquired COVID 19 (Positive Covid 19 result after Day 8 – Day 14 of hospital admission). All definite and probable Covid cases have been reported via the Datix reporting system.
13. From national Covid 19 data we can report NHS Dumfries and Galloway as having (as of end of January 2021):
  - **Definite hospital onset of Covid 19 cases-** D&G NHS has a 0.2% rate in comparison to the 1.8% national average. Therefore, NHS Dumfries and Galloway have the third lowest definite hospital onset percentage across the whole of NHS Scotland and are the lowest mainland board.
  - **Probable hospital onset of cases-** D&G NHS has a 0.2% rate in comparison to the 0.8% national average. Again, NHS Dumfries and Galloway have a very low percentage of probable hospital onset of cases in NHS Scotland.

14. These incidents/outbreaks have mainly occurred during the period of the second wave of Covid 19. All cases have been investigated via Incident Management Teams (IMT's), set up in response, with no definitive links identified to cause of cross transmission.
15. No Influenza or Respiratory Syncytial Virus (RSV) outbreaks, typical in most winter seasons, have occurred as at time of writing.
16. No Norovirus or gastroenteritis outbreaks have occurred as at time of writing.

**DUMFRIES and GALLOWAY NHS BOARD****10<sup>th</sup> May 2021****Register of Members' Interests****Author:**

Laura Geddes  
Corporate Business Manager

**Sponsoring Director:**

Jeff Ace  
Chief Executive

**Date:** 29<sup>th</sup> April 2021**RECOMMENDATION**

The Board is asked **to approve** the revised Register of Members' Interests.

**CONTEXT****Strategy / Policy:**

This paper supports good governance through local and national policies and guidance, including the Board's Standing Orders and Code of Conduct.

**Organisational Context / Why is this paper important / Key messages:**

Board Members of devolved public bodies are required to give notice of their interests to be recorded in a Register of Members' Interests, which is regularly updated.

Whilst it is the responsibility of each Member to advise the Corporate Business Manager of any changes within one month of the change arising, the register will be reviewed yearly and presented to Board for the revisions to be approved for publication, or at any point throughout the year should significant changes be highlighted.

The Corporate Business Manager will keep the register of interests available for public inspection at the Board's offices during normal working hours without charge. The register of interests is also posted on the Board's website.

**GLOSSARY OF TERMS**

NHS - National Health Service



## MONITORING FORM

Policy / Strategy	This paper supports the Board's Standing Orders and Code of Conduct policy, as well as various nationally issued guidance material.
Staffing Implications	Not applicable
Financial Implications	Not applicable
Consultation / Consideration	Consultation on the existing register of interests was undertaken with all Board Members and other Directors and Senior Managers.
Risk Assessment	Not applicable
Risk Appetite	<p style="text-align: center;">Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/></p> <p>The information within this paper demonstrates compliance with nationally adopted guidance relating to the conduct of staff, financial impact, clinical delivery and reputational risk, therefore, a low risk appetite has been noted against this paper.</p>
Sustainability	Not applicable
Compliance with Corporate Objectives	7 To meet and where possible, exceed goals and targets set by the Scottish Government Health Directorate for NHSScotland, whilst delivering the measurable targets in the Single Outcome Agreement.
Local Outcome Improvement Plan (LOIP)	Outcome 6
Best Value	<ul style="list-style-type: none"> <li>• Vision and Leadership</li> <li>• Governance and Accountability</li> </ul>
Impact Assessment	Not applicable

## REGISTER OF BOARD MEMBERS INTERESTS – [ENTER MONTH OF UPDATE]

### Registration of Interests

Board members of devolved public bodies are required by the Regulations to give the 'Standards Officer' notice of their interests. The Register must state:

the name of the board member;

their interests which fall within the categories listed below and as set out in the member's code of conduct; and

if they have nothing to register they must record that fact under each applicable category.

**It is the responsibility of each board member to ensure that their entry in the register is kept up to date. Any changes to the information first registered, must be given in writing to the standards officer, in the prescribed format, within one month of the change arising.**

The 'Standards Officer' (Corporate Business Manager) will keep the register of interests available for public inspection at the Board's offices during normal working hours and without charge.

Column 1 <i>Registerable interest category</i>	Column 2 <i>Description of interest</i>	Column 3 <i>Members Registering an Interest in this Category (and Description of interest)</i>	
		MEMBER	REGISTERED INTEREST
<b>Gifts and hospitality</b>	A description of any gifts or hospitality received.		Members interests noted in the Gifts and Hospitality Register.
<b>Category 1 - Remuneration</b>  <b>NOTE: You do not need to register the amount of remuneration</b>	A description of  (a) remuneration received by virtue of being:–  (i) employed or self-employed;  (ii) the holder of an office;  (iii) a director of an undertaking;  (iv) a partner in a firm; and  (v) involved in undertaking a trade, profession, vocation or any other work;  (b) any allowance received in relation to membership of any organisation;  (c) the name, and registered name if different, and nature of any applicable employer, self-employment, business, undertaking or organisation;  (d) the nature and regularity of the work that is remunerated; and  (e) the name of the directorship and the nature of the applicable business.	ACE, Jeff	NHS Dumfries and Galloway
		BRYCE, Lesley	NHS Dumfries and Galloway
		CAIG, Marsali	NHS Dumfries and Galloway Dumfries and Galloway Citizens Advice Service
		CARDOZO, Grace	NHS Dumfries and Galloway Sleeping Giants Community Development CIC
		COOKSEY, Caroline	NHS Dumfries and Galloway
		DONALDSON, Kenneth	NHS Dumfries and Galloway
		DOUGLAS, Laura	NHS Dumfries and Galloway Your Encore LK Douglas Consulting Ltd The Crichton Trust
		FERGUSON, Andy	Dumfries and Galloway Council NHS Dumfries and Galloway
		FRANCIS, Ros	NHS Dumfries and Galloway R Francis Archaeological Survey Chartered Accountant Dumfries and Galloway College
		FREEMAN, Vicky	NHS Dumfries and Galloway
		HALLIDAY, Penny	NHS Dumfries and Galloway

Column 1 <i>Registerable interest category</i>	Column 2 <i>Description of interest</i>	Column 3 <i>Members Registering an Interest in this Category (and Description of interest)</i>	
		MEMBER	REGISTERED INTEREST
Category 1 – Remuneration Cont/...		IRVING, Bill KEIR, Victoria KERR, Katy MORRIS, Nick WHITE, Julie WHITE, Valerie WILSON, Alice	NHS Dumfries and Galloway NHS Dumfries and Galloway NHS Dumfries and Galloway NHS Dumfries and Galloway NHS Pension Agency NHS Dumfries and Galloway NHS Dumfries and Galloway NHS Dumfries and Galloway
Category 2 – Companies House Registrations	Details on any links with limited companies any current registrations with Companies House as a Director of a limited company.	CAIG, Marsali CARDOZO, Grace COOKSEY, Caroline DOUGLAS, Laura	Dumfries and Galloway Citizens Advice Service Sleeping Giants Community Development CIC MCM Crisis Management LK Douglas Consulting Ltd
Category 3 - Related undertakings	A description of a directorship that is not itself remunerated, but is of a company or undertaking which is a parent or subsidiary of a company or undertaking which pays remuneration.	DOUGLAS, Laura FRANCIS, Ros	The Crichton Trust Senior Independent Board Member of Dumfries and Galloway College

Column 1 <i>Registerable interest category</i>	Column 2 <i>Description of interest</i>	Column 3 <i>Members Registering an Interest in this Category (and Description of interest)</i>	
		MEMBER	REGISTERED INTEREST
<b>Category 4 - Contracts</b>	A description of the nature and duration, but not the price of, of a contract which is not fully implemented where:– (a) goods and services are to be provided, or works are to be executed for the NHS; and (b) any responsible person has a direct interest, or an indirect interest as a partner, owner or shareholder, director or officer of a business or undertaking, in such goods and services.		
<b>Category 5 - Houses, land and buildings</b>	A description of any rights of ownership or other interests that may be significant to, of relevance to, or bear upon, the work or operation of the NHS Board	FRANCIS, Ros	Land at Carsluith (2 Acres)
<b>Category 6 - Shares and securities</b>	A description, but not the value, of shares or securities in a company, undertaking or organisation that may be significant to, of relevance to, or bear upon, the work or operation of the NHS Board		
<b>Category 7 - Non-financial interests</b>	A description of such interests as may be significant to, of relevance to, or bear upon, the work or operation of the NHS Board, including without prejudice to that generality membership of or office in:– (a) other public bodies; (b) clubs, societies and organisations; (c) trades unions; and (d) voluntary organisations.	ACE, Jeff  BRYCE, Lesley  CAIG, Marsali  CARDOZO, Grace	Member of Nunholm Sports Club, Dumfries Member of Ospreys Rugby Club, Swansea Dumfries and Galloway Health Board Endowment Fund Trustee  Dumfries and Galloway Health Board Endowment Fund Trustee Dumfries and Galloway Integration Joint Board  Member of Managers in Partnership Trade Union Dumfries and Galloway Integration Joint Board Dumfries and Galloway Health Board Endowment Fund Trustee  Dumfries and Galloway Integration Joint Board Dumfries and Galloway Health Board Endowment Fund Trustee

Column 1 <i>Registerable interest category</i>	Column 2 <i>Description of interest</i>	Column 3 <i>Members Registering an Interest in this Category (and Description of interest)</i>	
		MEMBER	REGISTERED INTEREST
Category 7 - Non-financial interests Cont/...	A description of such interests as may be significant to, of relevance to, or bear upon, the work or operation of the NHS Board, including without prejudice to that generality membership of or office in:– (a) other public bodies; (b) clubs, societies and organisations; (c) trades unions; and (d) voluntary organisations.	COOKSEY, Caroline  DONALDSON, Kenneth  DOUGLAS, Laura   FERGUSON, Andy    FRANCIS, Ros   HALLIDAY, Penny     IRVING, Bill   KEIR, Victoria	Chartered Institute of Personnel and Development  Dumfries and Galloway Health Board Endowment Fund Trustee  Dumfries and Galloway Developing the Young Workforce Dumfries and Galloway Integration Joint Board Heathhall Primary School Parent Council Dumfries and Galloway Health Board Endowment Fund Trustee  Dumfries and Galloway Health Board Endowment Fund Trustee Dumfries and Galloway Integration Joint Board Unison Elected Member – Dumfries and Galloway Trustee of Moorheads Trust  Fellow of Institute of Chartered Accountants in England and Wales  Dumfries and Galloway Health Board Endowment Fund Trustee Wigtownshire Women and Cancer A Listening Ear Scottish National Party Sleeping Giants Wigtownshire Health and Wellbeing Partnership  Royal College of Nursing Nursing and Midwifery Council  Royal College of Nursing, Dumfries and Galloway Branch Chair Member of Congress Agenda Committee Annan Academy Parent Council Member St Columba's Primary School Parent Council Dumfries and Galloway Health Board Endowment Fund Trustee

Column 1 <i>Registerable interest category</i>	Column 2 <i>Description of interest</i>	Column 3 <i>Members Registering an Interest in this Category (and Description of interest)</i>	
		MEMBER	REGISTERED INTEREST
Category 7 - Non-financial interests Cont/...		KERR, Katy	Dumfries and Galloway Health Board Endowment Fund Trustee Dumfries and Galloway Integration Joint Board Chief Finance Officer Associate Member of Chartered Institute of Management Accountants
		MORRIS, Nick	Anwoth and Grithon Curling Club, Secretary and Treasurer Dumfries and Galloway Health Board Endowment Fund Trustee
		WHITE, Julie	Dumfries and Galloway Integration Joint Board Chief Officer Lochmaben Primary Parent Council
		WHITE, Valerie	Dalbeattie Primary School Parent Council Dalbeattie Lawn Tennis Club Brutush Dental Association British Society of Paediatric Dentistry British Association for the Study of Community Dentistry Fellow of the Faculty of Public Health Fellow of the Royal College of Surgeons of Edinburgh
		WILSON, Alice	Dumfries and Galloway Health Board Endowment Fund Trustee Royal College of Nursing

## DUMFRIES and GALLOWAY NHS BOARD

10<sup>th</sup> May 2021



### NHS Board and Committee Paper Templates

**Author:**

Laura Geddes  
Corporate Business Manager

**Sponsoring Director:**

Jeff Ace  
Chief Executive

**Date:** 30<sup>th</sup> April 2021

#### RECOMMENDATION

The Board is asked to approve the new Board and Committee paper template for implementation across all governance committees and Board with effect from 1<sup>st</sup> June 2021.

#### CONTEXT

**Strategy / Policy:**

This papers support the national Good Governance Blueprint and local implementation of best practice guidance on governance.

**Organisational Context / Why is this paper important / Key messages:**

Following the release of the Good Governance Blueprint a review has been undertaken on the documentation that is used within NHS Boards both at a national and local level with the aim of standardising the information that is being presented to Board and Governance Committees within all Health Boards.

The National Board Secretaries Group have undertaken a review of all Board Paper templates across all Health Boards in Scotland and have developed a paper template that covers all Board requirements.

The template paper has been approved by the National Corporate Governance Sub Group and has been issued to Health Boards for implementation across all Board and Committee meetings.

#### GLOSSARY OF TERMS

NHS - National Health Service



## MONITORING FORM

Policy / Strategy	Good Governance Blueprint Cod of Corporate Governance
Staffing Implications	There are no staffing implications linked to this paper.
Financial Implications	There are no financial implications linked to this paper.
Consultation / Consideration	Board Management Team Corporate Governance Action Group National Corporate Governance Sub Group National Board Secretaries Group
Risk Assessment	No risk assessment was undertaken as part of this paper.
Risk Appetite	<p style="text-align: center;">Low <input type="checkbox"/>      Medium <input checked="" type="checkbox"/>      High <input type="checkbox"/></p> <p>This paper relates to the way information is presented to both NHS Board and Committees to allow decisions to be made and updates to be given, therefore, a medium risk appetite has been applied.</p>
Sustainability	Not applicable
Compliance with Corporate Objectives	The delivery of the procedure and strategy will comply with all corporate objectives.
Local Outcome Improvement Plan (LOIP)	Outcomes 6 and 8
Best Value	<ul style="list-style-type: none"> <li>• Governance and Accountability</li> <li>• Performance Management</li> </ul>
Impact Assessment No impact assessment was undertaken as part of this paper.	

**NOT PROTECTIVELY MARKED**

## **Background**

1. On 1<sup>st</sup> February 2019, Scottish Government released a circular DL(2019)2, Good Governance Blueprint, to all Boards which details the work that is being taken forward nationally around good governance.
2. The main aim of the circular was not to completely change governance structures within Boards, but to draw on best practice ideas from within existing governance structure and to develop a single methodology for all Boards to adopt ensuring a consistent approach going forward.
3. Following the release of the Good Governance Blueprint, the National Corporate Governance Sub Group was established to look at all areas of governance related to the Blueprint.
4. One of their objectives was to develop national meeting templates that demonstrated good governance for implementation across all Boards and Committees in Scotland.

## **Board Secretaries Group**

5. The national Board Secretaries Group has representation from all Boards in Scotland who have involvement in corporate governance. This group was given direction from the national Corporate Governance Sub Group to look at the paper templates that are used across all Boards, with a view to streamlining them and having a single consistent template that can be used in all Boards to present information to Board and Committee members.
6. A short-life working group was established to look at all of the templates to identify the core information needed to within a paper to allow decisions to be made and the additional information that has been added on for specific Board use or requirements.
7. The short-life working group pulled together a template form and guidance, which was reviewed at the full Board Secretaries Group and brought back to individual Boards for initial comments from Board Members and Internal Audit.
8. Once the initial feedback was received, the template document and guidance was amended taken back through the full Board Secretaries Group for review before being approved through the Corporate Governance Sub Group for roll-out to NHS Boards.

## **Implementation of the Template**

9. The templates have been taken through the local Corporate Governance Action Group, which is made up of four Non-Executive Members, the Chair, Director of Finance and Corporate Business Manager, for discussion around the implementation of the new document, to ensure there is consistency in the information being recorded in the papers across all Governance Committees and Board.

10. It was recognised that the information within the template and the layout is significantly different from the current template, therefore, it has been agreed to schedule information sessions with all staff who are expected to prepare a paper for Board or one of the governance committees.
11. The sessions will be run between the end of May to the end of June 2021 and will be facilitated by the Corporate Business Manager and the Director of Finance.

### **Recommendation**

12. The Board is asked to approve the new Board and Committee paper template at appendix 1 and the paper guidance at appendix 2, for implementation across all governance committees and Board with effect from 1<sup>st</sup> June 2021.

# NHS ((Board name))



Meeting: Meeting name  
Meeting date: 1 January 2019  
Title: Name of report  
Responsible Executive/Non-Executive: Full name and title of responsible lead  
Report Author: Full name and title of report author

## 1 Purpose

Please select one item in each section and delete the others.

**This is presented to the Board for:**

- Awareness
- Decision
- Discussion

**This report relates to a:**

- Annual Operation Plan
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

**Please select the level of assurance you feel this report provides to the board/committee and briefly explain why:**

Significant	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Limited	<input type="checkbox"/>
None	<input type="checkbox"/>	Not yet assessed	<input type="checkbox"/>		<input type="checkbox"/>

**From the list below, please select which Board Priority this paper relates to. If none of the priorities suit, please select other and briefly explain why this paper needs to be reviewed at Board/Committee:**

COVID-19 Containment Work		Continued Support for Staff Wellbeing	
Delivery of Sustainable Service Models		Delivery of Enhanced Services to address Pandemic Harms	
Other (please explain below)			

**Comment:**

## **2 Report summary**

### **2.1 Situation**

Provide a concise statement of the situation. Why is this being brought to the meeting's attention? What is the strategic context? What is the Board being asked to do? (Cross-reference with Recommendation Section below).

### **2.2 Background**

Provide pertinent information relating to the situation. Summarise issues of significance, any National / Local objectives involved and relevant legislative / Healthcare Standards.

### **2.3 Assessment**

Provide analysis of the situation and considerations. Assess the current position, identifying any organisational risks, stakeholder considerations and evidence base to help inform decision making.

#### **2.3.1 Quality/ Patient Care**

Describe any positive and negative impact on quality of care (and services).

#### **2.3.2 Workforce**

Describe any positive and negative impact on staff including resources, staff health and wellbeing.

#### **2.3.3 Financial**

Describe the financial impact (capital, revenue and efficiencies) and how this will be managed.

#### 2.3.4 Risk Assessment/Management

Describe relevant risk assessment/mitigations.

#### 2.3.5 Equality and Diversity, including health inequalities

State how this supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

An impact assessment has been completed and is available at... or

An impact assessment has not been completed because...

#### 2.3.6 Other impacts

Describe other relevant impacts.

#### 2.3.7 Communication, involvement, engagement and consultation

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

State how this has been carried out and note any meetings that have taken place.

- Stakeholder/Group Name, date written as 1 January 2019
- Stakeholder/Group Name, date written as 1 January 2019

#### 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.

- Committee/Group/Meeting Name, date written as 1 January 2019
- Committee/Group/Meeting Name, date written as 1 January 2019

### 2.4 Recommendation

State the action being requested. Use one of the following directions for the meeting. No other terminology should be used.

- **Awareness** – For Members' information only.
- **Decision** – Reaching a conclusion after the consideration of options.
- **Discussion** – Examine and consider the implications of a matter.

### 3 List of appendices

The following appendices are included with this report:

- Appendix No, Document title
- Appendix No, Document title
- Appendix No, Document title



NHS Dumfries and Galloway

Model Meeting Paper Template  
Completion Guidance

	Date	Detail of change	Author
Version 0.1	Dec-19	New Document	National Board Secretaries Group
Version 0.2	March 21	Assurance and objectives added	Corporate Business Manager



## 1 NHS Scotland Meeting Paper Guidance

These instructions have been prepared to help the authors of all reports and explain how to use the Model Meeting Paper Template for reports to the Board, its committees and senior management meetings.

They provide guidance on:

- issues to consider when deciding whether and how to submit a paper to a meeting,
- achieving the desired result,
- format and structure of papers including protective markings, and
- timing of submission of papers.

## 2 Introduction

For any decision-making group to be effective, it needs to be given information in a form and of a quality that is appropriate to enable members to carry out their duties.

A Board performing to its full potential needs sufficient, timely, accurate and relevant information. A good set of Board or Committee papers is essential for effective governance. A well-constructed set of papers gives an overall picture of the organisation at a point in time and highlights the decisions that need to be made at a particular meeting.

Board, Committee or group members rely on these papers to provide them with the right information so they can make informed decisions. The papers are also a formal record of the decision making process.

To ensure papers are fit for the purpose of any meeting, they should be appropriate for the audience, not overly lengthy or too detailed and are well laid out.

A well written paper will be structured appropriately within major template headings, read like a written conversation, and anticipates and answers Board members' questions.

The author should write with the audience in mind, so the purpose of the report and the issue for the organisation is clear at the beginning.

The author's discussion may include a summary of actions that have occurred, not a step by step account.

### **3 Issues to consider when deciding whether and how to submit a paper**

#### **3.1 Purpose of the report**

The purpose of a report for the Board or one of its committees will be concerned with corporate governance, and should aim to either:

- 1) **Provide assurance\*** on something, or
- 2) **Provide information and/or options** so that the Board or committee may make a decision on something, e.g. approval of a strategy or a business case.

\*Assurance is “confidence based on sufficient evidence that internal controls are in place, operating effectively and objectives are being achieved.”

The Model Meeting Paper Template will prompt you to tell members that the paper is for:

- Awareness;
- Decision; or
- Discussion.

#### **3.2 Achieving the desired result**

In order to achieve a desired result, please think carefully about the decision(s) the meeting is being asked to take.

#### **3.3 Is the report ready to come?**

Appropriate involvement and engagement must have taken place, and appropriate group approvals secured, before the paper reaches the Board or a Committee.

#### **3.4 For managers preparing papers, has your Director seen and approved the paper?**

A Board member or an Executive Director should approve a report before it is presented to the Board or a committee.

#### **3.5 What other issues should be considered?**

The Board is responsible for taking forward the strategic aims and objectives agreed by Scottish Ministers, to ensure that its services are safe, effective and person centred.

It provides effective leadership, direction, support and guidance to the organisation and ensures that the policies and priorities of Scottish Ministers are implemented.

One of the key roles of every Board member is to provide a strong 'challenge function', carefully scrutinising plans and underlying assumptions before decisions are taken.

When deciding whether to submit a paper, please consider the following questions:

- **Why the issue is being brought to the meeting?**

It is important to have a clear idea of why an issue needs to come to a particular meeting. What corporate risk or strategy objective is being addressed? Are you confident that the purpose of the report will be a governance issue, or is it a matter which executive management should decide?

- **Is it of significance to merit the group's time?**

For example, is it an issue which has significance across the Board? Does it change service policy? Does it have significant cost or reputational implications? Is the issue relevant to the remit of the committee, or appropriate for discussion at the Board?

- **Does the issue need to be decided by the Board or another group?**

Some decisions have to be made by the Board as set out in the Standing Financial Instructions' Scheme of Delegation (e.g. contract awards over £1m in value). However, for other decisions it will be more appropriate to be considered by someone else (Governance Committee or Executive Director)?

- **Is the matter urgent?**

If the matter is urgent, please seek advice from the Board Secretary. It is helpful to discuss a proposed paper with the Executive lead or Chair of the meeting at an early stage in order to establish whether it is suitable for inclusion on the agenda and how it should be presented.

- **What other areas should be considered?**

Where a paper is coming to the Board or to a committee for decision, discussion, or awareness, the Board requires "assurance" that:

- there are sufficient processes to fulfil the requirements of the Public Sector Equality Duty, Fairer Scotland Duty and that these have been carried out properly,
- there are processes to gather and use evidence such as data or engagement with people from different protected characteristics groups, and
- there is a procedure for publication of the impact assessments associated with this.

- Where a paper is coming to the Board or Committee for approval.
- As well as the assurance described above, the Board has to demonstrate that it has paid due regard to Equality Impact Assessment.

The information required must be sufficient for members to understand the impact on equality and the actions taken, to be assured about evidence including engagement as well as plans for monitoring impact.

It is unlikely to be sufficient for the Impact Assessment or similar to be attached. Whilst this supports the assurance element, it does not necessarily ensure the Board or Committee has its attention drawn to the relevant information for decision-making.

- Once a proposal has been agreed and implemented, the meeting may receive updates

- **Stakeholder engagement**

It is a legal duty to encourage public involvement, see NHS (Scotland) Act 1978 link below for further information:

[National Health Service \(Scotland\) Act 1978](#)

Reports should outline what involvement and engagement has taken place (or will take place) with key stakeholders. This will highlight and give assurance that specific stakeholders are aware of the plan or project, as well as ensure there is strong and widespread understanding of the direction of travel, aims and priorities set out.

- **Board Priorities**

When writing the paper consideration should be given to the agreed set of Board Priorities for the year. All papers being presented to Board or committee meetings should fit within the list of Board Priorities for the year. If it does not sit within the following four priorities an explanation must be provided around why the paper needs to be taken through Board or committee for a decision, awareness or discussion. The Board's four key priorities that have been agreed for 2021/22 are as follows:

- 1) Covid 19 Containment Work
- 2) Continued Support for Staff Wellbeing
- 3) Delivery of Sustainable Service Models
- 4) Delivery of Enhanced Services to address Pandemic Harms

## 4 Format and structure of papers

### 4.1 Model Meeting Paper Template

The “Once for Scotland” Model Meeting Paper Template can be used in one of two ways:

- as a report document in its own right; or
- as a cover paper/Executive Summary to a larger document.

This will provide Boards with the flexibility needed to effectively use the template to meet local needs.

#### Logos

The NHSScotland logo is included as standard as it applies to all Boards. Where Boards wish to use their own logo, the Board Secretary should change the logo before circulating the template for use.

#### Populating the template

Adapted from the original version developed by the United States Navy, the SBAR communication tool is widely used in healthcare.

**S = Situation** (a concise statement of the problem)

**B = Background** (pertinent and brief information related to the situation)

**A = Assessment** (analysis and considerations of options)

**R = Recommendation** (action requested/recommended)

The SBAR tool:

- Is easy to use.
- Enables information to be communicated accurately,
- Encourages assessment skills,
- Prompts provision of the right level of detail,
- Ensures thinking has happened before the message is communicated.
- Ensures the recipient knows what to expect.

Further information on the SBAR Communication Tool is available at:  
<https://improvement.nhs.uk/documents/2162/sbar-communication-tool.pdf>

### 4.2 Report writing guidance

#### Plan your writing

- Be clear about why you are writing.
- What do you want to achieve?
- What action do you want your reader to take?

- Before you begin writing, ask yourself ‘who is my audience?’ Your audience will influence the way you write.
- Picture your readers if you can – try and put yourself in their shoes.
- Organise all the information your reader needs in logical order that will make sense.

### **Structure your writing**

- Keep to the essentials. What message do you want to get across? Make your purpose clear to the reader early on.
- Get to the point quickly. The first few paragraphs should summarise the key points. For example: who, what, why, where, when and how.
- Think carefully how to present the information.
- If there is a lot of information, use headings to break up your writing into sections.
- Careful use of illustrations and flow charts can help your reader sort out complex information.
- Lists can help to simplify complex information. Bullet points can help to make information stand out.
- Remember – be consistent in the way you lay out information.
- The average sentence length should be around 15 to 20 words. Vary the length. Very short sentences are good for making punchy points. Each sentence should contain one main idea.
- Paragraphs should be made up of a group of sentences with a common theme.
- Before submitting your report, re-read it, or ask someone else to do so, to ensure the information is clear and easy to understand.

### **Your writing style**

- Imagine you are talking to your reader. Your writing style will immediately become more warm, personal and conversational. Refer to the reader as you and the organisation as we.
- Do not use gender specific words such as manpower (use workforce or employees).
- Use everyday English. Remember you are writing to inform, not to impress.
- Avoid legalistic and pompous words.
- Do not use jargon that your reader might not understand. Explain any technical terms that you may need to use.
- If you use acronyms, write them out in full and put the acronym in brackets. For example: Senior Management Team (SMT)
- Use simple words to make things clear for your reader, such as “near” rather than “in the vicinity, ” “use” instead of “utilise” etc

## 5 Timing of submission of papers

The Board Secretary will establish arrangements within your Board for you to submit your final reports for Board and committee meetings. It is essential that you submit your reports by the required deadline. This gives the chair of the meeting the opportunity to review the reports in advance of the meeting before the reports are issued. The secretary can also distribute the meeting pack to the members in good time for them to prepare for the meeting.

Please let the Board Secretary know as soon as possible if there are any issues meeting the deadlines.

## 6 Corporate Governance and Assurance

### What is “Corporate Governance”?

Corporate governance is the system by which organisations are directed and controlled. Boards are responsible for the governance of their organisations. The stakeholders’ role in governance is to appoint the board members and the external auditors, and to satisfy themselves that an appropriate governance structure is in place. The responsibilities of the board include setting the organisation’s strategic aims, providing the leadership to put them into effect, supervising the management of the business and reporting to stakeholders on their stewardship. The board’s actions are subject to laws, regulations, directions and requirements for public accountability.

Corporate governance is therefore about what the board does and how it sets the values of the organisation, and is to be distinguished from executive director led day-to-day operational management.

### What is “Assurance”?

Assurance is “confidence based on sufficient evidence that internal controls are in place, operating effectively and objectives are being achieved.”

Source: Building the Assurance Framework: A Practical Guide for NHS Boards (2003), Department of Health

### How will the Board and its Committees implement the concept of Assurance?

When the Board or a committee receives a report which has been provided for assurance purposes, its aim will be to reach a conclusion on the level of assurance gained on the purposes of the report.

A report may focus on one or two types of purpose:

1. To operate in a way that satisfies a particular assurance need, such as a quality standard, a professional standard, a regulatory requirement, a legal requirement, or a basic principle of internal control.

2. To achieve a defined level of organisational performance or impact in terms of outcomes for stakeholders. Stakeholders can mean anyone affected, interested or concerned with the Board's activities, such as patients, the general public, taxpayers, the Scottish Government, other public bodies, its employees, independent contractors such as GPs, suppliers, and others in the community.

There are five possible levels of assurance:

Definition	Most likely course of action by the Board or Committee
<p><b>LEVEL – SIGNIFICANT</b></p> <p>The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.</p> <p>Examples of when significant assurance can be taken are:</p> <ul style="list-style-type: none"> <li>• The purpose is quite narrowly defined, and it is relatively easy to be comprehensively assured.</li> <li>• There is little evidence of system failure and the system appears to be robust and sustainable.</li> <li>• The committee is provided with evidence from several different sources to support its conclusion.</li> </ul>	<p>If there are no issues at all, the Board or committee may not require a further report until the next scheduled periodic review of the subject, or if circumstances materially change.</p> <p>In the event of there being any residual actions to address, the Board or committee may ask for assurance that they have been completed at a later date agreed with the relevant director, or it may not require that assurance.</p>
<p><b>LEVEL - MODERATE</b></p> <p>The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p> <p>Moderate assurance can be taken where:</p> <ul style="list-style-type: none"> <li>• In most respects the “purpose” is being achieved.</li> <li>• There are some areas where further action is required, and the residual risk is greater than “insignificant”.</li> <li>• Where the report includes a proposed remedial action plan, the committee considers it to be credible and acceptable.</li> </ul>	<p>The Board or committee will ask the Director to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend on the level of residual risk.</p> <p>If the actions arise from a review conducted by an independent source (e.g. internal audit, or an external regulator), the committee may prefer to take assurance from that source's follow-up process, rather than require the director to produce an additional report.</p>



Definition	Most likely course of action by the Board or Committee
<p><b>LEVEL – LIMITED</b></p> <p>The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.</p> <p>Examples of when limited assurance can be taken are:</p> <ul style="list-style-type: none"> <li>• There are known material weaknesses in key areas.</li> <li>• It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not been assessed and planned for.</li> <li>• The report has provided incomplete information, and not covered the whole purpose of the report.</li> <li>• The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable.</li> </ul>	<p>The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved.</p>
<p><b>LEVEL – NONE</b></p> <p>The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.</p>	<p>The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved. Additionally the chair of the meeting will notify the Chief Executive of the issue.</p>
<p><b>NOT ASSESSED YET</b></p> <p>This simply means that the Board or committee has not received a report on the subject as yet. In order to cover all aspects of its remit, the Board or committee should agree a forward schedule of when reports on each subject should be received (perhaps within their statement of assurance needs), recognising the relative significance and risk of each subject.</p>	

## 7 Further guidance

For further guidance or advice, contact:

Laura Geddes, Corporate Business Manager, Dumfries and Galloway,  
Ground Floor North, Mountainhall Treatment Centre, Bankend Road,  
Dumfries, DG1 4AP

Tel: 01387 272702 (Ext. 32702) Email: laura.geddes2@nhs.scot

## Appendix one - Content checklist

Does the issue need to be decided by the group?	
Is the paper ready to come to the group?	
Is there enough information that members can make a decision with confidence?	
Are the key messages clear so that everyone understands the same message?	
Is there enough information to support the key messages?	
Is all the information relevant or does it include 'nice to know' information as well?	
Is there enough analysis?	
Is the language suitable, i.e. is it clear and simple without any jargon?	
Where options are presented, are there clear reasons for the preferred option(s)? Are the risks clearly identified? Are the finances and facts accurate?	
Are fact and opinion clearly differentiated?	
Is the proposal in line with the Board's strategy?	
What communication and engagement has taken place or is needed with stakeholders?	

## Appendix two – Formatting checklist

<b>Font</b>	Arial	
<b>Headings</b>	Size 14 bold and sentence case	
<b>Sub headings</b>	Size 12 bold and sentence case	
<b>All other text</b>	Size 12 regular and sentence case	
<b>Line Spacing</b>	Single	
<b>Justification</b>	Left justified	
<b>Text colour</b>	Select automatic colour. Colour text should only be used where it significantly adds to understanding (i.e. graphs)	
<b>Version Control</b>	All documents should be in line with Document Control and Naming Conventions guidance, which includes the format for page numbers.	
<b>Acronyms</b>	Spell these out in full the first time and follow up with the shortened version in brackets. Thereafter the acronym should be used.	
<b>Abbreviations</b> (add local information to bullet list)	Spell these out in full the first time and follow up with the shortened version in brackets. Thereafter the acronym should be used. The following should never be abbreviated: <ul style="list-style-type: none"> <li>NHSScotland</li> </ul>	
<b>Tense</b>	Stick to the same tense and keep it simple.	
<b>Postholders</b>	Refer to job titles and not by personal name.	
<b>Dates</b>	For consistency across papers, the following format for dates should be used in all papers: 1 January 2016.	
<b>Terminology</b>	Ensure that a glossary is included or provide an explanation on first use in Board paper.	
<b>Changes</b>	Generally, tracked changes should not be included on any papers but you should highlight any changes made to the original paper presented in the cover paper. In some circumstances it may be relevant to include changes in this way.	
<b>Protective markings</b>	All Board papers are public and do not need to be protectively marked. Boards with a private session should classify papers by using a header message on every page as follows: <ul style="list-style-type: none"> <li>Board Official or</li> <li>Board Sensitive</li> </ul>	
<b>Patient / Personal / Sensitive information</b>	If you have any questions in respect of patient/personal information, to ensure that all information is treated appropriately and confidentially, advice should be sought from the Caldicott Guardian.	

## DUMFRIES and GALLOWAY NHS BOARD

10th May 2021



### Financial Performance Update 2020/2021 – Year End Report Position to Month 12 as at 31<sup>st</sup> March 2021

**Author:**  
Katy Kerr  
Director of Finance

**Sponsoring Director:**  
Katy Kerr  
Director of Finance

Date: 20<sup>th</sup> April 2021

#### RECOMMENDATION

The Board is asked to **approve** the following points:

- The transfer of £8.856m to the Integrated Joint Board (IJB) in month 12 in line with the Integration Scheme and the overspend in the delegated service.

The Board is asked to **discuss and note** the following points:

- The Board has achieved the year-end break-even duty (subject to external audit verification).
- Note the outturn position on the capital expenditure for the year to 31 March 2021.

#### CONTEXT

##### Strategy/Policy:

The Board has a statutory financial target to deliver a break-even position against its Revenue Resource Limit (RRL).

##### Organisational Context/Why is this paper important/Key messages:

This report provides a summary of the final 2020/21 financial position as at 31<sup>st</sup> March 2021, confirming achievement of the break-even duty for 2020/21, as set out in the Medium Term Health and Social Care Financial Framework (subject to external audit agreement).

## **GLOSSARY OF TERMS**

ASRP	-	Acute Services Redevelopment Programme
CRES	-	Cash Releasing Efficiency Savings
CRL	-	Capital Resource Limit
CSSD	-	Central Sterilisation Services Department
FHS	-	Family Health Services
IJB	-	Integration Joint Board
NPD	-	Not for Profit Distribution
NSD	-	National Services Division
NSS	-	National Services Scotland
PSD	-	Practitioner Services Division
RCD	-	Replacement, Development and Contingency
RRL	-	Revenue Resource Limit
SGHSCD	-	Scottish Government Health and Social Care Directorate
SLA	-	Service Level Agreement
WOS	-	West of Scotland
YTD	-	Year to Date

## MONITORING FORM

Policy / Strategy	Supports agreed financial strategy in the Annual Operational Plan.
Staffing Implications	Not required.
Financial Implications	Financial reporting paper presented by Director of Finance as part of the financial planning and reporting cycle.
Consultation / Consideration	Board Management Team.
Risk Assessment	Financial Risks included in paper.
Risk Appetite	<div style="display: flex; justify-content: space-around; align-items: center;"> <span>Low <input checked="" type="checkbox"/></span> <span>Medium <input type="checkbox"/></span> <span>High <input type="checkbox"/></span> </div> <p>The Board has achieved the breakeven duty for 2020/21.</p>
Sustainability	The Financial Plan supports the sustainability agenda through the delivery of efficient solutions to the delivery of CRES. Key to the ongoing achievement of savings plan will be the delivery of significant transformational changes to services.
Compliance with Corporate Objectives	<p>To maximise the benefit of the financial allocation by delivering efficient services, to ensure that we sustain and improve services and support the future model of services.</p> <p>To meet and, where possible, exceed Scottish Government goals and targets for NHS Scotland.</p>
Local Outcome Improvement Plan (LOIP)	Not required.
Best Value	This paper contributes to Best Value goals of sound governance, accountability, performance scrutiny and sound use of resources.
<p>Impact Assessment</p> <p>A detailed impact assessment of individual efficiency schemes will be undertaken through this process as individual schemes are developed.</p>	

## Executive Summary

1. This report confirms that NHS Dumfries and Galloway has delivered a break-even position for 2020/21, showing a small surplus of £80k for the year on the Core Revenue Resource Limit (RRL) as well as a small underspend of £41k relating to depreciation across the non-core RRL.
2. For the services delegated to the IJB, the outturn reflected an overspend of £8.856m. This was factored into the forecast position for the NHS Board as the Integration Scheme for the IJB requires the Board to fund any overspend on delegated Health Services.
3. The allocation has now been received for the full amount of Covid-19 funding requested for the Health and Social Care Partnership for 2020/21 totalling £31.057m. This has been previously reported to Board. In the final months, the Board has seen a further increase in allocations to reflect the additional pay commitments including the £500 payment and the back dated 1% pay uplift.
4. In addition, the year end position reflects both the cost and anticipated income for the pending pay settlement for 2021/22 which has a backdated element for some pay bands back to 1<sup>st</sup> December 2020. This proposed uplift is still subject to negotiation and agreement by staff side and is unlikely to be concluded until after the Scottish Elections on May 6<sup>th</sup> 2021.

## Directorate Analysis

5. The latest directorate analysis as at month 12 is included in **Appendix 2**. It reflects the position as at month 12 and indicates areas of over and underspend across all of the operational directorates.
6. The key underspends are as previously reported but are summarised as follows:
  - Activity driven spend (surgical sundries, laundry costs, Central Sterilisation Services Department (CSSD), reduced unplanned care)
  - Access funding - underutilised – but recurring pressures
  - Workforce/vacancies – Covid-19 impact slowing down (halting), recruitment, staff deployed into Covid-19 roles, service redesign paused
  - Travel (pool car and transport)/course fees/training including patient travel
  - Printing and stationery/postage
  - Service Level Agreements (SLAs) fall in activity
  - Underspend on various “projects” as most were put on hold or paused over the last year during Covid-19
  - Council tax and other rebates
7. In addition to the normal directorate breakdown, an appendix has been included which shows the movement on the forecast position as compared with the actual outturn. This is included in **Appendix 3**.

8. Due to Covid-10 spend, the variability of forecasts for 2020/21 has made forecasting and monitoring of financial spend in-year more difficult than usual. There will be a refocus for 2021/22 as we hopefully move into a more stable year.

### Capital Plan Update

9. The final allocation letter from Scottish Government Health and Social Care Directorate (SGHSCD) is outstanding with £4.364m still due as per the table below:

**Table 1 - Capital allocations received for 2020/21**

ALLOCATIONS	2020/21 Plan	2020/21 Allocation To Date	2020/21 Outstanding Allocation
	£000s	£000s	£000s
SGHSCD formula allocation	2,718	2,558	160
ASRP Equipping	2,335	2,335	0
Mountainhall & Existing Site Costs	582	582	0
National Imaging Equipment Fund	262	262	0
Hospital Eye Services	158	158	0
NSS Capital Purchase Lab Analyser	56	56	0
Vaccine Freezer	5	5	0
NSS Diabetic Eye Screening Programme	20	20	0
Covid-19 Capital Equipment	705	0	705
Vascular Theatre	-393	-393	0
West of Scotland (WOS) Laundry	-83	-83	0
Capital to Revenue	-2,000	-2,000	0
<b>TOTAL CAPITAL RESOURCE LIMIT (CRL)</b>	<b>4,365</b>	<b>3,500</b>	<b>865</b>

10. During 2020/21, various pieces of equipment have been replaced including a mobile X-ray unit in Galloway Community Hospital, Dialysis machines, Gastro scopes, Nimbus Lab Analyser and various IT programmes to support the move over to Office 365. The final expenditure is shown in the table below with a break-even closing position.

**Table 2 - Summary Capital Expenditure for 2020/21**

EXPENDITURE	£000s
RDC (Replacement, Development & Contingency) Programme including DGRI	3,213
Covid-19 Equipment Transfer	705
Mountainhall Project	447
<b>TOTAL GROSS CAPITAL EXPENDITURE</b>	<b>4,365</b>

11. Appendices to this paper are noted below:
- **Appendix 1** – Revenue Resource Analysis
  - **Appendix 2** – Key Variances within Directorates
  - **Appendix 3** – Quarterly Forecast Summary

**NOT PROTECTIVELY MARKED**



**NHS DUMFRIES AND GALLOWAY**  
**REVENUE RESOURCE ANALYSIS**  
**At 31st March 2021**

	Baseline Recurring £000s	Earmarked Recurring £000s	Non Recurring £000s	Non Core £000s	Total £000s
<b>Revenue Allocation as at 28th February 2021</b>	315,801	47,055	41,590	10,342	414,788
<b>Other</b>					
Golden Jubilee top sliced (Hospital Activity Marginal Costs)			(13)		(13)
NSD Risk Hand Back			61		61
NDC Top sliced Contributions		(341)			(341)
Insulin Pumps			12		12
Capital To Revenue Transfer			2,000		2,000
£500 Payment			2,486		2,486
£500 Payment PSD			473		473
NHS Emergency Public Health Research			61		61
Shielding - Social Care Support Fund			7		7
Pay Award 1% Increase			555		555
Total Allocations	0	(341)	5,641	0	5,300
<b>Revenue Allocation as at 31st March 2021</b>	<b>315,801</b>	<b>46,714</b>	<b>47,231</b>	<b>10,342</b>	<b>420,088</b>
Anticipated Allocations			2,033	(919)	1,114
<b>Total Revenue Allocation (excl FHS)</b>	<b>315,801</b>	<b>46,714</b>	<b>49,264</b>	<b>9,423</b>	<b>421,202</b>
Family Health Services Non Discretionary Allocation					20,088
<b>Total Revenue Allocation (incl FHS)</b>					<b>441,290</b>

**NHS DUMFRIES AND GALLOWAY**  
**EXPENDITURE ANALYSIS - 12 MONTHS TO 31st MARCH 2021**

AREA	Annual Budget				Pays YTD	Non Pay YTD	Income YTD	Total YTD	
	Pay £000	Non Pay £000	Income £000	Total £000	Variance £000	Variance £000	Variance £000	Variance £000	Variance %
<b>IJB DELEGATED SERVICES</b>									
Acute & Diagnostics	105,612	29,906	(3,214)	132,304	588	(673)	(122)	(207)	0%
Facilities & Clinical Support	3,848	15,033	(687)	18,193	196	138	(220)	114	1%
Mental Health Directorate	24,801	3,073	(967)	26,907	60	447	(3)	504	1%
Community Health & Social Care (NHS)	34,521	36,456	(1,931)	69,046	1,223	(920)	18	321	0%
Primary Care Services	5,679	52,539	(5,478)	52,741	(311)	(36)	5	(341)	-1%
Womens & Childrens Directorate	22,827	2,329	(830)	24,327	275	22	(3)	294	1%
E-Health	3,263	3,384	(181)	6,466	453	(429)	(31)	(7)	0%
Strategic Services	2,939	41,878	(475)	44,343	147	(316)	(0)	(170)	0%
Savings	0	(13,640)	0	(13,640)	0	(13,640)	0	(13,640)	100%
Inflation/Cost Pressure Budgets held centrally	208	4,532	0	4,741	208	4,532	0	4,275	100%
<b>IJB SERVICES TOTAL</b>	<b>203,700</b>	<b>175,490</b>	<b>(13,763)</b>	<b>365,427</b>	<b>2,839</b>	<b>(10,874)</b>	<b>(355)</b>	<b>(8,856)</b>	
<b>BOARD SERVICES</b>									
Board Corporate Services	18,171	3,734	(1,980)	19,925	741	5,434	(6,391)	(217)	-1%
Strategic Capital	161	19,879	0	20,040	(4)	1,213	29	1,238	6%
Central Income	0	0	(5,466)	(5,466)	0	0	(113)	(113)	2%
Externals	0	28,474	(2,657)	25,817	0	249	327	576	2%
Non Core	0	8,561	0	8,561	0	0	0	0	0%
Savings	0	(2,163)	0	(2,163)	0	(2,163)	0	(2,163)	100%
Inflation/Cost Pressure Budgets held centrally	0	9,149	0	9,149		9,149	0	9,615	100%
<b>BOARD SERVICES TOTAL</b>	<b>18,332</b>	<b>67,634</b>	<b>(10,103)</b>	<b>75,863</b>	<b>736</b>	<b>13,881</b>	<b>(6,148)</b>	<b>8,936</b>	
<b>GRAND TOTAL</b>	<b>222,032</b>	<b>243,123</b>	<b>(23,866)</b>	<b>441,290</b>	<b>3,575</b>	<b>3,007</b>	<b>(6,502)</b>	<b>80</b>	

## FORECAST SUMMARY 2020/21

Consolidate Position (£'000s)			
	Q2	Q3	Year End Actual
<b>IJB DELEGATED SERVICES</b>			
Acute & Diagnostics	(752)	(602)	(207)
Facilities and Clinical Support	(0)	200	114
Mental Health	181	873	504
Community Health & Social Care (NHS)	1,347	1,573	321
Primary Care Services	(260)	(160)	(341)
Women and Children's	200	200	294
E-Health	86	86	(7)
IJB Strategic Services	103	173	(169)
<b>Directorates</b>	<b>906</b>	<b>2,344</b>	<b>509</b>
Reserve Release	418	418	4,275
Unidentified Savings	(13,240)	(13,640)	(13,640)
<b>IJB Savings</b>	<b>(12,822)</b>	<b>(13,222)</b>	<b>(9,365)</b>
<b>IJB SERVICES TOTAL</b>	<b>(11,916)</b>	<b>(10,878)</b>	<b>(8,856)</b>
<b>BOARD SERVICES</b>			
Chief Executive	(150)	(150)	0
Public Health	107	427	260
Medical Director	(50)	50	237
Nursing Directorate	108	183	198
HR & Workforce Strategy & Occ Health	(100)	(100)	5
Finance Directorate	(234)	(234)	(917)
<b>Corporate Directorates</b>	<b>(318)</b>	<b>177</b>	<b>(217)</b>
Pfi Cresswell	(40)	(40)	(40)
Capital Projects	514	912	1,249
NPD New Build	29	29	29
<b>Board Strategic Services</b>	<b>503</b>	<b>901</b>	<b>1,238</b>
Central Income	11	11	(113)
Externals	870	2,150	576
Non Core	0	0	0
<b>Board Other</b>	<b>881</b>	<b>2,161</b>	<b>463</b>
Reserve Release	8,448	8,448	9,615
Unidentified Savings	(2,163)	(2,163)	(2,163)
<b>Board Corporate Savings</b>	<b>6,285</b>	<b>6,285</b>	<b>7,452</b>
<b>BOARD SERVICES TOTAL</b>	<b>7,351</b>	<b>9,524</b>	<b>8,936</b>
<b>GRAND TOTAL</b>	<b>(4,565)</b>	<b>(1,354)</b>	<b>80</b>

## DUMFRIES and GALLOWAY NHS BOARD

10<sup>th</sup> May 2021



### Audit Scotland Report – NHS in Scotland 2020

**Author**  
Katy Kerr  
Director of Finance

**Sponsoring Director**  
Katy Kerr  
Director of Finance

**Date** 27<sup>th</sup> April 2021

#### RECOMMENDATION

The Boards is asked **to discuss and note**:

- The Audit Scotland NHS in Scotland 2020 report (**Appendix 1**).
- How the recommendations for Health Boards from the report align with the Board's tactical priorities.

#### CONTEXT

##### Strategy/Policy:

Audit Scotland provides the Auditor General and the Accounts Commission with the services they need to check that public money is being spent properly, efficiently and effectively.

##### Organisational Context/Why is this paper important/Key messages:

As a Board, we are required to consider reports and guidance issued from Audit Scotland and provide assurance we have identified any relevant actions and implemented locally where required.

#### GLOSSARY

NHS - National Health Service

## MONITORING FORM

Policy / Strategy	This paper highlights the actions taken to address Audit Scotland reports, although not governed by national guidance, assurance required that being reviewed and appropriate action being taken.
Staffing Implications	No staffing implications were identified within this paper.
Financial Implications	No financial implications were identified within this paper.
Consultation / Consideration	Audit and Risk Committee
Risk Assessment	No risk assessment was carried out when preparing this paper.
Risk Appetite	<p style="text-align: center;">Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/></p> <p>Although this report is an overview of the NHS in Scotland, there are key actions relating to health and wellbeing of staff and monitoring of patient safety and performance, therefore, a low risk appetite has been identified for this paper.</p>
Sustainability	Not applicable
Compliance with Corporate Objectives	To maximise the benefit to NHS Dumfries and Galloway in light of recommendations within national reports.
Local Outcome Improvement Plan (LOIP)	Not applicable
Best Value	Not applicable
Impact Assessment	Not applicable

**NOT PROTECTIVELY MARKED**

## Overview

1. Audit Scotland produced the attached NHS in Scotland 2020 report in February 2021. This was circulated to Board Members by email and was presented to Audit and Risk Committee on 26<sup>th</sup> April 2021. A full copy of the report is included at **Appendix 1**.
2. The annual report from Audit Scotland on the NHS normally considers financial and performance considerations across all NHS Boards in Scotland for the prior financial year. This report is unique as a result of the Covid-19 pandemic and focussed very much on both the NHS's response to the pandemic and also the recovery and remobilisation of services.
3. The report is being submitted to Board for review and discussion to provide assurance that locally we are progressing actions against the recommendations and improvement set out.
4. Whilst a number of the recommendations identified in the report are for Scottish Government. There are three specific recommendations set out in the paper which Scottish Government and NHS Boards are both asked to progress.

These are:

- monitor and report on the effectiveness of the measures introduced to support the health and wellbeing of staff, to assess whether sufficient progress is being made (paragraph 23, page 14)
  - take action to meet the needs of those whose access to healthcare has been reduced as a result of the pandemic and monitor the long term impact of this on health outcomes (paragraph 27, page 16) (paragraph 49, page 22)
  - publish data on performance against the clinical prioritisation categories to enable transparency about how NHS boards are managing their waiting lists (paragraph 48, page 22).
5. Through the work to consider monitoring and assurance of the tactical priorities through the Board committees we will capture these recommendations in that plan and develop specific actions and performance measures to measure progress and implementation.

# NHS in Scotland 2020



AUDITOR GENERAL 

Prepared by Audit Scotland  
February 2021

# Auditor General for Scotland

The Auditor General's role is to:

- appoint auditors to Scotland's central government and NHS bodies
- examine how public bodies spend public money
- help them to manage their finances to the highest standards
- check whether they achieve value for money.

The Auditor General is independent and reports to the Scottish Parliament on the performance of:

- directorates of the Scottish Government
- government agencies, eg the Scottish Prison Service, Historic Environment Scotland
- NHS bodies
- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Police Authority, Scottish Fire and Rescue Service.

You can find out more about the work of the Auditor General on our website:

[www.audit-scotland.gov.uk/about-us/auditor-general](https://www.audit-scotland.gov.uk/about-us/auditor-general) 

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.



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## Audit team

The core audit team consisted of Leigh Johnston, Fiona Watson, Eva Thomas-Tudo and John Kirkwood, with support from other colleagues and under the direction of Angela Canning.

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## Links

-  PDF download
  -  Web link
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# Summary

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## Key messages

- The challenges presented by Covid-19 are significant and unprecedented. Staff across the NHS and Scottish Government have worked hard, in challenging circumstances, to respond quickly to the pandemic. NHS frontline staff have put themselves at risk to meet the demands presented by Covid-19, reflecting their extraordinary commitment to public service. The NHS implemented several actions during the first wave of Covid-19 that prevented it from becoming overwhelmed, such as increasing intensive care capacity and stopping non-urgent planned care. The Scottish Government's Test and Protect strategy is crucial to suppressing the virus and will continue to be until Covid-19 vaccinations are fully rolled out.
- Some people have been more adversely affected by Covid-19 than others. For instance, those from the most deprived areas are twice as likely to die from Covid-19 than those in the least deprived areas. Covid-19 has so far caused or contributed to the deaths of almost 9,000 people across Scotland, and deaths from other causes were also higher than average at the start of the pandemic. The NHS workforce has been under considerable pressure during the pandemic, with high levels of work-related stress reported.
- The Scottish Government could have been better prepared to respond to the Covid-19 pandemic. It based its initial response on the 2011 UK Influenza Pandemic Preparedness Strategy but did not fully implement improvements identified during subsequent pandemic preparedness exercises. It also did not include an influenza pandemic as a standalone risk in its corporate or health and social care directorate risk registers, despite assessing it as high risk.
- Remobilising the full range of NHS services is challenging and maintaining innovation and learning from the pandemic will be essential. Covid-19 has led to a substantial backlog of patients waiting for treatment. NHS boards are prioritising those in most urgent need; those who are of lower clinical priority will have to wait longer. NHS leaders need to work collaboratively, in partnership across public services, to deal with the ongoing challenges caused by Covid-19 and to remobilise services.

- Covid-19 has exacerbated the existing financial and operational challenges in the NHS and is predicted to cost £1.67 billion in 2020/21. Most NHS boards achieved their savings targets in 2019/20, but four NHS boards needed additional financial support from the Scottish Government to break even. Responding to the pandemic has resulted in significant additional expenditure across health and social care and there is uncertainty about the longer-term financial position.

## Recommendations

The Scottish Government should:

- ensure that NHS National Services Scotland returns to procuring personal protective equipment (PPE) through a competitive tender process as soon as practicable, considering options that reduce the environmental impact where possible, while demonstrating good value for money and robust quality assurance ([paragraph 17, page 12](#))
- update and publish national pandemic guidance for health and social care as a priority. The scope of this guidance should not be limited to covering only an influenza pandemic and it should include lessons learned from the Covid-19 pandemic and the previous pandemic preparedness exercises ([paragraph 46, page 21](#))
- ensure that the work undertaken as part of the re-mobilise, recover, re-design programme of work has clear priorities that align with the remobilisation framework. Work should be monitored and reported to ensure sufficient progress is being made ([paragraph 56, page 25](#))
- work with its partners to update the integrated workforce plan. This should consider how services will be delivered differently in the future, and how this will affect the shape of the health and social care workforce in the longer term ([paragraph 57, page 25](#))
- ensure that all NHS leaders, particularly those newly appointed, have the support they need to balance the ongoing challenges presented by Covid-19 with the need to remobilise health and social care services ([paragraph 60, page 26](#)).

The Scottish Government and NHS boards should:

- monitor and report on the effectiveness of the measures introduced to support the health and wellbeing of staff, to assess whether sufficient progress is being made ([paragraph 23, page 14](#))
  - take action to meet the needs of those whose access to healthcare has been reduced as a result of the pandemic and monitor the long-term impact of this on health outcomes ([paragraph 27, page 16](#)) ([paragraph 49, page 22](#))
  - publish data on performance against the clinical prioritisation categories to enable transparency about how NHS boards are managing their waiting lists ([paragraph 48, page 22](#)).
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# Introduction

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**1.** The Covid-19 pandemic has created a unique and challenging set of circumstances for the NHS in Scotland. This report outlines the response to the pandemic by the NHS in Scotland and presents an overview of its financial and operational performance for 2019/20 [\(Appendix 1, page 37\)](#).

**2.** The Scottish Government and NHS in Scotland's response to Covid-19 continues to develop as the pandemic progresses. Policy and guidance are being updated frequently and our findings reflect the situation at January 2021, using information available prior to publication. We plan to consider the longer-term impact of Covid-19 in our *NHS in Scotland 2021* report.

**3.** We would like to acknowledge the support and assistance provided by the Scottish Government and NHS boards that has enabled us to prepare this report.

# The response to Covid-19



## **The challenges presented by Covid-19 are significant and unprecedented** The Scottish Government and NHS in Scotland responded quickly to the rapidly developing pandemic

**4.** The response to the Covid-19 pandemic by the Scottish Government and NHS Scotland began soon after the emergence of the outbreak in China, before any cases had been confirmed in Scotland. In January 2020, the Scottish Government started to implement its emergency response plans. This included attending the UK Government's COBRA meetings and activating the Scottish Government Resilience Room (SGoRR). The SGoRR is the main point of contact between the UK Government and Scotland's resilience partnerships in the event that UK-level action is initiated.<sup>1</sup> The four nations of the UK coordinated their initial response to the pandemic, publishing a joint Covid-19 action plan on 3 March 2020.<sup>2</sup> This action plan is based on the 2011 UK Influenza Pandemic Preparedness Strategy.<sup>3</sup> Military liaison officers were deployed to NHS boards to assist with logistics and planning.

**5.** The Scottish Government established a Covid-19 directorate, with a workforce of staff redeployed from other departments across the government. There was good oversight and regular communication across the NHS and Integration Authorities (IAs) from the Scottish Government.<sup>4</sup> NHS boards revised their governance arrangements during the pandemic. Some reduced in size or suspended subcommittees, while maintaining close contact with the Scottish Government and their local partners.

## **The NHS implemented a number of actions that prevented it from becoming overwhelmed**

**6.** The Scottish Government had difficult decisions to make about how to prevent the NHS from becoming overwhelmed during the first wave of the Covid-19 pandemic. There are longer-term risks associated with some of these decisions, but the Scottish Government needed to prioritise creating additional capacity for Covid-19 patients. From March 2020, the Scottish Government instructed NHS boards to implement several key actions at pace, that enabled them to treat Covid-19 patients while maintaining vital emergency, maternity and urgent care. For instance:

- All non-urgent surgery, treatment and appointments were suspended, and national screening programmes for some types of cancer were paused. This enabled existing facilities and equipment to be repurposed and staff to be retrained and redeployed to support the response to Covid-19.
- The number of intensive care beds was increased from 173 to 585.<sup>5</sup> This meant that the NHS had sufficient intensive care capacity throughout the first wave of the pandemic. The number of patients in intensive care beds

(including non-Covid-19 patients) exceeded the original capacity between 31 March and 24 April, peaking at 250 on 9 April. The number of Covid-19 patients in intensive care beds peaked at 221 on 12 April.

- A rapid discharge strategy was introduced with the aim of reducing delayed discharges from hospital. This resulted in a reduction of 64 per cent, from 1,612 on 4 March to 580 on 27 April. The impact of this strategy on outbreaks of Covid-19 in care homes is discussed in [paragraph 29, page 17](#).
- NHS workforce capacity was increased, which enhanced NHS resilience. During the first wave of Covid-19, 4,880 nursing students were deployed, registration dates for 575 junior doctors were brought forward and recently retired NHS staff were invited to return to work. An accelerated recruitment portal was also launched, which received 16,000 expressions of interest.
- Digital improvements were rolled out across the NHS including software to facilitate working from home, and the use of virtual appointments such as Near Me increased.<sup>6</sup> Video consultations increased from about 300 per week in March 2020 to more than 18,000 per week in November 2020. By December, more than 600,000 video consultations had taken place.
- The NHS Louisa Jordan, a temporary hospital at the Scottish Event Campus in Glasgow, was established. It was set up in under three weeks and was operational by 20 April, with an initial capacity of 300 beds, and the ability to expand to 1,036 beds if needed – including 90 intensive care unit (ICU) beds. The hospital has not yet been needed to treat Covid-19 patients. It has been used for outpatient appointments and for diagnostic services such as X-ray and ultrasound. By January 2021, the facilities had also been used to train more than 5,000 healthcare staff and students and vaccinate nearly 10,000 NHS staff.<sup>7</sup> The hospital remains on standby to receive Covid-19 patients if needed.
- Covid-19 community hubs and assessment centres were established. These hubs assess patients presenting with Covid-19 symptoms in the community, relieving pressure on GP surgeries. Between March 2020 and January 2021, over 250,000 consultations for advice or assessment were conducted through these hubs and centres.<sup>8</sup>

**7.** Cases of Covid-19 in Scotland decreased significantly over summer 2020 but started to increase again throughout autumn and winter.<sup>9</sup> The NHS already faces more demand and pressure over winter months and increasing cases of Covid-19 exacerbated these existing challenges. The Scottish Government published its *Winter Preparedness Plan* in October 2020, which outlined several strategies during the second wave to prevent the NHS from becoming overwhelmed. Strategies included the ability to expand ICU capacity again if needed, while maintaining access to essential healthcare services, including mental health support. Some of the strategies for suppressing Covid-19 during the second wave differed from the response during the first wave.<sup>10</sup> For instance:

- An extensive vaccination programme has been implemented. Three Covid-19 vaccines have been approved by the UK Medicines and Healthcare Products Regulatory Agency. The Scottish Government committed that by 5 February 2021, care home staff and residents, frontline health workers and people aged over 80 years in the community will have received their first dose. By 1 February 2021, more than 500,000 people had received

their first vaccination. The Scottish Government also increased eligibility criteria for the flu vaccine, to help prevent additional pressure being placed on the NHS.

- The Test and Protect programme is being expanded to help suppress the virus. The Scottish Government increased testing capacity, widened eligibility criteria, and improved contact tracing processes to quickly isolate potential cases.
- New clinical triage arrangements for urgent care have been introduced through NHS 24. This aims to optimise access to care by offering virtual appointments or a face-to-face appointment, if required, at the nearest Accident and Emergency (A&E). This aims to reduce demand on healthcare services under pressure and avoid unnecessary travel and waiting in crowded areas.

### **The Test and Protect strategy is crucial to suppressing the virus and will remain so until Covid-19 vaccinations are fully rolled out**

**8.** Testing, tracing and isolating all cases of Covid-19, and quarantining their contacts is essential to control transmission of the virus.<sup>11</sup> The Scottish Government published its Test and Protect strategy on 4 May 2020. The strategy aims to control the spread of Covid-19 by identifying local outbreaks in the community and tracing contacts to prevent further transmission. The Scottish Government set up a new directorate to lead the strategy and launched the Test and Protect programme on 28 May.

**9.** The Scottish Government recognised that having enough capacity to test all possible cases of Covid-19 would be essential for the Test and Protect strategy to be effective. The Scottish Government planned to increase testing capacity in Scotland to 65,000 per day by December 2020. This target was achieved, with a maximum capacity for more than 68,000 tests per day created by the end of December. By the end of January 2021, Scotland had a maximum capacity for more than 77,000 tests per day. The majority of testing capacity was provided by the UK Government testing programme (64 per cent) and the remainder by NHS Scotland laboratories (36 per cent).

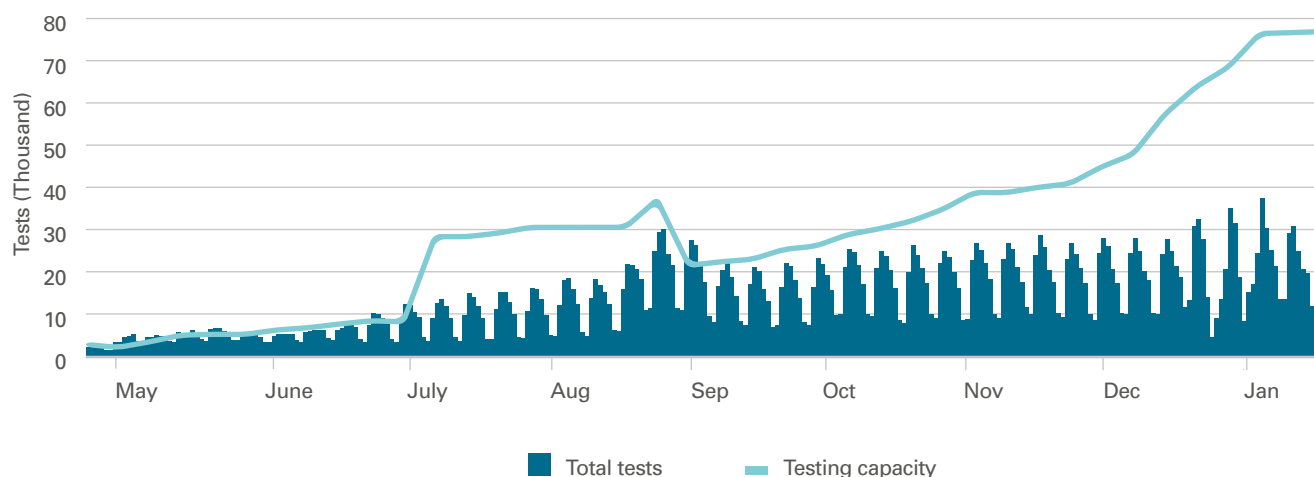
**10.** The number of tests carried out has not yet increased in line with this additional capacity. In October 2020, the Scottish Government estimated that demand for tests based on eligible groups at the time would be about 54,000 per day by winter. In January 2021, an average of just over 21,000 tests were carried out per day ([Exhibit 1, page 10](#)). The Scottish Government intends to use the additional capacity to expand eligibility for testing to certain people without symptoms. This includes expanding asymptomatic community testing, and introducing routine testing for:

- workplaces providing essential services where the risk of transmission is high, such as food processing and distribution, and emergency service control rooms
- additional health and care staff such as GPs, pharmacists and community nurses
- close contacts of confirmed cases
- supporting the return to schools.

## Exhibit 1

### Covid-19 testing capacity and total tests carried out from April 2020 to January 2021

The Scottish Government achieved its target to have capacity for 65,000 tests per day by the end of December 2020. The number of tests carried out has not yet increased in line with the additional capacity.



#### Notes:

1. In June 2020, Public Health Scotland and the Scottish Government began reporting total capacity as 'NHS Scotland capacity plus full capacity of the Glasgow Lighthouse lab'.
2. In August 2020, total capacity was calculated as NHS Scotland capacity plus a population share of the total UK lighthouse lab network.
3. Capacity data from 21 April to 11 October 2020 was reported by Public Health Scotland. Capacity data from 12 October was reported by NHS NSS and NHS England. Scotland's share of UK Government testing capacity is included from 30 June.

Source: Scottish Government and Public Health Scotland

### Between November 2020 and January 2021, enough contacts of people testing positive with Covid-19 have been traced for the system to work effectively

**11.** Contact tracing is an essential part of the Test and Protect strategy. This is carried out by health protection teams within territorial NHS boards and by the National Contact Tracing Centre (NCTC) managed by NHS National Services Scotland (NHS NSS). The Scottish Government also launched the Protect Scotland app in September 2020, which alerts users if they have been in contact with another app user who has tested positive for the virus. It complements existing contact tracing processes and has more than 1.8 million users.

**12.** The Scottish Government asked NHS boards to make 2,000 staff from within existing resources available for contact tracing activity ahead of the launch of Test and Protect in May 2020. This was achieved, with 2,002 staff being made available for deployment across NHS boards and the NCTC if required. As prevalence of the virus decreased and NHS services started to resume over summer 2020, some staff returned to their substantive positions. This meant that contact tracing capacity was reduced, with 717 staff being available on 26 August 2020. As cases started to rise again, more staff were rostered to keep up with demand. At 23 December 2020, 2,707 staff had been fully trained in contact tracing.

**13.** The Scientific Advisory Group for Emergencies (SAGE) agreed that at least 80 per cent of contacts need to be reached for the system to be effective. It also found that contacts that were not isolated within 48-72 hours led to significantly increased spread of the virus.<sup>12</sup> In Scotland, enough cases have had their contacts



traced for the system to work well (95 per cent between 26 October and 24 January). On average, over the same timeframe 84 per cent of contacts of positive cases were traced within 72 hours.<sup>13</sup> The Test and Protect strategy will remain central to suppressing Covid-19 until the Covid-19 vaccinations are fully rolled out.

### **Demand for PPE has been unprecedented with shortages early in the pandemic, but the situation has since improved**

**14.** There has been huge global demand for personal protective equipment (PPE) since the start of the pandemic.<sup>14</sup> The Scottish Government had a pandemic PPE stockpile in place, as part of a UK-wide approach, but the PPE requirements during the Covid-19 pandemic were unprecedented. For example, in early February 2020, NHS NSS shipped 96,911 items of PPE weekly, however by 6 April this figure was 24,496,200 weekly. Therefore, the pandemic PPE stockpile was not enough to fully meet the demands of the NHS. For example:

- Some NHS boards reported shortages of certain items of PPE early in the pandemic. NHS boards set up PPE groups to monitor and manage PPE availability. Local supply chains were disrupted during the pandemic, so the National Distribution Centre supplied the majority of PPE.<sup>15</sup> In some instances, however, NHS boards had to procure some items directly.
- In a survey of Scottish members carried out in late April 2020, the British Medical Association (BMA) reported that some doctors did not have access to correct and sufficient PPE. This was highlighted as the most concerning issue for 16 per cent of respondents.<sup>16</sup> Those working in higher-risk areas reported shortages of a number of items of PPE, including full-face visors (29 per cent) and long-sleeved disposable gowns (16 per cent).
- The Royal College of Nursing (RCN) surveyed its members in Scotland in April 2020.<sup>17</sup> It found that, of those respondents working in high-risk environments, 25 per cent had not had their mask fit tested and 47 per cent were asked to reuse single-use equipment.

### **NHS National Services Scotland has played a vital role in securing and distributing Scotland's PPE supply throughout the pandemic**

**15.** Initial difficulties in supplying and distributing sufficient PPE across the NHS in Scotland have since been resolved and supply is now meeting demand. The central coordination by NHS NSS has been vital in supplying the health and social care sector with PPE throughout the pandemic. Its remit was extended to include distributing PPE directly to General Medical Services, such as GP surgeries and community pharmacies, and social care settings, including private providers. From April 2020, NHS NSS established 48 regional hubs, where PPE has been stored and distributed to social care providers and unpaid carers. Councils and IAs manage the hubs. Between 1 March 2020 and 27 January 2021, NHS NSS had distributed more than 800 million items of PPE to health and social care services throughout Scotland.<sup>18</sup>

**16.** Because of the unprecedented need for PPE and how quickly it was required, NHS NSS procured PPE under emergency regulations, rather than through a competitive tender process as normal. The cost of PPE increased globally because of increased demand. In March 2020, the World Health Organization called on industry and governments to increase PPE manufacturing by 40 per cent to meet demand. In response, NHS NSS worked with a multi-agency team, including Scottish Enterprise and the Scottish Government, to establish new

supply chains with a number of Scotland-based companies. Agreements included providing 40,000 non-sterile gowns per week and a contract to supply high-protection, medical-grade face masks and visors until summer 2021.<sup>19</sup>

**17.** In October 2020, the Scottish Government published its PPE action plan, which outlined its plans for maintaining sufficient supply of PPE to health and social care over the winter.<sup>20</sup> The action plan sets out the intention to significantly increase the amount of PPE that is manufactured in Scotland. The Scottish Government aims for over 90 per cent of Scotland's demand for PPE (excluding gloves) to be supplied from Scottish manufacturers by March 2021. This would support its aim to develop a robust and resilient supply chain of many critical items of PPE for any potential future outbreak. The Scottish Government should ensure that NHS NSS returns to procuring PPE through a competitive tender process as soon as practicable. It should consider options that are more environmentally friendly, such as reusable gowns, where possible, while demonstrating value for money and robust quality assurance. We will cover PPE arrangements during the pandemic in more detail in our forthcoming work on this topic.

**18.** The Scottish Government has been providing PPE across health and social care, free of charge during the pandemic. It has committed to continue this support until the end of June 2021. It is not clear what support, if any, will be available beyond this date for those who were previously responsible for their own PPE supplies.

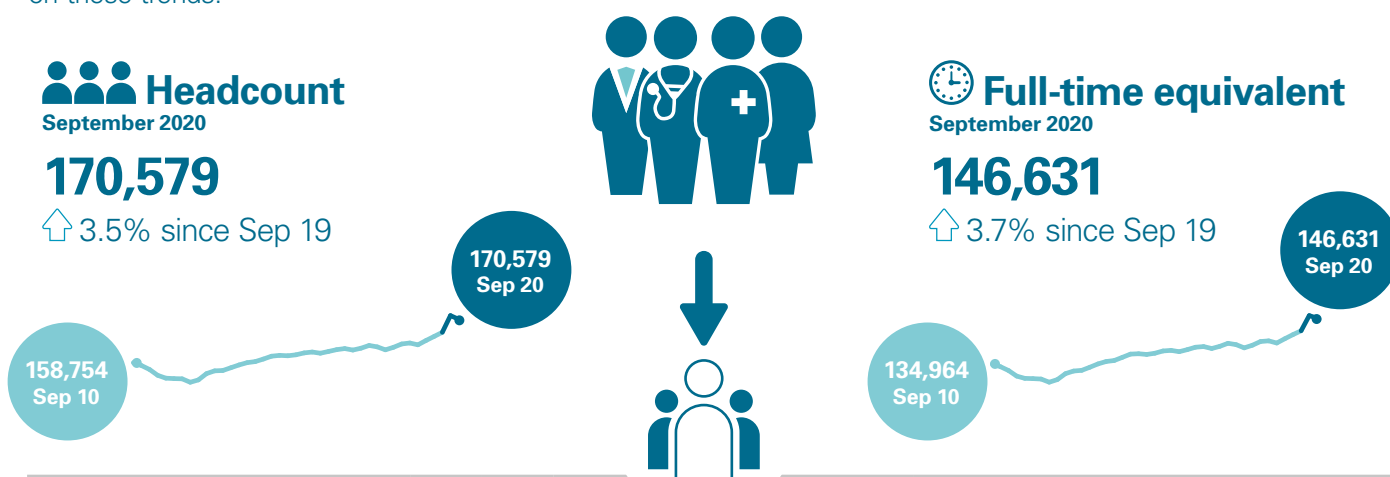
### **The NHS workforce has been under considerable pressure during the pandemic**

**19.** We have highlighted in previous reports that the NHS workforce has been under pressure for several years.<sup>21</sup> It has been increasingly difficult to recruit enough people with the necessary skills and using temporary staff has become commonplace ([Exhibit 2, page 13](#)). During the pandemic, staff across the Scottish Government and NHS in Scotland worked hard to maintain essential services. Some staff have been redeployed and retrained, and new staff have been appointed, to support the response to the pandemic. It is too soon to tell what impact this additional recruitment during the pandemic will have on the NHS workforce in the longer term.

## Exhibit 2

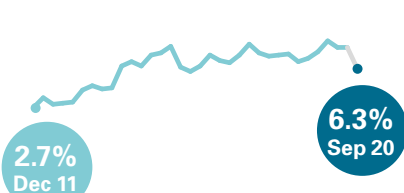
### NHS workforce update

The number of people working for the NHS continues to increase, but the NHS continues to struggle to recruit people with the necessary skills. It is too soon to tell what the longer-term impact of the Covid-19 pandemic will be on these trends.



### Vacancy rates (September 2020)

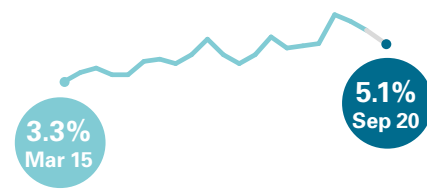
#### Consultant



**55%**

vacancies open for at least six months  
↑ from 52% in Sep 19

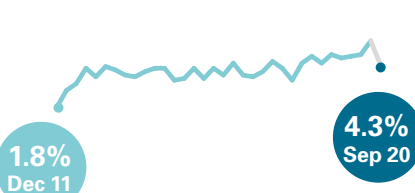
#### Nursing and midwifery



**29%**

vacancies open for at least three months  
↑ from 28% in Sep 19

#### Allied health professional



**32%**

vacancies open for at least three months  
↓ from 33% in Sep 19

### Temporary staffing costs (2019/20) in real terms

#### Medical locum

**£102.9m**

2018/19 - £99.9m

2015/16 - £106.6m

#### Nursing agency

Data not available for 2019/20

2018/19 - £26.7m

2015/16 - £25.5m

#### Nursing bank

**£180m**

2018/19 - £165m

2015/16 - £145.9m

### Sickness absence

**5.3%**

↓ down from 5.4% in 2018/19

### Staff turnover

**6.4%**

↔ no change from 2018/19

**20.** To better understand the experiences of staff working in health and social care during the pandemic, the Scottish Government and unions have conducted a series of surveys:

- BMA Scotland surveyed Scottish doctors in April 2020.<sup>22</sup> The survey showed nearly 40 per cent of 1,171 respondents reported problems with depression, anxiety, stress, burnout, emotional distress or other mental health conditions relating to their work. This had worsened for 25 per cent of respondents during the pandemic.
- The RCN conducted a UK-wide survey in May 2020.<sup>23</sup> It received almost 42,000 responses and reported that nurses feel undervalued and under pressure. Thirty-five per cent of respondents were considering leaving the profession (more than 14,000). Of the 3,800 respondents in Scotland, 77 per cent reported an increase in stress levels and 90 per cent were concerned about the wellbeing of those in the nursing profession. In addition, 34 per cent reported that staffing levels had worsened during the pandemic, with the same percentage reporting that they were working longer hours.
- The Scottish Government conducted a short survey for all NHS, community health and social care staff in September 2020.<sup>24</sup> This replaced the annual iMatter staff experience survey and received 83,656 responses, a response rate of 43 per cent. It found that 41 per cent of respondents were worried about the threat of a second wave of Covid-19. Thirty-five per cent were worried about catching Covid-19 themselves and passing it on to colleagues, friends and family.

**21.** The Scottish Government worked to improve the support available for the health and social care workforce during the pandemic. It established a workforce senior leadership group, bringing together partners, staff and regulators from across health and social care, to respond to issues quickly. The group has met frequently throughout the pandemic and provides strategic guidance and oversight on areas such as staff wellbeing, Covid-19-related absences and guidance for staff needing to shield.

**22.** Demand for the Scottish Government's National Wellbeing Hub website has been high. By December 2020, there had been over 50,000 visits to the website.<sup>25</sup> It was developed by NHS Greater Glasgow and Clyde's Anchor Service and NHS Lothian's Rivers Centre and was launched in May 2020. It gives staff, carers, volunteers and their families access to a range of resources to help them look after their physical and mental health. A helpline and a wellbeing champions network were also launched. In addition, practical staff support was put in place including assistance with accommodation and transport, and the creation of rest areas within NHS hospitals for staff to use.

**23.** The Scottish Government and NHS boards should monitor and report publicly on the effectiveness of the measures introduced to improve staff health and wellbeing, to assess whether sufficient progress is being made.

# Health impact of Covid-19



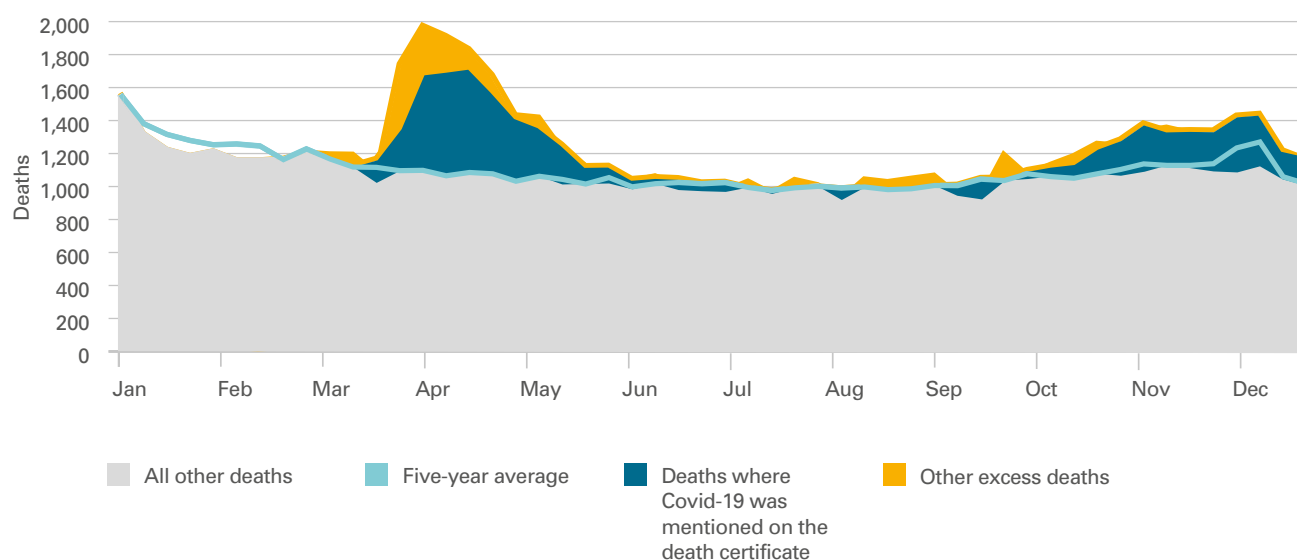
## Covid-19 is causing a substantial number of deaths

**24.** In April and May 2020, deaths from all causes were considerably higher than the five-year average ([Exhibit 3](#)). Most of this increase can be attributed to Covid-19-related deaths. By February 2021, there had been almost 9,000 deaths in Scotland where Covid-19 was mentioned on the death certificate. Between 30 March 2020 and 17 May 2020 however, the number of deaths where Covid-19 was not mentioned on the death certificate was also considerably higher than the five-year average. For example, deaths attributed to heart disease, stroke, cancer and dementia increased significantly in the week beginning 30 March 2020.<sup>26</sup>

## Exhibit 3

### Excess deaths January to December 2020

Deaths in April and May 2020 were considerably higher than the five-year average and increased again from September.



Source: National Records of Scotland

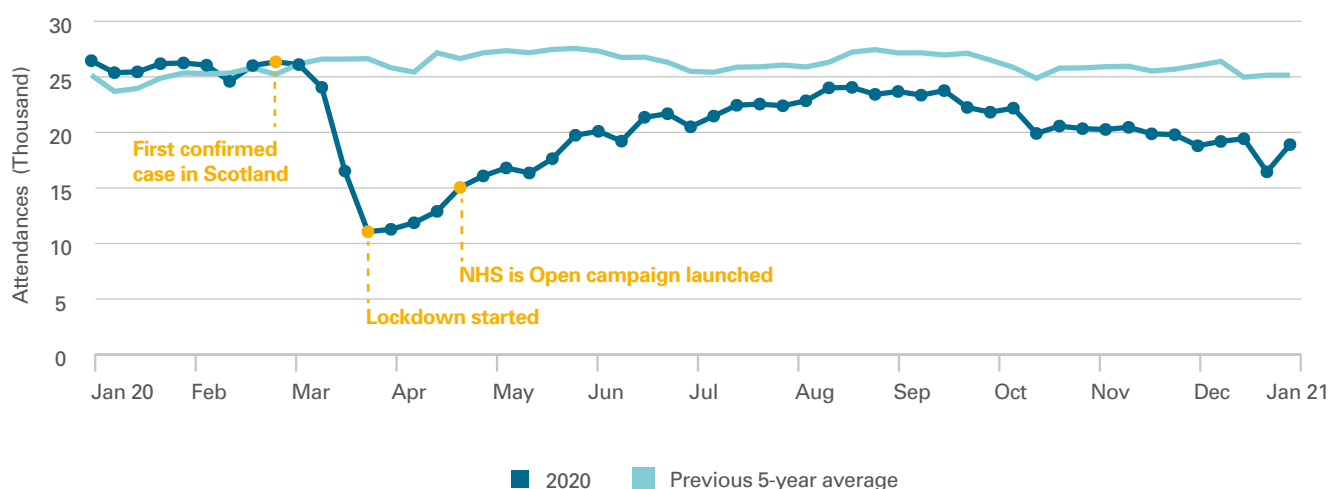
**25.** During the first few months of the pandemic, the number of people attending A&E fell dramatically ([Exhibit 4, page 16](#)). In April 2020, a survey found that up to 45 per cent of people said they would avoid going to GPs or hospitals for

immediate non-Covid-19-related health concerns.<sup>27</sup> The Scottish Government and senior medical officials were concerned that people with symptoms requiring urgent attention, such as those associated with strokes and heart attacks, were not seeking help. There were also concerns that pauses in national screening programmes would cause delayed or missed diagnosis among people with serious medical conditions such as cancer.

## Exhibit 4

### A&E attendances in Scotland from January 2020 to January 2021

A&E attendances fell sharply during March. Attendances increased steadily between April and September but decreased again throughout winter 2020.



Source: Public Health Scotland

**26.** The BMA surveyed 1,351 doctors in Scotland in April 2020, as part of regular monitoring of the impact of Covid-19.<sup>28</sup> It found that 55 per cent of respondents felt that prioritising patients with Covid-19 was having a detrimental impact on care for people with other healthcare needs.

**27.** The Scottish Government set up the NHS is Open campaign to encourage people with urgent symptoms to continue to seek help. There were regular reminders that hospitals were open and urgent care was still available. A&E attendances increased between April and August 2020 but started to decrease again from September as Covid-19 cases started to rise. The percentage of people who said they would avoid going to GPs or hospitals decreased from 45 per cent in April to 27 per cent in October.<sup>29</sup> There were significantly fewer referrals for outpatient appointments and mental health services between April and June 2020. The longer-term impact of delayed or missed diagnoses or treatment is yet to be determined. The Scottish Government and NHS boards should monitor this and take action to mitigate any adverse impacts as a result.

### Some people have been more adversely affected by the pandemic than others

**28.** Issues emerged across social care during the pandemic that need to be addressed. By July 2020, 65 per cent of all adult care homes reported having at

least one suspected case of Covid-19. By January 2021, 39 per cent of all Covid-19-related deaths were in care homes, 55 per cent were in acute hospitals and six per cent were at home or non-institutional settings.<sup>30</sup>

**29.** Public Health Scotland (PHS) reviewed hospital discharges to care homes between 1 March and 31 May 2020 because of the significant number of Covid-19 cases and deaths in care homes.<sup>31</sup> PHS found that hospital discharge was associated with an increased risk of an outbreak of Covid-19 when considered in isolation. However, the risk of an outbreak was much more strongly associated with the size of care homes. Of the care homes with more than 90 places, 90 per cent had an outbreak, compared to less than four per cent of care homes with fewer than 20 places. After accounting for this and other care home characteristics, PHS considered that the risk associated with hospital discharges decreased and was not statistically significant. Public Health Wales conducted similar analysis and had similar findings. PHS highlighted that there were significant issues with the availability of data about care home residents and made recommendations for improvement.

**30.** The Scottish Government acknowledged there was a lack of oversight of the care home sector and stepped in to provide an enhanced system of assurance during the pandemic. In April 2020, the Scottish Government announced that NHS directors of public health in NHS territorial boards would provide oversight and clinical support to care homes across Scotland. The Care Inspectorate had stopped on-site inspections early in the pandemic to reduce the risk of spreading Covid-19. From May, the Care Inspectorate resumed on-site inspections of care homes that were deemed to be high risk. The findings of these inspections are currently reported to the Scottish Parliament every two weeks. From 4 May to 31 July, 134 visits had been carried out. These visits resulted in 16 letters of serious concern, one improvement notice and one application for cancellation of registration.<sup>32</sup>

**31.** In May 2020, the Care Inspectorate carried out an unannounced inspection of the 37-bed, privately-run Home Farm Care Home on Skye following the deaths of ten residents from Covid-19. It identified failings in the quality of care provided and made an application for emergency cancellation of Home Farm's registration. NHS Highland became the registered provider and operator of the care home in November 2020, with the Scottish Government providing £0.9 million to fund the purchase.<sup>33</sup>

**32.** Legal experts, human rights groups and others had concerns that people who lacked capacity may have been discharged from hospital or moved without due legal process and without their consent. This may have been a breach of their human rights.<sup>34</sup> In addition, the Scottish Human Rights Commission (SHRC) highlighted concerns about the care-at-home provision being reduced or removed during the pandemic.<sup>35</sup> It reported that in many cases decisions to change care-at-home provision happened quickly, without adequate assessment of the impact and were poorly communicated. The SHRC made 24 recommendations including to urgently restore care and support; improve assessments and communication; and incorporate the United Nations Convention on the Rights of Persons with Disabilities into Scots law.

**33.** As part of the Programme for Government 2020/21, the Scottish Government commissioned an independent review of adult social care. This considered options for improvement, including the establishment of a national care service. A report was published in February 2021. The findings of the report will be discussed in our forthcoming work on social care sustainability.



**Systemic issues, such as socio-economic and health inequality, were exacerbated during the pandemic, leading to a disproportionate impact on certain groups**

**34.** Certain groups have been disproportionately affected by Covid-19. For example:

- the death rate from Covid-19 is more than twice as high in the most deprived areas (183 per 100,000 population) than in the least deprived areas (79 per 100,000 population)<sup>36</sup>
- there is around a twofold increase in risk of admission to critical care or death from Covid-19 among people of South Asian origin. There is also evidence of an increased risk of hospitalisation arising from Covid-19 among those of Caribbean or black ethnicity.<sup>37</sup>

**35.** In April 2020, the Scottish Government published its framework for decision-making in relation to the use of restrictions to manage the pandemic. This outlined four main categories of harm that the Scottish Government would consider in making decisions on whether to ease or tighten restrictions. These categories were the direct health impact of Covid-19, non-Covid-19-related health harms, societal impact and economic impact. In July, the Scottish Government published an impact assessment of the measures it planned to take to manage the pandemic.<sup>38</sup> This outlined how some people with certain protected characteristics and socio-economic disadvantages were more adversely affected by the pandemic and by the measures taken to suppress it.<sup>39</sup>

**36.** The Scottish Government established an expert group to study the effects of Covid-19 on minority ethnic communities. In September 2020, the group published two reports with initial advice and recommendations for the Scottish Government.<sup>40</sup> One report called for improvements in data and evidence on ethnic inequalities and health. The other report recommended improving systemic issues such as socio-economic and health inequality.

**37.** Health inequalities are wide and have worsened over the last ten years.<sup>41</sup> We have previously reported on the impact of factors such as deprivation and ethnicity on health inequalities.<sup>42</sup> These long-standing systemic issues were exacerbated during the pandemic, leading to the disproportionate impact experienced by these groups.

**The Scottish Government updated its ethical decision-making framework to improve clarity on equality and human rights obligations**

**38.** If the pandemic causes an increase in demand for healthcare that exceeds capacity, complex and challenging decisions may need to be made about the delivery of healthcare. In April 2020, the Scottish Government published an ethical advice and support framework (EASF).<sup>43</sup> The EASF outlines the structures and principles for supporting an ethical approach to decision-making during the pandemic if needed.

**39.** The Scottish Government conducted an equalities impact assessment (EIA) to ensure that the EASF complied with equality and human rights legislation.<sup>44</sup> As a result, the EASF was updated in July 2020 to improve clarity on equality and



human rights obligations. The language was revised throughout. In addition, a new section on equality and human rights was added to:

- outline how the EASF relates to the Human Rights Act (1998) and the Equality Act (2010)
- emphasise the national commitment to ensure that every patient has the right to the highest possible standard of physical and mental health.

**40.** As part of the EASF, NHS boards were required to establish ethical advice and support groups. These groups were designed to help clinicians to make difficult ethical decisions and enable theoretical discussions to support planning during the pandemic. A national group was also available to provide advice to local groups and to consider national ethical issues, although this had not been used as of February 2021.

# Pandemic preparedness



## Not all actions from previous pandemic preparedness exercises were fully implemented

### The Scottish Government based its initial response to Covid-19 on the 2011 UK Influenza Pandemic Preparedness Strategy

**41.** In its consideration and assessments of risks to Scotland, the Scottish Government rated the risk of an influenza pandemic as highly likely to occur with a potentially severe impact.<sup>45</sup> This aligns with the risk classification of an influenza pandemic in the UK National Risk Register of Civil Emergencies, 2017.<sup>46</sup> However, the Scottish Government did not include an influenza pandemic as a standalone risk in its corporate or health and social care risk registers. This meant that there was not adequate corporate oversight of this risk, and it is therefore unclear how it was being managed and monitored.

**42.** The Covid-19 pandemic was caused by a new virus with unknown characteristics. Initially, there was insufficient evidence internationally to show how the virus behaved and was transmitted, who was at risk and what the incubation period was. The Scottish Government had no plan in place to manage this specific kind of outbreak, so its response was informed by the 2011 UK Influenza Pandemic Preparedness Strategy. This was developed jointly by the four governments of the UK. The Scottish Government's response was also informed by the 2017 Management of Public Health Incidents: Guidance on the roles and responsibilities of Incident Management Teams. The Scottish Government's response to Covid-19 had to be adapted frequently as new information emerged.

**43.** In the five years prior to the Covid-19 pandemic, Scotland was involved in three pandemic preparedness exercises:

- **Exercise Silver Swan** was conducted across Scotland in late 2015 and sponsored by the Scottish Government.<sup>47</sup> It involved a range of partners, including the Scottish Government, NHS boards, councils and Health and Social Care Partnerships (HSCPs), and consisted of a series of four separate desk-based exercises. The exercises focused on health and social care, excess deaths, business continuity and overall coordination nationally. Seventeen recommendations for further action were identified. A review exercise was conducted in November 2016.
- **Exercise Cygnus** was held in October 2016.<sup>48</sup> It was a three-day, UK-wide simulation of a severe pandemic and involved the Scottish Government. The exercise identified 22 ways in which the 2011 UK Influenza Pandemic Preparedness Strategy could be improved.

- **Exercise Iris** was delivered by the Scottish Government in March 2018.<sup>49</sup> It involved territorial NHS boards, NHS 24, Health Protection Scotland and the Scottish Ambulance Service. It assessed the readiness of the NHS in Scotland to respond to suspected outbreaks of a Middle East respiratory syndrome coronavirus (MERS-CoV). Thirteen actions were identified.

**44.** Each of these exercises highlighted a number of areas that required improvement. They defined specific actions to be implemented, with some common themes, including the need to:

- clarify roles and responsibilities in the event of a pandemic
- increase the capacity and capability of social care to cope during an outbreak
- ensure the availability and correct use of PPE, including through fit testing and procurement processes.

### Progress in addressing recommendations from pandemic preparedness exercises has been slow

**45.** Progress in implementing the actions identified during these pandemic planning exercises has been slow. The Scottish Government set up the Flu Short Life Working Group (FSLWG) in early 2017. In November 2017, the group set out priority actions following the recommendations from the Silver Swan and Cygnus exercises. While the exercises conducted were not in preparation for the specific type of pandemic that arose, some of the areas that were identified for improvement became areas of significant challenge during the Covid-19 pandemic. For instance:

- Concerns about the capacity and capability of social care to cope during a pandemic. Flu pandemic guidance published in 2012, designed for health and social care in England, was issued to health and social care in Scotland.<sup>50</sup> One of the priorities of the FSLWG was to develop a Scottish version of this guidance for consultation by March 2018. This guidance was drafted and issued for consultation between July and September 2019. The draft guidance was not updated following consultation and has not been published. The Scottish Government is now reviewing this guidance to incorporate lessons learned from the Covid-19 pandemic.
- Access to, and training in, the use of PPE were identified as areas requiring improvement. The FSLWG identified a priority action in relation to clarifying access to the PPE stockpile. This was required to be completed by March 2018. The Scottish Government planned to include this in the flu pandemic guidance that was being developed for health and social care. The FSLWG also identified raising awareness of the type of PPE required and fit testing for staff as priorities. In March 2018, however, findings from Exercise Iris again highlighted the need for substantive progress in the area of PPE availability and use across Scotland.

**46.** As a priority, the Scottish Government should update and publish national pandemic guidance for health and social care. The scope of this guidance should not be limited to covering only an influenza pandemic. It should include lessons learned from the Covid-19 pandemic and the previous pandemic exercises.

# NHS remobilisation



## **Remobilising health services is challenging, and maintaining innovation and learning from the pandemic will be essential**

The pandemic led to a substantial backlog of patients waiting to be seen, with NHS boards prioritising those in most urgent need

**47.** As highlighted in our previous NHS in Scotland reports, NHS boards have found meeting national waiting times targets very challenging ([Exhibit 8, page 33](#)).<sup>51</sup> The Scottish Government acknowledged that Covid-19 has severely affected NHS boards' ability to meet these targets and that a new approach was needed to manage the substantial backlog of patients ([Exhibit 5, page 23](#)). The Waiting Times Improvement Plan (WTIP), announced in October 2018, was paused at the beginning of the Covid-19 outbreak. The Scottish Government had planned to invest more than £850 million to sustainably improve waiting times by spring 2021, but the WTIP will now not restart. The Scottish Government published a new framework outlining the approach that should be taken during the Covid-19 pandemic.<sup>52</sup> This new approach is based on clinical prioritisation, which means that patients most in need will be seen first and those of lower clinical priority will have to wait longer. Patients are categorised in priority levels as follows:

- Level 1a emergency - operation needed within 24 hours
- Level 1b urgent - operation needed within 72 hours
- Level 2 surgery - scheduled within four weeks
- Level 3 surgery - scheduled within 12 weeks
- Level 4 surgery - may be safely scheduled after 12 weeks.

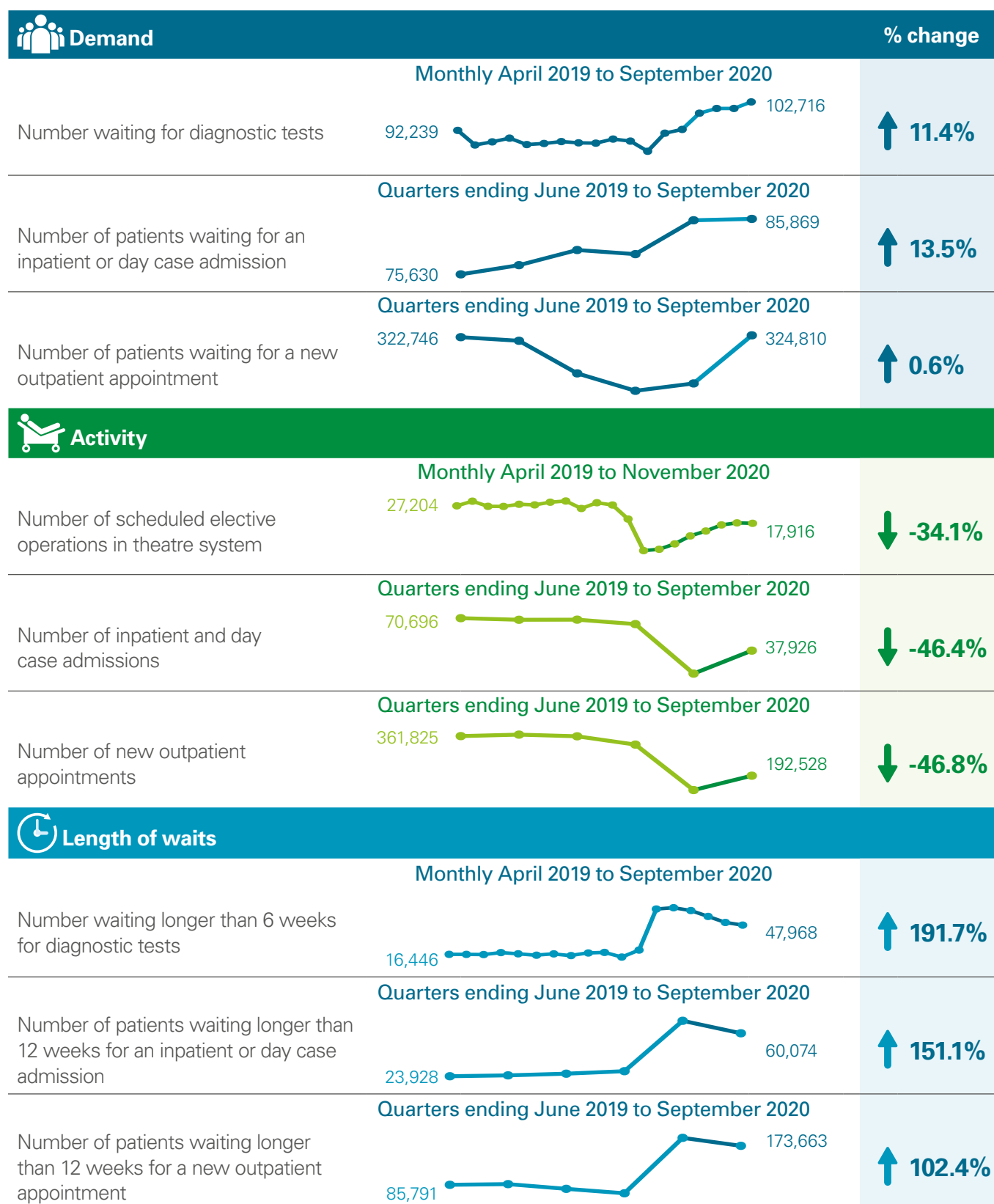
**48.** These timescales are ambitious, considering that NHS boards already found it challenging to meet waiting times targets ([Exhibit 8, page 33](#)). NHS boards are under more pressure during the Covid-19 pandemic, along with having a significant backlog of patients waiting to be seen ([Exhibit 5, page 23](#)). Data on waiting times for each category should be published, to enable transparency about how NHS boards are managing their waiting lists.

**49.** The framework is clear that patients waiting a long time – determined by their priority level – should be offered a review consultation to ensure their clinical priority categorisation is up to date. Clinical risks associated with patients waiting longer for treatment need to be assessed and mitigated. The Scottish Government and NHS boards should monitor the longer-term impact on health outcomes.

## Exhibit 5

### National trends in demand and activity for acute services

Services being paused during the first wave of the pandemic led to increasing numbers waiting longer for tests and treatment.



### Managing cases of Covid-19 has taken priority over resuming the full range of NHS services

**50.** Over summer 2020, NHS boards began resuming some services that had been paused during the first wave of Covid-19. Services providing the most urgent care were prioritised. There are a number of challenges related to resuming the full range of health services and bringing capacity back to pre-Covid-19 levels. The need to physically distance means that operating theatres, clinics and waiting rooms cannot be used to their full capacity. More time is needed between appointments and procedures for replacing PPE and cleaning. Managing ongoing cases of Covid-19 is also very resource intensive. This has taken priority over resuming non-urgent health services.

**51.** In October 2020, the Scottish Government published its Winter Preparedness Plan for the NHS in Scotland. It plans to maximise the use of NHS Golden Jubilee, NHS Louisa Jordan and the private sector to help maintain access to some services over the winter. Since July 2020, NHS Louisa Jordan has been used to help reduce the backlog of people waiting for diagnostic services and outpatient appointments. By January 2021, approximately 18,000 outpatients from four NHS boards had attended NHS Louisa Jordan. The elective centres currently being built will help deal with some of the backlog of patients and the longer-term strategy for planned care.<sup>53</sup>

**52.** The paused national screening programmes also started to resume in stages over the summer of 2020, and have now resumed routine screening. NHS boards are working to catch up on delayed appointments.

### The Scottish Government is committed to rebuilding the NHS differently

**53.** The Scottish Government published its Re-mobilise, Recover, Re-design Framework in May 2020. This sets out the priorities for resuming services while maintaining capacity for Covid-19 patients. The framework is clear about rebuilding the NHS differently, which will be essential for it to be sustainable. Some of the key ambitions described in the framework include:

- developing new priorities for the NHS based on engagement with staff and the public
- achieving greater integration, recognising the interdependencies between health and social care services
- providing more care closer to home, minimising unnecessary travel
- reducing inequality and improving health and wellbeing outcomes.

**54.** Achieving these ambitions will require a considerable amount of work and resources, at both Scottish Government and NHS board levels. The Scottish Government is working with external consultants to look at the nature of the work and structures required to support the delivery of the ambitions in the remobilisation framework. NHS boards have developed remobilisation plans that align with these ambitions and include details of how they plan to resume healthcare services. These plans also describe how positive changes introduced during the pandemic will be maintained. Some of this innovation that would normally have taken years to develop and implement, happened within weeks. For instance, the roll out of digital improvements such as Near Me and establishing community hubs and assessment centres.

## **Maintaining new ways of working and learning from the pandemic will be an essential part of rebuilding the NHS**

**55.** Maintaining new ways of working and learning from the pandemic will be essential. As part of this, it will be important to evaluate how effective and appropriate these changes have been and establish which of these should be maintained in the longer term. The Scottish Government is developing a Re-mobilise, Recover, Re-design programme of work, which focuses on recovery and renewal across health and social care. The detailed scope and objectives of this are under development. However, work on this has been paused until there is more capacity for further discussions on strategic priorities.

**56.** The Scottish Government should ensure that the work undertaken as part of this programme has clear priorities that align with the remobilisation framework. This should include achievable and realistic objectives and timescales for completion. Progress should be monitored and reported to ensure sufficient progress is being made. In addition, the Scottish Government:

- committed to review and develop the role of the Covid-19 community assessment hubs and virtual appointments, with the aim of providing more care closer to home <sup>54</sup>
- developed a recovery plan to redesign cancer services, to ensure that all patients have timely access to diagnostic services and the best possible treatments. <sup>55</sup>

## **The shape of the health and social care workforce will need to change**

**57.** In December 2019, the Scottish Government published a national health and social care integrated workforce plan. <sup>56</sup> This contains plans and assumptions about the shape of the health and social care workforce in the future, aligned with the medium-term financial framework. Ways of working and roles in the NHS and social care will need to be different after the Covid-19 pandemic. When the immediate pressures on NHS workforce planning during the Covid-19 pandemic subside, the Scottish Government should work with its partners to update the integrated workforce plan. This should consider how services will be delivered differently in the future, and how this will affect the shape of the health and social care workforce in the longer term.

## **There continues to be a lack of stable senior leadership, with high turnover and short-term tenure**

**58.** We have previously reported on the lack of stable senior leadership in the NHS and that tenure should ideally be at least five years. This gives organisations the stability they need for effective strategic planning and reform, and development of effective working relationships. <sup>57</sup> High turnover and short-term tenure has continued. Since April 2019, there have been 32 new senior appointments of Board Chairs, Chief Executives and Directors of Finance across 21 NHS boards in Scotland (excluding the newly established Public Health Scotland). These included ten Board Chairs, 14 Chief Executives and eight Directors of Finance. Two NHS boards, NHS Grampian and NHS Highland, had more than one change in Chief Executive in that period.

**59.** There are also a number of newly filled posts in place at the Scottish Government senior leadership team. These include the Chief Executive of NHS Scotland and Director-General of the Health and Social Care Directorates, the Chief Medical Officer and the Chief Nursing Officer.

**60.** The NHS requires stable and collaborative leadership, working in partnership across public services to balance the ongoing challenges caused by Covid-19 and to remobilise health and social care. The Scottish Government must ensure that all NHS leaders, particularly those who are newly appointed, have the support they need.



# NHS finances and performance



## **Covid-19 has exacerbated existing financial and operational challenges**

Responding to Covid-19 has resulted in significant additional expenditure across health and social care, and there is uncertainty about the longer-term financial position

**61.** Responding to Covid-19 has resulted in significant additional costs. NHS boards and HSCPs submitted monthly integrated financial returns to the Scottish Government, which included predicted costs for 2020/21 and actual costs where available. These submissions were scrutinised through peer review by NHS directors of finance and the Scottish Government.

**62.** At December 2020, NHS boards and HSCPs predicted an additional £1.67 billion in costs associated with Covid-19 for 2020/21. This consisted of £1.56 billion in revenue costs and £112.2 million in capital costs. Predicted revenue costs are made up of £1.13 billion for NHS boards and £0.43 billion for HSCPs. The highest predicted revenue costs for NHS boards relate to:

- PPE, at £324.5 million
- testing for Covid-19, at £89.7 million
- additional hospital bed capacity, at £70.1 million.

**63.** Covid-19-related costs to the NHS for 2020/21 will be covered by funds allocated to Scotland from the UK Government through Barnett consequentials.<sup>58</sup> At September 2020, the Scottish Government confirmed that £2.5 billion received in consequentials will be passed on for health and social care. There is uncertainty in the longer term about costs associated with Covid-19 and the funding that will be available from the UK government.

**64.** The Scottish Government needed to revise NHS boards' budgets for 2020/21 to take into account the additional costs as a result of the pandemic. It agreed the approach to doing this with the NHS directors of finance. The Scottish Government reviewed the actual costs submitted for the first three months of the 2020/21 financial year and confirmed an additional £1.1 billion in allocations in September 2020 for NHS boards and IAs. In February 2021, it announced a further £491 million in allocations. The Scottish Government recognised that the pandemic has significantly affected NHS boards' ability to deliver their financial recovery plans, and confirmed that NHS boards and IAs would be fully funded to deliver a financial balance for 2020/21. It will review this in 2021/22, to consider any ongoing impact of the pandemic.

**65.** The usual financial planning arrangements were paused for 2020/21. This means that, for 2020/21, NHS boards do not have three-year plans approved by the Scottish Government in place. It is not yet clear:

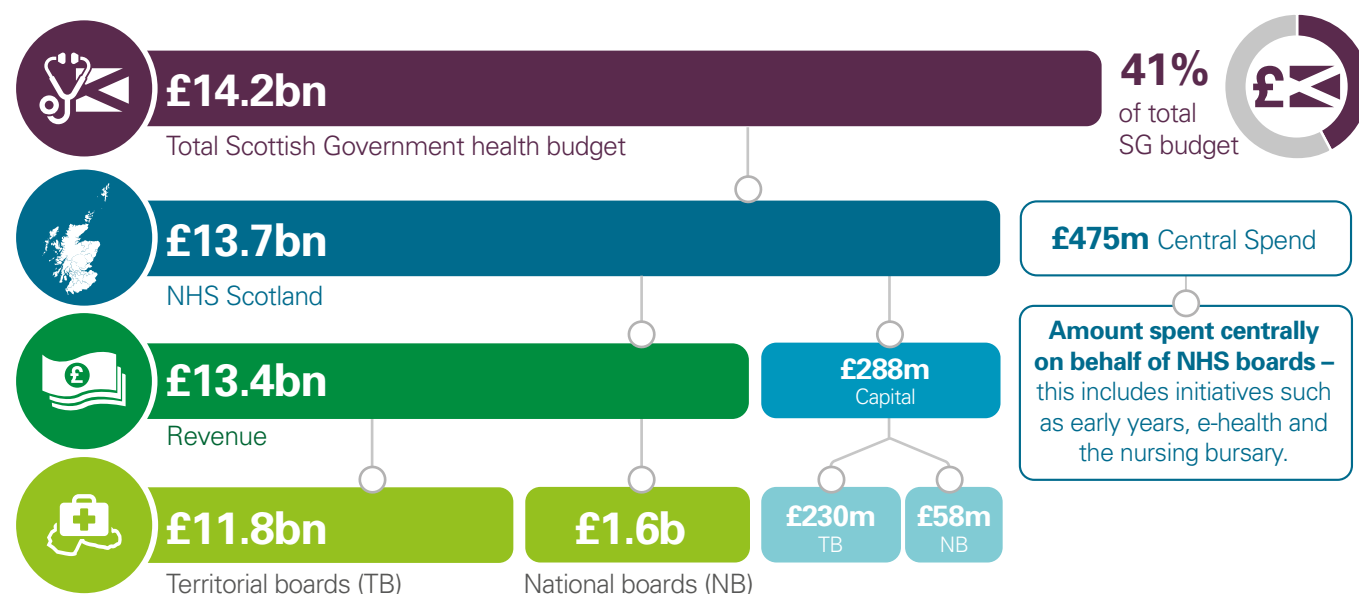
- what long-term impact Covid-19 will have on the financial position of the NHS
- how the pandemic will develop over time and what level of spending will be required to respond
- what additional funding will be made available through Barnett consequentialia beyond 2020/21.<sup>59</sup>

**66.** The Scottish Government's health and social care medium-term financial framework (MTFF) identified the need to save £1.7 billion between 2016/17 and 2023/24. Covid-19 has had an impact on the ability of the health and social care sector to meet the trajectory set out in the MTFF. The Scottish Government has committed to reviewing the MTFF in 2021/22 to consider the impact of the Covid-19 pandemic.

## Exhibit 6

A breakdown of NHS funding for 2019/20, key areas of spend and state of the estate update

NHS funding increased by 5.2 per cent in 2019/20. More than half of the NHS budget was spent on workforce. The level of backlog maintenance in 2019 was £1.03 billion.



## KEY AREAS OF SPEND

£7.6bn

**Staffing costs**

(2018/19 - £6.9bn)  
+9.4%

£2.4bn

**Drugs and medical supplies**

(2018/19 - £2.3bn)  
+4.4%

£2.1bn

**Other operating expenses**

(2018/19 - £1.9bn)  
+13.4%

## NHS ESTATE

↑ 73%

**between 2017 and 2019**, the proportion of the estate in good condition increased from 72% to 73%

↑ £1.03bn

**backlog maintenance** across the NHS in Scotland increased from £899 million to £1.03 billion

↓ 7%

**high-risk backlog maintenance** decreased from 10% to 7%

↑ 71%

**estate assessed as suitable for purpose** increased from 70% to 71%

## Financial and operational performance for 2019/20

### Some NHS boards were unable to break even without additional financial support from the Scottish Government

**67.** In 2019/20, four NHS boards required additional financial support from the Scottish Government to break even, totalling £41 million. This was less than the £65.7 million needed in 2018/19 by the same four NHS boards. These NHS boards will be expected to repay this funding in the future once they achieve a break-even position after the pandemic. The four NHS boards that required additional financial support in 2019/20 were (2018/19 figure in brackets):

- NHS Ayrshire and Arran - £14.7 million (£20 million).
- NHS Borders - £8.3 million (£10.1 million).
- NHS Highland - £11 million (£18 million).
- NHS Tayside - £7 million (£17.6 million).

**68.** Before the Scottish Government announced that NHS boards would be fully funded for 2020/21, three of the four NHS boards also predicted that they would have needed £30.2 million in additional financial support during the 2020/21 financial year. This would have been a further improvement. NHS Tayside forecasted that it would break even. The following case studies outline the challenges facing three of the NHS boards that were unable to break even in 2019/20 without this support. We published a report outlining the challenges in [NHS Tayside](#)  in December 2020.<sup>60</sup>

## Case study 1

### NHS Ayrshire and Arran still requires significant transformational change, particularly in acute services



In 2019/20, NHS Ayrshire and Arran needed £14.7 million in additional financial support, known as brokerage, from the Scottish Government to break even. This was in line with what the board predicted at the start of the financial year. The board's 2019/20 budget included a savings target of £23.2 million and it achieved £16.8 million. The shortfall is largely attributable to unachieved savings of £8.4 million in acute services, which were partly offset by additional savings in other areas.

NHS Ayrshire and Arran continues to face an extremely challenging financial position in the medium to longer term. The board projected that it would have needed £13.5 million in brokerage for 2020/21. It did not expect to achieve financial balance until 2022/23, a year later than was projected in 2019/20. Achieving financial balance in 2020/21 would have required a number of challenges to be overcome, such as the delivery of £8.5 million of savings in acute services and medicine cost pressures of £8.5 million.

The board has continued with its Transformational Change Improvement Programme, but significant transformational change is still required. The board should prioritise developing detailed improvement programmes incorporating medium to longer-term initiatives, clear action plans, milestones, and the capacity and resources needed. The additional pressures and challenges associated with responding to Covid-19 should be considered and included in these plans. During 2019/20, the board started its Caring for Ayrshire programme, a ten-year vision for the whole-system redesign of health and social care services. This programme is a positive step towards financial sustainability but is still in the early stages of development.

## Case study 2



### NHS Borders needs to restart its Financial Turnaround programme

In 2019/20, NHS Borders required £8.3 million in brokerage from the Scottish Government to break even. The board needed to make efficiency savings of £21.7 million in 2019/20. The board achieved £10 million in savings, of which £7.1 million was recurring. While the total savings achieved were less than the £15.2 million in 2018/19, the board managed to increase its recurring savings by around £0.4 million.

NHS Borders continues to face a challenging financial position, with particular cost pressures in acute services and delegated IJB services. The board reported that a £13.1 million deficit would be carried forward in to 2020/21 because of unachieved savings and continued financial pressures, and forecasted that it would have continued to need brokerage over the next two years.

In 2018/19, NHS Borders created its Financial Turnaround programme. This made some progress with increasing the level of recurring savings achieved but this progress is unlikely to be sustained. Covid-19 is expected to have a significant impact on 2020/21 and beyond. NHS Borders reported that no savings were made in the first five months of 2020/21 and had forecast achieving £1.6 million in recurring savings in 2020/21, from a target of £9 million. The board must re-start the Financial Turnaround programme and assess the financial impact of Covid-19.

Source: NHS Borders 2019/20 Annual Audit Report

## Case study 3



### NHS Highland would benefit greatly from stability in its leadership team

In November 2019, the Auditor General reported that NHS Highland needed a clear plan to redesign services to achieve a sustainable model of care.<sup>69</sup> It also needed stable senior leadership, to strengthen its governance arrangements and to respond to the recommendations of the Sturrock Report on cultural issues related to allegations of bullying and harassment.

In 2019/20, NHS Highland needed £11 million in brokerage from the Scottish Government to break even. This was £0.4 million less than predicted at the start of the year. The board achieved its target of £28 million in savings. NHS Highland still faces financial challenges, and forecasted that it would have needed £8.8 million in brokerage to break even in 2020/21. It continues to rely on agency and locum staff and increasing spending in the last three years has led to a consistent overspend on medical pay. The board needs to address this to achieve long-term financial sustainability.

NHS Highland made substantial progress in establishing the Programme Management Office (PMO) and Financial Recovery Board during 2019/20. The PMO has played an essential role in helping deliver the board's Financial Recovery Programme. The board is committed to implementing the recommendations in the Sturrock Report. It has developed a plan, Culture Fit for the Future, and included this as one of its three strategic priorities. Progress has been made, but this is a long-term programme and considerable work has still to take place.

There were several departures from the senior leadership team during 2019/20 and a number of new appointments to senior management positions. Changes to the senior management team will continue for at least the short term. NHS Highland would benefit greatly from stability in its leadership as the board develops a financially sustainable operating model and balances the ongoing demands of Covid-19.

Source: NHS Highland 2019/20 Annual Audit Report

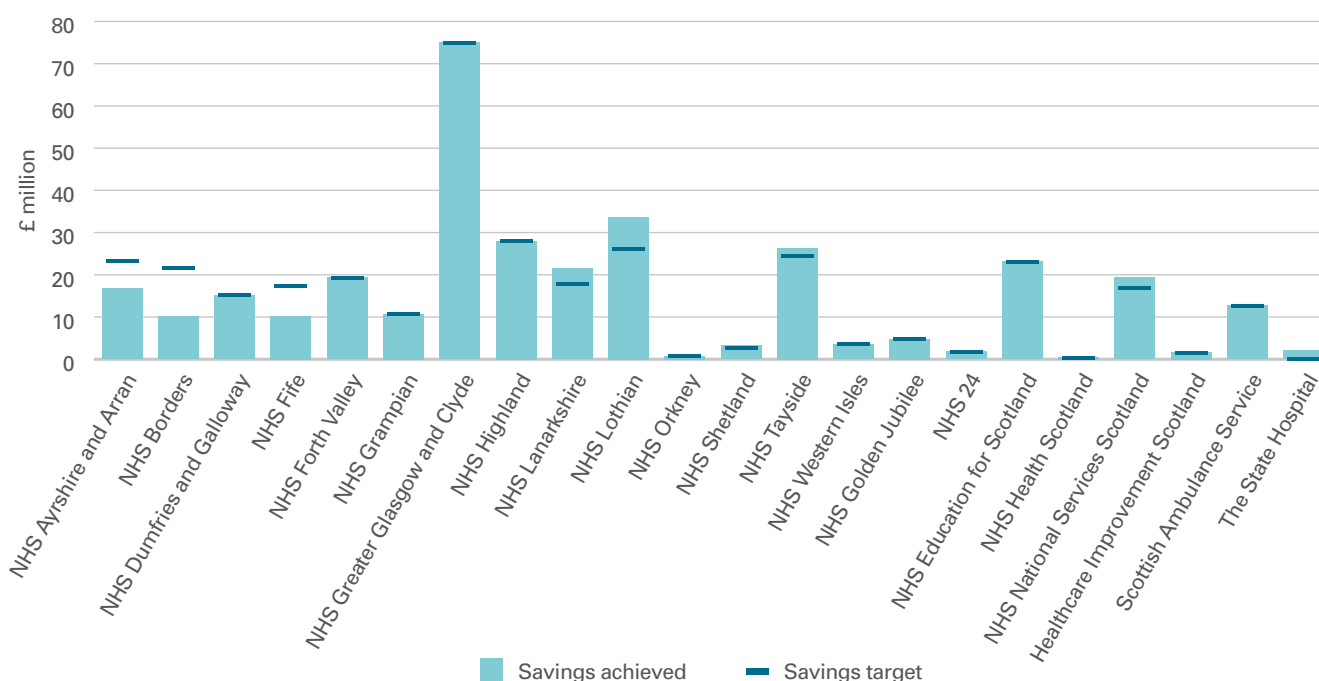
<sup>69</sup>. Most NHS boards achieved their savings targets in 2019/20 ([Exhibit 7, page 32](#)). Three NHS boards did not achieve their savings target in 2019/20. These were NHS Ayrshire and Arran ([Case study 1, page 30](#)), NHS Borders

(Case study 2, page 31) and NHS Fife. Most of the shortfall in NHS Fife is attributable to unachieved savings in acute services.

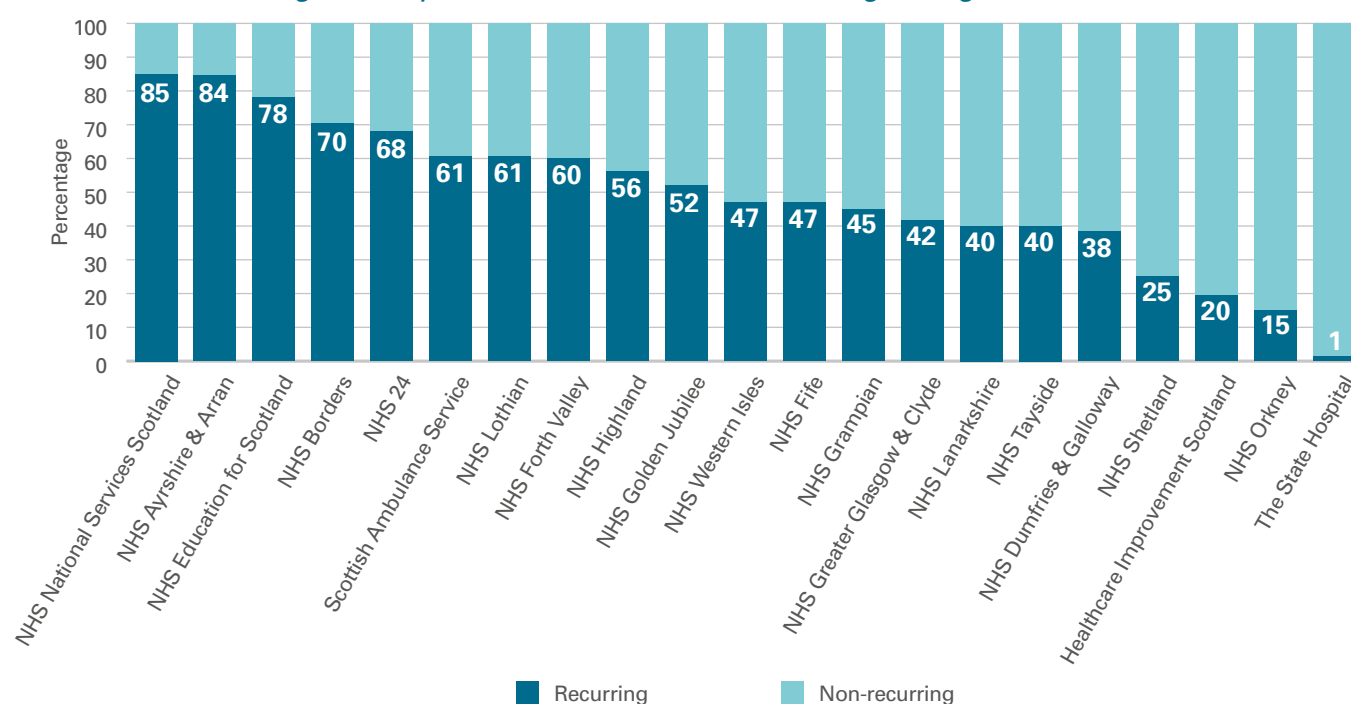
## Exhibit 7

### Savings achieved 2019/20

Most NHS boards achieved their savings targets in 2019/20.



### NHS boards varied significantly in their reliance on non-recurring savings



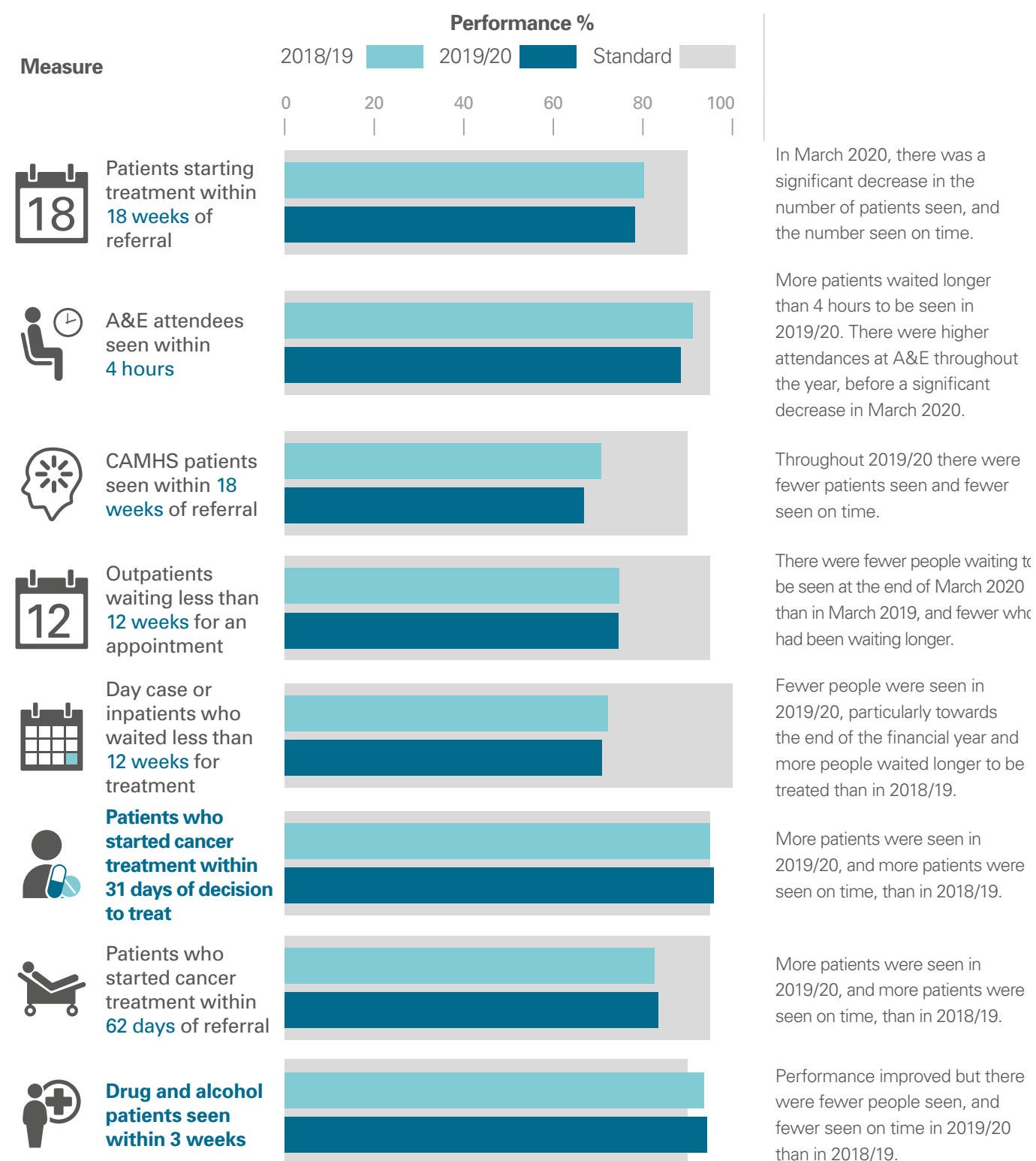
Note: NHS Health Scotland ceased to exist on 31 March 2020. It has been excluded from the graph showing proportion of recurring and non-recurring savings as there was no breakdown available for 2019/20.

Source: Annual Audit Reports 2019/20 and auditor returns to Audit Scotland

## Exhibit 8

### NHS performance against eight key waiting times standards, 2018/19 and 2019/20

NHS in Scotland met two waiting times standards in 2019/20. Performance improved for three waiting times standards and worsened for five.



Note: Performance towards the end of 2019/20 was affected by the Covid-19 pandemic. On 17 March 2020, NHS Scotland was placed in emergency measures and NHS boards were asked to suspend non-urgent treatment.

Source: Audit Scotland using Public Health Scotland data

### Work needs to continue to reduce hospital associated infections

**70.** Efforts continue to try and reduce healthcare associated infections (HAI). Some serious infections caused by Gram-negative bacteria are resistant to most available antibiotics and are a major threat to public health and patient safety.

**71.** *Escherichia coli* (*E. coli*) is the most common cause of Gram-negative bloodstream infections, and numbers are increasing.<sup>61</sup> The healthcare associated incidence rate of *E. coli* blood stream infection increased by 11.7 per cent between 2017 and 2019. As part of national efforts to tackle anti-microbial resistance, the UK government has published a 2019-2024 action plan for the four nations of the UK. This sets a target of reducing healthcare associated gram-negative bloodstream infections by 25 per cent in 2021/22 and by 50 per cent in 2023/24.

**72.** Positive progress has been made in reducing the incidence rates of healthcare associated *Clostridium difficile*. Between 2015 and 2019, there was a decrease from 18.7 to 13.3 per 100,000 bed days in patients aged 15 years and older. The incidence of *Staphylococcus aureus* bacteraemia remained stable.<sup>62</sup>

### Investigations continue into infection control risks in major capital projects

**73.** During 2018/19, an unusual cluster of cases of a specific type of infection at the Royal Hospital for Children and the Queen Elizabeth University Hospital (QEUH) in NHS Greater Glasgow and Clyde prompted a series of investigations. The Scottish Government commissioned an independent review to determine whether the design, build, commissioning and maintenance of the QEUH had increased the risk of HAI. The report was published in June 2020.

**74.** The Scottish Government also commissioned a public inquiry into the construction of the QEUH and the newly built Royal Hospital for Children and Young People (RHCYP) in Edinburgh because of similar issues. This began in August 2020.






**75.** More broadly, the Scottish Government is planning to set up a National Centre for Reducing Risk in the Healthcare Built Environment. This intends to focus knowledge and expertise to ensure that lessons are learned and provide greater confidence in the delivery of future capital projects. In addition, an Oversight Board, led by Scotland's Chief Nursing Officer, will report on infection prevention and control practices at the QEUH.



# Endnotes



- 1 Resilience partnerships in Scotland support local and regional emergency preparedness and link with national resilience structures. Members include NHS boards, police, fire, ambulance and councils.
- 2 Coronavirus: action plan, *A guide to what you can expect across the UK*, UK Government, March 2020.
- 3 UK Influenza Pandemic Preparedness Strategy, UK Department of Health, November 2011.
- 4 Integration Authorities (IAs) are partnerships between NHS boards and councils in Scotland. They are responsible for the planning, resourcing and operational oversight of a wide range of health and social care services delivered by Health and Social Care Partnerships (HSCPs).
- 5 Scottish Intensive Care Society Audit Group report on Covid-19, Public Health Scotland. July 2020.
- 6 Near Me is a video consulting service that allows people to attend healthcare appointments remotely.
- 7 NHS Louisa Jordan continues to support NHS Scotland, <https://nhslouisajordan-newsroom.prgloo.com/news/nhs-louisa-jordan-continues-to-support-nhsscotland>, January 2021.
- 8 Weekly Covid-19 statistical report, Public Health Scotland, January 2021.
- 9 Public Health Scotland Tableau Covid-19 dashboard [https://public.tableau.com/profile/phs.covid.19#!/vizhome/COVID-19DailyDashboard\\_15960160643010/Overview](https://public.tableau.com/profile/phs.covid.19#!/vizhome/COVID-19DailyDashboard_15960160643010/Overview).
- 10 Winter Preparedness Plan for NHS Scotland - 2020/21, Scottish Government, October 2020.
- 11 Covid-19 Strategy Update, World Health Organization, April 2020.
- 12 Thirty-second SAGE meeting on Covid-19, on UK Government website, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/888807/S0402\\_Thirty-second\\_SAGE\\_meeting\\_on\\_Covid-19\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888807/S0402_Thirty-second_SAGE_meeting_on_Covid-19_.pdf).
- 13 To calculate these figures we have used the sum of cases created and closed within 72 hours in the contact tracing, contact management system and compared these numbers to the total complete cases for that week as published by Public Health Scotland <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-statistical-report/>.
- 14 PPE is equipment that will protect the user against health or safety risks such as splash or droplet exposure. It can include items such as gloves, masks, gowns and eye protection.
- 15 National Distribution Centre (part of National Procurement in NHS NSS) buys and supplies goods for Scotland's hospitals and healthcare facilities. It manages over £1.4 billion in national contracts.
- 16 BMA Scotland Covid-19 Tracker Survey Results, BMA Scotland, May 2020.
- 17 RCN publishes results of member survey about PPE, RCN website, <https://www.rcn.org.uk/news-and-events/news/ppe-survey-results-18-april-2020>.
- 18 Coronavirus (Covid-19): PPE distribution statistics, Scottish Government website, <https://www.gov.scot/publications/coronavirus-covid-19-ppe-distribution-statistics/>.
- 19 Coronavirus (COVID-19): Personal Protective Equipment - Action Plan, Scottish Government, October 2020.
- 20 Personal Protective Equipment (PPE) for Covid-19 - Scotland's Action Plan, Scottish Government, October 2020.
- 21 *NHS in Scotland 2018 and NHS in Scotland 2019*, Audit Scotland, October 2018 and October 2019.
- 22 BMA Scotland Covid-19 Tracker Survey Results, BMA Scotland, May 2020.
- 23 Building a Better Future for Nursing, RCN Members have their say, Royal College of Nursing, August 2020.
- 24 Everyone Matters Pulse Survey Results, Scottish Government, November 2020.
- 25 More mental health support for health and social care staff, Scottish Government, <https://www.gov.scot/news/more-mental-health-support-for-health-and-social-care-staff/>.

- 26 Deaths involving coronavirus (Covid-19) in Scotland, Week 5, National Records of Scotland, February 2021.
- 27 Public attitudes to Coronavirus, May summary, Scottish Government, June 2020.
- 28 BMA Scotland Covid-19 Tracker Survey Results, BMA Scotland, May 2020.
- 29 Public attitudes to Coronavirus, November update, Scottish Government, November 2020.
- 30 Deaths involving coronavirus (Covid-19) in Scotland, Week 1 (4 to 10 January 2021) National Records of Scotland, January 2021.
- 31 Discharges from NHS Scotland Hospitals to Care Homes between 1 March and 31 May 2020, Public Health Scotland, October 2020.
- 32 The Care Inspectorate's role, purpose and learning during the Covid-19 pandemic, Care Inspectorate, August 2020.
- 33 Home Farm Care Home. Scottish Government News <https://www.gov.scot/news/home-farm-care-home/> .
- 34 Submission to the Scottish Parliament Covid-19 Committee from the Centre for Mental Health and Capacity Law, Edinburgh Napier University September 2020.
- 35 Covid-19 social care monitoring report, Scottish Human Rights Commission, October 2020.
- 36 Deaths involving coronavirus (Covid-19) in Scotland, National Records of Scotland, December 2020.
- 37 Covid-19 Statistical Report, Public Health Scotland, 2 December 2020.
- 38 Equality and Fairer Scotland Impact Assessment: Evidence gathered for Scotland's Route Map through and out of the Crisis, Scottish Government, July 2020.
- 39 The Equality Act 2010 aims to protect against discrimination based on certain protected characteristics such as age, disability and race among others.
- 40 Improving Data and Evidence on Ethnic Inequalities in Health and Systemic Issues and Risk - Initial Advice from the Expert Reference Group on Covid-19 and Ethnicity, Scottish Government, September 2020.
- 41 A Scotland where everybody thrives: Strategic Plan, Public Health Scotland, September 2020.
- 42 [\*Health inequalities in Scotland\*](#),  Audit Scotland, December 2012.
- 43 Covid-19 Guidance: Ethical Advice and Support Framework, Scottish Government, April 2020.
- 44 Covid-19: Equality Impact Assessment of Clinical Guidance and Ethical Advice and Support Framework, Scottish Government, July 2020.
- 45 Scottish Risk Assessment 2018, Scottish Government, 2018.
- 46 UK National Risk Register of Civil Emergencies, UK Government, 2017.
- 47 Exercise Silver Swan: Overall Exercise Report, Scottish Government, April 2016.
- 48 Exercise Cygnus report, Public Health England, 2017.
- 49 Exercise Iris, Scottish Government, March 2018.
- 50 Health and social care influenza pandemic preparedness and response, Department of Health, April 2012.
- 51 [\*NHS in Scotland 2019\*](#),  Audit Scotland, October 2019.
- 52 Coronavirus (Covid-19): supporting elective care - clinical prioritisation framework, Scottish Government, November 2020.
- 53 The Elective Centre Programme intends to provide additional capacity for CT and MRI scans, outpatients, day surgery and short stay theatre procedures. New centres and facilities will open in a number of NHS boards such as Golden Jubilee, Lothian, Tayside, Highland, Forth Valley and Grampian.
- 54 Re-mobilise, Recover, Re-design Framework, Scottish Government, May 2020.
- 55 A Framework for Recovery of Cancer Surgery, Scottish Government, August 2020.
- 56 *Health and social care: integrated workforce plan*, Scottish Government, December 2019.
- 57 [\*NHS in Scotland 2019\*](#),  Audit Scotland, October 2019.
- 58 The UK Government uses the Barnett formula to allocate funds to Scotland, Wales and Northern Ireland when additional money is spent in areas that are devolved to the relevant administrations, such as health.
- 59 [\*Covid-19: Implications for public finances in Scotland\*](#),  Audit Scotland, August 2020.
- 60 [\*The 2019/20 audit of NHS Tayside\*](#),  Auditor General for Scotland, December 2020.
- 61 Healthcare Associated Infection Annual Report 2019, ARHAI Scotland, 2019.
- 62 HAI Quarterly Commentary Q2 2020 - supplementary data, Public Health Scotland, October 2020.
- 63 [\*The 2018/19 audit of NHS Highland\*](#),  Audit Scotland, 2019.

# Appendix 1

## Audit methodology



This is our annual report on the NHS in Scotland. Given the unprecedented challenges of the Covid-19 pandemic in 2020, the report focuses on:

- how well the NHS and Scottish Government responded to the Covid-19 pandemic
- the health impact of the Covid-19 pandemic on the population of Scotland
- how prepared the Scottish Government and NHS were for a pandemic
- how well the NHS and Scottish Government are working to resume the full range of NHS services
- the financial impact of the Covid-19 pandemic on the NHS in Scotland
- a brief overview of how well the NHS managed its finances and operational performance in 2019/20.

Because of the Covid-19 pandemic, this audit was carried out remotely. Our findings are based on evidence from sources that include:

- strategies, frameworks and plans for responding to Covid-19
- the audited annual accounts and auditors' reports on the 2019/20 audits of NHS boards
- activity and performance data published by Public Health Scotland
- publicly available data and information including results from staff surveys
- Audit Scotland's national performance audits
- interviews with senior officials in the Scottish Government and a sample of NHS boards.

We reviewed service performance information at a national level. Our aim was to present the national picture. We focused on a sample of key targets and standards, covering some of the main activities of the NHS. Where we have used trend information, we have selected a time period where information is most comparable.

# Appendix 2

## Financial performance 2019/20 by NHS board



NHS board	Escalation framework level	Core revenue outturn (£m)	Total savings achieved (£m)	Recurring savings (%)	NRAC: distance from parity (%)
NHS Ayrshire and Arran	3	841.7	16.8	85	-0.8
NHS Borders	4	247.0	10.1	70	0.7
NHS Dumfries and Galloway		353.4	15.1	38	2.8
NHS Fife		752.3	10.2	47	-0.8
NHS Forth Valley		605.2	19.3	60	-0.8
NHS Grampian		1,099.8	10.7	45	-0.8
NHS Greater Glasgow and Clyde	4	2,543.3	75.0	42	1.9
NHS Highland	4	751.4	28.0	56	-0.8
NHS Lanarkshire		1,345.6	21.5	40	-0.8
NHS Lothian	3/4	1,684.3	33.7	61	-0.8
NHS Orkney		64.2	0.8	15	-0.3
NHS Shetland		63.0	3.3	25	-0.2
NHS Tayside	4	883.0	26.3	40	-0.8
NHS Western Isles		89.0	3.5	47	13.1
NHS Golden Jubilee		84.7	4.8	52	
NHS 24		70.4	1.8	68	
NHS Education for Scotland		500.3	23.1	78	
NHS Health Scotland		21.1	0.5	-	
NHS National Services Scotland		502.4	19.3	85	
Healthcare Improvement Scotland		32.1	1.7	20	
Scottish Ambulance Service		281.3	12.7	61	
The State Hospital		34.7	2.1	1	

### Notes:

1. There are five stages of the Scottish Government's performance escalation framework for NHS boards:

Stage 1 Steady state "on-plan" and normal reporting

Stage 2 Some variation from plan; possible delivery risk if no action

Stage 3 Significant variation from plan; risks materialising; tailored support required

Stage 4 Significant risks to delivery, quality, financial performance or safety; senior level external support required.

Stage 5 Organisational structure / configuration unable to deliver effective care.

2. NHS Lothian is at Stage 4 for specific issues relating to the Royal Hospital for Children and Young People, and at Stage 3 for specific issues relating to performance.
3. The Scottish Government uses the NHS Scotland Resource Allocation Committee (NRAC) formula to assess how much funding each board should be allocated. The formula considers the demographics of each board area including population size, deprivation levels, unavoidable geographical variations in the cost of providing services.

Source: Scottish Government

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# NHS in Scotland 2020

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## DUMFRIES and GALLOWAY NHS BOARD

10<sup>th</sup> May 2021



### Integration Joint Board Directions to NHS Dumfries and Galloway

**Author:**

Laura Geddes  
Corporate Business Manager

**Sponsoring Director:**

Jeff Ace  
Chief Executive

**Date:** 4<sup>th</sup> May 2021

#### RECOMMENDATION

The Board is asked **to discuss and note** the Directions that have been issued from the Integration Joint Board on the delivery of delegated services.

#### CONTEXT

**Strategy / Policy:**

This paper support both local and national guidance on the delivery of Health and Social Care functions, specifically the national Public Bodies (Joint Working) (Scotland) Act 2014 and the local Strategic Plan.

**Organisational Context / Why is this paper important / Key messages:**

This paper gives details on the Directions or instructions that have been passed to the NHS Board from the Integration Joint Board in relation to the delivery of services that have been delegated to the Board to deliver.

Updates on the Directions will be brought back to NHS Board on a six monthly basis.

#### GLOSSARY OF TERMS

NHS	-	National Health Service
IJB	-	Integration Joint Board
HSCP	-	Health and Social Care Partnership

## MONITORING FORM

Policy / Strategy	Public Bodies (Joint Working) (Scotland) Act 2014 Strategic Plan
Staffing Implications	No staffing implications were identified as part of this paper.
Financial Implications	No financial implications were identified as part of this paper.
Consultation / Consideration	Chief Executive Board Management Team
Risk Assessment	No risk assessment was undertaken as part of this paper.
Risk Appetite	<p style="text-align: center;">Low <input checked="" type="checkbox"/>      Medium <input type="checkbox"/>      High <input type="checkbox"/></p> <p>The Directions cover all areas of NHS Board business, from clinical service delivery to financial management; therefore, a low risk appetite has been placed on this paper.</p>
Sustainability	Not applicable.
Compliance with Corporate Objectives	This paper supports all of the Board's Corporate Objectives
Local Outcome Improvement Plan (LOIP)	Outcome 6
Best Value	<ul style="list-style-type: none"> <li>• Vision and Leadership</li> <li>• Effective Partnerships</li> <li>• Governance and Accountability</li> <li>• Performance Management</li> </ul>
Impact Assessment  No impact assessment was undertaken as part of this paper.	

**NOT PROTECTIVELY MARKED**



## **Introduction**

1. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on the Integration Joint Board to develop a Strategic Commissioning Plan for integrated functions and budgets under their control. The plan will indicate how the Integration Joint Board will deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.
2. Integration Joint Boards (IJBs) are required to give clear directions in respect of every function that has been delegated to the Health Board or Local Authority by the IJB to deliver. A direction must set out how each integrated health and social care function is to be exercised, and where possible identify the budget associated with that function.

## **Directions to NHS Dumfries and Galloway**

3. Directions are issued by the Chief Officer for the Dumfries and Galloway Health and Social Care Partnership, following agreement of the details at the IJB meetings, to the Chief Executive's of both NHS Dumfries and Galloway and the Local Authority, with clear binding directions on the delivery of the delegated services in line with the Integration Joint Board Strategic Plan and Scheme.
4. Between 2018 – 2020, the Board received 13 directions. The full table of Directions was presented to NHS Board in February 2020.
5. NHS Board Members are made aware that 13 new Directions have been issued to the Board by the Chief Officer following agreement at the IJB meetings on 16<sup>th</sup> March 2021 and 24<sup>th</sup> April 2021.

## **Monitoring Performance**

6. Detailed in the table at Appendix 1 is a list of the Directions that have been received to date, with the new Directions noted from IJBD2105 - IJBD2117, for Board Members to review.
7. It is proposed that new directions received from the Integration Joint Board, in year, will be added to the table at Appendix 1 and brought to the next available NHS Board Meeting following receipt, for information.
8. In addition to this process an annual progress update against each of the Directions will be presented to NHS Board for discussion, to give assurance that the activities undertaken in year are helping to deliver against each of the directions. The first annual report will be brought to the NHS Board in April 2022.

## **Recommendations**

9. The Board is asked to discuss and note the Directions that have been issued from the Integration Joint Board on the delivery of delegated services.

## Directions from IJB to NHS Dumfries and Galloway

Direction Ref.	Date of Issue	Description of Direction
IJBD1701	27/04/2018	<p>To note the key messages within the Scottish Governments Mental Health Strategy 2017-2027 and commit to a local, multi-agency response that works in partnership with service users, families and Carers, to develop a meaningful local response.</p> <p>To support the development of a mental health multiagency strategy group to coordinate the local response to the national Mental Health Strategy and define clear ownership and leadership on the actions set out in the strategy</p> <p>To support the development of efficient and effective governance arrangements for on-going monitoring and review of local performance against the strategy actions, that will reduce the potential for duplication of effort</p> <p>To approve an approach in Dumfries and Galloway, which embeds the combined ethos of public mental health and mental health service delivery within a local response to the national strategy</p> <p>To nominate the Mental Health General Manager to take lead responsibility for overseeing the delivery of all elements of the Dumfries and Galloway Mental Health strategy</p>
IJBD1702	27/04/2018	<p>Undertake a scoping exercise to include all Adult Learning Disability Services provided by the NHS, Council Third and Independent Sector.</p> <p>The aim of this scoping is to identify and begin to address the challenges within current service models and how these impact on the delivery of key outcomes as reflected in the national Learning Disability strategy for Scotland “The Keys to Life” and the IJB Strategic Plan</p>

Direction Ref.	Date of Issue	Description of Direction
IJBD1703	27/04/2018	<p>The following requirements of the Carers (Scotland) Act 2016 are to be implemented:</p> <ul style="list-style-type: none"> <li>• Preparation of Adult Carer Support Plans</li> <li>• Support to Carers</li> <li>• Short Breaks Service Statement</li> <li>• Development of a local Carers Strategy</li> <li>• Development and implementation of Local Eligibility Criteria</li> <li>• Carer Involvement in planning services</li> <li>• Carer Involvement in hospital discharge</li> </ul>
IJBD1704	27/04/2018	<p>Ensure that appropriate local links to regional planning arrangements/structures are established and maintained for those areas of service and functions delegated to the Integration Joint Board that are or could be impacted by regional plans.</p>
IJBD1705	27/04/2018	<p>Develop a model of sustainable, safe and effective health and social care service that meets the needs of the local community</p> <p>Co-produce the review and design of health and social care services in Wigtownshire with the local community and stakeholders</p> <p>Apply the six essential planning principles as contained within the Service Planning Framework to the redesign of health and social care services in Wigtownshire (i.e. person centred, outcome focussed, sustainable, effective and efficient, co-produced and equitable)</p>
IJBD1706	27/04/2018	<p>Develop a service planning framework for Dumfries and Galloway integration Joint Board that supports staff teams to adopt a consistent approach to service planning that fits within the context of national, regional, local and financial planning</p> <p>Ensure that all services are reviewed regularly utilising the framework</p>

**NOT PROTECTIVELY MARKED**

Direction Ref.	Date of Issue	Description of Direction
IJBD1707	27/04/2018	Utilising the Dumfries and Galloway Integration Joint Board Service Planning Framework undertake an options appraisal for the provision of vascular surgery for the people of Dumfries and Galloway.
IJBD1801	31/05/2018	To prepare and develop a Strategic Advocacy Plan for Adults to cover the period 2018 – 2021, which will address a range of recommendations contained within the Mental Welfare Commission's Report 'The Right To Advocacy' published in March 2018.
IJBD1802	26/07/2018	<p>Coproduce the review and design of Health and Social Care Services in Wigtownshire with the local community and stakeholders. Apply the six essential planning principles as contained within the Service Planning Framework to the redesign of health and social care services in Wigtownshire, which are as follows:</p> <ul style="list-style-type: none"> <li>• person centred</li> <li>• sustainable</li> <li>• coproduced</li> <li>• outcome focussed</li> <li>• effective and efficient</li> <li>• equitable</li> </ul>
IJBD1803	29/11/2018	<p>The development of a partnership strategy, which will include working with people who use service, families, carers and service providers to analyse existing services and produce opportunities to coproduce future services across Dumfries and Galloway. This work will be linked to the 4 Strategic outcomes of the Scottish Governments Learning Disability Strategy "The Keys to Life":</p> <ul style="list-style-type: none"> <li>• A Health Life - People with a Learning Disability enjoy the highest attainable standard of living health and family life.</li> <li>• Choice and Control - People with a Learning Disability are treated with dignity and respect and protected from neglect, exploitation and abuse.</li> <li>• Independence - People with a Learning Disability are able to live independently in the community with equal access to all aspects of society.</li> <li>• Active Citizenship - people with a learning disability are able to participate in all aspects of community and society.</li> </ul>

**NOT PROTECTIVELY MARKED**

Direction Ref.	Date of Issue	Description of Direction
IJBD1804	29/11/2018	The IJB is directing NHS Dumfries and Galloway Council and NHS Dumfries and Galloway to implement the recommendations and actions contained with the Day Services Review (Pages 45-49). This includes the development of a three year contract for organisations.
IJBD1901	30/01/2019	NHS Dumfries and Galloway are directed to withdraw all General Practitioner, Practice Nurse and dispensing services from Johnstonebridge, progress a review of Moffat and other practice boundaries, which would allow for alternative patient registration arrangements.
IJBD1902	30/01/2019	A Consultation Framework agreed by the IJB will now provide instruction and guidance around how to plan and undertake consultation work in such a way as to comply with good practice, and meet the requirements as set out by the National Standards for Community Engagement and the legal principals established through common law. The Framework is supported by the Consultation Working Group, which will convene regularly to oversee the consultation work and provide support.
IJBD2105	04/05/2021	<u>Redesign of Urgent Care – Flow Navigation Centre</u> To establish a flow navigation centre to receive and schedule calls by NHS24 for people who currently self-present to the Emergency Department.
IJBD2106	04/05/2021	<u>GP Out of Hours</u> To establish a multi-disciplinary model of service delivery that ensures practitioners with the right skillmix, knowledge and experience are available to meet the needs of people access the GP OOHs service.
IJBD2107	04/05/2021	<u>Ophthalmology – Shared Care Pilot</u> To deliver the pilot scheme to ensure that those with deterioration in their condition are escalated to an urgent review for the hospital eye department to prioritise sooner and also assist in the reduction of those patients who are overdue their appointment on the glaucoma review waiting list ensuring patients are seen in a safe and timely manner minimising the clinical risk to the patient.

**NOT PROTECTIVELY MARKED**

Direction Ref.	Date of Issue	Description of Direction
IJBD2108	04/05/2021	<u>Orthopaedic Pathways</u> To redesign Orthopaedic pathways to maximise the opportunities to promote self-management, develop primary-care based pathways, offer direct referral to x-ray and embed enhanced vetting of new referrals to ensure those who need seen most can access services.
IJBD2109	04/05/2021	<u>Dementia Care</u> To build on the on-going improvement programme currently underway in MH, extending the scope of this work to attend to the needs of this group across the whole system, and for the duration of their condition.
IJBD2110	04/05/2021	<u>Virtual Consultations</u> To develop routine reporting systems and processes that illustrates increased efficiencies in service activity, particularly in relation to use of Near Me as an alternative to face to face consultations. To agree associated KPIs for areas of performance and service activity in relation to mode of delivery as described.
IJBD2111	04/05/2021	<u>Community Based Testing</u> To develop a plan for the delivery of Community Treatment and Care services in line with the GMS Contract for Scotland and the associated Memorandum of Understanding, ensuring phlebotomy, urine testing and ECG delivery across Dumfries and Galloway to support the work of General Practice and that of specialist, hospital-based out-patient services.
IJBD2112	04/05/2021	<u>MyPreOp</u> To safely implement the use of MyPreOp for remote pre-operative assessment within NHS Dumfries and Galloway and to agree a method of collecting and collating feedback from both staff and patients on the MyPreOp system.
IJBD2113	04/05/2021	<u>Single Access Point (Joint Direction with DGC)</u> To establish Single Access Point (SAP) during 2020/21 that will fully integrate and co-locate Health, Social Work, Care Call and the Contact Centre

**NOT PROTECTIVELY MARKED**

Direction Ref.	Date of Issue	Description of Direction
IJBD2114	04/05/2021	<u>Home Teams (Joint Direction with DGC)</u> To establish 8 Home Teams across Dumfries and Galloway by August 2021
IJBD2115	04/05/2021	<u>eCommunication</u> To create or procure a digital solution that will allow appointments to be sent to patients digitally, with the ability to send reminders.
IJBD2116	04/05/2021	<u>Business Modernisation</u> To undertake a review of time spent by clinic staff on administrative work, to identify areas where higher proportions of clinical staff capacity are spent undertaking such tasks. This will involve increasing admin support and reviewing the impact upon clinical staff and is intended to be achieved by redistributing administrative staff from other areas where workloads have decreased.
IJBD2117	04/05/2021	<u>Future Priorities (Joint Direction with DGC)</u> To develop a planned and targeted approach to improving hospital flow by improving systems and processes within the Hospital and by developing joint working with Home Teams  To prioritise and deliver the Nationally defined patient pathways for modernising out-patients  Deliver a Strategy for Care and Support at Home and an associated action plan for delivery through the operational team

**NOT PROTECTIVELY MARKED**

## DUMFRIES and GALLOWAY NHS BOARD

10<sup>th</sup> May 2021



### Governance Committee Minute Matrix 2020/21

**Author:**

Laura Geddes  
Corporate Business Manager

**Sponsoring Director:**

Jeff Ace  
Chief Executive

**Date:** 28<sup>th</sup> April 2021

#### RECOMMENDATION

The Board is asked **to discuss and note** the following points:

- The matrix of governance committee minutes that have been taken through NHS Board meetings.
- The minutes from various committees being presented for information.

#### CONTEXT

**Strategy / Policy:**

This paper support good governance best practice within the Board, by ensuring that all minutes from governance committees reporting to the Board are reviewed.

**Organisational Context / Why is this paper important / Key messages:**

The matrix included within this paper highlights all of the committee meetings throughout the year and when the minutes were taken to NHS Board for information.

Board Members are made aware that the dates of the meetings are out of sync to the normal bi-monthly or quarterly meeting structures due to all committees being stood down between April – May 2020 as a result of the temporary governance arrangements put in place to manage the COVID-19 Pandemic.

#### GLOSSARY OF TERMS

NHS - National Health Service



## MONITORING FORM

Policy / Strategy	Code of Corporate Governance Good Governance Blueprint
Staffing Implications	No staffing implications were identified as part of this paper.
Financial Implications	No financial implications were identified as part of this paper.
Consultation / Consideration	Management Team and all Board Governance Committees were consulted on the minutes supporting this paper prior to it being presented to NHS Board.
Risk Assessment	No risk assessment was undertaken as part of this paper.
Risk Appetite	<p style="text-align: center;">Low <input type="checkbox"/>      Medium <input checked="" type="checkbox"/>      High <input type="checkbox"/></p> <p>A medium risk tolerance has been noted against this paper as it gives assurance to the Board that all areas of business have been notified to Board, specifically around changes to services or financial challenges.</p>
Sustainability	Not applicable.
Compliance with Corporate Objectives	This paper supports all of the Corporate objectives for the Board.
Local Outcome Improvement Plan (LOIP)	Outcome 6
Best Value	<ul style="list-style-type: none"> <li>• Vision and Leadership</li> <li>• Effective Partnerships</li> <li>• Governance and Accountability</li> <li>• Performance Management</li> </ul>
Impact Assessment  No impact assessment was undertaken as part of this paper.	

**NOT PROTECTIVELY MARKED**

## Board Committee Minute Matrix 2020/21

Committee Name	Committee Meeting Date	Date minute taken to NHS Board
Audit and Risk Committee	22 June 2020	7 September 2020
Audit and Risk Committee	27 July 2020	2 November 2020
Audit and Risk Committee	26 October 2020	7 December 2020
Audit and Risk Committee	25 January 2021	10 May 2021
Healthcare Governance Committee	20 July 2020	5 October 2020
Healthcare Governance Committee	21 September 2020	10 May 2021
Healthcare Governance Committee	16 November 2020	10 May 2021
Healthcare Governance Committee	15 March 2021	Expected in June 2021
Performance Committee	This committee was stood down in April 2020 and has yet to be reinstated. Therefore, no minutes were put forward to NHS Board for review.	
Person Centred Health & Care Committee	This committee was stood down in April 2020 and disbanded in May 2020 as a governance committee. Therefore, no minutes were put forward to NHS Board for review.	
Staff Governance Committee	27 July 2020	5 October 2020
Staff Governance Committee	28 September 2020	7 December 2020
Staff Governance Committee	23 November 2020	1 March 2021
Staff Governance Committee	25 January 2021	12 April 2021
Staff Governance Committee	22 March 2021	Expected in June 2021

NOT PROTECTIVELY MARKED

# DUMFRIES AND GALLOWAY NHS BOARD



## Audit and Risk Committee

Minutes of the Audit and Risk Committee meeting held on Monday 25 January 2021 at 1.30 pm to 3.00 pm via Microsoft Teams

### Present

Dr L Douglas	LD	Non-Executive Board Member (Chair)
Ms M Caig	MC	Non-Executive Board Member
Mr A Ferguson	AF	Non Executive Board Member
Mrs R Francis	RF	Non-Executive Board Member
Mrs P Halliday	PH	Non Executive Board Member

### Apologies

Mr J Ace	JA	Chief Executive
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### In Attendance

Mrs K Lewis	KL	Director of Finance
Dr K Donaldson	KD	Medical Director
Mrs A Wilson	AW	Nurse Director
Ms J Watters	JW	Chief Internal Auditor
Mrs J Brown	JB	Engagement Leader, Grant Thornton UK LLP
Ms C Connor	CC	Audit Manager, Grant Thornton UK LLP
Ms S Thompson	ST	Deputy Director of Finance
Ms L Bass	LB	Executive Assistant to Director of Finance
		(minutes)

### Welcome and Governance

LD welcomed members to the Audit and Risk Committee meeting. LD advised that in light of the current Covid-19 pandemic, the agenda has been adapted to further support 'lite' governance arrangements and a number of papers have been omitted this month. Committee was content with this approach.

Claire Connor (Audit Manager, Grant Thornton) was welcomed to the meeting. Claire will be supporting JB with the external audit work this year.

### 1. Apologies for Absence

Apologies noted above.

## **2. Declarations of Interest**

The Committee Chair asked members if they had any declarations of interest in relation to the items listed on the agenda for this meeting. It was noted that no declarations of interest were put forward at this time.

## **3. Minutes of Previous Meeting – 26<sup>th</sup> October 2020**

The minutes of the previous meeting on 26<sup>th</sup> October 2020 were approved by Committee.

## **4. Matters Arising and Review of Actions List**

LD took members through each of the items on the Actions List. The following items were briefly discussed:

- Audit and Risk Committee Key Priorities – LD confirmed that she had requested feedback from Committee and some comments were received, mainly relating to policy management. LD highlighted the 3 main priority areas at the current time - Information Assurance, Risk Management and minimising weaknesses in our Control Environment. LD added that these were also in line with the recent Audit Scotland Covid-19 guidance.
- Risk Actions – It was noted that previous actions have now been consolidated into one main action. KL advised that all historical actions would be encompassed into the work being undertaken to address the internal audit recommendations of the risk strategy audit. It was noted that the Board workshop on risk was still to take place, recognising that this has been delayed due to current priorities. It was agreed to add this to the actions list as a separate item for tracking purposes.

**Action: LB**

- Information Sharing with Social Work System – LD queried the progress with data sharing noting that Committee had sought a written update on progress and potential solutions. KD advised that Julie White (JWh) and Graham Gault had been taking this forward; KL is meeting JWh next week and will seek an update for presentation at the next Audit and Risk Committee meeting in April.

**Action: KL/JWh/GG**

- NPD Contract/Deutsch Bank Signatories – ST advised that discussions have taken place with Highwood Health who are exploring with Deutsch Bank the possibility of putting a 2<sup>nd</sup> signatory in place.

Audit and Risk Committee noted the Actions List and agreed to the closure of the actions listed as 'propose to close' (other than Information Sharing with Social Work System which will remain open at the current time).

## 5. Information Assurance Quarterly Update

KD presented the paper which highlighted the work undertaken by the Information Assurance Committee (IAC) covering the periods Quarter 2: July-Sept 2020 and Quarter 3: Oct-Dec 2020, noting that an invite to/presentation at the last meeting had been omitted in error. KD highlighted the key points from the paper including:

- IAC minutes from 30th October 2020 and 17th December 2020
- Updates against the 5 key operating assurances, including work around SOPHOS, malicious traffic, paper handling work in relation to Covid-19, increase in Subject Access Requests, mandatory training now every 2 years, passwords, Windows 10 roll out, zeroday attack.
- Update on work undertaken to support staff working at home
- Management responses and timescales in relation to NHS Dumfries and Galloway NIS report
- IAC Terms of Reference Review October 2020
- Data Sharing Committee 23rd November 2020 Minute
- Microsoft TEAMS and NHSmail update

LD thanked the team for the comprehensive paper and commented that this had been most helpful. Committee discussed the paper with a number of points made:

- MC felt that it would be useful for the NIS action plan and progress update to be presented to each Audit and Risk Committee meeting to help provide ongoing assurances. KD recalled that this had been a positive report with a significant number of items addressed. AW noted that the report was sizable and queried if exception reporting could be considered for this. It was agreed it would be useful to include a NIS exception report in the IA quarterly update. This should demonstrate potential gaps in areas going forward, whilst ensuring this was not overly onerous for staff to produce.

**Action: KD/GG**

- JW noted that a Data Sharing Committee had been established and queried the reporting structure for this and how this aligned with the IJB Audit and Risk Committee also. KD will report back on this.

**Action: KD**

- AF queried where the blockages were with the data sharing workstream and if there was any support he could provide from a Council/IJB chair perspective. KL provided a brief update on ongoing discussions.

Audit and Risk Committee noted the report.

*KD left at this point in the meeting.*

## **6. External Audit Plan Update**

JB presented the paper which provided an update on Grant Thornton's 2020/21 external audit planning. The paper also included a section on lessons learned from last year's audit.

Committee discussed the report with the following key points noted:

- LD advised that the final external audit plan for 2020/21 will need to be signed off by Committee before the end of March 2021. LD suggested that approval by Committee be sought electronically via email. JB commented that this would be acceptable from their perspective.
- RF highlighted that she had previously raised her preference to move the April Audit and Risk Committee to March to allow for the signing off of the External and Internal Audit Plans before the year end. LD recalled that the meeting timetable had been discussed and agreed previously, to align with quarterly cycles. Current challenges and priorities were noted and it was agreed to continue with the current reporting schedule for 2020/21. JB commented that most of the Boards have moved their March meeting to April this year. KL and LD will explore timings for next year's reporting cycle (2021/22).

**Action: KL and LD**

- It was noted that there was a proposal to move the audited deadline from 30 June to 31 August (still to be agreed by Scottish Government). KL advised that Scottish Government and Audit Scotland are meeting this week therefore we should have a clearer idea of timescales shortly.
- There was a brief discussion on what the front end of the accounts/year end assurances will look like given Covid-19 priorities this year.

Audit and Risk Committee noted the report and agreed that the sign off of the final external audit plan for 2020/21 will be communicated by email.

## **7. Internal Audit Activity Quarterly Progress Report**

JW presented the report which provided an update on progress against the 2019/20 and 2020/21 Internal Audit Plans. JW highlighted the following key points from the paper:

- Audit work continues to progress slowly due to the Board's response to the Covid-19 pandemic. An update on each audit was included as an appendix. Two audits have progressed to reporting stage - Financial Governance (copy of final report attached as an appendix) and Water Quality (copy of final report will be presented to April's committee). 8 audits are underway.
- JW highlighted that it has been challenging to progress audit work as other work demands are placed on staff. This is an issue that is being encountered across the wider professional audit community.

- In terms of overdue actions, the current position as at 6 January 2021 shows 95 open actions of which 78 are currently overdue. JW added that there has been a good level of engagement re outstanding actions.
- JW advised that, workloads, priorities and uncertainties had been discussed at a joint audit priorities meeting with the NHS, IJB and Council last week. JW proposed that a 6 month audit plan for 2021/22 be presented to the April Audit and Risk Committee meeting, noting that it was challenging to commit to a 12 month plan at the current time.

Committee discussed the report with the following noted:

- Committee felt that a 6 month audit plan would be useful, noting the need to be agile at the present time.
- LD noted the significant assurance outcome of both the Financial Governance and Water Quality reports. Committee acknowledged the reassurances provided by this and expressed thanks to the teams for their work to support this.
- RF noted that 3 audits out of 17 have been completed to date and recognised that it is unlikely that Internal Audit will fulfil the plan this year. RF queried Committees' thoughts on this in terms of year end assurances.
- This led to a general discussion on considerations for the year end, with KL recognising that this year will look different and that we will need to make a factual assessment and consider JW's judgements as part of this work. JW provided further context to this in terms of understanding gaps and gathering evidence, adding that she would discuss this further with external audit also. KL and LD also noted that there has been considerable reporting via Board (noting tactical priorities) and Audit and Risk Committee and this will also feed into assurances. Executive leads will also need to consider what their individual assurances to the CEO will look like.
- In terms of the outstanding audit actions, LD recognised the considerable pressures on staff at the current time; these will continue to be monitored.
- KL and AW reflected on the ongoing impact of Covid-19 on staff and services across the organisation (and partnership wide) and also recognised the significant work that we have managed to undertake during this time also.

In summary Committee:

- Noted the report.
- Agreed that a 6 month (rather than 12 month) Internal Plan for 2021/22 be submitted to Audit and Risk Committee in April 2021.

## **8. Strategic Risk Management Update**

AW presented the paper which provided an update on the Risk Strategy, operational risk registers, risk register training, progress on internal audit actions and the corporate risk register. A copy of the next draft of the Risk Strategy was included with the papers. AW highlighted a number of key points:

- The draft strategy is being finalised and there is an ambition to bring a final draft version to the April Audit and Risk Committee meeting. AW commented that we may also need to consider whether this was an NHS or partnership/IJB strategy also.
- Significant work has been undertaken to cleanse the operational risk registers.
- Initial risk training has been completed. It was noted that only those who have completed training can now update Datix. KL added that she had attended training last week and provided positive feedback.
- It is anticipated that the full Corporate Risk Register will be presented to Board in June 2021. A plan of how this will be reviewed through committees will be presented to Audit and Risk Committee in April 2021.

Committee considered the report and made a number of points:

- LD acknowledged the significant pressures at the current time and felt that good progress has been made to reinstate the risk work.
- MC queried if a note of numbers and roles attending training was being recorded; AW confirmed that this information is being collated. MC added that it would be useful for the strategy to include some information on deliverables and what our success will look like.
- In terms of finalising the strategy, AW advised that she did not envisage undertaking another full consultation; it is anticipated that a final draft will be issued to a small group for final comment. It was also noted that the strategy would need to be presented to Board for final approval.

Audit and Risk Committee noted the report.

## **9. Financial Reporting Quarterly Update**

ST presented the report which provided an update on the following items:

- A Red, Amber, Green status report in relation to reporting and approval requirements for Audit and Risk Committee was included as an appendix. It was noted that two items had been identified as amber this month (SFIs 1.22 and SOD 3.1).
- The following appendices were included:
  - Banking arrangements
  - Procurement of Supplies and Services
  - Losses and Special Payments
  - Finance Fraud and Irregularities log



- Financial Statement and Annual Accounts Planning Updates
- It was noted that a special payment in respect of a settlement agreement has been awarded in Quarter 3.

Committee discussed the report with the following noted:

- MC referred to the update on GP Sustainability Loans and queried how this worked in accounting terms. KL provided some brief background on this noting this was from Capital monies; the scheme is mandated through the Scottish Government with NHS Dumfries and Galloway 'transacting' the scheme.
- RF noted the settlement agreement in the appendices and queried Audit and Risk Committee's role re this. ST recalled that Audit and Risk Committee had previously approved claims retrospectively in the minutes, however, there was recent agreement that these only required to be noted in the minutes (recognising that Scottish Government approves all settlements). ST advised that she has since looked into this further and it is likely that an amendment is required to the Scheme of Delegation; this will be progressed shortly.
- It was noted that Nithbank Lot 1 was sold in November 2020 and that there has recently been significant interest in Nithbank Lot 2. AF queried the approval and delegation process in terms of property. KL explained the delegation and approval processes in terms of Board, the scheme of delegation, the Estates team, the Property Transactions Handbook and the internal audit property transactions annual review. KL added that an infrastructure update paper is due to be presented to the Board which will provide further background information re this. As part of the next Scheme of Delegation review, an update will be provided on delegated authority in relation to property transactions.

Audit and Risk Committee noted the update provided.

## **10. Audit and Risk Committee Matrix**

LD presented the matrix for the remainder of 2020/21 and also the full cycle for 2021/22. KL referred to the earlier discussions re committee dates and suggested that we approve the 2020/21 position and explore date setting for 2021/22.

Audit and Risk Committee:

- Approved the remaining matrix for 2020/21 and approved the use of this as a template for drafting the meeting agenda recognising that the Chair has the ability to adjust the agenda as required to fulfil the needs of the Committee. Noted the action at Item 6 to explore timings for next year's reporting cycle (2021/22).

## **11. Year End Assurances**

LD was keen for Committee to think about areas we should be considering in relation to year end assurances. LD noted the discussions held today and was keen to ascertain if there is anything specific we would like to highlight at the April Audit and Risk Committee meeting.

ST advised that she was undertaking some work on scoping out the separate assurances required for the CEO as accountable officer and the Audit and Risk Committee, noting that these were 2 distinct areas. ST was also keen to clarify from Committee what they would like to see in terms of year end assurances.

AF raised some points in relation to information assurance, seeking further reassurance that the team have mitigated all risks in this area.

KL reflected that we needed to consider what our overall assurances will look like whilst recognising the considerable work that has been achieved during this significantly challenging period; things will look different, however, we needed to be pragmatic in our approach. JB added that external audit would be expecting things to be different this year and also supported a pragmatic approach. JB reminded Committee that assurances can be sought from a variety of avenues. LD noted that brevity of information, focusing on the key points, was particularly useful to support assurances.

RF reminded Committee that our assurances should reflect what is highlighted in the Audit and Risk Committee's terms of reference. LD agreed, and reminded members that our terms of reference would be looked at during the self assessment session on 22 February 2021.

## **12. Date and Time of Next Meeting**

The next meeting of the Audit and Risk Committee will be held on Monday 26 April 2021 at 10.30 am to 1.00 pm via Microsoft Teams.

## DUMFRIES AND GALLOWAY NHS BOARD

### HEALTHCARE GOVERNANCE COMMITTEE - LITE



21 September 2020 via Teams

Present:	Ms. Penny Halliday Ms. Grace Cardozo Ms. Lesley Bryce Ms. Laura Douglas Ms. Ros Francis Mr. Jeff Ace Dr. Ken Donaldson Ms. Alice Wilson	Non Executive Member (Chair) Non Executive Member Non Executive Member Non Executive Member Non Executive Member Chief Executive Medical Director Nurse Director
Apologies:	Mr. Nick Morris	NHS Board Chair
In Attendance:	Ms. Margaret Johnstone Ms. Joan Pollard Ms. Elaine Ross Ms. Maureen Stevenson	E.A. to Nurse Director Associate Director of AHPs Infection Control Manager Patient Safety and Improvement Manager

1. **Apologies for Absence**  
Apologies as noted above.

2. **Declarations of Interest**  
Nil.

3. **Notes of meeting held on 20 July 2020**  
Accepted.

4. **Matters Arising**  
GC highlighted noting the objectives for each item and AW responded that we had talked about including this and will now include in the minutes, saying that our ambition is that the presenters would, in future, identify the objectives within the papers. She highlighted levels of assurance saying that this will happen within each meeting from today.

GC highlighted the development of a Corporate Governance Sub-Group to take forward actions from the Corporate Governance Assurance Framework saying that an ongoing piece of work around this is in place and currently waiting for national guidance, which will fit in with this as well.

5. **Draft Agenda for 16 November 2020**

#### Discussion

The Committee noted that the draft agenda for November was heavy with items moved due to Covid. Discussed the suggestion that papers which come to HCGC are linked to the Committee's objectives.

The Committee noted the purpose of annual reports being presented.

### Outcome

- Agreed annual reports will be for noting, recognising where the information has previously been presented to HCGC for scrutiny.

### Actions

- PH and AW will meet to discuss the November agenda and how the papers link to the Committee's objectives.
- MJ will note on the agenda whether papers are for discussion, approval or noting.

### **Reminder List**

#### Discussion

Updates were provided on the items on the reminder list, notably British Sign Language (BSL) and some positive feedback from departments about BSL work, including from a previous complainant.

#### Outcomes

- Noted any delays due to Covid and actions taken to ensure the appropriate information comes to Committee
- Noted the significant assurance audit report in relation to patient feedback

#### Action

- Report to come back to January HCGC on how staff feel about complaints  
(Action : J. Pollard)

## **STANDING ITEMS**

### **6. Patient Feedback Report (Objective 5)**

Presented by J. Pollard.

#### Discussion

The Committee noted improved compliance with authorised extensions.

HCGC were advised that complex complaints resolution has been delayed by Covid and therefore there will be an increase in the length of time to close.

The Committee discussed data from the HCAT tool, looking for trends. This will be available for the November meeting.

The Committee were advised that all actions arising from the internal audit are complete with the exception of one.

#### Outcomes

- The Committee noted the significant assurance from Internal Audit of Patient Feedback
- Recognised the challenge around timescales
- HCGC asked for consideration of all intelligence around feedback to give Committee assurance

#### Action

- Trends and themes from six months of HCAT data will be presented at November HCGC  
(Action : J. Pollard)

### 7. **Healthcare Associated Infection Report (Objectives 3 and 4)**

Presented by E. Ross

#### Discussion

HCGC was advised about three SAB infections being reviewed and addressed in Acute and monitored through the Infection Control Committee. The Committee heard concerns around the impact virtual pre-assessment could have on routine MRSA and CPE screening due to reduced opportunities to screen prior to admission. The Committee noted the introduction of Infection Prevention and Control Guidance linked to remobilisation and the potential risks and costs associated with its application.

Noted the importance of physical distancing in reducing Covid transmission. Discussed communications to highlight the importance of physical distancing.

#### Outcomes

- The Committee acknowledged the detail in the paper
- The Committee noted the risk of reduced compliance with pre-admission screening and acknowledged the benefit of single rooms as mitigation

#### Action

- There were no actions arising from this paper.

## **INTERNAL REPORTS**

### 8. **Patient Safety and Improvement Annual Report (Objective 4)**

Presented by M. Stevenson

#### Discussion

The Committee discussed the information within the report, in particular, falls and pressure ulcers, noting these are included in Directorate Reports.

The Committee heard about reablement and rehabilitation and the balance of risk of falls with supporting an individual to return to full mobilisation or to the best level of mobilisation their condition allows. HCGC accepted that an ambition of no falls or no pressure ulcers is not an achievable ambition, however, it is reasonable to expect continued work and improvement.

HCGC noted work on developing capacity and capability across Health and Social Care.

The Committee heard about the continued engagement of staff beyond training programmes. HCGC acknowledged the intention to review and revise Patient Safety Walkrounds and the development of a Quality Strategy.

### Outcomes

- The Committee noted the detailed paper and outcomes
- The Committee felt assured by the report but not reassured about capacity and capability linked to the development of a Quality Strategy

### Actions

- Falls and pressure ulcer data to come to a future meeting  
**(Action : A. Wilson / M. Stevenson)**
- The discussion led to request for updates at future meetings on:
  1. Volunteering
  2. Building Healthy Communities (recognising the specific pressures on Public Health Team which will push these into 2021)
  3. The Quality Strategy development  
**(Action : M. Stevenson)**

## 9. **IPCT Annual Report (Objectives 3 and 4)**

Presented by E. Ross

### Discussion

ER presented the report.

### Outcome

- The Committee noted the report

### Action

There were no actions arising from this update.

## 10. **Duty of Candour Annual Report (Objective 3)**

Presented by M. Stevenson

### Discussion

The Committee discussed a potential level of misunderstanding amongst staff about the necessity for robust documentation of Duty of Candour conversations.

### Outcomes

- The Committee noted the paper
- HCGC noted the importance of conversations with staff about recording appropriately

### Actions

- Minor typographical errors to be corrected before the report is submitted to NHS Board  
**(Action : M. Stevenson)**
- Consider a focus on Duty of Candour in Spring 2021  
**(Action : K. Donaldson / M. Stevenson)**

## 11. **Appraisal Updates**

Presented by K. Donaldson

### Discussion

Committee discussed the improved secondary care picture.

HCGC noted the impact of Covid on appraisals and the change of focus on staff wellbeing as appraisals restart.

Outcome

- Committee noted the report

Action

- There were no actions arising from this item.

**Discussion**

**12. Winter Planning**

Discussion led by J. Ace

Committee heard from JA about the key priorities for the Board over the winter period, with a focus on:

- Test and Protect
- Vaccination Programme
- Remobilisation and elective pathways
- Redesign of unscheduled care
- Innovation and Home Teams

HCGC was advised of the impact of Covid on waiting times and the ongoing impact of physical distancing and other measures on productivity.

In addition JA advised that there may be additional impact around winter severe weather and Brexit negotiations, asking that HCGC helps to ensure the Board keeps focussed on safety whilst delivering all of these key priorities.

**Any Other Competent Business**

Nil.

**Date of Next Meeting**

Monday 16 November 2020, at 11 am, via Teams

## DUMFRIES AND GALLOWAY NHS BOARD

### HEALTHCARE GOVERNANCE COMMITTEE - LITE



16 November 2020 via Teams

Present:	Ms. Penny Halliday	Non Executive Member (Chair)
	Mr. Bill Irving	Chair – Area Clinical Forum (Vice Chair)
	Ms. Grace Cardozo	Non Executive Member
	Ms. Ros Francis	Non Executive Member
	Mr. Nick Morris	NHS Board Chair
	Mr. Jeff Ace	Chief Executive
	Dr. Bryan Marshall	Infection Control Doctor
	Ms. Alice Wilson	Nurse Director
Apologies:	Ms. Lesley Bryce	Non Executive Member
	Dr. Ken Donaldson	Medical Director
	Ms. Nicole Hamlet	Deputy Chief Operating officer
	Ms. Julie White	Chief Operating Officer
In Attendance:	Ms. Margaret Johnstone	E.A. to Nurse Director
	Ms. Joan Pollard	Associate Director of AHPs
	Ms. Elaine Ross	Infection Control Manager
	Ms. Maureen Stevenson	Patient Safety and Improvement Manager
	Ms. Kim Britton	Patient Safety and Improvement Adviser

#### Scottish Improvement Leadership Skills

MS presented the briefing paper highlighting the contribution that SIS and SCLIP alumni are making across the organisation saying that she leads a team of people who are working in improvement, with a different set of skills to coaching, and who support the people who are doing improvement work. MS noted that we were unable to obtain significant numbers of national places on this training so developed our own locally with the positive evaluation speaking for itself. MS noted that it is crucial to motivate people at the end of the programme and maintain a sense of camaraderie and support, so offer the opportunity on the QI Network for continued coaching and to ensure people have access to those who can support them.

#### Kim Britton (KB), Patient Safety and Improvement Adviser

presented her experience of attending the first cohort of SIS in D&G in 2016, saying that she would share the presentation attachment in the HCGC Teams file. She highlighted her project, Reducing Colonoscopy Cancellations due to Inadequate Fasting, saying that cancellations had reduced to less than 5% every week and the beneficial guidance is being used in other Theatre specialties, like the Insertion of a PEG Tube project, which has reduced from 33% to less than 10%.

GC noted the work described in terms of improvement was really helpful, asking how we could use this expertise and development within patient experience and feedback to drive improvement. KB responded that sharing plans that work well for them and asking “what can I do better” drives this forward.



SICL Newsletter will be shared with the Committee to inform of projects that have happened recently. PH welcomed the link to patient experience.

Ros Francis noted that she had been unable to read the papers.

1. **Apologies for Absence**  
Apologies as noted above.

2. **Declarations of Interest**  
Nil.

3. **Notes of meeting held on 21 September 2020**  
Accepted.

4. **Matters Arising**  
GC highlighted noting the objectives for each item and AW responded that we had talked about including this and will now include in the minutes, saying that our ambition is that the presenters would, in future, identify the objectives within the papers and they would be noted on the agenda. AW would provide the objectives for the meeting today. NM commented that it was the performance indicators we are responding to.

5. **Draft Agenda for 18 January 2021**

Discussion

The Committee noted that the draft agenda will remain flexible over the winter period as we are not sure how the winter will go and some items may become more important than others.

Outcome

- The Committee agreed agenda will remain flexible.

Actions

- There were no actions arising from this paper.

**Reminder List**

Discussion

AW noted items on the reminder list are just what is coming up and due to the pressures on Public Health there is a need to change things. PH and AW will discuss outwith the meeting and agree a way forward around Building Healthy Communities.

Outcomes

- Way forward around Building Healthy Communities to be discussed – PH and AW to address outwith meeting

Action

- PH and AW to discuss Building Healthy Communities
- Reminder list to be updated.

**NOT PROTECTIVELY MARKED**

## STANDING ITEMS

### 6. Patient Feedback Report (Objectives 2, 4 and 5)

#### Discussion

PH outlined the key messages and JP drew the Committee's attention to:

- Complaint numbers dropped during Covid but are now beginning to increase
- Currently working on reviews of long standing complaints open within Acute
- First draft of analysis of HCAT is rough as the system is very challenging to use and quite clunky, using HCAT as we do not yet have Nvivo. Extracted data from Datix for input into an excel spreadsheet which produced cumbersome charts and it was difficult to extract out suitable information, unable to interrogate in detail of professional groups etc. HCAT is the best free tool available to us at the moment.
- An initial examination of themes shows that the majority of complaints relate to clinical quality and communication. Clinical quality is a bit more detailed – errors of omission, and this is 83% of complaints.
- Nvivo – currently following up with IT around a quote from an external organisation and we have funding available. The analysis of this information will be much better when we have this. Acknowledged major changes in IT systems within the Board and about to go through more changes in the system.
- Confirmed that learning from complaints should be contained within the papers presented by the Directorates.
- Some concerns about people's experience of complaining.

#### Outcomes

- The Committee discussed and noted the report
- HCGC did not feel assured about people's experience of complaining

#### Action

- Follow up with G. Gault on progress of Nvivo (**Action: A. Wilson**)

### 7. Healthcare Associated Infection Report (Objectives 3 and 4)

PH thanked ER on behalf of the Committee for her work over the years regarding HAI, saying that throughout ER has been able to convey detailed information and messages the Committee need to understand in a user friendly way and was open to any questions asked and this is very helpful especially for people who do not have an NHS background. She highlighted ER's standard of work and performance saying that she will be missed at HCGC and wishing her well in her new role, SG are lucky to have her.

ER responded that she had enjoyed her time in D&G and this is an opportunity to shape Infection Prevention and Control across the whole of Scotland and thanked the Board for allowing her to go.

### Discussion

The Committee heard that there has been no case of hospital acquired Covid in our hospital to date due to the single rooms, cleaning and ventilation and we are in a good position.

The Committee was pleased with the news on hospital acquired Covid, suggesting that this should be shared with the public, a strong robust message and a good achievement with everyone performing at their utmost across the organisation.

The Committee heard that there has been a slight increase in HAI SABs which is being closely monitored. The Board has missed the local SABs target but this has always been a challenge as it is based on occupied bed days. The Committee was advised that an Improvement and Governance Group has been established and acknowledged the improvements made by this group.

The Committee heard there had been a recent rise in C.Diff and were reminded of the work around faecal transplants but this is small numbers and is being closely monitored.

### Outcomes

- The Committee acknowledged the detail in the paper

### Action

- There were no actions arising from this paper.

## **INTERNAL REPORTS**

### **8. Patient Safety Update – Falls and Pressure Ulcers Objectives 3, 4 and 5**

#### Discussion

The Committee noted the update which was requested at the last meeting following discussion around the Patient Safety Annual Report. The Committee heard the paper was a clear indication of where we are in terms of Falls and Pressure Ulcers. The Committee noted that as Directorate updates come up they will include adverse events and improvement work will include falls and pressure ulcers.

The Committee discussed the falls data and highlighted pressure ulcer data which we do not have and AW responded that HIS used to issue this and she will check on it. AW noted Pressure Ulcer Awareness Day is on 19 November.

The Committee discussed how pressure ulcers developed, acknowledging that some have been identified before patient is admitted and heard that Care Assurance is applied to look at pressure ulcer development, assessment provision and care planning, on a weekly basis in the wards/cottage hospitals and the Teams triangulate the information we have and this is recorded in the patient notes but they are not routinely being put on Datix.

There was discussion on care assurance in care homes and a request for further information. The Committee was advised that a Care Home Assurance paper was due to come to the January meeting.

Outcomes

- AW to check on any available Pressure Ulcer data from HIS

Action

- Care Homes Assurance Update to come to January Meeting  
(Action: A. Wilson)

9. **Nutrition and Hydration Annual Report – Objective 3**

Discussion

The Committee noted the six Complex Nutritional Care Standards and the annual report updates on the activity over the year 2019 to 2020. The Board is generally compliant with the standards, although we do not reach some because of patients wishes. The Committee noted these standards, along with the Pressure Ulcer Standards, are part of the Care of Older People in Hospital inspections.

Outcome

- The Committee noted the report

Action

- There were no actions arising from this update

10. **Stillbirth Rates – Objectives 3 and 4**

Discussion

The Committee discussed the update noting a spike in the five year rolling average in 2016/2017 although there is no clear reason for this. D&Gs rolling average is slightly above national target but our trend is downwards. The Committee noted ongoing quality improvement activity and monitoring of the service.

Outcomes

- The Committee noted the report.

Action

- There were no actions arising from this update

11. **Screening Services Report – Objective 4**

Discussion

PH noted thanks to Dr. Nigel Calvert for pulling this report together considering the pressures Public Health is under at the moment. She also thanked the Gynaecology Team for their work on the pilot in relation to Home Testing Kits for cervical smear tests saying that it was an amazing thing to do. The Committee noted the opportunity that the pilot scheme offers to make improvement.

The Committee noted some reassurance from the paper in that the National Screening Programme had been paused due to Covid but is now restarting.

An incident was raised to Committee whereby there had been some mailing issues between the 24<sup>th</sup> and 31<sup>st</sup> August when invitations, reminders and results had not been sent out, with 220 women in D&G affected. The Committee heard that the “refer to colposcopy” outcomes confirmed that these referral appointments had been made.

An apology letter had been issued and a national investigation is underway to ensure this does not happen again.

#### Outcome

- The Committee noted the report
- AW confirmed that the incident has been addressed

#### Action

- There were no actions arising from this item.

### **Discussion**

#### **12. Ionising Radiation Medical Exposure Regulations (IRMER) Objectives 3 and 4**

##### Discussion

The Committee noted the governance arrangements in place around all aspects of radiation risk of exposing patients to unnecessary doses, only giving if clinical conditions merit it, and protecting our staff from elements of radiation. An IRMER Inspection in the Spring of this year had been cancelled due to Covid but has now taken place remotely via Teams, there were no concerns in the initial feedback, appears to be satisfactory from an inspection view point and the Board is not expecting any recommendations.

##### Outcome

- The Committee noted the report

##### Action

- There were no actions arising from this item.

#### **13. Controlled Drugs Update – Objectives**

##### Discussion

The Committee discussed the update which highlights the basic level of assurance around controlled drugs governance and the HDL recommendations. Investment in resources is highlighted and the Committee noted that this is lower than in other Boards who have dedicated resources.

The Committee heard that electronic solutions could be maximised, the Pharmacy Team are dedicated to HEPMA and the workload has been distributed across Pharmacy improving the management of controlled drugs across the Team, looking at each part of the medicines work and prescribing each in turn.

#### Outcome

- The Committee noted the level of assurance is adequate and this will be enhanced to a much better level.
- The Committee approved the points and noted the report

#### Action

- There were no actions arising from this item.

### **Any Other Competent Business**

#### **CSSD Incident**

AW highlighted an issue around 41 packs being put through CSSD which were not sterilised and this was not picked up despite a process of several checks being in place. Eleven patients across five specialities were affected, an investigation is now underway and ARHAI (previously HPS) has been informed. AW noted that, for reassurance, from an incident point of view, the risk to patients is low and those involved have been made aware through the Duty of Candour process. JA commented that this is a “never event” that should not be possible and there will be an investigation. He outlined the process of the one-way system in place in CSSD and the pre-operative huddles where checks take place.

RF asked who was responsible and AW responded that both areas should have been checking, saying that the whole point is there is more than one check. PH suggested that this would be a good scenario for Human Factors Training. AW agreed saying that we do not know what happened as yet but the system did not work on a number of occasions. PH asked how long the investigation will take and AW responded that a meeting has been held on 12 November and there is another on 20 November. She said that because this has happened people will be double checking as it is a real reminder. PH noted she looked forward to this learning being shared.

#### **Date of Next Meeting**

Monday 18 January 2021, at 11 am, via Teams